

Resident Handbook

ADMISSION REQUIREMENTS FOR SUNSET MANOR

Once you or a loved one has made the decision to enter Sunset Manor a meeting with the administrator is scheduled to discuss policies, services, and opportunities in our nursing home. It also provides us a time to get to know you as well.

No potential or admitted resident is discriminated against on the basis of race, color, national origin, age, or handicap.

IN ORDER TO SERVE OUR RESIDENTS AND ASSURE QUALITY CARE, CONSIDERABLE INFORMATION IS REQUIRED PRIOR TO AND AT THE TIME OF ADMISSION. THE RESPONSIBILITY RESTS UPON THE SPONSOR AND RESIDENT FOR SECURING AND PROVIDING MUCH OF THE INFORMATION REQUIRED, HOWEVER, WE ARE ALWAYS AVAILABLE TO ASSIST YOU IN THIS SOMEWHAT OVERWHELMING AND SOMETIMES DIFFICULT TASK.

THE FOLLOWING STEPS ARE SET FORTH TO PROVIDE GUIDANCE AND DIRECTION FOR OUR APPLICANTS AND PROSPECTIVE RESIDENTS:

- 1. ADMISSION APPLICATION COMPLETED IN FULL AND ON OUR WAITING LIST FILE.**
- 2. NOTIFICATION BY THE NURSING HOME OF BED AVAILABILITY AND PROSPECTIVE RESIDENT/SPONSOR CONSENT TO ACCEPT AVAILABLE BED.**
- 3. PRE-ADMISSION INTERVIEW AND RESIDENT ASSESSMENT (as needed) WITH ADMINISTRATOR OR HIS DESIGNATE INCLUDING RESIDENT AND/OR SPONSOR/FAMILY MEMBERS.**
- 4. SECUREMENT OF MEDICAL INFORMATION REQUIRED PRIOR TO ADMISSION.**

ADMISSION TO SUNSET MANOR NURSING HOME IS DEPENDENT ON OUR ABILITY TO MEET A PROSPECTIVE RESIDENT'S NEEDS, RECOMMENDATION OF THE ATTENDING PHYSICIAN

AND THAT FEDERAL AND STATE GUIDELINES ARE MET. THE SCOPE OF CARE THAT SUNSET MANOR NURSING HOME ENCOMPASSES COVER THE YOUNG ADULT TO THE GERIATRIC RESIDENT. SPECIFIC SITUATIONS ARE LISTED, BUT SCOPE IS NOT LIMITED.

CONDITIONS AND DIAGNOSIS TREATED:

1. ORTHOPEDIC SURGERY (i.e. hip/knee replacements, ORIF)
2. DEGENERATIVE JOINT DISEASES
3. CEREBRAL VASCULAR DISEASES (i.e., post CVA w/wo paresis or dysphasia)
4. CARDIOVASCULAR DISEASES (i.e., CHF, ASHD, CAD)
5. DIABETES/ENDOCRINE DISORDERS
6. RENAL FAILURE
7. CANCER
8. NUTRITIONAL DISORDERS (i.e., failure to thrive)
9. DEMENTIA (i.e., Alzheimer's, multi-infarct, etc.)
10. VASCULAR DISEASES (i.e., PVD)
11. ACUTE RESPIRATORY DISEASE (i.e., pneumonia)
12. CHRONIC RESPIRATORY DISEASE (i.e., C.O.P.D.)
13. WOUND CARE (i.e., dermal ulcer(s), post operative amputation, etc.)
14. POST OPERATIVE CARDIORESPIRATORY PROCEDURE

TREATMENTS/ACTIVITIES PERFORMED & PATIENT/RESIDENTS CARE SERVICES PROVIDED

1. MEDICATION ADMINISTRATION
2. WOUND CARE TREATMENTS
3. RESPIRATORY TREATMENTS
4. ENTERAL TUBE FEEDING(S)
5. BLOOD GLUCOSE MONITORING
6. MAINTENANCE OR IMPROVEMENT OF COGNITIVE/FUNCTIONAL CAPABILITIES VIA PHYSICAL, SPEECH, AND OCCUPATIONAL THERAPY AND/OR RECREATIONAL ACTIVITIES

TYPES OF PRACTITIONERS PROVIDING CARE

1. REGISTERED NURSES
2. LICENSED VOCATIONAL/PRACTICAL NURSES
3. CERTIFIED NURSING ASSISTANTS
4. PHYSICIANS
5. OCCUPATIONAL, SPEECH, AND PHYSICAL / RESPIRATORY THERPISTS
6. SOCIAL SERVICES DESIGNEE
7. DIETITIAN
8. DIETARY SERVICES MANAGER/SUPERVISOR
9. PHARMACISTS
10. ACTIVITIES/RECREATION SERVICES DIRECTOR
11. DIRECTOR OF STAFF DEVELOPMENT
12. R.N. ASSESSMENT COORDINATOR

INFORMATION THAT YOU ARE RESPONSIBLE TO ASSURE AND/OR SUPPLY PRIOR TO ADMISSION

These forms will be noted on the Admission Checklist and on the corresponding forms with a “●”.

THE FOLLOWING INFORMATION MAY BE OBTAINED FROM THE APPLICANT'S PHYSICIAN AND MAY REQUIRE AN APPOINTMENT WITH THE PHYSICIAN PRIOR TO ADMISSION. IF THE PROSPECTIVE RESIDENT IS BEING TRANSFERRED FROM ANOTHER FACILITY, THE FOLLOWING INFORMATION MUST BE RECEIVED BY THE NURSING HOME PRIOR TO ADMISSION.

FRONT OFFICE AND BILLING DEPARTMENT

- SIGNED APPLICATION
- HANDBOOK & SIGNED ACKNOWLEDGEMENT
- FINANCIAL AGREEMENT

NURSING DEPARTMENT

- PHYSICIAN AGREEMENT (*FORM PROVIDED BY NURSING HOME*)
- CHEST X-RAY (*WITHIN 30 DAYS*)
- LEVEL I (*AND II, AS REQUIRED*) SCREENING FORM COMPLETED WITH COVER LETTER, FAXED TO STATE AGENCY, AND APPROVAL RECEIVED FOR ADMISSION

- PSYCHOLOGICAL EVALUATION (“MINI-MENTAL” AS REQUIRED)
- CURRENT HISTORY AND PHYSICAL (SIGNED AND DATED WITHIN 48 HOURS)
- LISTING OF MEDICATIONS AND DOCTOR'S ORDERS (SIGNED AND DATED)
- RESIDENT/SPONSOR TO ELECT A STAFF DOCTOR
- TRANSFER FORM (WHEN ADMITTED FROM HOSPITAL/NURSING HOME)
- MEDICARE CERTIFICATION (WHEN ADMITTED FROM HOSPITAL OR WHEN QUALIFIED)
- DISCHARGE SUMMARY (WHEN ADMITTED FROM HOSPITAL)

5. ADDITIONAL INFORMATION AND PROCEDURES REVIEWED/REQUIRED AT THE TIME OF ADMISSION.

These forms will be noted on the Admission Checklist and on the corresponding forms with a “▲”.

- ▲ COPY OF ALL INSURANCE CARDS AND APPLICABLE INFORMATION
- ▲ RESIDENT'S FUNDING INFORMATION, SOCIAL SECURITY INFORMATION, OTHER INSURANCE AS AVAILABLE.
- ▲ DURABLE POWER OF ATTORNEY OR LEGAL REPRESENTATIVE DOCUMENTS
- ▲ SIGNED FINANCIAL AGREEMENT FORM

ADDITIONAL INFORMATION AND PROCEDURES REVIEWED/REQUIRED AT THE TIME OF ADMISSION, CONTINUED

- ▲ PHARMACY SERVICE AGREEMENT
- ▲ HCS ACKNOWLEDGEMENT
- ▲ INVENTORY OF PERSONAL AFFECTS
- ▲ BLANKET AUTHORIZATION TO USE OR DISCLOSE INFORMATION
- ▲ RESIDENT'S RIGHTS
- ▲ FACILITY RULES & REGULATIONS
- ▲ ADVANCE DIRECTIVE DOCUMENTS AS AVAILABLE
- ▲ SIGNED ADVANCE DIRECTIVE INFORMATION FORM(S)

- ▲ INFLUENZA VACCINE CONSENT
- ▲ PNEUMOCOCCAL VACCINE CONSENT
- ▲ PSYCHOTROPIC MEDICATIONS
- ▲ BEDSIDE STORAGE OF MEDICATIONS/CONTENTS
- ▲ RESTRAINT POLICY ACKNOWLEDGEMEN

OTHER FORMS, ACKNOWLEDGEMENTS AND CONSENTS.

6. ADMISSION INTERVIEW AND RESIDENT ASSESSMENT WITH REGISTERED NURSE.

7. DIETARY, SOCIAL SERVICE, AND/OR ACTIVITY DIRECTOR INTERVIEW

AS YOU CAN SEE, BEING ADMITTED TO A NURSING HOME IS A PROCESS THAT REQUIRES EVERYONE'S TIME AND ATTENTION. WE WILL ASSIST AND GUIDE YOU THROUGH THIS COMPLEX PROCESS SO THAT WE CAN ADMIT YOU OR YOUR LOVED ONE IN A TIMELY FASHION.

SUNSET MANOR PHYSICIAN STAFF

YOU WILL BE REQUIRED TO SELECT ONE OF THE FOLLOWING PHYSICIANS YOU WISH TO FOLLOW YOU OR

YOUR LOVED ONE DURING THEIR NURSING HOME ADMISSION:

DR. DALE SPRUIELL	487-4224	Winfield	DR. JAMES R. MOSS	487-4224	Winfield
DR. GARY THOMAS	487-4224	Winfield	DR. JOHN KERR	921-3153	Hamilton
DR. DAVID JUSTICE	468-3355	Guin	DR. TRAVIS MILLER	468-2754	Guin
DR. GARY FOWLER	487-1586	Winfield			

Billing for Services

Billing is prospective effective July 1, 2003. Residents are billed on admission for the current month and billed monthly for the current month thereafter. For example: a resident admitted on the first of July is billed for the month of July. The monthly charge on admission. Partial month stays are prorated until the end of the month and billed accordingly. Should a resident leave during the month, a refund is provided based upon actual days used and/or reserved with adjustments for third-party coverage or lack thereof. All residents are considered private pay on admission subject to Medicaid application and approval. An estimated liability amount based upon the resident's resources will be established at admission and will be due monthly until Medicaid approval. Any excess payments will be refunded to the resident, responsible party, or retained as a credit balance

SUNSET MANOR CHARGES

1. Room and Board

Room and board charges cover basic services of Sunset Manor including but not limited to semi-private room, linen and laundry of linen, housekeeping, nursing care, personal care, meals and snacks, activities/entertainment, and such personal services as may be necessary to assure health, hygiene, safety, and well-being of the resident.

2. Medication

In order to provide the highest quality and expedient pharmacy services to our residents we use the unit dose system as supplied by Pharmacy Care Associates and Consultant company. Charges are billed separate from nursing home charges by Unicare. Medications are delivered daily.

Medications are covered 100% during Medicare Part A coverage.

3. Holding Days

Holding days or reserved days are used to "Hold" or reserve a bed when a resident is discharged temporarily from Sunset Manor as in cases of hospitalization. **The resident, the family of the resident, or the sponsor of the resident is responsible for making arrangements with Sunset Manor for the reservation of the bed.** The charge for these days will be the current daily rate.

Residents receiving Medicaid will not be charged for reservation of a bed for the first four days of any period

during which the Medicaid resident is temporarily absent due to admission to a hospital. The covered four day hospital stay reservation policy does not apply to:

- A. Medicaid-eligible patients who are discharged to a hospital while their nursing home stay is being paid by Medicare or another payment source other than Medicaid;
- B. Any non-Medicaid patients;
- C. A patient who has applied for Medicaid but has not yet been approved; provided that if such a patient is later retroactively approved for Medicaid and the approval period includes some or all of the hospital stay, then the nursing home shall refund that portion of the bed hold reservation charge it actually received from the patient, family of the patient, or sponsor of the patient for the period that would have been within the four covered days policy; or
- D. Medicaid patients who have received a notice of discharge for non-payment of service. If a bed is not "held" or reserved, we assume that the resident or sponsor does not intend to be re-admitted and we will be obligated to contact applicants awaiting admission to the vacant bed.

4. Ancillary Services/Medical Supplies

Services such as physical therapy and speech therapy and medical supplies such as catheter supplies, wound care products, ostomy supplies, etc. are ordered by a physician as indicated and subject to usually 80% coverage by third-party payers. The remaining 20% is billable to the resident receiving services.

METHOD OF PAYMENT

A. Residents receiving Medicare benefits.

What is Medicare?

Medicare is a federal health insurance for people who are 65 and older, or who have been disabled for at least two consecutive years. It provides payment for the services in facilities in two ways, Part A and Part B.

Part A

Part A (Hospital Insurance), helps pay for inpatient care in the nursing home following a hospital stay if your condition requires daily skilled nursing or rehabilitation services which as a practical matter, can only be provided in a skilled nursing facility.

A skilled nursing facility is a specially qualified facility which has the staff and equipment to provide skilled nursing care or rehabilitation services and other related health services.

Medicare Part A helps pay for care in a skilled nursing facility if all of the following five conditions are met:

1. You have been in a hospital at least three days in a row (not counting the day of discharge) before your transfer to a participating skilled nursing facility.
2. You are transferred to the skilled nursing facility because you require care for a condition which was treated in the hospital.
3. You are admitted to the facility within a short time (generally within 30 days) after you leave the hospital.
4. A doctor certifies that you need, and you receive, skilled nursing or skilled rehabilitation services on a daily basis, and
5. The Medicare intermediary or the facility's utilization review committee does not disapprove your stay.

All conditions must be met. *But it is especially important to remember the requirement that you must need skilled nursing care or skilled rehabilitation services on a daily basis.*

Skilled nursing care means care that can only be performed by, or under the supervision of licensed nursing personnel. Skilled rehabilitation services may include such services as physical therapy performed by, or under the supervision of, a professional therapist. The skilled nursing care and skilled rehabilitation services you receive must be based on a doctor's orders.

Medicare will not pay for your stay if you need skilled nursing or rehabilitation services only occasionally, such as once or twice a week, or if you do not need to be in a skilled nursing facility to get skilled services. Also, hospital insurance will not pay for your stay if you are in a skilled nursing facility mainly because you need custodial care.

When your stay in a skilled nursing facility is covered by Medicare, hospital insurance (Part A) helps pay for up to 100 days each benefit period, but only if you need daily skilled nursing care or rehabilitation services for that long.

If you leave a skilled nursing facility and are readmitted within 30 days, you do not have to have a new 3-day stay in the hospital for your care to be covered. If you have some of your 100 days left and you need skilled nursing or rehabilitation services on a daily basis for further treatment of a condition treated during your previous stay in the facility, Medicare will help pay.

In each benefit period, hospital insurance pays for all covered services for the first 20 days you are in a skilled nursing facility. The cost to the individual, called co-insurance, is a per day charge from the 21st to the 100th day.

This amount changes annually, ask our billing specialist for a quote of the current rate.

What is covered by Medicare Part A in a skilled nursing facility?

Medicare Part A insurance pays for these services:

- A semiprivate room
- All your meals, including special diets
- Regular nursing services
- Rehabilitation services such as physical, occupational, and speech therapy
- Drugs furnished by the facility during your stay
- Blood transfusions furnished to you during your stay
- Medical supplies such as splints and casts
- Use of appliances such as a wheelchair

Some services not covered when you are in a skilled nursing facility:

- Personal convenience items that you request such as a television in your room, telephone, hair care, etc.
- Private duty nurses
- Any extra charges for a private room, unless it is determined to be medically necessary
- Custodial nursing home care services
- Laundry services
- Television cable

If you disagree with a decision on the amount Medicare will pay on a claim or whether services you receive are covered by Medicare, you always have the right to appeal the decision.

Part B

If a person is enrolled in Part B, certain supplies and services may be covered when not receiving Part A services. A wide range of services provided by certified nursing homes are covered by Part B. They include: certain physician visits, certain ambulance services, prosthetic services, hemophilia clotting factor, hepatitis B vaccine, pneumonia vaccine, physical therapy, occupational therapy, speech pathology services, durable medical equipment, and medical supplies.

How do I apply for Medicare?

Medicare Part A becomes available at the beginning of the month in which a person reaches age 65, regardless of whether he or she has retired or is continuing to work. Medicare also becomes available after receiving social security disability payments. A person applies for Medicare automatically when he/she applies for Social Security benefits. If an individual does not retire when he/she turns 65, then he/she must apply for Medicare benefits separately.

Part B is a voluntary enrollment program. A person may subscribe for the coverage benefits of the program at

the time he or she applies for his/her Medicare card or anytime after receiving it.

What do you pay?

As mentioned previously, after the 20th day of Medicare coverage a co-insurance amount is charge per day from the 21st to the 100th day of Medicare coverage. There are no additional premiums for Part A benefits once you are enrolled in the program and have a Medicare card.

Participants in Part B must pay a monthly premium. The current amount may be obtained from your local Social Security Administration offices or our business office. You are responsible for 20% of the charges for Part B covered services after paying an annual deductible.

B. RESIDENTS RECEIVING MEDICAID BENEFITS

What is Medicaid?

Also known as Title 19 of the Social Security Act, Medicaid is a state-administered program which helps pay for health care services required by individuals with limited financial resources.

What are the qualifications for Medicaid?

Eligibility requirements vary from state to state. Generally, you must meet the following qualifications:

1. You must be able to prove a financial need based on income and present assets.
2. You must not have sold, transferred or given away any assets or property outside the time period established by the state.
3. Your physician and/or state agency has certified a medical need to be in a nursing home.

How does Medicaid pay for my nursing home bill?

If you are determined to qualify for Medicaid benefits in a nursing home your available income (for example: your social security check) is applied towards your monthly nursing home bill with Medicaid paying the difference of covered charges.

What about the cost of Medicare insurance?

Medicaid will allow the cost of your Medicare premiums for Part A, Part B, and Part B, and supplemental insurance such as C+ before your income is applied towards your nursing home bill. A resident receiving Medicaid benefits is not required to pay for Part A co-insurance amounts or the 20% of charges not covered by Part B.

When and how do I apply for Medicaid?

Eligibility for Medicaid is **not** determined by the nursing home. We will provide you with applications for Medicaid benefits, supply you with the most current name, telephone number, and address of the appropriate district representative of the Alabama State Medicaid Agency and assist you to the best of our ability. **However, it is the responsibility of the resident sponsor and/or designated family member or individual acting on behalf of the resident to make timely and accurate application for Medicaid benefits.**

The application process and your determination of eligibility for Medicaid benefits in nursing homes can be quite lengthy. It is important at the time of admission or when you know that your resources will be exhausted that you notify us as soon as possible of your need to apply for Medicaid benefits. We suggest notifying us at least 90 days in advance.

What happens if my application for Medicaid is denied?

If your application for Medicaid benefits is denied you will be considered a private paying resident usually from the time of admission or from the last date of any applicable third party payer coverage and will be expected to pay for all services received.

It is our opinion that there should be no embarrassment attached to applying for Medicaid benefits. Your tax dollars have been supporting this program for others. It is your right and privilege to use it for your own needs when you are eligible and it is the resident's responsibility, as shared by those acting in his/her behalf, to apply for Medicaid coverage.

NOTE: IF A RESIDENT DOES NOT REMAIN IN THE NURSING HOME FOR 30 DAYS FROM TIME OF ADMISSION, MEDICAID WILL NOT COVER THE COSTS ASSOCIATED WITH THAT STAY REGARDLESS OF THE RESIDENTS ELIGIBILITY. FOR EXAMPLE: IF A RESIDENT IS ADMITTED ON THE FIRST, APPLIES FOR MEDICAID AND DIES OR GOES HOME FOR ANY REASON ON THE 29TH, MEDICAID WILL NOT COVER THE COST/CHARGES AND ALL COSTS WILL BE BILLABLE TO THE RESIDENT AND/OR SPONSOR.

C. RESIDENTS PAYING PRIVATELY

Residents pay privately for expenses incurred while in the nursing home depending upon their resource classification. Residents having resources in excess of Medicaid limits or do not have long term insurance, pay all costs associated with a nursing home stay. Residents qualifying for Medicaid, pay from private resources as

determined by Medicaid. At anytime during a nursing home stay, Medicare benefits may be used according to need and applicable guidelines.

D. RESIDENTS USING OTHER LONG TERM CARE INSURANCE

Depending upon policy provisions, residents may receive nursing home coverage and benefits from their private long term care insurance policies. Because of the diversity of policies and their provisions, it is extremely important to understand and continually evaluate the actual policy and its language to determine actual coverage once nursing home care is anticipated.

E. TAX BENEFIT

In some cases, a resident may be listed as a dependent under the provisions and guidelines administered by the Internal Revenue Service. If an individual is in a nursing home because of his/her physical condition and the availability of medical care is a principal reason for his/her presence there, the entire cost of maintenance, including meals and lodging is deductible to the limit of the amount of deduction allowed.

We encourage those interested to contact their accountant for clarification and instruction regarding possible tax benefits for which you may be entitled.

RESIDENT'S BILL OF RIGHTS

Introduction

When you move to Sunset Manor, you bring your rights with you. All residents in nursing homes have the same rights, although there will be times when everyone must give and take. You never have to give up your rights, but when you use one of your rights, you should keep in mind and consider other people's rights.

The information to follow will help you to know your rights and how to use them while you are living at Sunset Manor nursing home. The rights outlined in this information have been paraphrased in more understandable

language from the more detailed terminology contained in the Federal Register. We must insure that you receive these rights and that they are fully implemented. Rules which require that written information be given to you by us are included in this booklet. A separate document is available from administration outlining the guidelines for the interpretation of those rules. The words, facility and nursing home are substituted for Sunset Manor for ease of reading.

I. Privacy and Respect

When you enter Sunset Manor, you must be treated as a person with respect, dignity, and consideration.

We must inform you orally and in writing in a language you understand, of your rights and all rules and regulations affecting your conduct. We must tell you your responsibilities while you are a resident. This information must be given to you before or when you are admitted and during your stay. Proof that the information was given to you and any changes must be acknowledged in writing.

You have the right as a resident of Sunset Manor to use all these rights given to you by law, and also to use all the rights you have as a citizen of Alabama and a citizen of the United States.

You have a right to live in Sunset Manor and receive services considering your special needs, likes, and dislikes.

You are allowed to talk to and write to anyone in or outside of this facility.

You have a right to keep your personal and medical records private and to refuse to allow anyone to see those records without your written permission or the written permission of your legal guardian, if you have one.

You have a right to get an advance notice about a change in room or roommate and to be told why such a change is necessary.

II. Medical Care and Treatment at the Nursing Facility

You have a right to choose your own physician to take care of you.

You have a right to be told in a language you understand, your medical problems and total health condition.

When your physician or Sunset Manor staff are deciding what is the best way to take care of you, you have the right to be present and to have a say in the decision.

You have a right to refuse treatment offered to you by your physician.

If your physician or Sunset Manor staff wants to change any care or treatment that affects you, you have a right to be told in advance about the changes and you must approve of the changes before they are put into effect.

You have a right to give yourself certain medications or drugs, if you wish to do so. However, before you will be allowed to do so, the professionals taking care of you must first determine if it is safe.

You have a right to look at and buy photocopies of all records about you by giving a 48 hour written notice to the nursing home.

You do not have to be a part of any medical experiments unless you want to be and you give your written permission.

III. Freedom from Abuse and Restraint

You cannot be discriminated against, punished, have privileges take away from you, be abused physically, mentally, or sexually, or be locked in your room or any other place because you are exercising your rights.

You cannot be abused, scolded, or punished at any time in any nursing home.

You will not be tied in any chair or bed, or held by a tray, unless a physician states in writing that you need to be for your own safety or in an emergency.

You will not be given any drugs for the purpose of disciplining or for our convenience, that are not required to treat you for your medical condition.

IV. Freedom of Association and Communication in Privacy

You have a right to have visitors, and the nursing home must allow them to visit you at any reasonable hour.

You have a right to be visited by: any person representing the Federal Health and Human Services Department (HHS), any person representing the state, your own physician, the state ombudsman, immediate family, or other relatives, others who want to visit you with your consent and any person representing the protection of developmentally disabled or mentally ill persons.

You have a right to deny visitation to anyone you do not wish to visit with.

You have a right to make and receive telephone calls to and from anyone in private so that no one else can listen to your conversations as long as you pay for the calls.

(Cordless telephones are located at each nurses' station, as well as, in the Resident Services Department.)

If you are married, you have the right to share the same room, if both of you agree to it.

You have a right to organize resident groups at Sunset Manor.

You have the right to meet with other residents and resident groups in or out of Sunset Manor.

Your family has the right to meet in Sunset Manor with the families of other residents.

You may meet with and belong to any church, social or other groups of your own choice.

You have a right to get information from groups representing your interests, such as resident advocates or agencies, and you may contact these agencies.

You have the right to send mail and to receive mail addressed to you.

Mail that you send and receive must not be opened by anyone else unless you give your permission to have mail opened by someone else.

You have the right to purchase and have stationary, postage, and writing materials available to you at your own expense.

You have the right to see the findings of the last federal or state inspection for Sunset Manor and to have them explained to you in a way you will understand. Current inspection results are posted in our facility for the public's review.

You have the right to talk to state inspectors in private.

V. Activities

You have a right to plan your own daily activities.

You have a right to visit privately outside the nursing home with anyone of your choice.

You have the right to go out, such as to go shopping, to a movie, or to visit relatives.

VI. Work

You do not have to do any job at Sunset Manor unless it is part of the written plan for how you will be cared, and you have agreed to the plan.

If you do decide to work as a part of your plan, you may be paid a wage equal to that paid in the community for jobs you do, if you do desire.

VII. Personal Possessions

You may wear your own clothes and bring your own furniture and belongings to Sunset Manor as long as there is enough space in your room for them and no potential safety hazard is created.

VIII. Grievances and Complaints

You have the right to tell the people in charge of Sunset Manor about any problem, complaint, or suggestion you may have about the care you receive or fail to receive, and to get prompt response to all reasonable requests.

If your problems or complaints cannot be solved or helped by Sunset Manor to your satisfaction, you may phone or write the state survey and certification agency or ombudsman about your complaint.

You cannot be punished or treated badly for making a complaint to anyone.

IX. Financial Affairs

You have a right to be told of all services available and all costs, including those charges covered or not covered under Medicare or Medicaid and the basic per diem rate.

You have the right to manage your personal affairs or, if this is delegated in writing, to receive a periodical accounting upon request.

You have a right to be told if you are entitled to Medicare or Medicaid.

You have a right not to be charged for any item or service paid by Medicare or Medicaid.

X. Admission, Transfer, and Discharge

You have a right to be treated without discrimination regardless of source of payment to the facility.

You have a right to not be required to give up your right to Medicare or Medicaid.

You have a right to be informed of the bed-hold policy for temporary absences from the facility.

You have the right to be given at least 30 days written notice of transfer or discharge from the facility unless one of the following exceptions apply:

- It is for your own health and safety or the health and safety of others.
- The facility cannot meet your medical or other needs.
- Your health has improved so that you no longer need the services of the facility.
- The bill for your room and care has not been paid, after the facility has given you reasonable notice to pay.
- The facility closes.

If you feel that you have been abused, neglected, or denied care and treatment in violation of your rights, **please notify us immediately:**

Lance or Christie Junkin, Administrators/Owners

205-468-3102 Home

205-412-4429 Lance's Cell Phone

205-412-0763 Christie's Cell Phone

or

Christi Spencer, Director of Nursing 205-921-2831 home

Sunset Manor

251 Sunset Place

Guin, AL 35563

205-468-3331

Should you wish to communicate with applicable services outside Sunset Manor, contact the following agency as listed on the next page:

Area Agency/Ombudsman	Alabama Nursing Home Association
Jeff Thompson	4156 Carmichael Road
P. O. BOX 2604	Montgomery, AL 35106
Muscle Shoals, AL 35661	334-271-6214
1-800-838-5845 or 205-389-0530	

AL Division of Licensure & Certification	Alabama Medicaid Agency
The RSA Tower, Suite 600	501 Dexter Avenue
201 Monroe Street	Montgomery, AL 36104
Montgomery, Al 36104	334-242-5000
1-800-356-9596	

Elderly Care	Medicaid Fraud Hotline
1-800-356-9596	1-866-452-4930

GENERAL INFORMATION

OFFICE HOURS

All business to be transacted with the business office should be done between 8:00 a.m. and 4:30 p.m., Monday through Friday unless other arrangements are made.

VISITATION

Sunset Manor is open and residents are accessible 24 hours a day. Should visits occur during regular hours of sleep, we ask that consideration be given roommates and fellow residents.

Since our doors are open 24 hours a day, please notify staff members of your presence, particularly during evenings and do not be alarmed or offended if you are asked to identify yourself by staff members. The security of our residents and staff is a primary concern.

CLOTHING NEEDS

The resident or sponsor is responsible for providing such personal clothing and belongings that are realistically needed or desired by the resident. There should be clothes sufficient for a daily change during the week, at a minimum. Because we encourage all but total bed care residents to be up and dressed daily, residents also need suitable shoes and stockings. Clothes should be durable and of wash and wear fabric. All clothing items must be properly marked with a laundry marker which we will be glad to supply. Personal grooming items such as brush, comb, toothbrush, etc. must also be marked. It must be understood should residents choose to maintain valuables in their room or on their person (jewelry, etc.) the nursing home assumes no responsibility for its safekeeping. Because of lack of storage space, suitcases used to bring in resident clothing should be taken home for storage.

PERSONAL EFFECTS

You are encouraged to bring to the resident's room those personal items which will make the resident feel more at home. Suggested items include pictures, plants, radios, TVs, quilts, a favorite chair. Since space in the resident rooms is limited, please check with the administrator before bringing in large chairs. It should be understood that the operation of radios and TVs should be done so with respect of fellow residents. Items required to be mounted upon the wall should be cleared first by administration or maintenance. Resident rooms are furnished to meet fire and safety standards established by the state. **Items which do not comply with and are absolutely prohibited by these standards include: throw rugs, electric blankets, heating pads, electric fans, hair dryers, curling irons, extension cords, etc. ..**

RESIDENT FUNDS/CREDIT BALANCE

We recommend to all residents/sponsors that sponsors, preferably those holding power of attorney, maintain and control on behalf of the resident any funds which exceed \$50.00. Fifty dollars is the most amount that Sunset Manor will hold and secure on the premises for any of our residents.

Should residents not have a designated responsible party to maintain their funds in excess of \$50.00 Sunset Manor will deposit funds in an interest bearing account following explanation of the resident's signed agreement and this policy. Sunset Manor will provide records of deposits and withdrawal at anytime to the resident. All funds are available to the resident at any time plus any interest accumulated.

Sunset Manor reserves the right to disperse funds in the best interest of the resident and will not disperse funds to anyone other than the resident without written permission from the resident or evidence of power of attorney.

Sunset Manor will review all resident accounts monthly for any credit balance. If it is not an explainable billing error the resident will be informed. If the credit balance is in excess of \$50 it will be subject to deposit in the resident trust fund account. If the resident declines the trust fund the facility will have a signed statement of their refusal in the resident's financial folder.

A resident trust bond is purchased annually to protect the interests of all residents which require supervision of funds.

TELEPHONE AND PHONE CALLS

Individual room telephones are not provided. Residents desiring their own telephone may make arrangements for installation with the telephone company at their own expense. Because our business lines are extremely busy, residents are requested to limit personal phone calls on the nursing home phones. Cordless telephones are available at each nurses' station and a regular phone in the Resident Services Department.

WHEELCHAIR USE

The nursing home owns a limited number of wheelchairs. No resident will be granted exclusive or continual use of a particular wheelchair unless he/she owns that wheelchair. The nursing home can secure wheelchairs for residents at a possible savings if residents wish to purchase their own wheelchair.

ROOM ASSIGNMENT/TRANSFER/ARRANGEMENT

To the degree possible, we attempt to match roommates with similar capabilities and preferences. At the same time, we feel it is imperative to balance each hall as to the level of care required of each resident to assure the best care possible and to avoid, to the degree possible, "overloading" one hall as compared to another. Also, at times, we have husbands and wives who are residents who wish to room with each other which automatically creates an imbalance in the male/female combination within semi-private rooms.

As you can see there are many variables to consider in room selection, placement, and availability. While we always communicate with the resident and sponsor when a move from one room to another is necessary, we have to retain the right to arrange roommates so that the majority of patient needs are met. In making room assignments or room transfers, decisions are not made on the basis of race, color, national origin, age, or handicap.

MEDICAL RECORD

Each resident of Sunset Manor has a current medical record. This medical record is considered their confidential record and is accessible only by the resident, sponsor, attending physicians, nursing staff, and administration. Outside parties requesting information from your chart will require a written/signed medical information release form.

MEDICAL CARE

In order to be admitted and continue residence at Sunset Manor, each resident must remain under the care of a physician. The resident and/or sponsor is responsible for obtaining his or her own personal physician.

DOCTOR OFFICE VISITS/TRANSPORTATION RESPONSIBILITY

Physicians visit regularly at Sunset Manor, however, a visit to the physician's office may at times be required. Appointment setting and transportation arrangements for these visits will be assisted by the facility. If transferred by an outside vendor, there will be additional charges that will be the responsibility of the resident and/or sponsor.

Whenever a resident leaves the facility for an appointment, he/she must be accompanied by someone and they must be checked out and in by a nurse at the nursing station.

EMERGENCIES

Sunset Manor's staff will notify the resident and/or their sponsor in the event of significant change in the resident's status. In non-emergency situations, residents will not be transferred or discharged without prior notification of their sponsor. The nursing home, however, reserves the right to make the decision to transport the resident in order to receive emergency care when on the judgment of the facility and physician it is deemed necessary.

TRANSFER/DISCHARGE

Sunset Manor does not transfer or discharge a resident unless:

- The welfare of the resident cannot be met (such as medical needs requiring a higher level of care)
- There has been an improvement in the resident's health
- The health or safety of other individuals in the facility is endangered by the resident remaining at the facility
- Nonpayment by the resident or appropriate third party payer has occurred after reasonable and appropriate notice.
- The nursing home ceases to operate.

Residents will be notified 30 days before a transfer or discharge, except where the health or safety of individuals in Sunset Manor is endangered, the resident's health improved sufficiently to allow a more immediate transfer or discharge, the transfer or discharge is required by the resident's urgent medical needs, or the resident has not resided in Sunset Manor for at least 30 days.

Sunset Manor requires a three (3) day notice to be given by each resident prior to discharge with the exception of expiration or transfer. Upon the expiration of discharge of a resident, all unpaid charges become due.

MEDICAL DECISIONS

The general health and nursing care of our residents is maintained and administered by our nursing staff daily. The director of nursing is responsible for the supervision and direction of general nursing practice and assuring the fulfillment of medical orders by the resident's attending physician. Also, the director of nursing acts as a liaison between the physician and the sponsor/resident.

Communication is vital to assure proper care and that residents/sponsors are informed regarding the resident's needs and health care provided. For this reason we ask that you address any questions or concerns regarding the resident's care directly to the director of nursing. You, of course, have direct access to your attending physician, however, often your inquiries will be better served and much more conveniently answered if you direct questions or concerns first to the director of nursing. There are times when after the director of nursing's evaluation, specific medical advice and direction are required and readily sought from the attending physician. When decisions of a more serious or involved nature are required, the director of nursing may request that the resident/sponsor discuss the matter directly with the attending physician.

We understand and respect the fact that medical care decisions should be made with the opportunity for direct communication between physician and resident/sponsor. We recognize that the best medical and health care is a triangle of responsibility shared equally between physician, sponsor/resident, and the nursing home. Working together is the only way to assure the best in care of our residents.

RESTRAINTS

The word "restraint" in itself carries a negative connotation. Traditionally at Sunset Manor, restraints have been used as a safety device. We adhere to the principle that every resident should function at the highest level possible. Therefore, all safety devices are continually monitored to assure that the best balance between safety and independence is achieved. A typical example is a seat belt which is meant to prevent a resident from attempting to walk without the assistance or supervision required to prevent the likelihood of injury. Any restraint is tied in such a way as to (1.) prevent the resident from untying the restraint himself, and (2.) allow immediate release of the restraint by staff personnel should the need arise. In addition, therapeutic procedures and diversional and recreational activities are used to encourage a purposeful use of time and ensure physical enhancement. There are occasions when residents are experiencing a disoriented state that restraints such as wrist restraints are used to prevent resident's personal harm or disruption of medical procedures or treatment (i.e.-catheters, I.V.'s, etc.) All restraints and safety belts are administered following our staff's assessment and order of physician.

Some medications which have a calming effect on individuals are considered "chemical" restraints. This type medication is only administered following a physician order and a thorough evaluation of the resident's need for such medication. Once a resident is receiving this type medication, they are continually monitored and observed for any symptoms which may indicate a need to decrease dosage or eliminate the medication.

COMMUNICATION WITH RESIDENTS

We believe that honesty is the best method to use in communicating with our residents. Issues such as death of a loved one or friend, family sickness, communicating about medical conditions, confronting inappropriate behavior, etc., should be dealt with sensitively, gently, directly, and truthfully without deceiving the resident. In a situation, for example, death of a loved one, we attempt to provide family members or other loved ones the initial opportunity to communicate with our residents.

Courtesy titles (Mr. , Mrs., Ms., etc.) are used routinely with our residents. However, because of the usual length of stay of our residents and closeness of our employees with our residents and if acceptable with the resident and family, first names may be used.

PERSONAL CARE

Personal care in some form is provided to all our residents to varying degrees. From bathing to assistance with dressing, from assistance with transferring from a chair to bed or assistance with walking, from assistance with eating to assistance with grooming, personal care covers a wide variety of services.

Frequently we observe that residents and families are accustomed to the resident previously living in the home with perhaps an attendant or family member who was available to assist them at a moments notice often 24 hours a day. We pride ourselves in attempting to maintain a home environment but caring for 51 residents is prohibitive on a one on one basis. However, we will attempt to respond in a timely manner to the infinite number of potential personal care needs.

HYGIENE

Cleanliness is an understood necessity at Sunset Manor. At times, residents object to the idea of bathing and other aspects of hygiene, however, we require acceptable personal hygiene of all residents. Also, in assuring personal hygiene, it is recognized that the resident's dignity is always respected.

INFECTION CONTROL

Infection control is a must in any group care setting. Sunset Manor has infection control policies and guidelines directed towards preventing the occurrence or spread of infection. Friends and family should of course be discouraged from visiting residents when they have known skin or upper respiratory infections, diarrhea, high temperature, or any time you suspect sickness that may be spread to our residents. On occasion when certain infections are identified, isolation of a resident may be instituted requiring strict adherence to applicable infection control guidelines and procedures. Should these instances occur, you will be specifically directed as to how visits or resident contact may take place safely. Should you at any time suspect an infection control problem, do not hesitate to notify the director of nursing or nurse on duty.

PHYSICAL ENVIRONMENT

As you know with experience in your own home, a room can be clean and in order one minute and the next be in utter chaos. Resident rooms are cleaned daily or more often as needed. We encourage residents, family, friends, employees or anyone to notify us immediately of any spill or housekeeping needs on the premises. Please assist us in keeping our home both safe and clean.

ACTIVITY/MOBILITY OF RESIDENTS

One of our primary goals is to maintain or improve the level of function of our residents. For that reason, unless medical reasons prevent it, all of our residents are encouraged to be at least up out of bed in an appropriate chair at least daily. Though often a resident may prefer to remain in bed, we know the multiple physical benefits as well as the positive psychological and emotional aspects of getting up and dressing for the day are far better than the alternatives. The degree of independence or dependency is directly proportional to the level of the resident's mobility.

BEAUTY SHOP/BARBER SERVICES

Arrangements for beauty shop/barber services may be made through the activity coordinator. Unless otherwise requested, charges will be added to the regular monthly bill. Our beauty shop may be scheduled for use by friends or family members wishing to perform hair care services for our residents.

DIETS/MEALS/SNACKS

No one should go hungry at Sunset Manor. Nourishment and balanced meals are an essential part of our service to our residents. Many medical conditions are best managed by adhering to prescribed diets. For that reason, it is very important to check with the director of nursing and/or our food service supervisor before providing snacks or other foods to our residents. Food storage in resident's rooms is forbidden due to infection control risks and the potential attraction of pests.

All residents who are physically and mentally able are encouraged to eat in the dining room. We are committed to maintaining the highest level of function of our residents as possible. For that reason, we ask that sponsors not feed residents who are able to feed themselves.

MEALS FOR VISITORS

Visitors are invited to eat meals with their friend or loved one. Usually, lunch is our primary meal of the day. Reservations for lunch need to be made preferably one day in advance with the food service supervisor or administration office. Meal charges are \$2.00 per plate.

FIRE/DISASTER DRILLS

Visitors on the premises during any fire/disaster drill or emergency requiring evacuation of a nursing unit or the building will be expected to conform with all policies relating to these procedures. Sunset Manor is fully sprinkled for fire protection. In addition, heat and smoke detectors as well as fire extinguishers are placed appropriately throughout the building. Fire alarm equipment automatically contacts the fire department in the event of a fire. The nursing home is equipped with an emergency generator and battery power back-up. Evacuation routes are posted throughout the building.

SMOKING POLICY

Sunset Manor is a smoke-free facility. Smoking is permitted outside on the back porch. No smoking is allowed by residents, family, staff, or visitors in the building. Smoking by residents will be determined through consultation with the physician. Residents level of monitoring/assistance will be determined by an evaluation performed by the nursing staff. At no time will residents be allowed to retain possession of lighting materials.

ALCOHOLIC BEVERAGES

Alcoholic beverages are dispensed only under the written order of the attending physician and are stored under lock and key and dispensed by a licensed nurse according to the physician's orders. No alcoholic beverages can be kept in a resident's possession.

VISITS AWAY FROM THE NURSING HOME

All extended leave of absence (overnight) requests for therapeutic visits should be made with the nursing staff in advance so that physician approval and medications, as well as the resident, may be prepared.

Medicaid Residents are allowed therapeutic visits not to exceed three days per visit , limited to two visits per calendar quarter to home, family, or friends, and eight such visits per patient during any calendar year (for a maximum 24 days in any one year).

We are required to ensure that each therapeutically indicated visit by a resident to home, relatives, or friends is authorized and certified by a physician.

ADVANCE DIRECTIVES

It is possible that during a resident's stay at Sunset Manor that they or their sponsor/family members may have to make decisions regarding life sustaining procedures. Policies, information, and any future updated information will be provided to the resident or his/her family if the resident is unable to receive and/or understand the information. Should a resident be incapacitated at admission but later regains the ability to receive and understand information, the policies and other information will be provided to the resident.

It is to the resident's and family's advantage that if at all possible they consider the resident's wishes and desires before a situation occurs where decisions must be made. We recommend that all family members and the resident discuss the resident's desires on or at the time of admission to the facility. We are required by federal law, as well as, our own standards to provide you with information to assist you in considering these issues. We recommend as well that you seek additional legal council as needed.

A decision regarding advance directives is not required for admission to Sunset Manor.

Information is provided on admission for you in regard to advance directives under separate cover which includes sample declarations, question/answers, and definition of terms.

RELIGION

It is our belief that one's faith and their relationship with God is the primary reason for existence. However, to share that belief or participate in any religious oriented activity at Sunset Manor is not a requirement for admission or continuing stay. Residents are encouraged to express their beliefs as they choose, provided it is done so within accepted guidelines of good taste and without objectional coercion or disturbance of fellow residents.

Friends, volunteers, visitors, family members, and/or guests are expected to adhere to the same guidelines. Religious services and religious oriented programs are scheduled regularly through our resident services director.

DISCHARGE

Sunset Manor requires a three (3) day notice to be given by each resident prior to discharge with the exception of expiration or transfer to a hospital. Upon the expiration or discharge of a resident, all unpaid charges become due.

Should the nursing home be required to discharge a resident for other than medical reasons, the nursing home shall give the resident and/or sponsor 30 days written notice.

ABUSE BETWEEN RESIDENTS

Any indication of mental or physical abuse between residents will be investigated objectively. Any injuries occurring will be managed according to established procedures and emergency treatment initiated as indicated. Counseling of all parties involved will be undertaken immediately by appropriate staff members and additional professional assistance acquired as needed. Sunset Manor reserves the right to transfer or discharge a resident on shorter notice than 30 days when the resident is responsible for mental or physical abuse of another resident.

RESIDENT ABUSE

Resident abuse of any nature will not be tolerated. Any suspected abuse must be reported to the administrator and/or Director of Nursing. Any indication of abuse will be investigated and appropriate action taken. Should an employee of Sunset Manor admit to or be found to be guilty of abusing residents, they shall be discharged immediately, reported to the Alabama Division of Licensure and Certification, and be subject to further criminal charges.

RECEIPT AND RESPONSE TO COMPLAINTS/PROBLEMS

On admission and throughout a resident's stay at Sunset Manor, sponsors and residents are encouraged to bring any problem, question, or complaint to the attention of the Resident Services Department's Director or staff members, the Director of Nursing or Administrator. Timeliness of providing information about your concern is a key factor in finding a satisfactory solution. Often a complaint is a result of misunderstanding or inadequate communication, however, we recognize that legitimate complaints do occur.

Our goal is to resolve any legitimate complaint and take immediate corrective action. In order to resolve a complaint, we will seek objective information from all parties involved before making a decision as to resolution of the complaint. This will be documented on our grievance/complaint investigation form. Any resident/sponsor or visitor can complete these forms and turn in to Resident Services or a Nursing Supervisor or verbally communicate and a form will be completed for you. If anyone wishes to be anonymous they may complete a form and place in our secured suggestion box next to the Administrator's door. Anonymous communications must have enough information that a thorough investigation and resolution can be completed. These forms can be located next to the resident's rights poster or either Nurses' Station.

Completed forms will be collected by Resident Services for initial review, forwarding to appropriate department for review and resolution, then follow-up and logging for Quality Assurance tracking.

Where necessary, the designated Ombudsman is available to serve as a neutral arbitrator should the need exist. Resolution of the complaint may range from only further communication to extensive corrective action. Whatever the action taken, communication will be the goal throughout the process.

LOST PROPERTY

As a person ages often times personal items, such as: eyeglasses, dentures and hearing aides, do not fit as well as they did when first purchased. This can be due to, but not limited to, weight loss, weight gain, bone loss, and/or the property's damage or normal wear-and-tear. Resident's with dementia or confusion due to a condition will sometimes discard, hide, gift or try to fix the property.

We will make every attempt within our ability to locate a resident's missing property but sometimes things "just get lost." If a resident's personal property is destroyed, damaged or lost due to our "accident" or mis-handling, we will be glad to assist you with a comparable replacement after reviewed by the Administrator.

If the item is not located and the last known location of the missing item was in the resident's physical possession, this item will not be replaced.

THE CARE PLAN PROCESS

All residents admitted to Sunset Manor undergo a comprehensive evaluation through a 3 week process of acquiring data which is recorded on the minimum data set with input from all disciplines.

All aspects of a residents care are evaluated including medical, dietary, psycho-social, personal care, restorative needs. From this information which includes interviews with the resident and family members along with information gained from the resident's medical history, a plan of care is established. This plan of care outlines the specific needs of the resident and the plan by which these needs are met.

The input of the family is valuable. Care plans are reviewed quarterly or at the occupance of any significant change by all nursing home service departments in a care plan meeting to which the families of the residents being reviewed are invited to attend.

SERVICE DEPARTMENTS

NURSING SERVICE

Nursing care is an integral part of the resident's total health care program. Emphasis is on the promotion of health, the prevention and treatment of disease and disability and emotional support for the resident and their family. Our goal is to assist each resident in achieving the highest level of self care and independence possible within the constraints of their physical, mental, and emotional limits.

The nursing staff works on a 24 hour basis. Licensed nurses are in the facility 24 hours a day. A registered nurse is on duty seven days a week and on call 24 hours per day and all nursing service is under the direction of the director of nurses.

Under the guidance of nursing, a resident's plan of care will be established for the resident through cooperation of all applicable nursing home services. Instructions will be specifically given to those attendants who will be responsible for giving the care. All care is designed for the best interest of the resident. No medication will be given without order from the physician. No medication may be kept in the resident's room without physician's orders. Also, no resident will be restrained without specific order from the physician.

DIETARY SERVICES

All meals are prepared by members of the dietary department headed by a certified dietary supervisor. Menus are developed and approved by a qualified and licensed dietician. We offer substitutions but the nursing home does not offer a selective menu. However, good wholesome meals are served from a rotating menu schedule which provides variety. Each resident's likes and dislikes are taken into consideration whenever possible.

Meal Times are:

- Breakfast: 7:10 a.m. Dining room
- 7:15 a.m. Resident rooms
- 7:30 a.m. Resident rooms

- 7:45 a.m. Resident rooms

- Lunch: 11:00 a.m. Dining room
- 11:15 a.m. Resident rooms
- 11:30 a.m. Dining room-assisted feeding

- Dinner: 5:00 p.m. Dining room
- 5:15 p.m. Resident rooms
- 5:30 p.m. Resident rooms
- 5:45 p.m. Dining room-assisted feeding

RESIDENT SERVICES

Sunset Manor recognizes that our residents have potentially many needs other than medical care in the nursing home. Both resident and family members are dealing with emotional and psycho-social needs on admission to a nursing home and for the duration of their stay. Our resident services staff, working in conjunction with the rest of the nursing home staff, can assist the resident and their family in adjusting to the effects of their illness and to the change in their life-style once admitted to Sunset Manor.

Resident services encompasses the medically related social services to assist residents in maintaining or improving their ability to manage their everyday physical, mental, and psychosocial needs and an activity program that provides stimulation or solace, promotes physical, cognitive, and/or emotional health, enhances, to the extent practicable, each resident's physical and mental status and promote each resident's self respect by providing activities that support self-expression and choice.

The Resident Services Department, in association with our entire staff, plays a key role in attempting to eliminate loneliness, boredom, and hopelessness. A variety of purposeful activities are provided and residents are

encouraged to participate to the degree possible. In addition, we have a variety of special events, birthday parties, holiday parties, entertainment, and religious singing groups to further add to the quality our residents' life at Sunset Manor.

Volunteers add significantly to our residents' quality of life by their assistance with activities and one-on-one visits. Should you, a member of your family, or a friend be interested in volunteering some of your time to enhance the life of our residents, please communicate with any member of our resident services department.

HOUSEKEEPING

Housekeeping staff members are responsible for the cleanliness and physical upkeep of the nursing home. Each resident's room is completely cleaned on a daily basis. Any housekeeping need should be expressed to the director of nursing or business office.

MAINTENANCE

Maintenance is responsible for preventive maintenance and repair for the nursing home including the physical plant, equipment, grounds, etc. Please notify the nurses station or business office should you recognize needed repairs or defective equipment.

PHARMACY SERVICES

In order to provide the highest quality and expedient pharmacy services to our residents we use the unit dose system as supplied by Pharmacy Care Associates (PCA) Supply and Consultant company. Charges are billed separate from nursing home charges by PCA. Medications are delivered daily.

THERAPY SERVICES

Physical, Occupational & Speech Therapy services are provided, as ordered by the attending physician, by a licensed therapist. Supportive personnel may assist in providing restorative services but are under the supervision of the treating therapist and his/her plan of care. Charges for physical therapy may be paid by either third-party payment sources (for example: Medicare) or private pay. Coverage by insurance is dependent upon the resident's diagnosis and the nature of physical therapy services provided. Most therapies provided under Medicare Part B will be subject to a 20% co-pay due from the resident.

LABORATORY, X-RAY, AND OTHER DIAGNOSTIC SERVICES

Routine laboratory diagnostic services are ordered by the resident's attending physician and provided by Winfield Carraway Hospital or the attending physician's lab of choice. Billing is sent directly to the resident or sponsor by the hospital or physician office.

PHYSICIAN SERVICES

All residents of Sunset Manor are required to have an attending physician of their choice. Residents are required to be visited every 30 days of the first 90 days after admission and every 60 days thereafter. If a resident is not visited by their physician as required it will necessitate their being seen by another physician.

DENTIST SERVICES

The facility will assist residents with routine and emergency dental care. Arrangements and transportation will be assisted by the facility. Any cost associated with dental services and/or subsequent transportation charges that are not covered by the resident's insurances will be due from private resources

SUNSET MANOR'S STATEMENTS OF COMPLIANCE

TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

SUNSET MANOR DOES NOT SEPARATE, DISCRIMINATE, OR OTHERWISE MAKE DISTINCTION ON THE BASIS OF RACE, COLOR, OR NATIONAL ORIGIN IN ACCEPTING APPLICATIONS, ADMITTING, REFERRING, TRANSFERRING, ASSIGNMENT OF ROOMS, ESTABLISHMENT OF POLICIES, OR CONDUCTING ANY ACTIVITY AFFECTING THE CARE AND TREATMENT OF OUR RESIDENTS.

SECTION 504 OF THE REHABILITATION ACT OF 1973

SUNSET MANOR DOES NOT SEPARATE, DISCRIMINATE, OR OTHERWISE MAKE DISTINCTION SOLELY ON THE BASIS OF HANDICAP IN ACCEPTING APPLICATIONS, ADMITTING, REFERRING, TRANSFERRING, ASSIGNMENT OF ROOMS, ESTABLISHMENT OF POLICIES, OR CONDUCTING ANY ACTIVITY AFFECTING THE CARE AND TREATMENT OF OUR RESIDENTS.

TITLE IX OF THE EDUCATION AMENDMENTS OF 1972

SUNSET MANOR DOES NOT SEPARATE, DISCRIMINATE, OR OTHERWISE MAKE DISTINCTION ON THE BASIS OF SEX IN ACCEPTING APPLICATIONS, ADMITTING, REFERRING, TRANSFERRING, ASSIGNMENT OF ROOMS, ESTABLISHMENT OF POLICIES, OR CONDUCTING ANY ACTIVITY AFFECTING THE CARE

AND TREATMENT OF OUR RESIDENTS.

THE AGE DISCRIMINATION ACT OF 1975

SUNSET MANOR DOES NOT SEPARATE, DISCRIMINATE, OR OTHERWISE MAKE DISTINCTION ON THE BASIS OF AGE IN ACCEPTING APPLICATIONS, ADMITTING, REFERRING, TRANSFERRING, ASSIGNMENT OF ROOMS, ESTABLISHMENT OF POLICIES, OR CONDUCTING ANY ACTIVITY AFFECTING THE CARE AND TREATMENT OF OUR RESIDENTS.

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