



# CHRISTIAN CARE

FAITH. HOPE. LOVE.

## *Welcome to Christian Care Nursing Center Community!*

We are excited to have you as a part of our family.

In August 1918, Mr. and Mrs. Henry Langland donated a Victorian home on Peck Street to the Reformed and Christian Reformed Churches of the Muskegon area to provide care for the elderly. The ministry grew with the purchase and operation of a small nursing center on Kenneth Street the Christian Care Nursing Center. Later the Peck Street home was replaced with the 105 bed Christian Care Senior Care, thus providing a continuum of care in the Muskegon community. For several years the Board of Directors envisioned a new nursing care facility. Their hard work and diligence resulted in the replacement of our 49 bed nursing center and the addition of a 21 bed memory care unit on 14.5 acres on Sheridan Drive. The nursing center is divided into a long term unit with 24 private rooms and a short term rehabilitation unit of 25 private rooms.

Christian Care strives to provide the kind of living assistance that its name implies. Our standard of care includes people who treat residents with respect, dignity and love as well as the highest degree of quality assistance.

### *Our Mission:*

*Christian Care is committed to providing for the physical, emotional and spiritual needs of our residents in a loving, caring, dignified and Christian environment.*



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Christian Care Nursing Center

2053 Sheridan Dr., Muskegon, MI 49442

Ph. (231) 722-7165 Fax (231) 722-7603

## Meet our Staff

Administrator:	Rob Cortes, NHA, Ext. 19
Director of Nursing:	Susan Salisbury RN, Ext. 34
Director of Social Services:	Jean Feimster, BSW, Ext. 24
Director of Admissions:	Alice Meldrum, Ext. 26
Director of Activities:	Tami Tufts, Ext. 28
Director of Finance:	Jim Hansen, Ext. 37
Staff Development Nurse:	Grace Ellis, Ext. 29
Quality Assurance Nurse:	Terri Yonkers, Ext. 30
Dietary Manager:	Jean Wall, Ext. 27
Dir. Environmental Services:	Mike Lewandowski, Ext.48



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**Meal Times**

- \* *BREAKFAST: 7:30 AND 8:00 A.M.*
- \* *LUNCH: 11:45 AND 12:15 A.M. /P.M.*
- \* *DINNER: 5:30 AND 6:00 P.M.*

SERVICE IS PROVIDED FOR BOTH DINING ROOMS.  
MEAL TIMES ARE SEPARATED BY ONE HALF HOUR.

- Continental breakfast is available if residents choose to sleep late.
- Room service available for all meals.
- Snacks and drinks are available throughout the day.
- Weekly menu is posted in the main hallway.
- A Daily menu is posted each day on the menu board near the dining room.
- With 2 hour advanced notice, guest trays can be arranged with a \$3.00 purchase ticket from front office window. The cost for a holiday meal is \$5.00. Meals include water, tea, or coffee and are proportioned as resident meals. Generally, guests will be served after residents have received their food.

**Family and Friends are welcome to bring food items in for residents.** We ask that the amount be kept to individual portions. Encourage resident to eat what they want and discard the leftover.

If more than one portion is brought in please **identify item** with resident name and discard date, which is 7 days from the date prepared. (Prepared on the 1<sup>st</sup>, discard date is the 7<sup>th</sup>.)



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## Carole's Beauty and Barber Shop

<b>Services</b>	<b>Includes</b>	<b>Cost</b>
Hair Cut & Set	Shampoo, cut, set	\$14.00
Men's and Ladies Haircut	Shampoo & Cut	\$6.00
Wash and Style	Shampoo, set & style	\$8.00
Perm	Shampoo, perm, cut and style	\$28.00
Color	Shampoo, color, style	\$23.00





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## Personal Items and Laundry Services

### Clothing and Laundry Services:

- Laundry services are available for residents.
- Please bring clothing that is easily washed and maintained. Please do not bring clothing that is in need of dry cleaning or hand washing.
- Families may elect to do resident's laundry if they choose. Family is to notify staff of their intent to do resident's laundry and will need to provide a "closed receptacle" in which to place dirty clothing.
- Should family elect to do resident's laundry, be aware that for those residents who are incontinent, clothing is required to be done more frequently throughout the week.
- Please bring clothing that is weather appropriate keeping in mind that space is limited. Exchange clothing each season for appropriateness, for fit and comfort.
- All clothing and personal items brought to the facility **must be clearly labeled** with the resident name using a sewn-in clothing label or permanent laundry safe marker.
- Families will be asked to work with the nurse's aide to complete a personal effects inventory sheet upon admission.
- Family members are to notify staff when new clothing articles/personal items are brought into the facility. These items **must be added to** the personal effects inventory for purposes of tracking.
- Family members are to notify staff when clothing articles/personal items are removed from the facility. These items **must be removed from** the personal effects inventory for purposes of tracking.
- Every attempt will be made to keep personal clothing in good repair. However, when clothing becomes misplaced or damaged beyond repair, the facility may choose to replace resident's damaged or misplaced clothing with items the facility has available. The facility will make every effort to take into consideration the size and likeness of each item.



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## Personal Items in Room:

You are encouraged to personalize your room by providing personal items.

- Furnishing of a bed, dresser, mirror, night stand, wardrobe and chair come with the room.
- Waste containers must be UL fire coded or metal
- Windows are Pella windows with an internal blind, window treatments can be provided by you but must be fire retardant treated; the facility can treat them if needed. Window treatments must be hung by tension rods, mounting hardware to windows or wall is not allowed
- Small appliances such as refrigerators, microwaves, toaster ovens and coffee makers, etc. are not permitted.
- No over the counter medications should be left in room. For example: tums, muscle rub, eye drops, nose spray, perfume, body lotions. Please check with nursing staff.
- Electric blanket, heating pads, or space heaters are not permitted.
- Contact Environmental Director for any wall hangings that need to be done. Certain items are not permitted due to life safety codes.
- Bulletin boards or boards for posting items in a resident's room **must be made of fire proof material only**. Cork boards will not be accepted. White boards with magnets or any other fire-rated material will be acceptable. See Maintenance Director for installation and assistance.
- Extension cords or multiple outlet strips **are not to be used** within the facility.
- Furniture items are to be approved by the Environmental Services Director, Director or Nurses, Social Worker, or the Administrator, prior to entering the facility.
- Please refrain from bringing in items made of materials such as glass, ceramic, porcelain, etc. as they are extremely fragile and highly breakable.

Christian Care employees will make every attempt to maintain the personal property of our residents. However, due to the nature of many disease processes that affect the mental status of our residents, we are not responsible for lost or broken personal items including: clothing, knickknacks, blankets, pillows, hearing aids, dentures, glasses or personal care equipment, **unless attributed directly** to staff neglect or carelessness.



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## Maintenance Information

### Telephone Hook-Ups

If a resident wants to have a telephone in his/her room, the family needs to contact the telephone company to establish an account and to have the telephone line connected. Once this is completed, the family will then inform the Maintenance Director who will provide a line into the resident's room. A monthly fee for service is **strictly at the discretion** of the telephone company.

### Television and Cable Services

Each resident is responsible for providing their own television set. Remember there is limited space available. Please choose the size of the television set accordingly. Be considerate of volume control. Should a resident require the volume to be exceptionally loud in efforts to hear, then CCNC will request the Resident/Responsible Party to purchase wireless headphones for their personal use.

Basic cable is available for all residents. However, should a resident desire more channels outside of those provided with the basic package, a DTA (Digital TV Adapter or cable box) will be required. The resident/Responsible Party **must notify** the Maintenance Director to request a DTA box be obtained and installed.

The Resident/Responsible Party **will be required to pay** for the extra monthly cost.



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## **Nursing Center Explanation of Facility Policies**

*Complete policies are available in Christian Care Office for review upon request.*  
Christian Care Nursing Center 2053 S. Sheridan Drive, Muskegon, MI 49442

### **A. Non-Discrimination Policy**

Residents may not be denied treatment on the basis of race, religion, color, national origin, sex, age, handicap, marital status, sexual preference, any other legally protected status, or source of payment. Admission or continued stay may be denied only if the physician, the Administrator, and/or Director of Nursing can provide valid cause, such as undue hazard to the resident, other residents, and/or staff, resulting from the resident in question being in the facility.

### **B. Resident's Placement within the Facility Policy**

Our facility endeavors to place residents in rooms that are comfortable based on room availability. Sometimes residents must be placed in certain sections of the facility for safety and/or care purposes.

The facility may change the assignment of a resident's room on its own initiative or upon the request of the resident. If a decision to change a resident's room has been made, we will provide reasonable notice to the resident, the resident's legal representative or interested family member of the room change. Requests for room changes should be directed to Social Services.

### **C. Resident's Responsibilities (See Contract)**

### **D. Smoking Policy**

**Christian Care Nursing Center is a SMOKE FREE campus. No Smoking, Vaping or Tobacco use is permitted anywhere on Christian Care Property.**



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## **E. Accident and Injury Policy**

It is the policy of Christian Care that each resident will maintain their highest possible level of independence in a safe and dignified manner. At admission each resident will be assessed for falls/risks, then quarterly thereafter, and with any change of condition status. It is our goal to prevent falls and fall related injuries as much as possible and to reduce injury severity. The responsible party for a resident will be notified whenever a resident has any kind of injury or accident at the time it occurs or is discovered. For non-serious incidents/accidents that occur during the night, the responsible party will be notified the next morning.

## **F. Protected Health Information Policy** (See Page 15, 16 & Appendix 3)

## **G. Self-Administration of Drugs Policy**

It is our policy that each resident has the right to self-administer medications unless the interdisciplinary team has determined for each resident that this practice is unsafe. If the resident indicates during his/her assessment that he/she wishes to self-administer medication, the nursing staff will assess the resident's cognitive, physical and visual ability to carry out this responsibility. The criteria on the "Evaluation of Resident's Ability to Self-Administer Drugs" form will be used to assess the resident. When the team determines self-administration is appropriate a "Self-Administration Agreement" will be completed and the resident will be educated about the medications, the side effects and their storage.

## **H. Use of Resident's Name, Image, and Permission to Leave Facility** (See Appendix 2)

## **I. Pain Management Policy**

Pain is personal and subjective. Pain tolerance can be affected by many factors including: physical conditions, culture, personal image, emotions, personal values, etc. People have different levels of tolerance at different times in their lives.

The resident is entitled to adequate and appropriate pain and symptom management as a basic and essential element of medical treatment. The purpose of Pain Management is to manage pain so as not to exceed the maximum acceptable level of discomfort for the resident who is experiencing chronic or acute pain.

A pain assessment will be completed at admission, weekly, quarterly, and when a change in condition occurs on any resident who is experiencing pain or who is taking a routine medication for pain control. Maximum acceptable level of discomfort scores will be noted in the Resident Medical Records.



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## **J. Patient Bill of Rights ( See policy Page 19 -22)**

## **K. Resident Trust Funds, Funds, and Personal Property (See policy Page 5-6 & Appendix 4)**

## **L. Bed Hold Policy**

It is agreed that when a resident of the facility desires his/her room reserved while on leave from the facility, or in the hospital, the prevailing daily rate will be charged.

Medicaid will reimburse the facility for holding a bed for a temporary absence for therapeutic leave (overnight visit). Other reasons for holding a bed (e.g. hospital leave days or more than the allowed number of therapeutic leave days in a 365 day period) are NOT covered by Medicaid.

The facility may hold the resident's bed for the resident for a temporary absence other than the allowed number of therapeutic leave days and bill the resident IF the resident:

- A. Has prior knowledge that the service is not a Medicaid benefit, and
- B. Desires to have the bed reserved, and
- C. Agrees, in writing to pay the facility for holding the bed.

If the resident cannot pay to hold the bed during a temporary absence or the therapeutic leave is more than the allowed number of days, the resident has the option to return to the nursing home for the next available bed.

## **M. Advanced Directives**

Christian Care is committed to respecting and promoting the dignity of its residents. We seek to provide care in a compassionate way that honors resident's values, quality of life, goals and treatment directives within the parameters of the accepted standards of medicine and ethics.

Advanced Medical Directives are specific instructions prepared in advanced that are intended to direct a resident's medical care if he or she becomes unable to do so in the future.

Advanced care directives allow residents to make their own decisions regarding the care they would prefer to receive if they develop a terminal illness or a life-threatening injury. Advance care directives can also designate someone the resident trusts to make decisions about medical care if the resident becomes unable to make or communicate these decisions.

In the event of an emergency or critical situation where a decision about immediate medical intervention is required, appropriate clinical decisions will be made in light of the directive. (The social worker will provide this policy.)



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## **N. Physical and Chemical Restraint Policy**

Christian Care holds fast to the philosophy that maintaining quality of life and preserving resident dignity should be central to every service we provide. Although we embrace a restraint free policy, in individualized circumstances, it might become necessary for a resident's physician to order a physical or chemical restraint at some point of their stay. It is our philosophy and practice to reduce the use of all restraints at this facility as much as possible. In the event that a restraint is necessary, we will at all times attempt to use the least restrictive device available.

It is the responsibility of the facility to inform the resident, the resident's responsible party, DPOA, or guardian when it has been deemed necessary to use a restraint. Our nursing staff can call for a medication or apply a physical restraint in an emergency during the night or on a weekend. They must obtain a physician order prior to applying the restraint or giving medication. They must in turn notify the family, DPOA, or guardian of circumstances involving the need for medication or device. The responsible party, DPOA, or guardian will be asked to sign a permit for the restraint when it is deemed necessary past the emergency period.

## **O. Suggestion/Complaint Handling (See policy Page 23)**

## **P. Influenza/Pneumococcal Vaccines**

The facility will make arrangements each year for residents to be able to have the Influenza Vaccine and Pneumococcal Vaccine (if needed).

## **Q. Other Safety Issues You Need to Know:**

The **State Fire Marshall** does not allow the following in the facility:

EXTENSION CORDS  
MULTIPLE PLUG INSERTS  
CORK BULLETIN BOARDS



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## **R. Pet Policy:**

Approved Pets are permitted to visit the facility to serve as a source of comfort and enjoyment to the resident. These guidelines for pet management have been established to promote the safety of the residents. Application for approval forms are available at the front office receptionist desk. Application must be completed and veterinarian documentation provided prior to pet visit. Dogs and Cats must have an annual physical examination by a veterinarian, including a fecal check. Other types of pets are to have health screening per veterinarian recommendations.

- Veterinarian documentation should demonstrate pet is current on all required vaccinations, test and medications, including but not limited to: ***Rabies, Fecal Exam, and Heartworm and Flea prevention, DLHPP Vaccine (distemper, hepatitis, leptospirosis, para-influenza and parvo).*** Records must be kept by the owner with a copy maintained by the facility.
- If the pet does not pass the annual physical examination they will not be allowed to visit the facility. If the pet has undergone a behavioral assessment or has references on behavior, the pet owner is asked to provide those to the facility. ***If the dog has ever snapped at, bit or growled at a stranger then the pet should not visit the facility.*** Your Pet should be prepared for and of the temperament to adapt to the environment (e.g., socialized, free from excessive noise or disruptive tendencies, non-violent).
- Pets are to be clean and well-groomed. This includes trimmed nails, clean teeth, free of internal and external parasites, and in overall good health. Pets are free of ticks and fleas. Pets must be free of fresh wounds. If injuries are present, the animals must be removed from the facility until recovered and healed. Female dogs and cats may not visit while in season.
- Dogs ***must be on a leash and wear a collar*** with their licenses. Acceptable collars are slip, buckle-types and quick release and are made of chain, nylon or leather. Spike, electronic or pinch collars are not permitted. Pet should always be under supervision of the owner or a knowledgeable adult. The pet shall be ***excluded*** from the food preparation and services areas, as well as medical supply areas.
- In the event that a pet urinates, defecates or vomits in the facility, ***the owner will provide the clean up*** under the supervision of facility environmental services to ensure all universal precautions are undertaken. (The same cleaning technique for cleaning human urine, feces and vomit is to be used).



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## **S. Resident Transport using Wheelchairs**

To assure resident safety as residents are propelled throughout the facility in wheelchairs by staff and/or volunteers.

- a. All residents requiring the use of a wheelchair for locomotion (moving from one area to another), will be observed to determine the method of locomotion that best maintains their safety and mobility. This will include the appropriate use of foot pedals based upon individual needs.
- b. Residents in wheelchairs being pushed by staff or volunteers must use foot pedals unless otherwise indicated in the care plan and on the care guide.
- c. All wheelchairs in use by a resident will be fitted with foot pedal(s) appropriate to the needs of the resident and available for use when needed.
- d. Family and visitors will be informed of the facility transport policy.

## **S. Direct Payment**

Direct Payment is now available for the monthly patient pay amount. If interested, see Jim Hansen (ext.37) with the type of account, the account number, and the bank routing number. Please use Form Page 14.



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## Resident Authorization for Direct Payment via ACH (ACH Debits)

I authorize Christian Care Inc. to electronically debit my account and, if necessary, electronically credit my account to correct erroneous debits as follows:

Checking Account /  Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I agree that ACH transactions I authorize comply with all applicable law.

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Date(s) and/or frequency of debit(s): \_\_\_\_\_.

I understand that this authorization will remain in full force and effect until I notify Christian Care Inc. in writing that I wish to revoke this authorization. I understand that Christian Care Inc. requires at least 10 days prior notice in order to cancel this authorization.

Name \_\_\_\_\_

(Please Print)

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

-----Please attach copy of voided check or deposit slip below this line-----



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## **Notice of privacy practices for Protected health information**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION  
MAY BE USED AND DISCLOSED AND ABOUT  
HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

### **Understanding Your Health Record/Information**

Each time you visit a health care facility or a member of your healthcare team provides care or treatment a record of your visit or treatment is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication between the many health professionals who contribute to your care
- Legal document describing the care you receive
- Means by which you or a third party payer can verify that services billed were actually provided
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials who oversee the delivery of health care in the United States and Michigan
- Source of data for facility planning and marketing
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, where, when and why others may access your health information and make some informed decisions when authorizing disclosure to others.



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## Our Privacy Practice Responsibilities

Our Facility is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our privacy practices and to make new provisions effective for all protected health information we maintain. Should our privacy information practices change, we will promptly mail you or your designated representative a revised notice.

We will not use or disclose your health information without your authorization except as described in this notice.



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## LONG TERM CARE RESIDENT RIGHTS

As a resident of this facility, you have the right to a dignified existence, and to communicate with individuals and representatives of choice. The facility will protect your rights as designated below.

### Exercise of Rights

- You have the right and freedom to exercise your right as a resident of this facility and as a citizen or resident of the United States without fear of discrimination, restraint, interference, coercion or reprisal.
- If you are unable to act in your own behalf, the person appointed to act in your own behalf exercises your rights.

### Notice of Rights and Services

- You will be informed of your rights and of all rules and regulations governing resident conduct and responsibilities, both orally and in writing.
- You have the right to inspect and purchase photocopies of your records.
- You have the right to be fully informed of your total health status.
- You have the right to refuse treatment and the right to refuse to participate in experimental research.
- You have the right to formulate an advance directive in accordance with facility policy.
- You will be informed of facility services and charges.
- You will be informed of Medicare and Medicaid benefits. This information will be posted in the facility.
- The facility will inform you of procedures for protecting personal funds.
- If you deem necessary, you may file a complaint with the state survey and certification agency, the Michigan Department of Public Health.



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- You will be informed of your physician, his/her specialty, and ways of contacting him/her.
- The facility must consult with you, and notify your physician and interested family member, of any significant change in your condition or treatment, or of any decisions to transfer or discharge you.
- The facility will notify you and an interested family member of a room change.
- The facility will periodically update the address and telephone number of your legal representative or an interested family member.
- The facility will notify you and an interested family member of any change in your rights as a resident.

## **Protection of Funds**

- You may manage your own financial affairs. You are not required to deposit personal funds with the facility.
- The facility must manage your deposited funds with your best interests in mind. Your money will not be commingled with facility funds.
- The facility will provide you with an individualized financial report quarterly and upon your request.
- Any remaining estate will be conveyed to your named successor.
- All funds held by the facility will be protected by a security bond.

## **Free Choice**

- You may choose your own personal physician.
- You will be informed of and may participate in your Care Plan and treatment and any resulting changes.

## **Grievances**

- You may voice grievances concerning your care without fear of discrimination or reprisal.
- You may expect prompt efforts for the resolution of grievances.

## **Telephone**

- You have the right to use the telephone in private.



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## **Work**

- You may perform, or refuse to perform, services for the facility.
- All services performed must be well documented in the care plan to include nature of work and compensation.

## **Privacy**

- You have the right of privacy over your personal and clinical records.
- Your privacy will include: personal care, medical treatments, telephone use, visits, letters, and meetings of family and resident groups.
- You may approve or refuse the release of your records except in the event of a transfer or legal situation.

## **Examination of Survey Results**

- You may examine survey results and the plan of correction. These, or a notice of their location, will be posted in a readily accessible place.
- You may contact client advocacy agencies and receive information from them.

## **Mail**

- You may promptly send and receive your mail unopened and have access to writing supplies.

## **Personal Property**

- You can retain and use personal possessions as space permits.

## **Access and Visitation Rights**

- You have the right to receive or deny visitors.
- You have the right, and the facility must provide, access to visit with any relevant agency of the state or any entity providing health, social, legal or other services.

## **Self-Administration of Drugs**

- You may self-administer drugs unless determined unsafe by the interdisciplinary team.



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## ADMISSION, TRANSFER AND DISCHARGE RIGHTS

### Admission Policy

- The facility must not require a third party guarantee of payment, or accept any gifts, as a condition of admission or continued stay.
- The facility cannot require you to waive your right to receive or apply for Medicare or Medicaid benefits.
- The facility may obtain legal financial access for payment without incurring your personal liability.
- The facility may charge a Medicaid-eligible resident for items and services requested (that are not covered in the daily Medicaid rate).
- The facility may only accept contributions if they are not a condition of admission or continued stay.

### Equal Access to Quality Care

- The facility must use identical policies regarding transfer, discharge and services for all residents.
- The facility may determine charges for a non-Medicaid resident as long as written notice was provided at time of admission.

### External Transfer and Discharge Rights

- You may not be transferred or discharged unless: your needs cannot be met, safety is endangered, services are no longer required, or payment has not been made.
- Notice of and, reason(s) for, external transfer or discharge must be provided to you in an understandable manner.
- Notice of external transfer or discharge must be given 30 days prior, except in cases of health and safety needs.
- The external transfer or discharge notice must include the name, address and telephone number of the appropriate responsible protective agency.
- A facility must provide sufficient preparation to ensure a safe transfer or discharge.

### Notice of Bed-Hold Policy and Readmission

- You and a family member must receive written notice of state and facility bed-hold policies and at the time of an external transfer.
- The facility must follow a written policy for re-admittance if the bed-hold period is exceeded.



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## RESIDENT BEHAVIOR AND FACILITY PRACTICES

### Abuse

- You have the right to be free from verbal, sexual, physical or mental abuse, corporal punishment and involuntary seclusion.

### Restraints

- The facility may not use physical restraints or psychoactive drugs for discipline or convenience or when they are not required to treat medical symptoms.

### Staff Treatment

- The facility must implement procedures that protect you from abuse, neglect or mistreatment, and misappropriation of your property.
- In the event of an alleged violation involving your treatment, the facility is required to report it to the appropriate officials.
- All alleged violations must be thoroughly investigated and the results reported.

### Dignity

- The facility will treat you with dignity and respect in full recognition of your individuality.

### Quality of Life

- The facility must care for you in a manner that enhances your quality of life.

### Social Services

- The facility will provide social services to attain or maintain your highest level of well-being.

### Accommodation of Needs

- You have the right as a resident to receive services with reasonable accommodations to individual and preferences.
- You have the right to make choices about aspects of your life that are important to you while staying in the facility.

### Self Determination

- You may choose your own activities, schedules and health care, and any other aspect affecting your life within the facility.
- You may interact with visitors of your choice.



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## **Participation in Resident and Family Groups**

- You may organize or participate in groups of your choice.
- Families have the right to visit with other families.
- The facility must provide a private space for group meetings.
- Staff or visitors may attend meetings at the group's invitation.
- The facility will provide a staff person to assist and follow up with the group's requests.
- The facility must listen to and act upon requests or concerns of the group.

## **Activities**

- The facility will provide a program of activities designed to meet your needs and interests.

## **Participation in Other Activities**

- You have the right to participate in activities of your choice that do not interfere with the rights of other residents.

## **Environment**

- The facility must provide a safe, clean, comfortable, home-like environment, allowing you the opportunity to use your personal belongings to the extent possible.
- The facility will provide housekeeping and maintenance services.
- The facility will assure you have clean bath and bed linens and that they are in good repair.
- The facility will provide you with private closet space, as space permits.
- The facility will provide you with adequate and comfortable lighting and sound levels.
- The facility will provide you with comfortable and safe temperature levels.



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## **POLICY AND INSTRUCTIONS FOR COMPLETING THE RESIDENT/FAMILY ASSISTANCE COMPLAINT FORM**

We are committed to providing the highest quality of care to residents in our facility. We want you to feel safe in our homelike environment. If you have any concerns about your care, treatment by staff or anything else related to your stay in our facility, it is imperative that we know what your concerns are as soon as one develops.

In order for us to assist you, we would like for you to personally contact one of us immediately so that we may resolve your concerns as swiftly and as completely as possible. Having a verbal conversation is the quickest path to resolution as so many more details can be revealed and discussed.

For your peace of mind:

- Step 1** Tell the Charge Nurse (one is designated on each shift) of your concerns.
- Step 2** If not satisfied with the Charge Nurses response, ask for the name and contact Information of the Director of Nurses, the Social Worker, or a specific departmental supervisor.
- Step 3** If not satisfied with the verbal conversation and results provided by the Director Of Nurses, Social Worker, or specific Departmental Supervisor, you may request To schedule an appointment with the Administrator of Christian Care Nursing Center.

However, if you prefer not to have a direct conversation with the Director of Nurses, Social Worker, or the specific Departmental Supervisor, you can complete the Resident/Family Assistance Complaint Form and submit it to the Administrator. You will receive a response within 5 to 7 days after submission. Responses may be delayed as a result of holidays, weekends, and/or need for further investigation.

- Step 4** If not satisfied with the Administrator's resolution, you may contact the State Ombudsman or the Michigan Department of Community Health, Bureau of health systems to file a formal complaint.

Current numbers are posted in the display case on both the Faith and Love nursing wings.

### **WE WANT YOU TO KNOW THE FOLLOWING:**

1. We will keep your requests as confidential as possible.
2. Our goal is to investigate your concerns in a timely manner with an open channel of communication.
3. We will give you **response as soon as possible**.
4. **We will follow-up to ensure that your concern has been addressed satisfactorily and use the findings of our investigation as part of our Quality Improvement Program – again keeping your name confidential, if possible.**
5. Complaint forms are available at the Nurse's Stations or at the front office.
6. Place completed forms in a sealed envelope and return to the front office.