Our Mission Statement

The House of the Good Shepherd is a non-profit retirement community with historical relationships with the Episcopal Community in northern New Jersey. Its mission is to serve the physical, mental, and spiritual needs of older persons without regard to religion, race, color, creed, age, sex, or national origins. This mission is to be carried out within its financial resources by providing:

1. Residential and health care accommodations and services
2. Outreach services to non-residents
3. Resource information and consultation with others providing services to the aged.

Definition

In this manual, you generally refer to the resident or patient. Where appropriate, it may also refer to the responsible party, guardian, durable power of attorney (DPOA), and/or family member. The House of the Good Shepherd is abbreviated as HOTGS.

Questions and Concerns

The main telephone number for The House of the Good Shepherd is (908) 684-5900.

Following is a list of management staff, their respective positions, and their extensions. Each staff member’s direct dial number begins with (908) 684 and then the extension. E-mail addresses are first initial last name @hotgs.org. For example, the e-mail address for Deborah Beards is dbeards@hotgs.org.

Deborah Beards, Executive Director, extension 5720
Mary Collani, Director of Admissions, extension 5927
Judith McFarland, RN, Director of Nursing Services, extension 5730
Nancy Zwier, RN, Assistant Director of Nursing Services, extension 5996
Marisa Castelli, RN, MDS Coordinator/Coordinator of Medicare and Care Planning, extension 5930
Ann Marie Lee, LSW, Director of Social Services/Discharge Planning Coordinator, extension 5995
Joanne Ward, OTR, Director of Therapy, extension 5961
Elibeth Arroyo, Director of Recreation, extension 5731
Craig Stroud, Director of Hospitality (Dining, Housekeeping, and Maintenance Services), extension 5726
Linda Gregg, Director of Dining Services, extension 5728
Rhonda Iwanski, Chief Financial Officer, extension 5724
Hollie Driscoll, Accountant, extension 5734

Deborah Beards is accessible 24/7 for any concern or questions on her cellular phone at (908) 256-9605.

Smoke-Free
HOTGS is a smoke-free facility.

Visiting

HOTGS has no formal visiting hours. The reception desk is staffed from 9:00 AM to 8:00 PM. For security purposes, during these hours visitors must sign in.

From 8:00PM to 6:00AM, our lobby is locked. Please ring the doorbell. As soon as a staff member views you on the monitor at the nursing station, she/he will release the door lock. Please understand that, during these hours, staff may be tending to patients and residents and not sitting at the nursing station. Responding to the doorbell may take several minutes.

We request that visitors be in good health while visiting. On rare occasion, we may ask that family and friends not visit to prevent the spreading of a highly communicable disease (e.g. influenza) that is present either at HOTGS or in the community-at-large.

Medical and Allied Health Care

You must have an attending physician. The admission’s coordinator or the social worker can provide you with a list of physicians on staff at HOTGS. Patients arriving from Hackettstown Regional Medical Center can continue to be followed by the hospitalists (hospital-based physicians). With our close proximity to the Hospital, the hospitalists are easily accessible 24/7.

Physician’s visits must comply with Federal and State regulations governing nursing homes. You must be seen by your physician within 48 hours of admission and once each month for the first 90 days. After these initial visits, your physician may choose to see you monthly or determine a less frequent visitation schedule. In either case, a monthly visit is necessary to insure that physician’s orders are reviewed and signed. For Medicare patients, more frequent physician visits may be required.

A physician who is a family member may not

1. serve as your attending physician; or
2. issue physician’s orders on you.

For your convenience, the following services are provided in-house by consulting medical professionals: audiology, dentistry, podiatry, optometry, and psychiatry.

Transportation

You are responsible for transportation expenses related to all out-of-facility medical visits not covered by Medicare, Medicaid, or private insurance. If you require assistance and are not able to have a family member or friend accompany you; you are also responsible for the cost of a certified nursing assistant (CNA) to accompany you. To arrange for a CNA to accompany you, please contact the administrative assistant for the nursing department, Colleen Madonna, a minimum of 48 hours in advance. Colleen’s desk is located in the second floor entrance lobby. Additional information on transportation is provided in the Medicare section of this manual.
Hospitalizations and/or Emergency Room Care

HOTGS cannot provide a staff member to accompany you to the hospital. For any hospitalization, the key parts of your medical history are photocopied and given to the EMT’s to insure that the emergency room physician is fully informed of your medical history up to the point of hospitalization. Included with the medical history is a list of contact persons (e.g. responsible party/ family members) as well as insurance information and any other pertinent information. Your nurse will also telephone the emergency room to provide a verbal update on your status. No information is required from you.

Nursing homes, by nature, do not have the equipment and supplies found in hospitals. Should you require an immediate (stat) evaluation or treatment, and/or require an immediate administration of medication not routinely stocked by HOTGS, you will be transported to the hospital via 911 for services.

Bed Hold

You have the option of “holding” your bed if you require transfer to the hospital for an overnight stay or longer. Specific policies and procedures on bed holds are explained in a separate notice that is included as an appendix. For recipients of Medicaid, the New Jersey Medicaid program requires that your bed be held open for ten days. After the tenth day of hospitalization, if you decline the opportunity for a paid bed hold, you will be offered the first available admission to a semi-private room appropriate for your care at the time of readmission.

Nursing

Licensed, professional nursing staff is on duty 24 hours a day. Questions concerning your condition, current treatment plan, or prognosis should be directed to your charge nurse. Due to federal confidentiality regulations, we will not share your medical information with “just anyone”. As part of the admissions process, you will be asked to designate a primary contact person and the names of people with whom we may share your medical information. Your primary contact person will be the person with whom we share any changes in your medical status.

Please remember that, when our nursing staff is speaking with your family members and friends, the staff is not attending to our primary concern, you. Therefore, only one person may be designated as a primary contact. You may decide to ask your primary contact to keep others informed of your medical status.

To ensure our nurses are available to provide the care our residents and patients require, family members are requested to refrain from telephoning or interrupting nurses during meal times and medication administration times. The best times to speak with a nurse are as follows:
Pharmacy

Medication is dispensed by the nursing staff in accordance with physician’s orders. Medications are supplied by a geriatric pharmacy that provides daily delivery, as well as off-hour service.

Since HOTGS must comply with Federal and State regulations regarding dispensing and administration of medications, policies have been established which are vital to protecting your health and safety.

You are not permitted to bring in any medications, including non-prescription drugs and topical ointments. All medications (non-prescription as well as prescription) must be ordered by the attending physician and packaged in accordance with the policies and procedures of the HOTGS medication system.

Self-administration of medications is only permitted with the approval of the resident/patient care team. To arrange for self-administration of medications, contact your charge nurse. Unless self-administration of medications has been approved by the resident/patient care team, federal regulations mandate that ABSOLUTELY NO MEDICATIONS AND/OR NON-PRESCRIPTION DRUGS ARE PERMITTED AT BEDSIDE.

Decision-Making

You are in charge of your care. In other words, you decide what you want and what you do not want. HOTGS staff has the responsibility to inform you when we believe a decision you are making may have a negative effect on your health, but you have the right to do as you choose. For example, your physician may order a no sugar added diet. You can choose to be served a regular diet. HOTGS staff will explain the possible negative consequences of your decision, but the decision as to the diet you receive is yours.

As long as staff deems you competent to make your own decisions, you will remain in charge of your decision making. When you have cognitive impairments such as memory loss, you will continue to retain decision-making rights in the areas where HOTGS has assessed that you have the capacity to understand the consequences of your actions. In other words, when we believe you are capable of understanding a specific plan of care (sometimes called “situational competence”), we will consult only you for any decision-making that needs to take place.

Your responsible party or durable power of attorney can only assume decision-making responsibilities in areas where HOTGS staff has assessed that you do not have the
capacity to understand the consequences of your actions. Should you request a family member or friend to assist you with decision-making, we will honor your request.

HOTGS staff has the legal right to direct the care you receive only when HOTGS staff has assessed that you are a danger to yourself and/or to others.

Participation in Care Planning

You and anyone you choose to invite are encouraged to participate in the development of your plan of care. Your plan of care is developed upon admission and updated throughout your stay. When meetings are scheduled, you will be informed in advance of the date and time so that you may participate and invite anyone you want to join you. The plan of care delineates the specific care and assistance to be provided by staff members. Bath schedules, assistance with eating and dressing, and medication regimens are among the many areas addressed in your plan of care.

When the topic is care planning, you are in the driver’s seat! We want to understand your preferences, wishes, and desires. Your plan of care is part of your medical record and lists individualized goals and objectives for your stay. The plan of care also delineates the specific care and assistance to be provided to you by staff. As your wishes or needs change, your plan of care will be updated. Your input is essential. We encourage you to attend care-planning meetings. You will be informed in advance of the date and time for each care-planning meeting.

If the person or persons you want to be present at the care-planning meeting are unable to attend, they can either participate on a conference call at the time of the meeting or schedule a mutually convenient time to speak with a member of the care planning team (e.g. social worker, nurse).

Your Day-to-Day Care

Due to potential health-related problems, tasks such as dressing, ambulating and transferring (e.g. from bed to wheelchair or wheelchair to toilet) should be performed only by certified nursing assistants who are under the direction of licensed nurses. Family members and friends who are physically capable may push residents in wheelchairs.

Permission to perform a specific task, such as assisting with eating, is granted on a case-by-case basis by the professional staff responsible for developing the plan of care. The decision to allow a care-giving task to be performed by a family member or friend is based on your medical condition and the ability of the requesting party to perform the task in accordance with the policies and procedures of HOTGS.
Your family members and friends are also encouraged to participate through regular visitation.

Restrictions on visitation including supervised visitation, limitations on visiting time(s), and temporary and/or permanent withdrawal of visitation rights may occur if the care team determines that severe harm or the potential for severe harm to the resident/patient may result from the visitation.

**Leave of Absence**

Please be certain to inform your charge nurse and sign out in the sign-out book when you leave the premises, even for a brief period of time. We do not want to worry about where you are! Any question regarding the advisability of you leaving the premises will be referred to your attending physician. Overnight, out-of-the-building stays require approval from your physician. A minimum of two weekday’s notice is required to allow the pharmacy sufficient notice to package medications for a leave of absence.

For private pay residents, the daily room and board charge remains in effect during a leave of absence. Medicare regulations do not allow patients whose stay is being funded by Medicare to leave the facility overnight.

If you are a recipient of Medicaid, Medicaid regulations permit a limited number of therapeutic leave days. To qualify, your physician must document authorization for the leave and your plan of care must reflect that a therapeutic leave is consistent with the plan. To provide staff with sufficient time to comply with these Medicaid regulations, a minimum of five days’ notice is appreciated. For additional information on Medicaid therapeutic leaves, please speak with Ann Marie Lee, LSW, Director of Social Services.

**Payment for Care and Services of Private Pay and Medicaid Residents**

Upon admission, private pay residents are required to pay one month of room and board charges in advance. Thereafter, room and board charges will be billed and include any personal charges (e.g. beauty parlor, medical supplies) from the previous month. Upon discharge, any prepaid portion not applied to room, board, or ancillary charges will be refunded.

Medicaid residents are entitled to a personal needs spending allowance of $35.00 a month. Each month, after subtracting out the personal needs allowance and any other allowable expenses (e.g. Medigap insurance), recipients of Medicaid or residents who are Medicaid pending must submit all monthly income to the HOTGS business office. This income is called applied income because it is applied to the resident’s Medicaid rate and does not provide HOTGS with additional income. Applied income includes social security payments, retirement payments, as well as any and all monthly income of the resident. Failure to submit applied income to HOTGS is an act of fraud. If your applied income is not submitted, we are required to report this failure to submit income to Social Security and the Office of the Ombudsman for the Institutionalized Elderly (OOIE). OOIE is the state advocacy organization for nursing home residents.
Both the private pay and the Medicaid rate include nursing care, recreational and religious programming, dining services, laundry and housekeeping, and maintenance.

The following items are not included in the room and board rate:

- hairdresser
- personal telephone
- private room charge
- non-menu dining service requests
- transportation to appointments
- escorts for appointments
- dry cleaning

Private pay residents are billed for cable television, telephone, and medical supplies and equipment.

The following items are not included in the room and board rate and are generally covered by Medicare and/or Medicaid:

- physicians services
- rehabilitation services
- prescription medications
- medical tests (e.g. x-ray, blood work)

Should an item not be covered by Medicaid and/or Medicare, your permission to authorize service will be required.

Payment for Care and Services of Medicare Part A Patients

Applicants and/or residents who have just completed a minimum of three (3) days in the hospital, and are being admitted or re-admitted to HOTGS as skilled care patients may qualify for Medicare Part A benefits. Each admission following a minimum three (3) day hospitalization is reviewed by the HOTGS utilization review committee to determine Medicare eligibility. To be eligible for Medicare Part A in a nursing home (also referred to as sub-acute rehabilitation) Medicare regulations require that you meet the following criteria. You must:

1. have spent a minimum of three (3) days in a hospital (observation days do not count)
2. have the potential for rehabilitation and/or require skilled nursing care as defined by Medicare

During your Part A Medicare stay, the patient care planning team/utilization review committee will be continually monitoring your rehabilitation progress and/or your need for skilled nursing care as defined by Medicare. Medicare regulations mandate that Medicare Part A be terminated when one or more of the following occurs:

1. You cease to continue to progress with your rehabilitation
2. You no longer require skilled nursing services as defined by Medicare
3. You have received 100 days of Medicare Part A coverage, which is the maximum allowable number of days per spell of illness

Should you be terminated from Medicare Part A benefits before the 100 day maximum, you will receive notice of the pending termination of your Medicare Part A benefits a minimum of 48 hours prior to the actual termination date. Medicare calls this notice an Advance Beneficiary Notice or ABN. It explains the reason for your discharge from Medicare Part A. Should you disagree with the decision of the patient care planning team/utilization review committee, you may appeal the decision to terminate Medicare Part A benefits by telephoning 1-800-624-4557. This number is the number for the Medicare Quality Improvement Organization of New Jersey.

Medicare Part A will fully cover the cost of your nursing home sub-acute rehabilitation stay for the first twenty (20) days. After day 20, you are required to pay what is known as a Medicare co-pay. In 2012, this co-pay amount is $144.50 per day. Should you have a Medigap policy, this co-pay may be covered. Please check with your insurance carrier to verify coverage.

The Medicare Part A rate includes nursing care and supplies, rehabilitation services, medications, medical testing (e.g. x-rays), recreational and religious programming, dining service, laundry and housekeeping, maintenance, and cable television.

Not included in the Medicare Part A rate but reimbursed under Medicare Part B (also called Medicare outpatient services) are:

- physicians’ visits
- chemotherapy treatments
- cardiac catheterization
- CT scans
- MRIs
- emergency services
- radiation therapy
- angiography
- ambulatory surgery involving the use of an operating room.

Because of the complexity of Medicare regulations, the above list is not all-inclusive.

The following items are not included in the Medicare Part A rate and are not covered under Medicare Part B

- non-ambulance transportation (e.g. wheelchair van)
- hairdresser
- personal telephone
- private room charge
- non-menu dining service requests
- escorts for medical appointments
- dry cleaning.

Discharge Planning
For patients receiving Medicare Part A rehabilitation and/or skilled nursing services, discharge planning begins upon admission. Your social worker will assist you in determining what, if any, home care services are required upon discharge. The social worker will provide you with a list of home care agencies from which you may select an agency to provide services in your home. One of your HOTGS therapists may also initiate a home visit to assist you with determining what, if any, modifications to your home environment may be required to improve your at-home safety.

Should you determine that returning home is not feasible, you may discuss admission to HOTGS as a long term care resident and begin the admission’s process with our admissions’ director, Mary Collani. She can also determine whether a Medicaid bed is available should Medicaid be your source of payment for your stay.

Transportation

Medicare only covers ambulance transportation for patients who, due to medical condition, must be transported lying in a horizontal position (i.e. on stretcher). Medicaid covers wheelchair van transportation provided 48 hours prior approval is received by the state Medicaid transportation office. An HOTGS medical records staff member will obtain prior approval for Medicaid residents needing medical appointment transportation.

Neither Medicare nor Medicaid provides payment for medical appointment escorts. To avoid escort charges, you are encouraged to arrange with a family member or friend to accompany you to medical appointments should you be unable to go independently.

Medicaid Pending

When a long term care resident has liquid assets of approximately $70,000, he/she is expected to begin the Medicaid application process. Please contact, Ann Marie Lee, LSW, Director of Social Services, for instructions on beginning the Medicaid application process.

To assist you in determining Medicaid eligibility, HOTGS works with Senior Planning Services, a company that assists Medicaid applicants with the application process. To receive a free consultation, please contact Senior Planning Services at 855-775-2664.

Support

Medicaid is the government income tax financed program that provides funding for many of our long term residents. The Medicaid reimbursement received by HOTGS only partially covers the cost of care. HOTGS depends on contributions to support the deficit for care of residents receiving Medicaid. We encourage family members and friends of residents to remember HOTGS as a charity very much in need of
contributions. For information on how to help HOTGS with its fundraising efforts, please contact the Executive Director.

Recreation

The recreation staff offers a variety of group programming. Monthly calendars listing programming scheduled each day are posted throughout the nursing unit. The monthly calendar is also available at the reception desk for family members and friends to peruse. Family members are encouraged to participate in recreation programs. During large group programs, family members and friends who are present are requested to assist you to and from the program.

Upon admission, a recreation staff member will interview you to determine your recreation preferences. Recreation staff has access to large print books and talking books as well as a wide variety of individual activities for persons who prefer individual rather than group activities.

Volunteering

Volunteers are an asset to HOTGS. If your family members and/or friends have time for community service, please ask them to consider volunteering for HOTGS. To learn more about volunteer opportunities at HOTGS, please contact Elibeth Arroyo, Director of Recreation.

Dining Services

A selective meal service with a variety of choices is offered at all mealtimes. Three nutritious meals are provided according to your physician-ordered diet. If you wish for your diet to be more liberal than the physician-ordered diet, please speak with your charge nurse, who can arrange a diet change. You may also select to routinely receive your physician-ordered diet and request menu items not on your diet plan at any meal. Snacks are available at all times.

Food items kept in your room must be in airtight containers. Should you wish to keep items requiring refrigeration in your room, you may bring a small refrigerator, space permitting. HOTGS cannot be responsible for cleaning and/or defrosting of resident refrigerators.

You may invite a guest for lunch or dinner. Reservations and payment are accepted by the receptionist and must be completed by 9:30 AM for lunch (our dinner meal) and 4:00 PM for supper.

Beauty, Barber Services

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Our salon, located on the first floor, is open Tuesday through Friday beginning at 9:00AM and closing when the last client is served. The ward clerk at the nursing station can set up an as needed or a standing appointment.

**Computer Access**

A public use computer is located in the skilled nursing lounge area. In addition, a computer room located on the first floor has three computers with internet access for your use. Should you wish to bring your own computer, our entire facility is wireless.

**Telephone Services**

Private pay residents pay a monthly telephone fee. Charges for long distance telephone calls will appear on your monthly bill. Should you receive a telephone call dialed to the main number of HOTGS, a staff member will assist you to the telephone at the nursing station.

**Recording, Videotaping and Photographing**

You are welcome to record, video, and/or photograph yourself with your family members and friends. Please refrain from recording, videotaping, and/or photographing other residents/patients, staff members, and/or visitors.

To ensure mealtimes and recreation programming may be enjoyed by all participating residents, cellular telephones must be turned off while in the dining room or while participating in recreation programming.

**Valuables**

HOTGS is an unlocked medical facility. We recommend you keep no credit cards, checks, or cash in your rooms. A safe in the business office is available for safekeeping of documents, jewelry, or small valuables. The liability of HOTGS for any loss, destruction, or theft of property which is deposited with HOTGS for safekeeping (including liability for negligence for the safekeeping of such property) will be and is hereby limited to the amount of Two Hundred and Fifty Dollars ($250.00) unless you have obtained a written receipt for a greater amount from the Executive Director. HOTGS will have no liability for the loss, destruction, or theft of documents, jewelry, money, or other valuables not deposited with HOTGS for safekeeping. Access to the safe is available during normal business hours. To deposit items in the safe, please contact the social worker.
Room Changes

We hope that, while you are here, whether it is for a short-term or a long-term stay, you will consider HOTGS your home. On occasion, the resident/patient care team may determine that a room change is in your best interest. We will facilitate the move with as little disruption to you as possible. We will not require your assistance with the move. On occasion, we may ask you to change your room to address the needs of another resident/patient. Your understanding and cooperation is much appreciated should this need arise. Please understand that HOTGS retains the unrestricted legal right to change your room at any time but that we will not do so unless necessary.

Accommodations

We sincerely hope your room will be your castle (albeit a small castle). You are encouraged to bring items to personalize your room. A small piece of furniture is acceptable, space permitting.

Most of our rooms are semi-private. Your bathroom will be shared with your roommate. When your bathroom door is closed, your privacy will be respected. For your privacy, all semi-private rooms are equipped with around-the-bed privacy curtains. Should you require assistance from staff with any personal needs, please be assured that the privacy curtain will remain closed.

Personal Possessions

We ask that all possessions (e.g. clothing, eyeglasses, dentures*) be labeled with your name prior to admission. If you are a long term care resident and a family member will be laundering your clothing, we still ask that all clothing be labeled. When articles of clothing are sent to our laundry in error, we will then be able to identify them.

To allow family members and friends time to grieve; upon death, staff will neatly pack possessions and place them in storage. Belongings may be stored for up to ten days. Due to space limitations, belongings not picked up after ten days will be donated to charity.

*Your personal dentist should have the equipment to label dentures.

What to Bring With You

You will be wearing your own clothing.

Due to space constraints, we request that you limit the amount of clothing in your room. Following is a list of clothing we suggest you have available:

Three or four outfits (dresses, slacks, shirts, etc.)
Seven pairs of socks and underwear
Two pairs of shoes, preferably washable
Two pairs of slippers with backs and nonskid soles, also preferably washable
At least two sweaters
Several nightgowns or pairs of pajamas.

Please do not bring backless shoes or slippers, or shoes with high heels. We want to avoid falls!

**Staff Appreciation**

Although we encourage the appreciation of staff, our personnel policies state that solicitation or acceptance of gratuities is cause for dismissal of employees. Staff members are **NOT** allowed to accept cash or personal gifts.

You, your family members, and your friends are encouraged to contribute to the staff holiday fund. The staff holiday fund accepts contributions year-round and provides each staff member with a bonus at Christmas time. Contributions for the staff holiday fund may be left with the nursing administrative assistant or any of our receptionists.

To recognize a staff member for his/her exceptional work, please also complete a **Shining Star** certificate. Certificates are located at the reception desk. A copy of your comments will be given to the staff member. A copy will also be placed in the personnel file of the staff member.

**Safety**

State fire and safety regulations prohibit the use of the following items:

- extension cords
- electric heating pads
- electric blankets
- space heaters
- candles
- live or dried trees or wreaths
- boxes/storage containers of any type on floors or under beds
- any item of furniture which blocks movement of equipment for care needs.

**Housekeeping, Laundry, and Linen Services**

No laundry, no dishes, and no cleaning – living at HOTGS is worry-free. Housekeepers, like all staff, are part of your care team. You should feel free to make special requests of your housekeeper such as watering your plants, or rearranging small items in your room. He/she will be happy to assist you.
Laundry is collected daily and is returned to you generally within 48 hours. If you choose not to use our laundry, please arrange for the person laundering your clothing to empty your hamper frequently. If incontinence is an issue, we ask that you permit us to launder your clothing to insure daily service.

Linen is changed twice weekly or as needed. We ask that you limit the number of towels kept in your room to a reasonable number. Should you require fresh towels, your nursing assistant will be happy to bring you towels. In the interest of keeping all of our towels and linens as fresh as possible, we ask that you refrain from accessing the linen closet. A staff member will assist you in obtaining what you need.

**Advance Directives**

An advanced directive document (i.e. living will) provides written instructions that explain your wishes should you have a terminal condition. A durable power of attorney for healthcare document allows you to name a person (called an agent) who is authorized to make decisions on your behalf should you become unable to make your own decisions about your healthcare. **A DPOA-HC can only make decisions for you when you are no longer able to do so for yourself.**

Our social worker can provide you with these forms. We strongly encourage you to complete both documents. In an emergency, without a copy of an advance directive in your medical record, you will be a full code; in other words, the staff will activate the emergency medical services (EMS) system.

Without any legal directives, should you become unable to make decisions on your own behalf, staff will seek direction from your closest relative. Should relatives be in disagreement as to your care and treatment, the Office of the Ombudsman for the Institutionalized Elderly will be contacted and asked to intervene.

At any time, you may change the instructions on your living will and/or durable power of attorney. You also have the right to refuse treatment, even when refusing treatment may hasten your death. Should you refuse treatment recommended by your physician, your charge nurse and/or social worker will document in your medical record that the risks and benefits of treatment have been explained to you. Should you refuse treatment recommended by your physician, your charge nurse will review with you the risks and benefits of treatment and this conversation will be documented in your medical record.

**Private Duty Personnel (Sitters)**

Private duty personnel are required to comply with all HOTGS personnel policies and procedures. **Prior to** working at HOTGS, each private duty person must:

1. Complete an employment application form
2. Be interviewed by the nursing director and meet with her approval
3. Submit a current physical examination indicating that (s)he is free from any contagious diseases and is physically able to complete the responsibilities of the job without personal injury or injury to the resident
4. Submit a current TB test to be reviewed annually.

**Rehabilitation**

Whether you are coming to us for post-hospital rehabilitation, or whether you are a long-term care resident whose physician has ordered therapy services, our therapy staff is here to insure that you reach your maximum potential. Our physical therapists work with persons who need reconditioning after hospitalization, post cardiac strengthening, and rehabilitation after fractures, or replacement surgeries (e.g. knee, hip). Our occupational therapists re-teach important skills such as showering, dressing, and transferring in and out of the car. Our speech pathologist can address problems with aphasia or swallowing difficulties. And, of course, an audiologist is available to assess and address any hearing problems.

For post-hospitalization patients needing any type of skilled care services, The House of the Good Shepherd staff share your commitment to return to home. Because...

From the hospital...
Back on your feet...
To home...
The House of the Good Shepherd will get you back where you belong!

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**Thank You!**

The Board of Trustees and Staff of The House of the Good Shepherd are pleased that you have selected “The House” as your provider for short-term or long-term health care services. We want to exceed your expectations. Should you have any concerns, do not hesitate to speak with Ann Marie Lee, LSW, Director of Social Services. In addition, Deborah Beards, our Executive Director, is always just a telephone call away. During most business hours, you may reach her through the main switchboard. Evenings, weekends, and holidays, she may be reached on her cellular telephone: 908-256-9605. Please do not hesitate to contact Deborah at any time, day or night.

Whether you plan to make HOTGS your home, or whether your stay is for rehabilitation, our staff is thankful for the opportunity to serve you.

I agree to abide by the rules and regulations of The House of the Good Shepherd as set forth in this document. I further agree to abide by any future rules and regulations that may, from time to time, be implemented.
I understand that new rules and regulations will be presented in writing to the resident/patient, responsible party, or legal guardian.

Resident/Patient

Date

Responsible Party (if applicable)

Date

Rev. 03/12