

**PROVIDING QUALITY CARE FOR  
YOUR LOVED ONES**

# **Grafton County Nursing Home**

3855 Dartmouth College Highway, North Haverhill, NH 03774

**2**

## **ADMISSION PROCEDURES & RESIDENT INFORMATION GUIDE**

**A PLACE TO CALL HOME**



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We have assembled this information packet to assist you in understanding the admission process and expectations, familiarizing yourself with the care and services we offer, and addressing any additional inquiries you may have to support you in navigating this challenging decision more smoothly. If you choose Grafton County Nursing Home for your loved one, we strive to ensure a smooth transition to our facility, prioritizing comfort for both the resident and you.

## Referral of admissions

- 1) All referrals for admissions will be directed to our Social Services Department.
- 2) Please submit a completed application as well as copies of the required documents, so we may begin the process of evaluating your loved one/friend for admission to our home. After a full review of the provided information, we will contact you to discuss the status.
  - Clinical documents from PCP – Most recent *History and Physical* including medications list and immunization list
  - Advance Directives
  - Durable Power of Attorney – health care or guardianship over person
  - Durable Power of Attorney – financial or guardianship over estate
  - Health insurance cards, including Medicare card and Part D card
  - Social Security card
  - Copy of **certified** birth certificate
  - Copy of marriage certificate or divorce decree, if applicable
  - Copy of spouse's **certified** death certificate, if applicable

### Advance Directives & Advance Care Planning Guides:

- **New Hampshire:** <https://www.healthynh.org>  
[https://healthynh.org/wp-content/uploads/2024/04/Advance\\_Care\\_Planning\\_Guide\\_Revised\\_FINAL-3.pdf](https://healthynh.org/wp-content/uploads/2024/04/Advance_Care_Planning_Guide_Revised_FINAL-3.pdf)
- **Vermont:** <https://vtethicsnetwork.org>  
[https://vtethicsnetwork.org/wp-content/uploads/2021/06/AD-VT-Short-Form-with-Combined-RA\\_Change-Form\\_July2021.pdf](https://vtethicsnetwork.org/wp-content/uploads/2021/06/AD-VT-Short-Form-with-Combined-RA_Change-Form_July2021.pdf)

### Durable Power of Attorney – healthcare or guardianship over:

- **New Hampshire:** <https://powerofattorney.com>  
<https://powerofattorney.com/wp-content/uploads/2013/07/New-Hampshire-Advance-Directive-Form-Medical-POA-and-Living-Will.pdf>
- **Vermont:** <https://www.brownway.com>  
<https://www.brownway.com/wp-content/uploads/2021/07/POA-Medical.pdf>

### Durable Power of Attorney – financial or guardianship over estate:

- **New Hampshire:** <https://www.estateguidance.com>  
<https://www.estateguidance.com/content/forms/fpoa/statutory/New%20Hampshire.pdf>
- **Vermont:** <https://vtlawhelp.org>  
<https://vtlawhelp.org/sites/default/files/Power-of-Attorney-Form-VLA-%28fully-accessible%29-4.2024.pdf>

The admissions team will review all information to determine if the referred individual meets our criteria.

- a) The referring agency or person will be notified of the Admission Team's decision.
  - i) If it is decided that the referred individual does not meet GCNHs criteria, the process will end.
  - ii) If it is decided that the referred individual meets GCNHs criteria, the process will continue. Please refer to "Pre-Admission Requirements."

## Pre-admission requirements

### 1) INTERVIEW AND ASSESSMENT

- a) The Admissions Nurse will schedule a meeting with the referred individual for an interview and assessment.
  - i) The interview and assessment, application, and social history forms must be completed and submitted to the Social Service Department and the referred individual will be placed on our waiting list until an appropriate room is available.
  - ii) Patient Care Referral forms must be completed by the applicant's attending physician. Approval for intermediate care, or if Medicaid eligible, must be obtained through the Office of Long Term Care, Concord, New Hampshire.

### PRE-ADMISSION

**FORMS:** Upon request, pre-admission forms will be mailed to the agency or person. It is their responsibility to ensure the forms are completed and returned to GCNH so our admission team can continue with the admission process.

### 2) FINANCIAL REVIEW

- a) Medicaid applicants: Financial eligibility will be determined by the Department of Health and Human Services.
- b) On July 3, 2013, Senate Bill 138 (SB 138) became law, allowing long-term care facilities, such as Grafton County Nursing Home, the ability to pursue recovery costs, at the facility's current Medicaid rate, for care provided to a resident from those who have a fiduciary responsibility (*Guardian or Durable Power of Attorney for Finance*) over the individual. Examples for when this would apply are: when an application for Medicaid is not filed in a timely manner; when a resident is not able to receive Medicaid benefits due to an inappropriate transfer of their assets within the five-year look-back period.

## Room Rates and additional charges

### Private room rate

**\$355 per day**

### Semi-Private room rate

**\$335 per day**

You would be provided a 30-day notice in the event of a change in room rate.

**NOTE:** The room and board cost **does not** include medications, physician charges, contract services, or transportation. For additional charges that would be the resident's responsibility, please refer to *"Additional charges that the resident may incur that are not included in the daily rate and are not covered under the Medicaid/Medicare insurance program."*

## Payment options and how funds will be applied

- 1) **MEDICAID:** Medicaid is a joint federal and state program that helps cover medical costs for some people with limited income and resources. Medicaid offers benefits not normally covered by Medicare, like nursing home care and personal care services. Please see the attached pamphlet-- ***Medicaid Income and Asset Rules for Nursing Home Residents.***
- 2) **MEDICARE PART A (SNF):** Medicare is federal health insurance for anyone 65 and older, and some people under 65 who have certain disabilities or conditions. Federally financed for partial payment of up to 100 days in a certified facility following a hospital stay of at least three *qualifying* days. **Medicare will NOT pay for intermediate care.**
- 3) **PRIVATE PAY:** Patients who are not eligible for Medicaid may be admitted as private patients if they have personal funds to cover the per-day costs and require intermediate care.

**To explore options and understand and access Medicare and Medicaid**, please contact SERVICELINK AT (866) 634-9412. ServiceLink is the NH Department of Health and Human Services' Aging and Disability Resource Center (ADRC) network.

### **Medicaid eligible residents and the effect on their personal funds**

If the resident is Medicaid eligible, they must stay within income-eligible limits. Should their income exceed the amount allowed, they will need to spend their money down to the income-eligible amount. Below is a list of options to consider when you are looking to spend down funds:

- 1) Establish an irrevocable burial contract with a funeral home of your choice if a pre-paid funeral has not already been established.
- 2) Purchase personal equipment that is recommended by medical staff (eyeglasses, mobility aids, hearing aids, lift chair, etc.).
- 3) Purchase personal items for themselves.

The Bookkeeper will assist you if you have questions pertaining to personal money.

### **Social security, railroad retirement, and veteran's benefits**

If the resident is a Medicaid recipient, all checks and/or income, including Social Security, Railroad Retirement, and Veteran's benefits, must be turned over to Grafton County Nursing Home to be applied against the resident's room and board account. Medicaid recipients are not billed monthly so we ask that you please automatically forward the required amount to the nursing home as it is received; you may choose to approve direct payment to GCNH.

### **Trust fund accounts/Medicaid personal needs allowance**

- 1) All residents may utilize their personal trust fund account here at the nursing home. This account is funded by the resident or their family who deposits money for the resident to use as necessary. When the facility opens a resident trust fund account, it is set up as an interest-bearing account separate from GCNHs own operation and financial funds. These funds can be used to pay for extra expenses they incur including personal care expenses, items purchased from the on-site Country Store, newspaper subscriptions, etc. This account will be strictly used as a petty cash account to pay for miscellaneous expenses. Banking days are Monday through Friday at our Finance Department.
- 2) Residents who are Medicaid recipients will receive a "personal needs" allowance. These funds will go into the resident's trust fund account. If a resident has a legal representative, they may choose to handle the resident's personal money. Our records will indicate to the state Medicaid office that you are handling the resident's funds. However, it is suggested that a balance be left in the resident's trust fund account to cover any incidental expenses.

**NH Residents - \$74 per month; VT Residents - \$79.93 per month**

**An important reminder:** The provider of a service requires payment at the time of the service. Also, any purchases of personal items require payment at the time of the purchase. If there is no money available in the resident's account, you will be contacted prior to any such expenses are incurred. This may prove to be an inconvenience to both the resident and to you.



### Additional charges that the resident may incur that are not included in the daily rate and are not covered under the Medicaid/Medicare insurance program

The following items are not included in the daily rate and are not covered under the Medicaid/Medicare insurance program, therefore if the resident requests any of them, the resident would be charged and would need to pay for them.

- ✓ Cable TV monthly fee: \$18
- ✓ Telephone services
- ✓ Purchasing of clothing items
- ✓ Newspapers, magazines, and books
- ✓ Individual personal items
- ✓ Stamps
- ✓ Candy
- ✓ Outside services
- ✓ Dry cleaning
- ✓ Razors and razor heads
- ✓ Alcoholic/non-alcoholic beverages
- ✓ Seamstress services
- ✓ \*\* Clothing zippers: \$1
- ✓ \*\* Jacket zippers: \$2
- ✓ Contracted services

### Hairdressing services

GCNH provides **FREE** hairdressing services through a contracted beautician. These include the following:

- ✓ Shampoo (*Resident provides special shampoos for color-treated hair*)
- ✓ Haircut
- ✓ Blow dry
- ✓ Mustache and beard trim
- ✓ Color (*Resident would need to purchase the hair coloring from a local store*)
- ✓ Shampoo and set
- ✓ Permanent

### Extension cords and power strips

- 1) In adherence to strict Life Safety Codes, extension cords are **prohibited** in resident rooms.
- 2) HOSPITAL-GRADE POWER STRIPS are permitted in resident rooms. If a power strip is needed in a resident's room, please see Mariah (ext 4022), our Nursing Home Central Supply Agent; she has these in supply, and they are available for purchase.

### Resident meals

Mealtime is a cherished part of the day. At Grafton County Nursing Home we provide nutritious and enjoyable meals to our residents. We offer a diverse menu that caters to the unique dietary needs taking into consideration the preferences of our residents. Our experienced chefs and nutritionists work together to create balanced, flavorful meals that promote health and vitality. The multidisciplinary staff, including nursing staff, the attending physician, and the dietitian will assess each resident's nutritional needs, food likes, dislikes, and eating habits, as well as physical, functional, and psychosocial factors that affect eating and nutritional intake and utilization.

- 1) Meals are scheduled at regular times to ensure that each resident receives at least three meals per day: Dining times are 8am/12pm/5pm.
- 2) Nourishing snacks are available to the resident twenty-four hours a day. The resident may request snacks as desired, or snacks may be scheduled between meals to accommodate the resident's typical eating patterns.

### Food and snacks brought in by family and friends

It is important that the facility makes every effort to ensure the foods brought in from outside sources are safe and follow safety sanitation codes and guidelines.

- 1) We ask that family and friends check with the facility's staff before bringing in food. This will assist in determining if there are any recommended dietary restrictions or texture modifications that should be followed.

- 2) For food safety reasons, it is recommended that only the amount of food the resident and/or family and friends plan to consume during a single visit should be brought in.
- 3) Snacks that are brought into the facility must be taken to the Nurses' Station. They will ensure that all snacks are properly labeled, refrigerated, frozen, and stored if necessary.

*NOTE: All food items will be disposed of according to state food safety regulations.*

### Dining with residents

You are permitted to enjoy a meal with your loved one in the resident's room, as specified below, or in an OPTIONAL VISITATION AREA (listed below). You have the option of bringing your meal in or purchasing one in the Employee Dining Room; the cost per meal is \$3, CASH, paid to a member of the Dietary Department. **Mealtimes are Noon/5pm.**

- Resident Rooms: 2-person limit
  - MAPLE/PROFILE: sharing mealtime is permitted only if in a private room.
  - MEADOW/GRANITE: permitted in semi-private & private rooms.
- Neighborhood Dining Room: 2-person limit when joining a loved one during their meal; however, you are NOT PERMITTED to eat in the dining room—**Mask required.**

### Family outings

We strongly encourage and support family outings in our nursing home. Spending quality time with loved ones is incredibly important for the well-being and happiness of our residents. Family outings provide an opportunity for connection, joy, and a change in scenery.

- 1) Each resident must sign out when leaving and sign back in upon return.
- 2) Residents and anyone accompanying them are reminded to follow infection prevention practices (masking, and hand hygiene) and to encourage those around them to do the same.

### Residents on leave/pass

Residents can have overnight therapeutic leave on a case-by-case basis. Families/friends would contact Social Services, in as far advance as possible, to verify probability and process.

### Personal clothing

- 1) Clothing brought in *on the day of* admission:
  - a) All clothing items will be brought in a separate suitcase, bag, or other preference, and it will be given to the Admissions Team; pockets must be empty. Non-material items must be kept in a separate container. Please ensure that only clothing and like items are in the bag to go to our Laundry Department.
  - i) The Admissions Team will ensure the clothing is inventoried and brought to the Laundry Department where it will be laundered and labeled with the resident's name; the clean/labeled clothing be brought to the resident's room.
- 2) Clothing brought in *after* the day of admission:
  - a) Clothing that is brought in after the day of admission will be brought to the Nurses' Station so they can deliver it to the Laundry Department. NOTE: Clothing, blankets, bedding, pillows, etc. MUST BE LAUNDERED by our laundry department prior to going into a resident room, regardless of whether it was just laundered at home.

### Resident rooms

Resident rooms serve as a home away from home. The size and layout can vary, but they include essential furnishings such as a bed, nightstand, wardrobe or closet. Residents are encouraged to personalize their space with familiar items like photographs, decorations, and personal mementos.

- 1) For safety measures and comfort, call buttons are provided in each room.
- 2) Charter/Spectrum cable television is offered in each room. If cable television is desired, please notify the Social Services Department and they will share this information with the Finance Department and ensure funds are available.

**Televisions, telephones, radios, furniture, etc.:**

- 1) These items **MUST be labeled with the resident's name** and inspected by the Maintenance Department when they are brought into the facility. GCNH is *not* responsible for misplaced items that have not been labeled.
  - a) Televisions must be **22" or smaller** (*measuring diagonally, from tip to tip*).
    - i) **NOTE:** Prior to bringing furniture into the nursing home, it is important that you read the attached policy regarding "Flame-retardant Furniture" as only flame-retardant furniture is acceptable.

**Air conditioning:**

GCNH is an air-conditioned facility. However, a resident may desire a cooler temperature in their room. We allow air conditioners in resident rooms; however, the following guidelines must be adhered to.

- 1) The air conditioner must be **no larger than 7,000 BTUs**; anything larger will be turned away as the larger air conditioners place too much stress on the windows.
  - a) Please see the Administrative Assistant and she will contact the Maintenance Department to assist you with the air conditioner; If the Administrative Assistant is not available, please contact the Social Service Department. The Maintenance Assistant will install the unit in the resident's room (if it meets the criteria).

**IMPORTANT--Discarding personally owned resident furniture:** Any furniture owned by the resident that can no longer be used to benefit the resident, **MUST** be picked up or disposed of by the family, DPOA, or other responsible party. Items that are left for GCNH to dispose of will be billed to the resident if any expenses are incurred by GCNH in the disposition of such items.

**Visits**

Visiting a loved one/friend is deeply meaningful and an important gesture that can significantly enhance their well-being and overall quality of life presenting a positive impact on a resident's overall health and happiness. We encourage and welcome visits from family, friends, and the community. Spending time with loved ones strengthens bonds, boosts morale, and reduces feelings of loneliness and isolation. Our staff is committed to creating a warm and welcoming environment, ensuring that visits are enjoyable and fulfilling for both residents and their visitors.

- 1) **PARKING:**
  - a) Parking is available in the front and back of the building.
  - b) After parking, you will enter through the automatic doors.
- 2) **VISITING HOURS:**
  - a) We have open visiting hours. However, our doors are locked from 7pm-9am.
    - i) If you visit between 7pm-9am, please use the air-call system in the entryway, available at both front and rear entrances. You will speak with a unit nurse who will be able to unlock the doors.
    - ii) All visitors will screen in at the screening table (located immediately after entrance at front/back). To screen in, please follow steps 1-3 as posted on the wall above the screening table, i.e., (1) apply new face mask; (2) hand sanitize; (3) fill out screening form.
      - (1) Current **Visitor Guidelines** are provided at the screening table.
      - (2) For your information, on the wall, above the screening table is a chart notifying you of current health infections in the facility (Covid-19; Influenza; and other infections).
    - iii) If you need assistance and the Administrative Assistant not available, please use the phone (on the wall in the front/main entrance) and call ext. 4050 (or another unit extension of there is no answer).



## Daily and seasonal activities

The Activities Department is comprised of dedicated and compassionate staff members who facilitate activities, ensuring a safe and supportive environment. We believe in providing a well-rounded and engaging activity structure, promoting physical, mental, and emotional well-being for our residents. Our activities are carefully designed to cater to the diverse interests and abilities of our residents, ensuring that there is something for everyone to enjoy. We are committed to fostering an enriching and fulfilling lifestyle for our residents, promoting a sense of purpose and enjoyment in their daily lives. Some of the activities we provide are listed below:

- ✓ Wheelchair balloon volleyball
- ✓ Balloon toss
- ✓ Monthly birthday carts
- ✓ Country Store visits
- ✓ Word games
- ✓ Arts/crafts
- ✓ Reading and reminiscing groups
- ✓ Trivia
- ✓ Summer cookouts
- ✓ Sensory groups
- ✓ 1:1 sensory
- ✓ Carnival Day with family & friends
- ✓ A night of fireworks
- ✓ Independence Day Parades
- ✓ Wagon rides
- ✓ Music programs
- ✓ Bingo
- ✓ Trick-or-Treat Street
- ✓ Trips to North Haverhill Fair
- ✓ Fishing
- ✓ Swimming
- ✓ Side-by-side scenic rides
- ✓ Indoor bowling
- ✓ Parachute games
- ✓ Wildlife visits
- ✓ S'mores outside
- ✓ Petting zoo

## Items brought into the facility

It is important to us that residents feel comfortable and enjoy the same things they did at home as much as possible. All items brought into the facility will be documented and kept in the resident's record. We ask that you please make Social Services aware of any/all items you bring into the facility so items can be recorded in the resident's records and to ensure protocol for washable items is followed. If you have any questions, please feel free to speak to anyone in the Social Services Department. Below are some guidelines to assist you.

## Items that **ARE NOT** permitted in rooms

We would like to inform you about certain items that are not allowed in resident rooms due to safety concerns. These guidelines are in place to ensure the well-being and safety of all residents in our nursing home. By adhering to these guidelines, we can create a secure and comfortable environment for your loved ones.

- |                             |  |                                   |
|-----------------------------|--|-----------------------------------|
| ✓ Candles and incense       | ✓ Medications                                    | ✓ Laxatives                       |
| ✓ Space heaters             | ✓ Vitamins                                       | ✓ Cough syrup                     |
| ✓ Electrical appliances     | ✓ Antacids                                       | ✓ Cleaning agents                 |
| ✓ Extension cords           | ✓ Nose sprays                                    | ✓ Nail polish remover             |
| ✓ Multi-plug adapters       | ✓ Bengay   | ✓ Nail files                      |
| ✓ Aerosol sprays            | ✓ Antibiotic cream                               | ✓ Tools                           |
| ✓ Smoking devices           | ✓ Knives   | ✓ Scissors                        |
| ✓ Matches                   | ✓ Mini refrigerators                             | ✓ Live trees (+Christmas)         |
| ✓ Microwaves                | ✓ Coffee makers                                  | ✓ Anything of irreplaceable value |
| ✓ Heating pads              | ✓ Heating blankets                               | ✓ Mattress pads/toppers           |
| ✓ Large pieces of furniture | ✓ Clothing iron                                  | ✓ Non-Medical grade power strips  |
| ✓ Floor fan                 | ✓ Electrical items with frayed or repaired cords |                                   |

**Items that ARE permitted in rooms \*\***

- |                          |                                     |
|--------------------------|-------------------------------------|
| ✓ Non-filter Humidifiers | ✓ Body lotion                       |
| ✓ Electric toothbrush    | ✓ TVs                               |
| ✓ Non-aerosol products   | ✓ Air conditioners (must fit specs) |
| ✓ Table fan              |                                     |

**\*\* MEADOW UNIT ADMISSIONS: Prior to arrival, please speak with staff in our Social Services Department for special considerations.**

**Humidifiers**

To prevent unwanted and unnecessary illness, GCNH exclusively permits *non-filter* humidifiers. These are not provided, so either the resident or family/friend would need to purchase one. If a humidifier is brought in, nursing staff will need to be aware of it to ensure that it is on the cleaning schedule.

**Pets in the facility**

- 1) Friends and family members are encouraged to bring pets into the facility to visit loved ones. Please read and abide by the attached policy, “Pets and Animals <sup>(2)</sup>”.
- 2) OUR FACILITY PETS:
  - a) Granite Unit has a unit cat, his name “Smokey.” Please be careful if you enter/exit this unit as Smokey is known to escape, looking for treasures or leisure in area offices.
  - b) On most workdays, the Bookkeeper brings in her Labrador Retriever named “Shea.” She has a calming demeanor and has been a great service dog helping to calm residents in need.

**Resident’s medications**

GCNH CONTRACTUAL AGREEMENT: GCNH has a contractual agreement with Kinney Drugs, d/b/a Health Direct Institutional Pharmacy Services, to provide routine, emergency drugs and biologicals to our residents. **NOTE: For Private-paying residents, the responsible party of the resident will be billed for medications directly from Health Direct.**

Per Federal regulation, the services of a pharmacy to residents of a nursing facility must provide the following services:

- Consultation on all aspects of the provision of pharmacy services;
- Establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable accurate reconciliation.
- The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist;
- Report any irregularities to the attending physician and the Director of Nursing.

**Inquiring about a resident’s health or financial matters**

This information may only be shared with the resident’s permission.

- 1) **Medical Inquires:** Please contact the resident’s day charge nurse on the unit the resident resides on. If the nurse cannot answer your questions, the attending physician can be consulted.
- 2) **Financial Inquiries:** Please contact the Finance Office. You can either mail your inquiry or call the office at (603) 787-6971, Monday through Friday, 8am-4pm.:  
*Dawn Jurentkuff, Finance Director, EXT 4005 or Lisa Langlois, Bookkeeper, EXT 4006.*
- 3) **Other Inquires:** Any questions that are not of medical or financial nature may be referred to the Social Service Director at (603) 787-6971, ext 4008.

## Advance Directives/Living Wills

An Advance Directive is a written statement of a person's wishes regarding medical treatment, often including a living will, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor.

Every resident/responsible party is advised of the importance of Advance Directives in the event of future incapacity (living wills, cardiopulmonary resuscitation, and nutritional hydration). If/when an Advance Directive is executed, a copy of it will be placed in the resident's medical chart as a directive to physicians and nursing staff.

**Prior to admission**, it is suggested that the resident establish a Guardianship or a Durable Power of Attorney for healthcare and finances. After admission, our Social Services Department is available.

**If you have questions or would like to have more information regarding Advance Directives, please contact the Social Services Department. We have provided web sites that you can visit for information/forms on page 2 of this packet.**

## POAs

A Power of Attorney is important to have in place so that if or when the resident's health begins to decline and they are not able to make decisions for themselves, they would have someone to effectively make decisions for them. A POA does not mean the resident no longer is able to make their own financial or healthcare decisions. Rather, as long as the resident remains competent, they can still make decisions on their behalf. The person wishing to create the POA must be competent to make sound decisions. It is best to create a POA long before there is any question about one's competency. POAs can be canceled at any time, or the name of the attorney-in-fact can be changed, given the resident is competent to do so. Regardless of the type of POA, all POAs become ineffective upon the death of the resident.

Power of attorney is a solution that works for many families and keeps them from going through guardianship proceedings. It is important to know that a Power of Attorney is a decision-maker and does not take on legal responsibility for nursing home bills.

You may do the following as a power of attorney:

- A general power to make decisions on behalf of the senior.
- Specific authority to make healthcare decisions.
- Authority to make financial decisions.
- The ability to sign contracts pertaining to the senior.

### Financial / Healthcare POAs:

A Healthcare POA cannot make financial decisions for the resident, and a Financial POA cannot make medical decisions for the resident. The same person can be named both the Healthcare POA and Financial POA, however, persons should carefully weight this decision, as sometimes it is best to designate two different persons.

## Phone service – Resident's

- 1) Grafton County Nursing Home is not responsible for resident phone lines. We cannot order, repair, or pay for private phone services. The resident or DPOA/responsible party will need to place the order, if desired. Should you choose not to purchase a telephone plan, we provide a communal cordless phone on each unit that residents can make and receive calls on as available. Please note that mobile service is unpredictable throughout the building, so if you choose to supply a cellular phone, you should first verify if the resident will have service through that carrier in their room. Residents have access to the public Wi-Fi for those plans that support Wi-Fi calling; however, tech support is not available to assist residents with devices.

### To order phone service for a resident, please follow the steps below:

- a) Contact Consolidated Communications: (866) 984-2001
  - b) Provide our address: Grafton County Nursing Home, 3855 Dartmouth College Highway, North Haverhill, NH 03774  
\*\* Please inform the person that you speak with that historically, we've had issues with them activating the lines "at the pole," and typically **a technician must enter the building** to complete the service call.
  - c) Provide them with the BUILDING—UNIT—ROOM NUMBER that the resident resides in.
    - i) Maple and Profile units are in the 1969 building.
    - ii) Meadow Granite units are in the 2003 building.  
Building (1969/2003) \_\_\_\_\_ Unit \_\_\_\_\_ Room \_\_\_\_\_.
- 2) Once the order is placed, you will be given a new phone number. **Please share this number with Social Services so it will be on file.** Contact Jessica Kaminski: Phone: (603) 787-6971, EXT 4008; Email: [jkaminski@graftconcountynh.gov](mailto:jkaminski@graftconcountynh.gov).

## Newspapers

As part of a daily routine and to keep up with the community, some residents enjoy reading newspapers from area communities.

- 1) Family members and friends are welcome to order a subscription for a resident if they are handling their funds or gifting this to the resident.
- 2) If a resident makes their own financial decisions and does not have a guardian/responsible party who handles their finances/helps make decisions, then they can notify Social Services of their desired newspaper subscription and once funds are verified, the Administrative Secretary will place the order.

## Personal mail – receiving and sending

- 1) **RECEIVING PERSONAL MAIL:** We understand the importance of staying connected with your loved ones and receiving personal correspondence. All personal mail will be delivered to the Activities Department. The activities staff will deliver the mail in a timely manner on mail delivery days. With resident approval, they are happy to assist with the opening and reading of mail as needed.
  - a) **SENDING PERSONAL MAIL:** For convenience, each unit has a mail collection box at the Nurses' Station; Activities staff will bring it to the facility's outgoing mailbox next to the Administrative Assistant; residents are also welcome to bring it down to the facility's outgoing mailbox, if they prefer.
  - b) **POSTAGE:** Postage can be purchased from the Administrative Assistant.
    - i) Cash is accepted.

- ii) If funds are available in their personal trust fund account (If a DPOA is in place, they would need to authorize the use of the funds), postage will be applied to the envelope or package and the resident will sign a petty cash slip authorizing the postage amount to be deducted and reimbursed to our postage account.

## WiFi access

Our Nursing Home provides **FREE WiFi** access for residents and visitors. They can now stay connected with loved ones, browse the internet, and enjoy online entertainment right from the comfort of their room. Connection information is located throughout the facility.

## Appointments

Resident appointments will be facilitated by the Nursing Home. The Appointment Scheduler will transport residents to and from all appointments. We understand that you may like to be present for appointments to support your loved one, and you are welcome to meet up with the resident at the appointment location.

## Volunteers

- 1) We are fortunate to have several volunteers comprised of resident volunteers and volunteers from the community. Their generous support makes a world of difference in the lives of all residents. We are always welcoming new volunteers, if you are interested, please contact the Activities Director.
- 2) Volunteers are assigned to service in specific areas that meet the needs/interests of the residents and the interests/skills of the volunteer, some of these tasks include the following.
  - a) 1:1 visits with residents
  - b) Assisting with the Country Store
  - c) Wrapping Christmas gifts for the Secret Santa program
  - d) Making decorations or assisting with decorating the resident areas
  - e) Reading letters or other literature to residents
  - f) Assisting residents with writing letters to family or friends
  - g) Playing cards or other games with residents
  - h) Participating in groups
  - i) Assisting with special events or programs

## Florist

Receiving flowers enhances emotional well-being and brightens living spaces, adding color, fragrance, and a sense of appreciation. Flowers can provide a sense of being loved and remembered and will promote social interaction among nursing home residents and staff, fostering memories and stories.

- 1) Our local florist makes stunning arrangements. If you would like to send flowers to a friend/loved one, you are welcome to contact **The Red Tea Kettle**, located at 42 Main Street, Wells River, VT.
  - a) Phone number: (802) 461-8160
  - b) E-mail: [TRTKfloraldesigns@gmail.com](mailto:TRTKfloraldesigns@gmail.com)
  - c) Web site: [TRTKfloraldesigns.com](http://TRTKfloraldesigns.com)
- 2) For safety reasons, we kindly request that live trees are NOT included in the decorations. To prioritize the well-being of all residents, we have implemented a policy that prohibits the presence of lilies or lilacs within our facility, as these flowers can trigger allergic reactions.

## COVID-19 vaccinations

Grafton County Nursing Home strongly recommends residents receive the latest COVID-19 vaccine, recognizing its importance and effectiveness. If you would like your loved one to receive the COVID-19 booster shot, please contact our Infection Control Nurse, Lindsey Champagne, (603) 787-6971, EXT 4108.



**Gratuities and tipping**

While we acknowledge and value the appreciation you have for the care provided by our dedicated caregivers, we kindly ask that you refrain from offering gratuities or tips, including gift cards. It is our privilege to care for you/your friend/loved one.

**Personal property and storage**

Since we have limited space, we are not able to store seasonal items or furniture. We suggest that the family swap out summer/fall/winter clothing to allow plenty of space in the closet in their room.

**Decorations**

We encourage residents to personalize their rooms with decorations that bring comfort and a sense of home. However, we do have guidelines that we ask you to follow.

- 1) For safety reasons, we kindly request that live trees, including Christmas trees, are not placed in resident rooms or other areas in the facility; small artificial trees are welcome as the room permits.
- 2) To prioritize the well-being of all residents, we have implemented a policy that prohibits the presence of lilies or lilacs within our facility, as these flowers can trigger allergic reactions.

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***Nondiscrimination:*** No resident shall be denied any service enumerated or be subject to discrimination because of age, race, national origin, sex, handicap, physical condition, or developmental disability as designated by federal and state civil laws and guidelines.

REV: 06.22.23

2024 New Hampshire Revised Statutes  
Title XI - Hospitals and Sanitaria  
Title 151-RESIDENT CARE AND HEALTH FACILITY LICENSING  
SECTION 151:21

## Patients' Bill of Rights

The policy describing the rights and responsibilities of each patient admitted to a facility, except those admitted by a home health care provider, shall include, as a minimum, the following:

- I.** The patient shall be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care and including being informed of the name, licensure status, and staff position of all those with whom the patient has contact, pursuant to RSA 151:3-b.
- II.** The patient shall be fully informed of a patient's rights and responsibilities and of all procedures governing patient conduct and responsibilities. This information must be provided orally and in writing before or at admission, except for emergency admissions. Receipt of the information must be acknowledged by the patient in writing. When a patient lacks the capacity to make informed judgments the signing must be by the person legally responsible for the patient.
- III.** The patient shall be fully informed in writing in language that the patient can understand, before or at the time of admission and as necessary during the patient's stay, of the facility's basic per diem rate and of those services included and not included in the basic per diem rate. A statement of services that are not normally covered by medicare or medicaid shall also be included in this disclosure.
- IV.** The patient shall be fully informed by a health care provider of his or her medical condition, health care needs, and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record, and shall be given the opportunity to participate in the planning of his or her total care and medical treatment, to refuse treatment, and to be involved in experimental research upon the patient's written consent only. For the purposes of this paragraph "health care provider" means any person, corporation, facility, or institution either licensed by this state or otherwise lawfully providing health care services, including, but not limited to, a physician, hospital or other health care facility, dentist, nurse, optometrist, podiatrist, physical therapist, or psychologist, and any officer, employee, or agent of such provider acting in the course and scope of employment or agency related to or supportive of health care services.
- V.** The patient shall be transferred or discharged after appropriate discharge planning only for medical reasons, for the patient's welfare or that of other patients, if the facility ceases to operate, or for nonpayment for the patient's stay, except as prohibited by Title XVIII or XIX of the Social Security Act. No patient shall be involuntarily discharged from a facility because the patient becomes eligible for medicaid as a source of payment.
- VI.** The patient shall be encouraged and assisted throughout the patient's stay to exercise the patient's rights as a patient and citizen. The patient may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal.
- VII.** The patient shall be permitted to manage the patient's personal financial affairs. If the patient authorizes the facility in writing to assist in this management and the facility so consents, the assistance shall be carried out in accordance with the patient's rights under this subdivision and in conformance with state law and rules.
- VIII.** The patient shall be free from emotional, psychological, sexual and physical abuse and from exploitation, neglect, corporal punishment and involuntary seclusion.

# Patients' Bill of Rights

**IX.** The patient shall be free from chemical and physical restraints except when they are authorized in writing by a physician for a specific and limited time necessary to protect the patient or others from injury. In an emergency, restraints may be authorized by the designated professional staff member in order to protect the patient or others from injury. The staff member must promptly report such action to the physician and document same in the medical records.

**X.** The patient shall be ensured confidential treatment of all information contained in the patient's personal and clinical record, including that stored in an automatic data bank, and the patient's written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. Medical information contained in the medical records at any facility licensed under this chapter shall be deemed to be the property of the patient. The patient shall be entitled to a copy of such records upon request. The charge for the copying of a patient's medical records shall not exceed \$15 for the first 30 pages or \$.50 per page, whichever is greater; provided, that copies of filmed records such as radiograms, x-rays, and sonograms shall be copied at a reasonable cost.

**XI.** The patient shall not be required to perform services for the facility. Where appropriate for therapeutic or diversional purposes and agreed to by the patient, such services may be included in a plan of care and treatment.

**XII.** The patient shall be free to communicate with, associate with, and meet privately with anyone, including family and resident groups, unless to do so would infringe upon the rights of other patients. The patient may send and receive unopened personal mail. The patient has the right to have regular access to the unmonitored use of a telephone.

**XIII.** The patient shall be free to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients.

**XIV.** The patient shall be free to retain and use personal clothing and possessions as space permits, provided it does not infringe on the rights of other patients.

**XV.** The patient shall be entitled to privacy for visits and, if married, to share a room with his or her spouse if both are patients in the same facility and where both patients consent, unless it is medically contraindicated and so documented by a physician. The patient has the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, including choice of room and roommate, except when the health and safety of the individual or other patients would be endangered.

**XVI.** The patient shall not be denied appropriate care on the basis of age, sex, gender identity, sexual orientation, race, color, marital status, familial status, disability, religion, national origin, source of income, source of payment, or profession.

**XVII.** The patient shall be entitled to be treated by the patient's physician of choice, subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.

**XVIII.** The patient shall be entitled to have the patient's parents, if a minor, or spouse, or next of kin, unmarried partner, or a personal representative chosen by the patient, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for the patient's care.

**XIX.** The patient shall be entitled to receive representatives of approved organizations as provided in RSA 151:28.

**XX.** The patient shall not be denied admission to the facility based on medicaid as a source of payment when there is an available space in the facility.

# Patients' Bill of Rights

**XXI.** Subject to the terms and conditions of the patient's insurance plan, the patient shall have access to any provider in his or her insurance plan network and referral to a provider or facility within such network shall not be unreasonably withheld pursuant to RSA 420-J:8, XIV.

**XXII.** The patient shall not be denied admission, care, or services based solely on the patient's vaccination status.

**XXIII.** (a) In addition to the rights specified in paragraph XVIII, the patient shall be entitled to designate a spouse, family member, or caregiver who may visit the facility while the patient is receiving care. A patient who is a minor may have a parent, guardian, or person standing in loco parentis visit the facility while the minor patient is receiving care.

(b)(1) Notwithstanding subparagraph (a), a health care facility may establish visitation policies that limit or restrict visitation when:

(A) The presence of visitors would be medically or therapeutically contraindicated in the best clinical judgment of health care professionals;

(B) The presence of visitors would interfere with the care of or rights of any patient;

(C) Visitors are engaging in disruptive, threatening, or violent behavior toward any staff member, patient, or another visitor; or

(D) Visitors are noncompliant with written hospital policy.

(2) Upon request, the patient or patient's representative, if the patient is incapacitated, shall be provided the reason for denial or revocation of visitation rights under this paragraph.

(c) A health care facility may require visitors to wear personal protective equipment provided by the facility, or provided by the visitor and approved by the facility. A health care facility may require visitors to comply with reasonable safety protocols and rules of conduct. The health care facility may revoke visitation rights for failure to comply with this subparagraph.

(d) Nothing in this paragraph shall be construed to require a health care facility to allow a visitor to enter an operating room, isolation room, isolation unit, behavioral health setting or other typically restricted area or to remain present during the administration of emergency care in critical situations. Nothing in this paragraph shall be construed to require a health care facility to allow a visitor access beyond the rooms, units, or wards in which the patient is receiving care or beyond general common areas in the health care facility.

(e) The rights specified in this paragraph shall not be terminated, suspended, or waived by the health care facility, the department of health and human services, or any governmental entity, notwithstanding declarations of emergency declared by the governor or the legislature. No health care facility licensed pursuant to RSA 151:2 shall require a patient to waive the rights specified in this paragraph.

(f) Each health care facility licensed pursuant to RSA 151:2 shall post on its website:

(1) Informational materials explaining the rights specified in this paragraph;

(2) The patients' bill of rights which applies to the facility on its website; and

(3) Hospital visitation policy detailing the rights and responsibilities specified in this paragraph, and the limitations placed upon those rights by written hospital policy on its website.

(g) Unless expressly required by federal law or regulation, the department or any other state agency shall not take any action arising out of this paragraph against a health care facility for:

(1) Giving a visitor individual access to a property or location controlled by the health care facility;

(2) Failing to protect or otherwise ensure the safety or comfort of a visitor given access to a property or location controlled by the health care facility;

# Patients' Bill of Rights

(3) The acts or omissions of any visitor who is given access to a property or location controlled by the health care facility.

Source. 1981, 453:1. 1989, 43:1. 1990, 18:1-6; 140:2, XI. 1991, 365:10. 1992, 78:1. 1997, 108:6; 331:3-8. 1998, 199:2; 388:5, 6. 2001, 85:1, eff. Aug. 18, 2001. 2009, 252:1, eff. Sept. 14, 2009. 2013, 265:3, eff. Jan. 1, 2014. 2019, 332:6, eff. Oct. 15, 2019. 2020, 39:61, 62, eff. Jan. 1, 2021. 2022, 52:1, eff. May 20, 2022;

**If you have questions about your rights or concerns about the rights or well-being of any individual who lives in a Long-Term Care Facility, please contact:**

Office of the Long-Term Care Ombudsman  
Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301-6505

Phone: (800) 442-5640 (toll-free in-state)  
(603) 271-4375  
Fax: (603) 271-5574  
E-mail: [OLTCO@dhhs.nh.gov](mailto:OLTCO@dhhs.nh.gov)



## Bed Hold (2)

### Policy Statement

The facility shall hold a Resident's bed open for a period of ten (10) calendar days if Resident left for emergency medical treatment and there is reasonable expectation that the Resident will return within ten (10) days provided the following conditions are met:

### Policy Interpretation and Implementation

1. When a Resident leaves the facility for emergency medical treatment, the facility shall hold the bed open for the Resident for ten (10) calendar days if there is a reasonable expectation that the Resident will return within ten (10) days and if the facility receives payment for the period of absence, provided that no town, city, county, or state funds shall be used for such payment. Temporary absences for therapeutic reasons shall be limited to ten (10) days a year.
2. When the Resident's medical leave of absence is longer than ten (10) days, the Resident shall have the option to return to the facility for the next available bed.
3. We recognize that Medicaid will only hold a bed for a participant in the Medicaid programs for a set period of time. When the Resident's hospitalization or absence exceeds the period allowed under the New Hampshire State Medicaid plan, currently up to ten (10) days, the facility will discharge the Resident from the facility. Thereafter, the facility agrees to readmit the discharged Resident when the next appropriate bed becomes available, provided that the Resident continues to require the care this facility provides and continues to be eligible for Medicaid nursing facility services.
  - a. For Residents not covered by the Medicaid program, arrangements must be made to pay the daily private rate then in effect. If no such arrangements are made, the Resident is discharged upon leaving the facility.
4. When the former Resident (discharged without bed hold) is ready for re-admission, we will give him/her, if medically eligible, every consideration for the first available bed.
5. When a Resident wishes to take a leave of absence, it should be coordinated through Nursing and Social Services. The maximum number of days allowed annually for the LOA is thirty (30) days per Resident per state fiscal year, provided that the following criteria are met:
  - a. Such days shall be specified in the Resident's plan of care;
  - b. The plan of care shall describe provisions for continuity of care while the Resident is out of the facility; and
  - c. Such days shall not be for hospitalization or for transferring to another facility.
6. When a recipient is on reserved bed day status, DHHS shall not pay separately for any services covered as part of the facility's rate pursuant to He-W 593.09.
7. The number and frequency of leave days and reserved bed days shall be considered in evaluating the continuing need of the Resident for nursing facility care.
8. The failure or refusal of a facility to hold a Resident's bed or readmit a Resident as required by He-E 802.14 or RSA 151:25 shall be considered a transfer or discharge and may be appealed by the Resident in accordance with He-E 802.18 and He-C 200.

REVIEWED DATE - INITIAL:	10/08/20 – TC					
REVISED DATE - INITIAL:	10/08/20 – TC					

## Bed Hold <sup>(2)</sup>

9. It is very important that this policy be followed and the Resident paying privately and the responsible party/guardian/DPOA be informed in advance of this policy so they are given the opportunity to pay for and hold the bed. We cannot guarantee or imply that a bed will be available when the Resident is ready to return beyond the bed hold. Too many changes could occur with the Resident and with the facility.

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REVISED DATE - INITIAL:	10/08/20 – TC					

\*\* IF NOT REVISED PUT N/A

## Flame Retardant Furniture <sup>(2)</sup>

ADMINISTRATIVE MANUAL—ADMINISTRATION DEPT

ORIGINATION DATE: 09/01/03

### Policy Statement

Grafton County Nursing Home has created a set of guidelines regarding flame retardant furniture. These guidelines will be enforced in order to maintain a safe environment for our residents and meet State fire codes.

### Policy Interpretation and Implementation

1. Grafton County Nursing Home will only purchase upholstered furniture, linens, curtains, and draperies that are made of flame retardant material.
2. Any new upholstered furniture purchased by residents/representatives **must** have proof of flame retardant status, i.e. a tag. Upholstered furniture that does not have proof of fire retardant status will need to be removed immediately from the building.
3. Upholstered furniture owned by residents **must** have proof of fire retardant status prior to a resident's move into the new addition or into the renovated area of the facility. Any upholstered furniture that does not show proof of fire retardant status will **not** be allowed to move into the new or renovated areas of the facility. This furniture will have to be removed immediately from the facility.
4. Upon admission, new residents and their representatives will be informed of this safety policy.
5. This policy is effective immediately, October 1, 2003, per the State Fire Marshall's Office.

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REVIEWED DATE - INITIAL:	10/13/20 – CL					
REVISED DATE - INITIAL:	10/13/20 – CL					

\*\* IF NOT REVISED PUT N/A

## Grievances-Complaints – Filing of <sup>(2)</sup>

ADMINISTRATIVE MANUAL—ADMINISTRATION DEPT

ORIGINATION DATE: 10/01/00

### Policy Statement

Our facility will assist residents, their representatives (sponsors), other interested family members, or resident advocates in filing grievances or complaints when such requests are made.

### Policy Interpretation and Implementation

1. Any resident, his or her representative (sponsor), family member, or appointed advocate may file a grievance or complaint concerning treatment, medical care, behavior of other residents, staff members, theft of property, etc., without fear of threat or reprisal in any form.
2. Upon admission, residents are provided with written information on how to file a grievance or complaint. A copy of our grievance/complaint procedures is posted on the resident bulletin board.
3. Grievances and/or complaints may be submitted orally or in writing. Written complaints or grievances must be signed by the resident or the person filing the grievance or complaint in behalf of the resident.
4. Upon receipt of a written grievance and/or complaint, the Administrator or his designee will investigate the allegations and generate a written report of such findings within 10 working days of receiving the grievance and/or complaint.
5. The Administrator will determine what corrective actions, if any, need to be taken.
6. The resident, or person filing the grievance and/or complaint in behalf of the resident, will be informed of the findings of the investigation and the actions that will be taken to correct any identified problems. Such report will be made orally by the Administrator, or his or her designee, within 10 working days of the filing of the grievance or complaint with the facility. A written summary of the report will also be provided to the resident, and a copy will be filed in the business office.
7. Should the resident not be satisfied with the result of the investigation, or the recommended actions, he or she may file a written complaint to the local ombudsman office or to the state survey and certification agency. (Note: Addresses and telephone numbers of these agencies are posted on the resident bulletin board located on each unit.

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\*\* IF NOT REVISED PUT N/A

## Grievances-Complaints – Staff Responsibility <sup>(2)</sup>

ADMINISTRATIVE MANUAL—ADMINISTRATION DEPT

ORIGINATION DATE: 10/01/00

### Policy Statement

Staff members are encouraged to assist residents in filing a grievance and/or complaint when the resident believes that his/her rights have been violated without reprisal or discrimination or fear of reprisal or discrimination.

### Policy Interpretation and Implementation

1. Should a staff member overhear or be the recipient of a complaint voiced by a resident, a resident's representative (sponsor), or another interested family member of a resident concerning the resident's medical care, treatment, food, clothing, or behavior of other residents, etc., the staff member is encouraged to assist the resident, or person acting in the resident's behalf, to file a written complaint with the facility.
2. Staff members will inform the resident or the person acting in the resident's behalf that he or she may file a grievance or complaint with the administrator or other government agencies as noted on the resident's bulletin board, without discrimination or reprisal, or fear of discrimination or reprisal.
3. Staff members will inform the resident or the person acting in the resident's behalf that an ample supply of "Resident Grievance/Complaint Forms" is available at each nurses' station and the procedures for filing a grievance or complaint are posted on the resident's bulletin board.

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\*\* IF NOT REVISED PUT N/A



## Pets and Animals (2)

ADMINISTRATIVE MANUAL—ACTIVITIES DEPT

ORIGINATION DATE: 03/01/01

### Policy Statement

Friends/family members are encouraged to bring pets into the facility and visit loved ones. This policy is intended to help us, as a facility, to protect our resident's health and safety to the best of our ability.

### Policy Interpretation and Implementation

1. Prior to animal visitations to the facility, their owner **MUST** provide a copy of their vaccination record or clean bill of health from an accredited veterinarian, which will be filed with the Activities Department and documented as needed.
  - a. The Activities Department will send letters requesting updates as vaccinations expire.
2. Visits by a person(s) using a Seeing Eye dog will be considered individually (Note: Seeing Eye dogs are, by legislation, allowed in public areas).
3. The Administrator has the authority to allow or prohibit animal visitation in the facility.
  - a. Any dogs that come into the facility must be leashed at all times.
  - b. Any birds, ferrets, or small animals must be caged and remain in the cage throughout the visit.
  - c. Cats must come in a carrier or be on a leash and must either remain in the carrier or on the leash in public areas. Cats may be taken out of the cage or off the leash if the resident has a private room and is able to close the door during the visit.
  - d. Pets will **NOT** be allowed in any dining areas.
  - e. Animal bathroom needs must be attended to by the person who has brought the animal into the facility. Dogs must be taken to an area outside of the facility at the rear of the parking lot. The front of the building and the areas near the entrances are not to be used.
    - i. Doggie bags and proper disposal is the responsibility of the person bringing the dog into the facility.

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\*\* IF NOT REVISED PUT N/A

# Grafton County Nursing Home



Week THREE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Hot or Cold Cereal Banana	Hot or Cold Cereal Apricot	Hot or Cold Cereal Fresh Melon	Hot or Cold Cereal Berry Medley	Hot or Cold Cereal	Hot or Cold Cereal Fresh Fruit Cup	Hot or Cold Cereal Applesauce
Waffles w/ Syrup Sausage Patty	Ham, Egg, & Cheese on an English Muffin	Scrambled Egg Toast	Cheese Omelet Toast	Scrambled Eggs Bacon Cinnamon Raisin Toast	Boiled Egg Coffee Cake	Sausage & Red Pepper Scrambler w/ Home Fries Toast
Coffee, Tea, Milk Orange Juice	Coffee, Tea, Milk Orange Juice	Coffee, Tea, Milk Orange Juice	Coffee, Tea, Milk Orange Juice	Coffee, Tea, Milk Orange Juice	Coffee, Tea, Milk Orange Juice	Coffee, Tea, Milk Orange Juice
Homemade Meat Lasagna Garlic Bread <b>OR</b> Veggie Burger on a Bun	Citrus Garlic Pork Loin Roasted Red Potatoes <b>OR</b> Manicotti w/ Marinara	Korean Braised Beef <b>OR</b> Chicken Vegetable Quesadilla	Roast Turkey <b>OR</b> Ham Steak	Stuffed Chicken Breast Sweet Potato <b>OR</b> Cheese Ravioli in a Tomato Cream Sauce	Veal Parmesan on Pasta Capri Blend <b>OR</b> Fruit & Cottage Cheese Plate	Homemade Pizza (Cheese or Pepperoni) Potato Puffs Garden Salad <b>OR</b> Tuna Salad Plate (Lettuce, Tomato, & Cucumber)
Biscayne Blend	Normandy Blend	Sweet Potato Asparagus	Mashed Potato Butternut Squash	Green Beans		
Sundae Cup	Yellow Cake w/ Frosting	Fresh Fruit Cup	Strawberry Shortcake	Eclairs	Chocolate Pudding	Mandarin Oranges
Chicken Patty on a Bun w/ Lettuce & Tomato <b>OR</b> Popcorn Shrimp	Egg Salad Sandwich w/ Lettuce & Tomato <b>OR</b> Chicken Tenders	Chicken Divan w/ Broccoli Over Egg Noodles <b>OR</b> Breaded Fish on a Bun	Fish & Chips <b>OR</b> Roast Beef Sandwich	Salisbury Steak w/ Gravy <b>OR</b> Pulled Pork	Ham & Cheese Sandwich <b>OR</b> Cheese Quiche	Fish Nuggets <b>OR</b> Homemade Beans & Franks
Waffles Fries Coleslaw	Tuna Macaroni Salad 3 Bean Salad	Carrots	Cole slaw	Mashed Potato Peas	Tater Tots Pasta Salad	Potato Salad Carrots
Gelatin w/ Whip Topping	Apple Crisp	Lemon Bars	No Bake Oreo	Custard	Apricots	Ice Cream

BEFORE PLACING YOUR ORDER, PLEASE INFORM YOUR SERVER IF A PERSON IN YOUR PARTY HAS A FOOD ALLERGY.

Alternative menu is in italics. Coffee, tea and milk are offered at each meal. Sugar free dessert alternatives, yogurt, salads and fresh fruit are available upon request. Dinner Roll or Bread is available with each dinner and supper option. Consuming raw or under cooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness. SPRING/SUMMER 2024

# Grafton County Nursing Home



Week FOUR

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Hot or Cold Cereal Berry Medley	Hot or Cold Cereal Banana	Hot or Cold Cereal Fresh Fruit	Hot or Cold Cereal Peaches	Hot or Cold Cereal Mandarin Oranges	Hot or Cold Cereal Banana	Hot or Cold Cereal Cantaloupe
French Toast w/ Syrup Sausage	Scrambled Eggs Toast Hash Brown	Denver Scramble Raisin Toast	Fried Eggs Zucchini Bread Slice	Cheese Omelet Toast	Scrambled Egg Toast Hash	Egg, Cheese, & Ham on a Croissant
Coffee, Tea, Milk Orange Juice	Coffee, Tea, Milk Orange Juice	Coffee, Tea, Milk Orange Juice	Coffee, Tea, Milk Orange Juice	Coffee, Tea, Milk Orange Juice	Coffee, Tea, Milk Orange Juice	Coffee, Tea, Milk Orange Juice
Beef Pot Pie Dinner Roll w/ Margarine <b>OR</b> Lemon Dill Salmon Mashed Potato	Italian Sausage on a Roll w/ Onions & Peppers <b>OR</b> Chicken Tenders	American Chop Suey <b>OR</b> Cheese Quiche Roasted Red Potato	Boiled Dinner w/ Corned Beef <b>OR</b> Lemon Pepper Haddock	Sun Dried Tomato Chicken Rice Pilaf <b>OR</b> Steak Burger on a Bun Onion Rings	Country Style Ribs <b>OR</b> Veggie Burger on a Bun	Chicken Ala King over Pasta Dinner Roll <b>OR</b> Stuffed Pepper Mashed Potato
Mixed Vegetable	Onion Rings Wax Beans	Broccoli	Boiled Potato Cabbage & Carrots Dinner Roll	Spinach	Potato Salad Baked Beans	Baby Carrots
Strawberry Cake w/ Cream Cheese Frosting	Ice Cream Sandwich	Tropical Fruit	Chocolate Chip Cookies	Blueberry Cobbler	Brownie	Ice Cream Cake
Mushroom Swiss Burger <b>OR</b> Turkey & Cheddar Sandwich	Grilled Cheese Sandwich Tomato Soup <b>OR</b> Hot Dog on a Bun Brussel Sprouts	Tuna & Tomato Melt <b>OR</b> Chicken Nuggets	Steak & Cheese Sub <b>OR</b> Turkey & Swiss Sandwich	Chicken Patty on a Bun <b>OR</b> Roast Beef Sandwich	Macaroni & Cheese <b>OR</b> Fish Sandwich Tater Tots	Pulled Pork on a Bun <b>OR</b> Baked Haddock Mashed Potato
Waffles Fries Coleslaw	Potato Chips	Sweet Potato Fries Cucumber Salad	Caprese Salad Pasta Salad	w/ Lettuce & Tomato Potato Chips	Pickled Beets	Mixed Vegetable
Cinnamon Apple Slices	Carrot Cake	Fruit & Cream Crepes	Vanilla Pudding w/ Topping	Peanut Butter & Jelly Bars	Molasses Cookie	Pear Slices

BEFORE PLACING YOUR ORDER, PLEASE INFORM YOUR SERVER IF A PERSON IN YOUR PARTY HAS A FOOD ALLERGY.

Alternative menu is in italics. Coffee, tea and milk are offered at each meal. Sugar free dessert alternatives, yogurt, salads and fresh fruit are available upon request. Dinner Roll or Bread is available with each dinner and supper option. Consuming raw or under cooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness. SPRING/SUMMER 2024

# GRAFTON COUNTY NURSING HOME

## DEPARTMENT MANAGERS & ASSISTANTS

Administrator	Craig Labore
Admissions Nurse	Lora Chase
Assistant Activities Director	Michelle White
Assistant Dietary Supervisor	Joshua Page
Bookkeeper	Lisa Langlois
Central Supply Coordinator	Mariah Johnson
Dietary Services Director	Michael Palmer
Director of Activities	Harvest Fadden
Director of Health Information	Tammy Robbins
Director of Nursing	Merry Porter
Director of Social Services	Jessica Kaminski
Director of Staff Development & Infection Preventionist	Lindsey Champagne
Environmental Services – Assistant Director	Erin Stimson
Environmental Services Director	Troy McKean
Finance Director	Dawn Jurentkuff
Maintenance Supervisor	James Oakes
MDS Coordinator	Brenda DeRosia
MDS Coordinator Assistant	Theresa Ridlon
Restorative Rehab Nurse Manager	Angie Smith
Social Service Assistant	Felicia Fournier
Social Service Assistant	Kim Crawford