

LONG ISLAND STATE VETERANS HOME  
At Stony Brook University  
100 Patriots Road, Stony Brook, New York 11790-3300  
Telephone: 631-444-8530

## **ADULT DAY HEALTH CARE**

### **IMPORTANT INFORMATION**

#### **PROGRAM HOURS**

The Adult Day Health Care Program is open **Monday through Saturday from 9:00 am until 3:00 pm.** Visitors are welcome anytime all day.

#### **ATTENDANCE**

If you are unable to attend the Adult Day Health Care Program on your scheduled day, please advise us at least twenty-four (24) hours in advance by calling **631-444-8530.**

**Please do not use our 800 telephone number after you are admitted.**

#### **TRANSPORT – Energy Ambulette**

For last minute cancels (after 5 pm or in the early morning of your scheduled visit), please contact the Energy Ambulette at 631-244-0280.

#### **VALUABLES**

We encourage you to leave valuables at home. We are not responsible for lost or stolen valuables.

#### **PROGRAM CLOSING**

In the event of bad weather, we will contact you via our Emergency Alert System to notify you of the Adult Day Health Care Program closing. You can also check our telephone message by dialing 631-444-8530.

#### **SCHEDULE CHANGES CAN BE MADE AT YOUR REQUEST**

All schedule changes must be arranged through the Adult Day Health Care Program. This includes permanent and daily changes.

#### **REGISTRANT COUNCIL**

The purpose of this monthly meeting is to give the registrants an opportunity to voice their opinions, make recommendations for change & to make the program administration aware of any complaints in a formal setting. Your designated representative is invited to participate in these meetings. This meeting is chaired by our Social Worker, Lynn Rooney. We encourage you to join us!

Date: Varies

Time: 11:00 am

Place: Adult Day Health Care Program Lounge

Please check the monthly Program calendar for meeting date. Please see or call the program social worker at 631-444-8530 if you cannot attend the meeting and have issues to be discussed.

## **PERSON-CENTERED CARE**

The goal of our program is to improve your quality of life, assist you to maintain your health and independence to the fullest extent possible. Our program is person-centered, meaning you are always at the center of everything we do here, including your unique needs and preferences and choices. You have the right to:

- Request care plan conferences;
- Request revisions to your plan of care;
- Be informed of any changes to your plan of care;
- Have your personal and cultural preferences addressed in your plan of care;
- Request, refuse, or discontinue treatments or recommendations;
- Participate in care planning including identifying individuals to be included in the process;
- Receive a copy of your care plan written in plain language that you understand;
- Attend your care plan meetings-have meetings scheduled at your (and your family's) convenience.

## **CONSULTANT SERVICES**

Please be advised of the schedule of consultant and laboratory services:

Audiology	Tuesday, Friday (subject to change)
Dentistry	Monday, Wednesday, Friday
Lab	Wednesday only/Accommodations as needed
*Occupational Therapy	Monday through Friday, Saturday as needed
* Physical Therapy	Monday through Friday, Saturdays as needed
Ophthalmology	Varies-Speak with your Nurse
Podiatry	Wednesday, Thursday or as arranged
Speech	Monday through Friday

*\*Rehab Services will not be provided on state holidays, even if program is open.*

*Services can also be arranged for you with outside providers at your convenience and request.*

## **MEDICAID OVERAGES:**

Overages should be paid one month in advance. Failure to pay your overage on time will interrupt your ability to access Medicaid services, including this program. Please note: any changes in income and/or assets should be reported immediately to the program as well as the Suffolk County Department of Social Services.

## **REHABILITATION PROGRAMS**

Please be advised that you will be evaluated for treatment within 5 visits to program when your physician orders an evaluation. Treatment plans are determined by the treating clinicians.

## **SMOKING POLICY**

**The Long Island State Veterans Home is a Smoke Free Environment effective 01/01/09. Smoking is prohibited in the facility and on all facility and University grounds. Residents, Registrants, Employees, Students, Volunteers and Visitors are not permitted to smoke on the grounds of LISVH.**

## **MOTORIZED WHEELCHAIRS/SCOOTERS**

LISVH will support the use of a motorized wheelchair/scooter for those registrants who require such device to maintain independent mobility. Prior to the registrant using the motorized wheelchair/scooter, the Rehabilitation Department completes an assessment and the registrant must sign our Motorized Wheelchair/ Scooter Safety Agreement. We do not recommend that families/registrants purchase or obtain a motorized chair prior to this assessment by the Rehabilitation Staff. If you would like to get further information, please feel free to contact the Rehabilitation staff at 631- 444-8511.

## **HOSPITAL RETURN POLICY**

1. Designated Representative/family members must let us know if you have been hospitalized. Please speak with Patti Yudelson, RN, MSN, clinical Care Coordinator at 631- 444 -8530.
2. All registrants require medical clearance to return to the program after a hospital stay. **We must receive the appropriate paperwork and medical clearance before we can arrange a registrant's return to the program.** This is to ensure we are meeting your medical needs at program and treating you appropriately.
3. The medical clearance must be in the writing from the hospital or your primary care/community physician. We can help you with this in the following two ways:
  - a. We can fax the appropriate paperwork to the hospital before you are discharged from the hospital
  - OR**
  - b. We can fax the appropriate paperwork to your primary care/community physician. If you choose this option you must make an appointment with your primary care/community physician prior to your return to the Adult Day Health Care Program.
4. If you have any questions about your return after a hospital stay, please call us.

## **TRANSFER AND/OR DISCHARGE POLICY**

A registrant may be transferred/ discharged only when the Interdisciplinary Care Team, in consultation with the Registrant or the Registrant's Designated Representative, determines that:

1. The transfer or discharge is necessary for the registrant's welfare and the registrant's needs cannot be met after reasonable attempts of accommodations in the program.
2. The transfer or discharge is appropriate because the registrant's health has improved sufficiently so the registrant no longer needs the services provided by the program.
3. The health or safety of the individuals in the facility would otherwise be endangered, the risk together is more than theoretical and all reasonable alternatives to transfer or discharge have been explored and have failed to safely address the problem.
4. The transfer or discharge has been the result of the registrant's failure, after reasonable notice, to pay for services rendered.
5. The program has discontinued its operation and has received approval of its plan of closure.
6. The registrant has not attended the program within the last 30 days
7. Upon registrant request.

The Adult Day Health Care Program will provide a written notice of transfer and/or discharge to the registrant, designated representative and/or sponsor at least 30 days before the registrant is transferred or discharged except that notice shall be given as soon as practicable before transfer or discharge under the following circumstances:

1. The safety of individuals in the Program would be endangered.
2. The health of individuals in the Program would be endangered.
3. The registrant's health improves sufficiently to allow a more immediate transfer or discharge.
4. An immediate transfer or discharge is required by the registrant's urgent medical needs; or
5. The transfer or discharge is being made in compliance with a request by the registrant.

The Long Island State Veterans Home, with consent of the registrants, his/her designated representative/ sponsor, may authorize the registrant's transfer to a hospital or other appropriate health care facility when so ordered by a physician, or when the registrant's physician prescribes diagnostic studies, medical care or treatment which cannot be performed in the Long Island State Veterans Home.

The registrant will be provided with information and given assistance as necessary regarding the New York State Department of Health appeal process.

### **REGISTRANTS'S GRIEVANCE POLICY**

In recognition of our obligation to provide for individualized services on-going self-evaluation, the facility invites registrants, families, visitors and concerned parties to address themselves to questions, issues or problems. We have established several avenues of approach to express or register problems to assure comfort and availability for Registrants and others. The Social Worker/designee has been appointed as the registrant's advocate for the program. Complaints/grievances may be filed with the Social Worker using the Complaint/Grievance Form. Complaints/grievances will be investigated and a report of the findings and recommendations/actions taken will be reviewed and discussed with appropriate individuals. Complaints/grievances investigated shall be completed within twenty-one (21) days of receipt.

Complaints/grievances beyond the scope of the Social Worker shall be reported to the Program Director/Facility Administrator for review, recommendations and/or appropriate corrective action.

Among available agencies and organizations for Registrants or concerned parties to refer or report problems are the:

### **CENTRALIZED COMPLAINT INTAKE PROGRAM**

The New York State Department of Health's Centralized Complaint Intake hotline may be used 24 hours a day, seven days a week, to report concerns about nursing home care  
NYSDOH  
DRS/SNHCP  
Mailstop: CA/LTC  
Empire State Plaza  
Albany, New York 12237                      Phone: 1-888-201-4563

[www.health.ny.gov/nursinghomecomplaints](http://www.health.ny.gov/nursinghomecomplaints)

### **LONG TERM CARE OMBUDSMAN PROGRAM**

Long Term Care Ombudsman Program



## **MENTALLY ILL or DEVELOPMENTALLY DISABLED**

Commission on Quality of Care For The Mentally Disabled  
401 State Street  
Schenectady, New York 12305      Phone: 1-800-624-4143

## **REGISTRANT RIGHTS**

### **You have the right to:**

- dignity, respect and a comfortable environment;
- quality of care and treatment without discrimination;
- freedom of choice to make your own, independent decisions;
- be informed in writing about services and fees before you enter the program;
- the safeguard of your property and money/safety and security;
- appeal a transfer or discharge with the New York State Department of Health;
- privacy in communications and visitation and during care;
- choose your own schedule, activities and other preferences that are important to you;
- receive visitors of your choosing at the time of your choosing;
- an easy-to-use and responsive complaint procedure;
- be free from abuse including verbal, sexual, mental and physical abuse;
- be free from restraints, and;
- exercise all of your rights without fear of reprisals.

## **COMMUNITY INTEGRATION**

The program schedules community outings, and invites various groups to the facility including local schools, civic groups, community programs, etc. The program provides transportation to local outings.

Registrants are free move about the facility and to enjoy our outside spaces if they are safe and competent to do so. There is a sitting area in the front of the program, behind the solarium, and by the gazebo.

Public transportation flyers are available upon request. You may also wish to check out our Community Integration bulletin board for more information regarding local activities, or speak with our therapeutic recreation staff to learn more about community activities in your area.

## **EDUCATION REGARDING AVAILABLE OPTIONS FOR HOME AND COMMUNITY BASED SERVICES**

Our program is one of many community-based service options you may choose from. Our social worker can refer you to other services in your area including day programs, home care services, memory cafes and Managed Long Term Care programs. Please ask if you would like resources, information or a referral.

### **N.Y.S. PATIENT ABUSE LAW**

The New York State Patient Abuse Law protects elderly and infirm registrants from abuse, neglect and mistreatment. The law requires that incidents of abuse, mistreatment or neglect be reported to the NYS Centralized Complaint Intake Program for investigation.

In compliance with this law, the facility's policy is as follows:

The facility shall:

1. Provide registrants with considerate and respectful care designed to promote the registrant's independence and dignity in an environment free from abuse, mistreatment and neglect;
2. Establish and implement guidelines for preventing, reporting and investigating abuse, mistreatment and neglect of registrants;
3. Not use or permit verbal, mental, sexual or physical abuse including corporal punishment or voluntary seclusion of registrants;
4. Not knowingly employ individuals who have been convicted of abusing, mistreating or neglecting of individuals;
5. Report immediately to the New York State Department of Health alleged violations involving abuse, mistreatment or neglect;
6. Investigate and maintain records of alleged violations involving abuse, mistreatment or neglect and shall submit report of corrective action taken if alleged violation is verified; and
7. Prevent further potential abuse while the investigation is in process.