Welcome to Eastern State Hospital Long Term Care Facility

This handbook provides you with important information about the Eastern State Hospital Long Term Care Facility. It will help you and your family better understand the purpose of the facility and the treatment you will receive.

Our goal is to provide residents with an environment similar to living at home. This environment promotes your well-being and allows you to receive the care and treatment you need while you are kept safe. Our commitment is to provide the highest quality of service in a safe, clean and comfortable setting.

We want to empower you to do as much as possible for yourself, while providing you with comprehensive care that maintains and improves your quality of life. Our team will help you participate in activities that maximize your functional ability. Your interdisciplinary care team members will be glad to answer questions you may have while you are here.

If you choose, your family, loved ones or resident representative will be encouraged to stay involved with your care in the facility.
Facility information

About Eastern State Hospital and the Long Term Care Facility

The new Eastern State Hospital opened in September 2013, providing recovery-focused, individualized care in a supportive environment that features the latest in treatment and technology.

The original Eastern State Hospital opened in 1824 and cared for people for 189 years, making it the second-oldest psychiatric hospital in the country.

Building on that legacy, our new 300,000-square-foot, 239-bed facility provides an extensive range of inpatient mental health services and long-term care services to adults living within the 50 counties surrounding and including Fayette County. We operate up to six patient care units, each with 27 to 28 beds in a mix of private and semi-private rooms. Our Recovery Mall (activities center) is located on the first and second floors of the hospital. Near the entrance to the hospital, our Central Kentucky Recovery Center houses individuals who are transitioning to the community.

The two newest programs at Eastern State Hospital are the Acquired Brain Injury program and the Geriatric program, housed in the Eastern State Hospital Long Term Care Facility (ESH LTCF).

ESH LTCF meets the standards of the Centers for Medicare and Medicaid Services and the Kentucky State Licensing and Regulation Division. The Acquired Brain Injury program provides individualized injury rehabilitation to individuals with a brain injury and a mental illness who have rehab and long-term care needs. The Geriatric program provides nursing, rehabilitation and mental health services to individuals with a history of mental illness who have rehab and long-term care needs.

ESH LTCF services are provided in a safe, compassionate and comfortable environment. The objective for each resident is to focus on learning or relearning relevant skills that will help them achieve greater independence. The goal for all residents is to reach their best level of functioning and be transitioned to a less restrictive environment.

Eastern State Hospital and the Long Term Care Facility are managed by UK HealthCare through a contract with the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities. The department is a state agency. Eastern State Hospital is a nationally accredited hospital.

Our Mission

The mission of ESH LTCF is to provide you with compassionate, high-quality care in a home-like environment.

Our Vision

Wellness in mind/body/spirit is attainable for everyone.

Our Values

Diversity
Innovation
Respect
Compassion
Teamwork

Our Philosophy

The philosophy of ESH LTCF is to offer individualized treatment and rehabilitation services to you, regardless of your race, color, creed, disability or ability to pay. Care and support will be provided in an environment that assures your safety, comfort, privacy and dignity.

You and your resident representative, family or significant other will be directly involved in developing your care and rehabilitation goals whenever possible. We are here to help you expand physical, social, emotional, personal and intellectual capabilities. ESH LTCF views family and significant others as a valued resource for residents, and the facility accommodates these resources to the fullest extent possible.
Our interdisciplinary care team conducts thorough assessments of each individual resident and then creates a care plan. Your care plan may include a variety of services based on your needs and the goals that you and your care plan team have discussed. Your care plan may include: one-on-one skilled therapy, group therapy, exercise plans, nutrition plans, assistance with activities of daily living, and/or other specific treatments based on your individual needs.

Medications ordered by your doctor may be part of your treatment. The doctor and nurses will teach you about your medicines, what they are for, any side effects and what times your medications will be given. If you have been taking medicines before coming to the facility, let your nurse and doctor know so the medicine can be given if needed. If you feel that you need a change in medication, have concerns or would like to try other types of treatment, talk with the doctor or nurses on your unit.

**Your interdisciplinary care team**

Your interdisciplinary care team is made up of several clinical staff members who are responsible for your care and treatment. The team includes:

**Physician** – Your physician will review your care plan, including medications and treatments, and provide direction to the staff related to your care needs. At times, a physician assistant or nurse practitioner may visit you on behalf of your physician. A psychiatrist will be involved with your care.

**Nursing staff** – Registered nurses (RNs), licensed practical nurses (LPNs) and state registered nursing assistants (SRNAs) will take care of you and help with physical care needs 24 hours a day. Nurses will give you your medicine, carry out treatments for you and assist you with other care needs.

**Social worker** – Your social worker will help you by getting a complete history of your illness, keeping in contact with your family, helping you obtain services and planning your discharge from the facility. He or she can assist with legal and financial questions you may have and help you obtain needed community resources. Your social worker can help you make arrangements to obtain equipment, services or personal items.

**Rehab therapists** – Licensed recreational therapists (RTs) will talk with you about your hobbies and interests and help with your treatment needs. Occupational therapists (OTs) and certified occupational therapy assistants (COTAs) may assist you to maximize your ability to do things for yourself. Physical therapists (PTs) and physical therapist assistants (PTAs) may assist you with exercise and mobility. Speech-language pathologists (SLPs), or speech therapists, may help you to improve your speech, communication and cognition.

**Psychologist** – The psychologist may ask you to take part in an evaluation and/or neuropsychological testing to better understand your needs and create a specialized treatment plan. The psychologist is also available for individual therapy if you need this support.

**Chaplain** – The chaplain provides positive and meaningful spiritual care for residents and families. The chaplain is available for pastoral care, regularly offers worship services, and provides spiritual books and literature.

**Students** – The University of Kentucky is a teaching facility, and ESH LTCF welcomes many students of different disciplines. All students will be supervised by licensed staff in their field. If you are uncomfortable with student involvement in your treatment, you have the right to decline.

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You have the right to choose your health care providers.

If you would like to be seen by an alternative provider, please inform your care team.
Specialists – If you need to see a specialist during your stay in this facility, you will have access to providers throughout UK HealthCare who can be consulted by your attending physician. We have a consulting physical medicine and rehabilitation doctor who can be a member of your care team if indicated.

Dentists – You will be seen for routine dental appointments and as needed.

Your Schedule and Care Plan

You will participate in an ongoing program of therapeutic activities and programming focusing on your physical, mental and psycho-social well-being. You will be offered a combination of individual and group therapies designed to meet your treatment goals. Because we focus on rehabilitation, participation in programming is expected and encouraged to promote your recovery and self-improvement.

Your treatment includes:

Care plan meetings – After completing thorough evaluations, an initial care plan meeting will be scheduled within 14 days of admission to review with you and your family and/or resident representative recommended plans of care for each discipline. You will have a chance to give feedback and ask questions about your treatment. You will have follow-up care plan meetings quarterly, or more frequently if needed, in which updated plans of care and progress in treatment will be addressed. You and your family and/or resident representative will be notified in a timely manner about the scheduled meeting date and time. You are encouraged to attend and participate in these discussions.

Therapeutic activities – ESH LTCF offers therapeutic activities seven days a week. We strive to offer activities that you will enjoy and that will promote socialization and a higher quality of life. Activities will occur on the unit, in the Recovery Mall and in a community setting and will be coordinated based on your needs and interests. You will be kept up-to-date about planned activities for your program and will have access to the program schedule.

Specialized unit groups – Multiple groups will be offered daily, and your participation is expected as an important part of your treatment and recovery. The following groups are offered regularly:

- Yoga.
- Goal Setting.
- Cooking Group.
- Recreational Therapy.
- Psychology groups focusing on communication, coping skills, cognitive retraining and other evidence-based treatments.
- Substance Misuse.
- Spirituality and Recovery.
- Pet Therapy.
- Music Therapy.
- Art Therapy.

Community reintegration – Throughout your stay at ESH LTCF, treatment will focus on promoting successful experiences in the community, with the goal of transitioning you to a lower level of care.

- Therapeutic outings – As part of your program, you may attend regularly scheduled outings in the community with ESH LTCF staff, focusing on applying learned skills in a more functional setting. Multiple care team members will rotate attendance based on the focus of the outing.

- Therapeutic leaves – As part of your program, you may leave the facility without staff, as scheduled and approved by your care team. Therapeutic leaves may increase in frequency closer to the time of discharge. We encourage you to use learned skills in the community and return to process each trip with your care team.
Recovery Mall – The Recovery Mall is a common space shared with ESH acute care units. The following spaces are available for use by ESH LTCF residents at specified times:

- The gymnasium offers sports, fitness and recreation options, plus special events such as parties, educational programs and festivals.
- Courtyards provide spacious areas for fresh air, walking and gardening.
- The retail shop offers gift items, donated clothing and other personal items. Get free items here through our Recovery Rewards program.
- You’ll find books, magazines, newspapers, self-help materials and music in the resource library. Computers are available to use the internet or improve your computer skills.
- The chapel is a place for prayer, meditation and spiritual support.
- Classrooms are the location for groups, including those focused on drug and alcohol education, wellness management, coping skills, and use of medications.
- You can express yourself through arts and crafts such as jewelry-making, art, leather crafts, pottery and creative writing.
- Groups to learn skills such as meal planning, cooking, shopping and taking care of your home are available in the kitchen.
- In our beauty salon, cuts, shampoos and sets are free of charge for residents. Prices vary for permanents, rinses and dyes. To make an appointment with the beauty salon, please notify staff.

Resident Council – ESH LTCF supports and assists in the formation of a resident council. All residents are considered eligible and are encouraged to attend each meeting. Coordinated with staff assistance, meetings are held monthly, and staff may attend to provide support. Residents may elect resident council officers.

Support for your recovery – Having support from your friends, family and peers can make a big difference in making the facility a home-like environment for you. We want you to be able to keep in touch with the key people who care about you. Our staff can only provide information about your care and treatment to those whom you have given us permission to do so.

ESH LTCF will maintain a contact list of names, addresses and phone numbers of your family, significant other, resident representative and others as applicable. ESH LTCF will notify your family, significant other or resident representative if you are involved in an accident and are injured; if you have a significant change in condition; if a significant alteration or change in your treatment needs to occur; if you need room transfers/moves; and if you need to be transferred to another facility for care that is not available at ESH LTCF.
Mail

Mail is delivered to you on your unit. You have the right to send and receive confidential, unopened mail. The facility takes steps necessary to verify that residents’ rights are met, while at the same time doing our best to maintain a safe environment for residents, staff and visitors. For safety reasons, the resident will be assisted in opening all large bulk mail items or packages. Any item noted to be hazardous will be removed from the resident area and returned to the sender, as appropriate.

Mail should be addressed to you this way:

Your name and unit  
Eastern State Hospital  
1350 Bull Lea Road  
Lexington KY 40511

Residents may also receive cash or checks for their Resident Trust Account. See below for details.

Money and valuables

The facility cannot be responsible for lost or misplaced items. You are encouraged to send expensive jewelry and other expensive items home with loved ones, if possible. If you are unable to do so, we will provide you with a place to lock up valuables.

ESH LTCF can establish and maintain a Resident Trust Account for you during your stay in the facility, giving you easier access to spending money. Loved ones can mail or bring a check or money to the Business Office or the Welcome Desk for deposit into your account. Checks or money orders should be made payable to Eastern State Hospital, addressed to the Business Office, and should include your name and unit. A receipt can be given if requested.

The Business Office will provide you with statements regularly and upon request. If you have money in the Business Office when you leave the facility, you will be given a check for the balance unless special arrangements are made.

Clothing and laundry

Residents are asked to bring comfortable clothing for your stay in the facility. Washers and dryers are available on the units. You are encouraged to do as much as possible on your own and/or with staff assistance. Clothing needs to be labeled with your name. If you will be receiving physical therapy, you are encouraged to bring a good pair of shoes.

Personal hygiene items

ESH LTCF supplies these personal hygiene items: hair hygiene supplies, bath soap, razors, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, sanitary napkins and related supplies, towels, washcloths, hospital gowns, hair and fingernail hygiene services, and basic laundry supplies.

Many residents prefer to use their own hygiene items, and you are allowed to bring those with you. Items not supplied by ESH LTCF include hair dryers, curling irons/straighteners, hair gels, etc.

Lost property

ESH LTCF staff will thoroughly investigate any report of lost property. Any item that is deemed lost or missing should be reported to the unit staff. We strongly encourage residents to allow money to be deposited in the Resident Trust Account or to be sent home with responsible family members or others for safekeeping rather than keeping it with them.

Food and meals

You will have three meals and snacks that will be served on your unit each day, per your unit schedule. Residents are encouraged to eat in the dining room, but meals may be served in your room based on your care needs. If a special diet is recommended, a dietitian will talk with you about the diet and your specific food likes and dislikes. Supplemental food and tube feeding may be provided to residents as needed to maintain nutritional status.

Bedrooms

You will either be in a private room or a semi-private room with a roommate. This decision is made after considering each resident’s personal needs, preferences and treatment goals.

Bills and insurance

A member of our Business Office team will visit you to discuss your finances. This lets us understand what you are able to pay. The amount you will have to pay is based on a number of factors such as insurance coverage, income, housing expenses and the number of dependents in your home.

Our goal is to help you manage the financial impact of your stay here. Please call the Business Office with any questions or concerns. To reach the Business Office, call 859-246-8000. The office is open from 8:30 a.m. to 4:30 p.m., Monday through Friday.
Transfers and discharges

ESH LTCF residents shall remain at the facility and will not be transferred or discharged unless: (1) the transfer/discharge is necessary for your welfare; (2) the transfer/discharge is appropriate because your health has improved and you no longer need the services provided by the facility; (3) the safety of other individuals in the facility is endangered due to clinical or behavioral status; (4) the health of other individuals in the facility is endangered; (5) you have failed to pay for services (after reasonable and appropriate notice); or (6) the facility ceases to operate.

ESH LTCF will give you or your resident representative notice of the transfer or discharge as follows: (1) at least 30 days prior to the transfer or discharge (where legally required); (2) in cases where the safety or health of the resident or other individuals in the facility may be endangered; or if other legal reasons exist, notice may be given to the resident as soon as possible before transfer or discharge; (3) the reason for the transfer/discharge will be provided at the time of notice of transfer/discharge along with information regarding the right to appeal a transfer/discharge, if any, as provided in the Resident’s Bill of Rights.

Discharges against medical advice

Because ESH LTCF is a voluntary program, each resident has the right to leave the program at any time. If you have been appointed a legal guardian/resident representative, this decision would fall to the guardian/resident representative. If the treatment team does not feel you are medically ready to leave the facility, you would be discharged against medical advice, also known as AMA. If your discharge is AMA, you will not be provided with assistance making follow-up appointments or obtaining medication and equipment.

Bed hold policy

In the event of a transfer to an acute-care facility or the need for a therapeutic leave, ESH LTCF will hold your bed for 30 days. If you are unable to return after this time, your bed may be used for another person. You will be given priority for the first available bed when readmission is appropriate.

Planned discharges

If your discharge has been scheduled and planned with your care team, you will be assisted in finding the most appropriate discharge placement, making follow-up appointments and other plans, and obtaining medications and necessary equipment. Your discharge may be scheduled several weeks in advance to allow for a long and thorough transition plan back to the community. You and your family or legal guardian will be encouraged to be involved in this process.
Resident rights

As a resident in a Medicare and/or Medicaid-certified nursing home, you have certain rights and protections under federal and state law that help ensure you get the care and services you need. The long-term-care facility must tell you about these rights and explain them in writing in a language you understand. They must also explain in writing how you should act and what you’re responsible for while you’re in our facility. This must be done before or at the time you’re admitted, as well as during your stay. You must acknowledge in writing that you received this information. At a minimum, federal law specifies that a long term care facility must protect and promote the rights of each resident.

Kentucky State Resident Rights for Residents in Long-Term-Care Facilities

Every resident in a long-term-care facility shall have at least the following rights:

(1) Before admission to a long-term-care facility, the resident and the responsible party or his responsible family member or his guardian shall be fully informed in writing, as evidenced by the resident’s written acknowledgment and that of the responsible party or his responsible family member or his guardian, of all services available at the long-term-care facility. Every long-term-care facility shall keep the original document of each written acknowledgment in the resident’s personal file.

(2) Before admission to a long-term-care facility, the resident and the responsible party or his responsible family member or his guardian shall be fully informed in writing, as evidenced by the resident’s written acknowledgment and that of the responsible party or his responsible family member or his guardian, of all services available at the long-term-care facility. Every long-term-care facility shall keep the original document of each written acknowledgment in the resident’s personal file.

(3) The resident and the responsible party or his responsible family member or his guardian shall be fully informed in writing, as evidenced by the resident’s written acknowledgment and that of the responsible party or his responsible family member, or his guardian, prior to or at the time of admission and quarterly during the resident’s stay at the facility, of all service charges for which the resident or his responsible family member or his guardian is responsible for paying. The resident and the responsible party or his responsible family member or his guardian shall have the right to file complaints concerning charges which they deem unjustified to appropriate local and state consumer protection agencies. Every long-term-care facility shall keep the original document of each written acknowledgment in the resident’s personal file.

(4) The resident shall be transferred or discharged only for medical reasons, or his own welfare, or that of the other residents, or for nonpayment, except where prohibited by law or administrative regulation. Reasonable notice of such action shall be given to the resident and the responsible party or his responsible family member or his guardian.

(5) All residents shall be encouraged and assisted throughout their periods of stay in long-term care facilities to exercise their rights as a resident and a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and to outside representatives of their choice, free from restraint, interference, coercion, discrimination, or reprisal.

(6) All residents shall be free from mental and physical abuse, and free from chemical and physical restraints except in emergencies or except as thoroughly justified in writing by a physician for a specified and limited period of time and documented in the resident’s medical record.

(7) All residents shall have confidential treatment of their medical and personal records. Each resident or his responsible family member or his guardian shall approve or refuse the release of such records to any individuals outside the facility, except as otherwise specified by statute or administrative regulation.

(8) Each resident may manage the use of his personal funds. If the facility accepts the responsibility for managing the resident’s personal funds as evidenced by the facility’s written acknowledgment, proper accounting and monitoring of such funds shall be made. This shall include each facility giving quarterly itemized statements to the resident and the responsible party or his responsible family member or his guardian which detail the status of the resident’s personal funds and any transactions in which such funds have been received or disbursed. The facility shall return to the resident his valuables, personal possessions, and any unused balance of moneys from his account at the time of his transfer or discharge from the facility. In case of death or for valid reasons when he is transferred or discharged the resident’s valuables, personal possessions, and funds that the facility is not liable for shall be promptly returned to the resident’s responsible party or family member, or his guardian, or his executor.
As a resident in a Medicare and/or Medicaid-certified nursing home, you have certain rights and protections under federal and state law that help ensure you get the care and services you need. The long-term-care facility must tell you about these rights and explain them in writing in a language you understand. They must also explain in writing how you should act and what you’re responsible for while you’re in our facility. This must be done before or at the time you’re admitted, as well as during your stay. You must acknowledge in writing that you received this information. At a minimum, federal law specifies that a long term care facility must protect and promote the rights of each resident.

**Kentucky State Resident Rights for Residents in Long-Term-Care Facilities**

Every resident in a long-term-care facility shall have at least the following rights:

1. Before admission to a long-term-care facility, the resident and the responsible party or his responsible family member or his guardian shall be fully informed in writing, as evidenced by the resident’s written acknowledgment and that of the responsible party or his responsible family member or his guardian, of all services available at the long-term-care facility. Every long-term-care facility shall keep the original document of each written acknowledgment in the resident’s personal file.

2. Before admission to a long-term-care facility, the resident and the responsible party or his responsible family member or his guardian shall be fully informed in writing, as evidenced by the resident’s written acknowledgment and that of the responsible party or his responsible family member or his guardian, of all resident’s responsibilities and rights as defined in this section and KRS 216.520 to 216.530. Every long-term-care facility shall keep the original document of each written acknowledgment in the resident’s personal file.

3. The resident and the responsible party or his responsible family member or his guardian shall be fully informed in writing, as evidenced by the resident’s written acknowledgment and that of the responsible party or his responsible family member or his guardian, prior to or at the time of admission and quarterly during the resident’s stay at the facility, of all service charges for which the resident or his responsible family member or his guardian is responsible for paying. The resident and the responsible party or his responsible family member or his guardian shall have the right to file complaints concerning charges which they deem unjustified to appropriate local and state consumer protection agencies. Every long-term-care facility shall keep the original document of each written acknowledgment in the resident’s personal file.

4. The resident shall be transferred or discharged only for medical reasons, or his own welfare, or that of the other residents, or for nonpayment, except where prohibited by law or administrative regulation. Reasonable notice of such action shall be given to the resident and the responsible party or his responsible family member or his guardian.

5. All residents shall be encouraged and assisted throughout their periods of stay in long-term care facilities to exercise their rights as a resident and a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and to outside representatives of their choice, free from restraint, interference, coercion, discrimination, or reprisal.

6. All residents shall be free from mental and physical abuse, and free from chemical and physical restraints except in emergencies or except as thoroughly justified in writing by a physician for a specified and limited period of time and documented in the resident’s medical record.

7. All residents shall have confidential treatment of their medical and personal records. Each resident or his responsible family member or his guardian shall approve or refuse the release of such records to any individuals outside the
(8) Each resident may manage the use of his personal funds. If the facility accepts the responsibility for managing the resident’s personal funds as evidenced by the facility’s written acknowledgment, proper accounting and monitoring of such funds shall be made. This shall include each facility giving quarterly itemized statements to the resident and the responsible party or his responsible family member or his guardian which detail the status of the resident’s personal funds and any transactions in which such funds have been received or disbursed. The facility shall return to the resident his valuables, personal possessions, and any unused balance of moneys from his account at the time of his transfer or discharge from the facility. In case of death or for valid reasons when he is transferred or discharged the resident’s valuables, personal possessions, and funds that the facility is not liable for shall be promptly returned to the resident’s responsible party or family member, or his guardian, or his executor.

(9) If a resident is married, privacy shall be assured for the spouse’s visits, and if they are both residents in the facility, they may share the same room unless they are in different levels of care or unless medically contraindicated and documented by a physician in the resident’s medical record.

(10) Residents shall not be required to perform services for the facility that are not included for therapeutic purposes in their plan of care.

(11) Residents may associate and communicate privately with persons of their choice and send and receive personal mail unopened.

(12) Residents may retain the use of their personal clothing unless it would infringe upon the rights of others.

(13) No responsible resident shall be detained against his will. Residents shall be permitted and encouraged to go outdoors and leave the premises as they wish unless a legitimate reason can be shown and documented for refusing such activity.

(14) Residents shall be permitted to participate in activities of social, religious, and community groups at their discretion.

(15) Residents shall be assured of at least visual privacy in multi-bed rooms and in tub, shower, and toilet rooms.

(16) The resident and the responsible party or his responsible family member or his guardian shall be permitted the choice of a physician.

(17) If the resident is adjudicated mentally disabled in accordance with state law, the resident’s guardian shall act on the resident’s behalf in order that his rights be implemented.

(18) Each resident shall be treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs.

(19) Every resident and the responsible party or his responsible family member or his guardian has the right to be fully informed of the resident’s medical condition unless medically contraindicated and documented by a physician in the resident’s medical record.

(20) Residents have the right to be suitably dressed at all times and given assistance when needed in maintaining body hygiene and good grooming.

(21) Residents shall have access to a telephone at a convenient location within the facility for making and receiving telephone calls.

(22) The resident’s responsible party or family member or his guardian shall be notified immediately of any accident, sudden illness, disease, unexplained absence, or anything unusual involving the resident.

(23) Residents have the right to have private meetings with the appropriate long-term care
facility inspectors from the Cabinet for Health and Family Services.

(24) Each resident and the responsible party or his responsible family member or his guardian has the right to have access to all inspection reports on the facility.

(25) The above-stated rights shall apply in all cases unless medically contraindicated and documented by a physician in writing in the resident’s medical record.

(26) Any resident whose rights as specified in this section are deprived or infringed upon shall have a cause of action against any facility responsible for the violation. The action may be brought by the resident or his guardian. The action may be brought in any court of competent jurisdiction to enforce such rights and to recover actual and punitive damages for any deprivation or infringement on the rights of a resident.

Any plaintiff who prevails in such action against the facility may be entitled to recover reasonable attorney’s fees, costs of the action, and damages, unless the court finds the plaintiff has acted in bad faith, with malicious purpose, or that there was a complete absence of justifiable issue of either law or fact. Prevailing defendants may be entitled to recover reasonable attorney’s fees. The remedies provided in this section are in addition to and cumulative with other legal and administrative remedies available to a resident and to the cabinet.

Kentucky Statute 216.515 Rights of residents Effective: June 20, 2005 http://lrc.ky.gov/statutes

Federal Resident Rights

Per federal guidelines, the resident has the right to be fully informed, in a language he or she can understand, of his or her total health status, including but not limited to his or her medical condition.

The resident has the right to refuse treatment and to refuse to participate in experimental research.

The resident has a right to be fully informed in advance about care and treatment and any changes in that care and treatment that may affect the resident’s well-being.

The resident has a right to participate in planning their other care and treatment or changes in care and treatment unless adjudged incompetent or otherwise found to be incapacitated under the laws of the state.

Federal Centers for Medicare and Medicaid Services (CMS) Resident Rights

Per federal requirements of participation ESHLTCF respects the rights of residents as outlined in 483.10 and 483.12

The facility must protect and promote the rights of the resident.

A. Resident Rights

The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.

B. Exercise of Rights:

The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.

In the case of a resident who has not been adjudged incompetent by the state court, the resident has the right to designate a representative, in accordance with State law and any legal surrogate so designated may
exercise the resident’s rights to the extent provided by state law. The same-sex spouse of a resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated.

(i) The resident representative has the right to exercise the resident’s rights to the extent those rights are delegated to the representative.

(ii) The resident retains the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation of rights, except as limited by State law.

In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident devolve to and are exercised by the resident representative appointed under State law to act on the resident’s behalf. The court-appointed resident representative exercises the resident’s rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law.

(i) In the case of a resident representative whose decision-making authority is limited by State law or court appointment, the resident retains the right to make those decisions outside the representative’s authority.

(ii) The resident’s wishes and preferences must be considered in the exercise of rights by the representative.

(iii) To the extent practicable, the resident must be provided with opportunities to participate in the care planning process.

C. Planning and Implementing Care

The resident has the right to be informed of, and participate in, his or her treatment, including:

The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.

The right to be informed, in advance, of changes to the plan of care.

The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.

The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.

The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.

The right to self-administer medications if the interdisciplinary team has determined that this practice is clinically appropriate.

Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.

The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to the right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.

(i) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.

(iv) The right to receive the services and/or items included in the plan of care.
The right to see the care plan, including the right to sign after significant changes to the plan of care.

**D. Choice of attending physician**

The resident has the right to choose his or her attending physician.

**E. Respect and Dignity**

The resident has a right to be treated with respect and dignity, including

The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident’s medical symptoms, consistent with §483.12(a)(2). The facility must ensure this right. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.

The resident has a right to be treated with respect and dignity, including the right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.

The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.

The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.

The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement.

The right to receive written notice, including the reason for the change, before the resident’s room or roommate in the facility is changed.

The right to refuse to transfer to another room in the facility, if the purpose of the transfer is to relocate a resident of a SNF from the distinct part of the institution that is not a SNF, or to relocate a resident of a NF from the distinct part of the institution that is a NF to a distinct part of the institution that is a SNF or solely for the convenience of staff.

A resident’s exercise of the right to refuse transfer does not affect the resident’s eligibility or entitlement to Medicare or Medicaid benefits.

**F. Self-determination.**

The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs of this section.

The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.

The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.

The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.

The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident’s right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.

The resident has a right to organize and participate in resident groups in the facility. The facility must provide private space and make others aware of upcoming meetings in a timely manner. Staff, visitors or other guests may attend resident group or family group meetings only at the respective group’s invitation.

The resident has a right to participate in family groups.
The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.

The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.

The resident has a right to choose or refuse to perform services for the facility and the facility must not require a resident to perform services for the facility. The resident may perform services for the facility, if he or she chooses, when—

- The facility has documented the resident’s need or desire for work in the plan of care;
- The plan specifies the nature of the services performed and whether the services are voluntary or paid;
- Compensation for paid services is at or above prevailing rates; and

The resident agrees to the work arrangement described in the plan of care.

The resident has a right to manage his or her financial affairs. This includes the right to know, in advance, what charges a facility may impose against a resident’s personal funds.

**G. Information and Communication.**

The resident has the right to be informed of his or her rights and of all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility.

The resident has the right to access personal and medical records pertaining to him or herself.

The resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and a language he or she understands, including a description of protecting personal funds, a description of requirements and procedures for establishing eligibility of Medicaid and includes the right to request an assessment of resources under section 1924(c) of the Social Security Act, contact information of all pertinent State regulatory and informational agencies, resident advocacy groups (State Survey Agency, LTC Ombudsman, Protection and Advocacy, the Medicaid Fraud unit and filing grievances.

The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident’s own expense.

The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to privacy of such communications consistent with this section; and Access to stationary, postage, and writing implements at the resident’s own expense.

The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research if the access is available to the facility; at the resident’s expense, if any additional expense is incurred by the facility to provide such access to the resident and such use must comply with State and Federal law.

The resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and

The resident has the right to receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies. The facility must not prohibit or in any way discourage a resident from communicating with federal, state, or local officials, including but not limited to, federal or state surveyors, other federal or state health department employees,
including representatives from the Office of the State Long-Term Care Ombudsman and any representative agency responsible for the protection and advocacy system for individuals with mental disorder.

**H. Privacy and Confidentiality**

The resident has a right to personal privacy and confidentiality of his or her personal and medical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.

The resident has a right to secure and confidential personal and medical records.

The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.

**I. Safe Environment.**

The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Such as a safe, clean comfortable and homelike environment, clean bed and bath linens, adequate and comfortable lighting, comfortable and safe temperature levels and comfortable sound levels.

**J. Voice Grievances**

The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.

The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have. The facility must make information on how to file a grievance or complaint available to the resident, must ensure prompt resolution of all grievances regarding residents’ rights, and provide copy of the grievance policy upon request.

**Freedom from Abuse, Neglect, and Exploitation**

The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident’s symptoms.

For a complete list of resident rights and facility responsibilities, ask a staff member.

Reference 483.10 483.12
Rules and expectations for ESH LTCF RESIDENTS

The following is a list of ESH LTCF Resident Community Living Rules. These rules were established with the purpose of providing for the overall safety and comfort of all facility residents. The intent is to provide a general guideline for all residents of the facility, and the guidelines are not specific to any person(s). The specificity is dependent on each individual resident’s physical capabilities, cognitive abilities, level of understanding, prescribed treatment plan, as well as their freedom of choice and right to self-determination.

1. You have the responsibility to provide relevant information about your current and past symptoms, health concerns and medications.

2. You are encouraged to rise each day when awakened and to dress appropriately for the day. Your care team will assist you to dress as needed.

3. You are asked to dress in non-revealing clothing.

4. You are asked to maintain good personal hygiene/grooming habits. You will be encouraged to do as much as you can for yourself; your care team members will assist as indicated. There are some groups you will be unable to attend if your hygiene is not acceptable due to concerns for other residents.

5. Drinks, food and other personal items could be considered a risk to yourself or other residents (especially due to swallowing problems and dietary restrictions) and may be labeled and kept in another area and not in your room. These items will be made available per the unit staff as appropriate.

6. Grooming supplies (toothbrush, toothpaste, combs, brushes, hair spray, deodorant, etc.) may be kept in storage areas on each unit and not in your room for safety reasons. You are encouraged to request these as needed.

7. Please keep your bedroom area neat and clean. Also, help keep the unit tidy by cleaning up after yourself and by using the trash cans.

8. Smoking is not permitted. ESH LTCF is a no-smoking facility and campus. (This includes electronic cigarettes.)

9. Staff will remind and encourage you to attend any scheduled therapy or activity.

10. Threatening behaviors or comments will be considered potentially dangerous to yourself or others and are prohibited.

11. You have the responsibility to show respect and consideration to others and their property, as well as the facility’s property. You are asked to be respectful and courteous to your peer residents on the unit. If you wish to visit with a peer resident while they are in their room, please seek permission from the peer prior to entering their room. Sexually lewd comments and gestures toward others are prohibited.

12. Display of personal belongings in your bedroom is encouraged. However, inappropriate or unsafe items are not allowed, as they may be offensive or cause injury to yourself or others.

13. Loud or excessive noise is discouraged, as it disrupts the environment of the unit. Televisions and radios are encouraged to be at a reasonably low level during quiet hours. Quiet hours are observed from 10:30 p.m. until 5:30 a.m.

14. A physician’s order is required for anyone requesting to leave the unit without a facility staff member. A request should be made to the unit nurse or social worker.

15. You have the responsibility to follow the facility’s rules and regulations.

These Community Living Rules are enforced to provide for your overall safety, comfort and satisfaction while a resident. Any additional rules or revisions must be approved by the interdisciplinary care team and will be made available to each resident on the unit and at Resident Council meetings.

Visitation ESH LTCF promotes and supports a resident- and family-centered approach to care. This means your family and friends are welcome to visit you. You have the right to say whom you want or don’t want to visit you in the facility. You
may change your mind at any time about who can visit you. If you have been appointed a resident representative, that person can determine who is allowed and not allowed to visit you.

Residents have the right to spend private time with visitors of their choice and to have visitors at any time, as long as the visit doesn’t interfere with the provision of care and privacy rights of other residents. Privacy for married residents shall be assured for the spouse’s visits. Residents have the right to see any person who provides assistance with health, social, legal or other services at any time. This includes their physician, representatives from community agencies, the Long-Term Care Ombudsman and others. Residents have the right to have private meetings with the appropriate long-term care facility inspectors from the Cabinet for Health and Family Services.

Possible limits on visitation may include:

- A court order limiting or restricting contact.
- Behavior presenting a direct risk or threat to the resident or others in the immediate environment.
- Behavior disruptive to the visitation area.
- Resident’s risk of infection by the visitor or visitor’s risk of infection by the resident.

Any items brought to you by your visitors must first be checked by staff to make sure they are safe to have. Certain items will not be allowed to be brought in by visitors.

Visitors are not permitted to bring lighters, matches, any medications or drugs, cigarettes, cigars, pipes, chewing tobacco, dip, snuff, firearms or any type of weapon, aerosol containers, alcohol, sharp objects, or any other potentially dangerous materials. Items brought by visitors may be checked at the front entrance to the hospital/facility or by the staff on the unit.

Leftover food or drink items not consumed during the visit, products containing alcohol, hand sanitizer, perfume/cologne and other grooming supplies must be left with staff and not in resident rooms.

If you have visitors under the age of 18, you may be asked to visit in a segregated or locked area for the safety of all parties. However, ESH LTCF will ensure that you are able to visit with children and will make accommodations accordingly.

**Leaves of absence** If you leave the facility for any reason, you or your resident representative will assume certain risks and responsibilities. We cannot be responsible for your condition or any accidents or illnesses that occur while you are away, except as otherwise required by law. When you leave without staff, you release the facility, its officers, directors and employees from all liability for any personal injury, illness or deterioration in your condition that may occur.

Upon leaving ESH LTCF, you or your resident representative will be asked to sign a release of responsibility for leave of absence and a safety contract. Upon return to ESH LTCF, you may be subject to a urine drug screen, as it is important to know for treatment purposes if you had a relapse in substance use while away from the facility. To maintain safety on the unit, you may also be subject to a search of any new belongings.

**Telephones and electronic devices** ESH LTCF is not equipped for installation of “hard line” phones in resident rooms. You may use personal cellphones, computers, tablets or other electronic devices in accordance with your care plan and as long as it does not interfere with treatment. However, you must be able to use cellphones/electronic devices safely, and you or your loved one is responsible for maintaining contracts and/or making monthly payments for devices. ESH LTCF will not replace lost cellphones/electronic devices, and maintenance is the responsibility of the resident.

Residents shall have access to a telephone at a convenient location within the facility, in a private setting when desired, for making and receiving telephone calls. Please ask the staff to assist you with making phone calls in a private setting on the unit area, if needed.

**Television** ESH LTCF is not equipped for installation of cable for televisions in resident rooms. However, if you would like to bring one in, you may do so and use it in accordance with your care plan, as long as it does not interfere with treatment. Televisions are available for residents on the units.
and can be accessed during free time.

**Nurse call system** A nurse call system is provided to each resident at the facility’s discretion based on an assessment completed by a registered nurse. The ESH LTCF nurse call system includes both buttons and cords in different areas of the resident rooms. There are risks and benefits associated with having a call system in resident areas. Benefits include a possible feeling of safety and security and a means of calling for assistance quickly. Risks include a potential for entanglement and potential for self-harm.

**Room and unit searches** Our staff wants to make sure that you have safe, quality care and that the facility is a safe place for you. To keep the facility safe for everyone, resident rooms and other resident areas may be searched at various times to check for any unsafe items. Staff will first explain how and why any search is done, and you have the right to be present during the search. Any unsafe items will be removed.

**Restraints and Emergency Separation**
ESH LTCF will use restraints as a LAST RESORT and only when other less restrictive measures have not prevented a resident from injuring self or others. Both restraints and emergency separation are to be used only for a resident’s medical symptoms or emergencies and are never used as a punishment.

A restraint is any manual method, equipment or device that restricts freedom of movement.

Emergency separation is temporary, monitored separation and/or removal from resident common areas for safety of residents and peers. Teaching will be done with the residents, resident representative and/or family at the time of initiation of restraints to explain why restraints are being used.

**Tobacco-free facility** Because smoking causes many health problems, our facility and campus are tobacco free. Smoking and the use of tobacco products and electronic cigarettes are not allowed anywhere on facility grounds or during therapeutic leaves or outings. Tobacco products, lighters and matches must be given to family or friends upon admission, or they will be thrown away. We can offer you nicotine patches, gum or medicine to help reduce cravings. Information about ways to quit smoking is available.
Important policies and procedures

Notice of Privacy Practices

Residents may review a copy of ESH LTCF Notice of Privacy Practices (NPP) upon admission. This NPP is posted on the unit, and you may request a copy at any time. Your medical record will be considered Protected Health Information in accordance with the Federal Health Insurance Portability and Accountability Act (HIPAA).

You may view your record with a 24-hour notice request Monday through Friday. A nurse or social worker will remain with you while you review your record to clarify where things are located and to answer any questions you may have. You may receive a copy of your record within two days excluding weekends and holidays. When anyone other than the resident or his/her resident representative or legal representative requests to review the record, the resident or their legal representative will be asked to provide consent for this person to review the record.

Minimum Data Set (MDS) System of Records

Residents may review a copy of the Long Term Care Facility Privacy Act Statement for health care records as it relates to use of the Minimum Data Set (MDS) System of Records. You may review this upon admission, and you may request a copy at any time. MDS is used to collect and report personal information for purposes of certification of facility, billing, reimbursement, policy and research. The system will only disclose the minimum amount of personal data necessary to accomplish these purposes.

Non-discrimination policy

As a recipient of federal financial assistance, this nursing facility does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, age, disability or sex in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by this nursing facility directly or through a contractor or any other entity with which the nursing facility arranges to carry out its programs and activities.

This statement is in accordance with the provision of Title VI of the Civil Rights Act of 1975, and regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Pars 80, 84 and 91.

ESH LTCF does not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

In case of questions, please contact:
UK Office of Equal Opportunity: 859-257-8927
TDD/State Relay Number: 711 or 800-676-3777
Spanish TDD/State Relay Number: 711 or 800-676-4290. Email: pbender@uky.edu

Notice of program accessibility

The regulation implementing Section 504 requires that an agency/facility “… adopt and implement procedures to ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of services, activities and facilities that are accessible to and usable by disabled persons.” (45 C.F.R. §84.22(f))

ESH LTCF and all of its programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing or blind, or who have other sensory impairments. Access features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor with elevator access to all other floors.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, cafeteria and resident treatment areas, including examining rooms and wards.
- A full range of assistive and communication aids provided to persons who are deaf, hard
of hearing or blind, or with other sensory impairments. There is no additional charge for such aids. Some of these aids include:

- Qualified sign language interpreters for persons who are deaf or hard of hearing.
- A 24-hour telecommunication device (TTY/TDD) that can connect the caller to all extensions within the facility and/or portable (TTY/TDD) units, for use by persons who are deaf, hard of hearing or speech impaired.
- Readers and taped material for the blind and large print materials for the visually impaired.
- Flash cards, alphabet boards and other communication boards.
- Assistive devices for persons with impaired manual skills.

If you require any of the aids listed above, please let the receptionist or your nurse know.

**Pain assessment and management**

You will be given a pain assessment by a registered nurse upon admission or readmission. Pain and complaints about pain are common with aging, but they are not normal. Effective pain management depends on an adequate pain assessment that should provide the groundwork to identify the cause of pain and to guide both drug and non-drug treatment.

A pain scale is used when having you describe your pain and amount of pain relief. A plan for pain and symptom management is developed based on the assessment data and collaboration with the interdisciplinary care team, which includes you and your family/guardian.

**Flame retardant policy**

We strive to promote a home-like environment for the residents’ rooms within appropriate safety guidelines. Residents are encouraged to use personal possessions, including furnishing and personal property as space permits. However, all items must meet flame retardant guidelines. Therefore, any and all items will need to be given to the social worker or the unit charge nurse promptly so that they may be tagged, inventoried and treated (if necessary) at time of admission, receipt and annually. We encourage you or your resident representative and/or family to purchase flame-retardant items, if possible, and provide the written documents for proof to our facility. We also understand that this is not possible in every case. Please be aware that all items will need to be treated with flame-retardant spray.
Advance directives

In Kentucky, you have the right to voice your choices about your medical treatment. You may name someone to make decisions about your medical treatment if you are not able to make these choices or decisions yourself. These are called advance directives.

Advance directives are forms that are signed in advance to let your health care team know your wishes concerning medical treatment. Advance directives can include a living will, health care surrogate and/or any other document that provides direction about your health care needs. A copy of your advance directive must be filed in your medical record.

Self-Determination Act

ESH LTCF recognizes the right of each resident and/or their legal representative to make decisions regarding their care and treatment. These decisions may include, but are not limited to, 1) accepting or refusing medical or surgical treatment; and 2) formulating and executing an advance directive.

As per facility policy, each resident and their legal representative will be informed by their social worker or admissions coordinator of their right to make decisions regarding health care. Each resident and/or their resident representative will be informed about the resident’s medical condition, the different treatments available and the potential risks of those treatments.

The resident and/or their legal representative may refuse medical treatment to the extent permitted by law. If treatment is refused, the resident and/or their legal representative will be informed, by the attending physician, of significant consequences that may result from such action.

Upon admission, all residents who are found of sound mind will be given information and the opportunity to formulate an advance directive, including a living will, designation of a health care surrogate or the designation of a durable power of attorney. In the event an advance directive is formulated, the social worker will notify the appropriate staff. The advance directive document will become part of the permanent record.

It is the practice of ESH LTCF in the absence of an advance directive to provide basic life support for all residents of the facility. This provision of basic life support includes, but is not limited to, the provision of nutrition and hydration (orally, via nasogastric or gastric tube, intravenous fluids, oxygen therapy, nasopharyngeal suction and cardiopulmonary resuscitation).

The decision to make an advance directive is not necessary to receive care in this facility. ESH LTCF will not condition care or otherwise discriminate against any resident based on whether the resident has executed an advance directive.

Types of advance directives

Living will – A living will is a form you fill out and sign that tells your doctor whether you want treatments or procedures to keep you alive longer if you are in a terminal condition (expected to die) or a permanently unconscious state, such as a coma.

Do not resuscitate order (DNR) – A DNR order allows you to choose whether you want cardiopulmonary resuscitation (CPR) before an emergency occurs. It is specific to CPR and does not provide instructions for other treatments, such as pain medicine, life support or nutrition.

Designation of health care surrogate – You can name another person to serve as your health care surrogate by filling out this legal form in advance of any illness. This person is then allowed to make medical decisions for you should you become temporarily or permanently unable to make those decisions yourself. This person would be considered your legal representative.

Durable power of attorney – A durable power of attorney can also be named on a legal form. This person deals with making medical decisions for you if you should become temporarily or permanently unable to make those decisions for yourself, and this person can also handle personal and financial affairs. This person would be considered your legal representative.
Complaints and concerns

ESH LTCF seeks to protect residents from all forms of abuse, neglect and exploitation from any source. We try very hard to make your stay as free from problems as possible. If you do have concerns, first discuss them with your care team. If that does not satisfy you, you have the right to file a complaint or grievance. You can get a form from the unit staff to write down your concern. If you have trouble filling out the form, please ask staff to help you. Specific leadership staff will review your complaint and give you a reply as soon as possible.

If you feel that someone has abused or hurt you, please tell the nearest staff member immediately. All efforts will be made to keep you safe.

Grievance policy

A resident or resident representative has the right to voice grievances without discrimination or reprisal. Such grievances include those with respect to the treatment that has been furnished as well as that which has not been furnished. A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. A resident or resident representative may express any concern related to the resident environment, quality of life or safety directly to the facility director. Concerns may be made verbally or in writing. A copy of the Resident Grievance form is always available upon request. Residents may express concerns directly to management staff during environmental rounds or in a Resident Council meeting. All expressed concerns will be followed up with appropriate documentation.

ESH Long Term Care Administrator or Grievance Coordinator
1350 Bull Lea Road
Lexington, KY 40511
859-246-8000
Advocacy groups and oversight agencies

Kentucky Nursing Home Resident Ombudsman

The Kentucky Long-Term Care Ombudsman program advocates for residents of nursing homes, personal care homes and family care homes. Ombudsmen work to resolve problems of individual residents and to bring about improvements in care through changes at the local, state and national levels. Below is contact information related to whom you may call if your complaint or concern has not been satisfactorily resolved by the staff on the unit. The name and contact number for the facility’s ombudsman is posted on your unit.

District Ombudsman for the Nursing Home Ombudsman Agency
3138 Custer Drive, Ste. 110
Lexington, KY 40517
859-277-9215 or 877-787-0077
Fax: 859-277-4843
Email: DeniseKennedy@ombuddy.org

State Long Term Care Ombudsman
Sherry Culp
3138 Custer Drive, Ste. 110
Lexington, KY 40517
859-277-9215
Hotline: 800-372-2991
Email: SherryCulp@ombuddy.org

TTY (for hearing impaired): 888-642-1137
Fax: 502-564-4595

Protection and Permanency, Adult Protection Branch

Abuse is when a person hurts or injures another person physically or mentally. It does not have to be deliberate or intentional. Anyone who believes a resident has been abused, neglected or exploited may contact Adult Protective Services (APS).

Adult Protective Services
502-564-7043
Abuse Hot Line Number: 800-752-6200
Email: Pam.Cotton@ky.gov

Kentucky State Guardianship Services

Kentucky’s public guardianship program is administered by the Division of Guardianship in the Cabinet for Health and Family Services. Individuals are served by offices in all regions of the state. In Kentucky, guardianship is a legal relationship between a court-appointed adult who assumes the role of guardian for a ward. A ward is a person who has been declared legally disabled by the court and is no longer able to care for their personal and/or financial needs. A guardian may be a friend or family member who is willing to care for the disabled individual. If there is no one willing to care for the disabled person, the court will appoint the Cabinet for Health and Family Services as the state guardian.

Southern Bluegrass Guardianship Office
1165 Centre Parkway, Ste. 108
Lexington, KY 40517
859-245-5748

Kentucky Office of the Inspector General

The Office of Inspector General (OIG) is a division of Community Health Services under the Kentucky Cabinet for Health and Family Services. OIG is the regulatory and licensing agency for all health care, day care and long term care facilities in the commonwealth. OIG is responsible for the prevention, detection and investigation of fraud, abuse, waste, mismanagement and misconduct by the cabinet’s clients, employees, medical providers, vendors, contractors and subcontractors. You may file a complaint with the state survey agency concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with advance directives and requests for information regarding returning to community.

Office of the Inspector General Eastern Enforcement Branch
1055 Wellington Way, Ste. 125
Lexington, KY 40513
859-246-2301
Fax: 859-246-2367
Email: EEB.Complaints-Reports@ky.gov
Kentucky Protection and Advocacy

Kentucky Protection and Advocacy (P&A) is the designated protection and advocacy system in Kentucky. P&A, an independent state agency, protects and promotes the rights of Kentuckians with disabilities through information and referral, technical assistance, education and training, and legal advocacy.

Protection and Advocacy
100 Fair Oaks Lane, Third Floor
Frankfort, KY 40601
502-564-2967 or 800-372-2988
www.kypa.net
Email: KYPandAinquiry@gmail.com

Office for Civil Rights

The Office for Civil Rights (OCR) is part of the U. S. Department of Health and Human Services (HHS). OCR enforces a number of civil rights laws and the federal law that protects the privacy of health information. OCR helps to protect you from unfair treatment or discrimination because of your race, color, national origin, age or disability. Some civil rights laws may also protect you from discrimination based on sex (gender) or religion. You can request a copy of the OCR grievance form or contact them directly.

Office for Civil Rights
800-368-1019
TDD: 800-537-7697
OCRmail@HHS.gov
www.hhs.gov/ocr

Aging and Disability Resource Center

The Aging and Disability Resource Center provides information about referrals to aging and disability programs and services.

Medicaid Fraud Control Unit

Any person who knows or has reasonable cause to believe a Medicaid provider fraud has occurred should report that information to the Attorney General’s Office Medicaid Fraud Unit.

Medicaid Fraud Control Unit of Kentucky

Office of Attorney General
1024 Capital Center Drive
Frankfort, KY 40601
Hotline: 877-228-7384
Phone: 502-696-5404
Fax: 502-573-8316
www.ag.ky.gov
877-925-0037
http://chfs.ky.gov

Coverage and Eligibility for Medicare and Medicaid

Medicare
Medicare is a federal health insurance program for:

- People 65 or older
- People under age 65 with certain disabilities, and
- People of all ages with end-stage renal disease (permanent kidney failure requiring dialysis or kidney transplant).

Medicare has different parts:

- Part A (no premium) covers inpatient hospital stays.
- Part B (premium) covers doctors’ services and outpatient care. It covers some services Part A doesn’t cover such as some services for Physical Therapy and Occupational Therapy.
- Prescription Drug Coverage (monthly premium) beneficiaries choose a drug plan to cover prescription medications.

For general information regarding Medicare, go to www.cms.gov

Medicaid
Medicaid is a federally funded and state-run program that has a number of programs tailored for special groups of Kentucky citizens. Kentucky Medicaid provides coverage for individuals who demonstrate a financial need, live in Kentucky and meet other requirements of the program. Coverage includes basic medical care, which may include doctor visits, preventive care/screenings, skilled nursing services, ambulance and prescriptions. You may access the self-service portal at https://kynect.gov or the call center at 825-459-6328.

If you have any questions about Medicare or Medicaid coverage or eligibility, ESH LTCF social workers can assist you or provide guidance on obtaining coverage.

Anything else you need
We hope the information in this book has been helpful. Please feel free to ask questions at any time and to bring any concerns to the attention of your care team. We are pleased to be able to provide care for you, and we want you to have a beneficial experience during your time at the Eastern State Hospital Long Term Care Facility.
Eastern State Hospital
MANAGED BY UK HEALTHCARE
Long Term Care Facility | Central Kentucky Recovery Center

Eastern State Hospital, Eastern State Hospital Long Term Care Facility, and Central Kentucky Recovery Center, all referred to in this Notice as “Eastern State Hospital,” complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Eastern State Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Eastern State Hospital:

• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats)

• Provides free language services to people whose primary language is not English, such as:
  - Qualified medical interpreters
  - Information written in other languages

If you need these services, contact any employee working at Eastern State Hospital.

If you believe Eastern State Hospital has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with:

Patty Bender, Section 1557 Coordinator and Associate Vice President
Institutional Equity and Equal Opportunity
University of Kentucky
13 Main Building
Lexington, KY 40506-0032
Telephone number: 859-257-8927 | Fax number: 859-323-3739 | Email: pbender@uky.edu

If you need help filing a grievance the Eastern State Hospital grievance coordinator at 859-246-8000 or Patty Bender, Section 1557 coordinator, is available to help.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights’ Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Telephone number: 800-368-1019 | (TDD) number: 800-537-7697

Complaint forms are available at: http://www.hhs.gov/ocr/office/file/index.html
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