

**Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986**

2-22-16 dy

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Good Samaritan Society - Beatrice MEETS STATUTORY REQUIREMENTS AS	
SNF/NF DUAL CERT	
Services	Lic # NH0015
ALZHEIMERS/SPECIAL CAR	
EXPIRES 03/31/2017	  Courtney A. Phillips, MBA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Good Samaritan Society - Beatrice
ADDRESS: 401 S 22ND STREET, BEATRICE, NE 68310

This is to verify that your SNF/NF DUAL CERT is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

8/24/15

FEB 18 2016



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit

Make Payment to DHHS LU
Renewal Fees:
1 - 50 beds: \$1550
51 - 100 beds: \$1750
101 or more: \$1950

Expiration Date
03/31/2016

Nursing Home Licensure Renewal Application

Nursing Home Type: Please Check Skilled Nursing Facility Nursing Facility Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Good Samaritan Society - Beatrice
401 S 22ND STREET
BEATRICE, NE 68310

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: NH0015

TELEPHONE NUMBER: (402) 228-3304

FAX NUMBER: (402) 223-5220

ADMINISTRATOR: CORRENE ADAMS

DIRECTOR OF NURSING: CERICE CORNELIUS, R.N.

E-Mail Address, if available: qss4870@good-sam.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 80

5. ACCREDITATION/CERTIFICATION: JCAHO Medicare Medicaid Other
Are you requesting deemed status? yes no

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS:
If different from Current Services listed, please check changes.

Current Services
ALZHEIMERS/SPECIAL CAR

Physical Therapy Alzheimers/Special Care Unit Speech Therapy
 Pediatric Respiratory Occupational Therapy
 Behavioral Needs

REC'D DHS ACCOUNTING
2016 FEB 19 A 11:33

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
(Legal Name of Individual or business organization)

MAILING ADDRESS: P O BOX 5038, 4800 WEST 57TH STREET
SIOUX FALLS, SD 57108

8. BUSINESS ORGANIZATION: (Check one):

Sole Proprietorship
 Partnership
 Limited Partnership
 Corporation
 Limited Liability Company
 Governmental (State, District, County, City or Municipal)
 Other (Please Specify)

(check one)
 Profit Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,
- (2) two of its members, if the applicant is a limited liability company,
- (3) two of its officers, if the applicant is a corporation, or
- (4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Sylvia Gause, Asst. Secretary
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Thomas A. Sylverson
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2/18/16
DATE
2/18/16
DATE

**THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
4800 WEST 57TH STREET, SIOUX FALLS, SD 57108**

BOARD OF DIRECTORS

Chairperson	John F. Holt 421 Ridge Road; Albert Lea, MN 56007
First Vice Chairperson	H. Theodore Grindal 514 River Street; Minneapolis, MN 55401
Member-Executive Committee	Gwen Wagstrom Halaas 3549 Ivy Drive; Grand Forks, ND 58201
Member-Executive Committee	Alan R. Gard 17504 Riggs Street; Omaha, NE 68135
President and Chief Executive Officer	David J. Horazdovsky 1112 East Dove Trail; Sioux Falls, SD 57108
	Benjamin P. Anderson 3403 Café Court; Kissimmee, FL 34746
	Patricia L. Camero 284 Opihikao Way; Honolulu, HI 96825
	Michael J. Deuth 14272 Cottage Grove Drive; Baxter, MN 56425
	Heather L. Krzmarzick 3908 West 90 th Street; Sioux Falls, SD 57108
	Connie S. March-Curtis 1025 Mallard Lane; Peotone, IL 60468
	Guy R. Matson 925 Stagecoach Drive; Las Cruces, NM 88011
	John R. Racek 11 Saint Albans Road East; Hopkins, MN 55305
	Jill A. Schumann 45 Blossom Lane; Biglerville, PA 17307
	Dennis D. Stene 4200 S. Woodwind Lane; Sioux Falls, SD 57103
	Sharon A. St. Mary 347 Lewis Street; St. Paul, MN 55117
	Vacancy

THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
4800 West 57th Street
Sioux Falls, SD 57108

OFFICERS OF THE CORPORATION

President	David J. Horazdovsky
Executive Vice President	Thomas A. Syverson
Executive Vice President	Bergen J. Peterson
Executive Vice President and Treasurer	George Grant Tribble
Assistant Treasurer	Joseph E. Herdina
Secretary	Thomas J. Kapusta
Assistant Secretary	Sylvia F. Gause

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403141

Name of Facility: **Good Samaritan Society - Beatrice**

Type of Facility: **Nursing Home**

Location: **401 S 22nd Street, Beatrice**

Maximum
Occupancy: **80 Beds**

Date Issued: **8/24/2015**

Approved By:

Inspected By: **8748 Mark Manchester**
Deputy State Fire Marshal

State Fire Marshal



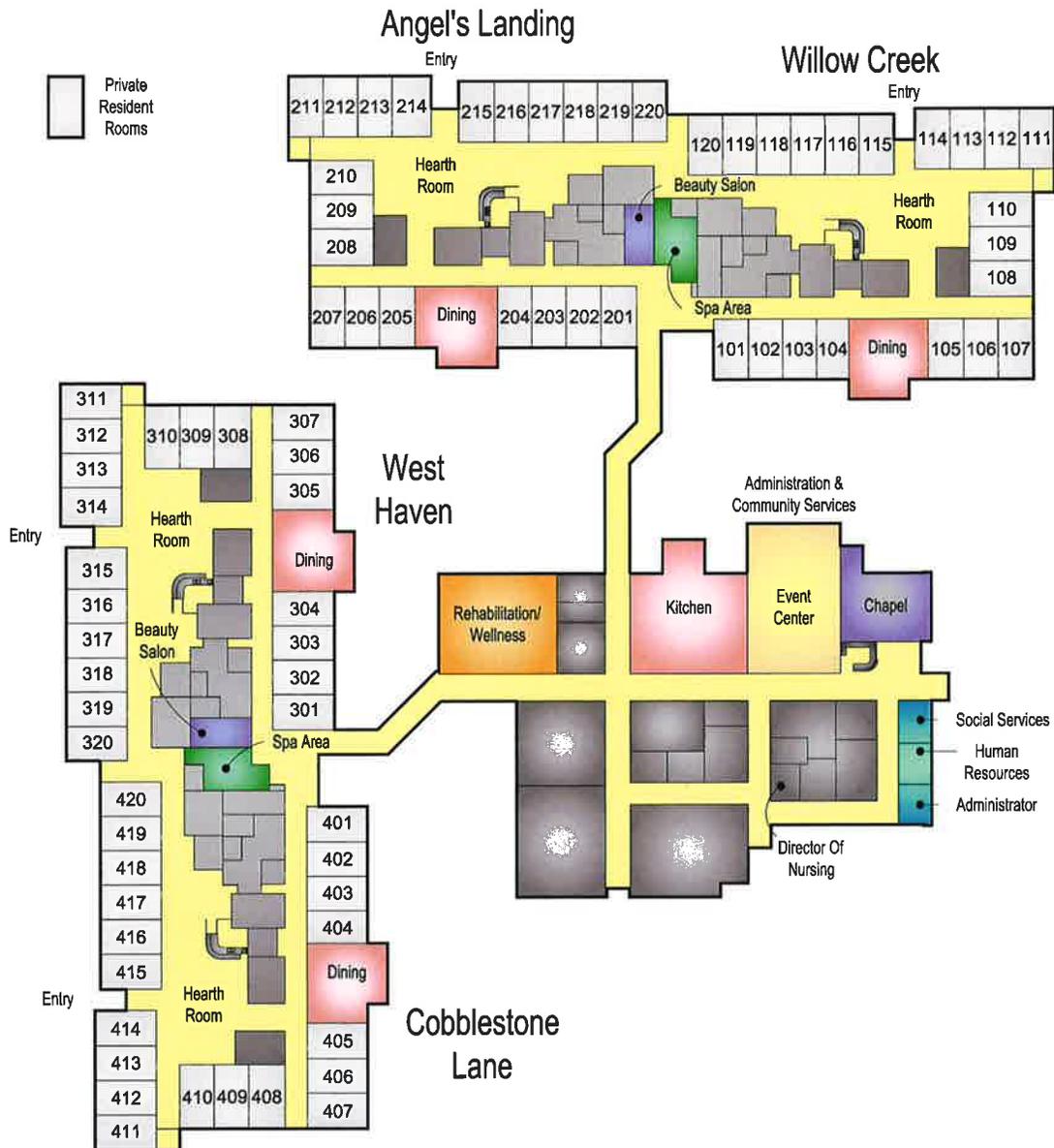
POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.



- 1 bed / room
- all beds Medicare / Medicaid certified
- total 80 beds

Site map



600 S 22nd St • Beatrice, NE 68310 • (402) 228-3322 • www.good-sam.com



The Evangelical Lutheran Good Samaritan Society provides housing and services to qualified individuals without regard to race, color, religion, gender, disability, familial status, national origin or other protected statuses according to applicable federal, state or local laws. Some services may be provided by a third party. All faiths or beliefs are welcome. © 2015 The Evangelical Lutheran Good Samaritan Society. All rights reserved. 15-G1102



MISSION AND PHILOSOPHY
PHILOSOPHY OF CARE

Page 1 of 1

FUNCTION
Special Care Unit
NUMBER
I.A
ISSUED
August 2012
REVISED
12/14

The cornerstone of the special care unit philosophy of care is stated in the words of the Rev. August "Dad" Hoeger, "We want to take care of the whole person, body and soul. The body is important and we should take the best care of it that is possible, but if that is all we do, we will fall short of our God-given duty."

Good Samaritan Society special care units are committed to providing a safe, calm, consistent and secure environment that will encourage residents to function at their highest possible level for as long as possible.

Positive, creative methods of care will be used to ensure personal dignity: the kind of care staff would desire if the roles were reversed. With each person, the best behavior and function will be strived for, while providing outlets and interventions for challenging behaviors and decreased functional abilities. It is vitally important to give the person a satisfying life experience.

Activities are organized to reflect, as closely as possible, the normal cycle of family life. From early morning until late evening, seven days a week, residents are encouraged to participate in programs designed to accommodate personal interests, cognitive abilities, sensory impairments and functional levels. Because the person with a cognitive impairment requires specialized programmatic interventions, activities are chosen for their therapeutic value and relate to the individual's past life experiences and current strengths. Normalization activities may include helping to set the breakfast table, folding linens or caring for a pet. Access to nature and the outdoors is convenient, recommended in a safe and enclosed patio/courtyard.

The diverse realities of each individual will be accepted and validated. Staff members receive the professional training needed to assist them in working successfully with residents. After initial orientation to Alzheimer's disease and related dementias, staff members participate in ongoing in-service education in current techniques and practices.

Quality care also addresses the needs of the family members as they adjust to the symptoms of Alzheimer's disease and related dementias. Support, understanding and education of families will be provided according to their needs. Families will be invited to participate in the care of their family members and encouraged to use supportive resources in their communities.



MISSION AND PHILOSOPHY
STATEMENT OF PURPOSE

Page 1 of 1

FUNCTION
Special Care Unit
NUMBER
I.B
ISSUED
August 2012
REVISED
12/14

The purpose of the special care unit is to provide a calm, structured and secure environment that will encourage each resident to function at his or her highest possible level. Specially trained staff members understand and accept the diverse realities of each individual and encourage each person to progress at his or her own unique pace.

The cornerstone of the special care unit is an extensive and individualized program of meaningful activities organized to reflect, as closely as possible, the familiar cycle of family life.



Procedure

PRE-ADMISSION, ADMISSION AND DISCHARGE SPECIAL CARE UNIT PRE-ADMISSION ASSESSMENT

Page 1 of 1

FUNCTION	Special Care Unit
NUMBER	V.A
ISSUED	August 2012
REVISED	9/13

PURPOSE

- To assess and determine potential and appropriate residents for admission to the special care unit

PROCEDURE

1. The special care unit (SCU) coordinator or licensed designee will conduct a pre-admission visit with the potential resident and his or her family/legal representative.
2. When a resident moves to the SCU, the SCU coordinator or licensed designee will complete the **Pre-Admission Data Collection** (GSS #945) and print and complete the **Special Care Unit Screener**. These need to be completed on all individuals seeking admission to the special care unit.
3. The special care unit admission/transfer/discharge team or licensed designee will review the pre-admission assessment, any other available records and admission criteria to determine if the individual is appropriate for admission to the unit. (See **Admission Criteria** in this section.)
4. The special care unit coordinator or licensed designee will communicate the admission decision and reasons for decline when admission is denied to the prospective resident and his or her family/legal representative.

DOCUMENTATION

GSS #945 – **Pre-Admission Data Collection**
Special Care Unit Screener



Policy & Procedure

PRE-ADMISSION, ADMISSION AND DISCHARGE
PRE-ADMISSION, ADMISSION AND DISCHARGE

Page 1 of 2

FUNCTION	Special Care Unit
NUMBER	V.B
ISSUED	August 2012
REVISED	12/14

PURPOSE

- To ensure that residents admitted to the special care unit meet diagnostic and behavioral criteria according to the special care unit's adopted admission criteria and to ensure that family/legal representatives understand discharge criteria

POLICY

Admission criteria, discharge criteria, philosophy of care and statement of purpose will be reviewed with the potential resident and family/legal representative during the pre-admission visit. In addition, admission and discharge criteria will be provided to the resident and family/legal representative at the time of admission.

NOTE: Consent to reside on a secured unit needs to be obtained upon admission and documented on ***Consent to Reside on a Special Care Unit*** (GSS #263).

Receipt of admission/discharge criteria needs to be documented on the ***Acknowledgment of Receipt of Special Care Unit Admission/Discharge Criteria*** (GSS #504).

If required by state regulation, a physician's order will be obtained before admitting a resident to or discharging a resident from a special care unit.

PROCEDURE

1. Each center should use the admission and discharge criteria guidelines provided or can adopt the center's own using the admission and discharge criteria. A copy of admission and discharge criteria should be placed in the resident/legal representative pre-admission packet.
2. At the time of admission, it is important to review potential reasons with the resident's legal representative for transferring or discharging a resident from the unit. These reasons could include the unit not being equipped and staffed to care for the medical needs of residents in the advanced/late stages of Alzheimer's disease and related dementias.
3. After a resident is admitted to the unit, there is a 30-day trial period to assess the resident's appropriateness on the unit. At the time of admission, the family/legal representative should be informed of this 30-day assessment trial period. The resident should be evaluated by the special care unit coordinator, social worker and licensed nurse for appropriateness of placement in the unit.
4. Each quarter at the resident care plan meeting, residents should be reassessed for appropriateness of placement on the unit.

5. When the admission-transfer-discharge team is evaluating the resident for possible discharge from the unit, the family will be kept informed throughout the process. The center will obtain a physician's order before discharging a resident from the special care unit per state regulations. State regulations will be followed regarding the timing of notification of transfer/discharge from the unit.
6. The center's social worker or other designated staff will assist the family/legal representative with placement of the resident when the resident no longer is appropriate for the unit.



Procedure

PRE-ADMISSION, ADMISSION AND DISCHARGE EMERGENCY ADMISSION TO THE SPECIAL CARE UNIT

Page 1 of 1

FUNCTION	Special Care Unit
NUMBER	V.B.2
ISSUED	August 2012
REVISED	12/14

PURPOSE

- To admit residents to the special care unit in the event of an emergency

PROCEDURE

1. In an emergency situation, the charge nurse or director of nursing services can authorize the need to move a resident to the special care unit until the physician can be notified. Document on the **PN – Other Progress Note** the reason for the move before the resident is moved to the special care unit.
2. An emergency is defined as a situation that endangers the resident or others.
3. At the time of the emergency, contact the family/legal representative to inform them of the move to the unit.
4. When an emergency admission is made to the special care unit, document the reason for the move to the special care unit on the **PN – Other Progress Note**.
5. The physician also must provide an order as soon as possible after the resident is moved to the special care unit.
6. After the resident is moved, document on the **PN – Other Progress Note** how the resident is responding to the emergency move to the special care unit.

DOCUMENTATION

PN – Other Progress Note

SEE ALSO

NURSING SERVICES MANUAL – ADMISSION

NURSING SERVICES MANUAL – PHYSICAL RESTRAINTS



Guidelines

PRE-ADMISSION, ADMISSION AND DISCHARGE DISCHARGE CRITERIA

Page 1 of 1

FUNCTION	Special Care Unit
NUMBER	V.B.3
ISSUED	August 2012
REVISED	12/14

PURPOSE

- To consider initiation of discharge from the special care unit

GUIDELINES

Discharge from the special care unit (SCU) should occur when:

1. The resident's general condition has improved to the point that a secured unit no longer is necessary.
2. The resident's condition has declined to the point where he or she requires a level of extensive assistance or total care and complex medical needs that is greater than the activity programming need. The unit is not equipped to care for the medical needs of residents in the advanced/late stages of Alzheimer's disease and related dementias.
3. The initial diagnosis was incomplete/inaccurate, resulting in the resident not being able to participate in programming (e.g., diagnosis of mental illness, chemical dependency, head injury).
4. The resident exhibits continued, unmanageable, combative behavior or excessive noise directed toward self or others, which is not altered by programming or other interventions and the individual becomes a danger to self.
5. The resident exhibits repeated, sexually inappropriate behavior toward other residents, which is not altered by programming or other interventions.
6. Financial obligations are not met by the family/legal representative.

SEE ALSO

PHILOSOPHY OF CARE

ROOM/ROOMMATE CHANGE – **SOCIAL SERVICES MANUAL**



Policy & Procedure

STAFFING STAFF TRAINING

Page 1 of 2

FUNCTION	Special Care Unit
NUMBER	IV.B
ISSUED	August 2012
REVISED	12/14

PURPOSE

- To outline the importance of providing initial and ongoing dementia training to staff members working on a special care unit

POLICY

1. All staff assigned to the special care unit will receive training before working on the unit and additional in-service education while working on the unit.

PROCEDURE

1. Review state regulations for required staff training topics.
2. The special care unit coordinator will evaluate and determine which topics staff need additional training on based on the needs of the specific unit.
3. Special care unit staff will receive quarterly scheduled in-service education to:
 - Review information learned during initial training.
 - Keep abreast of new information regarding Alzheimer's disease and other dementias.
 - Improve skills training regarding caring for residents with Alzheimer's disease and other dementias.
4. Reference materials regarding Alzheimer's disease/dementia care will be available in the center for access by staff and family members.

Comprehensive Dementia Training

The following two resources are highly recommended as initial training to provide the foundation of dementia care.

1. CMS Hand in Hand training: This training, which was developed by CMS, emphasizes person-centered care for persons with dementia, as well as the prevention of abuse.

Topics in this training include:

- understanding the world of dementia: the person and the disease
- what is abuse
- being with a person with dementia: listening and speaking
- being with a person with dementia: actions and reactions
- preventing abuse
- being with a person with dementia: making a difference

This training resource was sent to each nursing location in 2013. You can access the Hand in Hand training at www.cms-handinhandtoolkit.info and request to download the training.

2. Dementia Care Training Workbook (LRN6260): Topics covered in this workbook include:
 - Alzheimer's Overview
 - Communicating with Residents with Dementia
 - Creating a Supportive Environment
 - Person-Centered Dementia Care
 - Rights of Persons with Dementia
 - Behavior Management
 - Activities of Daily Living
 - Meaningful Activities
 - Stress Management for the Caregiver
 - Supporting Families of Residents with Dementia

This workbook is designed to provide training to those who care for residents or clients with dementia. This resource was sent to staff development coordinators in 2008. Additional copies of this workbook are available to order through the Lawson Online Supply Ordering System.

3. In addition to these trainings, there are also courses available in the Learning Center on caring for residents with dementia. The easiest way to find the courses is to:
 - Log into the Learning Center.
 - Click the house icon to access the learner homepage.
 - Scroll down to the bottom of the homepage to see the Catalog.
 - Click the Dementia/Alzheimer's Disease category.
4. Additional training resources for ongoing training:

There are many dementia training resources available through the Resource Library that can be used for additional or ongoing training on a variety of topics such as overview of Alzheimer's and stages of the disease, communication, behaviors, activities of daily living and resistance to care, working with family members and activity programming.

SEE ALSO

LEARNING AND DEVELOPMENT MANUAL



THE THERAPEUTIC PROGRAMMING
THERAPEUTIC PROGRAMMING OBJECTIVES

Page 1 of 1

FUNCTION	Special Care Unit
NUMBER	VI.A
ISSUED	August 2012
REVISED	12/14

PURPOSE

- To assist you in providing information for that part of a resident's care relating to emotional, mental and psychosocial areas of need

INTRODUCTION

The person with a cognitive impairment requires specialized programmatic interventions. Activities for persons with dementia should be chosen for their therapeutic value. Daily programming should relate to the person's past life experiences, as well as current strengths. These should be meaningful, stimulating, appropriate and provided in a dignified manner. Structured programming should be offered 8 to 10 hours per day.

OBJECTIVES FOR PROGRAMMING

- To encourage and stimulate physical movement
- To reduce undesirable behavioral episodes
- To lessen anxiety and noise on the special care unit
- To improve sleeping patterns
- To reduce the use of physical and chemical restraints
- To allow acceptable expressions of feelings
- To provide meaningful social interactions
- To promote cognitive stimulation of memory, self-awareness, concentration and orientation
- To encourage feelings of self-worth and dignity
- To help support former family or work roles or to develop and define a new role or purpose for life
- To encourage independence through opportunities for choice
- To provide a sense of security and belonging
- To enhance life through pleasant or joyful experiences
- To instill hope

Although the activity program is led by unit staff, a qualified activity professional should provide direction and oversight.



Guidelines

THERAPEUTIC PROGRAMMING GUIDELINES IN PROGRAMMING FOR THE SPECIAL CARE UNIT RESIDENT

Page 1 of 2

FUNCTION
Special Care Unit
NUMBER
VI.B
ISSUED
August 2012
REVISED

PURPOSE

- To promote successful outcomes and positive experiences
- To provide meaningful situations based upon a person's past experiences and interests, as well as current abilities
- To provide feelings of acceptance and enhance a person's self-esteem
- To maintain physical well-being
- To promote structure and familiarity to a person's day

RESPONSIBLE STAFF

Special care unit staff

GUIDELINES

1. Develop a daily or monthly calendar of events using an interdisciplinary team of special care unit staff with oversight from the center's qualified activity professional.
2. Incorporate programs according to the current abilities based on each resident's comprehensive assessment and care plan.
3. Incorporate residents' past interests and life roles when planning programs and 1:1 interventions.
4. Refer to the resource box/notebook for program ideas, resources and supplies.
5. Provide consistency and routine with daily programs, such as:
 - a. Each morning – physical, community and cognitive-type groups
 - b. Each afternoon – creative, social and spiritual
 - c. Each evening – special needs and overlearned/familiar tasks
6. Limit time span to match residents' attention span, which usually is no more than 15 minutes to 20 minutes.
7. Consider the effect of the surrounding environment and eliminate stimuli such as excessive noise or a large group.
8. Provide well-lighted areas for programming.
9. Remember to vary active and passive activities throughout the day (exercise versus looking at magazine pictures) and end the day with a passive activity.
10. On occasion, residents may be taken off the unit for center programs as appropriate to interests, needs and outcome.

SEE ALSO

ACTIVITY SERVICES MANUAL

(See *Sample Daily Programming Activity Schedule* that follows.)



THERAPEUTIC PROGRAMMING
**SAMPLE DAILY PROGRAMMING/
 ACTIVITY SCHEDULE**

Page 1 of 1

FUNCTION
Special Care Unit
NUMBER
VI.B.1
ISSUED
August 2012
REVISED

NOTE: Times listed are suggested starting times only.

8:30	Morning Greetings
9:00	Looking Good
9:45	Movement and Exercise
10:15	Snack and Chat
10:45	Focus Program*
11:25	Mealtime Preparation/Prayer
11:30-1:00	Dinner
1:00	Intellectual Activity/Quiet Time (e.g., spelling bee, reminiscing)
2:00	Move and Groove (e.g., horseshoes/balloon volleyball)
2:45	Overlearned Activity (e.g., sorting, folding)
3:15	Snack and Chat
4:00	Afternoon Stretch/Walk
4:45	Mealtime Preparation/Prayer
5:00-6:30	Supper
6:30	Evening Program
7:30	Snack and Chat

***SAMPLE OF FOCUS PROGRAMS**

MONDAY — Rhythm Band; TUESDAY — Gardening; WEDNESDAY — Crafts; THURSDAY — Bible Study; FRIDAY — Baking; SATURDAY — Word Games; SUNDAY — Hymn Sing-a-long

SAMPLE MONTHLY PROGRAMS

Special Events, Entertainment

NOTE: Residents on occasion may be taken off the unit for special center programs as appropriate to interests, needs and outcomes.



THE THERAPEUTIC PROGRAMMING
SPECIAL CARE UNIT
DAILY PROGRAM DESCRIPTION

Page 1 of 1

FUNCTION Special Care Unit
NUMBER VI.B.2
ISSUED August 2012
REVISED 12/14

Morning Greetings – introduce themselves and greet everyone in the room by addressing them by name and providing the appropriate touch (handshake, pat or hug).

Looking Good – assist residents with applying makeup, styling hair, providing manicures, etc. Remember to follow infection control procedures during these activities.

Movement and Exercise/Move and Groove – walking club, dancing, balloon volleyball, horseshoes. Staff may want to use music while exercising and can use movements that trigger residents' long-term memory such as rowing a boat, riding a bike, marching in a parade, etc. When leading programs, remember to demonstrate the movements and include props such as scarves/streamers to make the activity more stimulating and fun.

Snack and Chat – socialize with residents while providing finger foods and increasing fluid intake.

Focus Program – crafts, baking and gardening.

Devotions – sing a hymn, read a short Bible verse, simple readings, say "The Lord's Prayer" with residents.

Mealtime preparation – talk about the upcoming meal and partner with the residents to help set the table.

Overlearned activity – include dusting, raking, sweeping, watering plants, caring for pets, folding (towels)/sorting items. Men may prefer to sort socks whereas ladies may prefer to sort baby clothes.

Cognitive/Intellectual Activity – encourage word games, matching puzzles, spelling bee, cards, reminiscence. For a word game, staff should seat residents in a circle. Staff should ask each resident individually to think of a woman's name that starts with a particular letter (M). Praise the resident for their involvement in the activity.

Evening Programming – show videos, read stories, massages. Staff is encouraged to play soothing instrumental music to help residents feel relaxed. Staff can use scented lotions while giving hand massages.

Sensory Activities/Smell – use jars filled with different scented items and have residents identify the smells. Touch – staff can place items in a bag and have residents reach in the bag and try to identify the object. Sight – place items on the table in front of residents; then remove the items to see how many items the residents can name.



THE THERAPEUTIC PROGRAMMING
ENGAGING THE RESIDENT WITH DEMENTIA

Page 1 of 2

FUNCTION
Special Care Unit
NUMBER
VI.C
ISSUED
August 2012
REVISED
9/14; 12/14

PURPOSE

- To enhance and increase resident participation
- To recognize resident needs, interests and abilities

RESPONSIBLE STAFF

Special care unit staff
Activity staff
Volunteers

GUIDELINES

Activity Program Preparation

1. Gather and organize equipment in advance.
2. Have a wide variety of supplies and colorful props.
3. Reduce or eliminate background noise.
4. Plan activities for 15 minutes to 30 minutes.

Small Group and Individual Facilitation Techniques

1. Greet each resident and thank them for joining you in the program.
2. Give residents time to adjust to the setting before starting the activity.
3. Initiate involvement in the activity by asking the resident to help you with the activity, which makes the resident feel important and needed.
4. Use touch to gain the resident's attention.
5. Position yourself at the resident's eye level and maintain eye contact.
6. Keep the tone of your voice low.
7. Offer limited choices (one to two items) to the individual.
8. Allow sufficient response time before presenting the next item.

9. Follow the resident's lead during discussions and allow the conversation to occur on its own rather than expecting the conversation/response in a specific time frame.
10. You may need to use hand-over-hand demonstration during the activity.
11. Have a positive attitude and lead programming/activities with enthusiasm.
12. Validate resident's attempts and praise achievements.
13. To facilitate resident's success, provide instructions and directions one step at a time.
14. Allow residents to actively participate in any part of the activity that they are able to do.
15. Passive observation is participation in the group.
16. Use humor as much as possible in activities.
17. Use short sentences and simple words.
18. Thank residents for participating in the activity program.



Guidelines

THERAPEUTIC PROGRAMMING INFECTION CONTROL FOR SPECIAL CARE UNIT ACTIVITY SERVICES

Page 1 of 2

FUNCTION	Special Care Unit
NUMBER	VI.C.2
ISSUED	August 2012
REVISED	12/14

PURPOSE

- To provide a safe, sanitary and comfortable environment for special care unit residents, visitors and staff
- To prevent the development and transmission of disease and infection

RESPONSIBLE STAFF

Special care unit staff
Activity staff
Center staff, as designated
Volunteers, as designated

GUIDELINES

1. Activity staff/volunteers/residents are to follow center infection control guidelines.
2. Infection control practices are to be addressed during general and department orientation.
3. Activity staff is to participate in the ongoing center in-service education program on infection control.
4. Activity staff/volunteers/residents should wash their hands before and after having direct hands-on contact with residents in both group and 1:1 interactions.
5. Table tops and counters should be cleaned before and after activity programs.
6. Staff/volunteers/residents with communicable diseases or infected skin lesions should have no direct contact with residents or food.
7. Activity staff should check with nursing for the following:
 - a. Any special precautions for residents that may affect their participation in activities.
 - b. Which residents may or may not participate in activities.
8. Residents with an infectious disease or a suspected infectious disease should not attend group activities until asymptomatic and/or determined by nursing.
9. Residents who exhibit signs of fever, flu, coughing, sneezing or who become ill during activities should be taken back to their rooms and the charge nurse should be notified of these symptoms.

10. Activity supplies/equipment are to be cleaned as follows:
 - a. Supplies/equipment are to be routinely cleaned and disinfected.
 - b. Supplies/equipment also are to be cleaned/sanitized after each resident use (e.g., scarves, hats, diversional activity center supplies).
 - c. One-to-one or small group sensory grooming supplies (e.g., hairbrush, nail files, etc.) are to be kept in individual containers for specified residents.

11. Pet programs
 - a. Pets will not be permitted in areas where food is prepared or served.
 - b. Pets will be fed only in designated areas.
 - c. Employees will wash their hands after any contact with pets and also before having any contact with residents.
 - d. Pet food supplies will be stored away from resident access.
 - e. Pet accidents are to be appropriately cleaned up.
 - f. Pets should not be allowed in isolation areas.

12. Food-related activities
 - a. Hands are to be washed before and after preparing or serving food.
 - b. Refreshments will be covered.
 - c. Refreshments (cookies, crackers, etc.) served from a tray are to be served with a serving utensil and/or paper napkins.
 - d. Garbage/refuse is to be disposed of appropriately.
 - e. Tableware and glassware are to be handled appropriately.
 - f. Food is to be stored in labeled and dated airtight containers.



THERAPEUTIC PROGRAMMING
PROGRAMMING RESOURCE BOX/NOTEBOOK

Page 1 of 2

FUNCTION	Special Care Unit
NUMBER	V.I.D
ISSUED	August 2012
REVISED	12/14

PURPOSE

- The development of a programming resource box/notebook will assist special care unit staff in developing and implementing the unit daily/monthly calendar and programs/activity schedule

GUIDELINES

Select an interdisciplinary group of special care unit staff and the center's activity director to develop the resource box/notebook.

Complete individual file cards or pages for each program/activity with program ideas, resources and supplies needed for each program/activity and group size.

RESPONSIBLE STAFF

Special care unit coordinator
Designated activity staff
Other designated staff

SUGGESTED MATERIALS NEEDED

Three-ring binder or recipe file box
Notebook or file box dividers labeled:
Cognitive
Physical
Spiritual
Community
Social
Creative
Sensory stimulation
Overlearned/familiar tasks

EXAMPLES

Cognitive: word games, matching, puzzles, spelling bees, Bible trivia, crossword puzzles, Name That Tune, table games, cards, reminiscence

Physical: balloon volleyball, floor basketball, bowling, kickball, walks, parachute, exercises, dancing

Spiritual: devotions, hymn sing, Bible study, spiritual readings, church services, prayer

Community: outside entertainment, outings, community outreach projects (folding center newsletter, cutting or tearing coupons), pet therapy, volunteer interventions

Social: birthday parties, coffee or tea parties, special meals, holiday or theme parties

Creative: painting, arts/crafts projects, baking (decorating cupcakes or cookies), ceramics

Sensory Stimulation: aromatherapy, music, massage, touch-and-feel bags, rocking chair, scarves to wave, rhythm band, baking

Overlearned/Familiar Tasks: dusting, polishing shoes, wiping tables, folding towels, cooking, sorting socks, sorting nuts and bolts, toolbox for rummaging, sweeping, sanding wood, threading large beads



Procedure

THERAPEUTIC PROGRAMMING ACTIVITY ATTENDANCE DOCUMENTATION

Page 1 of 2

FUNCTION	Special Care Unit
NUMBER	V.I.E
ISSUED	August 2012
REVISED	12/14

PURPOSE

- To document resident participation in programs
- To determine resident interest in activities
- To determine resident level of involvement in activities
- To record resident outcomes and responses to activity interventions

RESPONSIBLE STAFF

Special care unit staff

PROCEDURE

1. Resident activity involvement is recorded to ensure the plan of care meets each individual's needs and interests.
2. For documenting participation, use **PCC-POC**.
3. When documenting, you will first choose one of the following quick-entry groups: group, one-to-one, self-directed or outing.
4. Next, you will choose the activity attended. Each activity attended is attached to one of the seven domains. The seven domains are:
 - a. Sensory stimulation
 - b. Community
 - c. Creative
 - d. Educational/cognitive
 - e. Social
 - f. Spiritual
 - g. Physical
5. An activity participation code is chosen next. You have the following choices:
 - Active* = (according to his/her assessed level of ability)
 - Disruptive* = (behavior occurred during activity)
 - Independent* = (resident's activity is self-initiated such as reading)
 - No Response* = (resident made no reaction to activity or intervention)
 - Observed* = (resident only watched the activity, chose not to participate)
 - Slept* = (resident slept through activity)
 - Wanders In/Out* = (resident wandered instead of participating)

6. If the quick-entry one-to-one was chosen, you also will need to choose the result of the one-to-one. The options for the result are:
 - Converse* = (resident responded verbally, e.g., words and sounds)
 - Eye Contact* = (resident was able to make eye contact)
 - Gesturing* = (resident communicated through gestures)
 - Negative* = (resident responded negatively to 1:1 contact)
 - No Response* = (resident gave no verbal or nonverbal response)
 - Smile* = (resident responded by smiling)
 - Motion* = (resident demonstrated body and or head motions)
 - Open Eyes* = (resident opened eyes during 1:1 contact)
 - Positive* = (resident demonstrated positive verbal and/or non-verbal response)
 - Hand Squeeze* = (resident squeezed hand during 1:1 contact)
 - Reach* = (resident demonstrated ability to reach out)
 - Relaxed* = (resident displayed a calm, quiet response)
 - Tracking* = (resident followed movements, objects with eyes)
7. For additional documentation regarding a resident's 1:1 program involvement, use the **PN – Activities**.
8. To review activity attendance documentation, see the PCC report **Documentation Survey Report**.

DOCUMENTATION

PN – Activities

SEE ALSO

ACTIVITIES MANUAL

REFERENCE

STATE OPERATIONS MANUAL: F-Tags: 248



Procedure

THERAPEUTIC PROGRAMMING
SPECIAL CARE UNIT ACTIVITY SUPPLIES

Page 1 of 2

FUNCTION	Special Care Unit
NUMBER	VI.F
ISSUED	August 2012
REVISED	12/14

PURPOSE

- To provide recommendations for supplies useful for conducting activities on a special care unit (SCU)

GUIDELINES

1. The following is a suggested list of supplies/equipment that the SCU staff may use to meet the needs of their residents.
2. Each unit should determine the quantity of supplies necessary to meet resident needs and interests.
3. Each unit should work with the activities department because some supplies and equipment can be shared within the center.

SUGGESTED LIST OF SUPPLIES/EQUIPMENT

Cognitive Activities

Variety of word games including proverbs, similes, pairs, trivia games
Reading books (poetry, Bible, magazines)
Simple board games, cards, checkers
Reminiscing kits
Newspaper for reading alone or together
Wallpaper books to stimulate reminiscing
Simple jigsaw puzzles
Reminiscing kits
Dominoes

Physical Activities

Balls (beach, small, firm, soft, foam)
Balloons
Beanbags
Music tapes/CDs
Bowling
Sensory stimulation materials
Busy boxes
Horseshoes
Scarves

Spiritual Activities

Rosaries/crosses
Hymn books/Bibles

Creative Arts/Crafts

Adult art prints
Marking pens
Colored pencils
Sewing cards
Sandpaper
Wooden projects
Non-toxic supplies

Overlearned/Psychosocial Activities

Pretty hats and men's caps
Envelopes to be stuffed, coupons to be clipped
Brooms, sponges, duster, clothes to be folded, socks to be sorted
Coupons
Playing cards
Yarns to wind
Greeting cards

Sensory Activities

Scented lotions

Equipment Needed

CD player
VHS/DVD player

Appropriate Videotapes/DVDs

Nature shows
Musicals
Movies about animals or babies
Some game shows
Shirley Temple movies
Lawrence Welk

Cooking Equipment

Cookie sheets
Rolling pins
Wooden spoons
Breadmaking machine
Measuring cups
Mixing bowls
Cookie cutters
Muffin tins

SEE ALSO

ACTIVITIES MANUAL



ENVIRONMENT ENVIRONMENTAL GUIDELINES

Page 1 of 2

FUNCTION
Special Care Unit
NUMBER
III.A
ISSUED
August 2012
REVISED
12/14

The special care unit must be designed to support individuals with Alzheimer's disease and other dementias. The design must provide a calm, structured, homelike environment in a secured setting that allows for freedom of movement and activity.

THE THERAPEUTIC ENVIRONMENT SHOULD INCLUDE:

Security

- The unit should be secured using a keypad system or magnetic lock system that can be unlocked by a cognitively intact person. If the fire alarm system is activated, the keypad system should release. Once released, staff will be assigned to exit doors. Another option is a wandering alert system, which is a commercial system that sounds an alarm when a resident exits the unit or building.
- Storage areas that contain hazardous materials should be locked.
- Fire alarm pulls should be covered to prevent inappropriate use.
- An enclosed, locked outdoor area with a fence that is a minimum of six feet in height.
- Hallways are kept clear to provide a safe walkway and wandering area.
- Bulletin boards in common areas should be enclosed.
- Pictures should be securely mounted on walls.
- Objects that are non-breakable and have no sharp edges.

A calm, low-stimulus environment

- Use of public address/overhead paging system is eliminated or greatly minimized.
- Telephone calls to the unit are limited (however, residents do have the right to make and receive phone calls). Consider the use of pagers or cellphones. Lower the volume of the telephone ringer.
- Lounge televisions are eliminated or used only as part of therapeutic programming.
- There should be minimal staff traffic throughout the unit.
- Homelike furnishings such as comfortable recliners, rocking chairs and textured wall hangings should be present. Furniture should be arranged to encourage social interaction.
- A kitchenette should be in the unit to offer residents the opportunity to participate in cooking and baking. The power controls of the stove and other kitchen equipment should be accessible only to staff. There should be stimulating smells such as coffee brewing or bread baking.
- Signage using pictures and words should provide cues for the locations of bathrooms, resident rooms, dining room, etc.

Colors/Patterns

- Use colors that are easily seen by the elderly eye. Pastels used together, such as pink, lavender and blue, tend to look the same. Clear colors are more easily visualized versus muted colors, such as mauve and gray-blue.
- Provide contrast between the walls and the floor, sink and vanity, toilet and toilet seat, toilet and floor, tabletops and floors and dishes and table.
- Watch patterns in floor coverings. Residents may misperceive a border design or pattern as a hole or step, adding to their confusion.

Lighting

- Provide as much indirect lighting as possible. Avoid uneven light distribution that produces shadows.
- Avoid unshielded light sources and glare such as highly waxed floors, high-gloss paint or windows without coverings.
- Provide access to natural daylight.
- Use of nightlights may help residents find their way to the bathroom.

Individualized Resident Rooms

- Encourage families to personalize resident rooms with familiar possessions (i.e., afghan, quilt, pillows and other decorations) that provide continuity with the past. Label personal items.
- Memory boxes with photos and other mementos, located adjacent to the door, may help residents locate their rooms.

Physical Plant

- The special care unit should be located on the ground floor to allow easy access to the enclosed outdoor area without using stairs or an elevator.



Guidelines

ENVIRONMENT QUIET ROOM

Page 1 of 1

FUNCTION
Special Care Unit
NUMBER
III.A.1
ISSUED
August 2012
REVISED
12/14

The quiet room serves as a separate area on the special care unit where residents can refocus in a calm environment when they become overstimulated. Staff members may accompany residents into this area. When a resident becomes overstimulated, a staff member can guide the resident to this area if the resident is receptive to this approach. If the resident is not receptive to this approach, the resident should not be forced to go into this room.

The quiet room should remain open at all times so that residents have free access to this area; however, staff should monitor residents coming in and out of this room to ensure safety. In addition to serving as a separate area, the quiet room should contain a multi-sensory atmosphere that comforts the resident.

The quiet room should include:

- Familiar, homelike surroundings, including comfortable furniture such as a sofa, recliner, rocking chair, etc.
- A dresser for residents to rummage through.
- Work areas for residents to be involved with former occupations, reminiscence kits and/or busy boxes.
- Auditory supplies such as a radio/cassette/CD player and a variety of musical tapes (classical, nature sounds, hymns, etc.) and books on tape/CD.
- Tactile supplies such as different fabrics and textures, lifelike dolls, etc.
- Olfactory supplies such as fragrant hand lotions.
- Visual supplies such as old photo albums, favorite magazines, catalogues and spiritual items.



Guidelines

ENVIRONMENT SECURED COURTYARD

Page 1 of 1

FUNCTION	Special Care Unit
NUMBER	III.A.2
ISSUED	August 2012
REVISED	12/14

One of the features of the special care unit that supports individuals with Alzheimer's disease and related dementias is the secured courtyard. The courtyard is beneficial in that it provides a secured setting that allows for freedom of movement and activity.

Residents living on the special care unit should have the opportunity to go outside at least once daily, weather permitting. Therefore, from May to September, the door to the courtyard or outside area should remain unlocked.

The following conditions would warrant the door to the courtyard being locked:

- Inclement weather (raining, snowing, high humidity, high/low temperatures)
- After sunset

Residents should be monitored when going outside to determine appropriate clothing needed.



Procedure

SUPPORT GROUPS/RESOURCES SPECIAL CARE UNIT FAMILY SUPPORT GROUP

Page 1 of 1

FUNCTION

Special Care Unit

NUMBER

IX.A

ISSUED

August 2012

REVISED

PURPOSE

- To offer education and support to families of special care unit residents

PROCEDURE

1. Contact the Alzheimer's Association chapter closest to the center regarding support groups available in the area. Family support group meetings can be offered in the center or in conjunction with a community group outside the center.
2. Survey family members periodically regarding their interest in a support group.
3. The special care unit coordinator or center's social worker or social work personnel will be responsible for organization of the special care unit group. Members may want the unit coordinator or center's social worker to facilitate the meetings or they may select another facilitator.
4. Develop an agenda for meetings and maintain attendance records.
5. Refer questions/concerns that are raised in the support group meetings to the unit coordinator for follow-up, with the results reported at the next meeting.



401 S 22nd Street
Beatrice, NE 68310-4999

Beatrice
401 S 22nd Street
Beatrice, NE 68310-4999
Phone: 402-228-3304
Fax: 402-223-5220

Phone: 402-228-3304
Fax: 402-223-5220
www.good-sam.com

Samaritan Springs
600 S 22nd Street
Beatrice, NE 68310-4200
Phone: 402-228-3322
Fax: 402-228-8310

Rates

4870

Effective date: December 1, 2015

Level of Care	Private	Level of Care	Private
101	\$248	113	\$260
102	\$248	140	\$261
103	\$250	114	\$261
104	\$250	115	\$261
120	\$250	141	\$261
130	\$250	142	\$262
180	\$250	160	\$262
191	\$250	143	\$262
192	\$250	161	\$272
193	\$250	144	\$282
194	\$250	150	\$282
121	\$250	162	\$282
131	\$250	151	\$285
110	\$256	145	\$296
122	\$256	152	\$309
111	\$256	170	\$309
132	\$256	163	\$324
123	\$256	171	\$353
133	\$256	172	\$378
112	\$260	Bed Hold	\$248
		Respite 1 - 14 days	\$276

Rate level numbers are determined by the State of Nebraska. The rates listed above include room, board, required nursing care and routine services. Medical and nursing supplies, durable medical equipment, medications and other ancillary services will be an additional cost. A listing of supplies, services and costs is provided upon request. **For more information, please contact our Social Services Office at (402) 228-3304.**

Medicare/Medicaid: Good Samaritan Society – Beatrice participates in both the Medicare and Medicaid programs. Eligibility requirements and rates are determined by each of the respective programs.

Routine Services: Routine nursing services include regular room; dietary and nursing services; social services; minor medical supplies; the use of equipment and facilities; and other routine services. Excludes ancillary services.

Ancillary Services: Ancillary services are provided by or purchased by a facility and are not properly classified as “routine services.” The facility shall contract for ancillary services not readily available in the facility. The rates listed above do not include ancillary charges.



The Evangelical Lutheran Good Samaritan Society provides housing and services to qualified individuals without regard to race, color, religion, gender, disability, familial status, national origin or other protected statuses according to applicable federal, state or local laws. Some services may be provided by a third party. All faiths or beliefs are welcome. © 2015 The Evangelical Lutheran Good Samaritan Society. All rights reserved.

In Christ's Love, Everyone Is Someone.



Additional services

Beauty Shop

Shampoo and set	\$12
Cuts: Ladies	\$10
Gentleman	\$10
Permanents	\$35
Hair color (includes set)	\$22

Guest meal prices

Breakfast	\$5
Lunch	\$5
Supper	\$5
Holiday	\$7



401 S 22nd St • Beatrice, NE 68310 • (402) 228-3304 • www.good-sam.com



The Evangelical Lutheran Good Samaritan Society provides housing and services to qualified individuals without regard to race, color, religion, gender, disability, familial status, national origin or other protected statuses according to applicable federal, state or local laws. Some services may be provided by a third party. All faiths or beliefs are welcome. Copyright © 2014 The Evangelical Lutheran Good Samaritan Society. All rights reserved. 14-G0918

Rehabilitation/Skilled Care

Ancillary Charge List

Effective date: Dec. 1, 2015

<u>Item Name</u>	<u>Price</u>	<u>Item Name</u>	<u>Price</u>
Aloe Vista	\$8.00 - \$18.57	Jobst Stockings	\$35.00 - \$82.00
Aqua K pad	\$14.00	Lancets 28 gauge (box)	\$35.00
Bed Pan	\$5.00 - \$8.50	Lotion 8 oz.	\$11.50
BenGay	\$8.20	Male Urinal	\$3.00
Body powder	\$7.60	Mouth moisturizer	\$3.12
Briefs – pkg	\$5.00 - \$30.00	Mouthwash	\$2.10
Briefs – case	\$25.00 - \$45.00	Muscle Rub	\$2.24
Catheter supplies (varies)	\$.50 - \$30.00	Nail clippers (varies)	\$0.54 - \$4.37
Calmoseptine	\$15.40	Nebulizer Kit	\$4.50
Comfort Shield wipes	\$14.96	Ostomy supplies	varies
Denture brush	\$1.50	Pads – pkg	\$5.00 - \$20.00
Denture cups	\$1.50	Pads – case	\$25.00 - \$35.00
Denture cream	\$19.00	Promote with fiber 1000 cc	\$25.81
Denture tabs	\$2.30	Pull-ups – pkg	\$6.00 - 18.54
Deodorant	\$11.00	Pull-up – case	\$35.00 - \$45.00
Dressings (varies)	\$0.20 - \$153.88	Razors (pkg of 10)	\$3.20
Emesis Basin	\$2.00	Saline (varies)	\$0.98 - \$4.00
Enema bag and soap	\$6.30	Shampoo no rinse 8 oz.	\$2.76
Enema Phosphate	\$5.00	Shaving cream	\$2.60
Enteral feeding bags	\$5.40	Shower cap	\$3.84
Filter Needle	\$5.20	Bed bath washcloths	\$14.30
Fingernail brush	\$4.00	Simethicone (bottle)	\$2.54
Folic Acid	\$2.45	Single test slides	\$1.54
Foot pillows	(varies)	Spike set	\$4.06
Fracture bed pan	\$5.00	Spike sets tube feeding	\$9.36
Hair care comb	\$2.00	Staple remover kit sterile	\$4.60
Gloves single sterile	\$3.00	Stomahesive paste 2 oz tube	\$33.00
Graduated cylinder 32 oz.	\$2.40	Surepress absorbent padding	\$3.08
Hypafix Tape 4" x 10 yds.	\$10.43	Suture removal kit	\$4.60
Incentive spirometer	\$14.20	Swabs (box)	\$4.90
Irrigation piston syringe 60cc	\$2.40	Syringe (varies)	\$.45 - \$45.00
Isolation gown (10)	\$36.00	Ted hose (varies)	\$5.50 - \$13.00
Isolation shoe covers (box)	\$6.61	Toothbrush	\$2.20
Jevity ready to hand	\$69.72	Toothettes (10/pkg)	\$8.00
Jobst Stockings	\$35.00 - \$82.00	Toothpaste	\$3.00
Lancets 28 gauge (box)	\$35.00	Ultracal 1000 ml	\$10.29
Lotion 8 oz.	\$11.50	Undergarment	\$13.02
Isolation shoe covers (box)	\$6.61	Wipes refill	\$4.26

Rehabilitation/Skilled Care

Ancillary Charge List

Effective date: Dec. 1, 2015

<u>Dietary Supplements</u>	<u>Price</u>	<u>Equipment Rental</u>	<u>Price</u>
Arginade	\$2.00	Monitor per week	\$4.00
Boost	\$3.00	Wheelchair per week	\$5.00
Ensure	\$1.25	Wheelchair cushion/week	\$2.00
Ensure Clear	\$2.00	Walker per week	\$3.00
Ensure pudding	\$1.50	Trapeze per week	\$2.00
Glucerna	\$2.68	Wanderguard per week	\$8.00
Magic Cup	\$1.16	O ₂ Concentrator/day	\$5.50
Propass (can)	\$9.00	E tank	\$12.00
		Oxygen Mask (approx.)	\$8.50
		<u>Transportation Charges</u>	
		Local round trip	\$30.00
		Transport out of town/mile	\$1.25
		Hourly escort	\$20.00