

We extend to you a cordial welcome as a new family associated with our facility. This booklet contains some of the answers to the many questions asked by residents and families upon admission.

Please feel free to ask our social workers, administration, or any other staff member for assistance at any time.



LUTHERAN SUNSET HOME

VISION STATEMENT

ELDERS FIRST...ALWAYS.

MISSION STATEMENT

OUR MISSION IS TO SUPPORT AN ELDER-CENTERED COMMUNITY
COMMITTED TO CREATING A HOME ENVIRONMENT WHERE ELDERS, FAMILIES AND
CAREGIVERS HAVE A SENSE OF BELONGING

OPEN ADMISSIONS POLICY STATEMENT

It is our policy to treat all residents without regard to race, color or national origin. The same requirements for admission are applied to all. Residents are assigned within the Home without regard to race, color or national origin. There is no distinction in eligibility for, or in the manner of, providing any resident service provided by or through the nursing home. All facilities of the nursing home are available without distinction to all residents and visitors. All persons and organizations that have occasion either to refer for admission or recommend Lutheran Sunset Home is advised to do so without regard to the resident's race, color or national origin.

BACKGROUND

State law requires all nursing facilities to charge both private pay and Medicaid residents, the same rate for services based on a case mix system. Additional charges may be made by a facility for private room or services which are not required to be provided. Nursing facilities have been operating with case mix and equalization of rates since January 1, 1990.

WHAT IS A CASE MIX PAYMENT SYSTEM?

Case Mix is a means of payment for a resident's cost of care that is based on documented evidence of the intensity of care and services provided to the resident.

Each nursing facility has forty-eight case mix classifications with a corresponding payment rate. The payment rate for a resident who needs more care will be higher than for a resident who needs less care. Equalization of rates requires all residents be charged the same rate for comparable care and services.

DO ALL NURSING FACILITIES HAVE THE SAME RATES?

No. Each facility will have its own set of rates. A facility's rates are based on costs incurred by the facility for property, administration, chaplain, medical records, plant operations, housekeeping, dietary, pharmacy consultant, food, laundry, social services, activities, therapies, and nursing. Only the portion of the rates related to nursing and therapy costs varies by classification.

Each facility's rates change on January 1. Rate changes may also occur during the year to adjust costs due to audits, property changes, or one-time adjustments.

HOW IS MY RATE DETERMINED?

Your rate is determined by your classification. Your classification is generated by a form called the Minimum Data Set (MDS). The MDS is completed by an interdisciplinary team at the facility. The information used to support the MDS is documentation in your medical record. Once completed, the MDS is sent to the North Dakota Department of Human Services and a classification is assigned, based on the information in the Minimum Data Set.

WILL MY RATE REMAIN THE SAME ONCE I HAVE BEEN CLASSIFIED?

Your rate will change if your classification changes. Classification changes can only occur at specific assessments. MDS assessments are completed within fourteen days after admission to a nursing facility or upon return from the hospital. In addition, you will be assessed every three months.

You remain in the same classification until the next assessment or at the start or stop of therapies, even though your condition may change. The daily rate associated with your classification will also remain the same unless a rate adjustment creates a change in the facility rates.

WHAT TYPES OF THINGS DETERMINE A CLASSIFICATION?

The North Dakota Case Mix System consists of forty-eight resident classifications. There are seven major clinical groups. Each clinical group is divided into subgroups based on the resident's Activities of Daily Living (ADL) score, nursing rehabilitation and signs of depression.

The ADL score reflects the degree of assistance needed in four specific areas: eating, toileting, transferring, and bed mobility. The ADL score ranges from zero to sixteen. A score of zero represents independence or minimal supervision with these ADLs. A score of sixteen means a resident is completely dependent in these ADLs.

NURSING REHABILITATION SERVICES

Nursing rehabilitation services are being provided if a resident receives two or more of the following for at least fifteen minutes per day for at least six of the seven days preceding the assessment:

1. Passive or active range of motion;
2. Amputation or prosthesis care;
3. Splint or brace assistance;
4. Dressing or grooming training;
5. Eating or swallowing training;
6. Bed mobility or walking training;
7. Transfer training;
8. Communication training; or
9. Urinary toileting / bladder training program or bowel training program.

SIGNS OF DEPRESSION

A resident has signs of depression if the resident exhibits the following:

1. Little interest or pleasure in doing things;
2. Feeling down, depressed or hopeless;
3. Trouble falling or staying asleep or sleeping too much;
4. Feeling tired or having little energy;
5. Poor appetite or overeating;
6. Feeling bad about yourself, that you are a failure or have let yourself or your family down;
7. Trouble concentrating on things, such as reading the newspaper or watching television;
8. Moving or speaking so slowly that other people could have noticed;
9. Being so fidgety or restless that you have been moving around a lot more than usual; or
10. Thoughts that you would be better off dead, or hurting yourself in some way.

Special characteristics in each major clinical group are:

A. REHABILITATION CATEGORY

A resident must receive rehabilitation therapy to qualify for this group. A subgroup is assigned based on the resident's activities of daily living score. A rehabilitation category may be assigned within a classification period based on the start date if therapies are begun on any date not within an assessment reference period. A rehabilitation category may be discontinued within a classification period based on the stop date if therapies are stopped on any date not within an assessment reference period.

SUBGROUPS	ADL SCORE
Rehabilitation E	15-16
Rehabilitation D	11-14
Rehabilitation C	6-10
Rehabilitation B	2-5
Rehabilitation A	0-1

B. EXTENSIVE SERVICE CATEGORY

A resident must have within the fourteen days preceding the assessment required a ventilator and respirator, received tracheostomy care and suctioning; or required infection isolation.

A resident who qualifies for the extensive services category but has an activities of daily living score of zero or one will be classified as Clinically Complex.

SUBGROUPS	CONDITIONS	ADL SCORE
Extensive Services 3	Ventilator/Respirator	2-16
Extensive Services 2	Tracheostomy Care and Suctioning	2-16
Extensive Services 1	Infection Isolation	2-16

C. SPECIAL CARE HIGH CATEGORY

A resident must have at least one of the following conditions or services:

1. Comatose and completely dependent for activities of daily living;
2. Septicemia;
3. Diabetes mellitus, with insulin injections seven days per week and two or more insulin order changes;
4. Quadriplegia with an activities of daily living score of at least five;
5. Chronic obstructive pulmonary disease and shortness of breath when lying flat;
6. A fever in combination with pneumonia, vomiting, weight loss or tube feeding;
7. Parenteral or intravenous feedings provided and administered by the facility; or
8. Respiratory therapy seven days a week.

A resident who qualifies for the special care high category is assigned a subgroup based on the resident's activities of daily living score and whether the resident has signs of depression.

SUBGROUPS	ADL SCORE	SIGNS OF DEPRESSION
Special Care High HE2	15-16	Yes
Special Care High HE1	15-16	No
Special Care High HD2	11-14	Yes
Special Care High HD1	11-14	No
Special Care High HC2	6-10	Yes
Special Care High HC1	6-10	No
Special Care High HB2	2-5	Yes
Special Care High HB1	2-5	No

D. SPECIAL CARE LOW CATEGORY

A resident must have at least one of the following conditions or services:

1. Cerebral palsy, multiple sclerosis or Parkinson's disease with an activities of daily living score of at least five;
2. Respiratory failure and oxygen therapy while a resident;
3. Tube feedings that comprise at least 26% of daily caloric requirements and at least 501 milliliters of fluid through the tube per day;
4. Any of the following combination of ulcers with two or more skin treatments:
 - a. Two or more stage 2 pressure ulcers
 - b. Any stage 3 or 4 pressure ulcer;
 - c. Two or more venous/arterial ulcers; or
 - d. One stage 2 pressure and one venous/arterial ulcer.
5. Foot infection, diabetic foot ulcer or other open lesion of foot with application of dressings to the feet;
6. Radiation treatment while a resident; or
7. Dialysis treatment while a resident;

A resident who qualifies for the clinically complex category is assigned a subgroup based on the resident's activities of daily living score and whether the resident has signs of depression.

SUBGROUPS	ADL SCORE	SIGNS OF DEPRESSION
Special Care Low LE2	15-16	Yes
Special Care Low LE1	15-16	No
Special Care Low LD2	11-14	Yes
Special Care Low LD1	11-14	No
Special Care Low LC2	6-10	Yes
Special Care Low LC1	6-10	No

Special Care Low LB2	2-5	Yes
Special Care Low LB1	2-5	No

E. CLINICALLY COMPLEX CATEGORY

A resident must have at least one of the following conditions or services:

1. Pneumonia;
2. Score hemiplegia/hemiparesis with an activities of daily living score of at least five;
3. Surgical wounds or open lesions with surgical wound care or application of dressing or ointment;
4. Burns;
5. Chemotherapy while a resident;
6. IV medications while a resident; or
7. Transfusions while a resident.

SUBGROUPS	ADL SCORE	SIGNS OF DEPRESSION
Clinically Complex E2	15-16	Yes
Clinically Complex E1	15-16	No
Clinically Complex D2	11-14	Yes
Clinically Complex D1	11-14	No
Clinically Complex C2	6-10	Yes
Clinically Complex C1	6-10	No
Clinically Complex B2	2-5	Yes
Clinically Complex B1	2-5	No
Clinically Complex A2	0-1	Yes
Clinically Complex A1	0-1	No

F. BEHAVIORAL SYMPTOMS AND COGNITIVE PERFORMANCE CATEGORY

A resident must have at least one of the following conditions or services and have an activities of daily living score of less than six:

1. Be cognitively impaired based on one of the following:
 - a. A brief interview of mental status score of less than ten;
 - b. Coma and completely dependent for activities of daily living;
 - c. Severely impaired cognitive skills; or
 - d. Have a severe problem being understood or severe cognitive skills problem and two or more of the following:
 - I. Problem being understood;
 - II. Short-term memory problem; or
 - III. Cognitive skills problem.
2. Exhibit behavioral symptoms with one or more of the following symptoms:
 - a. Hallucinations;

- b. Delusions;
- c. Physical or verbal behavior symptoms directed toward others;
- d. Other behavior symptoms not directed toward others;
- e. Rejection of care; or
- f. Wandering.

A resident who qualifies for the behavioral symptoms and cognitive performance category is assigned a subgroup based on the resident's activities of daily living score and the resident's need for nursing rehabilitation services.

SUBGROUPS	ADL SCORE	NURSING REHABILITATION
Behavior Only B2	2-5	Yes
Behavior Only B1	2-5	No
Behavior Only A2	0-1	Yes
Behavior Only A1	0-1	No

G. REDUCED PHYSICAL FUNCTIONING CATEGORY

A resident who does not qualify for any other group is assigned a subgroup based on the resident's activities of daily living score and the resident's need for nursing rehabilitation services.

SUBGROUPS	ADL SCORE	NURSING REHABILITATION
Reduced Physical Functioning E2	15-16	Yes
Reduced Physical Functioning E1	15-16	No
Reduced Physical Functioning D2	11-14	Yes
Reduced Physical Functioning D1	11-14	No
Reduced Physical Functioning C2	6-10	Yes
Reduced Physical Functioning C1	6-10	No
Reduced Physical Functioning B2	2-5	Yes
Reduced Physical Functioning B1	2-5	No
Reduced Physical Functioning A2	0-1	Yes
Reduced Physical Functioning A1	0-1	No

WHAT IF I DISAGREE WITH MY CLASSIFICATION?

You have the right to review the documentation supporting your classification. You also have the right to appeal your classification. If requested, the nursing facility will assist you in this process.

WHAT IF I NEED MORE INFORMATION?

If you need more information, you may contact your local nursing facility or the Medical Services Division, North Dakota Department of Human Services, 600 E Boulevard Ave - Dept 325, Bismarck, ND 58505-0260. Telephone 701-328-2321 or 800-755-2604 or FAX 701-328-1544.

A detailed guide to assigning a nursing facility classification is available at:

<http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-all.html>

The Department of Human Services makes available all services and assistance without regard to race, color, religion, national origin, age, sex, political beliefs, disability or status with respect to marriage or public assistance, in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, and the North Dakota Human rights Act of 1983. Persons who contract with or receive funds to provide services for the North Dakota Department of Human Services are obligated to abide by the provisions of these laws. The Department of Human Services makes its program accessible to persons with disabilities.

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**LUTHERAN SUNSET HOME
NURSING FACILITY DAILY RATES
JANUARY 1, 2025**

<u>CLASSIFICATION</u>	<u>GROUP</u>	<u>AMOUNT</u>
Rehabilitation	RAE	601.22
Rehabilitation	RAD	582.13
Rehabilitation	RAC	522.11
Rehabilitation	RAB	451.19
Rehabilitation	RAA	374.81
Extensive Services Level 3	ES3	969.49
Extensive Services Level 2	ES2	759.44
Extensive Services Level 1	ES1	756.71
Special Care High with Depression	HE2	663.97
Special Care High with No Depression	HE1	552.12
Special Care High with Depression	HD2	612.14
Special Care High with No Depression	HD1	513.93
Special Care High with Depression	HC2	579.40
Special Care High with No Depression	HC1	486.65
Special Care High with Depression	HB2	573.94
Special Care High with No Depression	HB1	483.92
Special Care Low with Depression	LE2	590.31
Special Care Low with No Depression	LE1	494.84
Special Care Low with Depression	LD2	571.22
Special Care Low with No Depression	LD1	481.20
Special Care Low with Depression	LC2	505.75
Special Care Low with No Depression	LC1	429.37
Special Care Low with Depression	LB2	481.20
Special Care Low with No Depression	LB1	410.27
Clinically Complex with Depression	CE2	530.30
Clinically Complex with No Depression	CE1	492.11
Clinically Complex with Depression	CD2	503.02
Clinically Complex with No Depression	CD1	464.83

<u>CLASSIFICATION</u>	<u>GROUP</u>	<u>AMOUNT</u>
Clinically Complex with Depression	CC2	445.73
Clinically Complex with No Depression	CC1	413.00
Clinically Complex with Depression	CB2	410.27
Clinically Complex with No Depression	CB1	382.99
Clinically Complex with Depression	CA2	350.26
Clinically Complex with No Depression	CA1	328.43
Behavior/Cognition with Restorative Nursing	BB2	372.08
Behavior/Cognition with No Restorative Nursing	BB1	355.71
Behavior/Cognition with Restorative Nursing	BA2	309.34
Behavior/Cognition with No Restorative Nursing	BA1	295.70
Reduced Function with Restorative Nursing	PE2	492.11
Reduced Function with No Restorative Nursing	PE1	470.28
Reduced Function with Restorative Nursing	PD2	464.83
Reduced Function with No Restorative Nursing	PD1	440.28
Reduced Function with Restorative Nursing	PC2	399.36
Reduced Function with No Restorative Nursing	PC1	382.99
Reduced Function with Restorative Nursing	PB2	342.07
Reduced Function with No Restorative Nursing	PB1	328.43
Reduced Function with Restorative Nursing	PA2	284.79
Reduced Function with No Restorative Nursing	PA1	273.88

Please note: The above rates do not include the \$10.00 per day private room charge.

These rates are the result of our annual audit by the North Dakota Department of Human Services.

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**LUTHERAN SUNSET
COVERED SERVICES AND SUPPLIES**

I. Services

- A. General and Administration
- B. Plant Operation and Maintenance
- C. Nutritional Services
- D. Laundry Services
- E. Housekeeping Services
- F. Nursing Services
- G. Medical Records
- H. Inservice
- I. Social Services
- J. Pharmacy Consultant Services
- K. Physical Therapy and Consultant Services
- L. Speech Therapy Consultant Services
- M. Activities and Recreational Services
- N. Chaplaincy Services
- O. Medical Transportation
- P. Haircuts
- Q. Cable TV

II. Supplies

- A. All over the counter (non-legend items), including but not limited to:
 - 1. Aspirin, Acetaminophen
 - 2. Antacids, (e.g., MOM, Mylanta, Maalox)
 - 3. Antidiarrheals (e.g., Donnagel, Pepto-Bismol)
 - 4. Antihistamines ((e.g., Corididin, Triaminicin)
 - 5. Breath Fresheners (e.g., Clorets)
 - 6. Hemorrhoidal Preps (e.g., Preparation-H, Ointment and Suppositories)
 - 7. Laxatives (e.g., Ex-lax), Fecal Softeners, (e.g., Colace)
 - 8. Liniments (e.g., Ben-Gay and Heet)
 - 9. Lotions/Creams (e.g., Lobana, Deri, Nivea, Lubriderm)
 - 10. Mouthwashes (e.g., Cepacol, Listerine)
 - 11. Vitamins (e.g., Theragran, Unicap)
 - 12. Jobst Stockings
- B. Personal items, including but not limited to:
 - 1. Artificial Sweeteners (e.g., Sweeta, Sweet n Low, Equal)
 - 2. Denture Cream, Denture Adhesive
 - 3. Razor Blades
 - 4. Salt Substitutes
 - 5. Shampoos
 - 6. Soap

7. Talcum Powder
 8. Tissues
 9. Toothpaste, Toothpowder, Toothbrush
 10. Cleansing, Antibacterial Solutions
- C. Dressings, including but not limited to:
1. Band-Aids
 2. Bandages (including Ace Bandages)
 3. Cotton
 4. Dressings (Vigilon, Duoderm, Bioclusive)
 5. Finger Cots
 6. Fleece Pads, Sheep Skin
 7. Foam Pads
 8. Gauze, Gauze Pads, 4X4's
 9. Gloves
 10. Incontinence Pads and Briefs, Chux, Sanitary Napkins, Disposable Diapers
 11. Q-Tips, Applicators
 12. Tape (e.g., Micropore, Surgical)
 13. Telfa
- D. Supplies and Durable Medical Equipment (DME), including but not limited to:
1. Aerochamber/Inhalaid
 2. Alcohol (rubbing), Antiseptics (e.g., Hydrogen Peroxide, Merthiolate)
 3. Ambu Bag
 4. Bedrails, Footboards
 5. Blood Glucose Monitoring Devices
 6. Blood Stool Testers
 7. Catheters, Tubing, Bags and Irrigating Syringes, i.e., 30cc Foley
 8. Communication Devices
 9. Clinistix, Ketostix, Dextrostic, Chemstrips bG
 10. Clinistest, Diastix, Ketodiastic
 11. Commode chairs
 12. Cradles
 13. Crutches, Canes
 14. Deodorizers
 15. Enemas (Equipment and Disposables, e.g., Fleet=s)
 16. Examination Equipment (e.g., Fleet=s)
 17. Gastric Feeding tubes, Sets, Bags
 18. Geriatric Chairs
 19. Hearing-Aid Batteries
 20. Heating Pads
 21. Hot Water Bottles
 22. Humidifiers
 23. Ice Bags
 24. IPPB Equipment
 25. IV Tray or Subcutaneous Tray and Tubing

26. Lubricants (e.g., Vaseline, K-Y Jelly)
27. Oxygen, Oxygen Masks, Oxygen Cannulas, Oxygen Catheters, Oxygen Concentrators, Carts, Stands, Regulators, etc.
28. Needles (Reusable and Disposable)
29. Nebulizers
30. Ostomy Supplies
31. Pumps (Parenteral and Enteral)
32. Restraints (e.g., Posey Belts)
33. Roho Cushions
34. Seating Systems
35. Sodium Chloride for Irrigation/Inhalation
36. Suction Machine and Supplies
37. Sun Lamps
38. Supplemental Nutritional Formulas (e.g., Ensure, Enteral Formula)
39. Suppositories (e.g., Glycerin)
40. Suture Trays
41. Syringes (excluding insulin syringes)
42. Ted Stockings
43. Tes-Tape
44. Thermometers
45. Toilet Risers
46. Tracheostomy Supplies
47. Trapeze Bars
48. Underpads
49. Vaporizers
50. Ventilators
51. Walkers
52. Wheelchairs

- E. Vaccines for Mass Immunizations, including but not limited to:
1. Influenza Vaccines
 2. Pneumonia Vaccines

FINANCIAL ADMISSION AGREEMENT

OBRA regulations under section 483.10 requires that you be informed orally and in writing of all charges that are not included in your base room rate (per diem). You may be asked to sign a separate document acknowledging that you have been read this information and have received a written copy.

Included in your per diem is your base room rate, regular meals and snacks, laundry service, programming related to in-house activities and services performed by employees. Those items not included that you will receive a charge for are:

NON-COVERED SERVICES AND SUPPLIES

- I. Special Services
 - A. Private Room
 - B. Telephone
 - C. Personal effects - clothing, television/radio in room, etc.
 - D. Beauty shop - permanents
 - E. Newspaper
 - F. Alcohol, Soft Drinks, Candy, etc.

- II. Medical Services: Services by a physician or any other professional such as those listed below unless such services are routine or maintenance in nature and not related to a Medicare Part A rehabilitation program.
 - A. Physician Services
 - B. Physical Therapy
 - C. Occupational Therapy
 - D. Dental Service
 - E. Eye Care Service
 - F. Special Duty Nurse
 - G. Ambulance Services
 - H. Other Professional Services

- III. Medical Supplies
 - A. Prescription Medications
 - B. Special Beds, i.e., Clinitron, Flexitron, etc.
 - C. Other non-routine supplies

- IV. Supplies related to permanent conditions that are covered under insurance plans such as Medicare. These would include:
 - A. Permanent Incontinence Supplies
 - B. IV Therapy Supplies
 - C. Parenteral/Enteral Nutrition and Supplies
 - D. Ostomy Supplies
 - E. Certain Wound Care Supplies

- V. Deductibles and Coinsurance
 - A. Medical services and supplies that you are responsible for will be billed to the appropriate insurance carrier if a covered service. In such a case, your responsibility will be for only the annual deductibles and the 20% coinsurance of the covered services and supplies. If you are private paying and have supplemental insurances, they will be billed for your deductibles and coinsurance. Your responsibility will then be for only the balance not covered by your insurance.

You are responsible for providing the necessary information for the billing of supplies and services, such as Medicare number or policy number for private insurances. You are also required to complete and return immediately any inquiries made from insurance carriers for making coverage and payment decisions for you. Failure to do so will make you responsible for the payment.

If you have any questions regarding these charges, be sure to contact the business office immediately so that we may get them resolved.

MEDICAL ASSISTANCE

Medical Assistance (Medicaid) pays for medical services for persons with low income and limited resources. Eligibility is based on income and assets, with some assets being exempt.

Each single resident of a nursing facility is allowed a maximum of \$3,000.00 in cash assets. An additional prepaid funeral contract of up to \$6,000.00 is also allowed.

Persons receiving Medicaid will be allowed to keep up to \$65.00 per month of their income for personal needs.

Please feel free to contact the business office if you have any questions concerning Medicaid. You may also refer to the Medicaid information in the back of this booklet.

ASSET ASSESSMENT

An asset assessment is available to any individual entering a nursing facility or swing bed facility who has a spouse who will continue to live in the community. The purpose of the asset assessment is to estimate the amount of assets your spouse who is living in the community can keep should you apply for Medicaid coverage now or in the future. If you meet the following criteria, we encourage you to request an asset assessment:

- *You are likely to be in need of long-term care services for at least 30 consecutive days; and
- *You have a spouse living in the community.

Even though you may be private pay at this time, you may not anticipate needing to apply for Medicaid, the assessment preserves the amount of assets your spouse can keep if you ever apply in the future. If you do not get an asset assessment now, and later cannot verify your assets as of the date you entered long-term-care, you may not be able to protect some of your assets for your spouse. To complete an asset assessment, you will need to identify all your assets, and provide verification of their value. The county social service office will then be able to tell you how much of your assets you and your spouse will be able to keep. This will assist you in planning for your future needs. There is no charge for the asset assessment.

Residents with a spouse will receive information about the Medicaid asset assessment at the time of admission. This assessment should be completed as soon as possible to ensure that resources are not used to pay for nursing facility care which could have otherwise been kept.

Any person wishing to apply for Medicaid benefits should contact:

Walsh County Social Services
516 Cooper Avenue
Grafton, ND 58237
Telephone: 352-5111

MEDICARE

Medicare claims are processed by Blue Cross/Blue Shield of North Dakota. Medicare will pay a maximum of the entire cost for up to twenty (20) days and a co-payment for up to eighty (80) days.

Medicare does not cover custodial type of needs which primarily consist of helping with personal needs such as eating, dressing and bathing.

It is advisable to not rely on Medicare for any coverage, as it is very limited.

You have the right to appeal any Medicare non-qualified decisions and require the nursing facility to submit your appeal to Medicare.

Please feel free to contact the business office if you have any questions concerning Medicare. For Medicare information you may also call Blue Cross/Blue Shield of North Dakota at 1-800-352-4718.

VETERANS

You may be eligible for benefits from the Veterans Administration if you meet one of the following criteria:

1. You are a veteran in a nursing home or you are receiving home and community-based services.
2. You are a spouse of a deceased veteran and in a nursing home or basic care facility, or you are receiving home and community-based services.
3. You are a parent of a veteran who died while in service or as a result of a service connected disability, and you are in a nursing home or basic care facility, or you are receiving home and community-based services.

SOCIAL SECURITY

Persons receiving Social Security benefits are required to contact the Social Security Administration office to notify them of a change of address.

SUPPLEMENTAL SECURITY INCOME

Persons receiving SSI benefits are required to notify their local Social Security Administration office within ten (10) days of admittance.

TEMPORARY ADMITS

Persons admitted on a temporary basis of 90 days or less who are receiving at least 50% medical assistance and are also receiving Supplemental Security Income (SSI) must do the following: Have a physician sign a certification stating the fact that this is a temporary stay. This certificate, along with a certificate from the nursing facility and the individuals themselves, must be submitted to the social Security Administration office within ten (10) days of admittance.

For Social Security and SSI assistance contact:

Social Security Administration

General Information and Services - 1-800-772-1213

Local Office:

Social Security Administration

124 6th Street North

Grand Forks, ND 58203

701-772-5518

MEDICAL SERVICES

Residents must be seen by a local physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. In the event of a medical emergency after hours, we contact the physician on call at Unity Hospital. A physical examination is required within 5 days prior to admission; no later than 2 days after admission.

MEDICAL TRANSPORTATION

A physician's order is required in the event of a medical emergency requiring ambulance services. If necessary, the Lutheran Sunset Home provides transportation to the clinic, dentist, etc. Family is encouraged to accompany the resident at these times.

PHARMACEUTICAL SERVICES

All medications require an order by the physician. Prescriptive medications are obtained on unit-dose med cards from a local pharmacy of your choice. Over the counter medications, ointments, creams and alcoholic beverages must be checked in at the nurses' station as a physician's order is required.

RESTORATIVE NURSING

Restorative nursing is provided by trained restorative nursing assistants under the direction of a registered physical therapist and attending physician. Residents are assessed for the need for any occupational therapy by a registered occupational therapist.

NUTRITION SERVICES

The nutrition services department is under the direction of a licensed registered dietitian. Diets are served according to physicians' order, taking into account any modification in consistency and food preferences. An open breakfast is served from 7:00 to 9:00 a.m., dinner from 11:30 a.m. to 12:30 p.m., and supper from 5:30 to 6:30 p.m. Snacks are available in the morning, afternoon and evening.

Family may join residents for a meal. Meals are served in the sunroom at the following times: **dinner meal** – 12:00 noon, **supper meal** – 6:00 p.m. Meals may be purchased at the dining room counter from nutrition service staff. Please contact the Nutrition Service staff 2 hours prior to meal service. Charges for the meals are \$6.00. Guests are always welcome to join their loved ones for coffee and dessert in the dining room in the afternoon.

This may be subject to restrictions due to COVID-19 risk level

Holidays are traditionally a time we spend with families. If possible, we encourage families to take their loved one home for meals. The provision of holiday meals within our facility is limited to one family member or friend and will be free of charge. (Holidays are considered to be Easter, Christmas, Christmas Eve, and Thanksgiving.) Family is welcome to visit throughout the day, and as always, beverages and desserts will be available to you.

Families may have birthday parties, get-togethers, etc. at the nursing facility. Nutrition Services should be contacted with details of the event and to arrange a room.

Snacks that are brought to residents should be in small quantities and perishable foods should be stored under refrigeration in the kitchen or the nourishment centers. Deteriorating foods left in the room will be discarded.

SOCIAL SERVICES

The main objective of the Social Services Department is to ensure the resident's needs are met. This includes assuring residents' rights are respected in all aspects of care. This is accomplished by visiting with residents and family members and encouraging them to voice any concerns they may have.

We strongly encourage residents to attend the resident council meetings held monthly, as this is an excellent means of discussing various aspects of their care and services. These council minutes are distributed to all departments in the facility for appropriate follow up.

INFORMED CONSENT AND ADVANCE DIRECTIVES

PURPOSE

Lutheran Sunset Home respects your right to make your own medical treatment decisions. To help you exercise this right, we follow these policies and procedures:

RESIDENT CHOICES

Medical treatment decisions are a matter of personal choice. We are committed to providing each resident or resident's legal representative with the information he or she needs to understand and consider the options available under state law, but the decision whether or not to act is always up to you.

COMPLIANCE WITH NORTH DAKOTA LAW

Our facility will ensure that it is in compliance with the requirements of state law, whether statutory or as set forth in applicable court cases, on the subject of informed consent to medical treatment and the formulation of advance directives by residents.

INFORMATION

At the time of admission, we will provide to residents' information concerning: (I) an adult individual's right to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to give advance directives; and (II) our facility's policies relating to implementation of these rights.

DOCUMENTATION

We will document in each resident's medical record whether or not the person has executed an advance directive. If we are provided with a copy of such directives, they will be placed in the resident's medical or other appropriate records at our facility.

Although we will provide information, we hope will be helpful to many residents in understanding their options, we are not permitted to give either medical or legal advice. Such consultation, if needed or desired, should be sought from a qualified lawyer or physician.

Under the law, members of our staff are not permitted to act as witnesses to advance directives completed by residents of our facility.

This facility will comply with resident wishes on health care decisions. If at any point the physician is unwilling to comply with the residents' health care decisions, the facility will assist the resident in finding an alternative physician who will comply.

NO DISCRIMINATION

Whether or not a resident chooses to execute an advance directive is a personal matter and will never be a condition of providing care or a basis for discrimination for or against you.

EDUCATION

We provide or participate in providing education for our staff and community on issues relating to advance directives.

OTHER

Medical treatment decisions sometimes raise difficult issues for residents, family members, and the care team to deal with. We are committed to discussing and resolving these questions as they arise. If you have questions or are unsure about our policies and procedures, please ask for further clarification.

BED HOLD POLICIES

PURPOSE:

To acknowledge and comply with federal regulations 42 CFR 483.12 8 and North Dakota Administrative Code 75-02-06-01 (34).

HOSPITALIZATIONS

Residents of Lutheran Sunset Home have the right to request to hold their bed during hospitalization regardless of payment source. Medical Assistance (Medicaid) will pay for fifteen (15) hospital leave days per hospitalization. Lutheran Sunset Home will continue to hold the bed for a reasonable period of time if the hospitalization exceeds fifteen days. Self-pay residents will be charged for all therapeutic leave days at the PA1 (lowest rate in facility) current Case Mix daily rate.

THERAPEUTIC LEAVE

Medical Assistance (Medicaid) will pay for twenty-four (24) therapeutic leave days per calendar year. Additional days may be paid if recommended by the attending physician and included in the resident's plan of care. Self-pay residents will be charged for all therapeutic leave days at the PA1 (lowest rate in facility) Case Mix daily rate.

DEATH

In the event of death, the resident's bed will be held, at no charge, for up to 36 hours, to allow for removal of that resident's belongings. If requested, the facility will pack and store the resident's belongings for a reasonable length of time.

CLOTHING

5-6 sets of clothing per person including undergarments are suggested. One good pair of walking shoes, 2-3 pair of pajamas, a bathrobe and slippers and outer wear as appropriate is also

recommended. We would appreciate if the clothing that is brought to the Lutheran Sunset Home is machine washable. With the volume of laundry that we do, it is difficult to read the care instructions on every piece of clothing.

PERSONAL PROPERTY

The resident should use the furniture provided in each room. Personal furniture, such as a favorite chair, etc. may be brought in with prior approval. Please be considerate of your roommate's area when bringing in any personal items. We discourage you from bringing anything of significant, monetary or sentimental value.

RESIDENT TRUST FUND

Personal funds may be deposited in our Resident Trust Fund, which is handled through the business office. Lutheran Sunset Home is the trustee of this fund and assumes full responsibility for its safekeeping. The Resident Trust fund is kept on deposit at First United Bank, Grafton, and is insured through the Federal Deposit Insurance Corporation (FDIC) and is also insured through our corporate policy for employee dishonesty. Interest is earned on your deposited funds. You or your representative will receive a quarterly statement of all transactions having taken place in your account. Residents will have reasonable access to their personal funds after business hours. During non-business hours, (e.g., nights, weekends and holidays), residents can go to the nurse on duty to obtain money from their Resident Trust Account. Withdrawal requests in excess of \$100 will be honored the next business day.

ACTIVITIES

A variety of social activities and programs are scheduled on a regular basis. A monthly calendar of events is posted, with copies for residents, families and visitors available in the activity room. Family and friends are welcome to attend all activities.

CHAPLAINCY AND CHURCH SERVICES

Religious services are available for all residents and their families. The chaplain visits with the residents within the facility and also those who are hospitalized. The chaplain is also available for counseling as needed.

The chaplaincy program is a supportive ministry to the residents own pastor or priest. The chaplain is available on a part-time basis, therefore, we encourage as much support as possible from the resident's own pastor or priest.

A schedule of religious services is as follows:

Sunday	Worship Service - All Faiths	9:15 a.m.
	Catholic Communion Service	1:30 p.m.
Wednesday	Devotions - All Faiths	9:15 a.m.
	Catholic Communion Service	10:15 a.m.
Friday	Bible Study	2:00 p.m.

RESIDENT CONCERNS OR GRIEVANCES

Lutheran Sunset Home's highest priority is meeting the needs of our residents. If you have a concern or grievance, we encourage you to speak with facility staff at any time. Please do not hesitate to contact the charge nurse, department supervisor or administrator if any concerns are not addressed to your satisfaction.

RESIDENT COUNCIL

Residents also have an opportunity to express their concerns during our monthly resident council meetings. Social Services staff directs these concerns to the appropriate department supervisor within two (2) business days (Monday - Friday). We encourage you to attend these meetings and express your opinion.

RESIDENT FORMAL GRIEVANCE PROCEDURE

A resident/resident representative has the right to voice any grievance (e.g., those about treatment, care management of resident funds, violation of rights, etc.) Any time you feel your concerns have not been responded to appropriately, please feel free to bring the grievance to our attention in the following manner. You may contact our Social Service department or administrator either personally or by a written statement. Please inform them that you are filing a formal grievance. It is the responsibility of the Social Service department or the administrator, depending upon whom you contact, to investigate the grievance, to attempt to RESOLVE the grievance, and communicate a decision in writing to the resident or resident representative within four (4) business days (Monday - Friday).

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STATE OF NORTH DAKOTA RESIDENT ADVOCACY AGENCIES

Regional Ombudsman

Zach Henry
Northeast Human Service Center
151 South 4th Street, Ste 401
Grand Forks, ND 58201
Office: 701-665-2256
Cell: 701-351-6954
Toll Free: 888-607-8610
24 Hour Emergency: 701-662-5050
zahenry@nd.gov

State Survey Agency

ND State Health Department
1237 Divide Avenue, Suite 6
Bismarck, ND 58501
701-328-2352
LTCconcerns@nd.gov

Protection & Advocacy Project

400 East Broadway, Suite 409
Bismarck, ND 58505-0250
800-472-2670
701-328-2950
TDD: Relay ND 177
panda@nd.gov

State Ombudsman

Karla Backman
1237 West Divide Ave, Suite 6
Bismarck, ND 58501
855-462-5465
701-328-4617
kbackman@nd.gov

ND Medical Assistance

Medical Services Division
ND Health & Human
600 E. Boulevard Ave., Dept. 325
Bismarck, ND 58505
800-755-2604
701-328-7068
dhsmed@nd.gov

Medical Fraud Control

Medical Services Division
600 East Boulevard Avenue
Bismarck, ND 58501
800-472-2622
701-328-2321
medicaidfraud@nd.gov

North Dakota Aging and Disability Resource Link

855-462-5465
carechoice@nd.gov

Money Follows the Person Program – Kayla Trzpuc

ND Department of Human Services – Medical Services Division
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250
701-328-8652
800-755-2604
kbtrzpuc@nd.gov

OTHER INFORMATION

Visiting hours are 7:00 a.m. to 9:00 p.m.

Mail is delivered to residents daily. Please advise us of any special instructions.

Telephone service is available to each resident by using either one of the extension phones in the facility, or private phones can be ordered by talking to the business office.

Barbers and beauticians are available to provide haircuts at no charge. Residents are responsible for the payment of permanents and colors.

Cable TV hookups are included free of charge.

Please do not use extension cords in the rooms.

Lutheran Sunset Home is a smoke-free facility. Smoking is prohibited inside the facility as well as on company grounds.

Our survey results are located in a binder by the resident information center.

We hope the information in this booklet has been helpful to you. If you have any questions, comments or concerns, please feel free to contact any one of the individuals listed below.

ADMINISTRATOR	TREVOR TOMPKINS
MEDICAL DIRECTOR	MATTHEW VISCITO
DIRECTOR OF NURSING.....	ALYSSA PAULSON
STATION 1 & 3 NURSE MANAGER.....	CARRIE HAMILTON
STATION 2 & SCU NURSE MANAGER	STEPHANIE LILLEMOEN
MDS COORDINATOR.....	SARA MARTINEZ
HEALTH INFORMATION MANAGEMENT SERVICES.....	KAY WILEBSKI
DIRECTOR OF NUTRITION SERVICES.....	TARA LARSON
ACTIVITIES DIRECTOR.....	SUSIE DEMERS
SOCIAL WORKER DESIGNEE	LYNETTE KNUTSON
HUMAN RESOURCE COORDINATOR	KRISTI LONGTIN
ENVIRONMENTAL SERVICES SUPERVISOR.....	HENRY BALDERAS
BUSINESS MANAGER	CAROL BINA

Lutheran Sunset Home • 333 Eastern Avenue • Grafton, ND 58237
Phone: (701) 352-1901 • Fax: (701) 352-1926
website: www.lutheransunsethome.org

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