

County Commissioners
Peter Spanos
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Stephen Hodges

Shelley Richardson, RN, BSAS
Nursing Home Administrator
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BELKNAP COUNTY NURSING HOME
30 County Drive
Laconia, New Hampshire 03246
Phone: 603-527-5410
Fax: 603-527-5419
www.belknapcounty.gov

Amanda Gallagher, MBA, BSN, RN, DNS-CT, CDP, DON
Director of Nursing Services
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Dear Prospective Resident,

Thank you for your interest in Belknap County Nursing Home. We take pride in offering the residents of Belknap County quality skilled and long-term health care. BCNH is a modern facility fully equipped to meet the needs of all residents, from care and comfort to rehabilitation and recreation. The Director of Social Services will assist you with the admission process when you feel the time is right. If you have not visited BCNH recently, please call for an appointment. We know you will find the staff to be caring, compassionate and professional, and the environment to be bright, active and friendly.

Pre-Admission Process

It is very important that BCNH can meet your rehabilitation or long-term care needs therefore, prior to admission certain information will be requested via the preadmission packet. The pre-admission packet contains a Resident Data Sheet and a checklist of needed documentation. We have also included information about our services and what is included and not included in your Medicaid/Medicare or Private Pay status. When we have received the requested documentation, BCNH's admission team reviews the information and will set up an informal interview to be sure BCNH can meet your needs both medically and socially. Once we have determined that all needs can be met, we will assign a room, set up an admission date and begin the admission process.

Admission Process

On the day of admission, certain forms explaining our policies and procedures, resident rights, privacy practices, Medicaid Income and Asset Rules for Nursing Home Residents, and financial considerations, will need to be reviewed and signed. The nursing staff will then perform their evaluations and admission assessments. Families are invited to join us for lunch on the day of admission and help personalize the new room.

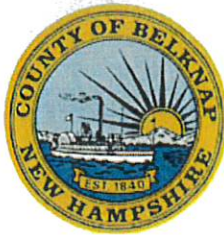
We have a full complement of staff including nurses, licensed nursing assistants, social services, community relations, housekeeping, maintenance, rehabilitative professionals, laundry, dietary staff, registered dietician, beautician and a large activity department. We are here to meet your needs. Please feel free to ask questions of any employee or resident. We will be more than happy to assist you.

Very truly yours,

Shelley Richardson, RN, BSAS
Nursing Home Administrator

OUR MISSION STATEMENT

To care for residents, as ourselves, with compassion, dignity and respect. -Doris Joyce



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Re: Facility 48-Hour Nursing Care Plan

Greetings!

In accordance with the Center for Medicare and Medicaid (CMS) requirement we have initiated this letter to formally introduce you to documentation you will be receiving regarding the facility 48-hour Baseline Care Plan.

The purpose of the facility 48-hour Baseline Care Plan is to outline a process for development of an initial person-centered care plan within the first 48 hours of admission or readmission to the facility, that will provide instructions for care of the resident. Completion and implementation of the baseline care plan within the 48 hours of a resident's admission/readmission is intended to promote continuity of care and communication among nursing staff, increase resident safety, and safeguard against adverse events that are most likely to occur after admission; and to ensure the resident and/or legal representative are informed of the initial plan for delivery of care and services by receiving a written summary of the baseline care plan.

The facility 48-hour Baseline Care Plan summary for the resident will be provided in writing and in a language that can be understood by the resident and/or their legal representative, any questions regarding the care plan please contact the Social Service Director for clarification. The care plan will be copied and given to the resident if applicable, a copy will be emailed to their legal representative unless otherwise indicated.

The facility will continue to complete the comprehensive resident care plan, and this will be furnished at the resident care plan meeting scheduled appointment.

Regards,

Shelley Richardson RN., BSAS., NHA

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Belknap County Nursing Home

Resident Data Sheet

Resident Name: _____ Date: _____

Address: _____

Phone: Home _____ Cell _____ Work _____

DOB _____ Birthplace _____ US Citizen _____

Male/Female Age _____ Date of Retirement _____ Marital Status _____

Veteran _____ SS# _____ Medicaid# _____

Medicare# _____ Prescription Plan _____

Other Insurance _____

Physician Name: _____ Phone: _____

Address: _____

Funeral Home: _____

Spouse's Name: _____ Phone: _____

Address: _____

Veteran: Yes ☐ No ☐ If yes are you receiving benefits: _____

Primary/Responsible Contact: ☐ DPOA-HC ☐ DPOA-F ☐ Guardian-Person ☐ Guardian-Estate

Name: _____ Relationship: _____

Address: _____

Phone: Home _____ Cell _____ Work _____

E-Mail Address: _____

Alternate Contact: _____ Relationship: _____

Address: _____

Phone: Home _____ Cell _____ Work _____

E-Mail Address: _____

Belknap County Nursing Home does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact Human Resources Generalist, Section 504 Coordinator, 603 527-5410 ext 1245

Belknap County Nursing Home



Pre-Admission Checklist

Please provide Belknap County Nursing Home with the following documentation prior to admission:

Resident Data Sheet

- ☐ Complete and return

Financial Information

- ☐ Driver's License (if applicable)
- ☐ Copy of Social Security Card AND Statement
- ☐ Copy of Health Insurance Card (if applicable)
- ☐ Copy of Medicare Card
- ☐ Copy of Medicare Part D Card (prescription payer source)
- ☐ Copy of Medicaid Card (or the date applied for Medicaid - if applicable)
- ☐ Copy of DPOA - Financial or Guardianship over Estate
- ☐ Copy of TWO most current Bank Statements
- ☐ Copy of Social Security Check, Pension Check(s) and/or other source(s) of income
- ☐ Copy of Letter from Life Insurance Company stating Face Value/Cash Value of policy (if applicable)
- ☐ Funeral Home Information (including any pre-burial arrangements)

Medical Information

- ☐ Copy of DPOA – Health Care or Guardianship over Person
- ☐ Living Will
- ☐ Most Current History and Physical including Medication list from Primary Care Physician

Belknap County Nursing Home



Medicaid Residents

SERVICES COVERED IN YOUR MEDICAID BOARD AND CARE PAYMENT

- * Room & Board (to include special diets)
- * 24-Hour Nursing Care
- * Medications
- * Oxygen Therapy
- * Dental Services- Assistance in obtaining routine dental care and routine visual inspection
- * Physician Services
- * Laundry
- * Housekeeping
- * Activities
- * Dietary Counseling
- * Physical Therapy
- * Social Services
- * Stock Medical Supplies (dressings, etc...)
- * Stock personal supplies (soap, shampoo, etc...)
- * Stock medical equipment (bed, wheelchair, etc...)
- * Beautician/barber shop
- * Portable phone at Nursing Station available for calls

SERVICES NOT COVERED IN YOUR MEDICAID BOARD AND CARE PAYMENT

UNLESS REQUIRED BY LAW, WE WILL NOT BE RESPONSIBLE FOR COST OF THE FOLLOWING:

- * Personal clothing, shoes
- * Personal television, radios, telephone, batteries, personal newspaper subscription
- * Television Cable (price varies from \$5.00-\$25.00)
- * Repair costs of personal items
- * Stamps, outside shopping items
- * Eyeglasses (cost uncovered by Medicare/Medicaid/other insurance)
- * Hearing aides (cost uncovered by Medicare/Medicaid/other insurance)
- * Dental Services, Physicians, Podiatrists and other professionals for further medical or surgical treatment, x-rays, laboratory work or rehabilitation (cost uncovered by Medicare/Medicaid/other insurance)
- * Special Medical Equipment
- * Funeral expenses
- * Expenses incurred from hospitalization and private duty nursing
- * Transportation to and from appointments

THE NH MEDICAID OFFICE DETERMINES RESIDENT LIABILITY AMOUNT

Belknap County Nursing Home



Private Pay Residents

SERVICES COVERED IN YOUR PRIVATE PAY BOARD AND CARE PAYMENT

- * Room & Board (to include special diets)
- * 24-Hour Nursing Care
- * Oxygen Therapy
- * Dental Services-Assistance in obtaining routine dental care and routine visual inspection
- * Physician Services
- * Laundry
- * Housekeeping
- * Activities
- * Dietary Counseling
- * Social Services
- * Stock Medical Supplies (dressings, etc...)
- * Stock personal supplies (soap, shampoo, etc...)
- * Stock medical equipment (bed, wheelchair, etc...)
- * Beautician/barber shop
- * Portable phone at Nursing Station available for calls

SERVICES NOT COVERED IN YOUR PRIVATE PAY BOARD AND CARE PAYMENT:

- * Medications/Pharmacy Charges
- * Physician Charges
- * Hospital Costs
- * Ambulance
- * Eye Care & Eyeglasses
- * Hearing Care & Hearing Aides
- * Dental Services (cost uncovered by Medicare or other insurance)
- * Special Medical Equipment
- * Personal clothing, shoes
- * Personal television, radios, telephone, batteries, personal newspaper subscription.
- * Television Cable (price varies from \$10.00-\$25.00)
- * Repair costs of personal items
- * Stamps, outside shopping items
- * Funeral expenses
- * Private Duty Nursing
- * Transportation to and from appointments

PRIVATE PAY RATE: \$350.00/DAY – SUBJECT TO CHANGE