



ELM CREST MANOR
100 Elm Ave.
NEW SALEM, NORTH DAKOTA 58563
(701) 843-7526 FAX # (701) 843-8376
Providing Quality Skilled Care Since 1969

Dear Prospective Resident &/or Family Member:

Administrator
Janessa Vogel

Medical Director
Dr. Donald Kosiak

Director of Nursing
Dana Pazdernik

Activity Director
Diana Bopp

Social Services
Rita Schulz

Dietary Services
Desire'e Steinberger

Maintenance
Kenton Kruger

Housekeeping
Supervisor
Darlene Lennie

Office Manager
Mary Kreidt

MDS Coordinators
Medicare
AmberReiner
Annette Doll

Thank you for your interest in Elm Crest Manor. I have enclosed the **Entrance Application and Social History**, which we ask that you complete and return these to be placed on the waiting list. When we have an opening we will be contacting you with more information and after we received the **application** for our file. I have also enclosed several other sheets for your information. The first one is a chart showing our daily rates according to the North Dakota Case Mix. An evaluation will be done, within the first few days after admission and/or a hospital return and then quarterly thereafter, to determine the daily rate. The other document is several pages of information and what can be brought to a Resident's room. **PLEASE READ THIS CAREFULLY.** Applications will be held for only one (1) year unless the family or responsible person notifies us otherwise.

After approval of the Application, other paperwork that will be needed is listed below:

- A PHYSICAL no more than 5 days prior to admission with a Doctor's Order that a Skilled Nursing Home is required. These forms are available for your doctor to complete from us. **Please bring all home medications with you on the day of admission.**
- **IF on Social Services** (Medical Assistance or Medicaid) an applicant needs to be screened by the State Social Service Board (Screening Team) before Admission.
- A Pre-Admission Screening and MI/MR will also be needed.
- **We will need to photocopy the front and back** of their Social Security Card, Medicare and Medicare Part D card, Medicaid card, and all insurance cards (Health and Nursing Home); also a Driver's License or Picture I.D. card is helpful. Please also bring your nursing home policy for our review.
- Please bring copies of all legal paperwork (Power of Attorney for health, financial, a Living Will, Guardianship, Conservatorship, etc.)
- Resident and/or responsible family member will need to view a 13-minute video before the admission paperwork can take place.
- Anyone using a Powered Wheelchair will need to be assessed prior to its use in our facility by our Occupational Therapist. (We do not allow scooters.)

We prefer to admit in the AM or by 1:00 p.m. (CT) Monday through Friday, but will admit for emergency purposes only, at any time. The admission process will take about 2 hours.

Please feel free to call to make an APPOINTMENT TO VIEW FACILITY and/or FOR AN APPLICATION REVIEW or should you have any further questions.

Yours truly,

Rita Schulz LSW
Rita Schulz, LSW

ENCLOSURES:
ADMIT-LTR. Revised: Dec-18

Skilled Nursing, Assisted Living, O.T., P.T., and Speech Therapy Services, Hospice Care, IV Therapy, Tube Feedings and Volunteer Services.



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 100 Elm Ave.
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ELM CREST MANOR NURSING HOME APPLICATION

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Dietary Services
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Housekeeping
 Supervisor
 Darlene Lennie

Office Manager
 Mary Kreidt

MDS Coordinators
 Medicare
 AmberReiner
 Annette Doll

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ PHONE#: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

AGE: _____ SEX: _____ CURRENT MARITAL STATUS: _____

EDUCATION: _____ OCCUPATION & EMPLOYMENT HISTORY: _____

SOCIAL SECURITY# ____ - ____ - ____ MEDICARE # _____

MEDICARE PART D (Drug) Plan Name: _____ # _____

MEDICAID # _____ Effective date: _____ Applying soon? Yes/ No

SUPPLEMENTAL INSURANCE (NAME AND PHONE#) _____
 POLICY # _____

NURSING HOME INSURANCE (NAME AND PHONE#) _____
 POLICY # _____

FULL NAME OF SPOUSE: _____ LIVING: Yes / No

RESPONSIBLE PARTY: _____

LEGAL PAPERWORK * Durable Power of Attorney _____ Guardianship _____
 Conservatorship _____ Other: _____

ADVANCE DIRECTIVE: Durable Power of Attorney/Healthcare _____ Living Will _____
 Durable Power of Attorney/Financial _____ Other: _____

CODE STATUS: **I II III** (Circle)

NEXT OF KIN:	RELATIONSHIP	FULL MAILING ADDRESS:	PHONE #'s
_____	_____	_____	(H) _____ (W) _____ (Cell) _____
_____	_____	_____	(H) _____ (W) _____ (Cell) _____
_____	_____	_____	(H) _____ (W) _____ (Cell) _____

DIAGNOSIS: _____

MEDICATIONS: _____

DOCTOR'S Name/address/phone#: _____

Last Seen: _____

(continued-over)

Skilled Nursing, Assisted Living, O.T., P.T., and Speech Therapy Services, Hospice Care, IV Therapy, Tube Feedings and Volunteer Services.

Page 2 RESIDENT NAME: _____
 DENTIST'S name/address/phone#: _____
 Last Seen: _____
 EYE DOCTOR'S name/address/phone#: _____
 Last Seen: _____
 CLINIC: _____ HOSPITAL: _____
LAST Flu Shot: _____ Tetanus Shot: _____ Pneumonia Shot: _____ Shingles Shot: _____
 (Date) (Date) (Date) (Date)
 RELIGION/Name of current Church & City: _____
 (Which Synod) _____ Pastor's Name: _____
 FUNERAL HOME/MORTICIAN: name/address/phone #: _____
 Pre-paid Burial: **Yes / No**

PAYMENT SOURCE FOR CHARGES TO RESIDENT/APPLICANT: (check all that apply)
 Self _____ Medicaid _____ (Applying soon for Medicaid _____) Insurance _____ Other: _____
 PLEASE COMPLETE AS OF THE DATE OF APPLICATION: (& check all that apply)

IS APPLICANT: Ambulatory _____ Bedfast _____ Ambulates with Assistance _____
 AND USES A: Cane _____ Walker _____ Wheelchair _____
 Motorized W/C _____
 Standby Assistance _____ OTHER: _____

COMMENTS: _____
 CONTINENT _____ INCONTINENT _____ (Bladder _____ Bowel _____)
 Wears Incontinence Product _____ (Type) _____
 COMMENTS: _____

MENTAL CONDITION: Clear _____ Confused _____ Forgetful _____
 Wanders _____ Any Behaviors _____
 COMMENTS: _____

DOES APPLICANT USE/ABUSE OF ANY OF THE FOLLOWING:
Alcohol: _____ (amount/type)
Smoking/Tobacco Products: _____ (amount/type)
Drugs/Substance Abuse: _____ (amount/type)
Ever Been Arrested: (explain) _____

DOES APPLICANT NEED ASSISTANCE TO: (check all that apply)
 Dress/Undress _____ Get In/out of Bed _____ Use or find the Bathroom _____
 Transfer in/out of Chair _____ Bathe _____ Eat _____
 SPECIAL DIET & What: _____ OTHER ASSISTANCE NEEDED: _____
 SPECIAL TREATMENTS OR OTHER CARES: _____
 SPECIAL EQUIPMENT _____

CURRENT HEIGHT: _____ **WEIGHT:** _____
WEARS: Glasses _____ Dentures/Partials: Both _____ Upper _____ Lower _____ OWN TEETH _____
 Hearing aid: Both _____ or Right ear _____ Left ear _____ (& List serial # or bring card)

HOSPITAL STAYS WITHIN THE LAST: 30 days _____ 60 days _____ 90 days _____ E. R. VISITS: _____
RECEIVING HOME HEALTH CARES: Nursing Care OR Med set-up _____ Housekeeping _____
 Bathing/Dressing _____ Meals on Wheels _____
 Other _____ or FAMILY ASSIST with any of the above: _____

REFERRED BY : _____ **ADDRESS** _____
Reason for referral : _____
PERSON TO BE CONTACTED REGARDING APPLICATION: _____
DAYTIME PHONE NUMBER: _____

A PHYSICAL EXAM WILL BE REQUIRED 5 DAYS PRIOR TO ADMISSION TO ELM CREST MANOR
 N.H. APP Revised: Dec-18

ELM CREST MANOR

RESIDENT'S SOCIAL HISTORY & INFORMATION SHEET

RESIDENT'S FULL NAME: _____ DATE: _____

NICKNAMES: _____ PREFERS TO BE CALLED: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ RELIGION: _____

EDUCATION (last grade completed) _____ OCCUPATIONS: _____

If married, name of Spouse (include maiden name) _____

Date of Marriage: _____ Town & State where married: _____

If spouse is living, address; (if deceased: date and cause of death): _____

RESIDENT'S NATIONALITY: _____

RESIDENT'S Father's Name: _____ & where was he born: _____
 & Mother's Name (include maiden name) : _____ & where was she born: _____

RESIDENT'S SIBLINGS: LIST IN ORDER from oldest to youngest, and include Resident in the order, all Brothers and Sisters and include City/State if still living and list Dec'd if deceased. (for more room use the back of this sheet.)

RESIDENT'S CHILDREN: LIST IN ORDER from oldest to youngest all children of Resident and City/State if still living and list **Dec'd** if deceased and the month/year of death (for more room use the back of this sheet.)

Number of grandchildren _____ Number of great grandchildren _____ Number of great great grandchildren _____

HOW DID HE/SHE PASS THE TIME IN THE PAST 10-20 YEARS: IF RESIDENT LIKED TO READ (what types of books, newspapers); Watched TV (what programs); MUSIC (what types); SPEAK ANOTHER LANGUAGE; CLUBS or ORGANIZATIONS etc. **LIST:** HOBBIES, AWARDS RECEIVED, STATES OR COUNTRIES TRAVELLED TO and any other interesting facts. (Use back of the page for more information):

Was Resident a Veteran: **YES/NO** Was Spouse a Veteran: **YES/NO**
 List Branch of Service/Discharge Date: RESIDENT: _____ SPOUSE: _____
 Did Resident and/or Spouse serve during wartime and what years? _____
 Does Resident **VOTE** on a regular basis? **YES/NO** (We provide Absentee Ballots for all major elections)

Thank you for your time.
 RITA SCHULZ

ELM CREST MANOR
100 Elm Ave.
New Salem, ND 58563-4031
(701) 843-7526 Fax: 843-8376

ENTRANCE MEDICAL RECORD & ORDERS
(FOR TRANSFER TO NURSING HOME OR OTHER HEALTH CARE FACILITY)

NAME: _____ BIRTHDATE: _____

FROM: _____ DATE: _____
(NAME OF HOSPITAL OR OTHER FACILITY)

TO: Elm Crest Manor, New Salem, ND
(NAME OF HEALTH CARE FACILITY)

AGE: _____ SEX: _____ MARITAL STATUS: _____

PRESENT DIAGNOSIS: (Please list a diagnosis for each of the medications listed below)

DATE OF LAST: T.B. TEST: _____ TETANUS: _____ PNEUMONIA: _____ FLU: _____

SHINGLES: _____ ALLERGIES: _____

CODE STATUS AT TIME OF TRANSFER: (TO BE REVIEWED BY ACCEPTING FACILITY):
_____ LEVEL I (Total support)

_____ LEVEL II (No Defibrillation, Chest Compressions or Artificial Respiration. BUI can Transfer to Hospital)

_____ LEVEL III (No Defibrillation, Chest Compressions or Artificial Respiration. Keep Comfortable in Nursing Home)

CODE STATUS DISCUSSED WITH RESIDENT OR SIGNIFICANT OTHER: YES _____ NO _____ Relationship _____

ADVANCE DIRECTIVE: DURABLE POWER OF ATTORNEY FOR HEALTH CARE _____ LIVING WILL _____ OTHER _____

RECOMMENDED LEVEL OF CARE: (AT A SKILLED FACILITY) _____

Anticipated Length of Stay at above Level: _____

PROGNOSIS: _____ CONDITION: () stable () unstable

TENTATIVE PLANS FOR DISCHARGE FROM NURSING FACILITY: _____

MEDICATIONS/TREATMENTS: (Please list a diagnosis above for each medication listed here)

Need ORIGINAL scripts for ALL SCHEDULE II NARCOTICS.

(CONTINUED- OVER)

(PAGE 2) NAME: _____

PARTICIPATION IN ACTIVITIES AS TOLERATED: () YES () NO
LEAVE AS DESIRED, MAY TAKE MEDICATIONS ALONG: () YES () NO

REHABILITATION POTENTIAL: _____

RESTORATIVE OR OTHER THERAPY: (Describe specific type and frequency or as recommended by consultant therapist)

ALL DIETS ARE REGULAR (Please circle any other choices): Small Servings; Mechanical Soft; Pureed; Thickened Liquids: _____ Fluid Restrictions (if any) _____

GENERAL APPEARANCE: _____

MENTAL STATUS: _____

EYES: _____ WEARS GLASSES: _____

EARS: _____ HEARING AID(S): right left both

MOUTH/TEETH: _____ DENTURES: upper lower full / partial(s)

NOSE: _____ NECK: _____

HEART: _____

LUNGS: _____

CHRONIC COUGH: _____

LAST CHEST X-RAY: Date: _____ Results: _____

Any Evidence of Tuberculosis: _____

STOMACH AND BOWELS: _____

USE OF CATHARTICS: _____

INCONTINENT OF URINE: _____ FECE: _____

KIDNEYS AND BLADDER: _____

URINALYSIS: _____

EXTREMITIES: _____

AMBULATION: _____

LAB REPORTS: _____

PHYSICIAN TO ASSUME CARE: *Dr. Kosiak Sanford in Bismarck, (c) 202-8551*
& DATE HE WAS NOTIFIED BY CURRENT PHYSICIAN: _____

I HAVE PERSONALLY EXAMINED THE ABOVE NAMED PERSON, AND THE FOREGOING STATEMENTS ARE IN MY OPINION CORRECT.

CURRENT PHYSICIAN'S SIGNATURE: _____

DATE: _____

ADDRESS: _____

PHONE NUMBER: _____

**ELM CREST MANOR
EMERGENCY CARE STATEMENT**

NAME : _____ **DATE OF BIRTH** _____

PHYSICIAN'S NAME: _____

PHYSICIAN STATEMENT: (Check One)

- _____ I find this person capable of making medical decisions.
_____ I find this person incapable of making medical decisions.
_____ Unable to determine at this time, will review within one (1) month.

PHYSICIAN'S SIGNATURE **DATE**

PERSONAL STATEMENT: I request the following care in the event of cardiac arrest and have discussed this with my physician:

CODE STATUS: (Check One)

- _____ **LEVEL 1 – Total Support – Defibrillation, chest compression, artificial respiration, transfer to hospital.**
_____ **LEVEL 2 - Transfer to Hospital. No defibrillation, no chest compression, no artificial respirations.**
_____ **LEVEL 3 – Keep comfortable at home. No transfer to hospital, no defibrillation, no chest compression, no artificial respirations.**

NAME **DATE**

WITNESS **DATE**

PHYSICIAN SIGNATURE **DATE**

Elm Crest Manor
Nursing Facility Daily Rates
Effective January 1, 2019
Provider No. 1452839

Classification	GROUP	Total Rate
REHABILITATION	RAE	\$382.73
REHABILITATION	RAD	\$371.59
REHABILITATION	RAC	\$336.59
REHABILITATION	RAB	\$295.23
REHABILITATION	RAA	\$250.68
EXTENSIVE SERVICES LEVEL 3	ES3	\$597.50
EXTENSIVE SERVICES LEVEL 2	ES2	\$475.00
EXTENSIVE SERVICES LEVEL 1	ES1	\$473.41
SPECIAL CARE HIGH WITH DEPRESSION	HE2	\$419.32
SPECIAL CARE HIGH WITH NO DEPRESSION	HE1	\$354.09
SPECIAL CARE HIGH WITH DEPRESSION	HD2	\$389.09
SPECIAL CARE HIGH WITH NO DEPRESSION	HD1	\$331.82
SPECIAL CARE HIGH WITH DEPRESSION	HC2	\$370.00
SPECIAL CARE HIGH WITH NO DEPRESSION	HC1	\$315.91
SPECIAL CARE HIGH WITH DEPRESSION	HB2	\$366.82
SPECIAL CARE HIGH WITH NO DEPRESSION	HB1	\$314.32
SPECIAL CARE LOW WITH DEPRESSION	LE2	\$376.36
SPECIAL CARE LOW WITH NO DEPRESSION	LE1	\$320.68
SPECIAL CARE LOW WITH DEPRESSION	LD2	\$365.23
SPECIAL CARE LOW WITH NO DEPRESSION	LD1	\$312.73
SPECIAL CARE LOW WITH DEPRESSION	LC2	\$327.05
SPECIAL CARE LOW WITH NO DEPRESSION	LC1	\$282.50
SPECIAL CARE LOW WITH DEPRESSION	LB2	\$312.73
SPECIAL CARE LOW WITH NO DEPRESSION	LB1	\$271.37
CLINICALLY COMPLEX WITH DEPRESSION	CE2	\$341.37
CLINICALLY COMPLEX WITH NO DEPRESSION	CE1	\$319.09
CLINICALLY COMPLEX WITH DEPRESSION	CD2	\$325.46
CLINICALLY COMPLEX WITH NO DEPRESSION	CD1	\$303.18
CLINICALLY COMPLEX WITH DEPRESSION	CC2	\$292.05
CLINICALLY COMPLEX WITH NO DEPRESSION	CC1	\$272.96
CLINICALLY COMPLEX WITH DEPRESSION	CB2	\$271.37
CLINICALLY COMPLEX WITH NO DEPRESSION	CB1	\$255.46
CLINICALLY COMPLEX WITH DEPRESSION	CA2	\$236.37
CLINICALLY COMPLEX WITH NO DEPRESSION	CA1	\$223.64
BEHAVIOR/COGNITION WITH RESTORATIVE NURSING	BB2	\$249.09
BEHAVIOR/COGNITION WITH NO RESTORATIVE NURSING	BB1	\$239.55
BEHAVIOR/COGNITION WITH RESTORATIVE NURSING	BA2	\$212.50
BEHAVIOR/COGNITION WITH NO RESTORATIVE NURSING	BA1	\$204.55
REDUCED FUNCTION WITH RESTORATIVE NURSING	PE2	\$319.09
REDUCED FUNCTION WITH NO RESTORATIVE NURSING	PE1	\$306.37
REDUCED FUNCTION WITH RESTORATIVE NURSING	PD2	\$303.18
REDUCED FUNCTION WITH NO RESTORATIVE NURSING	PD1	\$288.87
REDUCED FUNCTION WITH RESTORATIVE NURSING	PC2	\$265.00
REDUCED FUNCTION WITH NO RESTORATIVE NURSING	PC1	\$255.46
REDUCED FUNCTION WITH RESTORATIVE NURSING	PB2	\$231.59
REDUCED FUNCTION WITH NO RESTORATIVE NURSING	PB1	\$223.64
REDUCED FUNCTION WITH RESTORATIVE NURSING	PA2	\$198.18
REDUCED FUNCTION WITH NO RESTORATIVE NURSING	PA1	\$191.82
NOT CLASSIFIED	AAA	\$191.82

ELM CREST MANOR FOR YOUR INFORMATION

The following information has been compiled for the benefit of the Resident and family for the purpose of making the admission and adjustment to Elm Crest Manor as smooth as possible. We are on Central Time.

VISITING HOURS

Family members and visitors may visit at **any** time. **The front door and wing doors are locked from 10:00 P.M. to 5:00 A.M.** If the main doors are locked, please call Elm Crest Manor at 843-7526 for admission.

CLOTHING

Clothing should be wash and wear and the Resident should have from 5 to 6 changes of clothing and should include sleepwear. Our laundry staff will mark all Resident's clothing with special iron-on labels and we provide the hangers. We encourage all Residents to be dressed in street attire (clothes) from before breakfast to after supper and when in all our public areas, (i.e. Great Room, Dining Room, Commons Area, Family Rooms, and Activity Room). An exception is on their bath morning and they must be dressed in a robe when in public areas. All new clothing that needs to be tried on should be given to the wing nurse or Social Worker for monitoring and to get labeled. Seasonal clothes should be taken home. Dry cleaning is the Resident's responsibility. We will send it out to be cleaned and the Resident will be billed for the cost. Elm Crest Manor **will not** be responsible for any special care clothing items, i.e. "Hand wash, cold water wash, lay flat to dry, dry clean only," etc. or for any lost items.

PERSONAL BELONGINGS

The Resident may bring belongings to his or her room to make it look "homier". Rugs of any kind are not permitted in the room or bathroom. Size and space available, and also if sharing a room **MUST** be taken into consideration. The provided armoire holds many items and makes the room look very neat. Also, a familiar recliner may be brought to the room however **DUE TO SAFETY CONCERNS: NO GLIDER ROCKERS, ROCKING CHAIRS or SWIVEL ROCKERS ARE ALLOWED.** Rocking recliners or swivel chairs will be accepted if they can be **locked in a stationary position.** All other chairs in a Resident's room should have arms on them and all furniture must be in good – clean condition. Disposal of old TV, chairs etc., are the Resident's responsibility and they will be charged for any Landfill charges. **ALL PERSONAL ITEMS** to be marked with a label or laundry marker with the **FIRST INITIAL AND FULL LAST NAME.** Pictures should also have names of those pictured, which is helpful for doing Reality Orientation with the Resident. A Resident may bring their own bedspread or quilt etc. but these must be marked with Resident's name by our laundry dept. We provide sheets, blankets, pillows, and pillowcases. We

discourage the use of feather pillows for sanitary & allergy reasons. No electric blankets or mattress pads can be used in our facility due to a safety concern for our Residents. IN CASE OF A DEATH, TWENTY-FOUR (24) HOURS OR ONE DAY WILL BE ALLOWED FOR REMOVAL OF PERSONAL PROPERTY. If you are unable to come within 24 hours you must contact Elm Crest Manor Administration to let us know. Then our housekeeping or other staff will pack and store belongings for a reasonable amount of time. WE DO NOT ACCEPT DONATIONS OF CLOTHING.

PERSONAL MONIES

The Resident should not keep more than \$5.00 in their room or on themselves. Additional money may be kept in the Residents Personal Trust Fund that is placed in an interest bearing account and is covered by a surety bond. There is no charge for this service and the Resident and/or family should check with the office regarding this fund. Quarterly statements will be provided. Elm Crest Manor will not be responsible for any valuables or money left in the possession of a Resident while he or she is a Resident of Elm Crest Manor. We also discourage a Resident from keeping check books/blanks and credit/debit cards in their room. They may be kept in the office for safe keeping.

******PLEASE NOTE*** Closing a Resident Trust Account following a Resident's death: If they are Private Pay, the funds will be returned within 30 days AND payable to the Resident's Estate. If on Medical Assistance, Medicaid has 30 days to send us an Affidavit to return funds to Medicaid (Estate Recovery). If one is not received within that time frame, we will issue a check payable to the Resident's Estate for the balance in that account. Someone must have paperwork completed by an Attorney stating they are the Personal Representative in order to get this check cashed. This must be taken care of prior to the Resident's passing.***

TELEPHONES

There are public telephones available for Resident use and are located in the Commons Area, Conference Room and Family Rooms. These are adaptive for hearing impaired and can be used to make or receive calls. For private conversations, the Family Rooms, or Conference Room may be used. Residents may have phones in their rooms. A form is to be signed upon admission if you wish to have a phone and whether or not you wish to have your phone number given to family or friends who may call the facility. Phone numbers are assigned to each room and the bill for **\$25.00 (effective 2/1/17)** per month will come from Elm Crest Manor, as we own the contract/system. It will be billed at the end of the month, with Resident/Responsible Party/Guardian responsible for the bill. Admission month charges will be full price for any admits from the 1st of the month thru the 15th of the month and \$12.50 for any admits from the 16th thru the end of the month. Residents need to provide their own phones. **Any missed calls will show that the call came from Elm Crest Manor and not the**

Resident's personal phone # on your caller I.D. (and Elm Crest Manor Employees will always leave a message).

TELEVISION

If a Resident desires a television set in their room, they must furnish a **flat screen TV**. Cable TV is provided at no extra charge and the maintenance department will hook it up. We will provide cable converter boxes for the TV's. The converter boxes can only be used by the remotes furnished with them (the other remotes will not work). The new armoires have space for a TV that measure: 26 $\frac{1}{2}$ " tall, 48" wide and up to 18" deep. **Only a TV, DVD player, stereo and computer may be plugged into a surge protector power cord.** There are color televisions available to the Residents in the Family Rooms and Activity Areas.

WI-FI AVAILABILITY

The Elm Crest Manor Skilled Facility Wi-Fi is available throughout the Skilled Facility building only. DSL in a Resident room is available upon request to Mary Kreidt, Office Manager.

HAIR CARE AND BATHS

Volunteers set and comb-out the female Resident's hair every week, usually on Thursday mornings. Resident or family needs to provide hair curlers, combs and brushes. Combs and brushes should be marked with the Resident's name and the curlers are kept in the hairdressing cabinet in labeled boxes, which we provide. There is no charge for haircuts, if using our beautician, as this is a grooming aid for both men and women. It is recommended that haircuts be done every 3-5 weeks. For a haircut, perm or color, please contact the **ACTIVITY DIRECTOR: DIANA BOPP** to schedule an appointment at the next available time. The cost for a perm is **\$40.00** when using our beautician and this includes a haircut. Other hair treatments are charged as per beautician's fee schedule. If you are having someone other than our beautician and using our beauty shop, **please schedule through Diana Bopp**, Activity Director, so the beauty shop is available when they come. When using another beautician, you will be charged per their fee schedule.

A minimum of 2 baths a week are given, which consist of a tub, whirlpool, or shower; or if ill or refusing, a bed bath is given. Hair is washed at least 1 time each week.

OUTINGS

A Resident may go on outings, overnight stays or on a minimal leave of absence. YOU MUST GIVE AT LEAST A 24 HOUR NOTICE if a Resident is leaving the building overnight and 3 BUSINESS DAYS if they will be gone more than 48 hours. We ask that family members **personally notify the wing nurse** and **sign the book at the nurse's station** when taking a Resident out of the facility **and inform wing nurse when you return**. There is a limit on the number of days a Medicaid Resident may be out of the facility overnight during a calendar year. If you have any questions, see the **Social Worker, RITA**

SCHULZ. If taking a Resident to an appointment, there is paperwork that **must** go along and be filled out and signed by the Provider and brought back to Elm Crest Manor. Elm Crest will provide transportation and attendant care for medical appointments to Bismarck/Mandan with the exception of the Chiropractor. Ambulance service is to the Bismarck Hospitals only.

MEALS

Families are welcome to share a meal with a Resident. The cost of each meal is **\$5.00** for breakfast, dinner or supper. **The kitchen needs to be notified at least twenty-four (24) hours in advance for a meal. The cost is \$10.00 (effective 1/1/17) for the following holidays: New Year's Day, Easter, Mother's Day, Memorial Day, Father's Day, 4th of July, Labor Day, Thanksgiving, & Christmas Day, per each meal. **We will require one (1) week prior notice for all holiday meals.** If not, we may not be able to accommodate guests. Please check with the kitchen for the best time to come during the open dining meal times. If we can't provide a meal, we will have coffee available all day. MEAL TICKETS ARE ALSO AVAILABLE TO BE PURCHASED - CONTACT THE DIETARY DEPARTMENT. ***Any meals charged for family or friends will be automatically reimbursed from the Resident's Personal Trust Account***. All our meals are open dining (no assigned seating or meal time). **BREAKFAST:** Served from 7:00 to 8:30 A.M.; **DINNER:** Served from 11:15 A.M. to 1:00 P.M.; and **SUPPER:** Served from 5:00 to 6:30 P.M. We are on Central time. **Coffee/snack** is served at 9:45 AM and 2:45 PM each day with coffee available at all times of the day from the self-serve machine located in the dining room. The first meal is free for immediate family members during the first 7-day period. If you wish to provide a birthday or anniversary party for a Resident, we need at least one (1) week advance notice to schedule and make the necessary arrangements. Please contact the **DIETITIAN: DESIRE'E STEINBERGER.** All room reservations are on a first come/first serve basis.**

FOOD ITEMS

All food items brought in **MUST** be approved by the nurse on duty and needs to be in approved containers and dated. No refrigerators or microwaves are allowed in the Resident rooms. A small refrigerator is located at the nurses' station.

SAFETY AND FIRE CODE

All chargers must have the phone or shaver plugged in it or it must be unplugged from the wall outlet and put away per Fire Code. No personal humidifiers, space heaters, electric blankets, electric mattress pads or Halogen lamps can be used, as these are a safety concern for the Residents. We provide the waste paper basket, as they must meet fire regulations/code.

Any Resident with a powered wheelchair needs to be evaluated by our Occupational/Physical Therapy Department **prior to use** in our facility and will be re-assessed quarterly. The Resident is financially responsible for any and all

repairs on their powered wheelchair including but not limited to new batteries, wheels, and transportation to and from a service center in Bismarck, etc. For more information see our Power Wheelchair Policy or visit with the Occupational Therapist.

NO KNIVES, JACK KNIVES OR PARING KNIVES ARE ALLOWED IN THE ROOMS. IN ADDITION, NO WEAPONS OF ANY KIND ARE ALLOWED IN THE FACILITY/ROOMS OR ON THE PREMISIS. **We are a NO SMOKING facility and per ND State Law, no smoking is allowed within 20' of any outside opening, including doors and windows, by visitors or staff.** No candles or lighters are allowed in the Resident rooms. Nothing can be permanently attached to the bathroom door, room door or wardrobe/armoire door or to any wall without prior consent of the Administrator. We encouraged you to use sheet rock hooks (Monkey Hooks) or the 3-M hooks instead of nails. If you have lots of small photos, please purchase a bulletin board. See Maintenance Dept. for more information.

All personal care items must be stored away from public view. This includes but not limited to: lotions, powders, make-up, deodorants, soaps, etc. and if in a shared room items should be marked with Resident's initials or name. A medicine cabinet, with a small wire basket in it, is located in the bathroom of each room, and we also provide a bedside table for storing these items.

FORM 2567 AND/OR THE STATEMENT OF DEFICIENCIES AND OUR PLAN OF CORRECTION CAN BE FOUND NEAR THE FRONT OFFICE FOR YOUR INSPECTION AT ANY TIME.

Any questions, please contact:

RITA SCHULZ, LSW

ELM CREST MANOR

100 ELM AVE., NEW SALEM, ND 58563-4031

Telephone #: (701) 843-7526 Fax #: (701) 843-8376

E-mail address: elmcrest@westriv.com (& PLEASE REMEMBER to address your e-mail by listing the Resident's name on the subject line)

Web site: www.elmcrestmanor.com

Revised: Dec-18
(For your info.)