

Merrimack River Valley House

Gracious Residential Care For Women Since 1867

Resident Guide & Things You Should Know

A Philosophy of Care & A Spirit of Empowerment

It is our goal to provide the highest quality of life possible for our residents as they age. As women and as professionals, experience has taught us that quality of life is much more than a pleasant environment, security, and care or help with daily activities.

Quality of life necessitates meaningful or purposeful activity, a daily structure, optimal independence and function, dignity through a positive sense of self, physical comfort, peace of mind, spiritual fellowship, a sense of belonging, compatible companionship, enjoyable activities, healthy diversions, humor, and love.

We strive to insure that each of our residents has an opportunity to have each of those needs met every day. Central to our philosophy of quality care is the belief that we must focus each day on a spirit of empowerment, purpose and joy; there can be no quality of care without that belief.

Rooms & Moving

Resident rooms are all private and in one of two categories, rooms with a shared double bath and suites with a private bath. All rooms are carpeted and have room darkening shades. All other furnishings are the responsibility of the resident and her family or responsible party.

Moving generally begins before the resident arrives. Both moving in and arranging furniture is the responsibility of the resident's family. We provide a dolly, guidance with parking and access, and limited assistance. Early evening and weekends work best for most people, but please alert us in advance so that we know who will be entering the building. Should you require assistance, please coordinate in advance with our administrative staff as our maintenance staff is only available during regular business hours (8:00 a.m. to 4:00 p.m. Monday through Friday).

On admission, we will complete an inventory of belongings with the resident and/or family. The inventory should be a detailed list of all belongings of value (i.e., furniture, jewelry, furs, art) that serves as a permanent record in the event of loss. Just as new acquisitions should be brought to our attention and added to the inventory, we should be made aware of any items that are removed so that we can delete them from the inventory.

Rooms may be decorated according to personal taste but all wall décor and pictures, window air conditioners, and modifications requiring tools must be referred to our maintenance department for installation.

Residents often try to fit everything they own into too small a space. We will be happy to help develop a safe and efficient furniture configuration since we reserve the right to request changes should an arrangement prove unsafe for the resident or staff. Our rooms will comfortably accommodate a twin bed while suites will accommodate a double. Throw rugs or area rugs are not permitted as they pose a safety hazard. We suggest that each resident have a sturdy comfortable chair that is easy to get in and out of safely, and a small sturdy table to safely hold a beverage.

We ask that residents please refrain from clutter for obvious safety reasons. We also ask residents to keep only non-perishable food items in their rooms and to store all food in air tight containers to discourage pests.

Storage for seasonal belongings is provided in attic closets for all residents except those with suites. Space is limited, so please use discretion. Please also make sure that seasonal items, such as coats and boots, have been cleaned or laundered prior to storage. Attic storage is short term only (i.e., prior to move in).

Rent, Money & Security

Rent is due on the first of the month and past due on the tenth. Since we do not send bills, it is up to the resident or family to remember. We do issue gentle reminders as necessary. Receipts are always provided.

Subsidies are awarded by the Merrimack River Valley House on a case-by-case basis to those individuals who have explored federal and state funding and are without other resources. (See section on Medicare, MassHealth, SSI & EAEDC.) In accordance with house policy and HIPPA requirements, confidentiality prevails in all matters whether financial, medical or personal.

Residents are welcome to hold their rooms during an extended stay in a rehab facility if their intent is to return. All resident rooms are locked upon departure for either a medical leave or vacation and remain locked until the resident returns. Room keys are secured in the Med. Room during the absence, but family members may access the room as required by speaking with the Resident Care Manager/Nurse. We generally re-evaluate the probability of a return from a medical leave on a monthly basis to preclude unnecessary expense for the resident and family.

As a matter of practice, we discourage residents from keeping large amounts of cash in their rooms. To insure that spending money is at their disposal, we encourage residents to set up a PNA (Personal Needs Account) in the business office. PNA records showing all deposits and withdrawals are maintained for each account and all monies are kept in a locked safe. PNA business may be conducted during normal business hours, 8:00 a.m. to 4:00 p.m. Monday through Friday. PNA balances are returned on discharge.

We also discourage residents from keeping valuable items, such as jewelry or important papers, in their rooms where they might be easily misplaced. (Insurers recommend photographing valuables for proof of ownership and determination of replacement value.) For our residents' convenience we provide individual fire safe security boxes with keys on admission. We encourage residents to keep valuables in the box and to place the key in a safe location. The box and key are turned in at time of discharge. A small replacement fee is charged for lost keys.

Please note that the absence of locks on doors is for safety according to state regulations. Please also be advised that rooms are kept closed whenever residents are away with the exception of mail delivery or return of laundry.

Medications & Pharmacy Services

All medications, both prescription and over-the-counter, must be given to the Resident Care Manager/Nurse on admission. This includes such items as salves, ointment, nasal spray, and nose drops. Since we administer and store all medications and are responsible for health care oversight, we must be aware of all medications being taken and are obligated to monitor their use.

When prescriptions are filled, please give them directly to the resident care person in charge to insure that they are not misplaced or taken incorrectly.

Prescriptions may be filled by our house pharmacy, Long Term Pharmacy Solutions, a commercial pharmacy that delivers and provides good emergency coverage. You may also use a pharmacy of your choice, but if you do use another pharmacy please make certain that you will be able to pick up all prescriptions as needed. Mail order pharmacies are a very helpful option; please speak to the Resident Care Manager for more information.

Residents have the right to refuse medications and care. However, in the event that a resident's refusal to take medication(s) places the resident at undue risk or results in behaviors or situations that are unmanageable in a residential care facility, the facility may request that the resident be transferred to a more appropriate setting. The facility cannot willfully place itself or others at risk.

Medical Incidents & Emergency Procedures

In the event of a fall, a change in status, or illness, the Resident Care staff will report the incident to the resident's physician and request further instruction if/as appropriate. The resident's primary contact or responsible party is then called and advised of the situation. In a non-threatening situation, staff will contact the family at the earliest reasonable hour (e.g., 6:30 a.m. regarding a 3:00 a.m. incident).

In an emergency, 911 is called first to secure immediate medical assistance. The resident's physician and primary contact are then notified. This same procedure is followed in the event of death.

Medical Appointments

It is the responsibility of the resident's family or responsible party to assist resident care staff in scheduling medical appointments **and** to transport the resident to appointments. Families and residents must work with staff to insure that we are aware of appointments, any changes in diagnoses, and any changes in care or medication.

If families are unable to provide transportation to appointments, they may arrange with staff to have the resident transported by taxi, Road Runner, or chair car with a staff escort. (Please check to see whether your health

insurer covers medical transports.) Our charges for this service would include transportation fees not covered by insurance and a modest per hour escort fee. Please discuss this further with the Resident Care Manager.

Podiatrist

Residents are welcome to see a house podiatrist or to have their own podiatrist come in if he makes house calls. House podiatrists see patients in the nursing office on a bi-monthly basis and/or as required. Billing is to the individual, their health care provider, or responsible party.

Skilled & Rehabilitative Services

When a resident receives an order for skilled services or returns from a hospital or rehab facility, the required services can be delivered at the house on a home care basis by a visiting nurse agency. Services, which include nursing and physical or occupational therapy, are coordinated by the Resident Care staff with the physician and the VNA. Laboratory services such as blood monitoring and urine specimens are also done on site by a mobile lab that sends results to the facility and the physician. Skilled services delivered by a VNA are billed to the individual, their health care provider, or responsible party.

Hospice Care

For many individuals, the decision to spend their final days at home rather than in an institutional setting is of utmost importance. For this reason, the house has guidelines that enable us to determine whether it is appropriate to provide in-house hospice care in a given situation. Decisions are made in concert with the physician, family, staff, and Visiting Nurse Association or Hospice Agency.

Health, Hygiene & Dress Code

In accordance with good health habits and state regulations, residents must accept a minimum of one shower and shampoo per week. Since many residents welcome or require more frequent bathing, we always schedule accordingly. For safety, all residents are required to have an aide in attendance when they bathe, regardless of whether they bathe independently or require assistance. Occasionally residents become resistant to bathing.

Should that occur, resident care staff may contact the physician and/or family to enlist support.

Incontinence is an issue of some proportion for most elders. It can also present problems. The house does not supply incontinence products but can address emergencies. Proper use of and disposal of incontinence products is critical to house hygiene and plumbing. All residents are asked to please request help in the event of accidents in their rooms or in the bathrooms. Under no circumstances should residents attempt to clean up spills as slippery surfaces are extremely dangerous.

Residents unused to living with others often inquire about a dress code, particularly in regard to breakfast since showers are often scheduled after breakfast. We are less inclined toward formality and more concerned with comfort, safety and convenience. We encourage our residents to attend breakfast as they feel most comfortable. Consequently, some dress while others wear robes. Both are appropriate. Comfortable shoes or slippers with non-slip soles are required at all times. Apart from safety and dignity, daytime apparel is a personal choice.

Resident Courtesy & Safety

All residents share bathrooms at some point in the day. Considerable thought has been put into a design that assures the safety and dignity of multiple occupants. Resident bathrooms that are shared by the residents of a particular corridor must be shared with courtesy, dignity, and respect for all. For safety, second and third floor bathroom doors are never closed. All showers and baths require the presence of an attendant. Visitors are asked to please use only first floor rest rooms.

Elevator use requires a degree of courtesy because limited space and walkers can be hazardous. The house rule states that there can never be more than four ladies in the elevator at the same time, with or without a staff person. Before and after meals, the staff uses an alternating floor system to escort residents. It is a fair, efficient system if everyone is patient and courteous.

While most residents require a walker or cane for safe ambulation, the overwhelming preference is to ambulate as one has throughout one's life. We fully understand why residents deliberately or unintentionally move about without appliances, but we cannot overlook or condone such behavior because it poses a risk and carries an inherent liability. We reinforce safe

behaviors at every opportunity and will contact families to assist in resolving the problem if a resident develops an increased risk for falls.

Though our house was built with stairs, we have a strict house rule that forbids any resident from using the stairs without approval and a safe escort. This common sense rule is based on the frailty of most of our residents and the enormous liability entailed in operating a residential care facility.

Our 125-year-old Victorian home has great charm and a few unique characteristics. The uneven floor joints at most doorways require a bit of caution that we find all residents become comfortable with in the first week or two. Our common areas have period chairs, including some that are quite low and others that rock. While these chairs are safe for many residents' use, those with great difficulty getting up and down safely are cautioned against using chairs that pose a possible risk. Again, we find our residents tend to adapt quickly to the idiosyncrasies of our home. Our front and side porches are equipped with sturdy porch rockers that provide great pleasure for the majority of our residents. Those who are unable to use the rockers safely on their own are asked to have an attendant assist when they wish to sit in a rocker on one of the porches.

Merrimack River Valley House is a smoke free facility.

For obvious health and safety reasons, smoking is not permitted in the building. This rule applies equally to residents, guests and staff. To insure maximum safety and minimal risk smoking materials, alcohol and illicit substances are not permitted in resident rooms.

Meals & Nutrition

Meals are served in the dining room at 8 a.m., noon, and 5 p.m. daily. Residents are expected to take their meals in the dining room at regularly scheduled times. Exceptions to this rule may be made in the event of illness.

All residents receive nutritionally correct meals in accordance with their physician's orders and Department of Public Health regulations. Consistent with regulations, main meals are served at noon. Food items and portions are based on daily nutritional requirements. For some residents, this poses quite an adjustment. Residents are given choices for each meal, but we cannot offer the options of a restaurant. This becomes more challenging

when choices are forgotten or minds change during the day. This issue is discussed frequently with residents and as necessary with families.

Laundry & Housekeeping

Each resident's laundry is done separately. We suggest, however, that items be marked inconspicuously (i.e., on labels) so that laundry that is handled by two different shifts or hung to dry can be easily returned to its owner. We do try to accommodate, but we cannot do hand laundry or ironing. With staff approval, residents are welcome to use the iron and ironing board in the third floor Beauty Salon. Please be sure to disconnect the cord after use.

Residents may do light housekeeping in their rooms if they so desire and if their physician approves. All regular housekeeping, including a thorough spring cleaning, is handled by our housekeeping staff.

Activities

Socialization, pleasurable activity, structure, exercise, and spiritual renewal fall under the umbrella of activities and are coordinated by the Activities Coordinator and her assistant. A monthly calendar is prepared prior to the start of each month and is conspicuously posted on bulletin boards throughout the house. Copies are also available for families.

Regular activities include exercise classes three times weekly, religious services, bingo, movies, bowling, crafts, baking, meetings with Girls, Inc., and Red Hat Society meetings (River Valley Roses Chapter).

Weather permitting, the Activities Coordinator and assistants take small groups of residents out for lunch, to a matinee, or to the library or similar attractions. She also takes small groups out monthly by car to shop at an area discount department store. Additional outings are scheduled according to resident interest and feasibility. Shopping is at the shopper's discretion but luncheons are planned for an average cost of \$10 per person with transportation provided by the house.

The house also sponsors a number of activities for the residents and their families including a Backyard Barbecue in September, a Holiday Open House, Baby Day, and Teas in both Spring and Fall. Because of space limitations, we ask residents to invite only two guests per event.

Pet Therapy

In the interest of fairness to all residents and the need to maintain our house, residents are not permitted to have their own pets. We do have our own River Valley Therapy Cats, however, because pets are good therapy for all humans, most especially elders. By necessity, our cats are older, docile and intelligent enough to keep their distance from those residents who are not cat fanciers. We also welcome pet visitors (see Guests & Visitors).

Religious Services

Monthly mass, a monthly inter-denominational service, and a weekly rosary are conducted during the week by volunteer and lay clergy. Communion is also offered during the week by volunteer lay clergy. The house is deeply appreciative of the generous gifts of time given by each of these individuals in spiritual service to our residents.

Trips & Outings

We encourage residents to capitalize on all opportunities for trips and outings. It is imperative, however, that Resident Care be notified well in advance in order to prepare any medications that will be needed while the person is away and to advise the kitchen and house staff of the resident's scheduled departure and return.

Resident & Guest Registers

As we are legally responsible for knowing who is in or out of the house at all times, all residents must sign out in the Resident Register whenever they leave the building and sign in upon their return. This includes medical appointments, outings with friends or family, and strolls on or off the property. Families may sign for a resident as appropriate.

We also ask all visitors to please remember to sign our Guest Register on arrival and departure for similar reasons.

Guests & Visitors

Guests and visitors bring much cheer to our residents and we encourage frequent visits. Since all visitors must be let in, we are able to insure that

only appropriate persons enter the house. For this reason, we depend upon residents and families to notify us of any person(s) who should not be let in.

Visiting hours are flexible to accommodate the busy schedules of family members, thereby allowing them to visit morning or evening. In general, visitors are welcome before and after meals from 9 a.m. to 8 p.m. As most of our residents are early to bed and early to rise, they prefer the house to be relatively quiet in the evening.

Children and pets are often the best medicine for elders, and they are welcome visitors so long as a responsible adult is in attendance to keep healthy exuberance, activity and noise under control. Please advise us in advance of any canine or feline visits, and please make certain that children and pets do not run in the house or behave in manner that is unsafe or upsetting to our other residents.

Dinner Guests

Family members and friends are encouraged to join residents for dinner or for supper. We charge a nominal fee of \$10 per guest and proceeds go to Activities. Please provide at least 24 to 48 hours notice for the kitchen.

Mail

Residents and families are asked to please remember to notify the Post Office, magazines, newspapers, and creditors of this change of address. If a responsible party is handling bills, please make sure that the bills are sent directly to that individual. We deliver mail to each resident daily, but it is both labor intensive and costly to hold and re-send mail for 24 residents. Mail for residents on medical leave or vacation will be secured in the Resident Care Office for pick up by family or until the resident returns.

Phone, Cable & Newspapers

All rooms are phone and cable ready. It is up to the resident or a responsible party to arrange for phone service. Please plan ahead as it can take up to two weeks for service to begin. Make sure you discuss low cost senior rates when you arrange for service. Cable is essential for reception in our building, and the house has a bulk contract with Comcast to provide

Expanded Basic cable service for all rooms at no additional charge. Any additional cable services must be arranged privately with Comcast.

Two copies each of the Boston Globe and the Lowell Sun are delivered to the house daily for all to share. Individual subscriptions are also delivered to the house. Please advise us so that we can make sure each resident receives her paper. Please note, we only pay for house papers.

Hair Stylist

Our hair stylist is in the house one day each week for shampoo and style, cuts, perms and color. Appointments are coordinated by staff with residents. Our stylist's prices are quite economical and service is geared toward helping older ladies look and feel their best. Residents can either pay independently or have the charges billed to their PNA account.

Regulations, Surveys & Inspections

As a state licensed facility, we are governed by state long term care regulations and are subject to a variety of inspections and surveys. Our building is inspected semi-annually by both the city and state. Our kitchen is inspected every six months by the Department of Public Health. Consistent with our licensure as a long term care facility, we are subject to a semi-annual state survey by the Department of Public Health.

Emergency Response & Safety Systems

Our house is equipped with three security systems. The first system secures exterior doors electronically 24 hours a day. It is operated manually or via an intercom with closed circuit television. The second system is a computer operated personal emergency response system. Using personal transmitters, residents can signal for immediate assistance 24 hours daily by simply pressing the center button of the transmitter. Bathrooms also feature pull cords for emergency assistance. For safety, we strongly encourage residents to always call for help instead of trying to manage on their own. The third system is an electronic alarm that alerts staff in the event that a vulnerable individual attempts to wander from the building. This system uses a personal bracelet that triggers electronic door alarms.

The house is also equipped with an integrated fire safety system and conspicuously posted emergency evacuation information. The system is inspected quarterly by the Lowell Fire Department and a contract fire safety inspection team. Residents are advised of fire safety procedures on admission and participate in mandatory fire drills on a quarterly basis. The house also has a comprehensive fire and emergency response plan in place. A recently installed generator located behind the building provides essential power in the event of an electrical failure.

Medicare, MassHealth, SSI & Transitional Assistance

Elders who worked (or whose spouses worked) and paid sufficiently into Social Security are eligible for Medicare at age 65. Premiums for Parts A and B (once enrolled) are deducted from monthly Social Security checks. If the person enrolls in an HMO that manages her Medicare, this may be taken care of by the HMO. If an individual elects to cancel HMO coverage, it is imperative to insure that full Medicare coverage is reinstated. Note: Persons drawing teachers' or government pensions generally do not have Medicare.

When elders deplete their resources, they often try to eliminate costly HMO premiums and co pays by applying for MassHealth (Medicaid). Eligibility for community MassHealth is based on stringent criteria for both income and assets, and submission of considerable personal and financial information. Applicants who may in fact be eligible can be denied for reasons they or their families cannot comprehend. We are usually able to assist families in negotiating the maze and meeting qualification criteria, and we routinely provide clarification regarding individual monthly health care expenses for services in a residential care facility with all-inclusive monthly fees.

The Social Security Administration provides an additional monthly income allocation entitled SSI for qualified low income elders living in residential care facilities. A Mass Health application is then required to cover the difference between Social Security, SSI and the monthly fees for board and care. Monthly checks are endorsed to the home with \$72.80 set aside by the home for the resident's PNA account.

Persons who do not qualify for SSI may qualify for the Massachusetts Division of Transitional Assistance program entitled EAEDC (Emergency Aid for the Elderly, Disabled and Children). This program uses state rather than federal and state money to provide funding for persons living in rest homes. Checks and PNA allocations are handled in a manner similar to SSI.

While SSI and EAEDC programs are mutually exclusive, both include automatic MassHealth enrollment. Because it can be very difficult to determine what benefits you may be eligible for and how to access them, please contact the Director for assistance with your applications for federal and state benefits.

Advance Directives

Advance directives include any and all legal instruments that designate individuals who will act on a person's behalf or specify actions to be taken in the event of that person's illness, incapacitation, and/or death. As the name implies, advance directives are initiated by a person in advance of actions that may occur in the future. Advance directives are only valid if the designation is made by a competent individual. Some directives require only witnessed signatures, while others must be prepared by an attorney.

Massachusetts Health Care Proxy: A simple form document naming primary and alternate persons chosen by an individual to make health care decisions on her behalf and in her best interest if she is rendered unable to do so.

DNR Order: A DNR or Do Not Resuscitate order is written by the attending physician on behalf of a patient who has decided, or whose Health Care Proxy has decided, that no heroic measures are to be taken to resuscitate if her heart stops. By law, EMTs and emergency room personnel must resuscitate unless a DNR order is with the patient or on file in the hospital.

Care and Comfort Order: An order written by a patient's attending physician at her and/or her Proxy's request to provide comfort in lieu of treatment when the end of life is imminent.

Living Will: Sets forth actions to be taken by others at the beneficiary's request regarding her death, burial and related personal affairs. Living wills can be drawn up informally or by an attorney. Please note, living wills (with the exception of *Five Wishes*) are not recognized by Massachusetts but they are recognized in New Hampshire.

Power of Attorney: A document drawn up by an attorney naming one or more individuals chosen by an individual to act on her behalf and make decisions involving personal, health and/or financial affairs. If a health decision clause is included, a Health Care Proxy is unnecessary. Powers of

Attorney are often for specific actions or fixed periods of time. A Power of Attorney is no longer binding if the beneficiary becomes incompetent. Durable Power of Attorney: A document drawn up by an attorney with the same characteristics as a power of attorney but with one key distinction; a Durable Power of Attorney remains binding regardless of whether the beneficiary becomes incompetent. It is the most comprehensive document.

Representative Payee: A person named by an individual to handle financial affairs, specifically payment of bills and management of bank accounts.

Conservators and Guardians are not designated by individuals through advance directives. Both are applied for by or through an attorney and granted by a judge on behalf of a beneficiary who has been deemed incompetent in a court of law. A durable power of attorney can preclude the need for a guardianship.

Pre-paid Burial: Either the individual, her family or a responsible party may arrange and pay for a burial or cremation in advance. Arrangements are made directly with a selected mortician and may be paid in full or in part with cash or by transfer of life insurance policies. This is a critical financial step when that should be considered before resources are exhausted.

Resident Rights, Ombudsman & Resident Council

Residents of long term care facilities are guaranteed certain rights by the Attorney General of the Commonwealth of Massachusetts and, consistent with regulations, by policies of the Merrimack River Valley House. Copies of both are presented and discussed on admission and annually thereafter. Rights are also discussed at Resident Council meetings. A bound copy of Resident Rights can be found in the first floor common area by the elevator.

The Ombudsman Program, established under the auspices of Elder Services, provides volunteer advocates who visit homes on a regular basis to speak with residents regarding their care and treatment and to advocate on their behalf as needed. The Ombudsman may be contacted as needed through Elder Services by either residents or their families to discuss concerns.

Resident Council is a democratic process within a facility that requires residents to meet monthly to discuss issues and concerns regarding their care or life in the facility. The Activity Coordinator facilitates, takes minutes,

and functions thereafter as a confidential, impartial advocate and intermediary as required.

Family Council is a right guaranteed by the Attorney General for family members of residents in long term care facilities in the Commonwealth of Massachusetts. Interested family members may organize and/or participate in this optional activity in order to address issues or problems in a facility, advocate for residents rights, or provide mutual support. The Director is available to assist anyone interested in forming a Family Council.