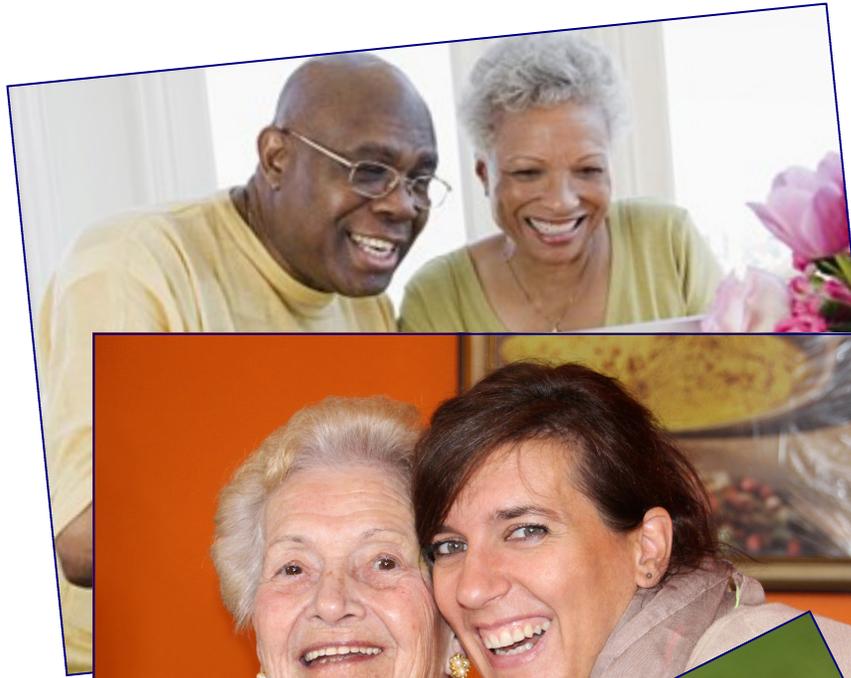


# Resident Handbook



 **Alpine House**  
assisted living facilities  
*...because comfort should not be a luxury!*®

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**1440 S. Byrne Rd. Toledo, OH 43614**  
Phone. **(866) HOUSE-02** E-mail. **admin@alpinehouse.net**

Dear Resident:

Thank you for choosing Alpine House as your provider of assisted living services! We appreciate your trust and confidence in our ability to provide the services you need.

We screen and train our staff to observe the highest code of honesty, integrity, confidentiality, and privacy regarding our residents. If you have any concerns or suggestions pertaining to our services, staff members, schedule, the source of payment or any other issue pertaining to your care, please do not hesitate to contact us.

Staff is available on-site and a nurse is available by telephone, 24 hours a day, 7 days a week, to all residents. If you do not have access to a nurse on-site, you may call 1 (800) 372 3905 at any time. If the nurse is unavailable to answer your call immediately, you may be asked to record your name, phone number and a brief reason for calling. The nurse on-call will return your call shortly, usually within 30 minutes. Please note that this procedure should never be used instead of EMS in case of medical emergency.

**You must call 911 in case of all emergencies** including medical emergencies, such as chest pain unrelieved with rest, severe breathing difficulties, uncontrolled bleeding, fall with suspected injury, unconsciousness, etc.

Once again, thank you for your confidence in our care.

Sincerely,

Staff & Management



## INTRODUCTION

*The following sections will provide you with important information related to your services provided by Alpine House facilities (“Alpine House”) and healthcare in general. The management and staff at Alpine House are committed to ensuring that your rights and privileges are fully exercised. We will do our best to answer any questions you have concerning your care, treatment you receive, and rights. If you have any questions, please ask a staff member, or the facility manager/ administrator.*

*We wish you the best and welcome the opportunity to serve you.*

### 1. AMENITIES AT ALPINE HOUSE

Alpine House facilities are full-service assisted-living communities. Some locations may also offer select memory care services. As a resident, you will avail:

- **Comfortable units equipped with:**
  - Private attached bathrooms
  - Showers with safety seats and grab rails as needed
  - Separate temperature controls
  - A microwave, a mini-refrigerator, and a wardrobe closet
  - Supply of toilet paper and liquid soap at no extra charge
- **A great dining experience with-**
  - Spacious common dining room
  - Three nutritious meals with snacks available (we do not provide or supervise complex/ therapeutic meals, simple special dietary requests may be accommodated on a case-by-case basis)
- **Convenience, fun and leisure programs-**
  - Ample common areas
  - Common area TV
  - At least 1 computer and phone for resident use on a first-come, first-serve basis
  - On-site planned activities
  - On-site laundry
  - On-site salon
  - Outdoor sitting areas
  - Planned outings (including non-medical transportation)
  - Resident unit TV ready (TV/ services resident responsibility)
- **Safety-**
  - Fire safety sprinkler system
  - 24-hour video monitoring
  - Coded entry and safety alarm system
  - Call light system



- **Health care expertise-**
  - 24-hour nurse on-call
  - Assistance with medication administration
  - Onsite facilities for:
    - Consultation with nurse/ therapist or visiting healthcare professional.
    - Telehealth service may be arranged, if needed.
  
- **Other amenities-**
  - Assistance with linen and personal laundry services weekly
  - Housekeeping services weekly

Amenities may differ based on location. Please contact the facility's administration to confirm service offerings.

## 2. ADDITIONAL/ OPTIONAL SERVICES & RATES

(Not applicable to Assisted Living Waiver clients)

The following services are available to residents. These rates are subject to change as required with a 30-day notice.

- a. **Transportation:** Facility transportation to doctor appointments *within a 10-mile radius* is provided (there is no additional charge for facility transportation for doctor appointments, however chaperone service rates for accompanying staff member will apply). Facility will make arrangements to and from doctor appointments. When facility transportation is not used, residents will be responsible for transportation charges.
  
- b. **Utilities:** Resident will be responsible for own telephone/ internet and cable charges for their units (hook-up and installation is free). There is no additional charge for common area TV/ telephone usage. Water, heat and electricity are included in base rate.
  
- c. **In-Room Meal Delivery:** (After 3rd day of illness) \$5.00/delivery.
  
- d. **Key Replacement:** \$10.00/per key.
  
- e. **Chaperone/ One-on-one Services:** \$25/ hour (minimum charge one-hour then billed in increments of 0.25 hour).
  
- f. **Incontinence Services:** \$10 per day (2-hour checking/ change schedule). *Does not include incontinence supplies (resident is responsible for this separately).*
  
- g. **Laundry:** *Free access to facility's washers/ dryers per availability for self use. Resident will be responsible for laundry supplies. Assistance is provided by facility once a week (included in base rate).* Additional laundry services by



facility staff: \$ 20.00 per hour (minimum charge one-hour then billed in increments of .25 hour).

- h. Housekeeping:** *Cleaning of unit once a week (included in base rate).*  
Additional housekeeping services by facility staff: \$ 20.00 per hour (minimum charge one-hour then billed in increments of .25 hour).
- i. Furnishings:** If needed by the resident, facility will provide the following: individual bed with mattress, bed linen (at least two sheets, a pillow and pillowcase, a bedspread, and one blanket), bedside table, personal reading lamp, bureau, dresser, waste basket with liners, chair with arm support, bath linen (two full towels, two face towels, and two washcloths), shower curtain, basic toiletry items, and paper products. A rental fee may be applied for some items.
- j. Other:** Residents are financially responsible for all living expenses that are not covered under the Service Level Fee. These include- credit card debt, supplemental insurance premiums, salon services, extra groceries in addition to meals/ snacks provided by the facility, medication co-pay, over-the-counter medication, personal items such as razor, lotion, shampoo, etc.

### **3. YOUR RIGHTS, RESPONSIBILITIES, AND RESIDENCY GUIDELINES**

#### **a. Resident Rights**

Staff observes and respects each resident's personal rights which include, but are not limited to, the right:

1. To be accorded dignity in his/ her personal relationships with staff, residents, and other persons.
2. To a safe and clean-living environment.
3. To be free from corporal or unusual punishment, humiliation, intimidation, mental abuse, coercion, or other actions of a punitive nature, such as withholding of monetary allowances or interfering with daily living functions such as eating or sleeping patterns or elimination.
4. To leave or depart the facility at any time and to not be locked into any room, building, or on facility premises by day or night.
5. To visit the facility prior to residence along with his/her family and responsible persons.
6. To have his/her family or responsible persons (authorized only) regularly informed by the facility of activities related to his care or services including ongoing evaluations, as appropriate to the resident's needs.
7. To have communications to the facility from his/her family and responsible persons (authorized only) answered promptly and appropriately.
8. To be informed of the facility's policy concerning family visits and other communications with residents.
9. To have his/ her visitors, including ombudspersons and advocacy representatives permitted to visit privately during any hour and without prior notice, provided that



- the rights of other residents are not infringed upon. Access into the facility is secured using a keypad. Residents and authorized visitors are buzzed in or given the code (or phone number to call) to enter the facility.
10. To wear his/ her own clothes; to keep and use his/ her own personal possessions, including his/her toilet articles; and to keep and be allowed to spend his/ her own money.
  11. To have access to individual storage space for private use.
  12. To have reasonable access to telephones, to both make and receive confidential calls. The FACILITY may require reimbursement for long-distance calls.
  13. To mail and receive unopened correspondence in a prompt manner.
  14. To receive or reject medical care, or other services.
  15. To move from the facility.
  16. To have the freedom of attending religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice.
  17. To have freedom and independence in making life choices (not required to attend activities, choice in when to wake up, choice with whom to interact with, etc.).
  18. To have privacy when receiving personal care, receiving medications, using the phone, etc. Residents are provided with a phone in the resident business center that they may use on a first come-first serve basis. Personal care and medications are provided in resident rooms or in locations ensuring resident privacy.
  19. To have a choice of who provides services/supports such as pharmacy, physician, physical therapy, occupational therapy, hospice, etc.
  20. To have control over his/her/their personal resources. The facility does not handle residents' finances other than collection of rent.
  21. To have choice of roommates if unit is approved for multiple occupancy.
  22. To have the freedom to furnish and decorate his/ her unit
  23. To have resident rights in accordance with ORC 3721.13 in addition to those stated above.

**b. Resident Responsibilities**

As a resident, you have the responsibility:

1. To provide complete and accurate information about illness, hospitalization, medications, and other matters pertinent to your health.
2. To treat the staff and other residents with respect.
3. To participate in and follow your service/ care plan.
4. To provide a safe environment for self and other residents.
5. To cooperate with staff and ask questions if you do not understand instructions or information given to you.
6. To pay the FACILITY for services rendered to you in a timely manner and, if applicable, assist the FACILITY with billing and/or payment issues and to help with processing third party payment.
7. To inform the FACILITY of any problems or dissatisfaction with services.
8. To utilize the FACILITY's property appropriately and as authorized.
9. To safeguard medications stored in his/ her unit from being accessed by other residents.



c. **Residency Guidelines**

The following requirements and criteria must be met by the resident in order to be accepted for residency at the FACILITY and must be maintained in order to continue such residency:

1. Meet the FACILITY's age requirement for admission.
2. Must have the financial resources to pay the monthly fees as stated under Article III of the Agreement and amount identified in Exhibit- 1, or any addendum based upon changes or additional services rendered to him/ her.
3. Must not require more services than FACILITY offers.
4. Accepts the care/ service plan, based on a health and functional assessment performed by the facility's nurse, or developed by the assisted living waiver case manager with the resident and in collaboration with the facility; and recognizes the care/ service plan may be modified as changes occur in his/her cognition and or physical health; and is willing to transfer temporarily or permanently (as applicable) to a more appropriate setting that is capable of treating an acute illness or a condition beyond the scope of FACILITY's services;
5. Is able and agrees to function as independently as possible to support self-determination and maintain the highest level of physical and mental health.
6. Must communicate and behave in a socially acceptable manner, including the ability to maintain an acceptable level of hygiene, with or without services provided by FACILITY; and, in a manner that is not disruptive, unsafe, threatening or upsetting to the facility's staff, residents or others, or in a manner that may cause harm to him/herself or any person or property.
7. Must not be bedridden with limited potential to improve (if not receiving hospice care);
8. Must not require more nursing and skilled nursing care than permitted under the Ohio residential care facility rules and regulations.
9. Must be free from any present infectious disease, must submit to tuberculin testing prior to or upon admission, and must submit to annual tuberculin testing thereafter, as required by and in accordance with the residential care facility rules and regulations.
10. Must submit to an initial health assessment conducted by the resident/applicant's physician within 90 days prior to admission and a functional assessment by a FACILITY nurse, as required by the regulations, to determine the type of services needed; must also sign an Authorization to Release Medical Information to FACILITY.
11. Must submit to an annual health assessment conducted by the resident's physician, an annual functional assessment conducted by a FACILITY nurse, and periodic health assessments as medically indicated, as required by the residential care facility regulations.
12. Pursuant to the residential care facility regulations, must not require chemical or physical restraints, must not be bedridden with limited potential for improvement, and (if not receiving hospice care) must not have Stage III or IV pressure ulcers.
13. Must not have a medical condition that is so medically complex or changes so rapidly that it requires more nursing and skilled nursing care than permitted under the Ohio residential care facility rules and regulations (if not receiving hospice care).



#### 4. CARE PROGRAMS AND SERVICES

Resident services/ levels of care are based on types of service/ assistance needed and/or the Health Assessment completed by a Facility nurse. Residents have access to the following services through FACILITY staff and/or through arrangement:

- **Typical standard services for all service levels:**
  - Three nutritious meals (regular) and snacks as needed. FACILITY does not prepare/ supervise special or complex/ therapeutic diets.
  - In-room housekeeping once a week
  - Free/ unlimited use of resident laundry facilities for personal items (supplies not provided) based on a first come- first serve basis
  - Laundry services for personal and non-personal (facility provided linen etc.) once a week (supplies not provided)
  - Toilet paper and soap at the sink as needed
  - Shared use of common areas: lobby, courtyard, back porch, common area TVs, etc.
  - Furnished unit with 1 microwave, 1 mini-refrigerator, 1 wardrobe closet, 1 trash can with liners
  - Use of one telephone on a first come- first serve basis
- **Medication assistance/ medication administration.**
- **Memory Care Services (if offered by the facility):**
  - Three staff supervised/ assisted planned activities daily.
  - Access to onsite counseling/ support services.
  - Wake up services and night ADLs as needed.
  - Increased staff supervision as per resident needs.
- **Access to other onsite services, if available:**
  - Home Health Services
  - Onsite counseling/ psychological support services

#### 5. MEDICATION ASSISTANCE PROGRAM

The medication assistance program is available to those residents who may require help with their medications. Medication assistance is subject to state law but may include the following:

- a) reminding the resident of the time to take medication,
- b) reading the medication label to the resident.
- c) checking the dosage of self-administered medication against the container label; and
- d) physically assisting the resident in pouring or otherwise taking the medication. If the resident can self-administer his/her own medications, the medications must be kept in a locked box or area (at Resident's expense) in the Resident's Unit.

The facility's Medication Program requires the use of a uniform medication packaging system. The resident may purchase medications from a pharmacy that has contracted with the facility, or the resident can provide written notice to the facility that he/she will obtain medications from another pharmacy. While the resident is free to select any pharmacy, the pharmacy must provide medications in a manner consistent with the facility's system in order for the resident to participate in the Medication Program.



## 6. ADVANCED DIRECTIVES

Many people today are worried about medical care they would be receiving if they would become terminally ill and unable to communicate. They may not want to spend months or years dependent on life-support machines, or they may want every measure to be taken to sustain their life. You may now state your health care preferences in writing, while you are still healthy and able to make such decisions.

Under the federal law, this healthcare organization is required to provide you, the patient, an explanation of your rights under Ohio's law to make personal decisions regarding your own medical care. We are also required to ask you whether you have your wishes in writing. The following explains your options concerning rights to accept or refuse medical treatment, and how you may make your wishes known about the care you want when you are unable to decide for yourself. Please note that this is not a legal advice but serves as general and useful information designed to help you understand your rights under the law.

You have the right to make your own medical treatment decision. If you do not want certain treatment, you have the right to tell your doctor that you do not want them. Most patients can express their wishes to their doctor, but some who are seriously injured, or unconscious cannot. However, you have the right to make your wishes known before such a situation occurs. Sometimes people cannot tell their doctor about the kind of care they want because they become too sick and are unable to communicate. Under Ohio law, you have the right to fill out a form while you are still able to communicate your wishes.

Under Ohio law there are two different kinds of forms you can use to make your wishes known:

***Durable Power of Attorney for Health Care***-This form allows you to appoint someone as your agent to make all health care decisions for you, should you become terminally ill and unable to communicate, or temporarily or permanently unable to make decisions for yourself. You can choose any adult relative or friend you trust to speak for you when you are unable to make your own decisions as your durable power of attorney for health care. Be sure to talk with that person about what you want. Then write down what you want or do not want on your **Durable Power of Attorney** form. You should also talk to your doctor about what you want. This document becomes effective only when you are temporarily or permanently unable to make your own decisions about your treatment.

***Living Will***- This form allows you to give advance written directions about all your health care decisions for you, should you become terminally ill and unable to communicate or permanently unable to make decisions for yourself. It becomes effective only when you are permanently unconscious or terminally ill and unable to communicate. It spells out to what extent; you want life-support technology used to prolong your life. Your Living Will is your basic set of written instructions about the type of health care treatment you want when you are unable to communicate your wishes. It gives your caregivers the authority to follow your instructions regarding the medical treatment you



want under these conditions. Your **Durable Power of Attorney** allows you to choose a person to make your health care decisions for you when you are unable to do so yourself. These documents are also referred to as “**advanced directives**” because they are signed in advance to let your doctor and others know your wishes concerning medical treatment.

Completing one or both of these forms is a voluntary action on your part and no person or health care provider can require you to fill out these forms prior to medical treatment. Anyone at least 18 years old, who can make their own decisions, can fill out these forms. You do not need a lawyer; however, some choose to discuss these matters with an attorney.

If your directions comply with state law, your healthcare providers must follow your instructions. However, Ohio law includes a conscience clause in case your health care provider is unable to follow your directions, because they conflict with the caregiver’s conscience. In this case, you can be transferred to another health care provider who will comply with your wishes.

Many people will want to have both documents because they can address different aspects of your medical care. A Living Will gives your instructions directly to your doctor and a Durable Power of Attorney appoints another person you have chosen to make health care treatment decisions for you.

#### **IF YOU DO NOT HAVE A LIVING WILL OR DURABLE POWER OF ATTORNEY:**

Ohio recognizes an Order of Decision Makers when you are no longer able to make health care decisions for yourself. This order of decision makers is very similar to the current legally recognized next-of-kin priority order. This law allows your next-of-kin to make all your health care decisions if you are terminally ill and unable to communicate, and to make decisions for the withdrawal of life support if you are in a permanently unconscious state after a 12-month period. However, this does not include the withdrawal of artificially supplied nutrition and hydration (food and water-except as explained below).

#### **WITHHOLDING ARTIFICIALLY SUPPLIED FOOD AND WATER:**

The withholding of artificially supplied food and water depends on your medical condition. If you are terminally ill and unable to communicate and, if your Living Will and Power of Attorney simply state that you neither do nor want life support technology used to prolong your life, then artificially supplied food and water can be withheld. If you are in a permanently unconscious state, artificially supplied food and water may be withheld only if you have written specific instructions about artificially supplied food and water in your Living Will or Durable Power of Attorney. If you do not have either of these forms, Ohio law allows your next-of-kin to authorize the withholding of artificially supplied food and water when you are terminally ill and unable to communicate. If you are in a permanently unconscious state, your next-of-kin can make these decisions for you only after a 12-month waiting period and approval from a probate court.



Ohio law does not allow or condone euthanasia or assisted suicide; filling out these forms does not mean you are participating in these. You can make changes to your forms at any time. It is a good idea to periodically review your forms to be sure they still reflect your views, and your old forms may not cover specific areas. Changes are made to Ohio laws and forms occasionally. With the passage of the DNR law in Ohio 2002 changes occurred on the Living Will and Durable Power of Attorney for Healthcare.

If you are interested in getting copies of these forms, ask your healthcare provider. Many hospitals and other health care provider organizations will make these forms available upon request.

After filling out these forms you should give copies to your doctor and health care facility to put in your medical record. Be sure and tell your family and friends-persons close to you about what you have done and consider giving them a copy as well. Do not simply put these documents in a “safe” place and forget about them.

## **7. THE DO-NOT-RESUSCITATE LAW IN OHIO**

Ohio has enacted Do-Not-Resuscitate (DNR) law and regulations. The law allows a patient to choose not to have cardiopulmonary resuscitation (CPR). The following provides information about the DNR law in Ohio.

*DNR* means do-not-resuscitate. It means a person has decided he or she does not want to have CPR performed. Before Ohio passed a DNR law, Ohio law only discussed living wills and durable power of attorney for health care and did not discuss DNR. Because DNR was not addressed in law, emergency squads often did not honor people’s wishes not to have CPR. The new law recognizes a person’s right to choose not to have CPR and protects emergency squads and other health care providers from liability for following those wishes.

*DNR-Comfort Care* refers to when a person receives care and treatment to make them comfortable, although he/she/they may choose not to have CPR. There are two options under the DNR Comfort Care protocol- the DNR Comfort Care Order (DNRCC) and the DNR Comfort Care-Arrest (DNRCC-Arrest) Order. With a DNRCC order a person receives any care that eases pain and suffering, but no resuscitative measures to save or sustain life. With a DNRCC-Arrest Order, a person receives standard medical care until the time he or she experiences a cardiac or respiratory arrest.

If you want to receive CPR, you do not need to do anything. If you do not want CPR, your best bet is to discuss your wishes with your doctor and ask your doctor to write a medical order for no CPR. This is called DNR order. You always have the right to refuse CPR or many other medical treatments, but most likely you would not be able to state your wishes when an emergency happens. If your doctor agrees that you should not get CPR, there is a special form the doctor can use to write the DNR order. You always have the right to change your mind and request CPR. If you do change your mind, you should talk to your doctor right away and ask for your DNR order to be revoked. You should



also tell your family and caregivers about your decision and throw away any DNR identification items you have. If you are in a hospital, residential care facility or nursing home, the order will be in your medical chart if it was written after you went into the facility. If you are receiving care at home, tell your family and caregivers where to find the DNR order. Also talk to your doctor about getting a wallet card, bracelet, or other type of DNR identification that is easily recognized. No one can override your wishes about CPR. You have the right to make decisions about your health care. If you are not able to express your wishes, other people such as your legal guardian, a person you named in a durable power of attorney for health care, or your family can speak for you. You should make sure these people know your desires. If a doctor writes a DNR order at your request, your family cannot override it.

**Note:** Assisted living aides are not trained in CPR. You may not receive CPR if a nurse is not present onsite. Nurses are NOT onsite 24 hours a day.

## **8. PERSONAL PROPERTY PROCEDURES/ THEFT & LOSS**

The following paragraphs contain information on the policies and procedures for safeguarding resident's personal property.

### **Inventory**

It is the policy of the facility to maintain a current inventory of all personal property identified by residents. Upon admission, all residents will be requested to appropriately label all clothing and personal items. Residents will be asked to keep no more than \$50.00 cash at any time. Residents will be requested to keep fine jewelry and other items of value in a safe deposit box at their banking institution. No items of value will be entrusted to the facility for safekeeping and no cash or other money will be entrusted to the facility. All resident personal items must be inventoried (on an inventory form) unless the resident refuses the inventory, and the refusal is documented. When the form is complete, copies will be distributed to and kept by the facility, the resident's family or responsible party, and the resident. If the resident has any additions to their personal inventory, it is the facility's policy to update the list and to make sure that the responsible parties obtain the updated copies. Likewise, when the resident loses or removes any items from their personal inventory, they should notify the facility immediately and the facility will document appropriately. In the event of a resident's discharge or a resident's death, the inventory list will be verified, and the personal items will be packed. When the items are returned to the resident's family or responsible party the list will be re-verified and signed in receipt of belongings.

### **Theft and loss**

The policy of the facility is to document all theft and loss of personal property. When a resident notices a personal item is missing, they are to notify the staff immediately. The staff will conduct a thorough search for the missing item or items. If personal belongings cannot be found, an estimate of their value will be assessed. The estimate will be the original purchase price plus or minus any appreciation or depreciation that has occurred. If the theft exceeds \$100.00 or more, a report shall be filed with a Law Enforcement Agency within 36 hours of the theft. All appropriate documentation of the incident will



be given to all the responsible parties. The facility will maintain the records on file for a minimum of three (3) years after the theft. All staff will receive in-service training on the importance of returning resident belongings immediately to the residents' rooms.

The facility is not responsible, inside or outside the resident unit, for any theft, loss or damage to any personal property which is owned by the resident, his/ her family, friends, and visitors/guests or outside service providers, unless such theft or damage is caused by a facility employee. In that event, the resident must submit a written claim for the theft or damage to the main office and after confirmation of the same, the resident will be reimbursed for the replacement value of the personal property. In order to protect their personal property, residents are required to keep their units (and cars, if applicable) locked at all times.

### **Identification**

It is the facility's policy to label all of the resident's personal property for their protection. First, all clothing will be labeled with permanent laundry markers to clearly identify which resident they belong to. Second, all personal belongings that can be marked with permanent pen will be marked in discreet locations. In cases where the item or items cannot be safely labeled with a non-erasable marker an electric pencil will be used to engrave the resident's name in a discreet place on the items, if the resident agrees.

### **Security**

The facility does not have a safe on the premises to allow for safe keeping of residents' valuables. They are encouraged to use their own private banking institution to provide this service. The facility policy will provide all units with a lockable door of which the resident has a key that allows the resident to control access to the resident's unit at all times unless there is documentation from a physician, that is also documented in the individual's person-centered service plan in accordance with rule 5160-44-02 of the Administrative Code, that was issued within the previous three hundred sixty-five days in which the physician determines the individual's diagnosis indicates the individual's ability to lock the resident unit is likely to have an adverse effect on the individual's health or welfare.

### **Notification**

It is the policy of the facility to notify interested parties about the loss prevention program and provide them with copies of applicable laws. The facility will post the policy and procedures for safeguarding the residents' property on the information board in the facility. Upon admission to the facility, the resident and interested parties will be notified verbally and given a copy of the Theft and Loss program. Copies of these procedures and applicable laws are available to anyone upon request.

The facility will inform ODA or its designee within one business day if it involves a resident receiving Medicaid ALF Waiver benefits.



## 9. CONCERN/ GRIEVANCE REPORTING PROCEDURE

The FACILITY encourages all residents and family members to express their complaints about the FACILITY and to suggest remedies or improvements in its policies and services. The FACILITY will try to be responsive to reasonable concerns and suggestions. We also encourage residents and family members to let staff know when services and policies are satisfactory and should continue unchanged.

### PROCEDURES:

The FACILITY team members are expected to listen courteously and respectfully to complaints. If team members are able to do so, they will attempt to explain the reason for the procedure or incident in question. If you are not satisfied, team members will explain the FACILITY's steps for making a complaint which are as follows:

1. Discuss the concern or complaint with the Facility Manager (Administrator) of the FACILITY. You are encouraged to use the "Grievance/ Concern Form" which can be obtained from the Administrator. If there is no resolution to the matter or you do not feel comfortable discussing the matter with the Administrator, then:
2. Discuss the concern or complaint to the Corporate Compliance Officer at 1440 S. Byrne Rd. Toledo, OH 43614, or call (419) 799-1585.
3. If there is no satisfaction at that point, then you may contact the Governing Board at (866) 468 7302.
4. You may also contact the following agencies:

|                                  |                                  |
|----------------------------------|----------------------------------|
| State Licensing Authority        | Ombudsman                        |
| Ohio Department of Health        | Ohio Long Term Care Ombudsman    |
| Telephone Number: (614) 466-3543 | Telephone Number: 1-800-282-1206 |
5. Another way to air grievances is through the monthly Resident Council meetings.

At no time will any team member of the FACILITY take any improper action against a resident for making a complaint, whether or not the complaint is valid. The FACILITY will consider dismissing any employee who is found to be threatening, ignoring, humiliating, retaliating, or discriminating against residents who voice complaints. Whenever any team member observes what appears to be a violation of resident rights or a violation of any of the laws and regulations under which the FACILITY must operate, whether or not a resident has actually voiced a complaint, the team member is immediately expected to correct the situation, if possible. If the team member is unable to do so, he/she is to bring the problem to the attention of the Administrator, or Administrative Team Member on Call who will ensure corrective action and, when required, notify authorities. The Facility shall notify ODA or its designee within one (1) business day of receiving grievance, complaint or other claim filed.

It is our policy to provide service to all persons without regard to race, color, national origin, disability, or age in compliance with 45 CFR Parts 80, 84, and 91, respectively. Concerns of a discriminatory nature must be submitted in writing to the Administrator within thirty (30) days after becoming aware of the alleged discriminatory act. The Administrator shall issue a written decision determining the validity of the complaint no later than thirty (30) days after its filing. The administrator or a member of your health care team will indicate other agencies and phone numbers you may wish to utilize as appropriate, including the US Department of Health & Human Services Office for Civil Rights in your area.



## **10. NON- DISCRIMINATORY POLICY**

Alpine House does not exclude, deny benefits to, or otherwise discriminate against any person on grounds of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of services and benefits of any of its programs and activities or in employment therein, whether carried out by Alpine House or through a contractor or any other entity with whom the company arranges to carry out its programs and activities. Alpine House is an Equal Opportunity Employer.

*This statement is in accordance with provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Laws and Regulations providing similar protection against discrimination on grounds of sex and creed. In case of questions concerning this policy, or if you wish to file a complaint alleging violations of the above, please contact us at 1-419-799-1585.*

## **11. SUGGESTIONS FOR GENERAL SAFETY IN YOUR UNIT**

1. Keep telephone and emergency numbers in reach.
2. Keep necessary items close by to avoid reaching and stooping.
3. If you use a wheelchair, be sure to lock the brakes before getting up and sitting down. If you tend to forget, use a lap belt. If your balance is not steady, have someone with you when transferring.
4. Keep walker/cane within reach. Do not attempt to walk without it and do not walk alone if your balance is not steady.
5. Use the devices and instructions for moving as given by your doctor, nurse, or therapist.
6. Remove throw rugs, to prevent tripping and keep pathways clear.
7. Secure electrical cords behind furniture.
8. *Fire safety:* Do not run electrical cords under carpeting. Do not overload outlets. Smoke detectors should be located on each level of the facility and your unit. Practice an emergency exit plan when conducted by the facility.
9. Use adequate lighting. Use night-lights for pathways to and from the bathroom.

## **12. MEDICATION SAFETY**

1. Never share or borrow medicine.
2. Take medicine as close to scheduled times as possible according to your prescription label.
3. Do not skip, double up, or stop taking your medicine. If you feel a medication is causing side effects, call your doctor. Do not stop taking the medicine suddenly on your own.
4. Do not save old medicines for future use as they can weaken, intensify, or change. If the dose of your current medicines changed, ask your pharmacist to re-label the bottle.
5. Turn on lights and read the prescription label before taking your medicine. If you have trouble with small print, ask your pharmacist to re-label the bottle in large print.



6. Non-prescription medicines (over the counter) can affect the way your prescription medicines work. Ask your nurse, doctor, or pharmacist before using any over-the-counter medicine including cold, flu, cough, and pain reliever.
7. Keep your medicines in a safe, dry place. Be especially careful when children visit you.
8. If you cannot open a childproof container, notify your pharmacist.
9. If you have trouble remembering to take your medicine, ask your nurse for help. A medication organizer with/ without a timer may be helpful and can be arranged for you.
10. Always keep a list of your medicines with you. If you are allergic to any medicines, you could have a medical alert tag or card.
11. Take a list of your medications with you to all medical appointments. Your doctor can assist you in keeping it up to date.

### **13. GENERAL INFORMATION ON INFECTION CONTROL**

Germs (e.g., bacteria and viruses) invisible to the naked eye cause many diseases. They enter the human body through various routes and cause infections. When a disease is contagious, it is transmittable to others. Means of transmission include-

- Inhalation by air caused by sneezing or coughing
- Direct contact and through blood and body fluids
- Indirect contact through objects used by another person
- Open cuts and mucus membranes (e.g., mouth, noses and eyes)

The signs and symptoms of an infection generally include redness, swelling, pain, warmth in area, fever, chills and headaches, nausea, vomiting, diarrhea, coughing, skin rash, pus or foul-smelling drainage from a wound or body opening, fatigue, malaise, etc. If you develop any of these symptoms, the nurse should be notified.

#### ***General tips for preventing infection:***

1. Wash hands frequently
  - A. Wash hands after using the bathroom
  - B. Before and after handling or preparing food and before and after eating
  - C. After handling garbage/ soiled or contaminated materials
2. Cover nose when coughing or sneezing
3. Cover open sores or cuts on fingers or hands with clean bandages.
4. Maintain a clean home environment by maintaining clean counters, tables, and shelves where food is stored.
5. Cover food by closing cartons and replacing covers.
6. Refrigerate food promptly, as appropriate.
7. Rinse cans and bottles before disposal in the garbage.
8. Wash garbage cans, dirty pails and trashcans with hot soapy water.
9. Dispose of garbage properly.
10. Keep clean and dirty items separate.
11. Use sterile items that are not outdated.

12. Regularly clean commodes, bedpans, urinals, suction machines, and measuring containers.
  13. Do not use another person's personal items such as, toothbrush, razor, wash cloth, towels, silverware, drink wares, etc.
  14. Wash raw fruits and vegetables before eating or serving.
  15. Keep your nails clean and trimmed.
  16. Avoid wearing jewelry (especially hand) that may harbor germs
- **Proper hand-washing technique:**
    - A. Bring soap and paper towel to household sink
    - B. Using paper towels turn on water and adjust temperature to warm and comfortable to touch
    - C. Throw away paper towels in trash receptacle
    - D. Position hands and wrists under running water, keep fingers pointed downward
    - E. Soap hands, do not touch sink, keep hands and wrist below elbow level
    - F. Lather soap, evenly distributing lather to 2 inches above wrist
    - G. Use repeated friction, including between fingers and under nails
    - H. Clean for at least 20 seconds, use brisk, vigorous, up and down motion as you interlock fingers and rub one hand against the other
    - I. Rinse downward from 2 inches above the wrist
    - J. Using paper towel, dry hands, discard in family trash receptacle
    - K. Using paper towels turn faucet off
    - L. Dispose off paper towel

Hand washing and good hygiene practices are vital toward preventing the spread of infection.

#### 14. TIPS FOR DISPOSING OFF MEDICAL WASTE



Injury, illness, and pollution may be prevented by following some simple steps when you dispose-off sharp objects and contaminated materials you use in administering health care to yourself.

- You should place needles, syringes, lancets, and other sharp objects in a hard plastic or metal container with a screw-on or tightly secured lid. Many containers at the home may be suitable, or you may purchase specifically designed containers for disposing of medical waste sharps. **Do not put sharp objects in any container intended for recycling or for returning to a store, and do not use glass or clear plastic containers.** EPA promotes all recycling activities and recommends that medical waste sharps must be discarded in sturdy, non-recyclable containers. If a recyclable container is used to dispose of medical waste sharps, make sure that you don't mix the container with other materials to be recycled. Since a container with medical waste sharp is not recyclable and belongs with regular household trash, you may even want to label the container, "NOT FOR RECYCLING" or "DO NOT RECYCLE". These steps help protect waste management workers and others from possible injury.



Although disposing of recyclable containers removes them from the recycling stream, the expected impact is minimal.

- We also recommend that soiled bandages, disposable sheets, and medical gloves be placed in securely fastened bags before being put in the garbage can with your other trash.
- Finally, make sure that all containers with sharp objects are out of reach of others when they visit you.

## **15. PROTECTED HEALTH INFORMATION (PHI) GENERAL NOTICE**

**This notice describes how Medical Information about you may be used and disclosed, and how you can access this information. Please read this notice carefully. This Notice is to be read before you agree to the terms of the “Consent Form”. You must indicate that you have reviewed this notice prior to signing the “Consent Form”.**

A Federal Privacy Law (known as the Health Insurance Portability and Accountability Act) was passed by Congress to further increase the information safeguards and security of patient healthcare information. This Notice describes the uses and disclosures of Protected Health Information (PHI). PHI is defined as identifiable health information about you that has been collected by a healthcare provider/ supplier as it relates to your past, present, or future physical or mental health, or condition.

Your consent will be obtained in writing at the start of care or, on the date of delivery of services/medical supplies and equipments, and this will give the provider/ supplier permission to use or disclose your PHI to carry out your treatment, payment, or healthcare operations. All uses and disclosures will only be made with your authorization; this can also be revoked by you. You may also request restrictions on certain uses and disclosures; however, we are not required to agree to such a request. PHI may also be disclosed to a client’s personal representative, if under applicable law that person has the authority to act on behalf of a patient. The representative must also be an adult or an emancipated minor.

When the provider/ supplier receives or obtains valid authorization for use or disclose of PHI, such a use or disclosure will be consistent with such authorization. Other uses/ disclosures of PHI will only be made when we receive your written authorization, and you may also revoke your authorization. PHI may be used/ disclosed without prior written authorization when:

1. There is an indirect treatment relationship
2. Emergency Treatment Situations (unable to obtain prior consent, a consent will be attempted as soon as is reasonably practicable after the delivery of such treatment)
3. When required by law (attempted to obtain consent but was unable to do so)
4. Attempted to obtain consent but was unable to do so, because of inability to communicate.

The attempts to obtain consent and reasons for obtaining will be documented. Consent obtained by another healthcare provider/ supplier will not be utilized unless there was an indirect treatment relationship with the patient, or a joint consent was utilized.



You have the right to receive confidential information and to inspect, copy, amend, receive accounting of PHI disclosures, and to obtain a paper copy of the PHI notice upon request. Access to PHI will be provided only on a need-to-know basis. This means that other employees and business associates will only be given access to PHI when there is a legitimate clinical or business need for information.

If you believe a violation has occurred, you should contact the facility's/ supplier's **Privacy Officer** at **419-799-1585**. You may file a complaint with the Office of Secretary, Department of Health & Human Services, 200 Independence Ave. SW, Washington, DC 20201, or <http://www.hhs.gov> .

## **16. POLICY AND PROCEDURE: NOTICE OF PRIVACY PRACTICES**

### **POLICY**

The privacy practices of ALPINE HOUSE (“ALPINE”) is designed to protect the privacy, use and disclosure of protected health information, are clearly delineated in the agency's Notice of Privacy Practices, which was developed and is used in accordance with Federal requirements.

### **PROCEDURE**

- The privacy practices of ALPINE are described in the Notice of Privacy Practices.
- The privacy practices and requirements of ALPINE are further detailed in the agency's privacy policies and procedures.
- The Notice of Privacy Practices is given to all patients no later than the date of the first service delivery.
- A good faith effort is made to obtain written acknowledgement of the patient's receipt of the agency's Notice of Privacy Practices.
- When written acknowledgement of the patient's receipt of Notice cannot be obtained, there is documentation to explain efforts made to obtain it and the reason(s) why it was not obtained.
- The Notice of Privacy Practices is available to anyone who requests it.
- The Notice of Privacy Practices will be revised as needed to reflect any changes in ALPINE's privacy practices. Revisions to the Notice will not be implemented prior to the effective date of the revised Notice.
- When revisions to the Notice of Privacy Practices are necessary, all current patients, employees, and business associates will receive a revised copy with notation of the changes made.
- The Privacy Official retains copies of the original Notice of Privacy Practices and any subsequent revisions for a period of six (6) years from the date of its creation or when it was last in effect, whichever is later.
- Documentation is retained for six years of the patient's written acknowledgement of receipt of the agency's Notice of Privacy Practices or of efforts made to obtain this written acknowledgement and the reason(s) why it was not obtained.
- All employees and business associates of ALPINE are required to adhere to the privacy practices detailed in the Notice of Privacy Practices, privacy policies and procedures and business associate contracts.



- Violations of ALPINE’s privacy practices will result in disciplinary action up to and including termination of employment or contracts.
- The Notice is posted in a clear and prominent location.
- The Notice of Privacy Practices is prominently displayed and available electronically on the Agency’s website at <http://www.alpinehouse.net>
- The Notice of Privacy Practices is reproduced in the Employee Handbook and is reviewed with all current employees annually as a part of the Confidentiality In-service and with all new employees during their orientation.

## **17. 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.

### **USE AND DISCLOSURE OF HEALTH INFORMATION**

**Alpine House** may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care, and conducting health care operations. The Provider has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

**To Provide Treatment.** The Provider may use your health information to coordinate care within the Provider and with others involved in your care, such as your attending physician and other health care professionals who have agreed to assist the Provider in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Provider also may disclose your health care information to individuals outside of the Provider involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals.

**To Obtain Payment.** The Provider may include your health information in invoices to collect payment from third parties for the care you receive from the Provider. For example, the Provider may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Provider. The Provider also may need to obtain prior approval from your insurer and may need to explain to the insurer your need the services that will be provided to you.

**To Conduct Health Care Operations.** The Provider may use and disclose health information for its own operations in order to facilitate the function of the Provider and as necessary to provide quality care to all of the Provider ‘s patients. Health care operations includes such activities as:



- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Provider.
- Fundraising for the benefit of the Provider.

For example the Provider may use your health information to evaluate its staff performance, combine your health information with other Provider patients in evaluating how to more effectively serve all Provider patients, disclose your health information to Provider staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

**For Fundraising Activities.** The Provider may use information about you including your name, address, phone number and the dates you received care in order to contact you to raise money for the Provider. The Provider may also release this information to a related Provider foundation. If you do not want the Provider to contact you, notify the Privacy Officer through the office at 419-799-1585 and indicate that you do not wish to be contacted.

**For Appointment Reminders.** The Provider may use and disclose your health information to contact you as a reminder that you for services rendered to you.

**For Treatment Alternatives.** The Provider may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED [*check your State laws to ensure consistency with State law requirements*].**

**When Legally Required.** The Provider will disclose your health information when it is required to do so by any Federal, State or local law.



**When There Are Risks to Public Health.** The Provider may disclose your health information for public activities and purposes to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations, and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs, and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

**To Report Abuse, Neglect or Domestic Violence.** The Provider is allowed to notify government authorities if the Provider believes a patient is the victim of abuse, neglect, or domestic violence. The Provider will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities.** The Provider may disclose your health information to a health oversight Provider for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Provider, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

**In Connection with Judicial and Administrative Proceedings.** The Provider may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Provider makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information. *[Some States require a court order for the release of any confidential medical information and may be more protective than the Federal requirements.]*

**For Law Enforcement Purposes.** As permitted or required by State law, the Provider may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances when you are the victim of a crime.
- To a law enforcement official if the Provider has a suspicion that your death was the result of criminal conduct including criminal conduct at the Provider.
- In an emergency in order to report a crime.



**To Coroners and Medical Examiners.** The Provider may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**To Funeral Directors.** The Provider may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, the Provider may disclose your health information prior to and in reasonable anticipation of your death.

**For Organ, Eye or Tissue Donation.** The Provider may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**For Research Purposes.** The Provider may, under very select circumstances, use your health information for research. Before the Provider discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

**In the Event of A Serious Threat To Health Or Safety.** The Provider may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Provider, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize the Provider to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

**For Worker's Compensation.** The Provider may release your health information for worker's compensation or similar programs.

### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, the Provider will not disclose your health information other than with your written authorization. If you or your representative authorizes the Provider to use or disclose your health information, you may revoke that authorization in writing at any time.

### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that the Provider maintains:



- **Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Provider 's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Provider is not required to agree to your request. If you wish to make a request for restrictions, please contact the privacy officer.
- **Right to receive confidential communications.** You have the right to request that the Provider communicate with you in a certain way. For example, you may ask that the Provider only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact ***The Privacy Officer*** at ***419-799-1585***. The Provider will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- **Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to ***the Privacy Officer*** at ***419-799-1585***. If you request a copy of your health information, the Provider may charge a reasonable fee for copying and assembling costs associated with your request.
- **Right to amend health care information.** You or your representative has the right to request that the Provider amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Provider. A request for an amendment of records must be made in writing to ***The Privacy Officer*** at ***1440 S. Byrne Rd., Toledo, OH 43614***. The Provider may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Provider, if the records you are requesting are not part of the Provider's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the Provider, the records containing your health information are accurate and complete.
- **Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by the Provider for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to ***The Privacy Officer, 1440 S. Byrne Rd., Toledo, OH 43614***. The request should specify the time period for the accounting starting on a date no more than six (6) years in the past from the date of the request. Accounting requests may not be made for periods of time more than six (6) years. The Provider would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- **Right to a paper copy of this notice.** You or your representative has a right to a separate paper copy of this Notice at any time even if you or your representative has received this Notice previously. To obtain a separate paper copy, please contact The Privacy Officer at 419-799-1585. ***The patient or a patient's***



*representative may also obtain a copy of the current version of the Provider's Notice of Privacy Practices at its website, [www.alpinehouse.net](http://www.alpinehouse.net).*

### **DUTIES OF THE PROVIDER**

The Provider is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Provider is required to abide by the terms of this Notice as may be amended from time to time. The Provider reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Provider changes its Notice, the Provider will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative has the right to express complaints to the Provider and to the Secretary of DHHS if you or your representative believes that your privacy rights have been violated. Any complaints to the Provider should be made in writing to ***The Privacy Officer, 1440 S. Byrne Rd., Toledo, OH 43614***. The Provider encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

### **CONTACT PERSON**

The Provider has designated the ***Privacy Officer*** as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at ***1440 S. Byrne Rd., Toledo, OH 43614; 419-799-1585***, *if you have any questions regarding this notice or your rights.*

### **EFFECTIVE DATE:**

This Notice is effective July 1, 2022.

## **18. IMPORTANT FACILITY GUIDELINES**

1. Smoking, in any form (including vaping, hukkah, or using electronic devices), is not permitted inside resident units or anywhere inside the facility. Smoking is only permitted in "designated smoking areas" outside the facility on the premises.
2. Use of marijuana or other non-prescribed/ Schedule I controlled substances in any format is NOT permitted anywhere on the premises of the facility.
3. Personal use of alcohol by a resident is ONLY permitted in the privacy of his/ her/ their unit, if medically approved. Residents may not consume alcohol, if so advised medically by your physician.

Failure to comply with the above facility guidelines may result in termination of the resident's stay at the facility.



## **19. CURRENT FACILITY INFORMATION SHEETS**

If it is not already available to you, you may request the following from the administrator at any time:

- Facility Evacuation Plan (please ensure you understand the plan)
- Grievance/ Concern form
- Important Facility Contact Information
- Food Menu
- Activities Calendar
- Resident Rights (ORC 3721.13)

© Alpine Healthcare, 2026  
1440 S. Byrne Rd. Toledo, OH 43614

**Ph. (866) HOUSE 02  
or, (866) 468 7302**

[info@alpinehouse.net](mailto:info@alpinehouse.net)  
[www.alpinehouse.net](http://www.alpinehouse.net)