

**LIVINGSTON COUNTY
CENTER FOR NURSING AND REHABILITATION
AND GARDEN OF LIFE DAY PROGRAM**

11 MURRAY HILL DRIVE
MT. MORRIS, NEW YORK 14510
(585) 243-7200
FAX (585) 243-7269



STEPHEN R. WOODRUFF
DIRECTOR OF LONG TERM CARE
ADMINISTRATOR
(585) 243-7217
swoodruff@co.livingston.ny.us

To

Recently you contacted the Office of Admissions for the Livingston County Center For Nursing And Rehabilitation in Mt Morris, NY expressing your desire to pursue placement.

The following information is required to complete the application to our facility:

1. Residential Health Care Facility Admission Application.
2. Medical Releases, where applicable.
3. Copies of the following:
 - a. Medicare Cards, Medicaid Cards and any other insurance cards.
 - b. Social Security Card.
 - c. Power of Attorney, Health Care Proxy or any other Advanced Directives documents, if applicable.

Please forward all information to: **Livingston County CNR**
11 Murray Hill Drive
Mt Morris, NY 14510
c/o Admissions
Terri Brockington, RN
Admissions Coordinator

Phone: 585-243-7209
Or: 585-243-7200
Fax: 585-243-7999
Email: tbrockington@co.livingston.ny.us

If you have not already done so, please request a Patient Review Instrument (PRI) and Screen be forwarded to us from:

1. Hospital Discharge Planner, if applicant is hospitalized (or)
2. Nursing Home Social Worker, if applicant is currently at another nursing home
3. If applicant is in the community, you can contact your physician's office to have one set up with a local Community Nursing Agency in your area.

THE LIVINGSTON COUNTY CNR WILL NOT DENY ADMISSION TO ANYONE BECAUSE OF RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION, SOURCE OF PAYMENT OR SPONSORSHIP.

An applicant suffering from a communicable disease shall not be admitted or retained unless a physician certifies in writing that transmissibility is negligible, posing no danger to other residents and that the facility is staffed and equipped to adequately manage the case without endangering the health of other residents.

LIVINGSTON COUNTY CENTER FOR NURSING AND REHABILITATION ADMISSION POLICY

The following is the Policy and Procedure for admission to the Livingston County Center for Nursing and Rehabilitation, Mt. Morris, NY, hereafter known as the Livingston County CNR.

1. All applications must be made per a physician's order for placement.
2. All applications must have a complete and current PRI/SCREEN, indicating care requirements.
3. All applicants must complete a "Residential Health Care Facility Admission Application".
4. All admission procedures shall be initiated through the Admissions Coordinator, who will make a referral to the facility upon completion of a preliminary application review.
5. Admissions will be determined on the basis of the ability of the facility to meet the needs of the applicant with regard to availability of beds, services, staff, and equipment.
6. An applicant suffering from a communicable disease shall not be admitted or retained unless the facility physician certified in writing that transmissibility is negligible, and poses no danger to other residents and that the facility is staffed and equipped to adequately manage the case without endangering the health of other residents.
7. When special or unusual care needs are presented, the admission may require approval by the medical director of the facility.
8. A preadmission visit by a Registered Nurse and/or a Social Worker may be required.
9. The facility will not deny admission to anyone because of race, creed, color, national origin, age, sex, disability, marital status, sexual orientation, source of payment or sponsorship. The facility reserves the right to give preference in admission to Livingston County Residents..
10. Applicants will not be discriminated against based on whether an advance directive has been executed.
11. An admission agreement must be signed prior to admission of an applicant.
12. All applicants must adhere to and sign the No Smoking Acknowledgement prior to admission.

Effective 4/22/94

Revised 8/10/94, 7/1/98, 4/04, 12/05, 10/08

Livingston County Center for Nursing and Rehabilitation
Admission Application

Applicant Name _____
 First Name Middle Last Name Maiden Name

Name Preference _____ Birth Date _____ Place of Birth _____

Present Location _____ Since _____

Home Address _____ County _____
(Number/Street/Town/State/Zip code)

Phone (____) _____ - _____ Sex ____ Marital Status _____ Spouse's Name _____
(S/M/W/Sep/D) (Even if Div/Sep/Deceased)

Where did you hear about us? _____

Religion _____ Previous Occupation _____ Physician _____

Advanced Directives (Y/N) Health Care Proxy _____ (Agent's Name) _____
Living Will _____ DNR _____
(Copies will be requested at the time of admission)

Applicant/Spouse a Veteran (Y/N) __ Funeral Home _____ Phone (____) _____ - _____

PERSON TO NOTIFY IN TIME OF EMERGENCY

Name _____ Relationship _____

Address _____
 Street Apt# City State Zip

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

FAMILY MEMBERS/SIGNIFICANT OTHERS

Name _____ Relationship _____

Address _____
 Street Apt# City State Zip

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

Name _____ Relationship _____

Address _____
 Street Apt# City State Zip

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

FINANCIAL INFORMATION:

Social Security # _____ Medicare # _____ Part A _____ Part B _____

Medicaid # _____ Responsible County _____

Other Health Insurance: Name: _____ Name: _____
Policy # _____ Policy # _____
Phone # _____ Phone # _____

Bank Accounts:

Bank #1 _____ Checking Balance \$ _____ Saving Balance \$ _____

Bank #2 _____ Checking Balance \$ _____ Saving Balance \$ _____

Assets: 1) Investments _____
2) Real Estate/Other _____
3) Other _____

Life Insurance (Y/N) _____ With Whom? _____

Income: 1) Social Security _____ 2) Pension _____
3) Veterans Benefit _____ 4) Other _____

Outstanding Debts _____

Person Managing Applicant's Funds:

Name _____ Relationship _____

Address _____
Street Apt# City State Zip

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

Power of Attorney (Y/N) _____ Name _____

Address _____
Street Apt# City State Zip

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

By my signature below, I attest that the above information is accurate and true to the best of my knowledge

Date Signature of Applicant (or) Date Signature of Designated Rep.

In compliance with New York State and Federal laws, which prohibit discrimination based on race, creed, color, national origin, sex, age, sexual preference, disability, blindness, marital status, sponsorship, employment or source of payment, this facility admits and treats all patients on a nondiscriminatory basis.

**LIVINGSTON COUNTY
CENTER FOR NURSING AND REHABILITATION
AND GARDEN OF LIFE DAY PROGRAM**

Policy: RESIDENT SMOKING & E-CIGARETTE USE
Revision Effective Date: May 1, 2015

Recognizing that the programs and services offered by The Livingston County Center for Nursing and Rehabilitation and Garden of Life Day Program are designed to promote the health and welfare of residents and registrants; and

Recognizing known risks are associated with exposure to secondhand smoke; and

Given, indoor air quality is governed under the Clean Indoor Air Act (Public Health Law Section 1399-O) and prohibits smoking in certain settings to protect employees and the public from secondhand smoke; and

Electronic cigarettes, otherwise known as e-cigarettes, are an unapproved nicotine delivery device, unregulated by the FDA. The FDA has concluded that E-cigarettes pose acute health risks and contain detectable levels of carcinogens and toxic chemicals. They are not a proven safe alternative to smoking and no scientific evidence at this time has shown that they help smokers quit; therefore

The Livingston County Center for Nursing and Rehabilitation and Garden of Life Day Program establishes that **no resident or registrant shall be permitted to utilize smokable tobacco products or electronic cigarettes on facility property.**

Individuals referred for placement after May 1, 2015 will be informed of the smoke-free status of the center prior to making an admission decision. Individuals admitted prior to May 1, 2015 will be permitted use of electronic cigarettes. Individuals admitted after November 1, 2003 are prohibited from using smokable tobacco products on facility property.

Acknowledgement of this Policy shall be a condition of admission.

Prepared by: Franklin N. Bassett, Director of Long Term Care.
Rev. 4/23/15 FNB

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Name: _____

SMOKE FREE POLICY ACKNOWLEDGEMENT

Policy: RESIDENT SMOKING & E-CIGARETTE USE

Effective date: May 1, 2015

The Livingston County CNR and Garden of Life Program establishes that **no resident or registrant shall be permitted to smoke or utilize e-cigarettes** in the facility or on its grounds.

Recognizing that the programs and services offered by the Livingston County CNR and Garden of Life Program are designed to promote the health and welfare of residents and registrants; and

Recognizing known risks are associated with exposure to secondhand smoke; and

Given, indoor air quality is governed under the Clean Indoor Air Act (Public Health Law Section 1399-O) and prohibits smoking in certain settings to protect employees and the public from secondhand smoke; and

Electronic cigarettes, otherwise known as e-cigarettes, are an unapproved nicotine delivery device, unregulated by the FDA. The FDA has concluded that E-cigarettes pose acute health risks and contain detectable levels of carcinogens and toxic chemicals. They are not a proven safe alternative to smoking and no scientific evidence at this time has shown that they help smokers quit; therefore

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Patient and/or Representative:

Date

By signing this form you acknowledge that you have been informed, understand and agree to adhere to this policy.

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RELEASE OF MEDICAL INFORMATION

I HEREBY FREELY GIVE PERMISSION TO _____

NAME OF PHYSICIAN

ADDRESS

CITY, STATE, ZIP CODE

PHONE NUMBER

TO RELEASE MEDICAL INFORMATION IN THE CASE OF:

NAME OF APPLICANT

SOCIAL SECURITY NUMBER

DATE OF BIRTH

TO THE LIVINGSTON COUNTY CENTER FOR NURSING AND REHABILITATION AND GARDEN OF LIFE PROGRAM. THIS INFORMATION WILL BE USED SOLELY IN THE APPLICANT'S BEST INTEREST.

DATE

SIGNATURE

LIVINGSTON COUNTY
CENTER FOR NURSING AND REHABILITATION
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MEMORY CARE SERVICES

Our memory care neighborhood, Memory Lane, protects residents from their own cognitively poor judgment while helping them to remain functional. Residents are encouraged to participate in pre-planned, structured activities. Based on our understanding of the characteristics of dementia, our residents are not expected to conform to a rigid schedule of events throughout the day. It is very important for memory-impaired residents to be active. Memory Lane offers a planned program of daily activities to provide socialization and structure, while helping residents feel a sense of independence and worth.

Studies suggest that specialized environments do not halt or slow the overall progression of cognitive and functional decline seen in Alzheimer's disease; residents may show a slower decline in mobility. Memory Lane is designed to enable the memory impaired resident to engage in safe, purposeful, behaviors. Wandering is a common behavior exhibited. We provide a secure environment for individuals exhibiting wandering behaviors.

Placement in our memory care program is not appropriate if the individual seeking admission has active aggressive or assaultive behaviors.

Memory Lane is designed to replicate attributes of home. Four Family Units of twelve residents create a "Neighborhood". Each Family Unit is made up of eight residential suites, four private and four two bedrooms. Each Family Unit is distinguished by a different color theme, and other thoughtful details. There is room signage that incorporates a photo of the resident helping residents become oriented to their surroundings.

Memory Lane is full of environmental characteristics designed to ease the challenge of living day to day with memory impairment:

- Enclosed rooftop courtyard for gardening, picnicking, and strolling
- Spacious rooms, able to be personalized
- Room signage with resident photograph
- Color themes for way-finding
- Intimate living rooms and sitting areas
- Bedside windows
- Electric fireplaces
- Cable television
- Country kitchens for dining and socializing
- Salon style hair washing station
- Bathing suite with whirlpool tub
- Shower room on each Family Unit
- Areas for special family occasions
- 30-second delayed stairwell access
- WanderGuard secured elevators
- Security camera recording the Courtyard and entrance to the Neighborhood

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Patients Name _____

Behavior Assessment Screening

1. Has the individual exhibited any of the following behaviors in the past sixty (60) days? (Please check all that apply).

_____ Physical Aggression (hitting, punching, slapping, kicking, biting, etc).

_____ Verbal Aggression (swearing, yelling, threatening, etc).

_____ Invades personal space of others (rummaging, compulsions, intrusiveness)

2. Who are affected by these behaviors? (Please check all that apply).

_____ Staff/Direct Caregivers

_____ Family Members

_____ Others (other residents/patients, visitors, volunteers)

3. If so- when do these behaviors occur most? (Please check all that apply).

_____ During hands-on care (bathing, dressing, toileting etc).

_____ Unpredictable with no warning or apparent reason.

_____ Sun-Downing period of the afternoon/evening.

_____ Other Activity Please describe: _____

4. Do you believe that this person could cause physical harm to another person?

_____ Yes _____ No

5. Has this individual ever displayed wandering type behaviors?

_____ Yes _____ No

Additional Comments:

_____ Date

Signature _____

Print Name _____

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Admissions #: (585) 243- 7209...Fax #: (585) 243-7999

DIRECTOR OF LONG TERM CARE: Stephen R. Woodruff

TOTAL CAPACITY: 266 BEDS

LOCATION: Easily accessible from I-390 in the Town of Mt. Morris, the Livingston County Center For Nursing and Rehabilitation and the Garden Of Life medical-model Day Program provides home-like amenities in a state-of-the-art nursing center.

DESIGN: Our lobby provides a wonderful setting for visitation and reflection. The centerpiece of the ground floor is the "Street of Shops" with snack bar, library, gift shop, meditation room and barber/beauty shop. Pets are welcome to visit once vaccination records are filed with the Activities department.

Patients admitted for short-term rehabilitation reside in a distinct 26-bed Transitional Care Unit on the ground floor attached to a 5,600 square foot therapy suite. These patients have a private living room, dining room and outdoor courtyard for recreation and socialization. Admission and therapy services are available six days per week.

The rest of the Center is configured into five 48-bed neighborhoods. Each neighborhood consists of two 24-bed households divided into two 12-bed family units. The neighborhood design shortens resident travel distances to recreation and dining this promotes resident mobility and socialization. Each twelve-bed family unit has a cozy living room that offers TV, an electric fireplace, activity tables and quiet nooks to sit and visit with family and friends. An airy dining room and country kitchen is located at the heart of each household. Residents can participate in baking groups in the kitchen, which has a handicapped-accessible counter space, while enjoying the view through the kitchen window. Secure roof top courtyards allow residents the freedom to stroll outdoors in warm weather and enjoy flower and vegetable gardening in raised beds.

MISSION STATEMENT: We are dedicated to meeting the diverse healthcare needs of the community in a warm and caring environment where individuals are treated with compassion and respect. We support those facing life's challenges who come to us for care.

SERVICES:

Specialized Short-term Rehabilitative Care
Memory
Hospice Care
Schedule Short Stay (Respite) Service
Full Time Physician Coverage
Dental & Podiatry Services
Eye Care & Audiology Services
Medical Model Adult Day Health Care Program

24 hour Professional Nursing Staff
Social Work Services Available 6 Days per Week
Full Time Physical, Occupational & Speech Therapy
Stimulating Social and Recreational Programs
Beauty & Barber Shop
Religious Services
Housekeeping & Laundry Services
Transportation

PAYMENT MECHANISMS: Medicaid, Medicare, Private Pay, Selected Insurances and V.A. Contracts accepted.

THE FACILITY WILL NOT DENY ADMISSION TO ANYONE BECAUSE OF RACE, CREED, COLOR, NATIONAL ORIGIN, AGE, SEX, DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION, SOURCE OF PAYMENT OR SPONSORSHIP

Tours are available upon request for an appointment. Contact Admissions at (585) 243- 7209