SKILLED NURSING & REHABILITATION CENTER

RESIDENT & FAMILY HANDBOOK

- Christian-Based Holistic Care
- Specialized Long-Term Care
- Short-Term Rehabilitation Stays
- Full-Service Rehabilitation Area On-Site
- Planned Activity Programs
- Connected to Acute Care Hospital
- Alzheimer’s Unit
- Chronic Ventilator & Weaning Program
- Nurse Practitioner on Staff
- 24/7 Respiratory Therapy

UPMC Susquehanna

Visit us online at UPMCSusquehanna.org/SkilledNursing.

*Facility is recognized as the highest level quality care by Centers for Medicare and Medicaid Services (CMS) and PA Department of Health.
# Table of Contents

I  Welcome From Our Administrator ................................................................. Page 4

II. Meet our Medical Director ............................................................................ Page 6

III Meet Our Certified Registered Nurse Practitioner ...................................... Page 6

IV High Quality Healthcare is our Mission ....................................................... Page 7
   - Accreditation
   - Admission Requirements
   - Notice of Non-Discrimination

V Admissions ....................................................................................................... Page 8
   - Admission Policy
   - Transportation Policy
   - Code Grey
   - Photographs
   - Release of Information
   - Visiting Hours
   - Smoke-Free Facility
   - Privacy Act Statement
   - Confidentiality Statement

VI Business Office ............................................................................................. Page 13
   - Medicare Coverage
   - Medical Assistance Coverage
   - Personal Fund Account

VII Activities ...................................................................................................... Page 16
   - Services
   - Activities Participation with Adaptations
   - Specialized Small Group Activities
   - One on One and Independent Activities
   - Readiscover Mobile
   - Resident News
   - Special Occasions
   - Resident Council
   - PEER Group

VIII Nutrition Department .................................................................................. Page 18
   - Department Services
   - Meal Services
   - Guest Meals
   - Food Committee
   - Food from Home
IX **Nursing Department** ........................................................................................................... Page 19
- Licensed Professional Care
- Restraints
- Personal Property Sheet
- Ringing the Call Bell
- Contacting the Physician
- Adaptive Equipment
- Student Caregivers
- Medications Brought from Home, Prescription
- Medications, Over the Counter
- Pharmacy Info
- Medicare prescription drug coverage rights
- DAISY Awards
- Ancillary Services (podiatry, dental, optometry)

X **Spiritual Services** .................................................................................................................. Page 23
- Pastoral Care Information
- Pastoral Care Mission
- Pastoral Care Policy
- Pastoral Care Services
- Chapel and Worship Services
- Memorial Services
- Referrals to Pastoral Care Services
- Lights of Love

XI **Environmental Department** .................................................................................................. Page 25
- Cleaning Schedule
- Protocol for Cleaning and Repairs
- Personal Laundry
- Safety Concerns

XII **Genesis Rehabilitation Services** .......................................................................................... Page 29
- Physical Therapy
- Occupational Therapy
- Speech Therapy

XIII **Restorative Nursing** ............................................................................................................. Page 30

XIV **Infection Control** .................................................................................................................... Page 31
- Process
- Tips for Visitors-Visitation Restrictions
Social Services Department
- Goal
- Resident Rights
- Resident/Family Responsibilities
- Advanced Directives
- Possessions and Supplies
- Beauty/Barber Services
- Clothing
- Helpful Items
- Television
- Newspaper Subscription
- Personal Furniture, Equipment, and Mini Fridges
- Extension Cords
- Wheelchairs/Scooters, Motorized
- Television
- TV Channel Guide
- Animal/Pet Visitation
- Nursing Unit Pets
- Telephone Information
- Bed Hold and Readmissions Policy
- Discharge Planning Process

Registered Nurse Assessment Coordination
- Care Plan Philosophy
- Mind Data Set Information
- Demand Billing Process
- Protected Information

Specialty Care Units
- The Willows Memory Care Unit
- The Ventilator Care Unit
- The Short-Term Rehabilitation Unit

Physician Orders for Life-Sustaining Treatment Information

Volunteering

Community Reference numbers

Grievances and Ombudsman Program

Inserts
- Explanation of Rates and Charges
- Staff poster
Thank you for choosing UPMC Susquehanna’s Skilled Nursing & Rehabilitation Center. The Skilled Nursing & Rehabilitation Center is a faith-based non-profit facility dedicated to providing quality care and services to our residents. The Skilled Nursing & Rehabilitation Center is proudly known as one of the regions premiere long term care facilities. As a member of the UPMC Susquehanna’s Family of services, we have access to services within UPMC Susquehanna to help support a resident’s stay in the facility such as specialized physicians and therapists. We are committed to exceeding your expectations in a wide range of services from:

- Dementia Care in The Willows memory care unit
- Rehabilitation Services contracted through Genesis Rehabilitation
- Full service ventilator care including weaning & chronic care
- Chaplaincy support
- On site Certified Nurse Practitioner
- Quick access to 24-hour emergency room, imagining and laboratory services at Muncy Valley Hospital
- Hospice and Palliative Care Team support
- Respite Care
- Short and Long Term Care Services
- Physician Office located on campus for convenient access
- Respiratory Services 24/7
- Short Term Rehabilitation Unit
Everything we do is about the residents. We embrace the philosophy of person-centered care. This philosophy honors a resident’s right to make decisions about the care they receive based on a resident’s preferences and abilities.

Periodically resident and family satisfaction surveys are distributed to assure we are exceeding your expectations. We appreciate you completing these surveys and providing feedback on our care and services. As you look through our handbook, please do not hesitate to come to me directly with questions or comments. I invite you to stop by my office on the administrative suite any time or you may call and make an appointment if you prefer. Again thank you for selecting Skilled Nursing & Rehabilitation Center as your long-term care provider.

Anne E. Holladay, Administrator

A Note about the Facility
Set in the Muncy community, the Skilled Nursing & Rehabilitation Center offers security, comfort and a wide range of services for individuals needing specialized long-term care and rehabilitation during short-term stays. Our residents have access to a variety of services offered in the building and at the Muncy Valley Hospital: Podiatry, Dental, Hearing Aid Services, Orthopedic, Ophthalmology, Psychiatry, Surgery, Neuro-psychiatry, Otolaryngology (ENT) and Dermatology. Individualized rooms, sunny family alcoves, a full-service rehabilitation area and large dining/recreation areas are just some of the features of our facility. Our 24-hour-a-day, on-site medical service partners enhance the quality of services we provide ensuring a happy, healthy quality of life for our residents.
Meet Our Medical Director

Dilip K. Elangbam, C.M.D.
Certified Medical Director
Skilled Nursing & Rehabilitation Center
10 Shady Lane - Suite 102
Muncy, PA 17756
Phone: (570) 546-2505
Fax: (570) 546-2506
Specialty: Internal Medicine
Medical School: Calcutta Medical College, India
Residency: Geisinger Medical Center, Pennsylvania
Geriatric Residency, Oxford
Board Certification: Internal Medicine

Meet Our Certified Registered Nurse Practitioner

Kelly Shultz, MSN, CRNP
Kelly's primary responsibilities include caring for our residents. She has experience in both acute and chronic conditions and works in collaboration with physicians to provide safe and compassionate care. Kelly graduated from Geisinger School of Nursing, attended Lycoming College for her BSN and Widener University for her MSN. She is also board-certified in Family Practice by American Nurses Credentialing Center.
High Quality Healthcare is our Mission
Meeting the healthcare needs of our residents is our first priority. Connected to an acute care hospital, our Skilled Nursing & Rehabilitation Center residents have immediate access to emergency care, laboratory and radiology services.

Accreditation
Each year the Pennsylvania Department of Health conducts an on-site survey of our Skilled Nursing & Rehabilitation Center to be sure we are meeting the physical, emotional, social and safety needs of our residents. As a result of these surveys, our facility is licensed by the Pennsylvania Department of Health. The Department of Health communicates with our service partners throughout the year, offering tips on how to excel in each of these areas.

We encourage you to view our most recent survey, which can be found in the lobby of the Skilled Nursing & Rehabilitation Center, or online at the Pennsylvania Department of Health’s website, www.dsf.health.state.pa.us. Go to facility licensure and certification and click on health care facility locator, select nursing homes and click Lycoming County on the map.

Requirements of Referring Agencies and Physicians
The Skilled Nursing & Rehabilitation Center requires referring agencies or physicians to provide all available health-related information about each prospective resident including, but not limited to, the individual’s current diagnosis. In order to ensure the safety and proper treatment of the resident, we also require orders from a Skilled Nursing & Rehabilitation Center credentialed physician concerning the immediate care needed by the individual.

Notice of Non-Discrimination
The Skilled Nursing & Rehabilitation Center will not discriminate in admission decisions based on race, color, religion, sex, national origin, age and mental or physical handicap. Everyone will be treated with dignity and respect by facility personnel. Each candidate will be evaluated on an individual basis to establish if the Skilled Nursing & Rehabilitation Center can appropriately care for the medical, physical, social and emotional needs of the individual applying for admission.
Admission Policy
The Skilled Nursing & Rehabilitation Center does not discriminate during the admissions process. However, we do reserve the right to assess and determine if a referral to the facility is an appropriate medical and social fit with residents already living in the facility. If you have any questions about the admissions policy or process, please call (570) 546-4050.

Transportation Policy
It is the policy of the facility to provide transportation for residents to and from community activities, medical appointments and for therapeutic purposes. Other transportation needs are the responsibility of the resident and/or the family/responsible person.

The nursing unit clerk or van driver will schedule individual medical appointments. The van driver coordinates all transportation schedules.

Transportation to appointments within the health system including physicians and specialists are free of charge. A per mile fee is assessed for appointments outside UPMC Susquehanna’s service area. Please refer to the Explanation of Rates and Charges page for pricing. The fee will be applied to the resident’s monthly statement.

The facility permits one family member or designated person to accompany Skilled Nursing & Rehabilitation Center residents on the van for medical or therapeutic purposes. In addition, any resident who requires a certified nursing assistant to accompany him or her to a medical appointment will be charged a fee per hour, which will be applied to the resident’s monthly account statement. Please refer to the Explanation of Rates and Charges page for pricing.

Code Grey – Missing Resident Protocol
All residents shall be assessed upon admission and as needed thereafter for the potential to wander from the facility. A “Watch Book” holds photographs and descriptions of all residents. A specific procedure is followed if a resident cannot be located in the unit.
Photographs
For Identification Purposes:
The Skilled Nursing & Rehabilitation Center publishes a monthly newsletter
*Resident News*. In this publication, the names of newly admitted residents are listed
along with the town, number of children, any special interests or hobbies, and the
room number to encourage visitation by friends and family. This is optional and a
request to exclude their name from this publication can be made upon admission.
Photos are taken for identification purposes on resident files, service partner
information booklets, Medication Administration Records and Treatment
Administration Records.

For Marketing Purposes:
The Skilled Nursing & Rehabilitation Center enjoys hosting our residents, their
family members and the community. From time to time, such celebration results in
photographs taken of service partners, residents or family members. In the event
that a resident is in a photo that we would like to use for marketing or public
relations purposes, the facility will ask that a permission slip be signed. This is to
be sure the resident in the photo is comfortable with the publicity. It is the right of
the resident or family spokesperson to ask the facility not to use any photographs.

Release of Information
Permission is required upon resident’s admission to place the resident’s name
outside the door and to release information that the resident resides in the Skilled
Nursing & Rehabilitation Center. If you do not wish to have your name listed,
please let your nurse or any service partner know about these wishes.

Visiting Hours
It is the facility’s recommendation to encourage visits with the resident, as if the
resident were in his or her own home. Visiting hours may be restricted by the
attending physician’s written order, or by the resident’s written request. The
facility’s entrance doors are locked at 8:30 pm and are unlocked between
5 am– 6 am. There is a buzzer outside the Skilled Nursing & Rehabilitation
Center’s entrance that can be used to request entrance outside of these hours.

Smoke-Free Facility
UPMC Susquehanna, including the Skilled Nursing & Rehabilitation Center, is a
smoke-free environment. Our organization has joined many others nationwide in
making our environment smoke-free for the protection of the health of our
residents, service partners, patients, visitors and volunteers. Smoking cessation will
be offered for those residents who choose to reside here.
Privacy Act Statement
All long-term care facilities participating in the Medicare and Medicaid programs have been notified by the Pennsylvania Department of Health in Harrisburg that a “Privacy Act” Statement is provided to each new resident and/or their legal representative. This is an informed statement regarding the automation and electronic transmission of data collected on residents during their stay and is provided below.

ADVICE REQUIRED BY THE PRIVACY ACT OF 1974.
1. AUTHORITY FOR COLLECTION OF INFORMATION, INCLUDING SOCIAL SECURITY NUMBER AND WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY.
Sections 1819(f), 1919(f), 1819(b)(3)(A), 1919(b)(3)(A), and 1864 of the social security Act.
Medicare and Medicaid participating long-term care facilities are required to conduct comprehensive, accurate, standardized and reproducible assessments of each resident’s functional capacity and health status. To implement this requirement, the facility must obtain information from every resident. This information also is used by the Federal Centers for Medicare & Medicaid Services (CMS) to ensure that the facility meets quality standards and provides appropriate care to all residents. For this purpose, as of June 22, 1998, all such facilities are required to establish a database of resident assessment information and to electronically transmit this information to the FCFA contractor in the State government, which in turn transmits the information to HCFA.

Because the law requires disclosure of this information to Federal and State sources as discussed above, a resident does not have the right to refuse consent to these disclosures.

These data are protected under the requirements of the Federal Privacy Act of 1974 and the MDS Long- Term Care System of Records.

2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED
The information will be used to track changes in health and functional status over time for purposes of evaluating and improving the quality of care provided by nursing facilities that participate in Medicare or Medicaid. Submission of MDS information may also be necessary for the nursing facilities to receive reimbursement for Medicare services.

3. ROUTINE USES
The primary use of this information is to aid in the administration of the survey and certification of Medicare/Medicaid long-term care facilities and to improve the effectiveness and quality of care given in those facilities. This system will also support regulatory, reimbursement, policy, and research functions. This system will collect the minimum amount of personal data needed to accomplish its stated purpose.

The information collected will be entered into the Long-Term Care Minimum Data Set (LTC MDS) system of records, System No. 09-70-0528, published in the Federal Register at Vol. 72, no. 52/Monday, March 19, 2007. Information from this system may be disclosed, under specific circumstances (routine uses), which include: (1) To support agency contractors, consultants or grantees who have been engaged by the agency to assist in accomplishment of a CMS function; (2) assist another Federal or state agency to fulfill a requirement of a Federal statute that implements a health benefits program funded in whole or in part with Federal funds; (3) assist Quality Improvement Organizations to perform Title XI or Title XVIII functions; (4) assist insurance companies, underwriters, third party administrators, employers, group health plans for purposes of coordination of benefits with the Medicare Program; (5) the Federal Department of Justice, court, or adjudicatory body in litigation; (6) to support a national accrediting organization to enable them to target potential or identified problems with accredited facilities; (7) assist a CMS contractor in the administration of a CMS- administered health benefits program; (8) to assist another Federal agency that administers or that has the authority to investigate potential fraud, waste or abuse in a health benefits program funded in whole or part by Federal funds.

4.EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION
The information contained in the Long-Term Care Minimum Data Set is generally necessary for the facility to provide appropriate and effective care to each resident. If a resident fails to provide such information, for example on medical history, inappropriate and potentially harmful care may result. Moreover, payment for such services by third parties, including Medicare and Medicaid, may not be available unless the facility has sufficient information to identify the individual and support a claim for payment.

Confidentiality Statement

The residents’ and family members’ privacy and right to confidentiality is respected and enforced at the Skilled Nursing & Rehabilitation Center.

1. Residents and family members may share information with service partners and request that it be kept confidential.
2. Residents may share confidential information and request that family members not be given the information. Family members may do the same.
3. Private conversations with residents and family members will be held where they can be kept private.
4. The residents’ medical records are confidential and are not released except with written permission or if subpoenaed.
5. Information about the residents will not be released to anyone outside the facility without the residents’ or their guardians’ knowledge and permission.

Exceptions are required in the following circumstances:

1. Information vital to the resident’s care is shared with all the nursing home team members.
2. Nursing home service partners are required to report abuse, exploitation or neglect to the appropriate investigative authorities.
3. No information is withheld from official surveyors responsible for nursing home licensing.
4. The nursing home Ombudsman is provided any information necessary to facilitate remediation of complaints and grievances.
5. Other nursing home residents who are friends may be informed of the residents’ well-being when the resident is sick or hospitalized and the information is of general interest to the other inhabitants.
6. The residents’ medical information goes with them when they go for medical care.

BUSINESS OFFICE INFORMATION

Medicare Coverage in a Skilled Nursing Facility
Skilled care is health care given when you need skilled nursing or rehabilitation service partners to manage, observe and evaluate your care. Examples of skilled care include changing sterile dressings, monitoring feeding tubes, providing physical/occupational/speech therapy, giving IV medications and monitoring sugar diabetes when it is unstable. Care given by non-professional service partners is not considered skilled care.

Medicare/Medicare Managed Care will cover skilled care only if the following are true:

1. You have Medicare Part A benefits and have days left in your 100 day benefit period.
2. You have a three-day qualifying hospital stay. * Note: some Medicare Managed Care products do not require a 3 day hospital stay. Contact your Medicare provider for your policy requirements.
3. Your doctor has decided that you need daily skilled care.
4. You receive skilled services in a skilled nursing facility that has been Medicare certified, such as Skilled Nursing & Rehabilitation Center.

Medical Assistance Coverage in a Skilled Nursing Facility
The County Assistance Office determines which potential residents are financially eligible for Medical Assistance coverage. Guidelines used by the office are as follows:

Non-Financial Eligibility
1. The person must have a medical need for nursing facility services as determined through an assessment completed by the Area Agency on Aging.
2. The person must have United States citizenship or be a qualified non-citizen.
3. The person must be a resident of Pennsylvania.
4. The person must have a social security number.

Financial Eligibility
1. Income
2. Resources
3. Any transfer of assets (income and resources) within the past 5 years.

Income Counted Towards Assessment
1. Social Security
2. Pensions
3. Interests and dividends from savings and investments
4. Rental Income
5. Withdrawals from an IRA

Resources Counted Towards Assessment
1. Bank accounts
2. Stocks, bonds and mutual funds
3. IRA and Keogh accounts
4. Non-resident property
5. Cash value of life insurance

Resources Not Counted Towards Assessment
1. Home (if there is a plan to return or a spouse or dependent resides in the home.)
2. One motor vehicle
3. All burial spaces/plots including those with a marker
4. Revocable and irrevocable burial reserves subject to specified limits

Resource Limits (for one person)
As determined by MA federal benefit rates (FBR) may change annually. See business office liaison for current rates: 570-546-4194
If your income is below or equal to 300% of the FBR, the resource limit is $2,000 with an additional $6,000 resource disregard.

If your income is above 300% of the FBR, the resource limit is $2,400.

Many individuals pay for long term care with personal funds and eventually reduce their resources to the Medical Assistance long term care limits.

Many individuals pay for nursing facility care with personal funds and eventually reduce their resources to the Medicaid limits. Medicare only pays for nursing facility care under limited circumstances. Please access the following website for information on what Medicare covers for a nursing home stay at www.Medicare.Gov/Nursing/Payment.asp.

Once you have applied for Medical Assistance and have been assessed by the Office of Aging as medically eligible, we kindly request the following information:

- A copy of secondary insurance premium is required yearly and when insurance amount changes.
- A copy of Medicare Part D insurance premium is required yearly and when insurance amount changes.
- If secondary insurance is automatically withdrawn from a checking account – a letter from the insurance company stating the amount of the monthly payments is required yearly and when insurance amount changes.
- Monthly payment of income excluding $45 and insurance premiums (Medicare part B and secondary insurance premium).
- Access card to keep in the office (not a copy).

We are obligated by the Medical Assistance Office to keep the original Access card on your behalf. The Utilization Management Review Team from that office audits our facility annually. During this time, they request to see all Access cards in the facility. The resident receives their original card back upon discharge from the facility.

The Medical Assistance Application is available upon request through our Admissions or Business offices. You are invited to call our business office for more information at (570) 546-4194.

Personal Fund Account Information
(Establishing an Account at the Facility)
Banking hours are Monday through Friday, 8 am – 4:30 pm and on weekends 9 am – 3 pm. To request a cash withdrawal from an open account, the resident
or POA should notify the business office liaison 570-546-4194 (M-F) and/or activities department 570-546-4168 (weekends). For any withdrawal requests over $50, a check will need to be processed from the account. Please allow three business days for this process. The business office liaison can assist you in opening an account if you do not already have one.
ACTIVITIES DEPARTMENT INFORMATION

Services
The Activities department offers a broad range of activities and services. Each resident is assessed upon admission to determine leisure, physical, cognitive, social, emotional and spiritual needs. A care plan is then developed for each resident, including goals and approaches. Residents are reassessed at least every 90 days or sooner if there is a significant change in status. Participation records are kept on each resident and reviewed to assure resident needs are being met.

Our activities include general groups (large group such as bingo, church, musical entertainers, etc), small specialized groups for residents with special needs, one on one visits (for those who do not enjoy groups) and support for independent activities.

Activities Participation with Adaptations
Service partners are aware that some residents have impairments or medical conditions that make it difficult to participate in general activities programs. If adaptations are helpful, service partners will adapt activities to promote success. An example of this is the use of a bowling ramp for those with decreased balance, grip or range of motion, or the use of a volunteer to help identify numbers for a resident with visual or hearing impairment during bingo. The department strives to help residents succeed by providing the optimal level of independence, while maintaining safety and comfort during activity involvement.

Specialized Small Group Activities
The Activities department offers specialized small group activities for residents who need significant assistance to succeed. These small groups are designed to use a resident’s existing skills. This is done in a small group setting with extra help and reassurance provided to the resident. Examples may include: some residents may be able to only remember things from long ago, but have difficulty with the present. A reminiscing group may support the resident’s self-esteem by allowing them to talk about a familiar subject. In discussing a familiar topic, the resident is equal to his or her peers. Residents, who have limited ability to interact or influence their environment and demonstrate minimal response, may be part of a sensory motor activity that promotes movement and interaction with the environment.

One on One and Independent Activities
The Activities Department offers a variety of individual activities. Residents who prefer to stay in their rooms or who do not enjoy facility-planned activities receive visits from one of our department members, giving the resident the opportunity to discuss their individual needs.
Readiscover Mobile
James V. Brown Library’s Readiscover Mobile comes to our facility every other Tuesday (with the exception of some holidays or inclement weather.) Residents are able to obtain books, tapes or videos. Service partners assist residents during this time.

Resident News
Each resident and a designated family member receive a copy of the monthly resident newsletter, Resident News. It is distributed at the beginning of every month and contains important information about the Skilled Nursing & Rehabilitation Center including activities for the month, facility notices, resident rights and responsibilities as well as service partner’s updates. Resident News is also a great place to look for birthday announcements and personal profiles of new residents.

Special Occasions
The Private Dining Room on the first floor of the Skilled Nursing & Rehabilitation Center is a private area where family members and friends of residents can celebrate! Through our Activities Department, you are welcome to reserve this room in order to facilitate a special event or occasion for a resident. The Private Dining Room is available on a first come, first serve basis, and reservations can be made by calling an Activity service partners member at (570) 546-4168.

Resident Council
Resident Council is scheduled once a month and is led by the Activity Department service partners and Facility Administrator. Officers include a President and a Vice President who are elected by their peers. Residents are reminded that they are also free to meet without service partners present. Residents can discuss any topics related to nursing home life. There is a formal process for feedback to and from residents to address any issues or concerns. These meetings are generally held the second Thursday of each month with occasional variation to meet the residents’ needs. Meeting times and dates are listed on our monthly Activities Calendar.

PEER Group
PEER stands for Pennsylvania’s Empowered Expert Residents. This program is run by our local Ombudsman and meets monthly. It is comprised of a small group of residents who have signed up and attended training to become a resident/peer advocate. The group meets to discuss the overall living environment of the skilled nursing facility and works to make improvements where necessary. If you are interested in becoming a PEER please contact activities at 570-546-4168.
NUTRITION DEPARTMENT INFORMATION

Department Services
Our Registered Dietitian and Dietetic Technician monitor resident’s nutritional care needs. Responsibilities include: completing nutrition assessments and coordinating a plan for nutrition care, providing nutrition information and counseling as needed, attending care conferences, obtaining food preferences and planning well-balanced appealing menus for residents.

Meal Services
Residents are strongly encouraged to come to the dining room for the optimal meal experience. We promote a “social dining experience” in which foods and beverages are served much like they are dining in restaurants.

The Dining Room opens at 7:30 am for breakfast, 11:30 am for lunch, and 4:30 pm for dinner. All meals are cooked on-site using menus and recipes developed by professional chefs.

The menu is posted each day at the entrance to the dining room and copies are available at the nurse’s station on the daily news update.

Alternative foods are available if a menu item is not to your liking. Please let the nursing station know if you would like to receive a food alternate at your next meal.

Some residents have special dietary needs, so sharing foods is discouraged.

Guest Meals
Guest meals may be requested by contacting the receptionist in the main lobby at (570) 546-4040. Guest seating may require an alternate location depending on the number of extra guests. Visitors are also welcome to dine in the cafeteria located on the ground floor when it is open during breakfast or lunch.

Food Committee
Residents are encouraged to attend monthly food committee meetings to provide insight into meal services and offer suggestions for menu items.

Food from Home
Non-perishable food items may be kept in your room in a sealed, air-tight container. Foods that require refrigeration should also be in a sealed container, labeled with your name and current date. Be aware that these foods will be discarded after 72 hours. Please alert the nursing service partners of foods that are brought in. Some types of foods may not be appropriate for specific resident diets.
NURSING DEPARTMENT INFORMATION

Licensed Professional Care Around the Clock
Qualified, compassionate licensed health care professionals service partners the Skilled Nursing & Rehabilitation Center 24 hours a day, seven days a week. The Director of Nursing and her service partners work diligently to provide quality nursing care in the most caring and homelike environment possible.

Restraints
Restraints, either physical or chemical, are used only in very limited situations. We make every attempt to be a restraint-free environment, but there are certain circumstances when we may ask you to give permission for a restraint to be used. Those circumstances are:

- When less restrictive measures have been tried and have failed in managing problems, such as poor balance, poor posture, safety hazards or contractures.
- In a life-threatening situation, such as when an IV may be running, a catheter may be inserted or oxygen masks may be on (when the resident is taking these items out or pulling them off).
- In an emergency situation where we must protect the resident from injury to self or others and other interventions have failed.

Restraints are put into place as a last resort and are part of the resident’s plan of care that is routinely monitored and assessed monthly by the interdisciplinary care team. Attempts to reduce or eliminate the restraint are made based upon assessment.

Personal Property Sheet
Upon admission, clothing and any articles that the resident brings will be listed on a personal property sheet, which the resident or family member/POA will sign. When any new items of clothing or any articles are brought in, please stop at the desk and add this information to the property sheet and have the items labeled with the resident’s name. Keeping this sheet up-to-date helps when an item might be misplaced or cannot be found for any reason. Also, this is helpful at discharge time to assure that all items are sent home.

Ringing the Call Bell
All residents have access to a call bell at their bedside. Each resident is evaluated upon admission, and ongoing as needed, for any special call bell needs. The call bells are a button or a flat pad that is activated by a light touch. The call bell rings audibly at the nurses’ station. A light is lit above the resident doorway, in the resident’s room and the nurses’ station. A resident and/or family member should not hesitate to ring the call bell for help when needed. We make every attempt to answer our call bells in a timely fashion.
Contacting the Physician
Our residents are seen by their physician at least every 30 days while they are
receiving skilled care, every 60 days thereafter, or as changes in the resident
condition requires a physician’s attention. The resident’s own doctor, or an on-call
physician, is contacted by the nurses for medication or treatment needs between
visits. Frequent contact is also maintained through telephone and fax updates on
issues such as changes in condition, falls, need for change in medications or
treatments, etc. The resident or family may also request contact with a physician
through the RNs regarding certain issues. Communication with the “Charge RN” is
very important so that your concerns are addressed in a timely fashion.

Adaptive Equipment
Our skilled rehabilitation service partners assess the residents on an individualized
basis for appropriate equipment. This can include items such as walkers, adaptive
feeding/dressing equipment or communications boards. Equipment can be
provided on loan from our restorative nursing program during a resident’s stay at
our facility. Individualized programs are established for high-risk residents.
Residents have an interdisciplinary care plan to meet their individualized needs.
Upon discharge from the facility, therapy and social services will assist residents,
family members, caregivers or friends in obtaining equipment for use at home.

Student Caregivers Notification
The Skilled Nursing & Rehabilitation Center has Registered Nurse; Licensed
Practical Nurse or Nurse Aide students rotate through the facility during their
course work. They may be assigned to care for residents while here, under the
direct supervision of a licensed professional. Each resident has the choice as to
whether they want to work with student caregivers.

Medications Brought from Home, Prescription
We discourage resident/families from bringing in medications from home except
under special circumstances. Medications brought from home must be
preapproved by the Director of Nursing or designee and must be ordered by your
physician. They must have a pharmacy label that match what is prescribed by your
doctor as part of your plan of care while you are with us. Medications permitted to
be brought from home must be provided in their original container and of size that
can fit into the medication cart. Once those medications are finished, you can
decide if you would like to continue to obtain them from your pharmacy or you
may use the pharmacy system, which provides medication to the facility for on-
going medicine.
Medications, Over the Counter
Over the counter (OTC) medication, such as pain medication, laxatives or TUMS requires physician approval and service partner knowledge; OTC medication can interfere with prescription medications. Residents need to notify the charge nurse if they have any medications at their bedside so that all safety measures are followed. Bedside medications will be kept in lockable drawer or cabinet at the resident’s bedside once the resident has been assessed as safe to maintain medications at bedside. Candy, mouth washes, aftershave, lotions, colognes, perfumes, hair spray, dentifrices, deodorants, lotions and dry skin creams are not considered medications and may be stored at the bedside in small quantities.

Pharmacy Information
The resident has the right to choose his or her pharmacy provider. If a pharmacy other than Health Services Pharmacy at UPMC Susquehanna is chosen, the resident or responsible person accepts responsibility for being sure medicine is available when needed, and applicable pharmacy regulations and Skilled Nursing & Rehabilitation Center policies are met. The Health Services Pharmacy at UPMC Susquehanna phone number is (570) 326-8109.

The Skilled Nursing & Rehabilitation Center reserves the right to terminate the services of a resident-selected pharmacy for non-compliance with our policies and procedures, or non-compliance with state and federal requirements regarding pharmacy services.

Any Medicare questions, including Part D information, can be accessed via the Health Services Pharmacy.

Medicare Prescription Drug Coverage and Your Rights
You have the right to get a written explanation from your Medicare drug plan if:

- Your doctor or pharmacist tells you that your Medicare drug plan will not cover a prescription drug in the amount or form prescribed by your doctor.
- You are asked to pay a different cost-sharing amount than you think you are required to pay for a prescription drug.

The Medicare drug plan’s written explanation will give you the specific reasons why the prescription drug is not covered and will explain how to request an appeal if you disagree with the drug plan’s decision.

You also have the right to ask you Medicare drug plan for an exception if:

- You believe you need a drug that is not on your drug plan’s list of covered drugs. The list of covered drugs is called a “formulary” or
- You believe you should get a drug you need at a lower cost-sharing amount.
What you need to do if you are denied a prescription drug you feel you need:

- Contact your Medicare drug plan to ask for a written explanation about why a prescription is not covered or ask for an exception if you believe you need a drug that is not on your drug plan’s formulary or believe you should get a drug you need at a lower cost-sharing amount.
- Refer to the benefits booklet you receive from your Medicare drug plan or call 1-800-MEDICARE to find out how to contact your drug plan.
- When you contact your Medicare drug plan, be ready to tell them:
  1. The prescription drug(s) that you believe you need.
  2. The name of the pharmacy or physician who told you that the prescription drug(s) is not covered.
  3. The date you were told that the prescription drug(s) is not covered.

**The Daisy Award Foundation**

We are always looking for nominations for the Daisy Award. The Daisy award is an international program that rewards and celebrates the extraordinary clinical skill and compassionate care given by nurses every day. Daisy award honorees personify UPMC Susquehanna’s remarkable patient experience. UPMC Susquehanna is proud to be a DAISY Award Partner, recognizing three of our nurses with this special honor every quarter. To nominate a nurse for this award please complete a nomination form through DAISYAward@susquehannahealth.org.

**Ancillary Services (Podiatry/Dental/Vision)**

In an effort to provide convenience to our residents we are bringing more services to our building. Preapproved and credentialed podiatrists, dentists and ophthalmologists come to our building on a monthly basis to render treatment to our long term residents. Our podiatrists, dentists and ophthalmologists have the ability to offer full treatment to our residents in our building rather than the resident going out for an appointment. Please note that some of these services require the resident to enroll in programs or to be Medical Assistance approved. For in-house podiatry services see a member of our nursing staff who can simply place a consult in our electronic chart. For in-house dental and vision services please contact the Assistant Nursing Home Administrator 570-546-4052 for eligibility requirements. It is not mandatory that you use one of our in-house services, some residents and families continue to prefer seeing a community provider.

**Behavioral Intervention Program (BIP)**

Our in-house directed BIP is designed to provide behavioral intervention options to promote comfort to the resident and to reduce unnecessary psychotropic
medications. Some supplies used for this program include: weighted blankets, sound machines, essential oils, diffusers and music.
SPIRITUAL SERVICES INFORMATION

Pastoral Care Information
The Pastoral Care department is comprised of a full-time certified chaplain, local volunteer clergy and lay volunteers.

Pastoral Care Mission
Our mission is in keeping with that of the Muncy Valley Hospital. We believe in the dignity of every human person. We promote a holistic concept of healing. This blends physical, social, emotional, psychological and spiritual dimensions of life in concert with God’s healing ministry.

Pastoral Care Policy
It is the policy of the Skilled Nursing & Rehabilitation Center that all members of the clergy and their representatives are welcome. The religious beliefs of all residents are to be respected. A resident’s pastor is contacted whenever the resident or family requests, especially on admission and when a resident has special needs.

Pastoral Care Services
Pastoral Care Services is a spiritual component of health and witness to UPMC Susquehanna’s commitment to integrated care. Services are extended to all patients, residents, families, visitors and the health care team. Services are provided regardless of age, race or creed to minister to their spiritual along with other related needs. The Pastoral Care Department offers prayer, comfort, support, counsel and other spiritual opportunities on a regular basis, from admission to discharge. Special attention is provided for those residents who are in need of end-of-life care.

Chapel and Worship Services
A public chapel is located on the first floor. Please ask service partners to direct you. Worship Services are provided on a regular basis:

- Ecumenical Worship Services are held twice a week. There is also a monthly Communion Service.
- Monthly Mass for Catholic residents and an opportunity to receive communion upon request.
- Other services are available, including Scripture Share, Hymn Sings and Seasonal/Spiritual programming.

Memorial Services
An Ecumenical memorial service is held monthly for residents and families of deceased loved ones.
Referrals to Pastoral Care Services
Referrals for services are made on behalf of any patient or resident by physicians, nurses or other members of the interdisciplinary team.

Lights of Love

Each year, there is a special ceremony for family members and friends of the facility to “leave a legacy.” Sponsored by the Muncy Valley Hospital Auxiliary, this ceremony, entitled Lights of Love, is a community tradition during which candles are lit in honor and remembrance of loved ones. This event memorializes the celebration of life and the connection we still feel to past residents, friends of the facility and family members who remain dear to our hearts. The Lights of Love celebration is open to all community members, and contributions made go directly towards the purchase of needed medical equipment for the Muncy Valley Hospital. For more information on how to participate or help plan this wonderful tradition, please call (570) 546-4128.
ENIRONMENTAL DEPARTMENT INFORMATION

As a service partner with UPMC Susquehanna, ARAMARK Healthcare at the Muncy Valley Hospital helps to make quality care possible. ARAMARK Healthcare supports the Skilled Nursing & Rehabilitation Center with dietary, housekeeping, maintenance, laundry and central supply service partners. Research shows that Support Services have a direct impact on the patient, visitor, service partner satisfaction, service excellence and operational efficiency. Environmental Services create clean and comfortable environments and promote the healing process. ARAMARK Healthcare is able to offer the highest quality Support Services in the industry.

ARAMARK Support Services helps fill the need for an all-encompassing experience that takes place within an environment where residents feel secure. Support Services takes pride in their surroundings and have a sense of well being that is fostered in a warm and friendly atmosphere.

This unique perspective acknowledges the extraordinary impact that our Support Services have on the entire resident experience; this delivers a promise made to our residents when they moved into Skilled Nursing & Rehabilitation Center. ARAMARK Support Services have proven to be absolutely essential to the successful resident experience.

Ultimately, the culture we create makes the resident experience what it is. Resident satisfaction, service partner retention, service excellence, and operational efficiency – it’s all connected. It’s interdependent – one simply cannot exist without the other. That’s why ARAMARK and UPMC Susquehanna are focused on redefining service excellence. ARAMARK service partners working side-by-side with our clients’ team at Skilled Nursing & Rehabilitation Center. This impacts the best resident experience for the residents and their families. ARAMARK as a Strategic Partner, we apply our deep understanding of the industry to support UPMC Susquehanna overcome the unique challenges they face every day of work they fill the gaps where appropriate and offer clients differentiation that creates value for everyone who comes through our doors and helps our Strategic Partners to achieve their mission:

“To extend God’s healing love by improving the health of those we serve.”

26
Cleaning Schedule
The resident rooms at the Skilled Nursing & Rehabilitation Center are held to the highest standards for cleanliness and livability. The room cleaning schedule is as follows:

Daily room cleaning
1. Empty trash
2. Clean all horizontal surfaces
3. Clean restroom
4. Mop floors

Daily restroom cleaning
1. Empty trash
2. Restock paper towels and soap
3. Clean all fixtures
4. Disinfect sinks, showers and toilets
5. Mop floors

Weekly cleaning
1. High dust (above lights, vents and around ceilings)
2. Low dust (beds, baseboards, behind furniture)
3. Clean and sanitize fall mats
4. Sanitize telephones
5. Sanitize mattresses
6. Burnish floors (polish to a shine)

Semi-Annual cleaning
1. Wash drapes and curtains

Annual cleaning
1. Strip floors of wax and refinish (resident will need to vacate the room for the day)

Protocol for Cleaning or Repairs
If you would like something fixed or need to report a less than desirable condition, please address your concern at the nurse’s station. You are welcome to report any unclean or unsafe condition to the nursing service partner, who will relay this information to the environmental services’ service partner.
Personal Laundry Program
Our facility utilizes the Paris Linen Company for resident’s personal laundering. Paris’ door-to-door program picks up your family member’s personal clothing and transports it to the processing facility. Paris then returns it to the unit, clean and fresh, for our laundry service partner to deliver to the resident’s closet. Please refer to the Explanation of Rates and Charges page for pricing.
It is the choice of the resident/family whether the facility or family is responsible for laundering personal clothing. If the facility is responsible, please follow these simple guidelines:

- Any new article of clothing must be given to the nursing service partners to be labeled.
- Any new item should be washed before sending to laundry, minimizing the chance of it bleeding onto other clothing items.
- Seven outfits of clothing should be available for resident’s use. If the resident is incontinent, additional items are recommended.
- The resident’s clothes materials should be a 65 percent polyester 35 percent cotton blend in order to sustain the rigors of a commercial laundry machine.

It is important that all clothing entering the facility be marked with the resident and facility name. Service partner will inventory and mark the clothes for you. To be sure this happens, we ask that you please give all clothing to the nursing service partners before taking it back to the resident’s room.

Safety Concerns
To maximize safety in our facility, we strongly suggest the following to help eliminate unsafe conditions in resident rooms:

Clutter
Please assist your family member in keeping room clutter to a minimum. If tables, dressers, chairs, floors and closets are clutter-free, they are more easily cleaned and less likely to create a hazard.

Items that are not permitted in the Skilled Nursing & Rehabilitation Center
The following items are not permitted in nursing homes:

1. Extension cords
2. Microwave ovens
3. Electric blankets
4. Candles
5. Lighters, matches, lighter fluid
6. Medications at bedside unless permitted by physician, refer to Nursing Section “Medications, Over the Counter”

7. Sharp objects
   Please do not bring in sharp objects such as paring knives, pocket knives, scissors, metal nail files, fingernail clippers or letter openers. Also, no glass vases or glass picture frames as they, too, have the potential to cause harm in some situations

8. Toxic items
   Please avoid bringing in toxic items for your family member. Items such as fingernail polish, cleaning supplies, nail polish remover or perfume could easily cause a fire hazard or safety risk
GENESIS REHABILITATION SERVICES

Skilled Nursing & Rehabilitation Center contracts all its resident therapy services with Genesis Rehabilitation and employs physical, occupational, speech and respiratory therapists.

Rehabilitation can assist patients in regaining their highest level of functioning. Patients make appropriate recoveries through physical, occupational, speech and respiratory therapies. Treatments are offered throughout the week at our well-equipped center by licensed professional therapists.

Our team develops comprehensive, individualized care plans to maximize patient’s physical, social and emotional independence, safely and quickly.

**Physical therapy** restores function for individuals who have experienced neuromuscular or skeletal dysfunction. Individualized therapeutic treatment may include:
- Training in mobility, gait stability, posture and positioning
- Exercise programs to increase muscle function, coordination and endurance
- Joint and soft tissue mobilization to increase range-of-motion
- Wound care
- Pain management

**Occupational therapy** assists individuals with adapting to their social and physical environment. Therapists enhance patient functionality through:
- Education and training in areas such as getting dressed, bathing, eating and grooming
- Activities for memory, orientation and cognitive integration
- Adaptive techniques or equipment to overcome physical disabilities
- Strengthening and coordination exercises
- Exercises to reduce the effects of arthritis or other conditions to maintain normal joint movement

**Speech-language** pathologists address communication and swallowing dysfunction. Treatment plans are designed for individual needs, such as:
- Recovery of speech, language and memory skills
- Verbal and non-verbal communication, including programs for the hearing impaired
- Oral muscle strength and functioning required for speaking and swallowing
- Appropriate diet recommendations

**Respiratory therapists** work primarily with our residents who are on ventilators either for a chronic or acute medical condition.
RESTORATIVE NURSING

Restorative Program Philosophy
Restorative care is based on the belief of the worth and dignity of each person as a unique individual. Restorative nursing uses the skills and expertise of all disciplines to return an individual to his/her highest practical physical, mental and psychological functional level of well-being. Restorative Nursing is committed to ensuring the resident obtains optimal improvement and maintains that functional level within the limits of a resident’s rights to refuse treatment, certain deteriorating illnesses and the normal aging process.

Restorative Program
Nurses, not physicians or therapists, order restorative nursing programs. Therapists work with nurses as consultants. However, restorative nursing is not rehabilitation therapy. Rehab and restorative nursing are complements to one another, but not the same. Residents work to keep the skills they learned in therapy in restorative nursing programs, so there is some crossover. Therapy is based more on the medical model, while restorative nursing programs are, by definition, based on the nursing model. Therapy is faster-paced, and significant progress must be made in a fairly short time. Restorative nursing, on the other hand, focuses on maintaining function in a long-term, ongoing process. Improvement is hoped for but not required.

The need for rehabilitation is generally triggered by an acute illness or injury. Restorative nursing bases treatment on restoring or compensating for skills lost through chronic disease, disuse, or other physiological factors. There is usually not an acute episode that drives the restorative nursing process.

Restorative nursing programs are most often begun when a resident is discharged from skilled physical, occupational, or speech therapy. But the reality is that most residents, by the very nature of their needing nursing home care, are restorative nursing candidates. CMS believes strongly that restorative nursing programs are appropriate for almost every resident.
INFECTION CONTROL INFORMATION

Infection Control Processes
The elderly are at risk for infections due to the aging process and chronic diseases. To help reduce the risk of infections, all residents are offered the Pneumococcal vaccine upon admission if they have not previously received it. This is a one-time dose that helps reduce the severe complications that can occur from some types of pneumonia.

All residents are monitored upon admission for exposure to Tuberculosis (TB). Both residents and service partners are assessed on an annual basis for exposure to TB.

During the influenza season (October 1 – March 1) all residents and service partners are offered the Influenza Vaccine. With written agreement, this vaccine is provided on site by a nursing professional. This has been shown to greatly reduce mortality among the elderly when administered to both resident and service partner populations in a healthcare setting.

Tips for Visitors
There are things you can do to help reduce the chance of infection or germ-sharing. Simple things that help reduce the risk of infection include:

- “Hand Hygiene” - Hand-washing is the simplest and most important step that can reduce the spread of infection. Alcohol-based foam found inside the doorway of each resident room is also good to kill germs. Use the foam on the way into the room and on your way out.
- Do not visit if you are ill! If you are sick or feeling ill in any way, please do not visit until your symptoms are resolved.

Visitation Restrictions
At times, it may become necessary to place the facility on “restricted visitation.” This occurs when multiple residents become ill with the same or similar symptoms. An example of this would be residents suffering from highly contagious illnesses such as Influenza or gastrointestinal problems. These restrictions will be lifted when symptoms resolve within the facility.

If a resident develops an infection, room relocation may be necessary for safety and to prevent the spread of infection.
SOCIAL SERVICES DEPARTMENT INFORMATION

Social Services Department Goal
The Social Services department strives to promote and protect the rights of residents. Social Service, service partners act as an advocate for the resident, foster the right to a dignified existence, self-determination, communication with persons and services inside and outside the facility. As a resident, you have the right to be fully informed of all of your rights and responsibilities.

The Social Service department service partners provide education to all residents regarding their rights and responsibilities during their stay at the Skilled Nursing & Rehabilitation Center.

Resident Rights
It is the goal of our facility to promote and protect your rights as a resident in our home. We believe that you have a right to a dignified existence, self-determination and communication with and access to persons and services inside and outside the facility. Therefore, as a resident you have:

1). The right to be fully informed, orally and in writing, of your rights.

2). The right to be fully informed, orally and in writing, of your responsibilities to the facility.

3). The right to receive written copies of any change(s) in rules and regulations that may affect your rights, obligations or responsibilities to the facility.

4). The right to inspect and request photocopies of your records. If photocopies are requested the resident or responsible person must first sign a Release of Information. It should be noted that Medical Records charges a fee for providing photocopies.

5). The right to be fully informed of your total health status, including your medical condition.

6). The right to refuse your nursing care and medical treatment, and to refuse to participate in any experimental research.

7). The right to be informed of services available to you and the related charges for such services.
8). The right to file a grievance and/or complaint with the facility, state survey and certification agency, ombudsman or other advocates concerning abuse, neglect, misappropriation of your personal property or other matters with respect to treatment that has been furnished.

9). The right to be informed of the name, specialty, and way of contacting the physician responsible for your medical care.

10). The right to be informed of how to apply for and use Medicare and Medicaid benefits.

11). The right to be informed of how to receive a refund for previous payments covered by Medicare and/or Medicaid.

12). The right to exercise your rights as a resident of the facility and as a citizen or resident of the United States.

13). The right to be free of interference, coercion, discrimination or reprisal from the facility in exercising your rights.

14). The right to have your family and physician promptly notified of significant changes in your medical condition and/or status.

15). The right to be notified of a change in your room assignment or roommate.

16). The right to manage your own financial affairs.

17). The right to choose a dentist and a personal attending physician.

18). The right to be fully informed in advance of your medical care and treatment, and of any changes in such care and treatment.

19). The right to personal privacy.

20). The right to privacy in receiving and sending written communications.

21). The right to have regular access to the private use of a telephone.

22). The right to receive visitors.

23). The right to confidentiality of your personal and clinical records.
24). The right to examine the most recent survey report and the facility's plan of correction.

25). The right to contact and receive information from agencies acting as client advocates.

26). The right to refuse to perform or not perform services for the facility.

27). The right to retain and use personal possessions.

28). The right to share a room with your spouse should both of you be a resident in the facility.

29). The right to self-administer your drugs and medications.

30). The right to receive a 30 day notice before being transferred or discharged from the facility.

31). The right to be free from physical or chemical restraints.

32). The right to be free from verbal, sexual, physical or mental abuse, corporal punishment and involuntary seclusion.

33). The right to choose activities, schedules and, care consistent with your interests, assessments, and plan of care.

34). The right to interact with members of the community.

35). The right to organize and participate in resident groups in the facility.

36). The right to make choices about aspects of your life in the facility.

37). The right to participate in social, religious, and community activities.

38). The right to receive services with reasonable accommodation of individual needs and preferences.

39). The right to be informed of the facility's bed-holding policy.

40). The right to appropriate assessment and management of your pain.
41.). Our facility cannot hold a resident against his/her will. Should a resident wish to be discharged, every effort will be made to contact the legal guardian or representative (sponsor) before the resident is discharged. Documentation of such discharges is recorded in the resident’s medical record. (Note: Please direct questions concerning this matter to the administrator or the director of nursing.)

**Resident/Family Responsibilities**

Resident/family responsibilities refer to the rules and regulations governing individual residents in their dealings with the facility, staff and other residents. They are not intended to limit the rights of residents, but merely to provide the resident with information concerning his/her responsibilities to the facility. Questions should be referred to the Administrator, Director of Nursing, or to the Social Services Department.

1). We strongly encourage residents to have a legal guardian and/or a healthcare representative to act on the resident’s behalf should it become necessary.

2). All necessary paperwork must be completed by the admitting physician before the resident can be admitted.

3). Residents are expected to be considerate to and of other residents, staff members, and visitors. Verbal and physical abuse from residents will not be tolerated and may be cause for discharge.

4). Residents are not expected to pay employees or to give them gifts to perform routine or special services.

5). Residents are strongly encouraged to maintain only a minimum amount of cash in their possession (No more than $5.00 is suggested). For larger sums of money, it is highly recommended that a “Personal Fund Account” be established through the facility’s Business Office. Residents are responsible for securing all valuables. A key for a nightstand or dresser is also available to secure valuables.

6). All valuables (ex., rings, pins, jewelry, etc.) should be taken home by the legal guardian or representative. If such valuables are retained by the resident, the facility cannot be responsible for such items.

7). Residents are expected to maintain good relations with their roommates. Problems that arise should be discussed with the social worker. Residents
occupying semi-private rooms are expected to share their rooms equally with their roommates.

8). Religious, social, and activity programs are conducted in the facility. Residents are encouraged to attend all programs. Family and friends are encouraged to participate in our scheduled activities.

9). Residents may not leave the premises without signing out at their respective nurses station. Employees will not be permitted to sign residents out unless authorized in writing from the healthcare representative and the administrator.

10). Smoking is not permitted anywhere in this facility or on the grounds. With your doctor’s permission or a leave of absence, you may leave the grounds to smoke. No igniting materials (matches, lighters) may be kept in resident rooms. Materials must be given to your LPN.

11). Residents are expected to be observant of the rights of others.

12). Residents agree to maintain good personal hygiene, including, but not limited to, a bi-weekly tub bath or shower, and hair shampoo unless prohibited for medical reasons. In addition, residents will agree to have wheelchairs washed on a regular basis for infection-control purposes.

13). Televisions and radios, including those in resident rooms, are not to be played loudly or past 9:00 p.m. unless agreed upon by both residents sharing a room. Complaints may be grounds for removal of such items from resident rooms.

14). Room lights must be turned off at bedtime so as not to disturb other residents unless both roommates are in agreement with the situation. Night-lights must be left on at all times for the safety of the residents.

15). Residents and visitors should not talk loudly or disturb other residents. Complaints could result in limiting the number of visitors in a room.

16). Personal wheelchairs, walkers, canes, electric beds and other special equipment for the private use of the resident is the responsibility of the resident or representative.

17). Residents are prohibited from keeping any weapons designed to inflict bodily harm (e.g.: guns, knives, razor blades, sticks (other than a cane), in their possession.
18). Residents may leave the facility for overnight leaves of absence as approved by physician and insurance regulations.

19). When fire or other drills are conducted, residents, and visitors are expected to follow the instructions issued by the person in charge.

20). Coffee pots, electric blankets, heaters, etc., are not permitted to be retained in resident rooms. Pictures, calendars, etc., may be hung on the bulletin boards provided in each room. Throw rugs may not be used in resident rooms. Extension cords are also not permitted.

21). It is the responsibility of the resident’s representative to notify the social worker, Admissions Coordinator, or RN Supervisor if the resident’s bed is to be held should the resident be transferred to the hospital. (If the social worker is not available, let the nursing supervisor know that you want the bed held, as there is a form to be signed. Failure to do so may result in resident’s loss of bed space.)

22). Family and friends may visit at any time unless prohibited by the attending physician’s written order or by the resident’s written request. Family members may stay with critically ill residents when desired. All facility rules must be followed, as well as any instructions issued by the charge nurse of person in charge.

23). The facility reserves the right to clean any area and to discard any items not considered to be sanitary and in accordance with our established housekeeping policies and procedures.

24). Only fire-resistant containers, equipment, trashcans, etc., may be retained in the room. Exceptions: personal clothing, linen, etc.). Please check with the Administrator or Director of Nursing before taking such articles into the room. In general, residents and families agree to abide by facility safety and fire codes.

25). Any electrical equipment, such as electric recliner, television set, etc., should be recorded on the personal belongings sheet at the nurse’s station. If there is any question in the condition of the item, the maintenance department will be contacted for safety approval. Medical equipment should be checked by our Bio-Med department. All equipment must be “UL” approved.

26). Equipment (ex., wheelchairs, walkers, canes, etc.) belonging to the facility and for the general use of all residents may not be removed from the facility when
residents go home for overnight visits unless authorized by the Director of Nursing.

27). Our facility cannot hold a resident against his/her will. Should a resident wish to be discharged, every effort will be made to contact the legal guardian or healthcare representative before the resident is discharged. Documentation of such discharges (i.e., against medical advice) is recorded in the resident’s medical record. (Note: Please direct questions concerning this matter to the Administrator or the Director of Nursing.)

28). It is the facility’s desire to provide quality care and service. Residents and/or their legal guardians or representatives are encouraged to discuss any problems concerning treatment, care or operations with the Administrator. We solicit any recommendations/suggestions that would be beneficial to all concerned.

**Advanced Directives**
In the state of Pennsylvania, competent adults have the right to decide whether to accept, reject or discontinue medical care and treatment. If you do not wish to undergo a certain procedure or to receive a certain type of treatment, you have the right to make your wishes known to your doctor or health care provider.

The Social Services department can assist you with the process of completing an Advanced Directive. A sample has been provided to you upon admission.

**Possessions and Supplies**
The Skilled Nursing & Rehabilitation Center provides our residents with basic functional necessities such as linens, hospital gowns, paper products, personal hygiene items and basic room furniture including a bulletin board. Family members and friends can help loved ones feel more at home by personalizing the room and supplying items that enhance comfort and promote convenience.

**Beauty/Barber Services**
Beauty and Barber Services are available four days a week from 9 am to 3:30 pm. A service member or volunteer will transport and/or accompany the resident to the beauty shop. For those residents who are unable to have services provided in the beauty shop, the beautician will go to their rooms to provide services. Please check with the business office if you or your loved one has questions about your payer source options for beauty care.

The account specialist follows current reimbursement guidelines for processing the fees according to each resident’s payment status at the time services are rendered.
**Clothing**
Comfort, convenience and laundering are key words in selecting clothing for nursing home residents. The clothing should feel good, be easy to put on, and be sturdy enough to withstand commercial laundering. Supply enough changes to accommodate the laundering schedule (a suggested seven-day supply). Stable, non-skid footwear or slippers are also recommended. Please note: Our facility is air-conditioned so residents may feel chilly at times. Supply sweaters, slacks, warm socks or booties as needed.

Clothes are an important aspect to most residents’ sense of self-image and dignity. Our service partners recognize a resident’s personal choice or preferences for clothing and will accommodate this as much as possible.

**Helpful Items**
Decorations and mementos from home personalize the room and make it more livable for your loved one. Honors, awards, commendations and family photos help visitors and service partners recognize the residents as people of worth, while giving them an idea of their interests and background. Our maintenance department will assist with picture hanging or any other installation needs.

**Newspaper Subscription**
Newspapers may be obtained by calling the circulation department of the desired newspaper. It is the responsibility of the resident and/or responsible person to contact the appropriate circulation department to begin or cancel newspaper delivery services.

**Personal Furniture, Equipment, and Mini Fridges**
You may bring in televisions (19”-20” maximum), radios, furniture, and mini-fridges from home following the current “Furniture/Appliance/Equipment Brought from Home” policy guidelines. Any of these items must be in good repair, and electrical devices must contain a UL sticker or be approved/inspected by our maintenance department. No extension cords are permitted. The mini fridge must fit within resident’s space and be maintained by them keeping it at proper temperature to avoid food spoilage. Resident must date food items and discard them after 72 hours. Residents are responsible to clean personal mini fridges.

**Extension Cords**
We do not permit the use of extension cords in the facility.
Wheelchairs/Scooters, Motorized
Residents who are admitted to the Skilled Nursing & Rehabilitation Center with an electric wheelchair or scooter will be assessed by the therapy department to assure that the resident operating the electric wheelchair can do so in a safe manner. Residents permitted to have electric wheelchairs or scooters will need to agree to the facility policy “Wheelchairs/Scooters, Motorized” for safety.

Television
If you would like basic cable service in your room, please refer to the Explanation of Rates and Charges page for pricing. You must provide your own television. We recommend a television no larger than a 19–20 inch set with remote that is cable-ready.

Community televisions are available in the lounges at the end of hallways on both first and second floors, as well as in our activity room and sunroom.

A listing of our current channels available is noted on the following page for your convenience.
<table>
<thead>
<tr>
<th>Dial #</th>
<th>Channel</th>
<th>Dial #</th>
<th>Channel</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>WSN 46 A &amp; E</td>
<td>46</td>
<td>A &amp; E</td>
</tr>
<tr>
<td>2</td>
<td>WBRE-28 (NBC)</td>
<td>47</td>
<td>History Channel</td>
</tr>
<tr>
<td>3</td>
<td>WPSU (PICS)</td>
<td>48</td>
<td>TNT</td>
</tr>
<tr>
<td>*3.3</td>
<td>WPSU (CREATE)</td>
<td>49</td>
<td>AMC</td>
</tr>
<tr>
<td>*3.4</td>
<td>WPSU (WORLD)</td>
<td>50</td>
<td>Spike TV</td>
</tr>
<tr>
<td>4</td>
<td>WYOU-22 (CBS)</td>
<td>51</td>
<td>BTN</td>
</tr>
<tr>
<td>5</td>
<td>WOLF-35 (FOX)</td>
<td>52</td>
<td>Fox Network</td>
</tr>
<tr>
<td>6</td>
<td>WNEP-TV (ABC)</td>
<td>53</td>
<td>E</td>
</tr>
<tr>
<td>7</td>
<td>WVIA-44 (PBS)</td>
<td>54</td>
<td>HGTV</td>
</tr>
<tr>
<td>8</td>
<td>My Net TV</td>
<td>55</td>
<td>Bravo</td>
</tr>
<tr>
<td>*9.5</td>
<td>WYOU-9 (CBS)</td>
<td>56</td>
<td>VH-1</td>
</tr>
<tr>
<td>*9.6</td>
<td>WGIN (AMERICA)</td>
<td>57</td>
<td>G4</td>
</tr>
<tr>
<td>10</td>
<td>WGIN (AMERICA)</td>
<td>58</td>
<td>Travel Channel</td>
</tr>
<tr>
<td>11</td>
<td>WSWB-38 (CW)</td>
<td>59</td>
<td>Animal Planet</td>
</tr>
<tr>
<td>12</td>
<td>WPSU (ELI)</td>
<td>60</td>
<td>Disney Channel</td>
</tr>
<tr>
<td>13</td>
<td>“Serenity Music &amp; Video” closed caption (MVH) ed videos</td>
<td>61</td>
<td>Comedy Central</td>
</tr>
<tr>
<td>*16.5</td>
<td>ABC</td>
<td>64</td>
<td>Court TV</td>
</tr>
<tr>
<td>*16.1</td>
<td>ABC</td>
<td>64.1</td>
<td>Infomercials at noon</td>
</tr>
<tr>
<td>17</td>
<td>“UPMC Susquehanna Educational” closed circuit</td>
<td>65</td>
<td>SyFy Channel</td>
</tr>
<tr>
<td>18</td>
<td>“UPMC Susquehanna Educational” closed circuit</td>
<td>66</td>
<td>BET</td>
</tr>
<tr>
<td>19</td>
<td>EWTN</td>
<td>67</td>
<td>SoapNet</td>
</tr>
<tr>
<td>20</td>
<td>Fox Network</td>
<td>68</td>
<td>OWN</td>
</tr>
<tr>
<td>21</td>
<td>Golf Channel</td>
<td>69</td>
<td>Hallmark Channel</td>
</tr>
<tr>
<td>22</td>
<td>Golf Channel</td>
<td>70</td>
<td>Ocean Communications (Religious)</td>
</tr>
<tr>
<td>23</td>
<td>Lifetime</td>
<td>71</td>
<td>PIN (advertisement)</td>
</tr>
<tr>
<td>24</td>
<td>ESPN</td>
<td>72</td>
<td>Outdoor Channel</td>
</tr>
<tr>
<td>25</td>
<td>ESPEN2</td>
<td>73</td>
<td>C-Span 2</td>
</tr>
<tr>
<td>26</td>
<td>ESPEN2</td>
<td>74</td>
<td>FX</td>
</tr>
<tr>
<td>27</td>
<td>Golf Channel</td>
<td>75</td>
<td>Wmspt-Lyc Govt Channel</td>
</tr>
<tr>
<td>28</td>
<td>Comcast Sportsnet Philadelphia</td>
<td>76</td>
<td>VS (VERSUS)</td>
</tr>
<tr>
<td>29</td>
<td>Comcast Sportsnet Philadelphia</td>
<td>77</td>
<td>CSPAN 2</td>
</tr>
<tr>
<td>30</td>
<td>Golf Channel</td>
<td>78</td>
<td>Shop NBC</td>
</tr>
<tr>
<td>31</td>
<td>Golf Channel</td>
<td>79</td>
<td>C-Span</td>
</tr>
<tr>
<td>32</td>
<td>Golf Channel</td>
<td>80</td>
<td>C-Span</td>
</tr>
<tr>
<td>33</td>
<td>Golf Channel</td>
<td>81</td>
<td>CSPAN</td>
</tr>
<tr>
<td>34</td>
<td>Golf Channel</td>
<td>81.4</td>
<td>C-Span</td>
</tr>
<tr>
<td>35</td>
<td>Golf Channel</td>
<td>81.5</td>
<td>Religious Channel</td>
</tr>
<tr>
<td>36</td>
<td>Golf Channel</td>
<td>81.6</td>
<td>Religious Channel</td>
</tr>
<tr>
<td>37</td>
<td>Golf Channel</td>
<td>81.7</td>
<td>3ABN</td>
</tr>
<tr>
<td>38</td>
<td>Golf Channel</td>
<td>81.9</td>
<td>WPSU for Kids</td>
</tr>
<tr>
<td>39</td>
<td>Golf Channel</td>
<td>81.10</td>
<td>Comcast Network</td>
</tr>
<tr>
<td>40</td>
<td>Golf Channel</td>
<td>81.2</td>
<td>Shop NBC</td>
</tr>
<tr>
<td>41</td>
<td>Golf Channel</td>
<td>81.3</td>
<td>C-Span</td>
</tr>
<tr>
<td>42</td>
<td>Golf Channel</td>
<td>81.4</td>
<td>C-Span</td>
</tr>
<tr>
<td>43</td>
<td>Golf Channel</td>
<td>81.5</td>
<td>Religious Channel</td>
</tr>
<tr>
<td>44</td>
<td>Golf Channel</td>
<td>81.6</td>
<td>Religious Channel</td>
</tr>
<tr>
<td>45</td>
<td>Golf Channel</td>
<td>81.7</td>
<td>3ABN</td>
</tr>
<tr>
<td>46</td>
<td>Golf Channel</td>
<td>81.9</td>
<td>WPSU for Kids</td>
</tr>
<tr>
<td>47</td>
<td>Golf Channel</td>
<td>81.10</td>
<td>Comcast Network</td>
</tr>
<tr>
<td>48</td>
<td>Golf Channel</td>
<td>81.11</td>
<td>Shop NBC</td>
</tr>
<tr>
<td>49</td>
<td>Golf Channel</td>
<td>81.12</td>
<td>C-Span</td>
</tr>
</tbody>
</table>

*Digital Channels

TV CHANNEL GUIDE – Skilled Nursing & Rehabilitation Center

TVChannelGuide-SNU.doc: mh 8/11
Animal/Pet Visitation
We would like to have our residents maintain personal contact with a beloved pet. Upon a pet’s initial visit, the pet’s attendant should stop at the receptions desk. We ask that the pet’s up to date vaccination records be presented at that time. The records will be copied and kept on file at the receptions desk. Vaccinations must be up to date. The pet must have no evidence of an infectious disease. Any animal who is obviously dirty (matted hair, fleas, etc.) will be restricted from visiting. The attendee of the pet is responsible for cleaning/removing any "accidents" that may have occurred while the pet is on the premises. Service partners will then contact Environmental Services to disinfect the area. An adult must accompany all pets. Any pet that is disruptive and upsetting to residents must be removed from the facility. Pets are not allowed in isolation rooms unless approved by the Director of Nursing. Animals are not permitted in the kitchen, other food service areas, and dining rooms while food is being served, utility rooms or rooms of residents who do not want animals in their rooms. The person to whom the pet belongs is responsible for staying with the pet. Animals will also be scheduled to visit the center by the activity department. In these cases activities will be responsible for obtaining vaccination records and maintaining active files.

Telephone Information
All resident rooms include a telephone for each bed for your convenience in making local calls. A single line is shared between two roommates in semi-private rooms. Your phone number is indicated on the telephone at your bedside. To access an outside line, you must first dial “9” preceding the number you are calling. Long-distance calling cards may also be appropriate during your stay here. Courtesy phones are available in the lounges at each ends of West and East Halls for local telephone calls. (See phone listing for all rooms on the following pages)
<table>
<thead>
<tr>
<th>ROOM #</th>
<th>Phone Number</th>
<th>ROOM #</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>101-1</td>
<td>546-0900</td>
<td>116-1</td>
<td>546-0916</td>
</tr>
<tr>
<td>101-2</td>
<td>546-0900</td>
<td>116-2</td>
<td>546-0916</td>
</tr>
<tr>
<td>102-1</td>
<td>546-0901</td>
<td>117-1</td>
<td>546-0917</td>
</tr>
<tr>
<td>102-2</td>
<td>546-0901</td>
<td>117-2</td>
<td>546-0917</td>
</tr>
<tr>
<td>103-1</td>
<td>546-0902</td>
<td>118-1</td>
<td>546-0918</td>
</tr>
<tr>
<td>103-2</td>
<td>546-0902</td>
<td>118-2</td>
<td>546-0918</td>
</tr>
<tr>
<td>104-1</td>
<td>546-0903</td>
<td>119-1</td>
<td>546-0919</td>
</tr>
<tr>
<td>104-2</td>
<td>546-0903</td>
<td>119-2</td>
<td>546-0919</td>
</tr>
<tr>
<td>105-1</td>
<td>546-0904</td>
<td>120-1</td>
<td>546-0920</td>
</tr>
<tr>
<td>105-2</td>
<td>546-0904</td>
<td>120-2</td>
<td>546-0920</td>
</tr>
<tr>
<td>106-1</td>
<td>546-0905</td>
<td>121-1</td>
<td>546-0921</td>
</tr>
<tr>
<td>106-2</td>
<td>546-0905</td>
<td>121-2</td>
<td>546-0921</td>
</tr>
<tr>
<td>107-1</td>
<td>546-0906</td>
<td>122-1</td>
<td>546-0922</td>
</tr>
<tr>
<td>107-2</td>
<td>546-0906</td>
<td>122-2</td>
<td>546-0922</td>
</tr>
<tr>
<td>108-1</td>
<td>546-0907</td>
<td>123-1</td>
<td>546-0923</td>
</tr>
<tr>
<td>108-2</td>
<td>546-0907</td>
<td>123-2</td>
<td>546-0923</td>
</tr>
<tr>
<td>109-1</td>
<td>546-0908</td>
<td>124-1</td>
<td>546-0924</td>
</tr>
<tr>
<td>109-2</td>
<td>546-0908</td>
<td>124-2</td>
<td>546-0924</td>
</tr>
<tr>
<td>110-1</td>
<td>546-0909</td>
<td>125-1</td>
<td>546-0925</td>
</tr>
<tr>
<td>110-2</td>
<td>546-0909</td>
<td>125-2</td>
<td>546-0925</td>
</tr>
<tr>
<td>111-1</td>
<td>546-0910</td>
<td>126-1</td>
<td>546-0926</td>
</tr>
<tr>
<td>111-2</td>
<td>546-0910</td>
<td>126-2</td>
<td>546-0926</td>
</tr>
<tr>
<td>112-1</td>
<td>546-0912</td>
<td>127-1</td>
<td>546-0927</td>
</tr>
<tr>
<td>112-2</td>
<td>546-0912</td>
<td>127-2</td>
<td>546-0927</td>
</tr>
<tr>
<td>113-1</td>
<td>546-0913</td>
<td>128-1</td>
<td>546-0928</td>
</tr>
<tr>
<td>113-2</td>
<td>546-0913</td>
<td>128-2</td>
<td>546-0928</td>
</tr>
<tr>
<td>114-1</td>
<td>546-0914</td>
<td>129-1</td>
<td>546-0929</td>
</tr>
<tr>
<td>114-2</td>
<td>546-0914</td>
<td>129-2</td>
<td>546-0929</td>
</tr>
<tr>
<td>115-1</td>
<td>546-0915</td>
<td>130-1</td>
<td>546-0930</td>
</tr>
<tr>
<td>115-2</td>
<td>546-0915</td>
<td>131-1</td>
<td>546-0931</td>
</tr>
<tr>
<td></td>
<td></td>
<td>131-2</td>
<td>546-0931</td>
</tr>
<tr>
<td></td>
<td></td>
<td>132-1</td>
<td>546-0932</td>
</tr>
<tr>
<td></td>
<td></td>
<td>133-1</td>
<td>546-0934</td>
</tr>
<tr>
<td></td>
<td></td>
<td>133-2</td>
<td>546-0934</td>
</tr>
<tr>
<td></td>
<td></td>
<td>134-1</td>
<td>546-0935</td>
</tr>
<tr>
<td></td>
<td></td>
<td>135-1</td>
<td>546-0936</td>
</tr>
<tr>
<td></td>
<td></td>
<td>135-2</td>
<td>546-0936</td>
</tr>
<tr>
<td></td>
<td></td>
<td>136-1</td>
<td>546-0937</td>
</tr>
<tr>
<td>ROOM #</td>
<td>Phone Number</td>
<td>ROOM #</td>
<td>Phone Number</td>
</tr>
<tr>
<td>--------</td>
<td>--------------</td>
<td>--------</td>
<td>--------------</td>
</tr>
<tr>
<td>201-1</td>
<td>546-0938</td>
<td>216-1</td>
<td>546-0964</td>
</tr>
<tr>
<td>201-2</td>
<td>546-0938</td>
<td>216-2</td>
<td>546-0964</td>
</tr>
<tr>
<td>202-1</td>
<td>546-0939</td>
<td>217-1</td>
<td>546-0965</td>
</tr>
<tr>
<td>202-2</td>
<td>546-0939</td>
<td>217-2</td>
<td>546-0965</td>
</tr>
<tr>
<td>203-1</td>
<td>546-0940</td>
<td>218-1</td>
<td>546-0966</td>
</tr>
<tr>
<td>203-2</td>
<td>546-0940</td>
<td>218-2</td>
<td>546-0966</td>
</tr>
<tr>
<td>204-1</td>
<td>546-0941</td>
<td>219-1</td>
<td>546-0967</td>
</tr>
<tr>
<td>204-2</td>
<td>546-0941</td>
<td>219-2</td>
<td>546-0967</td>
</tr>
<tr>
<td>205-1</td>
<td>546-0942</td>
<td>220-1</td>
<td>546-0968</td>
</tr>
<tr>
<td>205-2</td>
<td>546-0942</td>
<td>220-2</td>
<td>546-0968</td>
</tr>
<tr>
<td>206-1</td>
<td>546-0943</td>
<td>221-1</td>
<td>546-0969</td>
</tr>
<tr>
<td>206-2</td>
<td>546-0943</td>
<td>221-2</td>
<td>546-0969</td>
</tr>
<tr>
<td>207-1</td>
<td>546-0944</td>
<td>222-1</td>
<td>546-0970</td>
</tr>
<tr>
<td>207-2</td>
<td>546-0944</td>
<td>222-2</td>
<td>546-0970</td>
</tr>
<tr>
<td>208-1</td>
<td>546-0955</td>
<td>223-1</td>
<td>546-0971</td>
</tr>
<tr>
<td>208-2</td>
<td>546-0955</td>
<td>223-2</td>
<td>546-0971</td>
</tr>
<tr>
<td>209-1</td>
<td>546-0957</td>
<td>224-1</td>
<td>546-0972</td>
</tr>
<tr>
<td>209-2</td>
<td>546-0957</td>
<td>224-2</td>
<td>546-0972</td>
</tr>
<tr>
<td>210-1</td>
<td>546-0958</td>
<td>225-1</td>
<td>546-0973</td>
</tr>
<tr>
<td>210-2</td>
<td>546-0958</td>
<td>225-2</td>
<td>546-0973</td>
</tr>
<tr>
<td>211-1</td>
<td>546-0959</td>
<td>226-1</td>
<td>546-0974</td>
</tr>
<tr>
<td>211-2</td>
<td>546-0959</td>
<td>226-2</td>
<td>546-0974</td>
</tr>
<tr>
<td>212-1</td>
<td>546-0960</td>
<td>227-1</td>
<td>546-0975</td>
</tr>
<tr>
<td>212-2</td>
<td>546-0960</td>
<td>227-2</td>
<td>546-0975</td>
</tr>
<tr>
<td>213-1</td>
<td>546-0961</td>
<td>228-1</td>
<td>546-0976</td>
</tr>
<tr>
<td>213-2</td>
<td>546-0961</td>
<td>228-2</td>
<td>546-0976</td>
</tr>
<tr>
<td>214-1</td>
<td>546-0962</td>
<td>229-1</td>
<td>546-0977</td>
</tr>
<tr>
<td>214-2</td>
<td>546-0962</td>
<td>229-2</td>
<td>546-0977</td>
</tr>
<tr>
<td>215-1</td>
<td>546-0963</td>
<td></td>
<td></td>
</tr>
<tr>
<td>215-2</td>
<td>546-0963</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

230-1
230-2
231-1
231-2
233-1
233-2
234-1 PVT
235-1
235-2
236-1 PVT
237-1
237-2

No Facility Provided Phones in the Willows Unit
Bed Hold and Readmission Policy

1. **Medical Assistance Recipient**
   
   A. **Hospital Transfer**: This is to notify you upon your transfer to the hospital that the facility will automatically hold your bed for up to fifteen (15) days while you are hospitalized.
   
   B. **Therapeutic Leaves**: You are entitled, with a physician’s order, to thirty (30) days per calendar year.
   
   C. The facility will accept Medicaid bed hold payments as payments in full.
   
   D. Should you desire to hold your bed space beyond the time periods outlined above, please contact the facility to make these arrangements within 24 hours.
   
   E. You will be billed the daily room rate for bed-hold days of absence beyond the State’s bed-hold limit, as outlined in “A” and “B” above.

2. **Medicare Recipient and Private Pay**
   
   Medicare does not pay for bed holding. If you desire to hold your bed while you are absent from the facility, you may do so by notifying the facility. You will be billed the prevailing daily rate while absent.

3. **Readmission**
   
   If you choose not to reserve your bed as set forth above, you are entitled to the next available, medically appropriate bed when you are ready to return to the facility.

4. **Election of not Holding the Bed**
   
   Should you choose not to hold the bed, personal belongings must be removed in a timely manner.

**Discharge Planning Process**

Helping you plan for your continued care following discharge from the Skilled Nursing & Rehabilitation Center is important. We help our residents to prepare for their most immediate medical, social, emotional or financial needs by helping you and your family makes decisions to ease your transition home. Our Discharge Planning Team is comprised of nurses, therapists and social workers. We meet weekly to review your progress and discuss how best to meet your needs. Specifically, our Social Services Department service partners will:

- Ask questions early in your admission about any services or medical equipment you had prior to your admission, as well as existing family support.
• Outline your personal on-going needs and develop a plan to meet them.
• Act as your liaison to other members of the Discharge Planning Team.
• Find the community services available to support your needs.
• Explore home-based service options, including visiting nurses and various Aging Office programs such as Meals-on-Wheels or transportation services.
• Make referrals on your behalf to appropriate community services.
• Assist you in obtaining necessary durable medical equipment.

Within two weeks following discharge, you or a member of your family will receive a telephone call from a facility representative to inquire about how you are doing and to answer any questions you may have. Please do not wait for this call if you have any immediate needs.
Care Plan Philosophy
An important part of your stay in our Skilled Nursing & Rehabilitation Center is your personalized Care Plan. Developed by an interdisciplinary team of physicians, nurses, nutritional services’ service partners, rehabilitation therapists, pharmacists, social workers and therapeutic recreation service partner’s members, the Care Plan is the guide that is used to provide you with comprehensive care.

In order to involve you and family members of your choice in the Care Planning process, you are invited to meetings where your care plan is reviewed. These meetings occur once every three months and last approximately fifteen minutes. During this meeting, you and family members of your choice will receive progress reports from interdisciplinary team members and you will have the opportunity to ask questions and make comments regarding your plan of care. If you have a question or need before a scheduled care plan meeting, please do not hesitate to contact us sooner.

Mind Data Set Information
A Minimum Data Set (MDS) is a Resident Assessment Instrument (RAI) that skilled nursing facilities are required to complete on all residents. Providing care to residents with post-acute and long-term care needs is complex and challenging work. It utilizes clinical competences; observational skills and assessment expertise from all disciplines to develop individualized care plans. The RAI helps facility service partners to gather definitive information on a resident’s strengths and needs, which must be addressed in an individualized care plan. It also assists service partners to evaluate goal achievement and revise care plans accordingly.

This RAI process allows service partners to look at residents holistically as individuals for whom quality of life and quality of care are mutually significant. Interdisciplinary use of this tool promotes the most positive outcomes possible.

Demand Billing Process
Effective July 1, 2005 for Medicare Patients, it was ruled that residents have access to a fast-track, expedited review process when Medicare coverage of their Skilled Nursing Facility is about to end.
Based on regulations the provider must give the “Notice of Medicare Provider Non-Coverage” to Medicare Beneficiaries no later than two days before the effective date of the end of the coverage. If the beneficiary does not agree that coverage should end, they may request an expedited review of the termination decision by the Quality Improvement Organization for the State of Pennsylvania. Please contact our RNAC office for more details.

**Protected Information**

MDS assessment data is personal information about residents. By law we are required to collect and keep this information confidential. By regulation release of information from the resident’s clinical record is permissible only when required by:

1. Transfer to another healthcare institution
2. Law (both state and federal)
3. The resident request

The Privacy Act requires by regulation that all individuals whose data are collected and maintained in a federal database must receive notice. Therefore, residents in nursing facilities must be informed that the MDS data is being collected and submitted to the national system, QIES Assessment Submission and Processing and the State MDS database. The notice shown on the following page in resident handbook of this booklet meets the requirements of the Privacy Act of 1974 for nursing facilities. The form is a notice and not a consent to release or use MDS data for health care information. Each resident or family member must be given the notice containing submission information at the time of admission. It is important to remember that resident consent is not required to complete and submit MDS assessments that are required under OBRA or for Medicare payment purposes.
PRIVACY ACT STATEMENT – HEALTH CARE RECORDS (7/14/2005)

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)

Sections 1819(f), 1919(f), 1819(b)(3)(A), 1919(b)(3)(A), and 1864 of the Social Security Act.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate tracking of changes in your health and functional status over time for purposes of evaluating and assuring the quality of care provided by nursing homes that participate in Medicare or Medicaid.

3. ROUTINE USES

The primary use of this information is to aid in the administration of the survey and certification of Medicare/Medicaid long-term care facilities and to improve the effectiveness and quality of care given in those facilities. This system will also support regulatory, reimbursement, policy, and research functions. This system will collect the minimum amount of personal data needed to accomplish its stated purpose.

The information collected will be entered into the Long-Term Care Minimum Data Set (LTC MDS) system of records, System No. 09-70-1517. Information from this system may be disclosed, under specific circumstances (routine uses), which include: To the Census Bureau and to: (1) Agency contractors, or consultants who have been engaged by the Agency to assist in accomplishment of a CMS function, (2) another Federal or State agency, agency of a State government, an agency established by State law, or its fiscal agent to administer a Federal health program or a Federal/State Medicaid program and to contribute to the accuracy of reimbursement made for such programs, (3) to Quality Improvement Organizations (QIOs) to perform Title XI or Title XVIII functions, (4) to insurance companies, underwriters, third party administrators (TPA), employers, self-insurers, group health plans, health maintenance organizations (HMO) and other groups providing protection against medical expenses to verify eligibility for coverage or to coordinate benefits with the Medicare program, (5) an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease of disability, or the restoration of health, or payment related projects, (6) to a member of Congress or congressional staff member in response to an inquiry from a constituent, (7) to the Department of Justice, (8) to a CMS contractor that assists in the administration of a CMS-administered health benefits program or to a grantee of a CMS-administered grant program, (9) to another Federal agency or to an instrumentality of any governmental jurisdiction that administers, or that has the authority to investigate potential fraud or abuse in a health benefits program funded in whole or in part by Federal funds to prevent, deter, and detect fraud and abuse in those programs, (10) to national accrediting organizations, but only for those facilities that these accredit and that participate in the Medicare program.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

For Nursing Home residents residing in a certified Medicare/Medicaid nursing facility the requested information is mandatory because of the need to assess the effectiveness and quality of care given in certified facilities and to assess the appropriateness of provided services. If the requested information is not furnished the determination of beneficiary services and resultant reimbursement may not be possible.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

__________________________  ________________________
Signature of Resident or Sponsor  Date
SPECIALTY CARE UNITS

THE WILLOWS
ALZHEIMER’S AND DEMENTIA MEMORY CARE UNIT

About The Willows
The Willows is a separate, twelve-bed unit specializing in outstanding care for individuals with Alzheimer’s disease or other dementias. The unit is vibrant and active, where service partners understand that individuals with Alzheimer’s disease or other dementias can continue to live an exciting and meaningful life utilizing existing skills and talents.

The Willows Philosophy
It is our unit’s philosophy that all residents have unique gifts, skills and abilities. We will work with each resident to maximize existing skills and minimize any deficits. The Willows service partners will make every effort to keep residents active physically and mentally. In addition, opportunities for spiritual expression based on past practices and current desires are available. All residents on The Willows memory care unit are treated with the utmost respect and dignity.

Admission to the Willows unit
A resident diagnosed with Alzheimer’s disease or another dementia, and who would have a reasonable expectation of benefiting from the unit structure, may be eligible for admission to the unit. There is a formal process for reviewing applications, which includes, but is not limited to: an interview, specific testing, history, family input and observation. It is important to go through this process to maximize the opportunity for a potential resident’s success on the unit before admission. A criteria letter will need to be signed by Power of Attorney (POA) prior to admission to the unit. For more information, please contact the Unit Director or Admissions Coordinator.

Willows Unit Activities and Family Involvement
A variety of activities are planned both on and off the unit to assure that each resident has the opportunity to be challenged and actively engaged in life. Outings are a part of the program as well. You are welcome to visit the unit at any time and participate in activities with your family member or friend.

The service partners of The Willows want families and friends to feel comfortable and welcome when they are in the unit. If at any time you need assistance or support, please do not hesitate to ask. Family input and comfort is important to us. We want to form a partnership with you for the continued success of you and/or your family member.
**Discharge from the Willows Unit**

Discharge from the unit may be necessary if a resident’s condition changes and the unit can no longer meet his or her needs. If this occurs, you will be contacted and other placement options within the facility will be discussed. We make every effort to serve each resident on the unit as long as possible, but at times, discharge from the unit is a necessity in order to meet the needs of the resident. The Willows has a specific criteria letter that informs families in advance as to the criteria residents must meet in order to remain on the unit. Should a resident no longer meet this criteria our team will contact you about the need to move your loved one elsewhere in the building. * A sample of the letter is provided below.

**Willows Special Care Unit**  
**Admission/Discharge Criteria Acknowledgement**

The Willows Special Care Unit placement is not a permanent placement. It is a specialized unit for individuals in specific stages of dementia that require specialized activity programming and/or are at great risk for elopement.

Placement for this unit is based on a diagnosis of Dementia and at least one of the two remaining criteria:

1. Ability to participate in and benefit from the activities program.
2. At risk of elopement due to wandering.

Please remember that the Willows is not a permanent placement and that transfers off of the unit can occur at any time. The Willows Team will review the resident’s status monthly and as needed to ensure that they are meeting the criteria to remain on the unit. When a resident no longer meets the criteria for the Willows Special Care Unit, the team will determine the best possible placement on one of the other units. A team meeting may be requested by the POA or health care representative to clarify reasons for discharge from the unit. Our goal is to provide quality care to our resident’s in the most appropriate environment. NOTE: Residents must be free of illness, injury or level of care deemed too high for unit capability (Example: A resident requiring two staff members to perform ADL’s or transfers).

I acknowledge my receipt of the Willows criteria and understand its contents.

__________________________________________
POA or Health Care Representative

__________________________________________
Facility Witness

____________________
Date
VENTILATOR CARE UNIT

About our Ventilator Care Program
The Skilled Nursing & Rehabilitation Center (SN & RC) has partnered with Genesis Respiratory Services (GRS) to operate and staff the ventilator care program. That means respiratory patients in our community will receive the highest level of care from one of the largest and strongest therapy organizations in the country. GRS is recognized for their success in patient-specific treatment plans designed to return patients to their optimal pulmonary function. With the resources and expertise of GRS, the Skilled Nursing & Rehabilitation Center is able to admit both long term ventilator patients and those working to be weaned off the vent.

Ventilator Unit Specialized Amenities
This unit contains spacious semi private rooms with piped in oxygen and in wall suctioning in addition to all of the standard amenities offered throughout our building. This unit also staffs a Pulmonologist who rounds weekly on all of our ventilator patients. Respiratory Therapy staff is scheduled around the clock with an aggressive weaning program and therapy driven protocols.

Admission and Discharge for the Ventilator Unit
This unit is specifically designed for a more clinically complex patient such as those requiring a ventilator, high levels of oxygen (10 liters or more) and patients needing routine suctioning. Sometimes admission to the unit is made as an overflow when there are no other beds available within the facility. Patients will be moved off of the unit to another bed in the facility when they have been weaned off the vent, no longer requires suctioning or high O2 and/or was placed on the unit for overflow.

SHORT-TERM REHABILITATION UNIT

About our Short-Term Rehabilitation Program
Our Short-Term Rehabilitation Unit is a separate 10 bed unit located within the facility. The unit contains both semi- private and private rooms with all the comforts of home. The program is designed to provide all the necessary amenities to patients requiring short-term rehabilitation with a focus on returning you to your highest level of independence. On this unit you will be surrounded by other patients with the same goal- to return home as quickly as possible.

Admission and Discharge for the Short-Term Rehab Unit
This unit is specifically designed to treat patients who have a goal to return home within 30 days. If you are placed on this unit with a discharge goal of greater than 30 days you will be transitioned off the unit to the next available bed in the facility.
Introduction to the Pennsylvania Orders for Life Sustaining Treatment (POLST) Form

Skilled Nursing & Rehabilitation Center assists with Pennsylvania Orders for Life Sustaining Treatment (POLST) Form completion. POLST is a medical order that gives residents more control over their end-of-life care. The POLST form specifies the types of medical treatment that a resident wishes to receive towards the end of life. These medical orders are signed by resident’s physician, physician’s assistant, or certified registered nurse practitioner and the resident or the resident’s surrogate.

Completion of a POLST form is voluntary and only a small step in the process of a resident’s decision making. It is critical that this form be used as part of a program for end-of-life decisions that includes educational support and other aspects of planning for providers and residents.

Please notify one of our service partners if you are interested in completing a POLST form for yourself or your loved one.

POLST Form example on following two pages for reference.
**Pennsylvania**
**Orders for Life-Sustaining Treatment (POLST)**

**Cardiopulmonary Resuscitation (CPR):** Person has no pulse and is not breathing.
- [ ] CPR/Attempt Resuscitation
- [ ] DNR/Do Not Attempt Resuscitation (Allow Natural Death)

When not in cardiopulmonary arrest, follow orders in B, C and D.

**Medical Interventions:** Person has pulse and/or is breathing.
- [ ] Limited Additional Interventions: Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation.
- [ ] Full Treatment: Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.
  - *Transfer* to hospital if indicated. Includes intensive care.

Additional Orders: 

**Antibiotics:**
- [ ] No antibiotics. Use other measures to relieve symptoms.
- [ ] Determine use or limitation of antibiotics when infection occurs, with comfort as goal
- [ ] Use antibiotics if life can be prolonged

Additional Orders:

**Artificially Administered Hydration / Nutrition:**
- [ ] Always offer food and liquids by mouth if feasible
- [ ] No hydration and artificial nutrition by tube.
- [ ] Trial period of artificial hydration and nutrition by tube.
- [ ] Long-term artificial hydration and nutrition by tube.

Additional Orders:

**Summary of Goals, Medical Condition and Signatures:**

- Discussed with:
  - Patient
  - Parent of Minor
  - Health Care Agent
  - Health Care Representative
  - Court-Appointed Guardian
  - Other:

Patient Goals/Medical Condition:

**By signing this form, I acknowledge that this request regarding resuscitative measures is consistent with the known desires of, and in the best interest of, the individual who is the subject of the form.**

Physician/PA/CNP Printed Name: 

Physician/PA/CNP Phone Number: 

Physician/PA/CNP Signature (Required): 

Signature of Patient or Surrogate: 

Signature (required) Name (print):  

Relationship (write "self" if patient): 

PaDOH Version 10-14-10
SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Other Contact Information

Surrogate

Relationship

Phone Number

Health Care Professional Preparing Form

Preparer Title

Phone Number

Date Prepared

Directions for Healthcare Professionals

Any individual for whom a Pennsylvania Order for Life-Sustaining Treatment form is completed should ideally have an advance health care directive that provides instructions for the individual’s health care and appoints an agent to make medical decisions whenever the patient is unable to make or communicate a healthcare decision. If the patient wants a DNR Order issued in section “A”, the physician/PA/CRNP should discuss the issuance of an Out-of-Hospital DNR order. If the individual is eligible, to assure that an EMS provider can honor his/her wishes. Contact the Pennsylvania Department of Aging for information about sample forms for advance health care directives. Contact the Pennsylvania Department of Health, Bureau of EMS, for information about Out-of Hospital Do-Not-Resuscitate orders, bracelets and necklaces. POLST forms may be obtained online from the Pennsylvania Department of Health.  www.health.state.pa.us

Completing POLST

Must be completed by a health care professional based on patient preferences and medical indications or decisions by the patient or a surrogate. This document refers to the person for whom the orders are issued as the “individual” or “patient” and refers to any other person authorized to make healthcare decisions for the patient covered by this document as the “surrogate.”

At the time a POLST is completed, any current advance directive, if available, must be reviewed.

Must be signed by a physician/PA/CRNP and patient/surrogate to be valid. Verbal orders are acceptable with follow-up signature by physician/PA/CRNP in accordance with facility/community policy. A person designated by the patient or surrogate may document the patient’s or surrogate’s agreement. Use of original form is strongly encouraged. Photocopies and Faxes of signed POLST forms should be respected where necessary.

Using POLST

If a person’s condition changes and time permits, the patient or surrogate must be contacted to assure that the POLST is updated as appropriate.

If any section is not completed, then the healthcare provider should follow other appropriate methods to determine treatment.

An automated external defibrillator (AED) should not be used on a person who has chosen “Do Not Attempt Resuscitation”

Oral fluids and nutrition must always be offered if medically feasible.

When comfort cannot be achieved in the current setting, the person, including someone with “comfort measures only,” should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).

A person who chooses either “comfort measures only” or “limited additional interventions” may not require transfer or referral to a facility with a higher level of care.

An IV medication to enhance comfort may be appropriate for a person who has chosen “Comfort Measures Only.”

Treatment of dehydration is a measure which may prolong life. A person who desires IV fluids should indicate “Limited Additional Interventions” or “Full Treatment.”

A patient with or without capacity or the surrogate who gave consent to this order or who is otherwise specifically authorized to do so, can revoke consent to any part of this order providing for the withholding or withdrawal of life-sustaining treatment, at any time, and request alternative treatment.

Review

This form should be reviewed periodically (consider at least annually) and a new form completed if necessary when:
(1) The person is transferred from one care setting or care level to another, or
(2) There is a substantial change in the person’s health status, or
(3) The person’s treatment preferences change.

Revoking POLST

If the POLST becomes invalid or is replaced by an updated version, draw a line through sections A through E of the invalid POLST, write "VOID" in large letters across the form, and sign and date the form.
VOLUNTEERING

Family members and friends of the Skilled Nursing & Rehabilitation Center are not asked to perform any duties, but are offered the opportunity to volunteer their services on behalf of the nursing home residents.

Volunteers may:
- Mark, sort, and distribute clothes or manage the wardrobe collection that is available for the residents who need clothes.
- Plan special events, such as holiday and birthday parties, outings, outside speakers or musical entertainment.
- Welcome and orient new residents and their family members.
- Teach a class or craft, call bingo numbers, pass out mail or ice cream, play games, lead an exercise group or help residents get to the scheduled activities.
- Read to residents, visit with them, provide companionship, and watch a sport or other television program with the residents.
- Assist in the beauty and gift shops.
- Start a garden, arrange and distribute flowers.
- Make copies or prepare mailings.
- Do other activities that appeal to you!

If you have the time, energy and interest in volunteering it will be very much appreciated. The major caution is confidentiality. Volunteers and service partner’s members are required to keep information regarding the residents completely confidential. If you are interested in becoming a volunteer please contact the Volunteer Office at 570-546-4128.
COMMUNITY REFERENCE NUMBERS

PA Department of Health
Division of Long Term Care
100 Commerce Park Drive, Suite 11
Williamsport, PA 17701
(570) 651-1040

Medicaid
Lycoming County Assistance Office
400 Little League Boulevard
Williamsport, PA 17703-0127
(570) 327-3300

Lycoming County Office for the Aging
2138 Lincoln Street
Williamsport, PA 17701
(570) 323-3096
1-800-332-8555

PA Long Term Care Ombudsman
Lycoming Area Agency on Aging
2138 Lincoln Street
Williamsport, PA 17701
(570) 323-3096

PA Department of Aging
555 Walnut Street
5th Floor
Harrisburg, PA 17101
(717)-783-1550
www.aging.state.pa.us

Alzheimer’s Association Helpline
Regional Office
1-800-272-3900
www.alzpa.org

Mental Health/Intellectual Disabilities
Lycoming/Clinton Joinder Services
Sharwell Building
200 East Street
Williamsport, PA 17701
(570) 326-7895
(570) 323-2929

Voter Registration Lycoming County
330 Pine Street
Williamsport, PA 17701
(570) 327-2267

Social Security Administration
240 W. 3rd Street
Suite 100
Williamsport, PA 17701
1-866-558-2572

Veterans Administration
49 E. 4th Street
Suite 104
Williamsport, PA 17701
(570) 327-5281
1-877-927-8387

PA Lawyer Referral Service
(Listing of Lawyers in County)
100 South Street
P.O. Box 186
Harrisburg, PA 17108
1-800-692-7375

Step Transportation
(570) 323-7575
1-800-222-2468

Medicare Overcharge Complaints
1-800-822-2113

Medicaid Fraud and Abuse
1-800-932-0582
1-866-379-8477

Governor's Action Line
1-800-932-0784

Department of Health
Hot Line
1-800-254-5164

UPMC Susquehanna’s Hospice
(570) 320-7690
1-800-848-2213
GRIEVANCE PROCEDURE

We strive to make each resident's stay exceptional; however, we sometimes fall short of this goal and have a grievance procedure in place for these situations.

Any resident, his/her legal representative, interested family member or advocate may voice a grievance with respect to treatment, which has been furnished (or not furnished), behavior of other residents or staff members, theft of property, violation of resident’s rights, etcetera, without discrimination or reprisal.

You can seek any member of the facility staff to report a grievance. That staff member with your assistance will complete a grievance form which is then forwarded to the Director of Nursing and/or Nursing Home Administrator for follow up.

Upon receipt of the grievance form the administrative staff will follow up with you within 24 hours to review the information to ensure all that is reported is accurate. A complete investigation will be completed within five working days (Cases of allegations of abuse will be investigated immediately to ensure the safety of the resident). The person filing the grievance will be informed of the results of the investigation as well as any corrective action. If despite our attempts to correct the situation you are not completely satisfied you are welcome to contact our local Ombudsman. See below for information pertaining to the Ombudsman program.

OMBUDSMAN INFORMATION

What is an Ombudsman?
A trained individual who can help if you have a complaint or problem with any long term care service. They provide information about your rights as a consumer and assistance in exercising those rights. They advocate for high standards of quality of care and promote strict enforcement of those standards. They are a promoter of the highest quality of life for care dependent Pennsylvanian’s, 60 years of age and older. They are also a representative who works within the legislative and rule-making process to improve long-term care services throughout the state. They may be utilized by long-term care consumers in pursuing remedies to their problems.

Our local Ombudsman is:  Michelle Koons
Long Term Care Ombudsman
Lycoming/Clinton Bi County Office of Aging
PO Box 3156
Williamsport, PA 17701
570-323-3096
Skilled Nursing & Rehabilitation Center
215 East Water St.
Muncy, PA 17756
1-800-488-4268
UPMCSusquehanna.org/SkilledNursing

Susquehanna Health is now UPMC Susquehanna.