

*Deerfield*



# **Healthcare Center Resident Handbook**

## Healthcare Center Resident Handbook

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# The Mission

*Deerfield* is faith-based, nonprofit, open to all, and provides a continuum of services to empower residents to live life to the fullest. We enrich the lives of those who live and work at Deerfield and commit to be a leader in the field of aging services.

# The Tradition

In 1953, the Diocese of Western North Carolina recognized the growing housing and healthcare needs of the ever-increasing numbers of older adults. Through a generous gift by Mr. and Mrs. Charles E. Timson, and the support of the Diocese, Deerfield Episcopal Retirement Community was founded in Asheville, North Carolina, and opened on May 1, 1955.

# The Core Values

*Deerfield* is directed through a voluntary board of Christian leadership. In fulfilling its mission, the Board of Directors expresses its affirmation of the following:

*Deerfield* is committed to maintaining an attractive, comfortable, enriching and functional residential environment. We will provide for individual privacy and easy accessibility, while promoting social, cultural, and recreational opportunities.

*Deerfield* recognizes that aging is a distinctively personal process. We are committed to encouraging residents to maintain independence and dignity to the highest degree of their capabilities. We believe that a lifestyle based on a balance of mental, physical, and spiritual components has a positive impact on residents at any age.

*Deerfield* is committed to a program which provides for the highest quality in housing, healthcare, security, stimulating activities, and support services. Resident participation in church, civic, educational, and charitable endeavors both within and without Deerfield is encouraged.

*Deerfield* is committed to maintaining a strong relationship with the Episcopal Diocese of Western North Carolina and its individual churches, and the local community.

*Deerfield* is committed to perpetuating the financial integrity of the facility. Fees will reflect current and projected future costs while maintaining fiscal responsibility.

*Deerfield* recognizes that our employees are a most important resource and a key to our community success. We will endeavor to provide dynamic leadership and to create work environments and benefits to recruit and maintain the highest-quality work force.

*Deerfield* is committed to engaging in ongoing fundraising efforts to provide a reserve for residency and services for older adults in need of financial assistance to the extent that funds permit.

*Deerfield* is committed to serving as a resource and provider of service and talent to the local community. We will endeavor to be a leader in meeting the changing needs of older adults and supporting others in this mission.

*Deerfield* recognizes the importance of preserving our natural resources and being kind to the environment as well as being good stewards of our financial resources.

## **Activities**

The Activities Director plans a calendar of events to help the Healthcare Center residents live stimulating and fulfilling lives. Residents are encouraged to maintain past interests and to actively pursue new ones. Upon admission a comprehensive activity assessment is completed to ensure that each individual's activity interest and preferences is known. The activities staff does encourage resident input into all activity planning.

There are opportunities for recreational, social, educational, and religious programs based on personal choice. Outings are also scheduled on a regular basis; there may be an additional charge for the event, meal or transportation. Upon admission to the unit, you will be given the opportunity to participate in outings or excursions by you or your responsible party signing the admissions consent paperwork.

A copy of the monthly activity calendar is provided to each resident, and additional copies are available in the wall box, below the main bulletin board across from the main nurses' station. AL calendars are located in the 3rd floor Activity room for AL

## **Administration**

The overall administration of the Healthcare Center is the direct responsibility of the Director of Health and Wellness.

The primary function of the Administrative Department is to:

- A.** Provide the proper management services necessary for the smooth operation of the Healthcare Center.
- B.** Provide support to the other departments.
- C.** Serve as the primary interface between the residents and the Healthcare Center staff.
- D.** Provide marketing and public relations activities on an ongoing basis.

## **Advance Directives**

An advance directive is a set of directions you give about the medical and mental health care you want if you ever lose the ability to make decisions for yourself. North Carolina has three ways for you to make a formal advance directive. These include: Living Wills; Healthcare Power of Attorney; Medical Orders for Scope of Treatment (MOST) form; and Portable Do Not Resuscitate Order (DNR) Form.

Advance Directives can be changed at any point you choose, while you are able to communicate your decisions. Always inform your physician and responsible party(s) of your intention to change and what those changes are.

If you become unable to make your own decisions, and you have no advance directive, your physician will consult with someone close to you and make decisions regarding care, based on the information provided to the physician. Upon admission to the Healthcare Center, the Social Worker will ask you for a copy of these documents.

If you do not have an advance directive already formalized, the social worker can assist you in obtaining the information you need to make an informed decision.

## Advance Directive Options

A **Living Will** is a legal document that tells others that you want to die a natural death if you:

- Become incurably sick with an irreversible condition that will result in your death within a short period of time;
- Are unconscious and your physician determines that it is highly unlikely you will regain consciousness;
- Have advanced dementia or a similar condition which results in a substantial cognitive loss and it is highly unlikely the condition can be reversed

In a Living Will, you can direct your physician not to use certain life-prolonging treatments such as a breathing machine (respirator or ventilator), or to stop giving you food or water through a tube (artificial nutrition or hydration).

A Living Will goes into effect only when your physician and one other physician determines that you meet one of the conditions specified in the Living Will.

A **Health Care Power of Attorney** or General Power of Attorney is a legal document in which you can name a person(s) as your health care agent(s) to make medical and mental health decisions for you if you become unable to decide for yourself.

Choose someone that you trust to be your health care agent. Discuss your wishes with that person(s) before you put them in writing. A Power of Attorney will go into effect when a physician states in writing that you are not able to make or to communicate your healthcare choices.

A **MOST form (Medical Orders for Scope of Treatment)** contains instructions for CPR and also addresses other end-of-life treatments that you make or may not want to receive. The areas covered on the MOST form are as follows:

- Cardiopulmonary Resuscitation (CPR)
- Degree of medical intervention
- Use of antibiotics
- Use of IV fluids
- Use of Tube Feedings

A **DNR form (Portable Do Not Resuscitate Order)** is a simple form that informs medical personnel that if your heart stops and you stop breathing, to not attempt CPR.

State approved blank forms can be obtained from <https://sosnc.gov/ahcdr> or by calling the Advance Health Care Directive Registry at 919-807-2167.

A copy of your advance directive will be maintained on your chart in Healthcare, you may also choose to register your advance directives with North Carolina Advance Health Care Directive Registry at <https://sosnc.gov/ahcdr>

## Alcoholic Beverages

Healthcare Residents are permitted to have alcoholic beverages during activities and other social events. Residents with a written physician's order will be provided alcohol on a routine basis. These beverages must be kept in a locked area at the nursing station, as they are considered an ordered medication. Alcohol is not provided by Deerfield or the pharmacy – your family must obtain and deliver to the nurses' station.

## Beauty Shop/Barber Shop

The beauty/barber shop is available for the convenience of Deerfield residents; it is not open to the general public. This shop is under contract to Deerfield; its employees are not Deerfield employee and, as such, may receive gratuities.

Operating hours and rates are set by the beauty / barber shop proprietor and are subject to change without notice. Hours & contact information will be posted for your convenience.

Scheduled appointments are given priority over *walk-ins*. While there is no obligation for Healthcare Center residents to use this service, the proprietor sets hours and rates based on volume and use of the beauty /barber shop by Healthcare Center residents.

For convenience of the Healthcare Center residents, charges for beauty / barber shop services are billed on the regular monthly Deerfield statement.

Services	
• Shampoo and Set	• Permanent
• Shampoo and Set and Blow Dry	• Color Treatment
• Haircut Women	• Manicure
• Haircut Men	• Pedicure
• Haircut and Style	
<i>Prices are posted in salon areas and are subject to change.</i>	

## Bed Holds

Residents, who leave the Healthcare Center on a temporary basis, will still be considered a resident of Healthcare. Residents who are deemed temporary in the Healthcare Center will be charged as long as they reserve a room or keep personal belongings in the room, whichever is longer. Residents who have permanent status in the Healthcare Center must continue paying the daily or monthly rate even when leaving the Healthcare unit on a temporary basis.

## **Transitions in Care**

Residents who transition within the continuum of care will be charged for all occupied spaces within the continuum. Occupied spaces include the area of primary residence, as well as, any unit that contains the personal belongings of the resident, thus preventing the unit in question from being occupied by a new resident. Residents who have permanent status in the Healthcare Center must continue paying the daily or monthly rate even when leaving the Healthcare unit on a temporary basis.

## **Bulletin Boards/Information Centers**

Information Centers are maintained as a means of communicating pertinent information to Healthcare residents. All Healthcare Center residents wishing to post an announcement should present a copy to the Director of Health and Wellness.

Items espousing a particular political point of view will not be accepted for posting. All resident material accepted for posting will be time dated (7 days) and removed after the expiration date.

## **Cable TV and WiFi Services**

Digital cable service is available through Spectrum for a fee. Campus-wide Wi-Fi is also available through Spectrum for a fee as well. Your social worker will review these options with you during the admissions process. For Assisted Living residents: Deerfield does have a limited number of donated televisions for use by short-term residents. Long-term residents are expected to provide their own.

The Deerfield Channel is cable channel 900 and 901  
(This is an internal channel that broadcasts announcements & events on the campus)

## **Care Planning**

Using a team approach, nursing, activities, dining services, social services and administration, together with the resident, the family and/or responsible party develop a plan which identifies the Healthcare resident's needs and develops goals and approaches to meet each resident's individual needs.

The Healthcare Center maintains a written plan of care for each Healthcare resident. In our skilled nursing area, care plans are performed on admission and at least quarterly. In our Assisted Living area, care plans are performed on admission and at least annually. In addition, at any time a care plan can be performed by resident/family request or at the discretion of the interdisciplinary team.



## **Cardiopulmonary Resuscitation (CPR)**

It is the policy of Deerfield Episcopal Retirement Community that residents living in Healthcare Center (Skilled Care) will have CPR initiated when cardiac arrest occurs in the following residents:

1. Residents who have requested CPR in their advance directives;
2. Who have not formulated an advance directive;
3. Who do not have a valid DNR order; or
4. Who do not show AHA signs of clinical death as defined in the AHA Guidelines for CPR and Emergency Cardiovascular Care (ECC).
  - According to the AHA, reversal of clinical death is among the goals of ECC since brain death begins four to six minutes following cardiac arrest if CPR is not administered during that time. AHA guidelines urge "...all potential rescuers to initiate CPR unless:
    - A valid DNR order is in place;
    - Obvious signs of clinical death (e.g., rigor mortis, dependent lividity, decapitation, transection, or decomposition) are present;
    - Initiating CPR could cause injury or peril to the rescuer.
5. At the time CPR is initiated the Buncombe County Emergency Medical Service will be contacted using the 911 Emergency contact number.
6. CPR-certified staff will be available 24 hours a day to provide CPR when needed to residents who fall under the above criteria.
7. To be considered CPR-certified in the facility, the employee must maintain at a minimum an active certification in BLS for healthcare providers.
8. Employees with active CPR certification will provide proof of CPR certification, and a copy of this certification will be part of the employees active personnel record.

## **Chaplain Services**

Deerfield employs two chaplains who provide pastoral care to residents and staff. Regular working hours are 8:30 am until 5:00 pm Monday through Friday; 8:30 am to 12:00 pm on Saturday; and 8:30 am to 3:00 pm on Sunday. Pastoral care and pastoral counseling are offered with respect given to the faith preferences and customs of the resident or employee.

Our chaplains also respond to emergencies at any time. Appointments and requests may be scheduled directly through the chaplain's office, 274-1531 ext 3275. After-hour requests for emergency pastoral care should be directed through the nursing supervisor on duty.

Worship services are offered on Sundays in the St Giles Healthcare Center Chapel located in the Healthcare Center. Sunday services are conducted at 9:30 am.

## Communication

Open lines of communication are important for healthy, satisfied customers. Our team of employees is available to listen and direct you to the appropriate department manager for resolution. For successful relationships and the best possible outcome, it is important to share your cares and concerns. Your feedback is very important!

Deerfield has established a formal process for addressing grievances, should you feel your concern has not been resolved to your satisfaction. Forms are available at the bulletin board across from the nursing station to file a formal grievance, or outside the AL Dining Room. After completing the form, return it to the Social Worker for investigation. The Social Worker will involve the appropriate department manager in addressing the concern and correcting it. If the resolution remains unsatisfactory, the President/CEO may be contacted.

## Private Duty Personnel in Independent Living

You may wish to hire private duty personnel (any non-Deerfield employee whom you are paying privately to provide care or services to you in your home) at your expense. Private duty personnel are the employees or contractors of the resident(s) hiring them. They are not employees of Deerfield, and Deerfield assumes no responsibility for them. This section contains important rules regarding such private duty personnel. If you hire private duty personnel, you should go over this section with such persons so that they are aware of the rules applicable to them.

For your convenience, Deerfield Episcopal Retirement Community Social Services can provide a list of private duty personnel agencies. Social Services will recommend agencies only if the agencies represent that they are appropriately licensed and insured, and that they conduct background checks on their private duty personnel according to established standards and state law. Please note, however, that DEERFIELD HAS NO OBLIGATION TO AND WILL NOT CONDUCT ANY INDEPENDENT SCREENING OF SUCH PERSONNEL, AND YOU HIRE THEM AT YOUR OWN RISK. Deerfield strongly suggests that you work with only appropriately licensed and insured individuals or agencies. For safety and security purposes, Deerfield requests that you ensure that the following criteria are satisfied prior to inviting any private duty personnel into your home:

- Criminal Background Check/Finger Printing
  - When hiring private duty personnel, be certain to require criminal background testing, drug screening, and finger print records.
- TB Test
  - Every private duty worker should complete a two-step tuberculosis skin test either through a physician of their choice or at the Department of Health.
- Licensure, Certification, and Liability Insurance
  - Obtain copies of any individual licenses and/or certifications, business license, and proof of liability insurance.

**Notice:** *Engaging a private duty aide creates a risk of liability for you, including but not limited to:*

- the aide injuring others while working for you;*
- the aide injuring you while working for you, and*
- the aide injuring themselves.*

*These liability exposures can be minimized by the aide and/or the aide's employer providing General and Professional Liability insurance for injuries to third parties and you, plus carrying a Workers Compensation policy to afford medical care for the aide injured while working for you.*

*If the aide and/or their employer does not carry such insurance, you as the person who engages the aide may be liable for the financial loss associated with any of these injuries. We encourage you to hire an aide with the proper insurance and get a "Certificate of Insurance" showing coverage in effect, or to purchase insurance to cover these risks.*

Furthermore, any private duty personnel must abide by the following requirements:

### **Professional Appearance**

The worker should exercise moderation and neatness in dress, hair style, and make-up. In order to prevent injury the worker should avoid wearing large and/or dangling jewelry or accessories. The worker's name tag must be worn on the upper part of the chest and be visible at all times while on Deerfield's campus.

### **Sign in and out**

It is the responsibility of the resident to communicate to any privately-hired construction and/or landscaping contractors that they must sign in and out at the Community Center front desk upon each visit to Deerfield campus.

### **Parking**

The worker should park as far away from the entrance as possible and may not park in residents' reserved parking spaces or other restricted areas in front of the building. Parking decals are issued by Deerfield Security. Security should be contacted to acquire the appropriate decal for private duty personnel.

### **Solicitation**

The solicitation of clients by a private duty worker at Deerfield Episcopal Retirement Community is strictly prohibited and will result in immediate denial of access to Deerfield Episcopal Retirement Community.

### **Visitors**

The worker is not permitted to have visitors. The private duty worker may not use the Aquatic Center, Exercise Room, or Business Center. The private duty worker may not dine in the Bistro or Riverwalk Café unless accompanied by the resident. The worker may purchase food in the Riverwalk Café for eating elsewhere.

### **Reporting of Resident Injury**

Resident injury must be immediately reported to Deerfield nursing. Minor injuries may be reported to the Deerfield Clinic via phone (828-210-4516) during business hours M-F. More serious injuries or injuries occurring outside of business hours must be reported to nursing by pressing the resident's pendant or pulling an emergency pull cord (located in resident bathrooms and public spaces across the community).

### **Rules of Conduct**

Deerfield Episcopal Retirement Community regards any of the following actions by the private duty worker while on duty with the resident who is their employer, as sufficient grounds for denial of access to the facility:

- Verbal or physical abuse
- Theft
- Use of nonprescription drugs on premises
- Sleeping on duty
- Failure to sign in or out at the Community Center front desk
- Immoral or indecent conduct on the premises
- Willful damage of property on the premises
- Soliciting of gifts, contributions, donations, tips, or employment
- Failure to follow rules, regulations, policies, or procedures governing private duty personnel
- Failure to honor the patient and resident bill of rights
- Failure to abide by parking restrictions
- Charging more than one resident for services during the time allowed for any resident's appointment
- Failure to follow Deerfield's tobacco-free restrictions
- Failure to report resident injury
- Disruptive conduct
- Unauthorized distribution of literature
- Malicious gossip, spreading of rumors, harassment, or discriminatory remarks or accusations
- Failure to maintain basic personal hygiene and cleanliness
- Unauthorized use of employee dining and break rooms
- Any conduct deemed by Deerfield Episcopal Retirement Community to constitute good cause for loss of privileges

## **Dining Services**

The supervision of Healthcare dining services is the direct responsibility of the Director of Dining Services.

The primary function of the dining services departments is menus for all meals served in all dining rooms within the Healthcare Center. Counseling by a registered dietitian is performed to address nutritional needs and special dietary requests. Special diets, when prescribed by a physician are available for individual residents within practical limits and by special request.

Fine dining is available in the Canterbury Room currently on Wednesday, Thursday, Friday and Saturday by reservation only.

The River Walk Café is also open during the day for resident of the Healthcare Center to use. Prior to dining in the Café please check with the nurses' station to obtain a Café meal ticket. The Café meal ticket enables you to eat in the Café and not be billed for an extra meal. While in Healthcare you are provided and charged for three meals a day, eating in the Café would count as one of those three meals.

Lifecare communities, such as Deerfield, are designed in a manner to provide safe and appropriate dining venues for each level of care. These dining venues take into consideration special diets, staff assistance and safe mobility arrangements. We ask that residents of healthcare dine in their respective areas and only attend meals in the Bistro upon invitation from an Independent Living resident who can assist with any special needs that may arise.

## **Menus**

All menu items are selected based upon nutritional value, availability of seasonal items, preferences of Deerfield residents, and cost.

Menus are prepared for a five-week cycle. To provide variety, we have a fall/winter cycle and a spring/summer cycle.

Healthcare Center residents will select items from a prepared menu and members of the Dining and Healthcare Center staff will serve them.

Under normal circumstances, the resident may choose from the following:

**Breakfast:** Cereals, fruit, scrambled eggs and specialty items and pancakes or waffles, plus juices and other beverages.

**Lunch:** Hot entrée, with vegetables and starches, a variety of sandwiches (some hot), salads, dessert, plus beverage.

**Dinner:** Soup, salads, entrees, vegetables and starches, dessert, plus beverage.

Exceptions to the above choices may include certain "theme" events, holiday meals, or special birthday celebrations.

<b>A. Serving Hours</b>	
Dining Room Hours of Operation	
Breakfast	7:30 am - 9:00 am
Lunch	11:30 am - 1:00 pm
Dinner	4:30 pm - 6:30 pm

## **B. Liberalized Diets**

The Healthcare Center provides a liberalized diet format consistent with the Pioneer Network's "New Dining Practice Standards". The founding principle of this standard is to provide the least restrictive diet to residents and to honor resident preferences and dietary requests to ensure the highest quality of life.

The use of informed consent is used when providing food or beverages to a resident who requests an item that may conflict with the prescribed diet.

## **C. Nutrition/Diet Counseling**

A registered dietician reviews the entire dining service program on a continuing basis. The dietician is available to counsel individual residents on such issues as nutrition, diets, and special diets. You may request an appointment through the dining or nursing services. There is no charge for this service.

## **D. Snacks**

The Assisted Living Healthcare Center offers nourishment rooms on all 3 floors with a range of snack options available, these snacks are available at anytime, please ask one of the Healthcare Staff if you would like something from our nourishment room.

## **E. Food from outside the Healthcare Center**

We advise friends / families to check with the nursing staff when bringing food/ snacks in for residents to be sure that the foods are not contraindicated with the resident's diet plan.

Proper food handling to prevent foodborne illness is required. Wash hands with warm, soapy water for 20 seconds before and after handling food. Use clean disposable gloves if your hands have any kind of skin abrasion or infection. Always wash hands even if gloves are used.

Food that is permitted to be retained by the resident should be in containers with tight-fitting lids, labeled, dated and kept in the refrigerator except fresh fruit.

Perishable foods not in airtight containers, dated and appropriately labeled, may be removed.

In our skilled Nursing area microwaves and refrigerators are conveniently located in each nourishment center for resident use and a refrigerator is available on the North wing for resident items. Assisted Living has a Microwave and nourishment area near the Nurses Station on each floor.

Leftovers and perishables should be disposed of after 72 hours. Please label any bowls or serving dishes that you wish to be returned.

## **Family Council/Support Groups**

Families of individuals living in the Healthcare Center are encouraged to participate in Family Council /or Support groups for the purpose of contributing positively to the quality of life of the residents. Family council is organized and run by family members when participation exists. The council identifies topics of interest and areas that need problem solving. Key staff members may attend at the request of the council. Our social work staff offers a support group meeting as well, for families seeking additional methods of adjusting to recent changes associated with their loved one's health changes. Our social worker can assist you with any additional information.

## **Funeral Home Information**

Planning the funeral service ahead of time can make things slightly easier. By getting family members to openly talk and discuss matters ahead of time, helps to relieve the immediate feeling of "what do we do first" when a death actually happens.

Planning ahead can:

- Prevent your family members from having to make difficult decisions at very difficult times.
- Help to prevent overspending by family members who can only guess what you might have wanted.
- Let you decide for yourself whether to be buried or cremated.
- Enable you to choose the type of casket you wish to be buried in, and what other ancillary services you require.

There are various ways that you can plan ahead.

You can simply decide upon your wishes, document your funeral 'plan' and share this with family ready for when the need arises.

A Totten Trust, or Payable-on-Death Account (POD), is a simple but logical approach to arranging for funeral expenses. An account of this kind is easy and free to set up with your local bank. How it works is that you obtain from your bank a form for naming a POD beneficiary. You then write in the name and return the form to the bank, which completes this very easy transaction. It is not recommended that you name the funeral director as your beneficiary.

Purchasing funeral insurance, sometimes referred to as Burial insurance, is another way that you can plan ahead. A funeral insurance plan from a reputable insurance agency can facilitate having your death care expenses taken care of.

One of the common oversights in planning ahead is that surviving family are not aware of the existing contract with the funeral home, and can have already arranged the funeral services before this comes to light.

A free burial at a national cemetery is available to all United States veterans and some civilians who have worked for either the military or the US Public Health Service and their spouses.

Some unions provide death benefits, as do some social groups. The Railroad Retirement Board offers its members funds for use toward funeral expenses.

The Social Security Administration does allow a lump-sum payment that can be used toward funeral expenses.

#### **Local Funeral Homes and Crematories**

Asheville Area Alternative Funeral and Crematory	(828)258-8274
Asheville Mortuary Services	(828)254-0566
Groce Funeral Home and Cremation	(828)687-3530
Morris Funeral Home	(828)252-1821

#### **Furnishings in Skilled Care**

We want your stay to be as comfortable as possible and would like you to bring some of your favorite items from home. A favorite chair may replace Deerfield's chair, provided sufficient space is available. *Please note that recliners and lift chairs are not standard furnishings of the resident rooms and are not provided by Deerfield.*

If you would like to have your lift chair, or recliner, brought over from your IL or AL residence, please let your social worker know.



Standard Furnishings include: hospital bed, a straight back chair, nightstand, armoire or closet, and two state regulated (fire retardant) trashcans per room.

Only hospital beds are permitted in the Skilled Nursing area. Deerfield will provide a bed or you can provide a UL pre-approved bed for special needs that has been recommended by the Deerfield Social Services representative, the Director of Nursing, or your physician. Bedrails must be assessed according to established regulatory guidelines in order to be implemented for resident use.

Other items that are permitted in Healthcare are:

- Portable TV
- Clock or clock-radio combination
- Favorite pillow and/or afghan
- Letter writing materials/books
- Craft or hobby material
- Personal calendar
- Favorite pictures or paintings (Maintenance will hang)
- Small, live plants

*Electrical items, such as radios, TVs, lamps, etc... must be checked by Maintenance for safety before being placed in the resident's room.*

**We are sorry, but the following items are not allowed in resident rooms in Healthcare:**

- Coffee Pots
- Electric blankets
- Electric heaters
- Heating pads
- Candles
- Oil lamps
- Drop cords (standard)
- Throw rugs
- Household cleaning chemicals
- Laundry detergents
- Air fresheners
- Certain cosmetics (e.g. nail polish remover)

### **Extension Cords**

Fire Code and State Regulations require specific UL approved power strips/multi plugs (must have built in circuit breaker). Common extension cords are not permitted per state regulations. Approved power strips can be no longer than 3 feet with the cord. We will be happy to assist you in purchasing the item that has been approved for use.

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Fire Code and State Regulations require specific UL approved power strips/multi plugs (must have built in circuit breaker). Common extension cords are not permitted per state regulations. Approved power strips can be no longer than 3 feet with the cord. We will be happy to assist you in purchasing the item that has been approved for use.

### **Red Outlets**

Each resident room has a red electrical outlet. This outlet is for medical equipment only in the event of a power outage. This outlet source runs off of our generator. Only medical equipment, such as hospital beds, oxygen concentrators and the like are permitted to be plugged into these red outlets at any time.

### **Sink Stoppers**

No sink stoppers are permitted in any sinks due to the likelihood of flooding.

### **Window Treatments, Door Decorations & Wall Hangings**

All window treatments, door decorations and wall hangings must be treated with a fire retardant. If they are not purchased as such, an aftermarket fire retardant must be applied in order for them to be used in the Healthcare Center. Deerfield asks that proof of this treatment be provided. Deerfield can supply the name of a company that can provide this service. Facility Services will maintain these records.

### **Picture Hanging**

Upon initial move-in Deerfield maintenance staff can provide limited service to hang pictures for Healthcare Center residents. Please inform staff via a work order to have this service provided. If a room change is necessary and dictated by Deerfield for health reasons there will be no additional charge for this service.

## **Governing Body**

Deerfield Episcopal Retirement Community, Inc, is incorporated under the laws of the State of North Carolina and authorized under Internal Revenue Service Code 501(c) 3 to operate as a not-for-profit corporation. A volunteer Board of Directors governs it.

A copy of the Articles of Incorporation and Bylaws of Deerfield Episcopal Retirement Community, Inc., and a list of the current Board of Directors and its officers are available in the Administrative office of Deerfield.

The Board of Directors has full legal authority and responsibility for the operation of Deerfield, although it has vested the authority and responsibility for the day-to-day operations in its on-site President/CEO.

## **Grievances**

All grievances and concerns will be resolved appropriately and in a timely manner. Any resident may file a grievance or a concern that you feel has not been handled appropriately without fear of threat or reprisal in any form.

Deerfield Episcopal Retirement Community is vested in clear and open dialog with its residents concerning its care delivery practices. Deerfield Episcopal Retirement Community understands that from time to time concerns can arise about an individual's person centered preferences for care and we will make every effort to address such requests with the intent of meeting regulatory requirements, care needs and individual choice in a satisfactory manner. However, in the event that these efforts are unsuccessful it is the policy of Deerfield Episcopal Retirement Community to comply with CFR §483.10(j) Grievances.

- Obtain Grievance/Concern Form from a member of administration or from the wall box below the bulletin board across from the nurses' station in Skilled Care, or near the AL Dining Room.
- Answer all questions on the form being sure the information is correct and it is signed and dated. The form may then be placed in an envelope for privacy and confidentiality.
- Return the completed form to the below listed grievance officer. A copy will be forwarded to the specific department manager involved.
  - The appointed Grievance Official for Skilled Nursing is the Social Worker for this area (828-210-4519); the facility will take immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated.
  - The appointed Grievance Official for Assisted Living is the Social Worker for this area (828-210-4581); the facility will take immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated.
- Deerfield staff will respond to any concern no later than 5 working days or sooner if possible. All response and follow-up will respect the privacy and confidentiality of the parties involved.

## **Guests/Guest Charges**

Residents are encouraged to invite guests to visit with them and share various aspects of life at Deerfield during their Healthcare stay.

Guests will be asked to abide by the policies and regulations set for all residents of Healthcare. Guests are encouraged to participate in the activity program offered to residents. Event calendars are posted at the central nursing station.

Since cash is not accepted in areas of Deerfield, guests have no way of paying for items (such as meals) or services rendered. The sponsoring Healthcare Center resident or responsible party is expected to pay for all expenses incurred by the guest. These charges will appear on the resident's next monthly statement.

## **Guest Meals**

*Please be advised: Guest meals may be prohibited due to infection control rules and regulations.  
Please contact our Healthcare Dining team at ext. 3268 to find out the current status of visitor dining.*

Guests (anyone not residing in the Healthcare Center) are welcome to join you for any meal. Healthcare Center residents should notify the Healthcare Dining team at ext: 3268 *at least* 24 hours in advance. Residents will be charged for guest meals on the next monthly bill.

Guests may attend meals with less than 24 hours notice, but this privilege should be limited **ONLY** to unexpected circumstances. Circumstances falling outside this guideline should be discussed with the dining manager to experience the best possible dining experience for the resident and guest.

If a reservation has been made and either more or fewer guests actually attend, the Healthcare Center resident should alert the dining department in order to adjust any charges prior to billing.

## **Guest Room Reservations**

As a Healthcare Center resident, you may reserve one of our guest rooms for relatives or friends on a first-come, first-serve basis. You may contact 828-274-1531 ext: 3200 to reserve a guest room.

Check in time is 3:00 PM. Check out time is 11:00 AM. Keys may be picked up and returned to the receptionist in the Community Center.

## **Hallway Egress**

No items are to be stored at any time in the hallway blocking handrails.

These items are to include but are not exclusive to electric wheelchairs, jazzies, walkers, furniture, etc.

Electric wheelchairs and jazzies are not to be charged in the hallway.

## **HIPAA (Notice of Abridged Privacy Practices) *Effective Date: 09/01/2013***

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties & privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Campus Privacy Officer.

1. Treatment, 2. Payment, 3. Health Care Operations, 4. Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services, 5. Individuals Involved in Your Care or Payment for Your Care, 6. Research 7. Careplans

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Campus Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

You have the following rights regarding Health Information we have about you:

- ***Right to Inspect and Copy your Medical Record***
- ***Right to an Electronic Copy of Electronic Medical Records***
- ***Right to Get Notice of a Breach***
- ***Right to Amend your Medical Record***
- ***Right to an Accounting of Disclosures***
- ***Right to Request Restrictions***
- ***Right to Request Confidential Communications***
- ***Right to an Unabridged Paper Copy of This Notice.***

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice on our campus website [www.Deerfieldwnc.org](http://www.Deerfieldwnc.org). The notice will contain the effective date on the first page, in the top right-hand corner.

If you believe your privacy rights have been violated, you may file a complaint with our campus or with the Secretary of the Department of Health and Human Services. To file a complaint with our campus, contact our Campus Privacy Officer. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

## **Housekeeping Services**

The Housekeeping Department is supervised by the Director of Housekeeping Services and has the following responsibilities:

- Basic Housekeeping services daily in the Healthcare Center resident rooms.
- Cleaning of the public spaces of the Healthcare Center.

The Healthcare Center reserves the right to enter a room to perform routine housekeeping services in a resident's absence.

## **Identification Methods**

The state of North Carolina requires that we have a method to positively identify each Healthcare Center Resident. The Healthcare Center uses pictures and /or identification bracelets.

## **Immunizations**

Deerfield offers Influenza Vaccine annually to all residents living in the Healthcare Center and the Pneumococcal Vaccine(s) to all residents who have not received these vaccine(s) after age 65.

Vaccine Information Sheets (VIS) for Influenza Vaccine, Pneumococcal Vaccines (PPSV- 23 and PCV-13) are located in the back of this handbook as appendixes B, C, D

## **Information**

To assist you with reaching the correct department a list of our departmental phone extensions is available upon request.

The nursing station in Skilled Care is staffed daily with a unit secretary / clerk from 5:00am-11:00pm.

The secretary on duty can help answer questions, handle routine administrative tasks for residents, direct guest and visitors to the Healthcare Center and assist with scheduling appointments with the administrative staff.

## **Internet Service**

Deerfield now has campus-wide Wi-Fi service for both residents and visitors. Upon admission residents can either sign-up for Spectrum Wi-Fi or can utilize their Spectrum Wi-Fi password they currently use in Independent Living. Deerfield staff do not have direct access to resident Wi-Fi passwords, but these passwords can be requested through Spectrum if they are lost.

Please contact Administration at 828-210-4452 if you seek to have your Spectrum Wi-Fi password resent to your current e-mail address.

## Insurance

### A. Medicare

For your convenience, we have provided a section in this handbook dedicated to this topic.

### B. Other Insurance

The Deerfield Healthcare Center will not assume responsibility for non- payment of benefits under supplemental health insurance policies.

### C. Insurance Claims

Residents or responsible parties are responsible for submitting any additional insurance claim forms.

All financial questions should be referred to our billing office.

## Laundry

Deerfield provides all bed linens, towels and pillows, which must be used exclusively. All linens must be laundered by Deerfield.

Personal clothing must be labeled upon entry to Deerfield's Skilled Care unit, as it is our policy that all clothing be labeled to minimize the possibility of loss. At move-in clothing will be picked up by Deerfield Laundry, upon notification, and labeled with the resident's name.

New clothing should be left at the nursing station when it is delivered and will be picked up and labeled by the laundry department.

Laundering of personal clothing can be provided by Deerfield at a fee of \$85.00 per month to be included in your monthly bill. We recommend clothing that is easy care/ "wash and wear". It can also be done by family or responsible party outside of Deerfield.

Any personal clothing that requires dry cleaning or to be washed in cold water only will be sent out to a commercial cleaner and costs added to the resident's monthly bill. Each resident will be required to fill out a laundry policy, which will go into further detail regarding personal belongings and laundry.

## Laundry Hampers

If laundry is performed by family or responsible party, we recommend purchasing a laundry hamper. The hamper will be kept in the resident room, and dirty clothing would be placed into the hamper. All laundry hampers must be NFPA approved and provided by resident. *No straw or wicker products are permitted as trashcans or hampers.*

## Leave of Absence

Notice must be given at least 24 hours prior to departure. Prior to a leave of absence, all Healthcare Center residents must sign, or have their responsible party sign the Leave of Absence Form.

Medications will be given to the resident or responsible party for the length of stay. The resident or responsible party will be advised on how and when the medications are to be given.

Any Healthcare Center resident whose current physical condition is in question will require a written order from the attending physician prior to leaving the facility for a leave of absence.

## Lost and Found

The Healthcare Center will not be responsible for the loss or theft of any personal property of guests or visitors.

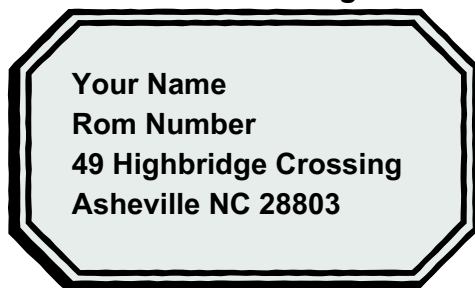
The Healthcare Center Social Workers will maintain all found property until either the owner is identified or 90 days have passed, after which the Center may dispose of it, as appropriate.

## Mailing Address for Healthcare Residents

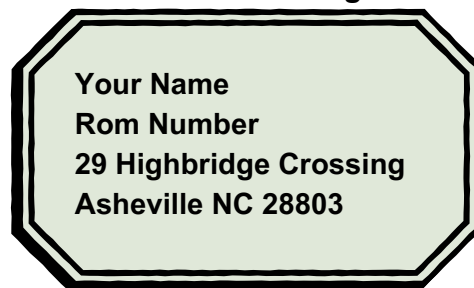
The Healthcare Center will not be responsible for the loss or theft of any personal property of guests or visitors.

The Healthcare Center Social Workers will maintain all found property until either the owner is identified or 90 days have passed, after which the Center may dispose of it, as appropriate.

### *Skilled Nursing*



### *Assisted Living*



## Meal Credits

A credit will be given for meals not consumed if a Healthcare Center resident is absent from the Healthcare Center for seven or more consecutive days. The credit for meals not consumed is given for the entire period of absence. Any absence for a shorter period does not qualify for such credit because of the administrative burden involved.

*Meals are included under a Part A Medicare stay in the Healthcare Center.*



## Medications

Medication use in the Healthcare Center is a highly regulated area. To meet regulatory and safety requirements, healthcare center residents may not keep medications in their rooms unless so ordered by the attending physician. The responsible party must check with the nurses' station before leaving any salves, creams, drops, etc. If medication is left in the room, it must be kept in a locked drawer or this privilege will be revoked. The Healthcare Center dispenses medication in a unit dose system. If self-administration of medication is requested, state and federal guidelines will apply in determining appropriate implementation.

As a condition for admission to the Healthcare Center, the resident or the responsible party agrees to use our unit dosing system, or if the resident or responsible party chooses to use a community pharmacy, to choose one that provides a compatible system, provides service delivery and stocks the drugs normally used by long-term care residents. The compatible system must include the accompanying required forms.

Deerfield Assisted Living and Skilled Nursing residents cannot use sample medications, unless the medication is labeled with the following information, as required according to state regulation 10A NCAC 13D .2604.

(a) The name of the patient for whom the drug is intended; (b) The date issued; (c) The name of the prescriber; (d) The drug name, concentration, and quantity dispensed; (e) The directions on administration including; dose, frequency, and route of administration; (f) The expiration date, unless dispensed in a single unit or unit dose package;

For planned admissions please check with the nursing staff to review what steps to take with this process.

## **Medicare Benefits for Skilled Nursing**

### **Medicare Part A Benefit - Skilled Nursing Facility (SNF) Care**

#### **How often is it covered?**

Medicare Part A (Hospital Insurance) covers skilled nursing care in a skilled nursing facility (SNF) under certain conditions for a limited time.

#### **Medicare-covered services include, but aren't limited to:**

- Semi-private room (a room you share with other patients)
- Meals
- Skilled nursing care
- Physical, Occupational, Speech-language pathology therapy services\*
- Medical social services
- Medications
- Medical supplies and equipment used in the facility
- Ambulance transportation (when other transportation endangers health) to the nearest supplier of needed services that aren't available at the SNF
- Dietary counseling

*\*Medicare covers these services if they're needed to meet your health goal.*

#### **Who's eligible?**

People with Medicare are covered if they meet all of these conditions:

- You have Medicare Part A and have days left in your benefit period.
- You have a qualifying hospital stay .
- Your doctor has decided that you need daily skilled care or skilled therapy services at least 5 days a week.
- You get these skilled services in a SNF that's certified by Medicare.
- You need these skilled services for a medical condition that was either:
  - A hospital-related medical condition.
  - A condition that started while you were getting care in the skilled nursing facility for a hospital-related medical condition.

Your doctor may order observation services to help decide whether you need to be admitted to the hospital as an inpatient or can be discharged. During the time you're getting observation services in the hospital, you're considered an outpatient—you can't count this time towards the 3-day inpatient hospital stay needed for Medicare to cover your SNF stay. Find out if you're an inpatient or an outpatient.

Note: If you refuse your daily skilled care or therapy, you may lose your Medicare SNF coverage. If your condition won't allow you to get skilled care (for instance if you get the flu), you may be able to continue to get Medicare coverage temporarily.

## **Medicare Part B Benefit – Therapy Benefits for Assisted Living and Skilled Care Physical Therapy, Occupational Therapy, Speech-Language Pathology Services**

### **How often is it covered?**

Medicare Part B (Medical Insurance) helps pay for medically necessary outpatient physical and occupational therapy, and speech-language pathology services. There are limits on these therapy services when you get them from most outpatient providers.

You may qualify to get an exception to the therapy limits so that Medicare will continue to pay its share of your therapy services after you reach the standard therapy limits based on your medical needs.

You will receive written notice, called an "Advance Beneficiary Notice of Noncoverage" (ABN), before you receive services that aren't covered under Medicare Part B. Medicare Part B doesn't pay for therapy services that aren't considered medically reasonable and necessary. The ABN lets you choose whether or not you want the therapy services. If you choose to get the services, you agree to pay for them if Medicare Part B doesn't pay. If you get therapy services that aren't medically reasonable and necessary and Medicare Part B doesn't pay for them, you won't have to pay for the services unless an ABN was given to you beforehand.

### **Who's eligible?**

All people with Medicare are covered if Medicare finds that the services are medically reasonable and necessary. Medicare will pay its share for therapy services until the total amounts paid by both you and Medicare reaches either one of the therapy cap limits.

Amounts paid by you may include costs like the annual deductible of \$185.50 /day (2021) and any applicable coinsurance amounts usually about 20% of the costs.

## **Newspaper Delivery Service**

You will still have the option to receive your newspaper while on the skilled unit or in Assisted Living. The resident or their responsible party is responsible for starting or stopping this service. Residents or their responsible party will be billed directly by the service they subscribe to.

## **Payment of Monthly Service Fee**

On or about the first of each month, each Healthcare Center resident or responsible party will receive a written statement for the coming month's service fee, plus an itemized listing of all supplies and optional services delivered during the previous month, plus any outstanding balance that may be due.

Payment is due upon receipt. Checks should be made payable to Deerfield.

Should a Healthcare Center resident or responsible party wish to question or dispute any item on the statement, a check should be submitted to the billing office for the undisputed portions and the an appointment made for the resident or responsible party with the bookkeeper. Any issues still unresolved after discussing the matter with the bookkeeper will be referred to the controller and to the Director of Health and Wellness.

## **Pest Control**

Pest control service will be provided on a scheduled basis. Should the resident experience difficulties with pests; the resident should alert a staff member, who will arrange for pest control to re-spray the room.

## **Pets**

### **Resident-Owned Pets**

Dogs are not permitted to reside with residents in Assisted Living. Dogs and cats are not permitted to reside with the resident in Skilled Nursing.

Ongoing monitoring by Skilled Care and Assisted Living Social Services will take place to insure proper care. Proper care is set forth by state guidelines.

No Deerfield staff will be responsible for the care of any pet, including but not limited to supervising, feeding, walking, changing litter boxes, or providing veterinary services.

There should be no other Pets in Healthcare unless they are owned and escorted by Deerfield residents with immediate family members living in Skilled Care or Assisted Living. Dogs and cats are not permitted in any area where food is being served, including any activities involving food.

### **Deerfield Residents Visiting a Family Member in Health Care**

Deerfield residents with pets are subject to a different policy and procedural rule established because their pets are members of our community and this is considered their home. This rule applies only to Deerfield residents with pets that are visiting a family member in Healthcare.

“All dogs” visiting in Healthcare must have their inoculation records on file with the Volunteer Coordinator and should be visiting only immediate family members unless they are Therapy Certified dogs. This Pet should be on a leash, go straight to the family member's room (or Butterfly Garden) and are not allowed in any food areas. However, Deerfield staff retains the right to ask any pet deemed improper to refrain from visiting in the Health Care area. Please be aware that there are other Therapy dogs visiting different areas in our Health Care Center and be aware of your surroundings.

### **All Visiting Pets, both Deerfield Resident Pets and Therapy Pets Must**

- Be Clean, healthy and well groomed
- Proper temperament
- On a non-retractable leash
- Will not be allowed in any areas where food is being served including Activities involving food

## **Pharmacy Services**

The facility has developed written policies and procedures for drug therapy, distribution and control, and uses a dosing distribution medication system. The facility has selected Blue Ridge Pharmacy to provide medication prescribed for its residents under this distribution system. To ensure uniform administration of the facility's drug program, the facility recommends that all residents purchase all of their medication from Blue Ridge Pharmacy during their stay in the Health Care Center.

However, the facility does not require the resident to use Deerfield's pharmacy choice. The resident has the right to use another supplier of drugs so long as the supplies will furnish the dosing system compatible to the one being used at Deerfield and will provide 24-hour delivery service to the facility.

The pharmacy charges will be billed directly to the resident or responsible party. The bill will not appear on the monthly Deerfield statement.

Pharmacy billing questions may be called to Blue Ridge Pharmacy at 298-7600. (While a Resident is under a Part A Medicare stay, medication cost is covered by facility).

## **Physician Service**

Deerfield has a medical director who is responsible for the overall coordination of the medical care provided to residents. Each resident may select his/her own personal physician as long as the physician meets the following requirements:

1. The physician is on staff in a hospital located in Buncombe County and is licensed to practice medicine in the State of North Carolina
2. The physician complies with the operating policies of the Deerfield Healthcare Center; including frequent visits that comply with State and Federal laws.

Physician fees will be billed directly to the patient, responsible party or Medicare. The bills will not appear on the monthly Deerfield statement.

## **Plants in Public Areas**

The Director of Housekeeping will assume the maintenance responsibility for any live plants throughout the units. We ask that residents not water or attempt caring for the plants without specific permission of the Director of Housekeeping. Resident owned plants, placed in public areas, will not be maintained by Housekeeping.

## **Political Activities**

The Deerfield Healthcare Center is non-political in nature and active political electioneering on the Deerfield grounds by, or on behalf of, a candidate for public office is prohibited. The Healthcare Center Residents' Council, however, may invite candidates for public office to speak at a special forum. The Activities and Social Work staff will assist Healthcare Center residents in voter registration and arranging for absentee ballots.

Deerfield, as a tax-exempt organization, is prohibited from endorsing any specific candidate or political party on a local, state or national level.

# Privacy Act Statement for (MDS) Health Care Records

## PRIVACY ACT STATEMENT – HEALTH CARE RECORDS

Long Term Care-Minimum Data Set (MDS) System of Records revised 04/28/2007

(Issued: 9-6-12, Implementation/Effective Date: 6-17-13)

THIS FORM PROVIDES YOU THE ADVICE REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 552a). THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

**1. AUTHORITY FOR COLLECTION OF INFORMATION, INCLUDING SOCIAL SECURITY NUMBER AND WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY.** Authority for maintenance of the system is given under Sections 1102(a), 1819(b)(3)(A), 1819(f), 1919(b)(3)(A), 1919(f) and 1864 of the Social Security Act.

The system contains information on all residents of long-term care (LTC) facilities that are Medicare and/or Medicaid certified, including private pay individuals and not limited to Medicare enrollment and entitlement, and Medicare Secondary Payer data containing other party liability insurance information necessary for appropriate Medicare claim payment.

Medicare and Medicaid participating LTC facilities are required to conduct comprehensive, accurate, standardized and reproducible assessments of each resident's functional capacity and health status. To implement this requirement, the facility must obtain information from every resident. This information is also used by the Centers for Medicare & Medicaid Services (CMS) to ensure that the facility meets quality standards and provides appropriate care to all residents. 42 CFR §483.20, requires LTC facilities to establish a database, the Minimum Data Set (MDS), of resident assessment information. The MDS data are required to be electronically transmitted to the CMS National Repository.

Because the law requires disclosure of this information to Federal and State sources as discussed above, a resident does not have the right to refuse consent to these disclosures. These data are protected under the requirements of the Federal Privacy Act of 1974 and the MDS LTC System of Records.

## **2. PRINCIPAL PURPOSES OF THE SYSTEM FOR WHICH INFORMATION IS INTENDED TO BE USED.**

The primary purpose of the system is to aid in the administration of the survey and certification, and payment of Medicare/Medicaid LTC services which include skilled nursing facilities (SNFs), nursing facilities (NFs) and non-critical access hospitals with a swing bed agreement.

Information in this system is also used to study and improve the effectiveness and quality of care given in these facilities. This system will only collect the minimum amount of personal data necessary to achieve the purposes of the MDS, reimbursement, policy and research functions.

### **3. ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM.**

The information collected will be entered into the LTC MDS System of Records, System No. 09-70-0528. This system will only disclose the minimum amount of personal data necessary to accomplish the purposes of the disclosure. Information from this system may be disclosed to the following entities under specific circumstances (routine uses), which include:

- To support Agency contractors, consultants, or grantees who have been contracted by the Agency to assist in accomplishment of a CMS function relating to the purposes for this system and who need to have access to the records in order to assist CMS;
- To assist another Federal or state agency, agency of a state government, an agency established by state law, or its fiscal agent for purposes of contributing to the accuracy of CMS' proper payment of Medicare benefits and to enable such agencies to fulfill a requirement of a Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds and for the purposes of determining, evaluating and/or assessing overall or aggregate cost, effectiveness, and/or quality of health care services provided in the State, and determine Medicare and/or Medicaid eligibility;
- To assist Quality Improvement Organizations (QIOs) in connection with review of claims, or in connection with studies or other review activities, conducted pursuant to Title XI or Title XVIII of the Social Security Act and in performing affirmative outreach activities to individuals for the purpose of establishing and maintaining their entitlement to Medicare benefits or health insurance plans;
- To assist insurers and other entities or organizations that process individual insurance claims or oversees administration of health care services for coordination of benefits with the Medicare program and for evaluating and monitoring Medicare claims information of beneficiaries including proper reimbursement for services provided;
- To support an individual or organization to facilitate research, evaluation, or epidemiological projects related to effectiveness, quality of care, prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
- To support litigation involving the agency, this information may be disclosed to The Department of Justice, courts or adjudicatory bodies;
- To support a national accrediting organization whose accredited facilities meet certain Medicare requirements for inpatient hospital (including swing beds) services;
- To assist a CMS contractor (including but not limited to fiscal intermediaries and carriers) that assists in the administration of a CMS-administered health benefits program, or to a grantee of a CMS-administered grant program to combat fraud, waste and abuse in certain health benefit programs; and
- To assist another Federal agency or to an instrumentality of any governmental jurisdiction within or under the control of the United States (including any state or local governmental agency), that administers, or that has the authority to investigate potential fraud, waste and abuse in a health benefits program funded in whole or in part by Federal funds.



#### **4. EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION.**

The information contained in the LTC MDS System of Records is generally necessary for the facility to provide appropriate and effective care to each resident.

If a resident fails to provide such information, e.g. thorough medical history, inappropriate and potentially harmful care may result. Moreover, payment for services by Medicare, Medicaid and third parties, may not be available unless the facility has sufficient information to identify the individual and support a claim for payment.

**NOTE:** Residents or their representative must be supplied with a copy of the notice. This notice may be included in the admission packet for all new nursing home admissions, or distributed in other ways to residents or their representative(s). Although signature of receipt is NOT required, providers may request to have the Resident or his or her Representative sign a copy of this notice as a means to document that notice was provided and merely acknowledges that they have been provided with this information.

### **Resident Council**

All residents of the Healthcare Center are encouraged to attend and participate in the Healthcare Center Residents' Council. The council meets monthly to identify ways in which to improve the quality of life for all residents. The council is run by a volunteer Health Center resident who serves as chair and may be attended by any current resident of the Healthcare Center.

Key staff members and administration attend, as requested, to address specific matters. Also, a representative of the Independent Living Residents Council attends. In the absence of a volunteer resident president, the Healthcare Center Social Worker will conduct the meeting.

**Residents' Rights**  
**EVERY RESIDENT SHALL HAVE THE FOLLOWING RIGHTS:**  
**Declaration of Resident's Rights - § 131E-117.**

All facilities shall treat their patients in accordance with the provisions of this Part. Every patient shall have the following rights:

To be treated with consideration, respect, and full recognition of personal dignity and individuality;

To receive care, treatment and services which are adequate, appropriate, and in compliance with relevant federal and State statutes and rules;

To receive at the time of admission and during the stay, a written statement of the services provided by the facility, including those required to be offered on an as-needed basis, and of related charges. Charges for services not covered under Medicare or Medicaid shall be specified. Upon receiving this statement, the patient shall sign a written receipt which must be on file in the facility and available for inspection;

To have on file in the patient's record a written or verbal order of the attending physician containing any information as the attending physician deems appropriate or necessary, together with the proposed schedule of medical treatment. The patient shall give prior informed consent to participation in experimental research. Written evidence of compliance with this subdivision, including signed acknowledgements by the patient, shall be retained by the facility in the patient's file;

To receive respect and privacy in the patient's medical care program. Case discussion, consultation, examination, and treatment shall remain confidential and shall be conducted discreetly. Personal and medical records shall be confidential and the written consent of the patient shall be obtained for their release to any individual, other than family members, except as needed in case of the patient's transfer to another health care institution or as required by law or third party payment contract;

To be free from mental and physical abuse and, except in emergencies, to be free from chemical and physical restraints unless authorized for a specified period of time by a physician according to clear and indicated medical need;

To receive from the administrator or staff of the facility a reasonable response to all requests;

To associate and communicate privately and without restriction with persons and groups of the patient's choice on the patient's initiative or that of the persons or groups at any reasonable hour; to send and receive mail promptly and unopened, unless the patient is unable to open and read personal mail; to have access at any reasonable hour to a telephone where the patient may speak privately; and to have access to writing instruments, stationery, and postage;

To manage the patient's financial affairs unless authority has been delegated to another pursuant to a power of attorney, or written agreement, or some other person or agency has been appointed for this purpose pursuant to law. Nothing shall prevent the patient and facility from entering a written agreement for the facility to manage the patient's financial affairs. In the event that the facility manages the patient's financial affairs, it shall have an accounting available for inspection and shall furnish the patient with a quarterly statement of the patient's account. The patient shall have reasonable access to this account at reasonable hours; the patient or may terminate the agreement for the facility to manage the patient's financial affairs at any time upon five days' notice.

To enjoy privacy in visits by the patient's spouse, and, if both are inpatients of the facility, they shall be afforded the opportunity where feasible to share a room;

To enjoy privacy in the patient's room;

To present grievances and recommend changes in policies and services, personally or through other persons or in combination with others, on the patient's personal behalf or that of others to the facility's staff, the community advisory committee, the administrator, the Department, or other persons or groups without fear of reprisal, restraint, interference, coercion, or discrimination;

To not be required to perform services for the facility without personal consent and the written approval of the attending physician;

To retain, to secure storage for, and to use personal clothing and possessions, where reasonable;

To not be transferred or discharged from a facility except for medical reasons, the patient's own or other patients' welfare, nonpayment for the stay, or when the transfer or discharge is mandated under Title XVIII (Medicare) or Title XIX (Medicaid) of the Social Security Act. The patient shall be given at least five days' advance notice to ensure orderly transfer or discharge, unless the attending physician orders immediate transfer, and these actions, and the reasons for them, shall be documented in the patient's medical record;

To be notified within 10 days after the facility has been issued a provisional license because of violation of licensure regulations or received notice of revocation of license by the North Carolina Department of Health and Human Services and the basis on which the provisional license or notice of revocation of license was issued. The patient's responsible family member or guardian shall also be notified. (1977, c. 897, s. 1; 1983, c. 775, s. 1; 1989, c. 75; 1997-443, s. 11A.118(a).)

## **Restraint Free Environment**

It is Deerfield's policy to promote individual independence, freedom of mobility and to be a restraint free facility. Restraints can be physical (such as seat belts), chemical (certain medications), or auditory (body alarms, bed alarms).

Restraints will only be utilized with proper consent, and will be evaluated and ongoing reduction, including elimination will occur due to the aforementioned risks associated with their use.

## **Safekeeping of Personal Property**

Deerfield is committed to the safekeeping of the resident's personal property and therefore strongly discourages residents from keeping valuable possessions, such as jewelry, cash, credit card, etc., in their rooms.

Deerfield shall not be responsible for the loss of any property belonging to the Resident due to theft, mysterious disappearance, fire or any other cause. A locked safe is available in the administrative offices and in the Skilled Nursing Social Worker's office to secure valuables temporarily until other arrangements can be made. Assisted Living residents all have their own lockboxes available in their apartments, and will receive a key for the box upon admission. Deerfield maintains a petty cash fund for which a resident can request during normal business hours Monday through Friday any amount under \$50 that will, in turn, be applied to their billing statement. For larger sums of money, First Citizen's Bank is located for your convenience in the Deerfield Community Center, and/or through the resident trust fund process. Deerfield Security should be notified if there are any concerns or problems or missing valuables.

Hearing aids, dentures and glasses should be labeled prior to admission. It is strongly recommended that personal insurance is obtained on these small items as they can easily be misplaced or damaged during your stay in the Healthcare Center. Deerfield is not responsible for any missing or damaged hearing aids or glasses. The facility will assume responsibility for replacing/repairing lost or damaged dentures under the following circumstances:

*If after a thorough investigation the facility determines the facility staff were responsible for not properly storing, caring for and/or handling the resident's dentures.*

Small personal assist devices should be stored in the medicine cabinet locating in the bathroom of each resident room when not in use.

Personal items cannot be stored under the bed or within 18 inches of the sprinkler heads.

## **Signing Out Process**

The signing out process is in place to ensure the safety and security of all residents in the Healthcare Center. Each resident leaving the Healthcare Center must be signed out. This excludes transfers to other healthcare settings like the hospital, discharges from the center, or scheduled appointments and activity outings.

The sign out process includes documenting the following information in the sign out log; date, time, person taking responsibility, contact number to reach the responsible person, estimated time until return.

The resident and/or responsible party must talk with the nurse for the resident prior to leaving the unit, to ensure medically that the resident may leave the unit.

Upon return to the Healthcare Center the resident must be signed back in, and the nurse for that resident should also be made aware of the resident's return.

## **Smoking**

Effective 1/1/2008, Deerfield initiated a Tobacco Free Campus Policy.

Residents that had an existing history of smoking and who were living on campus prior to 1/1/08 have been grandfathered with permission to continue smoking while residing in Healthcare, in designated outside areas.

Healthcare residents designated as "responsible smokers" may access these areas under the supervision of the Healthcare center staff.

Should a resident be determined as "unsafe," restrictions will be placed on smoking. Any restriction of smoking privileges shall be noted in the resident chart and in the care plan so that staff members are aware of required safety considerations.

Smoking articles such as matches, lighters, lighter fluid, etc., of residents deemed non- responsible or unsafe shall be retained at the nurses' station. Lighter fluid and matches shall be kept only at the nurses' station. Safety precautions are of primary concern for all residents.

All other visitors and employees must abide by the tobacco-free policy while on campus.

## **State and Social Services Agencies**

Any person having knowledge of alleged abuse, neglect, misappropriation of a residents' property or a resident not receiving care and treatment to which he/she is entitled may file a complaint verbally or in writing to the appropriate State or Social Services agencies listed below:

Buncombe County DSS Department of Social Services  
Phone: 828-250-5800

Department of Health & Human Services Customer Service Line  
Toll Free: 1-800-662-7030

Disability Rights of North Carolina  
Toll Free: 1-877-235-4210

Governor's Advocacy Council for Persons with Disabilities  
Toll Free: 1-800-821-6922

Medicaid fraud, waste, & program abuse  
Toll Free: 1-877-362-8471

Medicare Hotline  
Toll Free: 1-800-633-4227

NC Division of Health Service Regulation Complaint Intake Unit  
Toll Free: 1-800-624-3004

NC Program Integrity  
Medical Provider & Pharmacy Review Section  
Phone: 919-814-0190

Nursing Home Licensure and Certification  
Phone: 919-855-4520

Regional Long Term Care Ombudsman Land-of-Sky Regional Council  
Phone: 828-251-6622

State Long Term Care Ombudsman Division of Aging and Adult Services  
Phone: 919-855-3400

## Statement of Resident Responsibilities

### Every resident is responsible for:

- Abiding by the Community's policies and procedures and such amendments, modifications, and changes for the policies and procedures as may hereafter be adopted by Deerfield and the Community.
- Consideration of other residents by:
  - Being respectful of other's privacy.
  - Using TVs, telephones, radio, & lights in a manner that is not disturbing to others.
  - Cooperating in the use of heating and air conditioning equipment.
  - Being appropriately dressed while using public areas and facilities.
- Keeping appointments or notifying the staff if you need to cancel an appointment.
- Signing out anytime leaving the Healthcare Center.
- Inquiring of the staff when in doubt regarding procedure.
- Bringing concerns and cares to the proper sources.
- Being respectful of individual religious practices and political views.
- Being aware that gratuities (tips) are strictly against the regulations of the Deerfield Healthcare Center.
- Fulfilling the financial obligations of care as promptly as possible.
- Using services appropriately & economically to assure availability to other residents.
- The resident should be responsible for his or her own personal property and is encouraged to use the secure areas aforementioned.
- Being courteous and considerate of staff
- Treating the Deerfield Healthcare Center property with respect.

## Telephone Service

Healthcare Center residents are responsible for obtaining individual telephone service. Deerfield's Healthcare Center Social Worker will assist residents in starting telephone service if resident, family, or their responsible party is unable to do so. Residents or a responsible party must pay telephone bills directly. Deerfield staff will not be responsible for unpaid telephone bills or loss of service.

Residents in the Healthcare Center for short-term stays may request to use a "house- phone line" provided by Deerfield for a fee. (If you are in Healthcare more than 15 days you will receive a prorated bill for the entire month)

We also have phones available at each nursing station for residents to make and receive personal calls.

## **Therapy Services (Physical, Occupational, Speech)**

The services of a licensed therapist are available in the Healthcare Center. Feel free to discuss the need for obtaining such services with your attending physician or charge nurse. Therapy can be obtained only when ordered by your physician. Depending on your type of admission and your insurance, you may be responsible for a portion of your therapy treatment costs. If you have questions about what the out of pocket expenses will be, feel free to contact our Medicare Billing Specialist in accounting at ext: \*3293 who can assist in answering these questions.

Therapy services are contracted through a nationally recognized provider of therapy services Select Rehab.

## **Transportation**

Deerfield offers medical appointment transportation services Monday – Friday 8:30am – 3pm. The more advanced notice of the appointment the more likely Deerfield will be able to accommodate your original appointment time.

The transportation coordinator will confirm scheduled appointments. Appointments not made by the Healthcare Center staff may result in non-availability of transportation. The resident or family will be responsible for transportation in this case or may be asked to reschedule the appointment.

Should the area be challenged with inclement weather, we will work with your physician office to have your appointment rescheduled for your safety.

Should your appointment be rescheduled by you or your doctor, please notify the nursing staff immediately – they must notify transportation of this change and any new appointment made.

Deerfield will also work with local transport facilitators to ensure your transport back to Deerfield in off hours. Our social workers will help file any claims with your insurance provider.

If it is necessary for a staff member or companion service to accompany the resident to a medical appointment, an additional charge will be incurred. This charge will appear on your monthly Deerfield bill.

Transportation for non-medical purposes remains the resident / family responsibility.



## **Understanding the Possible Affects Aging can have on a Person**

Aging is a normal process that begins at birth. Some components of aging result from aging itself; others result from diseases, lifestyles, and exposures. Normal changes related to aging inevitably put the elderly at risk for certain conditions and outcomes. Underlying disease processes may compound and increase these risks. Our community is committed to minimize these risks; however we cannot totally prevent them. Following are common challenges and conditions our elderly face.

### **Depression**

Clinical depression in the elderly may be associated with many symptoms such as depressed mood, loss of interest or pleasure, change in appetite and weight loss, insomnia, agitation, decreased energy, feelings of worthlessness, and thoughts of death or suicide. Depression may also be associated with chronic medical illness, disability, or mental or social stress. It may accompany or become complicated with dementia, physical illness resulting in disability, bereavement for the loss of loved ones and friends, and certain prescription medications.

### **Falls**

Altered visual acuity, decreased reaction time, decreased balance and muscle strength, demineralization of bone, and increased incidence of orthostatic hypotension put the elderly at risk for falls. The onset of dementia or memory problems increases risk of falls due to poor safety awareness. Medications taken for hypertension, heart disease, depression, anxiety, behaviors associated with dementia, and pain also increase the risk of falls. Medical conditions such as arthritis, strokes, hip fractures, dementia, Parkinson's, and foot disorders and deformities make the possibility of a fall more likely.

### **Infections**

Due to the normal changes to the immune system with age, the elderly are more vulnerable to infections, tumors, and immune disease. The decrease in movement places them at risk for pneumonia. The decrease in fluid consumption puts them at risk for urinary tract infections. Once infection is present, the elderly are at much greater risk for death due to their body's ability to fight the infection.

### **Medications Usage**

Age-related changes as well as the presence of medical conditions, lead to medication usage in the elderly. Most elderly people living at home consume 4-5 medications daily. Residents in nursing homes usually consume more medications due to the various disabilities and medical conditions they possess. Medications must be monitored closely in the elderly due to decreased kidney function and metabolism may lead to toxicity.

## **Memory Impairment**

In addition to physical problems, mental disturbances are common in nursing home residents. Dementia remains the most common problem, and affects an estimated 50-70% of residents. Problematic behaviors are also common, shown by at least one third of nursing home residents. These behaviors may include verbal and physical abuse, acting inappropriately in public, resisting necessary care, and wandering. Cardiovascular disease, strokes, psychiatric disease, and Parkinson's disease increase the risk for the development of Dementia.

## **Pain**

Pain is a common experience for many older adults, and is associated with a number of chronic and acute conditions. The most common causes of persistent pain are arthritis, other muscle and bone conditions, and cancer. Shingles, poor circulation, and inflammatory disease involving the blood vessels are some other pain syndromes that are known to affect older adults.

## **Pressure Ulcers / Wounds**

Thin fragile skin as well as a loss of fat under the skin puts the elderly at risk for injury to the skin. The lack of exercise and movement and loss of sensation can lead to deterioration of the skin. The loss of bladder or bowel control is associated with ulcers due to the moisture and bacteria on the skin. Poor nutrition and hydration contributes to ulcer development and its presence prevents wound healing. Diseases such as diabetes, renal failure, congestive heart failure, peripheral vascular disease, anemia, dementia and various infections can also put individuals at risk for ulcer development.

## **Skin Tears & Bruises**

As we age our skin becomes thinner, due to a loss of fat under the skin, and sluggish circulation increase the risk of skin tears and bruising. Daily routines such as getting dressed or a slight bump against something can cause skin tears and bruising in the elderly. Medications such as blood thinners and steroids may contribute to bruising.

## **Urinary Incontinence**

Loss of bladder control is a problem for up to one third of older adults living in the community and about half of those living in nursing homes. There are several risk factors such as advance age, childbearing, depression, heart attack, stroke, congestive heart failure, constipation, obesity, chronic obstructive lung disease, chronic cough, diabetes, and impaired activities of daily living. There are various types of urinary incontinence; however the most common type in older adults is urge incontinence. Urge incontinence is when the bladder contracts when it shouldn't, causing the urethra to open allowing urine to leak without the persons voluntary control.

## **Weight Loss & Dehydration**

Due to the decrease or loss of taste and smell, some elderly loose the desire to eat and drink. Decrease in Kidney function may lead to more fluid loss and dehydration. Certain medications may reduce appetite as well as thirst sensation. Loss of saliva may make it difficult to swallow foods. Large populations of nursing home residents have some type of dementia and memory loss which may cause the resident to refuse to eat.

## What to Bring to the Healthcare Center

### Suggested Clothing

In order to assist you to determine the resident's clothing and personal needs, may we suggest the following:

- Five changes of comfortable wash and wear clothing
- Sweat suits are appropriate (seasonal fabric)
- Six pairs of stockings or socks
- Two pairs of sensible walking shoes
- Two pairs of slippers with non-skid soles
- Nightclothes and robes
- A sweater or two
- Clock
- Address book / Appointment book
- 8-10 pairs of underwear
- Makeup
- Hairbrushes

There are items used in healthcare that will incur a charge if used from our stock. You may opt to bring those items from home to avoid additional costs, but these are available if you choose to use ours.

- Incontinence products
- Toiletries (Lotions, Soap, Kleenex, Toothbrush and paste, Comb, Shaving Equipment for men, Safety Razors)
- Nail clippers, emery boards

# Appendix A

## Vaccine Information Statement

### INFLUENZA (FLU) VACCINE (INACTIVATED): WHAT YOU NEED TO KNOW 2014-15

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Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite <http://www.immunize.org/vis>

#### 1. Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every winter, usually between October and May. Flu is caused by the influenza virus, and can be spread by coughing, sneezing, and close contact. Anyone can get flu, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system. Flu vaccine is especially important for these people, and anyone in close contact with them. Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year **thousands of people in the United States die from flu**, and many more are hospitalized. **Flu vaccine** is the best protection we have from flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

#### 2. Inactivated flu vaccine

There are two types of influenza vaccine:

You are getting an **inactivated** flu vaccine, which does not contain any live influenza virus. It is given by injection with a needle, and often called the “flu shot.” A different, **live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.* Flu vaccine is recommended every year. Children 6 months through 8 years of age should get two doses the first year they get vaccinated. Flu viruses are always changing. Each year’s flu vaccine is made to protect from viruses that are most likely to cause disease that year. While flu vaccine cannot prevent all cases of flu, it is our best defense against the disease. Inactivated flu vaccine protects against 3 or 4 different influenza viruses.

It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year. Some illnesses that are not caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

A “high-dose” flu vaccine is available for people 65 years of age and older. The person giving you the vaccine can tell you more about it. Some inactivated flu vaccine contains a very small amount of a mercury-based preservative called thimerosal. Studies have shown that thimerosal in vaccines is not harmful, but flu vaccines that do not contain a preservative are available.

### 3. Some people should not get this vaccine

Tell the person who gives you the vaccine:

- **If you have any severe (life-threatening) allergies.** If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get a dose. Most, but not all, types of flu vaccine contain a small amount of egg.
- **If you ever had Guillain-Barré Syndrome** (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you are not feeling well.** They might suggest waiting until you feel better. But you should come back.

### 4. Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own. Serious side effects are also possible, but are very rare. Inactivated flu vaccine does not contain live flu virus, so **getting flu from this vaccine is not possible**. Brief fainting spells and related symptoms (such as jerking movements) can happen after any medical procedure, including vaccination. **Sitting or lying down for about 15 minutes after a vaccination can help prevent fainting and injuries caused by falls.** Tell your doctor if you feel dizzy or light-headed, or have vision changes or ringing in the ears.

#### Mild problems following inactivated flu vaccine:

- soreness, redness, or swelling where the shot was given
- hoarseness; sore, red or itchy eyes; cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

#### Moderate problems following inactivated flu vaccine:

- Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time may be at increased risk for seizures caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

#### Severe problems following inactivated flu vaccine:

- A **severe allergic reaction** could occur after any vaccine (estimated less than 1 in a million doses).
- There is a small possibility that inactivated flu vaccine could be associated with Guillain-Barré Syndrome (GBS), no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.



The safety of vaccines is always being monitored. For more information, visit:  
[www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

## 5. What if there is a serious reaction?

### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes. Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

### What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS is only for reporting reactions. They do not give medical advice.*

## 7. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## 8. How can I learn more?

- Ask your doctor, Call your local or state health department.  
Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu)

Vaccine Information Statement (Interim)  
Inactivated Influenza Vaccine  
(07/26/2013)  
42 U.S.C. § 300aa-26

Department of Health and Human Services  
Centers for Disease Control and Prevention

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# Appendix B

## Vaccine Information Statement

### PNEUMOCOCCAL POLYSACCHARIDE VACCINE (PNEUMOVAX-23): WHAT YOU NEED TO KNOW

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Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)  
Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite <http://www.immunize.org/vis>

#### 1. Pneumococcal disease

Pneumococcal disease is caused by *Streptococcus pneumoniae* bacteria. It is a leading cause of vaccine- preventable illness and death in the United States. Anyone can get pneumococcal disease, but some people are at greater risk than others:

- People 65 years and older
- The very young
- People with certain health problems
- People with a weakened immune system
- Smokers

Pneumococcal disease can lead to serious infections of the:

- Lungs (pneumonia),
- Blood (bacteremia), and
- Covering of the brain (meningitis).

Pneumococcal pneumonia kills about 1 out of 20 people who get it. Bacteremia kills about 1 person in 5, and meningitis about 3 people in 10. People with the health problems described in Section 3 of this statement may be more likely to die from the disease.

#### 2. Pneumococcal polysaccharide vaccine (PPSV)

Treatment of pneumococcal infections with penicillin and other drugs used to be more effective. But some strains of the disease have become resistant to these drugs. This makes prevention of the disease, through vaccination, even more important. Pneumococcal polysaccharide vaccine (PPSV) protects against 23 types of pneumococcal bacteria, including those most likely to cause serious disease.

Most healthy adults who get the vaccine develop protection to most or all of these types within 2 to 3 weeks of getting the shot. Very old people, children under 2 years of age, and people with some long-term illnesses might not respond as well, or at all.

Another type of pneumococcal vaccine (pneumococcal conjugate vaccine, or PCV) is routinely recommended for children younger than 5 years of age. PCV is described in a separate Vaccine Information Statement.

### **3. Who should get PPSV?**

- All adults 65 years of age and older.
- Anyone 2 through 64 years of age who has a long-term health problem such as:
  - heart disease, - lung disease, - sickle cell disease, - diabetes, - alcoholism, - cirrhosis
  - leaks of cerebrospinal fluid or cochlear implant
- Anyone 2 through 64 years of age who has a disease or condition that lowers the body's resistance to infection, such as:
  - Hodgkin's disease, - lymphoma or leukemia, - kidney failure, - multiple myeloma
  - nephrotic syndrome, - HIV infection or AIDS, - damaged spleen, or no spleen,
  - organ transplant
- Anyone 2 through 64 years of age who is taking a drug or treatment that lowers the body's resistance to infection, such as:
  - long-term steroids, - certain cancer drugs, - radiation therapy
- Any adult 19 through 64 years of age who:
  - is a smoker, - has asthma

PPSV may be less effective for some people, especially those with lower resistance to infection. But these people should still be vaccinated, because they are more likely to have serious complications if they get pneumococcal disease. Children who often get ear infections, sinus infections, or other upper respiratory diseases, but who are otherwise healthy, do not need to get PPSV because it is not effective against those conditions.

### **4. How many doses of PPSV are needed, and when?**

Usually only one dose of PPSV is needed, but under some circumstances a second dose may be given.

- A second dose is recommended for people 65 years and older who got their first dose when they were younger than 65 and it has been 5 or more years since the first dose.
- A second dose is recommended for people 2 through 64 years of age who:
  - have a damaged spleen or no spleen, - have sickle-cell disease
  - have HIV infection or AIDS, - have cancer, leukemia, lymphoma, multiple myeloma
  - have nephrotic syndrome, - have had an organ or bone marrow transplant
  - are taking medication that lowers immunity (such as chemotherapy or long-term steroids)

When a second dose is given, it should be given 5 years after the first dose.

### **5. Some people should not get PPSV or should wait**

- Anyone who has had a life-threatening allergic reaction to PPSV should not get another dose.
- Anyone who has a severe allergy to any component of a vaccine should not get that vaccine. Tell your doctor if you have any severe allergies.
- Anyone who is moderately or severely ill when the shot is scheduled may be asked to wait until they recover before getting the vaccine. Someone with a mild illness can usually be vaccinated.
- While there is no evidence that PPSV is harmful to either a pregnant woman or to her fetus, as a precaution, women with conditions that put them at risk for pneumococcal disease should be vaccinated before becoming pregnant, if possible.



## 6. What are the risks from PPSV?

About half of people who get PPSV have mild side effects, such as redness or pain where the shot is given. Less than 1% develop a fever, muscle aches, or more severe local reactions. A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small.

## 7. What if there is a serious reaction?

### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes. Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

### What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS is only for reporting reactions. They do not give medical advice.*

## 8. How can I learn more? Ask your doctor.

- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Vaccine Information Statement  
PPSV Vaccine  
(10/06/2009)

Department of Health and Human Services  
Centers for Disease Control and Prevention

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# Appendix C

## Vaccine Information Statement

### PNEUMOCOCCAL CONJUGATE VACCINE (PREVNAR-13): WHAT YOU NEED TO KNOW

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Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)  
Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite <http://www.immunize.org/vis>

#### 1. Why get vaccinated?

Pneumococcal conjugate vaccine (called PCV13 or Prevnar<sup>®</sup> 13) is recommended to protect infants and toddlers, and some older children and adults with certain health conditions, from **pneumococcal disease**.

Pneumococcal disease is caused by infection with *Streptococcus pneumoniae* bacteria. These bacteria can spread from person to person through close contact.

Pneumococcal disease can lead to severe health problems, including pneumonia, blood infections, and meningitis.

Meningitis is an infection of the covering of the brain. Pneumococcal meningitis is fairly rare (less than 1 case per 100,000 people each year), but it leads to other health problems, including deafness and brain damage. In children, it is fatal in about 1 case out of 10.

Children younger than two are at higher risk for serious disease than older children.

People with certain medical conditions, people over age 65, and cigarette smokers are also at higher risk.

Before vaccine, pneumococcal infections caused many problems each year in the United States in children younger than 5, including:

- more than 700 cases of meningitis,
- 13,000 blood infections,
- about 5 million ear infections, and
- about 200 deaths.

About 4,000 adults still die each year because of pneumococcal infections.

Pneumococcal infections can be hard to treat because some strains are resistant to antibiotics. This makes **prevention through vaccination** even more important.

## **2. PCV13 vaccine**

There are more than 90 types of pneumococcal bacteria. PCV13 protects against 13 of them. These 13 strains cause most severe infections in children and about half of infections in adults.

PCV13 is routinely given to children at 2, 4, 6, and 12–15 months of age. Children in this age range are at greatest risk for serious diseases caused by pneumococcal infection.

PCV13 vaccine may also be recommended for some older children or adults. Your doctor can give you details.

A second type of pneumococcal vaccine, called PPSV23, may also be given to some children and adults, including anyone over age 65. There is a separate Vaccine Information Statement for this vaccine.

## **3. Precautions**

Anyone who has ever had a life-threatening allergic reaction to a dose of this vaccine, to an earlier pneumococcal vaccine called PCV7 (or Prevnar), or to any vaccine containing diphtheria toxoid (for example, DTaP), should not get PCV13.

Anyone with a severe allergy to any component of PCV13 should not get the vaccine. Tell your doctor if the person being vaccinated has any severe allergies.

If the person scheduled for vaccination is sick, your doctor might decide to reschedule the shot on another day.

Your doctor can give you more information about any of these precautions.

## **4. What are the risks of PCV13 vaccine?**

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Reported problems associated with PCV13 vary by dose and age, but generally:

- About half of children became drowsy after the shot, had a temporary loss of appetite, or had redness or tenderness where the shot was given.
- About 1 out of 3 had swelling where the shot was given.
- About 1 out of 3 had a mild fever, and about 1 in 20 had a higher fever (over 102.2°F).
- Up to about 8 out of 10 became fussy or irritable.

Adults receiving the vaccine have reported redness, pain, and swelling where the shot was given. Mild fever, fatigue, headache, chills, or muscle pain have also been reported.

Life-threatening allergic reactions from any vaccine are very rare.

## 5. What if there is a serious reaction?

### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

### What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS is only for reporting reactions. They do not give medical advice.*

## 7. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## 8. How can I learn more? Ask your doctor.

- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Vaccine Information Statement (Interim)

PCV13 Vaccine

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Centers for Disease Control and Prevention

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