



WILLOW
VALLEY
COMMUNITIES

SUPPORTIVE LIVING RESIDENT HANDBOOK

June 2023

Important Telephone Numbers for Your Use

The Glen Skilled Care

Administrator	717.464.6135
Director of Nursing	717.464.6771
Nurse Manager – 1 st floor	717.464.6826
Nurse Manager – 2 nd floor	717.464.6136
Nurse Manager – 4 th floor	717.464.7683
Nurse Manager – 5 th floor	717.464.6295
Social Worker – 1 st floor & 5 th floor NW/SW	717.464.6074
Social Worker – 2 nd floor	717.464.6055
Social Worker – 4 th floor	717.464.6126
Social Worker – 5 th floor	717.464.6145
Recreational Therapy Supervisor	717.464.6137
Chaplain	717.464.7676
Nurse Desk – 1 st floor	717.464.7660
Nurse Desk – 2 nd floor	717.464.6180
Nurse Desk – 4 th floor	717.464.6139
Nurse Desk – 5 th floor	717.464.6143

The Glen Personal Care

Administrator	717.464.6870
Social Worker	717.464.6650
Chaplain	717.464.7676
Wellness Office	717.464.7831

Lakeside

Administrator	717.464.6336
Director of Nursing	717.464.6813
Nurse Manager – Ground Floor	717.464.6777
Nurse Manager – 1 st Floor	717.464.6410
Social Worker	717.464.6812
Recreational Therapy Supervisor	717.464.6849
Chaplain	717.464.6836
Nurse Desk – Ground floor	717.464.6823
Nurse Desk – First floor	717.464.6512

Meadow Ridge

Administrator	717.464.6816
Social Worker	717.490.8107
Recreational Therapy Supervisor	717.490.8117
Chaplain	717.464.6836
Wellness Office – 1 st floor	717.490.8109
Wellness Office – 2 nd floor	717.490.8116
Wellness Office – 3 rd floor	717.490.8118
Wellness Office – 4 th floor	717.490.8119

Senior Vice President of Healthcare Services	717.464.6099
Vice President of Healthcare Services	717.464.6875
Manager of Rehabilitation Services	717.464.7645
Business Office	717.464.6129



Dear Resident and Family Member,

We are delighted to have you as a Resident of Supportive Living at Willow Valley Communities (WVC) and welcome this opportunity to highlight our commitment to excellence in care.

Our goal at WVC is to provide holistic care for our Residents – meeting their physical, emotional, and spiritual needs, while encouraging maximum independence. WVC Team Members will work with you, your physician, and family to meet this goal. We are committed to maintaining the highest quality of life possible for our Residents.

The purpose of this handbook is to provide you with information about our communities that will make your stay in Supportive Living, whether short or long-term, as pleasant and comfortable as possible. Please take some time to read this handbook. Keep it in a convenient place. If you have questions or need more information, feel free to ask. It will be our pleasure to help you.

Sincerely,

A handwritten signature in black ink that reads "Kendall K. Hunsicker". The script is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Kendall K. Hunsicker, NHA
Senior Vice President of Healthcare Services
Willow Valley Communities

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MISSION STATEMENT

We inspire each person to embrace the possibilities of a life lived forward.

OUR PHILOSOPHY

We will be a strong organization glorifying God by serving Him, seeking His will daily, and showing Christian love and respect to others at all times. We will do this by consistently reaching for the highest standards of quality, value and integrity in every area of service, every facility, every product, and every resource we provide to our Guests, Residents, and Team Members.

OUR STATEMENT OF INCLUSION

Willow Valley Communities values diversity and inclusion and is committed to a culture of possibilities for all Residents and Team Members in all aspects of their identities such as race, color, national origin, religion, sexual orientation, gender, and disability. Each of us plays a part in respecting relationships by honoring each other with kindness and appreciating our differences as demonstrated through our actions and our words.

VALUES STATEMENT

We create a culture of possibilities for our WVC family and all those we encounter through our promise to:

Make a Difference

To create moments that positively impact others' lives, the world, and ultimately, ourselves.

Own Excellence

To demonstrate a personal commitment to deliver extraordinary service while creating memorable experiences.

Respect Relationships

To honor each other with kindness and appreciate the value of differences.

Enhance Wellbeing

To inspire wellness in all dimensions by creating a positive environment and promoting a balanced lifestyle for ourselves and others.

VISION STATEMENT

To positively transform the way aging is viewed and experienced in our world.

WVC COMMUNITIES CODE OF CONDUCT

WVC Communities shall reach for the highest standard of quality, value and integrity in every area of service. WVC Communities Team Members shall:

- A. Respect the dignity of Residents and Team Members and treat them with consideration, courtesy and respect.
- B. Carry out all activities in a manner which complies with applicable laws, regulations and standards imposed by government agencies.
- C. Accurately represent their credentials and their experience.
- D. Bring any deficiency or error immediately to the attention of those Team Leaders who can properly assess and resolve the problem.
- E. Exercise good faith and honesty in all dealings and transactions.
- F. Avoid conflicts of interest and the appearance of conflicts.
- G. Respect and protect the confidentiality of Resident, Team Member, and organizational information.
- H. Protect the confidentiality of all medical records and medical information.
- I. Provide accurate and truthful information in all transactions.
- J. Ensure safety and cause no harm to our Residents, our organization or the public.
- K. Exercise responsible stewardship of both human and financial resources.

Everyone associated with the WVC Communities (including the medical staff and vendors) must follow the Code of Conduct. Conduct in violation of these standards will lead to disciplinary action, up to and including termination of employment or terminating of contractual agreements. If you have a concern that someone has violated the Code of Conduct, please call the Team Leader in that area, the Director of Compliance at 717.464.6099, or the Compliance Hotline at 717.464.8624.

OWNERSHIP AND MANAGEMENT

The IRS recognizes Willow Valley Communities (WVC) as a non-profit 501(c)(3) corporation. An independent Board of Directors guides WVC. The Board has contracted with Willow Valley Living (an Acts Management Services Company), to manage WVC's ongoing operations. WVC is not affiliated with any religious or fraternal organizations (please reference the "Nondiscrimination Policy Statement" on page 37-38.) WVC encompasses two campuses: The Manor Campus which is the location of The Glen Skilled Care and Personal Care, and The Lakes Campus, which is the location of Lakeside Skilled Care and Meadow Ridge Personal Care. Effective May 1, 2022, ACTS Retirement Services, Inc. ("ARS"), a Pennsylvania 501(c)(3) nonprofit corporation, and WVC entered into a Strategic Alliance, through which ARS became the sole member of WVC.

QUALITY IMPROVEMENT

The WVC Supportive Living environment is committed to continuous quality improvement and customer satisfaction. A Quality Assurance Committee (QA) at each Skilled Care Community meets quarterly to continually seek ways to provide improved quality of care, and enhance the delivery of our services. The QA committee presents a variety of data and process changes. The QA Committee is multidisciplinary including the Vice President of Healthcare Operations and the Medical Director. There is a Pharmacy subcommittee of the QA committee where the Pharmacist presents various drug usage information, etc for review and action if necessary. If you or your family has a suggestion for improvement, please contact the Supportive Living Administrator in your community.

REGULATIONS AND LICENSING OF SUPPORTIVE LIVING

All Skilled Care areas are regulated and licensed by the PA Department of Health. Once per year, all Skilled Care areas are surveyed through an unannounced several day survey.

All Personal Care areas are regulated and licensed by the PA Department of Human Services. Once per year, all Personal Care areas are surveyed through an unannounced survey.

DEPARTMENT OF HEALTH AND DEPARTMENT OF HUMAN SERVICES SURVEYS AND LANCASTER COUNTY OFFICE OF AGING VISITS

The results of the latest Pennsylvania Department of Health survey are available in a binder in the Skilled Care areas. This binder is accessible at any time and may be reviewed at your convenience. Contact numbers for the Pennsylvania Department of Health (1.800.254.5164) and PA Ombudsman 717.299.7979 or 1.800.801.3070 are posted on bulletin boards in the Skilled Care units. The Lancaster County Office of Aging phone number is 717.299.7979. PA Office of Attorney General Senior Protection Unit 1.866.623.2137 and Healthcare Section 1.877.888.4877. The results of the latest Pennsylvania Department of Human Services survey are posted on

bulletin boards in the Personal Care units. The Pennsylvania Department of Human Services number is 1.800.882.1885.

YOUR STAY AT WVC SUPPORTIVE LIVING

SUPPORTIVE LIVING LEVELS OF CARE

Personal Care is for Residents who require some assistance with one or more activities of daily living – such as bathing, dressing, and/or taking medications, making doctor appointments and securing transportation to appointments if needed. Personal Care creates a social, residential environment that maximizes a Resident’s ability to maintain independence in a setting that provides support, fosters dignity and encourages decision-making. Licensed Practical Nurses and/or Resident Care Assistants (RCAs) are responsible for the care on these units. (Licensed by the Pennsylvania Department of Human Services, subject to Personal Care Home regulations.)

Cedar Brook, a memory support residence, is available at The Glen. Cedar Brook is for individuals who have cognitive impairment usually associated with dementia. The program offers skilled dementia care. A safe, secure environment is provided for the Resident with the emphasis on maintaining functional skills in a structured daily schedule and maximizing Resident’s abilities to perform activities of daily living. Purposeful and meaningful tasks are done on a daily basis assist the Resident to maintain strength, dignity and a sense of self-worth. All Team Members in this residence receive specialized education on dementia care.

Skilled Care is for those individuals who require continuous assistance with activities of daily living, including toileting, eating, ambulation and personal hygiene due to a medical condition. Residents needing continuous nursing care and/or rehabilitation therapy are appropriate for this level of care. The Nursing Team provides the level of care required up to and including total assistance. The Nursing Team is led by Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs). LPNs are responsible for medication administration and providing treatments as prescribed by the physician. CNAs are direct caregivers and are assigned to care for a specific group of Residents and provide assistance with bathing, dressing and other activities of daily living. (Licensed by the Pennsylvania Department of Health, subject to Long-Term Care Nursing Facility regulations.)

Temporary vs. Permanent---What do these terms mean?

You may be in Supportive Living temporarily or permanently. Temporarily means that you plan on returning to your Residence in Residential Living. If your status is permanent in Supportive Living, it means that you are not planning on returning to your residence and that you will be residing in Supportive Living permanently. You will receive a letter from the Social Worker in Residential Living that you have been made permanent and will need to clean out your residence, if you are the only one living there.

SUPPORTIVE LIVING COMMUNITY LIFE

VISITORS

Family, friends, children, and well-behaved pets on leashes are encouraged to visit. Your involvement and support are especially important. There are many ways you can help make your family member's stay more comfortable and successful.

WVC encourages family and friends to help maintain Residents' spirits and control over their environment. When visitors express interest in their lives by inquiring about the day's activities and conversations, discussing current events, and asking about special needs or concerns the Residents' quality of life is enhanced.

WVC reserves the right to restrict visitors from entering the community and/or the Residents from leaving the community when following the guidance of the Pennsylvania Department of Health and/or Pennsylvania Department of Human Services.

We also ask that visitors observe the following:

- Sign in and out at the entrance receptionist desk to obtain a visitor's pass.
- Be screened for illness at the front desk of the building or at the gate.
- Wear a mask when required.
- Respect the privacy of a roommate, as well as other Residents.
- Please do not visit when you have a cold, sore throat, or infectious disease.
- In order to enter any section of the residential areas outside of Supportive Living, Residents and guests must be accompanied by a Team Member or WVC Lifecare Resident.
- Residents are responsible for the behavior of their guests (children 12 years old and younger must be accompanied at all times by a responsible adult).
- Damage caused by a guest is the responsibility of the Resident.
- Overnight guests are not permitted in Supportive Living with exceptions made on a case-by-case basis.

PETS

WVC encourage therapeutic pet visits to enhance our Residents' quality of life. Our goal is to maintain a safe environment during these visits. Pet visits must be in compliance with WVC Therapeutic Pet Visit policy.

Cats, dogs, reptiles or other small animals as pets are not permitted in Skilled Care accommodations. Birds and fish may be allowed as pets but must be approved on an individual case basis by the administrator. The Resident must be able to care for the bird/fish and have arrangements for the care of the bird/fish should the Resident be unable to care for them.

Cats, dogs, birds and fish may be allowed as pets in Personal Care accommodations provided the pet is owned prior to admission and are approved on an individual case basis by administration. The Resident must be able to care for the pet and have arrangements for the care of the pet should the Resident be unable to care for them. Administration has the right to remove the pet, should it become a disturbance to the building and its Residents.

GUEST SUITES AT WILLOW VALLEY COMMUNITIES

WVC has a building with guest suites, where rooms are available for those who wish to stay overnight at WVC. If you wish to obtain a fee schedule or make reservations, please contact the Guest Relations Team at 717.517.3600.

MAIL

It is very important to advise correspondents of the complete and proper address to ensure timely delivery of incoming mail. Incoming mail should include the apartment/room number and zip code. Examples:

Name	Name	Name
Room #	Room #	Room #
The Glen at WVC	Lakeside	Meadow Ridge
675 WVC Square	300 WVC Lakes Drive	925 WVC Lakes Drive
Lancaster, PA 17602-4876	Willow Street, PA 17584-9491	Willow Street, PA 17584-9049

Please check with the Receptionist to obtain information on where and when to pick up your mail. If special arrangements need to be made, please let us know as soon as possible.

COMMUNICATION

As outside observers, family and friends can be helpful in objectively assessing the care we provide and suggesting additional services or programs that might be helpful. When you tell us promptly and fully about special needs, concerns, and/or problems, you help us anticipate the care you may require. Feel free to speak to the Administrator, Social Worker, or Director of Nursing at any time.

We ask the Resident or Resident Representative to designate one primary contact for communications on medical issues and matters of care. This will expedite the communication process and will help eliminate confusion related to communication of information to multiple parties. We are always available to discuss, as permitted by the Resident or Resident Representative, your concerns. Special meetings or family conferences can be arranged when necessary.

ALCOHOL

In Skilled Care, Residents may use alcoholic beverages with physician approval. For the protection of all Residents, alcoholic beverages must be secured in the medication rooms.

In Personal Care, a Resident may be permitted to store alcohol in his/her own accommodation, as long as approval has been given by the Resident's Care Team and an order of approval has been given by the Resident's physician. Should a Resident's status change, WVC and/or the Resident's physician reserve the right to prohibit the Resident from keeping alcohol in his/her own accommodation. Alcohol will not be supplied by WVC.

UNAUTHORIZED USE OR POSSESSION OF LICIT OR ILLICIT SUBSTANCES

If it is discovered in Supportive Living that a Resident is using illegal drugs or is taking drugs that they do not have a prescription for, this is considered a reportable incident to the Department of Health or the Department of Human Services. Furthermore, the substance will be confiscated and the Resident's physician will be called for further direction. The police will be called if the substance is illegal. If a substance is experimental and has not been approved by the Federal Drug Administration (FDA), it is considered illegal.

WEAPONS

For the safety of others, WVC does not allow the possession of weapons in Supportive Living.

SMOKING

This is a smoke-free living environment and smoking is prohibited both for health and fire safety reasons. Smoking is not permitted on WVC property.

LEGAL MEDICAL MARIJUANA

WVC supports the use of medical marijuana by those residing in Supportive Living and follows the provisions of Pennsylvania's Medical Marijuana Act, 35 P.S. 1023.101, et seq. Residents must have: (1) a valid identification card issued by the PA Department of Health and (2) certification from a practitioner approving the use of medical marijuana will be required in order to approve the use of medical marijuana in WVC Supportive Living buildings.

WVC will permit certified Residents to use medical marijuana once they are approved by the Resident's Supportive Living attending physician and Nursing Home Administrator/Personal Care Home Administrator (NHA or PCHA), whichever is appropriate to the level of care in which they reside.

If the Resident is approved to use medical marijuana, WVC Team Members/Team Leaders and any other providers will not: (1) assist Residents in becoming certified to receive medical marijuana, (2) assist Residents with obtaining medical marijuana from a licensed dispensary, (3) administer medical marijuana, or (4) take possession or store medical marijuana in Supportive Living. Medical marijuana can be discontinued at the discretion of the facility's NHA/PCHA and the Resident's Supportive Living attending physician.

For more information on this, please contact your Supportive Living social worker.

RESIDENT CONDUCT / HARASSMENT

Living and/or working in a Senior Living Community setting presents many opportunities for personal contact, both verbal and physical, with other Residents and Team Members. Team Members are expected to perform their duties with respect for each Resident and other Team Members. It is also the expectation that each Resident practice common courtesy and respect for other Residents and Team Members in all interactions.

The use of foul language, yelling, screaming, or jeopardizing the safety of other Residents or Team Members are considered inappropriate behaviors and will not be tolerated. Any unwanted

touching, advances, verbal abuse of a sexual nature, graphic or suggestive comments, sexually degrading words, sexual flirtations or displaying sexually suggestive objects or pictures is considered to be sexual harassment and will also not be tolerated. Displaying any of the behaviors listed above, may affect the Resident's ability to live at WVC.

Please show respect and consideration for others by demonstrating awareness of your actions and how your behavior affects other Residents and Team Members. Treating others as you would expect to be treated is always the "golden rule" to be followed in all interpersonal situations.

VALUABLES AND PERSONAL ITEMS

VALUABLES

WVC endeavors to provide a safe and secure environment for their Residents. Please consider carefully whether or not you wish to bring small, valuable items that could easily be misplaced or stolen. WVC will not be held responsible for the replacement of valuables or personal items such as jewelry, cash, dentures, hearing aids, or eyeglasses. **We suggest you do not bring valuable jewelry, cash, credit cards or other items of significant value which could be misplaced or stolen.** A key for a locking drawer in your bedside cabinet is available at your request from the Social Worker. While it is not mandated, we encourage Residents in Supportive Living to carry Tenant Insurance, should you want your personal property insured against theft or misplacement.

RESIDENT FUNDS

At the written request of the Resident, the Community will hold, in an interest-bearing Resident Fund Account, monies for Resident's miscellaneous use. The funds are available during normal business hours (Monday through Friday, 8:00 AM – 4:30 PM Saturday and Sunday, 8:00 AM – 4:30 PM at the Front Desk). The Social Worker will explain the Resident Fund Account during the admission process. Residents may elect to utilize the Resident Fund Account at any time. We strongly encourage the use of a Resident Fund Account when maintaining more than \$20 in cash on the premises for safety/security purposes. Due to multiple requests, we ask that Residents who wish to withdraw \$100 or more at one time, give WVC 24-hour notice.

PERSONAL CLOTHING AND LAUNDRY

PERSONAL CLOTHING

In Supportive Living, WVC encourages Residents to dress each day. Please bring at least seven days of casual and comfortable **wash-and-wear clothing**, as well as safe, flat-heeled shoes or sneakers. In Supportive Living, all clothing and personal belongings brought must be inventoried. Whether laundry is done by the Resident's family or our Team Members, all clothing will need to be clearly labeled with the Resident's full name using a waterproof marker or clothing labels. Please do not leave unlabeled clothing in your room. If you need any assistance, please speak with your Charge Nurse or Social Worker upon admission. We request that you inventory your clothing and belongings prior to bringing them into the community. You or your family member will receive an inventory form at the time of admission. Please let your

Nursing Team or Social Worker know when any clothing or belongings are brought in or taken out so that we can keep an accurate inventory sheet.

LAUNDRY

Bed linens are changed regularly and on an as-needed basis. This is part of the service included in your daily charges. Many families handle the personal laundry (i.e., clothing) needs of their family members themselves. However, if desired, we will provide personal laundry services for a monthly charge. Please see the Social Worker to make arrangements for this service. Local dry cleaning services are available for Residents if needed. Residents are responsible for payment for these services through the local dry cleaner. Since we perform laundry services for many Residents, an item may be lost or misplaced occasionally. We want to address this problem promptly, so please let the Charge Nurse or Social Worker know immediately if a clothing item cannot be found. We will complete a missing item report and take the appropriate steps to locate the item(s). WVC will not be held responsible for replacement of lost or damaged laundry.

RESIDENT ROOMS

HOUSEKEEPING

Rooms and bathrooms are cleaned regularly by our Housekeeping Team Members. Heavier cleaning jobs, such as window washing, are scheduled periodically. If a Resident notices walls, floors, furnishings, or equipment needing cleaning or repair, please notify the Receptionist or Charge Nurse, who will contact the appropriate department. For Resident safety, do not bring household cleaning products to Supportive Living.

ROOM AND BUILDING ASSIGNMENTS AND CHARGES

WVC makes every effort to assign a Resident to a room and building of your choice as long as it is appropriate. However, in order to meet your medical, nursing, or social needs, your room may be changed and you may not get the building that you request. Room changes are coordinated by the Social Worker and Nursing Team, and are discussed with you and/or your family in advance of the move. If a Resident wishes to make a change from a room they have already chosen, a move fee may be charged to the Resident. If a Resident wants a certain type of room or building that is not available, we will put the Resident on a waiting list for the request, as long as it is appropriate.

DECORATIVE ITEMS

The room number and name of the Resident who occupies the room are clearly identified on the door (or to the side of the door) of each room, so, in the event of an emergency, those responding can locate a room without delay. A decorative item may be displayed on a room door if it does not damage the door or frame, or cover the room number or Resident's name. Over-the-door hangers are not permitted. A Command hook is acceptable. There may be no holes made in cabinetry or doors. Adhesive products to hang items on doors or cabinets are not permitted. If decorative items cause damage to the door, cabinets, or walls, the Resident will be responsible for the cost of the repair. No decorative items may be placed on the hallway or alcove area walls. Items placed on the hallway floor, wall, or ceiling will be removed. Decorations may not be suspended on the lighting fixtures or placed on the floor. Lighted outdoor holiday ornaments

or decorations may not be used. Residents may use white electric candles inside their windows or a lighted wreath as long as it is not placed in an area visible from the building's exterior. Live Christmas trees or pine greens cannot be used in a Resident's room as they are considered a fire hazard.

RESIDENT FURNITURE AND OTHER PERSONAL BELONGINGS

Residents are encouraged to decorate their rooms with personal possessions, such as pictures, plants, or small pieces of furniture. Please check with your Social Worker before bringing in these items so that we can make arrangements with other departments (i.e., Maintenance) if needed. All personal possessions and furniture must fit into the room to continue to maintain a safe environment. Residents may not have electric blankets or hot plates. PA Life Safety regulations prohibit the use of extension cords or power strips in all areas of Supportive Living, however preapproved surge protectors may be utilized. Throw rugs are prohibited in Skilled Care as they pose a tripping hazard.

There is a charge for the Maintenance department to dispose of furniture from a Supportive Living room, should the Resident or family want to get rid of furniture. Many families ask our Team Members to help carry furniture to a car or truck. We have requested that our Team Members not assist families with this, due to safety and avoiding possible injury.

TELEPHONE

A telephone line is installed in each Supportive Living room/apartment. If you choose to have telephone service, you will be charged a monthly fee. In some areas you may need to provide your own telephone. Replacement of a lost telephone is charged to the Resident.

TELEVISION

Televisions are supplied by WVC to all areas. Cable television service is provided for all Residents in Supportive Living, if they chose to have it. For those Residents who reside *permanently* in Supportive Living, there is a charge for cable service. For those Lifecare Residents who reside *temporarily* in Supportive Living, there is no charge for cable. For Non-Lifecare Residents there is a charge for cable services. If you do not want cable, please let your social worker know immediately and we will disconnect the cable. Replacement of a lost remote control is charged to the Resident.

Residents residing in shared rooms in Skilled Care will be offered television headsets upon admission. Television headsets are to be used for all television sound between the hours of 9:00 PM and 8:00 AM. Television headsets are available through your Social Worker.

NEWSPAPERS

Newspaper delivery is available for the daily and Sunday local papers. Delivery may be arranged by calling Lancaster Newspapers at 717.291.8611. This service must be paid on a subscription basis, as the carrier is not permitted to collect payment in Supportive Living.

STORAGE

WVC Supportive Living areas have a limited amount of space for Residents to store seasonal items and clothing. Storage of two standard storage bins for seasonal clothing is permitted. The exception is Meadow Ridge where Residents have their own storage cage. Please speak to your Social Worker for specific information on what is appropriate for storage and how to place and retrieve items in storage. The storage of furniture is not permitted due to space limitations.

Residents who are discharged must remove personal belongings from the storage area within 3 days. Personal belongings of a deceased Resident must be removed from their rooms and storage within 3 days. Failure to remove items within the allotted time will result in a daily charge. Please refer to the Additional Service Fees sheet or speak with your Social Worker for the charge. If a Resident has a storage cage assigned to their current residence, this must be vacated in conjunction with cleaning out the residence.

RESIDENT COMPUTER KIOSK AND WIRELESS INTERNET

There is a computer for Residents to use for email and internet usage in each building. Wireless internet is accessible to all Residents.

SAFETY

MAINTENANCE

Many maintenance tasks are done routinely. However, there will be occasions when Residents will experience a maintenance need. Any Nursing Team Member, Social Worker or Receptionist will be glad to help expedite your maintenance request.

SECURITY

WVC endeavors to provide a safe and secure place in which to live. All exterior doors remain locked during nighttime hours for the protection of the community. Depending on your location, the main entrances open at 8:00 AM and close between 7:00 PM and 8:00 PM. If access is needed at times other than those mentioned, Residents or guests should ring the doorbell located at the entrance. Residents residing in Personal Care shall utilize their fob or doorbell for building access after hours.

FIRE SAFETY

Fire drills are held periodically, according to state regulations. When an alarm sounds (intermittent blasts of a horn, and/or an overhead announcement), Skilled Care Residents must remain in their rooms or designated areas unless the fire is in an adjacent area. In this situation, Residents should vacate at once. Team Members will provide Residents with assistance with evacuation when necessary.

In Personal Care, Residents shall evacuate to a “designated safe area” at the sound of the alarm.

For the safety of Residents, Team Members consider all fire alarms to be signaling an actual emergency. When the response team has verified the situation and no emergency exists, the all-clear signal (five short blasts or an overhead announcement) will sound. If an actual emergency

exists, Residents will be given further instructions to stay in the area or to evacuate to another location.

WVC Team Members are trained and ready to respond in cases of emergency. Due to regulations, Supportive Living areas hold periodic drills on all shifts in which Team Members and Residents practice evacuation procedures. Team Members also regularly test the equipment by which the community is notified of emergencies and system failures.

For the safety of all, Residents should note the location of the nearest red pull-down fire alarm station, located near every emergency exit. If an emergency occurs, Residents should remain calm and follow the instructions of the Team Members and emergency personnel.

SAFETY AND HEALTH COMMUNICATION

WVC has an automated system called Cliniconex to communicate updates to Residents and their #1 and #2 emergency contacts listed on the health record. This will enable WVC to immediately notify the emergency contacts of a viral outbreak, a change in policy, an outage or an emergency situation.

Cliniconex messages will be sent in a voicemail. If your family members prefer, the messages may be sent in a text message or email, please notify the appropriate social worker of your preference.

FINANCIAL INFORMATION

MEDICARE AND MEDICAID CERTIFICATION

WVC Supportive Living is certified for Medicare, Title XVIII only. The skilled nursing level of care does not accept Medicaid-eligible Residents under the Title XIX program. The Personal Care areas do not accept SSI eligible Residents.

THE LIFECARE AGREEMENT COVERAGE

MEDICARE / MEDICARE REPLACEMENT PLANS

If you are admitted to Skilled Care and meet the criteria for Medicare A (a minimum of three consecutive overnights in the hospital and the need for physical, occupation or speech therapy, IV therapy, wound dressing, etc.) you have up to 100 days coverage per illness as long as the Medicare qualifications continue to be met. From day 21 through day 100 there is a mandatory Medicare co-pay, which the Resident must pay and the *Lifecare Agreement* does not cover. This is why WVC requires Residents to maintain a Medigap or supplemental plan with a rating of C or better. If you don't have proper coverage, it will be your responsibility to pay the co-pay. Medicare A does not cover charges for ambulance services/medical transport either to or from any appointments.

If after several days, weeks or months in Skilled Care you no longer meet the criteria for Medicare A, you will be notified that Medicare A will no longer cover your stay. At that point,

your Lifecare coverage takes over. Please refer to your *Lifecare Agreement* to familiarize yourself with what accommodations and supplies are covered.

If you do not have a Lifecare Agreement with WVC, once you no longer meet the criteria for Medicare A you will be financially responsible for room and board, medical supplies, prescriptions and any other related costs.

WVC is under no obligation to, and will not provide manual wheelchairs, medical supplies and other related costs unless a Resident is receiving Medicare A Services.

In recent years, new insurance programs called “Medicare Replacement Plans” have become available. These plans referred to as “Medicare C”, may look inexpensive from an outpatient standpoint and usually have smaller monthly premiums, but often have large co-pays. Each Medicare Replacement plan is different; please read the fine print carefully in any Medicare replacement plan for requirements regarding co-pays and deductibles. Your *Lifecare Agreement* does NOT cover these co-pays and deductibles when you are receiving Medicare qualified benefits in Skilled Care. We do not recommend that a Lifecare Resident choose a Medicare replacement plan.

Residents may not leave Skilled Care when he/she is receiving Medicare Part A Benefits, due to Medicare regulations, unless the leave is considered therapeutic, according to Medicare definitions. Overnight stays out of the Skilled Care unit are not permitted. The Social Worker and Administrator can assist you, should you have questions about Medicare regulations.

When the Medicare Review Team determines that the Medicare Part A and Medicare Replacement criteria for Skilled Care is no longer met, a Notice of Non-Coverage letter is given to the Resident and/or power of attorney. The letter will explain why your Medicare Part A benefits are no longer applicable and will review specific dates of non-coverage. The “Medicare Denial” letter serves as notice of a change in payment source. This indicates that the Resident is no longer in need of “Skilled Services” as defined by Medicare regulations. The letter will also explain your options for appealing to continue coverage. At the time of denial, a 30-day advance deposit is required for Non-Lifecare Residents who choose to remain in the community.

Upon notification of no longer meeting the criteria for continued Medicare A benefits or change from short-term rehabilitation status, you will be notified of the need to be transferred to another room not designated as a short-term rehabilitation room. Your cooperation is appreciated as this enables others to benefit from the services rendered to those on short-term rehabilitation.

THE LIFECARE AGREEMENT (Not applicable for Private Pay Residents)

In Personal Care, basic room accommodations (additional costs for upgraded rooms) and nursing care are covered by your Lifecare Agreement, if you are a Lifecare Resident. Please note that Medicare A does not pay any part of a stay in Personal Care. Medicare B may cover such things as outpatient procedures, outpatient therapy, physician appointments, medical equipment or oxygen while you are in Personal Care as it does in your Residential Living residence. Medicare B, from a reimbursement perspective, classifies Personal Care as your “home” and, therefore, you are eligible for the same coverage as you receive in your Residential Living residence. In Skilled Care, when not under Medicare A coverage, the WVC Lifecare Agreement covers the cost of room (accommodations per your agreement) and nursing care. Individual contracts reflect the amount of coverage, if any, provided for supplies and prescriptions during temporary visits or permanent placement in Skilled Care.

If you are admitted to Skilled Care and have not had a three-day hospital stay (three consecutive nights in the hospital), you are not able to receive Traditional Medicare A Skilled Care coverage. In cases such as this, your *Lifecare Agreement* coverage takes over. For Medicare Replacement plans, a Resident must receive authorization from their insurance to cover services in Skilled Care. It is important to read your *Lifecare Agreement* to find out what accommodations and supplies are covered under your Lifecare Agreement.

WVC is under no obligation to and will not provide manual wheelchairs, medical supplies and other related costs unless a Resident is receiving Medicare A services.

One of the benefits about being covered by Medicare A is that Medicare will pay for all of your drugs during a Medicare qualified stay in Supportive Living. When your stay is no longer Medicare A qualifying, it is your responsibility to pay out-of-pocket for prescription drugs, unless:

- Your *Lifecare Agreement* covers prescription benefits for temporary or permanent stays in Supportive Living. (Please consult your Lifecare agreement, as different versions have different prescription drug coverage.)
- You participate in a drug insurance plan. WVC's contracted pharmacy works with most drug insurance plans. Your coverage will determine your out-of-pocket expenses.

PAYMENT OF YOUR BILLS

While in Supportive Living, you will receive a monthly billing invoice. Payment should be made within 30 days of receiving the bill. If payment is not made on a timely basis, a 1½% monthly late fee will be assessed on the balance, until it is paid in full.

ADVANCE DEPOSIT

Private paying Residents (non-Lifecare Residents) in Skilled Care are required to provide a 30-day advance deposit. The advance deposit is computed at 30 days times the current daily rate for the Resident's specific accommodations. The deposit is refundable within 30 days of discharge, death, or transfer. All outstanding charges will be deducted prior to reimbursement.

FINANCIAL REVIEW

Financial reviews will be conducted for all Residents, both Lifecare and non-Lifecare, who request a private room or who utilize private duty services. Financial statements will be requested for Lifecare Residents in private rooms or utilizing private duty services and all non-Lifecare Residents. This is not applicable if a Resident needs a private room for medical purposes, such as isolation, etc. for Lifecare contracts that include a private room.

THERAPEUTIC LEAVE OF ABSENCE

You may request a leave of absence from the Supportive Living community. However, the length and limitations of the leave depend on your health status and approval from the physicians and WVC interdisciplinary team. If you are paying privately, you must pay the daily bed-reserve rate to hold a bed while you are on leave. All leaves of absence require a physician's order. Skilled Care Residents and the Resident's representative, if applicable, will be provided written information prior to their leave of absence on bed holds per WVC policy by the Social Worker/designee. Current daily room charges will need to be paid to hold the bed during the Leave of Absence.

BED HOLDS

A WVC Resident with a Lifecare Contract is limited to occupying no more than two living units at any time.

A temporary Resident with a Residential Living residence may only occupy one (1) Supportive Living room at a time. If an additional room hold is requested in another level of care, the current private pay per diem rate would be charged during the holding period of the unoccupied room.

A permanent Lifecare Resident would be permitted to move from one level of care to another, occupying no more than two rooms without any additional charges for a reasonable amount of time. (Private room up-charges would continue to apply if applicable.) A reasonable amount of time is based on whether the Resident is realistically (determined by the WVC Supportive Living interdisciplinary team) able to return to the room they are holding. Rooms held for more than three months must be reviewed by the interdisciplinary team. If a Resident's condition improves and the room has been given up, the Resident may return to another room in that level of care, provided a room is available. If a room is not available, the Resident will be put on the list to return to that area.

In accordance with WVC Supportive Living policy, upon admission to Skilled Care the bed hold policy is reviewed and the per diem bed rate sheet is provided to the Resident and Resident Representative, if applicable.

Medicare payment does not impact the ability to charge or not charge a Resident for holding a room.

BED RESERVE DURING HOSPITALIZATION

If hospitalization becomes necessary during your stay in Supportive Living, you will be given the option to hold your bed while you are hospitalized. If you are a Skilled Care Resident and are hospitalized, you and your Resident representative, if applicable, will be provided written information on our bed hold policy at the time of transfer or, in the case of emergency, within 24 hours of the transfer. If you are a Personal Care Resident and you are hospitalized, you or your Resident Representative must notify the Social Worker and/or Business Office within 24 hours of your hospitalization as to whether you choose to reserve the bed for your return. If the decision is not to reserve a bed, you will be discharged from the community and the belongings in the room must be removed. If you or your Resident Representative decides to hold the bed, the per diem private pay rate will be charged. Please note there is no discount on the daily per diem charge for holding a bed.

VACATING THE ROOM ON TRANSFER, DISCHARGE OR DEATH

When a Resident is discharged from Supportive Living or is transferred to another level of Supportive Living, it is expected that the room will be vacated at the time of discharge. When a death occurs, the Social Worker will contact the Executor of the estate regarding vacating the room.

The Executor will be allowed three (3) calendar days to complete the move out process. If the room has not been vacated on day four (4), the estate will be charged at the equivalent of the private pay per diem room rate. If after 30 days the items are not removed WVC will remove them at the Resident/Executors' expense. WVC recognizes that this is a very difficult time for families.

The Social Worker is available to answer any questions you may have during this time and is available to assist with coordinating the removal of belongings from the room.

MEDICAL AND NURSING SERVICES

NURSE CALL BELL SYSTEM

An electronic nurse call bell system allows Residents and/or families and friends to alert the Nursing Team of the need for assistance. In Skilled Care, a call button is easily visible and conveniently located by each bed. The call bell button should always be within your reach, whether on your bed or near your chair. An emergency call cord is also located in each bathroom in all levels of Supportive Living. Pushing the bedside button or pulling the bathroom cord will alert Team Members that the Resident needs assistance. In some areas of Supportive Living, pendants are offered as an additional way of requesting assistance. In Personal Care pendants are supplied to each Resident upon admission. Should the pendant become damaged or lost the Resident will be responsible for the replacement cost.

CARE PLANNING IN SKILLED CARE

Central to the services provided to all WVC Skilled Care Residents is the assessment and care planning process. We strongly encourage you and your family to attend. The purpose of this process is to determine goals for each individual Resident and plan the provision of services to assist in meeting these goals. Attendance at care planning conferences gives you an opportunity to express your expectations, participate in care decisions, and approve the plan. The care planning conference involves various members of the Interdisciplinary Care Team, including Nursing, Recreational Therapy, Culinary Services, Social Services and Rehabilitation Therapy.

The first care planning conference in Skilled Care is held within 21 days of admission. Additional conferences are scheduled on a quarterly basis or based on a Resident's change of condition. You and your family/Resident Representative will be notified of the date and place of your care plan meeting. Conferences are scheduled for 15-minute duration. You will be provided a phone number to call to arrange your specific start time and location. If you need additional time to discuss needs or concerns, you may contact your Social Worker and a more suitable time will be arranged.

SUPPORT PLANS IN PERSONAL CARE

In Personal Care a support plan is developed and reviewed with each Resident/Resident Representative on an annual basis or more frequently if needed. The Social Worker will answer questions, if needed.

RESTRAINT POLICY

WVC Team Members are committed to providing care in a manner that protects Residents' rights and dignity. Use of physical and chemical restraints is prohibited under federal regulations, unless the restraint is used to treat a Resident's medical symptoms. WVC adheres strictly to this federal mandate. Please refer to the Residents' Rights section of this handbook (pages 26-30), for complete description of your rights as a Resident of a WVC Supportive Living Community. A brochure, included with the Skilled Care admissions packet, explains the risks of

side rail use. WVC does not have or use side rails. However, WVC Skilled Care has assist rails on the bed to assist with body positioning upon evaluation and approval. In Personal Care a Resident may try the use of a bed cane.

PHARMACY SERVICES

WVC has developed a medication distribution system that ensures safe and efficient administration of medications. WVC contracts with a pharmacy that packages medications to our specifications, provides delivery 24 hours a day and assists the Nursing Team in the maintenance of quality Resident care.

WVC encourages the use of our contracted pharmacy because the pharmacy will work within our clinical guidelines, as well as within state and federal regulations applicable to pharmacies. However, another pharmacy may be selected by the Resident, provided it meets specific WVC, state, and federal requirements. Residents choosing to use another supplier for drugs should review the procedures with the Healthcare Administrator, DON or Social Worker prior to admission. The Resident and/or Resident Representative must sign a form outlining these procedures.

Due to the safety of our Residents and state regulations, you MAY NOT bring prescriptions or over-the-counter medication from your residence or home for Resident use, unless it is approved by the Administrator or Director of Nursing/Nursing Coordinator in Personal Care.

Supportive Living Residents may self-administer their own medications only if determined safe to do so by the Interdisciplinary Team and a physician's order for self-administration has been obtained. Medication will be kept in a locked cabinet in the Resident's room provided that a physician agrees that the Resident understands what medication they are taking, when they are to take the medication, how much to take and for what purpose.

If you are a veteran, you may be eligible for a specific veteran's medication program. Please see your Social Worker for further information.

PRIVATE DUTY AIDES AND COMPANIONS

Residents or their families may contract with outside providers for private duty caregiver coverage in addition to the nursing care provided on a regular basis in Supportive Living. At times, private-duty caregivers may provide an additional dimension of emotional and physical comfort to a Resident. These services typically enhance the basic daily care functions performed by Team Members and are not intended to replace or in any way substitute for the provision of basic care by WVC Team Members.

All private duty nurses and companions are required to follow the policies and procedures of the community and must adhere to all regulatory requirements. WVC reserves the right to restrict access of any individual private duty caregiver or agency to the community for incidents including, but not limited to, violation of community policies or any other act that may jeopardize the confidentiality, safety, or security of our Residents or our Team Members.

Team Members of WVC are not permitted to work independently for Residents as private duty aides or companions.

Please see the Social Worker for further details, necessary credential criteria and paperwork that must be completed when using private duty aides.

MEANS OF IDENTIFICATION OF SKILLED CARE AND PERSONAL CARE RESIDENTS

WVC asks that Residents wear their name identification wristband when in Skilled Care for safety reasons. The name band helps ensure proper administration of medications and treatments. WVC asks that Residents in Personal Care wear their name tag for safety reasons, as well.

THERAPY SERVICES/RESTORATIVE NURSING/EXERCISE

WVC provides therapy services as prescribed by Residents' attending physicians to enable Residents to reach their highest practical level of physical functioning. Available therapy services are as follows:

PHYSICAL THERAPY (PT)

Our Physical Therapy Team consists of licensed Physical Therapists (PT) and licensed Physical Therapy Assistants (PTA). The Physical Therapists design treatment plans after performing a comprehensive evaluation which may include, but is not limited to, motor/neuromotor function assessments, muscle testing, and examinations for a Resident's gait, balance, aerobic capacity, circulation, and skin integrity. Either the PT or PTA can carry out these plans of care.

A significant focus of PT treatment plans is to improve a Resident's mobility skills by providing training as needed in bed mobility, transfers, wheelchair propulsion, or gait with or without an assistive device.

OCCUPATIONAL THERAPY (OT)

In Occupational Therapy, Resident's work on Activities of Daily Living (e.g., dressing, bathing, grooming, home-management skills, self-feeding), as well as address component problems in strength, joint range of motion, muscle tone, sensory and perceptual awareness, or cognitive function. In OT, the Therapists may also promote functional outcomes by providing adaptive equipment, making customized splints or recommending changes in a Resident's living environment to remove architectural barriers or promote safety.

The Occupational Therapy Team consists of licensed Occupational Therapists (OTR) that complete evaluations and develop treatment plans of care, and licensed, Certified Occupational Therapy Assistants (COTA), who can each carry out the plans of care.

SPEECH THERAPY (ST)

Our licensed and certified Speech-language Pathology team provides evaluation and treatment programs designed to meet the needs of persons with speech, language, hearing, cognitive, and swallowing disorders. Causes of speech/language/swallowing disorders may include stroke, head injury, neurological diseases and injuries, viral infections, and neuromuscular diseases.

THE CENTER FOR VITALITY SERVICES/POOL USE

Once a Resident has been discharged from therapy services, we strongly encourage them to continue on their wellness path and participate in the Supportive Living exercise programs. For Personal Care Residents, The Center for Vitality (CFV) offers 1:1 fitness training in the fitness centers for a fee.

The CFV offers the use of the Cultural Center's Aquatic Center indoor heated pool and spa to Supportive Living Residents, who are continent of bladder and bowel. Residents are encouraged to wear easy-to-manage clothing and must be dressed appropriately for traveling to and from the pool area.

SKILLED CARE RESTORATIVE NURSING

Restorative Nursing Care consists of programs that assist a Skilled Care Resident in regaining or obtaining maximum function in a variety of areas including ambulation, feeding, bathing, and dressing. Restorative care is provided by Nursing Team Members at no additional cost to the Resident, as long as the Resident continues to show progress toward regaining or obtaining maximum function. If continued progress is not anticipated, Nursing Assistants will help to maintain Residents at their present level of functioning by providing maintenance care during the delivery of normal daily care. Residents are screened throughout the year to identify and address restorative care needs.

POWER OF ATTORNEY/LIVING WILL DOCUMENTS/POLST

Residents are encouraged to designate a Durable Medical Power of Attorney for healthcare decisions and a general Power of Attorney which addresses financial decisions. A copy of the power of attorney document(s) will be kept in the administrative file, as well as on the Resident's medical record, and should include the address and phone number of the person designated as the Power of Attorney. The Social Worker must be notified if a Resident changes their Power of Attorney. Residents should note that the authority of the Power of Attorney ceases at the time of a Resident's death.

All Residents are encouraged to formulate a living will/Advanced Directives. A copy of the living will, which is an advanced directive leaving instruction for treatment, is kept in the administrative file and in the Resident's medical record. State regulations do not allow living wills to be honored unless a Resident has a documented terminal condition and is unable to speak for themselves. Living wills and physician orders for no resuscitation will be honored in Supportive Living. If a Resident is transferred to a hospital, any current living will on file will be forwarded to the hospital.

WVC suggest that you carefully review the Pennsylvania Health Care Act near the back of this handbook, for a more comprehensive explanation of living wills and durable power of attorney information.

POLST ORDERS AND EMERGENCY RESPONSE

On admission to Skilled Care and Personal Care, the Resident or Resident Representative is asked to complete a form indicating his or her decision to request or decline resuscitation. This form is known as a POLST (PA Order for Life Sustaining Treatment). Your primary care physician will then order the appropriate status recorded on the Resident's medical record.

Please contact your physician if you have questions regarding the appropriate choice for you. You are able to change your decision at anytime. An Automated External Defibrillator (AED) is available in each skilled nursing and Personal Care community and will be used when medically appropriate for emergency treatment of any Resident who does not have a Do Not Resuscitate (DNR) order. For more information on POLST, please refer to page 34-36 of this handbook.

AMBULANCE AND MEDICAL TRANSPORTATION SERVICE

The Nurse or Unit Clerk will arrange routine transportation to medical appointments and emergency transports in response to the Resident's medical needs. Charges for ambulance and/or medical transportation are the responsibility of the Resident. Medicare A does not cover charges for ambulance services/medical transport either to or from any appointments unless transporting via litter out of medical necessity as determined by your physician. Residents may find it beneficial to join the local ambulance association to provide for routine transports and basic emergency needs. Membership applications are available upon request from your Social Worker.

PHYSICIAN SERVICES

MEDICAL DIRECTOR

WVC contracts with a physician to serve as the Medical Director. The Medical Director coordinates medical services, reviews and provides input on Resident care policies, and serves as a liaison between the Supportive Living Communities and the medical community. In the event that a Resident's attending physician or alternate cannot be reached, the Medical Director can be contacted for immediate care recommendations.

PERSONAL/ATTENDING PHYSICIANS

WVC credentials all physicians who see Residents in Supportive Living, which also includes any physician who might be on call. Credentialing is not difficult for physicians; however, it is important that WVC have proper paperwork on each physician, including current license, DEA and other pertinent data.

WVC encourages Residents to choose their own physician. However, not all physicians are willing to visit a Resident in Skilled Care or Personal Care, as required by regulation. Some physician groups appoint one physician to be responsible for seeing Residents in Skilled Care and/or Personal Care. In Personal Care, Residents are welcome to go out and visit their physician at their office, however, the physician must be credentialed by WVC.

If you or your Resident Representative is having difficulty locating a physician or your physician will not come to our Supportive Living areas, please speak with your Social Worker. He/she will be available to assist you in finding an attending physician. If a physician is not complying with regulations or WVC Code of Conduct, WVC reserves the right to remove the physician from practicing in all areas of Supportive Living.

Federal regulations for Skilled Care require that attending physicians visit every Resident once every 30 days during the first 90 days after admission and at least once every 60 days thereafter. In Personal Care, physicians are required to see Residents at least once a year and may request that the Resident come to their office. Personal physicians and physician specialists are engaged

and paid directly by Residents and/or their families, not by WVC. At times, a Certified Registered Nurse Practitioner (CRNP) or a Physician's Assistant (PA) may visit in place of the physician. Unlike a hospital, a physician is NOT on site at our communities on a daily basis.

ALLIED HEALTH AND PHYSICIAN SPECIALISTS

WVC has contracted with independent licensed practitioners for professional services, including dentistry, optometry, psychiatry, psychology, podiatry, and audiology. These practitioners are available to provide services in Supportive Living. Some specialty physicians not under contract with WVC may require that you be seen in their offices.

DIAGNOSTIC AND OTHER SERVICES

From time to time, physicians may order certain laboratory tests or x-rays. These are scheduled services that are usually performed at the Resident's bedside, but special circumstances may require that the Resident be taken to a location outside of the community.

Other services provided in Supportive Living could result in additional charges to the Resident. These services include, but are not limited to, oxygen, IV-therapy, medications, durable medical equipment (purchased or rented), tube feeding supplies, and Personal Care items, such as tissues, soap, shampoo, etc. Please speak with the Business Office regarding these charges prior to initiation of the service, if possible, to clarify what expenses you may incur.

HAIR SALON SERVICES

WVC has beauty salons in each building. Due to the arrangement that we have with the hair salons, WVC bills the Resident for any hair services on their monthly Supportive Living bill. Tipping is at the discretion of the Resident or POA.

HEALTHCARE COUNCIL

The Resident Healthcare Council provides Residents with the opportunity to participate in an advisory capacity. This group acts in a liaison capacity between the Residents of Supportive Living and representatives of Administration. Residents are encouraged to share suggestions and concerns with Council Members. Speak with your Administrator for more information.

SPIRITUAL, INTELLECTUAL, ARTISTIC AND SOCIAL SERVICES

CHAPLAIN SERVICES

Meeting your spiritual needs is important to us. Whatever your religious affiliation, we can help arrange for a spiritual leader to visit you and help you maintain ties with your home congregation or parish. WVC Chaplains also hold religious services and provide pastoral counseling for Residents of Supportive Living. Please speak to your Social Worker or Recreational Therapy Supervisor to contact a Chaplain.

RECREATIONAL THERAPY

Recreational Therapy Team Members provide a range of individual and group activities designed to meet the needs and capabilities of our Residents. A wide range of activities, such as exercise groups, music, art, crafts, bingo, live entertainment, and travelogues, are available daily. A WVC vehicle is available for scheduled trips and outings.

Resident participation is encouraged in creating and planning a stimulating activities program. A monthly calendar of activities is distributed to Residents and posted throughout the Supportive Living areas. Please contact your Recreational Therapy Team Member with your suggestions for activities.

Residents' families and friends are invited to attend special events held regularly in the WVC Supportive Living areas. Family participation in these festive occasions is an especially valuable way to stay involved in the Resident's life.

VOLUNTEERS

We invite and encourage community involvement through our volunteer program. Volunteers are important members of the WVC Team, sharing their valuable time, friendship, hobbies and skills with our Residents. Whether assisting with correspondence, reading to Residents or simply being a friendly companion, our volunteers are instrumental in keeping Residents active and involved. Please contact the Manager of Volunteer Services for more information.

SOCIAL SERVICES

The Social Services Department works to ensure that all of your non-medical needs are met while you are at WVC. A professionally trained Social Worker will visit you shortly after you arrive to help you and your family with the transition to the Supportive Living community.

Your Social Worker is available throughout your stay to listen to your concerns and obtain answers to your questions. Social Work coordinates Resident/Team Member meetings.

A Social Worker will help to plan your discharge when you are ready to leave the Supportive Living community by arranging for a visiting nurse, medical equipment, transportation, or other services required for a safe discharge.

FUNERAL ARRANGEMENTS

Residents are responsible for pre-planning funeral and burial/cremation arrangements. WVC requires that each Resident provide us with the name of the funeral director to contact in the event of death. If the funeral director is located 50 or more miles from WVC, arrangements must be made with a local mortician to be responsible until the Resident's funeral director arrives.

An auditorium in WVC may be used for the memorial service of a Resident (fees apply). Assistance with the scheduling and planning of the services is given by the Social Worker or the Resident Life Coordinator and/or Chaplain. WVC does not permit the presence of an urn or casket at these services. The services of a WVC chaplain are available or clergy outside the community may be utilized.

GRIEVANCE PROCEDURE

Any Resident, his or her representative, family member, or appointed advocate may file a concern or complaint concerning treatment, medical care, behavior of other Residents, Team Members, or missing property, etc., without fear of threat or reprisal in any form. Concerns or reports of missing items may be submitted orally or in writing to the Social Worker. Forms are available at the Nurse's area/Unit Clerk area and Social Services Office. The Social Worker will coordinate the investigation with the appropriate department Team Members, including the Administrator. The Resident, or person filing the concern and/or missing item on 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, within ten (10) working days in Skilled Care or within seven (7) days in Personal Care, of the filing of the grievance or complaint with the community. The Resident is encouraged to speak to the Healthcare Administrator, Senior Vice President of Healthcare Services, Vice President of Healthcare Operations, or their Healthcare Council Representative in the event that they are not satisfied with the investigation. Should the Resident not be satisfied with the result of the investigation, or the recommended actions, he or she may file a complaint to the local ombudsman office or to the state health department which are posted within the community.

HOSPICE SERVICES

Hospice care is available to Residents of WVC who qualify and who have an order prescribed by their attending physician. Hospice care focuses on comfort measures and/or palliative care. It offers nursing assistance and emotional support to both the Resident and the family.

There are two hospice providers that WVC does business with in the Lancaster area. If a Resident chooses hospice services, it is the Resident's decision on which hospice to choose. Hospice will provide services in Skilled Care and/or Personal Care.

Generally, a Resident cannot be receiving Skilled Care Medicare A/Medicare Replacement services and Medicare hospice services at the same time, as the government will not pay for both. If Residents are on Medicare A services, they may not purchase hospice services privately. Hospices differ in terms of their price per visit.

Medicare A/Medicare Replacement Skilled Care coverage will pay for all services in Skilled Care, with the exception of a private room, telephone and cable, as long as you meet the criteria for Medicare A/Medicare Replacement Plans, which may involve a minimum of a 3-night hospital stay and other criteria. Medicare Hospice services will pay for only those medication and supplies that are directly related to your terminal illness.

Residents do not automatically receive a private room if they are on hospice care.

For more information about Hospice programs offered by local Hospice providers and to arrange for Hospice services, please contact your Social Worker.

COMMUNITY LIVING POLICIES

For many Residents, living in a community setting may be a new experience. Please show respect and consideration for others by being aware of how your behavior and entertainment choices, and those of your guests, may affect others.

Residents of WVC's Supportive Living communities who leave the floor on which they are living and enter into another area (for activities, meals, etc.) must inform Team Members of their plans, sign out, and be accompanied by a Resident Representative, if appropriate. WVC reserves the right to restrict Residents from leaving the community when following the guidance of the Pennsylvania Department of Health and/or Pennsylvania Department of Human Services. Lifecare Residents should wear their nametags at all times for identification and security purposes.

Residents who leave the Supportive Living areas and enter the residential areas must be well groomed, present themselves in an appropriate manner, and conduct themselves according to WVC residential standards. All Residents entering the residential areas must be willing and able to comply with general rules and policies and refrain from wearing bathing suits, slippers, robes, clothing protectors and nightwear in public areas.

If you are residing in Supportive Living and own a car, but you are unable to drive it and are parking it in one of the Supportive Living parking lots, we must have a key to your car or have access to your key immediately, in case of an emergency or having to clear the lot of cars for snow removal. If you choose to give us a key, it will be kept in the safe in each Supportive Living building.

Limited access to WVC residential areas is extended to those Supportive Living Residents who are not Lifecare Residents.

MOTORIZED CARTS/SCOOTERS

If a Resident is considering the purchase or use of an electric wheelchair or scooter to assist with mobility, the Resident must first pass a motorized cart evaluation and training process with the WVC Occupational Therapy Department. Depending on the size of the room and furniture layout, motorized carts may not be stored in semi-private rooms.

WVC is under no obligation to provide motorized scooters/wheelchairs to Residents. Resident safe use of these vehicles will be monitored/assessed on an ongoing basis by the community, including initial and periodic assessments/reassessments by Occupational Therapy. WVC may restrict a Resident's use of a motorized scooter/wheelchair where the Resident's use constitutes a direct threat to the health, safety or property of others and/or themselves.

NON-LIFECARE RESIDENT USE OF AMENITIES

Non-Lifecare Resident

Private Pay Residents (Non-Lifecare Residents) may use some of the WVC amenities, including the following:

Community Amenities

- Libraries at Manor, Lakes, North, Spring Run

Culinary Venues

- Café at Lakes and North (lunch)
- Local Table Restaurant at The Clubhouse (Reservations strongly recommended)
- Market Place Café at Lakes
- Overlook Artisanal Coffee House and Wine Bar at North
- The Manor Plaza (@The Ready)
- Vitality Café at the Cultural Center

Center Cultural Center and The Clubhouse

- Aquatics Center – if accompanied; must be continent of bladder and bowel
- Fitness Center – requires orientation with Fitness Specialist
- Day Spa
- Renaissance Education – if space permits; contact the Cultural Center Events Coordinator at 717.464.6438
- The Clubhouse Amenities * - Arcade, Bowling, Golf Simulator, Sports Center, Tennis Court (may not use outdoor pool)

*Guests must be accompanied by the Residents or pay the \$5 per person fee (see Resident Handbook & Resource Guide or Resident Intranet for more details).

CULINARY SERVICES

Supportive Living provides Residents with three meals a day. All WVC Lifecare Residents who have a Lifecare Agreement dated October, 2014 or after, will be charged a Supportive Living daily meal fee, when they are residing in Supportive Living, if they have chosen to opt out of the meal plan in Independent Living. Meal times are important for socialization, as well as for providing nourishment. All meals are served in dining rooms in each Supportive Living area. A Registered Dietitian plans meals in accordance with physician's orders. Individual food preferences are a primary consideration within the dietary restrictions determined to be medically necessary.

Meal times vary from community to community, so please check with your Receptionist or Nurse for times.

We welcome guests at any meal. Advance notice of at least two hours is requested, but 24-hour notice is preferred. Guest arrangements can be made through the Receptionist. There are also private dining rooms available to all Residents. A private dining room may be scheduled on a first-come, first-served basis. Arrangements for using these areas can be made by contacting Culinary Services.

WVC supports the Academy of Nutrition and Dietetics belief that the quality of life and nutritional status of older Residents in Supportive Living may be enhanced by the liberalization of their diet. We employ dietetic professionals to assess and evaluate the need for medical nutrition therapy according to each person's individual medical condition, needs, desires, and

rights. Our goal is to provide the least restrictive diet, while managing the Resident's medical condition and striving for optimal nutritional intake.

RESIDENTIAL CULINARY AREAS

Within each Residential community, various dining areas are available. During posted hours of operation, Lifecare Residents may eat meals in any of these areas, provided they are able to conduct themselves appropriately in the dining room, are accompanied by another Resident, and obtain permission from the Nursing Team. For Non-Lifecare Residents and families, please see The Non-Lifecare use of Amenities section above. Appropriate dress code standards should be observed. The café in each community is available for lunch only, Monday through Saturday. The Vitality Café, located at the Cultural Center, is open for lunch Monday through Friday. The Overlook, located at Manor North, is open Monday through Saturday. Supportive Living Residents dining in an independent living area may be charged for their meal depending on their contract.

FOOD AND SNACKS

Because many of our Residents are on special diets, please check with the Nursing Team before bringing food gifts. Food brought into the community for Residents should be stored in airtight containers displaying the date and the Resident's name.

TIPPING AND GIFTS

The goal of WVC is to always exceed Residents' expectations. If you wish to express your appreciation to Team Members, please express your appreciation with a letter/note or you may give a gift of food or flowers to the entire Supportive Living floor which is able to be shared with all Team Members. Our policy forbids the tipping of Team Members or Nursing Agency Staff Members. A gift of cash, a gift that can be converted to cash (for example, gift certificates), or any non-cash gift of value may not be accepted. Team Members accepting tips or gifts are subject to dismissal.

Please do not place Team Members in an uncomfortable position by insisting that they accept money or gifts. The Resident Council administers a voluntary, Resident initiated, Appreciation Gift Fund. Once a year, at holiday time, the money in the Appreciation Gift Fund is allocated and distributed to Team Members. Donations to the Fund may be made in lieu of individual gifts.

RESIDENT RIGHTS

As a Resident of this community, you have the right to a dignified existence and to communicate with individuals and representatives of services of choice. The community will protect and promote your rights listed below.

EXERCISE OF RIGHTS

- You have the right and freedom to exercise your rights as a Resident of this community and as a citizen or Resident of the United States without fear of discrimination, restraint, interference, coercion, or reprisal.
- If you are unable to act in your own behalf, your rights are exercised by the person appointed under state law to act in your behalf.

DEPARTMENT OF HEALTH NOTICE OF RIGHTS AND SERVICES

(Responsible for Regulating and Licensing Skilled Care)

- You will be informed of your rights and of all rules and regulations governing Resident conduct and responsibilities both orally and in writing.
- You have the right to inspect and purchase photocopies of your records.
- You have the right to be fully informed of your total health status.
- You have the right to refuse treatment and the right to refuse to participate in experimental research.
- You have the right to formulate an Advanced Directive in accordance with the community policy.
- The community will provide you with an individualized financial report quarterly upon your request.
- Any remaining estate will be conveyed to your named successor.
- All funds held by the community will be protected under a security bond.
- You may choose your own personal physician.
- You will be informed of and may participate in your care and treatment and any resulting changes.
- You have the right of privacy over your personal and clinical records.
- Your privacy will include: Personal Care, medical treatments, telephone use, visits, letters, and meetings of family and Resident groups.
- You may approve or refuse the release of your records except in the event of a transfer or legal situation.
- You may voice grievances concerning your care without fear of discrimination or reprisal.
- You may expect prompt efforts for the resolution of grievances.
- You may examine survey results and the plan of correction. These, or a notice of their location, will be posted in a readily accessible place.
- You may contact client advocate agencies and receive information from them.
- You may perform or refuse to perform services for the community.
- All services performed must be well documented in the care plan to include nature of the work and compensation.
- You may promptly send and receive your mail unopened and have access to writing supplies. Outgoing mail may not be opened or read by staff persons unless the Resident requests. Incoming mail may not be opened or read by staff persons unless upon the request of the Resident or the Resident's designated person.
- You have the right to receive or deny visitors.
- You have the right, and the community must provide access, to visit with any relevant agency of the state or any entity providing health, social, legal or other services.
- You have the right to use the telephone in private. There will be no charge for non-toll calls.

- You can retain and use personal possessions as space permits.
- Married couples may share a room. In Personal Care there are regulatory requirements with regard to square footage per Resident, if the Resident uses some type of mobility device (i.e., walker, scooter, oxygen, etc.) Residents with mobility devices in Personal Care may share a room provided that the space requirements are met or that the attending physician has deemed that the additional square footage is not needed by the Resident to safely ambulate.
- You may self-administer drugs unless determined unsafe by the interdisciplinary team.
- The community may not use physical restraints or psychoactive drugs for discipline or convenience or when they are not required to treat medical symptoms.
- You have the right to be free from verbal, sexual, physical or mental abuse, corporal punishment, involuntary seclusion, and exploitation. You may not be neglected, intimidated, physically or verbally abused, mistreated, or subjected to discipline in any way.
- The community must implement procedures that protect you from abuse, neglect or mistreatment, and misappropriation of your property.
- In the event of an alleged violation involving your treatment, the community is required to report it to the appropriate officials.
- All alleged violations must be thoroughly investigated and the results reported.
- The community must care for you in a manner that enhances your quality of life.
- The community will treat you with dignity and respect in full recognition of your individuality.
- You may choose your own activities, schedules and health care and make choices regarding any other aspect of your life within the community.
- You may interact with visitors of your choice.
- You may organize or participate in groups of choice.
- Families have the right to visit with other families.
- The community must provide a private space for group meetings.
- Staff or visitors may attend meetings at the group's invitation.
- The community will provide a staff person to assist and follow up with the group's requests.
- The community must listen to and act upon requests or concerns of the group.
- You have the right to participate in activities of choice that do not interfere with the right of other Residents.
- The community will provide a program of activities designed to meet your needs and interests.
- You have the right as a Resident to receive services with reasonable accommodations to individual needs and preferences.
- You will be notified in advance of room or roommate changes.
- You have the right to make choices about aspects of your life in the communities that are important to you.
- The community will provide social services to attain or maintain your highest level of well-being.
- The community must provide a safe, clean, comfortable home-like environment, allowing you the opportunity to use your personal belongings to the extent possible.
- The community will provide housekeeping and maintenance services.
- The community will assure that you have clean bath and bed linens and that they are in good repair.

- The community will provide you with private closet space – as space permits.
- The community will provide you with adequate and comfortable lighting and sound levels.
- The community will provide you with comfortable and safe temperature levels.
- You may not be transferred or discharged, unless your needs cannot be met, safety is endangered, services are no longer required, or payment has not been made.
- Notice of and reasons for transfer or discharge must be provided to you in an understandable manner.
- Notice of transfer or discharge must be given 30 days prior, except in cases of health and safety needs.
- The transfer or discharge notice must include the name, address and telephone number of the appropriate and responsible protective agency.
- A community must provide sufficient preparation to ensure a safe transfer or discharge.
- The community must use identical policies regarding transfer, discharge and services for all Residents.
- The community may determine charges for a non-Medicaid Resident as long as written notice was provided at the time of admission.

ADMISSION POLICY

- A. The community must not require a third party guarantee of payment or accept any gifts as a condition of admission or continued stay.
- B. The community cannot require you to waive your right to receive or apply for Medicare or Medicaid benefits.
- C. The community may obtain legal financial access for payment without incurring your personal liability.
- D. The community may charge a Medicaid-eligible Resident for items and services requested.
- E. The community may only accept contributions if they are not a condition of admission or continued stay.

DEPARTMENT OF HUMAN SERVICES RESIDENT RIGHTS

(Responsible for Regulating and Licensing Personal Care)

- A Resident may not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, sexual orientation, national origin, age or sex.
- A Resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.
- A Resident shall be treated with dignity and respect.
- A Resident shall be informed of the rules of the home and given 30 days written notice prior to the effective date of a new home rule.
- A Resident shall have access to a telephone in the home to make calls in privacy. Non-toll calls shall be without charge to the Resident.
- A Resident has the right to receive and send mail.
- Outgoing mail may not be opened or read by staff persons unless the Resident requests.
- Incoming mail may not be opened or read by staff persons unless upon the request of the Resident or the Resident's designated person.
- A Resident has the right to communicate privately with and access the local ombudsman.
- A Resident has the right to practice the religion or faith of the Resident's choice, or not to practice any religion or faith.

- A Resident shall receive assistance in accessing health services.
- A Resident shall receive assistance in obtaining and keeping clean, seasonal clothing.
- A Resident has the right to access, review and request corrections to the Residents record.
- A Resident has the right to furnish their room and purchase, receive, use and retain personal clothing and possessions.
- A Resident has the right to leave and return to the home at times consistent with the home rules and the Resident's support plan.
- A Resident has the right to relocate and to request and receive assistance, from the home, in relocating to another facility.
- A Resident has the right to freely associate, organize and communicate with others privately.
- A Resident shall be free from restraints.
- A Resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.
- A Resident has the right to receive visitors for a minimum of 12 hours a day daily, 7 days per week.
- A Resident has the right to privacy of self and possessions.
- A Resident has the right to file complaints with any individual or agency and recommend changes in policies, home rules and services of the community without intimidation, retaliation or threat of discharge.
- A Resident has the right to remain in the home, as long as it is operating with a license.
- A Resident has the right to receive services contracted for in the Resident/Home contract.
- A Resident has the right to use both the home's procedures and external procedures to appeal involuntary discharge.
- A Resident has the right to a system to safeguard money and property.
- A Resident has the right to choose his or her health care providers.

THE PENNSYLVANIA HEALTH CARE ACT

Making decisions about your care and treatment: Your rights as a resident in Pennsylvania

INTRODUCTION

According to Pennsylvania law, capable adults have the right to decide whether to accept, reject or discontinue medical care and treatment. If you do not wish to undergo a certain procedure or to receive a certain type of treatment, you have the right to make your wishes known to your doctor or other health care provider and, generally, to have those wishes respected.

There may be times, however, when a person cannot make his or her wishes known to a health care provider. For example, a person may be unconscious or too badly injured to tell his or her doctor what kind of care or treatment he or she would like to receive or under what circumstances that doctor should withhold care or treatment.

The purpose of this document is to advise you what the law says about your rights as a competent adult to inform other people, your wishes about receiving or would like to receive medical care and treatment from a health care provider in the event that you become physically/mentally unable to give instructions about your care and treatment. It also tells you what

Pennsylvania law has to say about the duty of a health care provider to follow your advance instructions.

To make these complex issues easier to understand, we have addressed them through a series of questions and answers. Before you make any decisions about the issues addressed in this document, you should discuss them with your doctor, members of your family, and where appropriate your lawyer.

QUESTIONS AND ANSWERS - General information about your rights

1. What are my rights to accept, to reject, or to stop medical care or treatment?

In Pennsylvania, adults generally have the right to decide if they want to accept, to reject or to discontinue medical care and treatment.

2. What does my doctor have to tell me about my care and treatment?

Your doctor should provide you with all of the information that a person in your situation would want to know in order to make an informed decision about a proposed procedure or course of treatment. This means that your doctor should tell you about the risk and benefits of the medical procedure or course of treatment which he or she is recommending, possible “side-effects,” and alternatives, if any, to the proposed procedure or course of treatment. You may accept or reject your doctor’s advice and you may seek a second opinion.

3. Does my health care provider have to tell me if it will not honor my wishes?

Yes. The law requires your health care provider (hospital, nursing home, home health care services, hospice, or HMO) to give you a written statement of its policies. For example, upon admission to a hospital, a patient must be told if that hospital will not honor his or her wish to have food and water withheld or withdrawn under certain circumstances.

4. If I become physically or mentally unable to make a decision about my medical care or treatment, what can I do now to guarantee that my wishes will be followed later?

There is no law in Pennsylvania which guarantees that a health care provider will follow your instructions in every circumstance. There are, however, steps you can take to express your wishes about future treatment. One of these steps is to write and sign an Advanced Directive.

5. What is an “Advanced Directive?”

An “Advanced Directive” is a written document which you may use under certain circumstances to tell others what care you would like to receive or not receive should you become unable to express your wishes at some time in the future. An “Advanced Directive” may take many forms. In Pennsylvania, two types are specifically authorized: 1) a “Living Will” (also known as an “Advanced Directive for Health Care”) and 2) a “Durable Power of Attorney” for healthcare.

6. What is a “Living Will?”

In Pennsylvania, a “Living Will” is a written document that describes the kind of “life sustaining treatment” you want or do not want if you are later unable to tell your doctor what kind of treatment you wish to receive. For your convenience, we have sample “Living Wills” available.

It is important for you to know that Pennsylvania's "Living Will" law does not recognize all types of instructions which might be contained in a person's "Living Will." Rather, those instructions must relate to situations where medical treatment would serve only to prolong the process of dying or to maintain a patient in a state of permanent unconsciousness. So, for example, Pennsylvania does not specifically recognize "Living Wills" which direct a health care provider to refuse medically beneficial, non-futile care.

You should also understand that a "Living Will" is not a will. A will tells your survivors what to do with your property after your death.

7. Who can make a "Living Will?"

Any competent person who 1) is at least 18 years old, 2) is a high school graduate or 3) has married can make a "Living Will."

8. When does a "Living Will" take effect?

A "Living Will" only takes effect when:

- A. Your doctor has a copy of it; and
- B. Your doctor has concluded that you are "incompetent" and, therefore, no longer able to make decisions about the medical care you wish to receive; and
- C. Your doctor and a second doctor have determined that you are in a "terminal condition" or in a "state of permanent unconsciousness."

9. What does it mean to be "incompetent?"

"Incompetent" means "the lack of sufficient capacity for a person to make or communicate decisions concerning himself". The law allows your doctor to decide if you are "incompetent" for purposes of implementing a "Living Will" and does not require a judge to make that decision.

10. What should my "Living Will" contain?

There is no single correct way to write a "Living Will." Your "Living Will" is not valid however, unless you have taken the following steps.

- A. You must sign your "Living Will." If you are unable to do so, you must have someone else sign it for you; and
- B. Two people who are at least 18 years old must sign your "Living Will" as witnesses. Neither of those witnesses may be the person who signed your "Living Will" if you were unable to sign it yourself. You should also date your "Living Will", even though the law does not require it.

11. What if I already have a "Living Will?"

Pennsylvania's "Living Will" law went into effect on April 16, 1992. You should review any "Living Will" drafted before that date to see that it meets the two requirements described in answer #10.

12. To whom should I give my "Living Will?"

You should give a copy of your "Living Will" to your doctor, hospital, nursing community or other health care provider. When you enter a hospital or nursing community, the law requires your doctor or other healthcare provider to ask you if you have an "Advanced Directive." If you give a copy of your "Living Will" to your doctor or other health care provider, that document must be made a part of your medical record.

13. What if my doctor or health care provider refuses to follow the directions in my “Living Will?”

Your doctor and any other health care provider must tell you if they cannot in good conscience follow your wishes or if the policies of the institution prevent them from honoring your wishes. This is one reason why you should give a copy of your “Living Will” to your doctor or to those in charge of your medical care and treatment.

If you are incompetent when you are admitted for medical care and have named someone in your “Living Will” to make decisions for you, that person must be told if the wishes contained in your “Living Will” cannot be honored. If you have not named anyone in your “Living Will”, your family, guardian or other representative must be informed that your “Living Will” cannot be honored.

The doctor or other health care provider who cannot honor your wishes must then help transfer you to another health care provider willing to carry out your directions – if they are the kind of directions which Pennsylvania recognizes as valid.

14. What if I change my mind after I have written a “Living Will?”

Pennsylvania’s “Living Will” law states that you may revoke a “Living Will” at any time and in any manner. All that you must do is tell your doctor or other health care provider that you are revoking it. A witness to the revocation of your Living Will may also tell your doctor or other health care provider about the revocation.

You can also change or rewrite your “Living Will.” If you change your mind after you have written down your instructions, you should destroy your written instructions or revoke them and write new ones. You should also consider telling everyone who participated in your decision-making process that you have changed your mind, and give a copy of any new instructions to your doctor, health care provider, and anyone else who had a copy of your old instructions.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

15. What is a “Durable Power of Attorney” for health care?

A “Durable Power of Attorney” for health care is a document that allows you (the “principal”) to name another person (the “attorney in fact”) to make certain medical decisions for you if you are unable to make them for yourself. The person you choose as your “attorney in fact” can:

- A. Authorize your admission to a medical, nursing, residential or other community;
- B. Enter into agreements for your care, and
- C. Authorize medical and surgical procedures.

The power to “authorize medical and surgical procedures” means that your attorney in fact may arrange for and consent to medical, therapeutic, and surgical procedures for you, including the administration of drugs.

As of this writing, courts in Pennsylvania have not decided if the law permits an attorney in fact to refuse treatment on your behalf, especially if the attorney in fact is refusing potentially beneficial care.

16. Why do they call it a “Durable Power of Attorney?”

Normally a “power of attorney” becomes ineffective if you become incapacitated. A “Durable Power of Attorney” continues to be effective or takes effect if or when you become incapacitated. To be considered a “Durable Power of Attorney” for health care, the document must contain the following or similar language:

“This power of attorney shall not be affected by my subsequent disability or incapacity.”

OR

“This power of attorney shall become effective upon my disability or incapacity.”

17. What are some of the major differences between a “Living Will” and a “Durable Power of Attorney” for health care?

These are just some of the differences between the two documents.

1. A “Durable Power of Attorney” for health care generally names someone to make health care decisions for you without necessarily describing what those decisions should be. A “Living Will” on the other hand, often spells out what kind of life-sustaining treatment you want to receive and may or may not name someone to make those decisions for you should you become incompetent and in a terminal condition or permanent state of unconsciousness. Unlike a “Durable Power of Attorney” for health care, a “Living Will” only takes effect when you are in a terminal condition or permanent state of unconsciousness.
2. A “Durable Power of Attorney” for health care is designed to give your named representative authority to make all sorts of medical care decisions for you, such as whether you should be admitted to a particular kind of health care community. A “Living Will”, on the other hand, is generally used to tell your health care provider what kind of medical care and treatment you want to receive or not receive in the event you become unable to tell the provider yourself because you have become incompetent and are in a terminal condition or permanent state of unconsciousness.
3. It is unclear if, under a “Durable Power of Attorney” for health care, if the person you choose to make decisions for you can refuse or stop life-sustaining treatment for you; a “Living Will” clearly can be used for that purpose.

18. May I have both a “Durable Power of Attorney” for health care and a “Living Will”?

Yes.

POLST (PENNSYLVANIA ORDERS FOR LIFE-SUSTAINING TREATMENT)

19. What is POLST?

The Pennsylvania Orders for Life-Sustaining Treatment (POLST) form is a set of written orders which specifies the types of medical treatment the Resident wishes to receive toward the end of life. Use of the POLST form is voluntary and recommended for persons who have advanced chronic progressive illness and/or frailty, those who might die or lose decision making capacity in the next year or anyone wishing to further define their preferences of care. The POLST is NOT an advanced directive (i.e., living will); rather, it compliments and summarizes an advanced directive.

Any individual for whom a POLST form is completed should already have an advanced health care directive that provides instructions for the individual's health care and appoints an agent to make medical decisions whenever the Resident is unable to make or communicate a health care decision.

All Residents being admitting to Supportive Living will be given information regarding POLST. Residents/Power of Attorneys are encouraged to discuss goals for end of life care planning including code status with their healthcare providers.

The POLST form is the recognized standard for physician orders regarding cardiopulmonary resuscitation in Supportive Living. If a Resident in Supportive Living desires a physician's order for a "Do Not Resuscitate" (DNR), the POLST form will be used which provides life sustaining treatment options.

DISCUSSING YOUR INSTRUCTIONS WITH OTHERS

20. With whom should I discuss my instructions before I write them down?

Before you write your instructions down, you may wish to discuss them with your doctor, members of your family, friends or other appropriate persons should discuss your wishes with that person.

21. To whom should I give my written instructions?

You should give your written instructions to you family doctor and, if applicable, to your hospital, nursing home or other health care provider. You may also want to give a copy to your family or anyone else involved in your health care decision-making process.

22. What if I don't leave instruction or name a person who will make decisions for me?

If you become unable to express your wishes about your medical care or treatment and do not leave instructions or name a person who will make decisions for you, a health care provider may ask your family or the courts to make decisions about your care and treatment.

23. What if I have expressed my wishes orally about treatment, but have not put my wishes in writing?

Oral directions which you have given to your physicians or your family will sometimes be followed by health care providers, depending on how detailed and recent those instructions were. Thus, you may wish to tell your personal physician and your family your wishes about future treatment, even if you choose not to sign some sort of "Advanced Directive".

24. Do I have to write a "Living Will" or "Durable Power of Attorney" for health care?

No. It's your decision. Under the law, a health care provider may not condition the provisions of your care or other wise discriminate against you on the basis of whether you have executed such a document. Moreover, under Pennsylvania law, no health care provider or insurer may charge a different fee or rate depending on whether you have executed a "Living Will".

25. Are "Living Wills" and "Durable Power of Attorneys" executed in other states recognized in Pennsylvania?

The law in Pennsylvania is unclear. It is possible, however, that at the very least your doctor, hospital or a judge may use such documents to determine who will make decisions about your care and what those decisions will be.

26. If I have more questions about “Living Wills” or “Durable Powers of Attorney” for health care, whom should I contact?

In addition to a lawyer, there are many individuals and groups who can provide you with information about Advanced Directives. Here are some that you may wish to consult:

- 1.) Lancaster Office of Aging
150 North Queen Street
Suite 301
Lancaster, PA 17603
717.299.7979
- 2.) Office of the State Long-Term Care Ombudsman
PA Department of Aging
Forum Place Building
555 Walnut Street, 5th Floor
Harrisburg, PA 17101-1919
717.783.8975
- 3.) Pennsylvania Council on Aging
Forum Place Building
555 Walnut Street, 5th Floor
Harrisburg, PA 17101-1919
717.783.1550
- 4.) The American Association of Retired Persons (AARP)
30 North 30th Street, Suite 750
Harrisburg, PA 17101
866.389.5654
- 5.) The PA Medical Society Division of Communication and Public Affairs
777 East Park Drive
Harrisburg, PA 17105-8820
717.558.7750

NONDISCRIMINATION POLICY STATEMENT

Title VI, Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.

This Community agrees to comply with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, and all requirements imposed pursuant thereto, to the end that no person shall on the grounds of race, color, national origin, handicap or age, be excluded from participation in, be denied benefits of, or otherwise be subjected to discrimination in the provision of any care or services.

Specifically, the above includes (but is not limited to) the following characteristics:

1. Inpatient and outpatient care will be provided in a manner that does not discriminate against persons on the basis of race, color, national origin, handicap or age.
2. All Residents will be assigned to rooms, floors, and sections in a manner consistent with the provisions of Title VI, Section 504, and the Age Discrimination Act.
3. Residents will not be asked if they are willing or desire to share a room with a person of another race, color, national origin, age or handicap.
4. Employees will be assigned to Resident services without regard to the race, color, national origin, handicap or age of either the Resident or the employee.
5. Staff privilege will not be denied professionally qualified personnel on the basis of race, color, national origin, handicap or age.
6. All facilities of this institution will be utilized without regard to race, color, national origin, handicap, or age.
7. Transfer of Residents from the rooms assigned and/or selected will not be made for reasons of race, color, national origin, handicap or age; however, any Resident may request to upgrade the assigned and/or selected room at any time for any reason provided that the room required is readily available and the Resident is financially able to pay for the requested room.

The nondiscriminatory policies of the Community apply to Residents, physicians and all responsible employees. Under no circumstances will the application of these policies result in the segregation or re-segregation of buildings, wings, floors, or rooms for reasons of race, color, national origin, age or handicap.

If you feel you have been discriminated against, a complaint can be filed with the following:

Civil Rights Addresses:

Department of Human Services
Bureau of Equal Opportunity
Room 223, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

Department of Human Services
Bureau of Equal Opportunity
Southeast Field Office
1105B State Office Bldg.
1400 Spring Garden Street
Philadelphia, PA 19130

U.S. Department of Health &
Human Services
Office of Civil Rights
Suite 372, Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106-9111

PA Human Relations Commission
711 Philadelphia State Office Bldg.
1400 Spring Garden Street
Philadelphia, PA 19130

PA Human Relations Commission
Harrisburg Regional Office
333 Market Street, 8th Floor
Harrisburg, PA 17101-2210

FEDERAL PRIVACY ACT STATEMENT

This statement provides you the advice required by the privacy act of 1974. This statement is not consent to release or use healthcare information pertaining to you.

1. Authority for collection of information, including social security number and whether or not disclosure is mandatory or voluntary.

Sections 1819(f), 1919(f), 1819(b)(3)(A), 1919(b)(3)(A), and 1864 of the Social Security Act.

Medicare and Medicaid participating long-term care facilities are required to conduct comprehensive, accurate, standardized and reproducible assessments of each resident's functional capacity and health status. To implement this requirement, the community must obtain information from every resident. This information also is used by the Federal Centers for Medicare & Medicaid Services (CMS) to ensure that the community meets quality standards and provides appropriate care to all residents. For this purpose, as of June 22, 1998, all such facilities are required to establish a database of resident assessment information, and to electronically transmit this information to the CMS contractor in the State government, which in turn transmits the information to CMS

Because the law requires disclosure of this information to Federal and State sources as discussed above, a resident does not have the right to refuse consent to these disclosures.

These dates are protected under the requirements of the Federal Privacy Act of 1974 and the MDS Long-Term Care System of Records.

2. Principal purposes for which information is intended to be used.

The information will be used to track changes in health and functional status over time for purposes of evaluating and improving the quality of care provided by nursing facilities that participate in Medicare or Medicaid. Submission of MDS information may also be necessary for then nursing facilities to receive reimbursement for Medicare services.

3. Routine uses.

The primary use of this information is to aid in the administration of the survey and certification of Medicare/Medicaid long-term care facilities and to improve the effectiveness and quality of care given in those facilities. This system will also support regulatory, reimbursement, policy, and research functions. This system will collect the minimum amount of personal data needed to accomplish its stated purpose.

The information collected will be entered into the Long-Term Care Minimum Data Set (LTC MDS) system of records, System No. 09-70-1517. Information from this system may be disclosed, under specific circumstances (routine uses), which include: To the Census Bureau and

to: (1) Agency contractors, or consultants who have been engaged by the Agency to assist in accomplishment of a CMS function, (2) another Federal or State Federal health program or a Federal/State Medicaid program and to contribute to the accuracy of reimbursement made for such programs, (3) to Quality Improvement Organizations (QIOs) to perform Title XI or Title XVIII functions, (4) to insurance companies, underwriters, third party administrators (TPA, employers, self-insurers, group health plans, health maintenance organizations (HMO) and other groups providing protection against medical expenses to verify eligibility for coverage or to coordinate benefits with the Medicare program, (5) an individual or organization for a research, evaluation, or epidemiological project related to the prevention of congressional staff member in response to an inquiry from a constituent, (7) to the Department of Justice, (8) to a CMS contractor that assists in the administration of a CMS-administered health benefits program or to a grantee of a CMS-administered grant program, (9) to another Federal agency or to an instrumentality of any governmental jurisdiction that administers, or that has the authority to investigate potential fraud or abuse in a health benefits program funded in whole or in part by Federal funds to prevent, deter, and detect fraud and abuse in those programs, (10) to national accrediting organizations, but only for those facilities that these accredit and that participate in the Medicare program.

4. Effect on individual of not providing information.

The information contained in the Long-Term Care Minimum Data Set is generally necessary for the community to provide appropriate and effective care to each resident. If a resident fails to provide such information, for example on medical history, inappropriate and potentially harmful care may result. Moreover, payment for such services by third parties, including Medicare and Medicaid, may not be available unless the community has sufficient information to identify the individual and support a claim for payment.

ABUSE PREVENTION AND REPORTING

RESIDENT INFORMATION

The Healthcare Administrator is responsible to oversee the timely investigation of all allegations of abuse. In the absence of the Administrator, the Director of Nursing is responsible for investigation oversight. Report allegations of abuse immediately to the Administrator or to any Team Leader, such as a Charge Nurse.

DEFINITION OF ABUSE:

The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain or mental anguish, or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.

IF YOU BELIEVE YOU HAVE WITNESSED:

Verbal Abuse -- Any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to Residents or their families, or within their hearing distance, regardless of their age, ability to comprehend or disability.

Sexual Abuse – Non-consensual contact of any type with a Resident, including sexual harassment, sexual coercion, or sexual assault.

Physical Abuse -- Includes, but is not limited to: hitting, slapping, pinching, kicking, etc. It also includes control of Resident behavior through corporal punishment.

Intimidation – An act or omission by any person or entity toward another person which is intended to, or with knowledge that the act or omission will, abstract, impair, prevent or interfere with the administration of The Older Adult Protective Services Act or any law intended to protect older adults from mistreatment.

Involuntary Seclusion -- Separation of a Resident from other Residents, from his or her room, or confinement to his or her room with or without roommates against the Resident's will or the will of the Resident's representative, excluding emergency or short term monitored separation from the residents for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the residents' needs.

Mental Abuse -- Includes, but is not limited to: Resident humiliation, harassment, threats of punishment, or deprivation.

Neglect – Failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, mental anguish, or emotional distress.

Misappropriation of Resident Property -- The deliberate misplacement, exploitation, or wrongful (temporary or permanent) use of a Resident's belongings or funds without the Resident's consent.

Mistreatment – Inappropriate treatment or exploitation of a Resident.

Exploitation – Taking advantage of a Resident for personal gain through the use of manipulation, intimidation, threats, or coercion.

**Report Incidents Immediately
Verbally, in Writing, or by Voicemail to:**

The Healthcare Administrator
The Director of Nursing
Any other Team Leader or Supervisor

You may also report an Allegation of Abuse directly to the
WVC Communities

Compliance Hotline @ 717.464.8624

You may also report abuse directly to the following Pennsylvania state agencies:

PA Department of Health
Nursing Care Facilities
Lionville Field Office
610.594.8041

Lancaster Office of Aging
Protective Service
717.299.7979

PA Department of Aging
Central Office
717.783.1550

Personal Care Home
Abuse Hotline
800.490.8505



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We respect the privacy of your personal health information and are committed to maintaining our Residents' confidentiality. This Notice applies to all information and records related to your care that WVC has received or created. It extends to information received or created by our Team Members, volunteers and physicians. This Notice informs you about the possible uses and disclosures of your personal health information. It also describes your rights and our obligations regarding your personal health information.

We are required by law to:

- maintain the privacy of your protected health information;
- provide to you this detailed Notice of our legal duties and privacy practices relating to your personal health information; and
- abide by the terms of the Notice that are currently in effect.

I. WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

In order to better inform you of how we will use your personal health information, we describe below these uses and disclosures and provide examples of the types of uses and disclosures we may make in each of these categories.

FOR TREATMENT. We will use and disclose your personal health information in providing you with treatment and services. We may disclose your personal health information to Team Members and non-facility personnel who may be involved in your care, including but not limited to physicians, nurses, nurse aides, pharmacists and physical therapists. For example, a nurse caring for you will report any change in your condition to your physician. We also may disclose personal health information to individuals who will be involved in your care after you leave WVC.

FOR PAYMENT. We may use and disclose your personal health information so that we can bill and receive payment for the treatment and services you receive at WVC. For billing and payment purposes, we may disclose your personal health information to your representative, insurance or managed care company, Medicare, or another third party payor. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for a proposed treatment or service.

FOR HEALTH CARE OPERATIONS. We may use and disclose your personal health information for WVC operations. These uses and disclosures are necessary to manage WVC and to monitor our quality of care. For example, we may use personal health information to evaluate our Supportive Living services, including the performance of our staff.

II. WE MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU FOR OTHER SPECIFIC PURPOSES

WVC COMMUNITIES DIRECTORY. Unless you object, we will include certain limited information about you in the WVC directory. This information may include your name and your location. Our directory does not include specific medical information about you. We may release information in our directory to people who ask for you by name. We may provide the directory information, including your religious affiliation, to any member of the clergy.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE. Unless you object, we may disclose your personal health information to a family member or close personal friend, including clergy, who is involved in your care.

DISASTER RELIEF. We may disclose your personal health information to an organization assisting in a disaster relief effort.

AS REQUIRED BY LAW. We will disclose your personal health information when required by law to do so.

PUBLIC HEALTH ACTIVITIES. We may disclose your personal health information for public health activities. These activities may include, but are not limited to: (examples listed below)

- reporting to a public health or other government authority for preventing or controlling disease, injury or disability, or reporting abuse or neglect,

- reporting to the federal Food and Drug Administration (FDA) concerning adverse events or problems with products, tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements,
- to notify person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition or for certain purposes involving workplace illness or injuries.

REPORTING VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE. If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your personal health information to notify a government authority as required by law.

HEALTH OVERSIGHT ACTIVITIES. We may disclose your personal health information to a health oversight agency for oversight activities authorized by law. These may include, but are not limited to, audits, investigations, inspections and licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS. We may disclose your personal health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protects the information.

LAW ENFORCEMENT. We may disclose your personal health information for certain law enforcement purposes, including, but not limited to:

- to comply with reporting requirements, as required by law
- to comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- when information is requested about the victim of a crime if the individual agrees or under other limited circumstances;
- to report information about a suspicious death;
- to provide information about criminal conduct occurring at the community;
- to report information in emergency circumstances about a crime; or where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody.

RESEARCH. We may allow personal health information of Residents from WVC to be used or disclosed for research purposes provided that the researcher adheres to certain privacy protections. Your personal health information may be used for research purposes only if the privacy aspects of the research have been reviewed and approved by the President of WVC and/or the Vice President of Healthcare Services if the researcher is collecting information in

preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS, ORGAN PROCUREMENT ORGANIZATIONS. We may release your personal health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY. We may use and disclose your personal health information when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.

MILITARY AND VETERANS. If you are a member of the armed forces, we may use and disclose your personal health information as required by military command authorities. We may also use and disclose personal health information about foreign military personnel as required by the appropriate foreign military authority.

WORKERS' COMPENSATION. We may use or disclose your personal health information to comply with laws relating to workers' compensation or similar programs.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES; PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS. We may disclose personal health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

APPOINTMENT REMINDERS. We may use or disclose personal health information to remind you about appointments.

TREATMENT ALTERNATIVES. We may use or disclose personal health information to inform you about treatment alternatives that may be of interest to you.

HEALTH-RELATED BENEFITS AND SERVICES. We may use or disclose personal health information to inform you about health-related benefits and services that may be of interest to you.

FUND RAISING. We may contact you as part of a fund-raising effort; however, you have the right to be excluded from our fund raising efforts.

III. YOUR AUTHORIZATION IS REQUIRED FOR OTHER USE OF PERSONAL HEALTH INFORMATION

We will use and disclose personal health information (other than as described in this Notice or required by law) only with your written Authorization. You may revoke your Authorization to use or disclose personal health information in writing, at any time. If you revoke your Authorization, we will no longer use or disclose your personal health information for the purposes covered by the Authorization, except where we have already relied on the Authorization.

IV. YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

You have the following rights regarding your personal health information while at WVC:

RIGHT TO REQUEST RESTRICTIONS. You have the right to request restrictions on our use or disclosure of your personal health information for treatment, payment or health care operations. You also have the right to restrict the personal health information we disclose about you to a family member, friend or other person who is involved in your care.

We are required to agree to your requested restriction unless you are being transferred to another health care institution, the release of records is required by law, or the release of information is needed to provide you emergency treatment. You have the right to request restriction of disclosure to a health plan if you have paid in full for that care out of pocket.

RIGHT OF ACCESS TO PERSONAL HEALTH INFORMATION. You have the right to request, verbally or in writing, your medical or billing records or other written information that may be used to make decisions about your care. You have the right to receive your electronic health information in an electronic format, for example, CD or flash drive. We may charge you for the cost of the CD, flash drive, etc. You have a right to designate, in writing, a third party to receive the copy of your protected health information. You must specifically identify who is to receive the information and where it is to be sent. We must allow you to inspect your records within 24 hours (excluding weekends and holidays) of your request. If you request copies of the records, we must provide you with copies within 2 working days of that request. We may charge a reasonable fee for our costs in copying and mailing your requested information.

RIGHT TO REQUEST AMENDMENT. You have the right to request that WVC amends any personal health information maintained by WVC for as long as the information is kept by or for WVC. Your request must be made in writing and must state the reason for the requested amendment.

We may deny your request for amendment if the information:

- was not created by WVC, unless the originator of the information is no longer available to act on our request,
- is not part of the personal health information maintained by or for WVC,
- is not part of the information to which you have a right of access, or
- is already accurate and complete, as determined WVC.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

RIGHT TO AN ACCOUNTING OF DISCLOSURES. You have the right to request an “accounting” of our disclosures of your personal health information. This is a listing of certain disclosures of your personal health information made by WVC, but does not include disclosures for treatment, payment and health care operations or certain other exceptions.

To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 13, 2002 that is within six years from the date of your request. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization or request; or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

RIGHT TO A PAPER COPY OF THIS NOTICE. You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

RIGHT TO OPT OUT OF HEALTH INFORMATION EXCHANGES. WVC participates in Health Information Exchanges (HIE), which involves coordinated information sharing among HIE members for purposes of treatment, payment and healthcare operations. The sharing of information meets the criteria of the Health Insurance Portability and Accountability Act (HIPAA). Residents may opt out of the electronic sharing initiatives. Should you choose to opt out, please contact your social worker.

V. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint in writing with WVC or with the Office of Civil Rights in the U.S. Department of Human Services. To file a complaint with WVC, contact the Privacy Officer or call the Compliance Hotline at (717) 464-8624.

We will not retaliate against you if you file a complaint.

VI. CHANGES TO THIS NOTICE

We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all personal health information already received and maintained by the WVC, as well as for all personal health information we receive in the future. We will post a copy of the current Notice in the community. In addition, we will provide a copy of the revised Notice to all Residents.

Should our information practices change, we will send you, or whomever you designate as your Resident Representative or POA, a revised Notice. We will not use or disclose your health information without your authorization, except as described in this Notice.

Effective March 3, 2021