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## Choosing Long-Term Care Placement

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# Introduction

Making the decision to place a loved one in a long-term care facility can be very emotional. Many seniors live independently and are able to care for themselves with little or no assistance. But others who have physical or emotional limitations require the kind of care that cannot be provided by family or home health agencies. They require around-the-clock care that is available in a long-term care facility. It is best to start researching and planning before a crisis strikes.

It is important that you plan ahead and take the time to visit and compare different facilities. It is also important for you to take control and find the placement that best fits your loved one's needs.

This booklet is intended to help you make the best choice in finding a long-term care placement for your loved one. It also includes information about the types of long-term care, how to find and make a comparison of the facilities in your area, and what to look for when choosing placement. This guide also includes contact information for different agencies in South Carolina that may be helpful in this process. Phone numbers and websites are noted in this handbook as a helpful tool guide and to assist in planning.

## Choosing a Long-Term Care Facility

Finding long-term care placement is very important because it may be a home for your loved one for a brief or long period of time. You would want your loved one to be in a safe, secure, and comfortable facility that provides quality care.

Not all facilities are alike. Certain facilities specialize in providing different levels of care. Depending on the needs of your loved one, here are three generalized types of care that may be available:

- **Skilled level of care-** This care may be needed for individuals who require medical care by medical personnel such as a registered nurse or professional therapist. Some people may need skilled care for a short period of time following an acute illness, while others require skilled care for a long duration. The specific therapy is usually ordered by the individual's personal physician who outlines and monitors a treatment plan that is carried out in a long-term care facility.
- **Intermediate level of care-** This care is needed for individuals who have stable conditions that require daily

care, and some nursing supervision. Intermediate nursing care is ordered by the individual's personal physician and supervised by registered nurses. This care is less specialized than skilled long-term care. It often involves assistance in performing daily routine tasks, such as bathing and eating.

- **Assisted living or community residential care-** This care is needed for individuals who require assistance with bathing, eating, grooming, dressing, and other routine tasks.

### **Specialized Care for those with Dementia/ Alzheimer's**

Dementia is the loss of mental abilities and most commonly occurs late in life. Of all persons over age 65, 5-8% are demented. This percentage increases considerably with age.

The most common form of dementia, Alzheimer's disease, accounts for 50-75% of all cases of dementia. Another 20-30% is due to blood vessel disease ("multi-infarct dementia" or "mini-strokes"). The remaining cases result from a variety of less common disorders.

The affected person sometimes recognizes the first signs of dementia. Often family or friends first detect the problem. Typical early symptoms include memory loss, and difficulty performing complex tasks. A person may mislay items, become lost while driving, get confused in the middle of a conversation or lose a prior ability such as balancing a

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checkbook. As the condition progresses the deficits become more pronounced and interfere further with daily activities.

## Symptoms of Dementia

### Marked Loss of Memory for Recent Events

- Losing items
- Getting lost in 'familiar' Places
- Missing Appointments

### Loss of Ability For Abstract Thought, Planning And Doing Complex Tasks

- Trouble with Cooking, Paying Bills, Driving
- Can't Understand Books, Movies or News Items

### Difficulty Finding Common Words And Names

- Substitution of Approximate Phrases ("Where is the thing for sweeping?" for 'broom')
- Misidentifying People (Confusing sister with [deceased] mother)
- Use of "Empty Phrases" ("You know", "That thing")

### Difficulty Inhibiting Behavior

- Impulsivity, 'Thoughtless' Comments, Socially Inappropriate Behaviors

Alzheimer's disease is commonly recognized through a number of signs and symptoms. Currently, Alzheimer's can only be diagnosed conclusively by examining the brain after death. It can be identified by the development of multiple cognitive deficits manifested by both memory impairment and at least one of the following cognitive disturbances:

- Aphasia
- Apraxia
- Agnosia
- Disturbances in executive functioning. Significant impairment in social or occupational functioning, along with significant decline from a previous level of functioning, gradual onset and continuing cognitive decline.

### **What the Terms Mean**

***Cognitive*** – mental activity such as thinking, attention, reasoning, decision making and dealing with concepts.

***Aphasia*** – a disorder in which the person has great difficulty in articulating words.

***Apraxia*** – a disorder of movement caused by damage to the brain.

***Agnosia*** – a disorder in which the affected person is unable to make meaning out of one or more of their senses (sight, hearing, touch, taste, smell)

***Executive functioning*** – the process of bringing together and coordinating information for a purpose (usually decision making).

When searching for a skilled nursing facility that specializes in Alzheimer's and dementia residents, it is important to make sure that the facility has a separate Alzheimer's unit with a high ratio of staff to residents.

Alzheimer's / Dementia facilities are specialized living arrangements for seniors with memory impairments that have progressed to the point where they can no longer communicate normally and/or take care of themselves. Besides a room and meals in a common dining area, these facilities provide constant supervision, formal nursing care plans, help with activities of daily living (ADLs) and personalized care designed to offer residents as much mental and memory stimulation as possible.

There are no special licensing requirements for a facility to call itself an Alzheimer's/ Dementia unit. So, don't assume from the name alone that it will provide adequate care for your loved one. The only way to find out if the facility meets your needs is to visit it and know what to look for. A checklist to assist you when you visit an Alzheimer's unit/ Dementia unit is available in Chapter 4.

There are many ways to find a listing of the long-term care facilities in your area.

1. Contact the Department of Health and Environmental Control. A list of long-term care facilities is also located at **[www.scdhec.gov](http://www.scdhec.gov)**.
2. Contact your State or Local Long-Term Care Ombudsman Program.
3. Contact 1-800-Medicare.
4. Ask the hospital's discharge planner or social worker.
5. Contact your local social service agency.
6. Call the Eldercare Locator at 1-800-677-1116.
7. Ask people you know and trust who have had experience like your friends, family members, health care providers, neighbors, and clergy.

## Visiting the Facility

Choosing a long-term care facility for your loved one can be a difficult and agonizing decision. Often there is not enough notice to evaluate all the information available. This information should enable you to quickly determine which facilities are conveniently located, within your price range, and offer required services and supervision.

Before making a decision, visit the facility you are interested in. A visit gives you a chance to see how the facility operates. You are able to see the residents, staff, and the facility. It would be best to call the facility in advance to schedule an appointment. If you are not able to visit the facility, it would be best to call for information.

After choosing three or four long-term care facilities that meet your needs, telephone each to discuss financial, medical and placement arrangements. If placement seems possible, set up an appointment with the admissions staff.

During this initial telephone conversation, discuss specific items such as costs, extra charges for services that are not covered under the basic cost, and policies pertaining to

doctors, caring for specific problems, bed holds, discharge, etc. Make sure you understand the basic policies of the facility.

### **Call for information**

When calling a long-term care facility, consider asking:

- *What services does the facility provide?*
- *Does the facility charge a basic fee for room, meals, and personal care? What is the charge per month? What is the billing procedure?*
- *Do they charge extra for other services or care for special medical needs?*
- *Do they have a waiting list?*
- *What pay source do they accept?*
- *Do they provide transportation to medical appointments?*
- *Are they a smoke free facility?*
- *Do they have visiting hours?*

### **Visit the facility**

Before you visit a long-term care facility, review the information you already gathered about the facility. Have a list of questions available so you may question the staff at facility (A Long-Term Care Facility Checklist is available in Chapter 4). Look around the facility to get a better picture of the services provided, activities, and the staff/resident interaction.

It is best to revisit the facility a second time, on a different day and time. Staffing may be different at different times of the day and on weekends. To be more thorough in your review of the facility, ask a staff member if you can get permission from the residents' and/ or family council's participants to attend one of their meetings. These councils are organized by the residents and their family members to improve the quality of care and life of the residents. They also address concerns they may have with the facility.

**Please note:** Do not enter residents' rooms or care areas without checking with the resident and long-term care facility staff first. Residents have a right to privacy.

During this period, take into consideration potential legal and financial possibilities. Most facilities request a "responsible party", that is someone who may be responsible for making decisions when the resident is unable to, who will be notified of emergencies and/or injuries, and possibly for debts that occur during the resident's stay at the facility. Is there someone available and willing to be the responsible party?

Make sure that you thoroughly understand all that is involved in any contract or admission agreement. If you have any doubt as to the resident's or your responsibilities, request a copy of the contract prior to signing and consult

with your attorney. Remember to keep a copy of all contracts and/or papers signed.

Also, review the resident's financial situation, short term and long term. How long will the resident's funds provide for the necessary level of care? Will Medicaid be required in the future? If there is a possibility of Medicaid being needed, this should be taken into consideration during the initial choosing of the facility.

Consult with the resident, if at all possible, and then listen to his/her input in this decision. Honesty at this time will often avoid confusion and disruption in the future. The decision to place a family member into a long-term care facility is difficult on all the family, but directly affects the potential resident the most.

To find out about survey results or complaints of a Medicaid participating nursing home, you may contact the Department of Health and Environmental Control- Certification (DHEC) at (803) 545-4205 or you can call 1-800-Medicare or visit their website at **[www.medicare.gov](http://www.medicare.gov)**.

If you have questions related to the regulations governing long-term care facilities, contact DHEC-Health Licensing (*for nursing homes and community residential care/ assisted living facilities*) at (803) 545-4370 and DHEC- Certification (*for Medicaid participating nursing homes*) at (803) 545-4205.

# Facility Checklist

Name of 1<sup>st</sup> facility \_\_\_\_\_

Date of Visit \_\_\_\_\_

Name of 2<sup>nd</sup> facility \_\_\_\_\_

Date of Visit \_\_\_\_\_

Name of 3<sup>rd</sup> facility \_\_\_\_\_

Date of Visit \_\_\_\_\_

<b>Basic Information</b>			
	<b>First Facility</b>	<b>Second Facility</b>	<b>Third Facility</b>
The facility is Medicaid Certified.			
The facility is Medicare Certified			
The facility provides the level of care you need (i.e.: skilled, intermediate, assisted living).			
A bed is available			

The facility provides special services if needed in a separate unit (example: Alzheimer's, Rehabilitation, etc.)			
The facility is located close enough for family and friends to visit.			
<b>Comments:</b>			
<b>Residents</b>			
	<b>First Facility</b>	<b>Second Facility</b>	<b>Third Facility</b>
Residents appear to be clean, well groomed, and appropriately dressed for the season or time of day.			
Are residents out of their rooms?			
Are residents reluctant to speak freely to you?			
Is there privacy during personal care or treatment?			
<b>Comments:</b>			

<b>Facility Appearance</b>			
	<b>First Facility</b>	<b>Second Facility</b>	<b>Third Facility</b>
The facility is free from any overwhelming unpleasant odors.			
The facility appears clean and well kept.			
The temperature is comfortable for residents.			
The facility has good lighting.			
Noise levels in the dining area and other common areas are comfortable.			
Smoking is prohibited or restricted to certain locations in the facility.			
Furnishings are sturdy, comfortable, and attractive.			
<b>Comments:</b>			

<b>Facility Staff</b>			
	<b>First Facility</b>	<b>Second Facility</b>	<b>Third Facility</b>
The staff members are warm, respectful, and polite to the residents.			
All staff members wear nametags and are well groomed.			
Do they appear competent and content in their jobs?			
Staff members knock on the door before entering resident's room.			
Staff members refer to residents by name.			
There is a full-time Registered Nurse (RN) on duty at all times, other than the Administrator or Director of Nursing ( <i>only applicable in nursing homes</i> ).			
The same team of nurses and CNAs or care staff work with the same resident 4 to 5 days a week.			

How many residents does a nurse, CNAs or care staff care for during the day, evening, or night?			
Are residents' calls for assistance answered timely?			
CNAs or care staff are involved in care planning meetings.			
There is a full-time social worker on staff ( <i>only applicable in some nursing homes</i> ).			
Is the doctor there daily? Can the doctor be reached at all times?			
<b>Comments:</b>			
<b>Residents' Rooms</b>			
	<b>First Facility</b>	<b>Second Facility</b>	<b>Third Facility</b>
Rooms are attractive, comfortable, clean, well kept?			
Residents may have personal belongings/ furniture in room.			
How is personal laundry handled?			

Each resident has a window in bedroom.			
Residents have access to a telephone and television.			
Water pitchers are available to residents.			
There are policies and procedures to protect residents' personal belongings.			
<b>Comments:</b>			
<b>Hallways, Stairs, Lounges, and Bathrooms</b>			
	<b>First Facility</b>	<b>Second Facility</b>	<b>Third Facility</b>
Exits are clearly marked.			
There are quiet areas where residents can visit with friends and family.			
The facility has smoke detectors, extinguishers, and sprinklers.			
Common areas, resident rooms, and doorways are wheelchair accessible.			
There are handrails in the hallways and grab bars in the bathrooms.			

Are the hallways free of obstacles and debris?			
Is there a call button near the toilet?			
How many residents share a bathroom?			
Does the residents have a choice between shower and bath, how frequent, and during what shift?			
<b>Comments:</b>			
<b>Resident Dining</b>			
	<b>First Facility</b>	<b>Second Facility</b>	<b>Third Facility</b>
Is there a professional dietician on staff?			
Residents have a choice of food items at each meal. Are alternate meals provided to residents, if desired?			
Does the food appear appetizing? Are the residents satisfied with the food?			
Menus are posted in a conspicuous location.			
Nutritious snacks are available upon request.			

Staff members assist residents with eating and drinking at mealtimes if help is needed.			
May visitors join residents for meals?			
<b>Comments:</b>			
<b>Activities</b>			
	<b>First Facility</b>	<b>Second Facility</b>	<b>Third Facility</b>
Activities are available to residents, including those who are unable to leave their rooms.			
Is there a variety of leisure activities available? Are residents enjoying them?			
Is a schedule of daily events posted?			
Do residents participate in planning activities?			
Is there a resident council?			
Is there a family council?			
Does facility have outdoor areas for residents? Does staff assist residents in going outdoors?			

What arrangements are made for residents to participate in religious services of their choice?			
What is done for holidays and birthdays?			
The facility has an active volunteer program.			
<b>Comments:</b>			
<b>Safety and Care</b>			
	<b>First Facility</b>	<b>Second Facility</b>	<b>Third Facility</b>
Is there a system to protect wanderers? Is it operational? Ask for a demonstration.			
The facility has an emergency evacuation plan and holds regular fire drills.			
If the resident needs hospitalization, which hospitals does the facility have a contractual relationship with?			
Who is the facility's pharmacist? Can residents use their own pharmacy?			

Residents get preventive care, like a yearly flu shot, to help keep them healthy.			
Residents may still see their personal doctors.			
Care plan meetings are held at times that are convenient for residents and family members to attend whenever possible.			
The facility corrected all deficiencies on its last state inspection report. Ask to see the facility's last DHEC inspection report.			
<b>Comments:</b>			
<b>Miscellaneous</b>			
	<b>First Facility</b>	<b>Second Facility</b>	<b>Third Facility</b>
What family should be contacted if there is a problem/ issue with the facility?			
How does the facility notify resident and family members of the time and place of the quarterly care plan meetings?			

How is transportation provided for trips to hospitals, medical offices, or community functions? Is there a charge?			
<b>Comments:</b>			

**Additional Comments:**

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## Checklist for Dementia/ Alzheimer's Unit

This checklist should be used along with the Long Term Care Facility Checklist, depending upon the type of facility you are considering. Bear in mind that the staff's attitude and philosophy about caring for residents with Alzheimer's / Dementia should be reflected throughout the facility, nursing care plans, meal preparation and planned activities.

Name of 1<sup>st</sup> facility \_\_\_\_\_

Date of Visit \_\_\_\_\_

Name of 2<sup>nd</sup> facility \_\_\_\_\_

Date of Visit \_\_\_\_\_

Name of 3<sup>rd</sup> facility \_\_\_\_\_

Date of Visit \_\_\_\_\_

Facility			
	First Facility	Second Facility	Third Facility
Is the facility on a busy or quiet street?			
What is the noise level? Is the facility insulated to reduce noise?			
Is the Alzheimer's/ Dementia unit separate from the rest of the facility?			

Have adequate measures been taken to ensure wanderers do not leave the unit or facility?			
Are exit doors locked or do residents wear alarm-activated devices?			
If exit doors are locked, are adequate procedures in place to allow for orderly evacuation in case of emergency?			
Is the unit small and home-like?			
Are there circular areas designated for wanderers, or are the hallways long?			
Is light used as a cue to help residents know the time of day?			
Are visual cues used to help residents orient themselves? <i>See below.</i>			
<p><b>Color.</b> Patterns can confuse people with Alzheimer's / Dementia, so color schemes should be bold and simple. For example, all bathroom doors should be the same color and the hallway a single contrasting color.</p>			

**Locator signs.** Written words like "kitchen" or "toilet" may be used, but graphics are vital for patients who no longer read. Signs should be at eye level, in strong contrasting colors with a flat finish. Other signs can help orient residents by including information or graphics indicating the daily schedule, season or city.

**"Memory boxes."** These open containers display old photos and mementos to help residents identify their rooms. Alzheimer's and Dementia often impair short-term memory but leave long-term memory intact. Residents may not recognize themselves in the mirror but would recognize photos of themselves in their youth.

**Large clocks and calendars.** These help orient residents on time and can include, for example, information on the daily schedule and the season.

**Comments:**

**Facility Staff/ Services**

	<b>First Facility</b>	<b>Second Facility</b>	<b>Third Facility</b>
What is the staff-to-resident ratio?			
What is the difference in training for staff in the special care unit? Is an Alzheimer's / Dementia specialist on staff or available on a consulting basis?			

<p>How do services in the special care unit differ from services in the rest of the facility? What special services are provided for residents with Alzheimer's / Dementia?</p>			
<p>How do you insure that patients get proper nutrition? Are finger foods available? Do you offer decaffeinated drinks throughout the day?</p>			
<p>If a resident shows _____ behavior, how would the staff react? (Examples: tearful, combative, accusatory, asking repetitive questions - whatever behavior your loved one tends to exhibit.)</p>			
<p>What is the facility's policy on restraints, both chemical and physical?</p>			

<p>If there is a roommate who has habits or mannerisms that is difficult for a resident to handle, e.g. staying up late at night, yelling, going through personal possessions of others, what does the facility do when problems such as these arise?</p>			
<p>Are smaller, separate rooms designated for activities, as opposed to larger, communal spaces? Residents can become disoriented in big rooms with multiple activities.</p>			
<p>What activities are arranged for residents with memory impairment?</p>			
<p>Are residents encouraged to remain continent? Are they reminded to use the bathroom? Is a schedule in place?</p>			
<p>Does staff assist residents to the bathroom if needed?</p>			



## The Admission Process

After you have chosen a long-term care facility, you will need to make arrangements for admission. When you contact the facility, it is helpful to have payment information available.

### **Payment Information**

Provide information about health care coverage and/or long-term care insurance that your loved one has that pays for long-term care. This includes the name of the insurance company and the policy number.

A cash deposit may be required before your loved one is admitted to a long-term care facility if either Medicare or Medicaid will not cover their care. If Medicare or Medicaid will cover long-term care, the long-term care facility should not require you to pay a deposit. They may ask that you pay the Medicare coinsurance amounts and other charges not covered by Medicare.

A comprehensive assessment may be required before a resident can enter into a long-term care facility. If admission is being planned from hospital to the facility, the hospital staff is very helpful in obtaining the information needed for admission.

### **Information for the facility**

- Medical history: Your doctor may provide this information. This includes a list of any current or past health problems, past surgeries or treatments, food or medicine allergies, and shots your loved one may have had.
- Current health status: Your doctor may provide this information. This includes a list of your loved one's current health problems, and any activities of daily living that might be difficult for them to do themselves.
- Current cognitive status: To determine your loved one's current level of functioning (this must include an evaluation of orientation, memory impairment, and impaired judgment).
- Current/ past mental status: Include past and present mental illness history.
- Current medicines: Include the dose, how often your loved one takes it, and why they take it.

- Activities of Daily Living (ADLs): Functional abilities in relationship to activities of daily living including: eating, toileting, ambulating, transferring, positioning, specialized body care, personal hygiene, dressing, bathing and management of own medication.
- A list of all your loved one's health care providers: Include names, addresses, and telephone numbers.
- List of preferences and choices: Preferences and choices regarding daily life that are important to the person (including, but not limited to, such preferences as the type of food that the person enjoys, what time he or she likes to eat, or when he or she likes to sleep) and preferences in activities.
- A list of family members to call in case of an emergency: Include names, addresses, and telephone numbers.

It may be relatively easy to secure the medical assessment from a doctor or nurse. The social, behavioral and emotional areas of the assessment may be better handled by a social service and/or mental health professional. Once your needs have been identified with the aid of a comprehensive assessment, take a look at a facility's schedule of fees and services to see if the facility offers the specific services you need.

## **Admission Agreement**

Before signing an Admission Agreement, take these steps:

- Read the agreement and all documents to which it refers, such as a listing of charges, information on resident rights, and consent agreements.
- Develop a list of all your questions about what is contained in the agreement.
- Make sure that all your questions are answered before signing.
- Consider having the document reviewed by an attorney or consumer advocate, if necessary.

## **Notification of Rights**

At or before admission, the long-term care facility must inform you about Resident Rights both orally and in writing in a language that you understand. The admission agreement must contain a separate written acknowledgement that you have been informed of the Resident's Bill of Rights. Read the Resident's Bill of Rights carefully.

## **Responsibility of Payment**

To avoid a problem:

Make sure and identify your responsibility as the “responsible party,” “guarantor,” “financial agent” or any other term that the admission agreement states is a person who personally guarantees payment of long term care fees.

If a facility attempts to collect money from you because you signed the admission agreement as a responsible party, seek advice from a qualified attorney. You may not be responsible for payment.

### **Discharge Notification**

A resident may be transferred or discharged only for medical reasons, for the welfare of the resident or the welfare of other residents of the facility, or for nonpayment, and must be given written notice of not less than thirty days, except when the health, safety or welfare of other residents of the facility would be endangered by the thirty-day notice requirement. Each resident must be given written notice before the resident's room or roommate in the facility is changed. Read the Resident Bill of Rights and regulations related to discharges.

### **Advance Directives**

Advance directives are legally binding documents that you can sign to specify the kind of treatment you want or do not want to be given in the event that you become unable to express your wishes at the time of treatment. The living will, health care power of attorney, and five wishes are three types of advance directives in South Carolina.

- A **Living Will** is a document that allows your loved one to tell their doctor what to do if they are permanently unconscious or if they are terminally ill and close to

death. A living will allows them to declare their desire to die a natural death, instead of having their life prolonged indefinitely by artificial or extraordinary means.

- A **Health Care Power of Attorney** is another document that allows your loved one to give instructions for their future health care. With a health care power of attorney, they can name someone to be their “agent” in the event that they become unable to make their own health care decisions. Under such circumstances, the agent has the right to make all decisions about the loved one’s health care that need to be made. The loved one can guide the decisions of their agent by including specific rules or limitations in their health care power of attorney.
- **Five Wishes** is an easy-to-use legal document that lets you plan in advance for how you want to be cared for in case you become seriously ill. Some people refer to it as an “advance directive” because when you complete Five Wishes you give direction to your doctor and family, in advance, on how you want to be treated. There are five wishes in the document:

***Wish One*** lets you choose the person you want to make decisions for you when you can’t make them for yourself. Lawyers call it a “durable power of attorney for health care.”

*Wish Two* is a living will. It lets you put in writing the kind of medical treatment you want or don't want if you become seriously ill and can't communicate to anyone.

*Wishes Three and Four* let you describe in detail how you want to be treated so that your dignity can be maintained.

*Wish Five* gives you a chance to tell others how you want to be remembered, and express other things that might be in your heart, like forgiveness.

### **Personal Needs Account**

Your loved one may want to open an account managed by the facility. They can deposit funds into the account for personal use. Check with the facility to see how they manage these accounts. Your loved one may only have access to the account at certain times.

### **Waiver of Liability Statements**

Some admission agreements claim that the facility cannot be held responsible if a resident is injured or a resident's property is lost, stolen or damaged. Read your admission's agreement carefully.

### **Notification of Grievance Procedure**

The admission agreement must notify you that the facility's grievance policy is available. It must also inform you of the

right to contact the long-term care ombudsman about grievances you may have against the facility.

## **BE SURE TO KEEP A SIGNED COPY OF THE ADMISSION AGREEMENT!**

### **Paying for Long-Term Care**

Long-term care can be very expensive. Many types of health insurance may not cover it. Your loved one should not discontinue their health care coverage if they are in a long-term care facility. Even if it does not cover long-term care, they will need health coverage for hospital or doctor services or supplies while in a long-term care facility. Contact your insurance carrier to discuss your coverage and payment while in a long-term care facility. If you are applying for Medicaid, tell your case worker about health coverage you are paying for. **Always ask questions.**

Some people who enter a long-term care facility begin by paying for their care out of their own pocket. As they use up their resources over a period of time, they may become eligible for Medicaid. **Please be advised:** If your loved one's payment source becomes Medicaid, the long-term care facility may not have Medicaid certified beds, and they may have to enter another long-term care facility that does.

### **State Assistance**

**Medicaid** is a joint Federal and State Program that pays for certain health services and nursing home care for seniors with low incomes and limited assets. If you qualify, you may be

able to obtain help to pay for skilled care, intermediate, or other health care costs. If you qualify for both Medicare and Medicaid, most health care costs are covered. But remember, not all long-term care facilities accept Medicaid payment. Check with the long-term care facility to see if they accept Medicaid, and if they have a Medicaid certified bed available. Most nursing homes have waiting lists for Medicaid certified beds. Eligibility is based on your income, personal resources, and level of care. To get more information on Medicaid eligibility requirements or apply for Medicaid, call 1-888-549-0820 for guidance. You can also get free insurance counseling from the South Carolina I-Care Program at 1-800-898-9095. You may be referred to a local agency.

## **Medicare**

Medicare is a health insurance program for:

- Seniors age 65 or older
- Some people with disabilities under age 65
- People with End-Stage Renal Disease

Please contact Medicare at 1-800-Medicare to find out more information on Medicare and what services it covers in a long-term care facility.

## Making the Adjustment

New long-term care facility residents may have difficulty adjusting to their new environment. Adjusting to the facility can be made easier with the support and visits from family and friends. Here are a few tips to help your loved one adjust to their new home:

- Bring some of your loved one's special personal belongings, like photographs or favorite bedspread to make the room feel more homelike. Check with the facility first to see what you can bring.
- Encourage your loved one to take part in the activities offered at the facility. This is a great way for your loved one to meet new friends.
- Continue your loved ones' subscriptions to magazines or newspapers to help keep them in touch with outside interests.

After placement, remember to:

- Visit the resident often and consult with him/her about the care and treatment.
- Monitor the physical and mental health of the resident, check for any signs of skin breakdown.
- Don't be afraid to voice questions or concerns.

- Be aware of staff and policy changes.
- Be involved in care plan meetings.

## **Care Planning**

Every person in a long-term care facility has a right to good care. To provide good care, staff must assess each resident and plan care, considering a person's medical condition, life-long patterns, current interests, strengths, needs and any other pertinent information that could enhance the resident's needs. Resident and family involvement in care planning provide staff with information they need to make sure residents get good care.

### *Assessment- The First Step*

Assessments identify how well residents can take care of themselves and when they need help- how well they can walk, talk, eat, dress, bathe, see, hear, communicate, understand and remember- are some of the areas assessments address. Staff also asks about residents' habits, activities and relationships so they can help residents live more comfortably and feel more at home. Medication review is also a part of a resident assessment.

The assessment helps staff look for what is causing a problem. For instance, poor balance could be caused by medications, sitting too much, weak muscles, poor fitting shoes, a urinary infection or an ear ache. Staff must know the cause in order to provide or plan treatment.

The nursing home is required to do a comprehensive assessment. It must gather information about your health and physical condition and identify what type of help you need. The assessment must also examine your routines, habits, activities and relationships in order to help you live more comfortably and feel at home in the facility. The resident can help by sharing important information about themselves. They may describe what makes a good day for them. They may discuss their goals, such as plans for discharge or hopes of improved health and independence.

### *Plan of Care*

After the assessment is completed, the nursing home must create an initial care plan that addresses all of your needs and concerns. The care plan is a custom made strategy for how the staff will help them every day.

Good care plans address all aspects of life in the facility, not just your immediate health needs. For example, a problem getting along with your roommate could be more important to the resident than treatment plans. A good care plan should:

- Be specific to the resident by reflecting their concerns and desires;
- Support their well-being and rights;
- Use a team approach involving a variety of staff and outside referrals as needed;
- Include specific goals;
- Assign tasks to specific staff members;

- Be written in common language everyone can understand; and
- Be updated, as the resident's needs change and per regulations.

### *Resident and Family Participation in Care Planning*

The resident and their family have the right to be invited and involved in each care-planning meeting. It is a great opportunity to make sure that their care plan honors their choices about care, services, daily schedule, and life in the facility.

A good care conference takes time, sometimes an hour or maybe less. If the resident has favorite staff persons, such as trusted nursing assistants, ask that they be invited. Plan your list of questions, needs, problems and goals. Think about the need for any changes.

During the meeting, the staff should explain care options and ask the resident about their needs and preferences. Don't be afraid to speak up. If the resident needs help, they should ask someone they trust to speak for them. Ask questions about anything the resident or family doesn't understand. Find out whom the resident should talk to if changes are needed in the care plan or if there are problems with the care being provided. Last but not least, ask for a copy of the written care plan. Make sure it reflects the goals and interventions discussed at the care plan meeting.

## **Family Councils**

A family council is a group of committed individuals who work together to improve the quality of life for residents in long-term care facilities. Family Councils are made up of family members, friends and others who have loved ones in a long-term facility.

They develop for a variety of reasons:

- To support one another
- To gain education about the long term care regulations
- To provide a voice for the residents
- To suggest areas needing improvement in the facility

Whatever the reasons, these individuals come together on a regular basis to discuss and formulate solutions regarding issues or concerns that are common to the families and residents of long term care facilities.

The issues and/or concerns identified could be handled through:

- The facility's formal grievance procedure
- A meeting or discussion with facility staff
- The individualized care plan
- Contacting the Ombudsman Program

- Contacting the Department of Health and Environmental Control (DHEC) in the Health Licensing and/or Certification Division

The size of the Family Council does not matter. Please do not be discouraged by size; remember individuals attend according to their needs.

### **Reporting and Resolving Concerns/ Issues**

If you have a concern or issue with the facility, speak with the administrator, Director of Nursing, or the facility's social worker. The facility may not know there is a problem unless you tell them. The facility must have a grievance procedure for complaints. If your problem is not resolved, follow the facility's grievance procedure. It is best to write your grievance and keep copies for your records.

If you feel you need outside assistance to resolve your problem, call the State or Regional Long-Term Care Ombudsman Program. Contact information for the State or Regional Long Term Care Ombudsman Program is located in the back of this handbook. Contact information for the regulatory agencies, DHEC-Health Licensing and DHEC-Certification is also located in the back of this handbook.

The Long-Term Care Ombudsman Program investigates abuse, neglect, or exploitation in long-term care facilities. They also advocate for residents in long-term care facilities if

they have quality of care issues, resident rights issues, and other concerns. If the Long Term Care Ombudsman is unable to assist in your situation, they may refer you to an agency or program that could assist you.

All long-term care facilities in South Carolina are required to have the Omnibus Adult Protection Act poster posted in a conspicuous place. This poster states that if the facility has reason to believe that the resident has been physically or psychologically abused, neglected or exploited, they have 24 hours or the next business day to report the allegation to local law enforcement or the Long-Term Care Ombudsman Program. The Resident Bill of Rights poster must also be posted in a conspicuous place. For regulatory concerns, you can also contact DHEC- Health Licensing and Certification about your concerns.

## Terms to Become Familiar With

- **Activities of daily living (ADLs)** are activities related to personal care and include bathing or showering, dressing, getting in or out of bed or a chair, using the toilet, and eating.
- **Advance directives** are written documents, completed and signed when a person is legally competent, that explain a person's medical wishes in advance, allowing someone else to make treatment decisions on his or her behalf later in the disease process.
- A **care plan** is a strategy for how the staff will help a resident. It identifies the staff who will participate in the care process (for instance- the nursing assistant may be the person to assist Mrs. Jones to walk to each meal to build her strength.) Care plans must be reviewed regularly to make sure they work and must be revised as needed (especially when care needs change). For care plans to work, residents must feel like they meet their needs. Care plans can address any medical or non-medical problem (example: incompatibility with a

roommate). That is why the assessment process is extremely important.

- A **Conservator** is a court appointed individual or entity that handles the management of financial affairs or property of an incapacitated adult.
- According to OBRA (Omnibus Budget Reconciliation Act) regulations, **discharge** and **transfer** includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility.
- Financial or material **exploitation** as defined in the Omnibus Adult Protection Act is causing or requiring a vulnerable adult to engage in activity or labor, which is improper, illegal, or against the reasonable and rational wishes of the vulnerable adult. Exploitation does not include requiring a vulnerable adult to participate in an activity or labor which is a part of a written plan of care or which is prescribed or authorized by a licensed physician attending the patient; or an improper, illegal, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a vulnerable adult by a person for the profit or advantage of that person or another person.

- A **family council** is an organized group of relatives and/or friends of residents of long-term care facilities who meet on a regular basis to discuss issues and concerns regarding the facility.
- **Five Wishes** is an easy-to-use legal document that lets you plan in advance for how you want to be cared for in case you become seriously ill. Some people refer to it as an “advance directive” because when you complete Five Wishes you give direction to your doctor and family, in advance, on how you want to be treated.
- A **grievance procedure** is a procedure allowing residents in long-term care facilities and their family to express complaints and seek remedies from the facility.
- A **Guardian** is a court appointed individual that handles the personal and custodial matters for an incapacitated adult. The primary responsibilities of the guardian are to decide where the incapacitated adult will live and make provisions for their care, comfort and maintenance, including medical and healthcare decisions.
- The **Health Care Consent Act** spells out, in order, who can make important health care decisions for persons who are unable to do so themselves. Typically, the act comes into play when there is no health care power of attorney, living will or guardian established. In these cases, physicians usually ask, in the following order, for

assistance in making decisions based on what the person and family wants: **1)** Spouse, **2)** Parent or adult child of resident, **3)** Adult sibling, grandparent or adult grandchild of resident, and **4)** any other relative by blood or marriage.

- A **Health Care Power of Attorney** is another document that allows your loved one to give instructions for their future health care. With a health care power of attorney, they can name someone to be their “agent” in the event that they become unable to make their own health care decisions. Under such circumstances, the agent has the right to make all decisions about the loved one’s health care that need to be made. The loved one can guide the decisions of their agent by including specific rules or limitations in their health care power of attorney.
- **Intermediate nursing care** is a type of care that is needed for individuals who have stable conditions that requires daily care, but not 24 hour nursing supervision. Intermediate nursing care is ordered by the individual’s personal physician and supervised by registered nurses. This care is less specialized than skilled long-term care facility care. It often involves assistance in performing daily routine tasks, such as bathing and eating.
- A **Living Will** is a document that allows your loved one to tell their doctor what to do if they are permanently unconscious or if they are terminally ill and close to

death. A living will allows them to declare their desire to die a natural death, instead of having their life prolonged indefinitely by artificial or extraordinary means.

- **Medicaid** was authorized by Title XIX of the Social Security Act in 1965 as a jointly funded cooperative venture between the Federal and State governments to assist States in the provision of adequate medical care to eligible needy persons. Within broad Federal guidelines, each of the States establishes its own eligibility standards; determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program.
- **Medicare** is a health insurance program for seniors age 65 or older, some people with disabilities under age 65, and people with End-Stage Renal Disease
- The **Medication Administration Record (MAR)** is a form that looks like a table with 31 columns, one for each day of the month and rows that are marked when medication is given. This form gives all of the important information to safely give medicine.
- **Neglect** as defined in the Omnibus Adult Protection Act means the failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a vulnerable adult including, but not limited to, food, clothing, medicine, shelter,

supervision, and medical services. Neglect may be repeated conduct or a single incident, which has produced or can be proven to result in serious physical or psychological harm or substantial risk of death. Noncompliance with regulatory standards alone does not constitute neglect. Neglect includes the inability of a vulnerable adult, in the absence of a caretaker, to provide for his or her own health or safety which produces or could reasonably be expected to produce serious physical or psychological harm or substantial risk of death.

- An **Ombudsman** is an advocate for residents of long-term care facilities. Ombudsmen provide information about how to find a facility and what to do to get quality care. They are trained to resolve problems. If you want, the ombudsman can assist you with complaints. However, unless you give the ombudsman permission to share your concerns, these matters are kept confidential. Under the federal Older Americans Act, every state is required to have an Ombudsman Program that addresses complaints and advocates for improvements in the long term care system.
- The **Omnibus Adult Protection Act** protects vulnerable disabled and elderly persons by creating a system for reporting, investigating, and prosecuting adult abuse, neglect, and exploitation and by allowing law enforcement to take adults into protective custody when necessary.

- **Physical abuse** as defined in the Omnibus Adult Protection Act means intentionally inflicting or allowing injury on a vulnerable adult by an act or failure to act. Physical abuse includes, but is not limited to, slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery, use of medication outside the standards of reasonable medical practice for the purpose of controlling behavior, and unreasonable confinement. Physical abuse also includes the use of a restrictive or physically intrusive procedure to control behavior for the purpose of punishment except that a therapeutic procedure prescribed by a licensed physician or other qualified professional or that is part of a written plan of care by a licensed physician or other qualified professional is not considered physical abuse. Physical abuse does not include altercations or acts of assault between vulnerable adults.
- **Physical restraints** are items used to restrict, restrain or prevent movement of a person. Examples of restraints include belts, vest restraints and cuffs. Special chairs and bedside rails can be used as restraints. Whether or not a particular item is considered a physical restraint depends on the purpose and effect of its use. If an item is used to restrict movement, it is a restraint. The same item may not be considered a restraint if it is used to enable a resident in some way. For example, a bed rail could be used to keep someone from getting out of bed or could be used to help a resident turn over in bed.

- **Psychological abuse** as defined in the Omnibus Adult Protection Act means deliberately subjecting a vulnerable adult to threats or harassment or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress.
- A **resident council** is an independent, organized group of persons living in a long-term care facility who meet on a regular basis to discuss concerns, develop suggestions and plan activities.
- Residents in long-term care facilities have **Resident Rights** and certain protections under the law. The nursing home must list and give all new residents a copy of these rights.

Resident rights usually include:

Respect: You have the right to be treated with dignity and respect.

Services and Fees: You must be informed in writing about services and fees before you enter the nursing home.

Money: You have the right to manage your own money or to choose someone else you trust to do this for you.

Privacy: You have the right to privacy, and to keep and use your personal belongings and property as long as it

doesn't interfere with the rights, health, or safety of others.

Medical Care: You have the right to be informed about your medical condition, medications, and to see you own doctor. You also have the right to refuse medications and treatments.

*For a copy of the Resident Bill of Rights, contact your Long-Term Care Ombudsman.*

- **Respite care** provides temporary relief for primary caregivers of older individuals. This service may be provided for varied periods of time in a location agreed upon by the caregiver, the older individual and the respite provider.
- **Skilled level of care** is a type of care that is needed for individuals who require medical care by medical personnel such as a registered nurse or professional therapist. Some people may need skilled care for a short period of time following an acute illness, while others require skilled care for a long duration. The specific therapy is usually ordered by an individual's personal physician who outlines and monitors a treatment plan that is carried out in a long-term care facility.

## Some Commonly Used Acronyms/Symbols in Long Term Care

ACT	Activity Staff
ADL'S	Activities of Daily Living
AKA	Above Knee Amputation
BKA	Below Knee Amputation
BM	Bowel Movement
BP	Blood Pressure
$\bar{c}$	With
CHF	Congestive Heart Failure
CLTC	Community Long Term Care
CM	Centimeter
CNA	Certified Nursing Assistant
C/O	Complain Of
COPD	Chronic Obstructive Pulmonary Disease
CVA	Cerebrovascular Accident
D/C	Discharge
DET	Dietary Worker
DJD	Degenerative Joint Disease
DNR	Do Not Resuscitate
DON	Director Of Nurse
Dx	Diagnosis
FBS	Fasting Blood Sugar
Fx	Fracture
Hx	History
ICF	Intermediate Care Facility
I&O	Intake and Output
LPN	Licensed Practical Nurse
LTC	Long Term Care
MAR	Medication Administration Record
NA	Nursing Assistant
NPO	Nothing By Mouth
OOB	Out Of Bed

## Helpful Contact Information

**SC State LTC Ombudsman  
Long Term Care Ombudsman Program  
Lt. Governor's Office on Aging**  
1301 Gervais Street, Suite 200  
Columbia, SC 29201  
Phone: 803-734-9900/ 1-800-868-9095  
Fax: 803-734-9886

**Central Midlands LTC Ombudsman Program**  
236 Stoneridge Drive  
Columbia, SC 29210  
Phone: 803-376-5389/ 1800-391-1185  
Fax: 803-253-7542

**Appalachia LTC Ombudsman Program**  
Greenville , SC  
Phone: 864 -242-9733  
Serving: Anderson, Cherokee, Greenville,  
Oconee, Pickens, and Spartanburg  
1-800-434-4036 (outside Greenville County)

### **Upper Savannah LTC Ombudsman Program**

Greenwood , SC

Phone: 864-941-8070

Serving: Abbeville, Edgefield, Greenwood, Laurens,  
McCormick, and Saluda

1-800-922-7729 (outside Greenwood County)

### **Catawba LTC Ombudsman Program**

Phone: 803-329-9670

Serving: Chester, Lancaster, York, and Union

1-800-662-8330 (outside York County)

### **Lower Savannah LTC Ombudsman Program**

Aiken , SC

Phone: 803-649-7981

Serving: Aiken, Allendale, Bamberg, Barnwell, Calhoun, and  
Orangeburg

1-866-845-1550 (outside Aiken County)

### **Santee-Lynches LTC Ombudsman Program**

Sumter , SC

Phone: 803-775-7381

Serving: Clarendon, Kershaw, Lee and Sumter

1-800-948-1042 (outside Sumter County)

### **Pee Dee LTC Ombudsman Program**

Hartsville , SC

Phone: 843-383-8632

Serving: Chesterfield, Darlington, Dillon, Florence, Marion,  
and Marlboro

1-866-505-3331 (outside Darlington County)

### **Waccamaw LTC Ombudsman Program**

Georgetown , SC

Phone: 843-546-4231

Serving Georgetown, Horry and Williamsburg

1-888-302-7550 (outside Georgetown County)

### **Trident LTC Ombudsman Program**

Charleston , SC

Phone: 843-554-2280

Serving: Berkeley, Charleston and Dorchester

1-800-864-6446 (outside Charleston County)

### **Lowcountry LTC Ombudsman Program**

Yemassee , SC

Phone: 843-726-5536

Serving: Beaufort, Colleton, Hampton, and Jasper

1-877-846-8148 (outside Jasper County)

**SC Attorney General's Office**

**Medicaid Fraud Division**

P.O. Box 11549

Columbia, SC 29211

Phone: 803-734-3970/ Fax: 803-734-8754

**DHEC Health Licensing**

2600 Bull Street

Columbia, SC 29201

Phone: 803-545-4370/ Fax: 803-545-4212

**DHEC Certification**

2600 Bull Street

Columbia, SC 29201

Phone: 803-545-4205/ Fax: 803-545-4292

**South Carolina Medical Board**

110 Centerview Drive

Columbia, SC 29210

*Mailing Address:*

PO Box 11289, Columbia, S.C. 29211

Phone: 803-896-4500/ Fax: 803-896-4515

**South Carolina Board of Nursing**

110 Centerview Drive

Columbia, SC 29210

*Mailing Address:*

PO Box 12367, Columbia, S.C. 29211

Phone: 803-896-4550/Fax: 803-896-4525

**Department of Health and Human Services**

**Appeals and Hearings**

PO Box 8206, Columbia, S.C. 29202

Phone: 803-898-2600/ Fax: 803-255-8206

**SC Long Term Care Administrators Board**

110 Centerview Drive

Columbia, SC 29210

*Mailing Address:*

PO Box 11329, Columbia, S.C. 29211

Phone: 803-896-4544/Fax: 803-896-4555

**Richland County Probate Court**

**Guardianship**

1701 Main Street, 2<sup>nd</sup> Floor, Suite 207

Columbia, SC 29201

*Mailing Address:*

PO Box 192, Columbia, SC 29202

Phone: 803-576-1962/ Fax: 803-576-1983

**Social Security Administration, District Office**

1835 Assembly Street, Suite 872

(Strom Thurmond Fed Bldg)

Columbia, SC 29201

Phone: 803-929-7635

**Richland Co Adult Protective Services**

3220 Two Notch Road

Columbia, SC 29204

Phone: 803-735-7222/ Fax: 803-714-7301

**Lexington Co Adult Protective Services**

314 W. Main Street

Lexington, SC 29072

*Mailing Address:*

PO Box 430, Lexington, SC 29071

Phone: 803-957-2959/ Fax: 803-951-1500

**Fairfield County Adult Protective Services**

321 By-Pass & Kincaid Bridge Rd

Winnsboro, SC 29180

*Mailing Address:*

PO Box 210

Winnsboro, SC 29180

Phone: 803-635-5502/ Fax: 803-635-2322

**Newberry County Adult Protective Services**

2107 Wilson Rd  
Newberry, SC 29108

*Mailing Address:*

PO Box 309  
Newberry, SC 29108  
Phone: 803-321-2155/ Fax: 803-321-2168

**Community Long Term Care**

7499 Parklane Rd # 164  
Columbia, 29223  
Phone: 803-741-0826

**Protection and Advocacy for People with Disabilities,  
Inc.**

3710 Landmark Drive, Suite 208  
Columbia, SC 29204  
Phone: 803-782-0639/ 866-275-7273 (Toll-free)  
Fax: 803-790-1946

**[www.protectionandadvocacy-sc.org](http://www.protectionandadvocacy-sc.org)**

## **Department of Disabilities and Special Needs**

3440 Harden Street Ext

Columbia, SC 29203

*Mailing Address:*

P.O. Box 4706

Columbia, SC 29240

Phone: 803-898-9600/ 1-888-376-4636

Fax: 803-898-9653

## **Department of Mental Health**

2414 Bull Street

Columbia, SC 29202

Phone: 803-898-8581/ 1-800-763-1024

Fax: 803-898-8614

## **SC State Medicaid Eligibility and Beneficiary Services**

Phone: 803-898-2502/ 1-888-549-0820

**Medicare**     1-800-Medicare

**This handbook was prepared by the  
Central Midlands Long-Term Care Ombudsman staff.**

**If there is a phone number or address that is no longer  
current, please call us at (803) 376-5389 or 1-800-391-1185.**