



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

3/7/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>Brookefield Park</b>	
MEETS STATUTORY REQUIREMENTS AS	
SNF/NF DUAL CERT	
Services	Lic # NH0016
PHYSICAL THERAPY	
OCCUPATIONAL THERAPY	
SPEECH THERAPY	
ALZHEIMERS/SPECIAL CAR	
<b>EXPIRES</b> 03/31/2017	  Christy K. Vinyard, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Brookefield Park

ADDRESS: 1405 HERITAGE DRIVE, ST PAUL, NE 68873

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.

4 22 15

EXPIRES UNIT

FEB 18 2016



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

Make Payment to DHHS LU  
RECEIVED  
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:  
Brookefield Park  
1405 HERITAGE DRIVE  
ST PAUL, NE 68873

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

LICENSE NO: NH0016  
TELEPHONE NUMBER: (308) 754-5486  
FAX NUMBER: (308) 754-5385  
ADMINISTRATOR: BRENDA EWERS-NORDHUES  
DIRECTOR OF NURSING: SARAH RASMUSSEN, R.N.  
E-Mail Address, if available: 2567-stp@vhsmail.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_  
4. NUMBER OF BEDS TO BE RELICENSED: 70

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

Current Services  
PHYSICAL THERAPY  
OCCUPATIONAL THERAPY  
SPEECH THERAPY  
ALZHEIMERS/SPECIAL CAR

REC'D - DHSS ACCOUNTING  
2016 FEB 22 AM 11:45

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: HERITAGE OF ST. PAUL, INC.  
(Legal Name of individual or business organization)  
MAILING ADDRESS: 920 JACKSON STREET  
ST PAUL, NE 68873

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.

Jack D. Vetter  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT  
Todd D. Vetter  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]  
SIGNATURE

02.16.16  
DATE  
02.16.16  
DATE

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402995

Name of Facility: **Brookefield Park Nursing Home**  
Type of Facility: **Nursing Homes**  
Location: **1405 Heritage Dr., St Paul**  
Maximum  
Occupancy: **70 Beds**  
Date Issued: **4/22/2015**

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.

**Vetter Related Corporations  
Directors, Officers and Shareholders  
as of January 1, 2016**

Directors and Officers for all the following companies can be notified in writing: C/O Vetter Health Services, Inc., 20220 Harney Street, Elkhorn, NE 68022 or by telephone at 1-402-895-3932.

**Vetter Holding, Inc.**

<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholders</u>
Jack D. Vetter	Jack D. Vetter.....President	Jack D. Vetter
Eldora D. Vetter	Eldora D. Vetter..... Vice President	Eldora D. Vetter
Denith D. Vetter	Eldora D. Vetter.....Treasurer	Denith D. Vetter
Vicki L. Vetter	Eldora D. Vetter..... Secretary	Tina Vetter
Todd D. Vetter	Todd D. Vetter.....Assistant Secretary	Vicki L. Vetter
	Joani Schelm.....Chief Financial Officer	Todd D. Vetter
		Lucille Vetter
		The Vetter Foundation

**Wholly Owned Subsidiaries of Vetter Holding, Inc.:** All corporations except Vetter Health Services.

<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholder(s)</u>
Jack D. Vetter	Jack D. Vetter.....President	Vetter Holding, Inc.
Eldora D. Vetter	Eldora D. Vetter..... Vice President	
	Eldora D. Vetter.....Treasurer	
	Eldora D. Vetter.....Secretary	
	Todd D. Vetter.....Assistant Secretary	
	Joani Schelm..... Chief Financial Officer	

**Vetter Health Services, Inc.:**

<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholder(s)</u>
Jack D. Vetter	Jack D. Vetter..... Chair of the Board & CEO	Vetter Holding, Inc.
Eldora D. Vetter	Glenn Van Ekeren.....President	
	Eldora D. Vetter..... Vice President	
	Eldora D. Vetter.....Treasurer	
	Eldora D. Vetter.....Assistant Secretary	
	Todd D. Vetter..... Secretary	
	Mitchell S. Elliott.....Chief Development Officer	
	Patrick Fairbanks.....Chief Operations Officer	
	Joani Schelm.....Chief Financial Officer	
	Rhonda Flanigan.....Chief People Officer	
	Shari Terry.....Chief Quality Officer	

**Brookefield Park**  
Memory Support Household

**St. Paul, NE**

**Brookefield Park** has a secure household to care for individuals with cognitive impairments. This household, known as the Memory Support Household, was created in recognition of the special needs of residents with Alzheimer's disease and other related conditions that cause dementia. The vision for the Memory Support Household embodies the philosophy "Dignity in Life" and the Vision Statements of **Brookefield Park**. This booklet serves as guidelines for the program.

**Brookefield Park Vision Statements:**

**Quality Life:** We will provide a living environment that radiates love, peace, spiritual contentment, dignity, and safety while encouraging personal independence.

**Quality Care:** We will dedicate ourselves to personalize our care and services for those we serve with Alzheimer's disease and other related conditions that cause dementia. We will listen to our residents, families, and facility to continuously improve our services to a level they recognize as extraordinary.

**Excellent Teams:** We will strive to select and develop team members who radiate warmth and compassion, and are recognized for skillfully performing their duties with respect for those whom they serve.

**Quality Reputation:** We will build and promote relationships of trust, confidence, and loyalty with our residents, families, employees, suppliers, and facility through the quality of our services, the integrity of our people, and involvement in our facility.

**Outstanding Facilities:** We will develop the grounds and building into a facility landmark, recognized as one of the most attractive and best maintained facilities in the area.

## **Memory Support Household Principles:**

1. Provide a safe, secure, calm environment for residents with Alzheimer's disease and other related conditions that cause dementia.
2. Create a safe and consistent daily routine according to residents' needs.
3. Specially trained team members will interact with residents as adults, respectfully, and in a nonjudgmental manner.
4. Non-pharmacological interventions will be the primary method to manage out-of-character responses (aka "behaviors"). Psychoactive drugs will be closely monitored, and used at the lowest possible dose if they are deemed clinically necessary.
5. Dining and activities will be scheduled in small groups or individually as needed.
6. Residents will be encouraged to participate in daily activities as independently as possible; supervision, support, and assistance will be provided as needed.
7. Provide a supportive environment for families that promotes education and understanding of their loved ones' cognitive losses; remaining strengths; and effective approach, communication, and engagement techniques to promote increased satisfaction with family visits.

## **Admission to the Memory Support Household:**

### *Purpose*

To ensure the resident meets criteria for admission to the Memory Support Household, and ensure a smooth transition into the household for both the admitting resident and current residents.

The Interdisciplinary Team will determine resident placement within the household.

All potential residents will receive a pre-admission assessment by the Director of Nursing and/or Nurse Liaison, Admissions or Social Services Coordinator, or their designees for the following purposes:

1. Assessment of resident's physical, mental, psychosocial, behavioral status, functional level, interaction with environmental stimuli, and risk (historical and current) for harm to self or others.
2. Assessment of current population in Memory Support Household and how new admission could impact household dynamics.
3. Educating families regarding special care programs and family activities.

#### 4. Identification of support system.

Usual facility policies regarding admissions will apply to the Memory Support Household.

#### *Criteria for Admission to Memory Support Household*

1. Residents admitted to the Memory Support Household will have a diagnosis of Alzheimer's or other cause of dementia that impede the ability to perform and complete activities of daily living.
2. Residents considered for Memory Support Household placement will not demonstrate significant risk for harm to self or others.
3. Residents considered for admission to the Memory Support Household should demonstrate the need for a quiet, secure environment as evidenced by historical or current out-of-character responses (aka behaviors) noted via team member observation, assessment, and/or by the responsible party or family.
4. Residents considered for admission to the Memory Support Household should demonstrate a need for social engagement and specialized life enrichment opportunities related to the inability to plan and facilitate their own functional recreation, leisure, and social pursuits.
5. We promote a social model of engagement and therefore as the ability to transfer independently declines, the interdisciplinary team will assess the resident's condition and needs to determine appropriate placement and/or continuance on memory support household. This is an individualized process and includes the resident and/or representative(s).
6. Residents with Alzheimer's disease and other related conditions that cause dementia and who have been assessed to be at risk for elopement may benefit from the secured, safe memory support environment.

#### **Discharge/Transfer from the Memory Support Household:**

##### *Purpose*

To ensure appropriate supportive care to the resident and appropriate levels of care within the Memory Support Household.

### *Procedure*

Transfer from the household will be determined by the Interdisciplinary Team at a resident care conference meeting.

Reasons for transfer from the household and/or facility may include the following:

1. The resident is unable to interact within group life enriching opportunities and requires specialized one to one programs for sensory stimulation/engagement related to physical and cognitive decline; therefore, the resident no longer benefits from the social model of the Memory Support Household
2. Out-of-character responses posing risk of injury to other residents and/or that exceed the capabilities of the Memory Support Household team.
3. Refusal of resident and/or representative or family to abide by household/facility policies.

Usual facility policies regarding transfer and discharge will apply to the Memory Support Household.

### **Process for Assessment and Establishment of the Plan of Care and Implementation/Evolution**

Team members will assess residents' physical, cognitive, social, recreational, and behavioral needs and functional levels upon admission, quarterly thereafter, and upon significant change in status. Team members will discuss resident plan of care at a minimum on a quarterly basis including but not limited to in care conferences with resident and/or representative or family, and make changes as needed.

### **Safety**

#### *Purpose*

To reduce the risk of injury to residents with cognitive impairments without unnecessary restrictions or the use of physical and/or chemical restraints.

#### *Procedure*

1. All exit doors will be secured.
2. No exit codes will be displayed where residents can readily access the information.
3. Residents are supervised when leaving the Memory Support Household.

4. The interdisciplinary team will be involved in the discussion of non-pharmacological strategies to maximize quality life and quality care. Psychoactive medications will be used with the least possible dosage, if needed. Need for psychoactive medication and presence of side effects will be evaluated by the physician as per facility standards/policies. Consultant Pharmacist will be involved with review of psychoactive medications.
5. Disaster and fire policies will be consistent with **Brookefield Park** policies.
6. Cleaning solutions, care products that might be ingested, and potentially hazardous equipment will be stored in secure areas.
7. Medications will not be left at bedside with the residents.
8. **Brookefield Park** team members will label clothing, glasses, and other personal items when families bring them in.
9. Non-toxic plants and life enrichment materials will be used throughout the household.
10. Attempts will be made to minimize breakable and/or sharp objects whenever possible without compromising dignity and function.
11. A photograph of all residents residing in the Memory Support Household will be maintained in the medical charts.

## **Team Member Development**

### **A. Team Member Selection**

#### *Purpose*

To assure that the team members have a willingness and desire to work with a population of residents with Alzheimer's disease and other related conditions that cause dementia.

1. Team members are screened for education and experience.
2. The following issues are addressed during team member screening process:
  - Willingness to continue learning.
  - Good interpersonal and communication skills.
  - Emotional stability.
  - Reaction in stressful situations.
  - A pleasant, calm demeanor.
  - General positive attitude toward self and others, especially those individuals with dementia.
  - All the above items and consistently exemplifying the VHS Mission, Vision, and Values.

## **B. Training**

### *Purpose*

To provide ongoing educational programs, planned and conducted for the development and improvement of skills and knowledge for all team members involved in the Memory Support Household.

1. All team members assigned to the Memory Support Household receive specialized training. This specialized training includes six hours of orientation training that includes information on Alzheimer's disease, approach, communication, out of character response prevention, non-pharmacological interventions, and meaningful engagement techniques prior to starting work on the household.
2. The formal training is in addition to "mentoring" with experienced team members.
3. All team members within the facility will receive education to meet their individual needs.
4. An ongoing training, in-service program on dementia is provided for all team members involved in the program. Licensed nurses, certified aides, certified medication aides, social services team members, environmental services, and life enrichment team members will have a minimum of six hours of in-service training. The ongoing training includes video training, live presentation via in-services, classroom coaching of communication skills, etc.

## **C. Team Support Services**

### *Purpose*

To ensure that the emotional needs of the team members are recognized and addressed on a regular basis.

1. Allow team members to express feelings and frustrations to supervisors and each other in an appropriate manner through Memory Support Household Meetings to be held on a consistent, regular basis.
2. Team members have access to the Employee Assistance Program.
3. Team members are involved in care conferencing and problem-solving teams.

## **Physical Care Needs/Sleep/Nutrition**

### *Purpose*

1. Residents will be adequately nourished. Residents will be served meals designed for current physical and cognitive status (e.g. finger foods, dining assistance, etc.)
2. Residents will be neat and clean. Individual preferences for personal appearance and clothing will be used to guide team member support/assistance.
3. Residents will receive care appropriate to individual needs.
4. A rigid routine will not be imposed on any resident. Flexibility is key; resident's preferences for wake/sleep should be used to guide daily interaction.
5. Residents will be encouraged to participate with physical care as able; team members will understand that participation is not an expectation and that achievement of cares with minimum disruption and anxiety for the resident is of primary importance.

### **A. Physical care needs**

*Regular in-services are held involving all disciplines on care of the resident with cognitive impairments. As challenges arise due to cognitive and/or physical declines the Interdisciplinary Team will engage in problem-solving to identify potential non-pharmacological solutions to care challenges.*

### **B. Food and nutrition services**

Dining and nutrition services to residents of the Memory Support Household will be consistent with **Brookefield Park** practices as follows:

1. Initial and quarterly assessments of nutritional status are performed by the Dietary Manager.
2. Care plans related to nutrition are individualized with consideration for the resident's personal performance and tolerances and any special nutritional needs. The diet will be prescribed by the physician.
3. Dining and nutrition services is an interdisciplinary approach, and all departments will assist, to promote adequate nutritional intake among the residents. The Dietary Manager, Nursing Team Members, and Consulting Dietitian will collaborate with the physician to develop a nutritional approach for meeting the individualized needs.

## **Rationale for Specialized Food and Nutrition Services**

Residents with Alzheimer's disease and other related conditions that cause dementia need an environment conducive to a pleasurable meal. Background noises will be minimized. Team members will use appropriate approach, communication, and engagement techniques for the resident's individual needs. Team members will determine resident's physical, cognitive, and social abilities to determine appropriate levels of set-up, cuing, assistance, and seating placement.

A. The following progression of assistance in dining is encouraged:

- Locate and position the resident to optimize independence.
- Provide only as many utensils/menu items as the resident can handle without causing distraction/confusion.
- Provide a pleasant social environment with simple conversation that focuses on food or resident memories of mealtime, cooking techniques, etc.
- Provide verbal/visual cues to eat; offer encouragement.
- Redirect attention to task at meal/eating times by sitting with the resident, assisting resident, and then encouraging independence through verbal/visual/physical cues.
- Assist the resident.

B. Finger foods will be made available as part of the regular meal whenever possible and in between meals for, "on the go" snacks. Team members will not discourage use of fingers for eating of any menu items whenever this approach is an effective one.

C. **Brookefield Park** team members provide modified textures to accommodate residents' abilities to chew and swallow according to assessment and plan of care.

D. Refreshments during life enrichment opportunities in the household are encouraged. Refreshments will not be given at times that unnecessarily dampen appetites for meals.

E. Coffee is available to residents in the Memory Support Household. Decaffeinated beverages of any kind are encouraged.

## **Chemical/Physical Restraints**

### *Purpose*

**Brookefield Park** strives to be "Restraint Free."

The goal of individualized care is to achieve safety and well-being with minimal use of physical and/or chemical restraints. Our first approach is to create an environment that is soothing and therapeutic. Secondly, team members use a variety of non-pharmacological

interventions to calm residents with Alzheimer's disease and other related conditions that cause dementia who display out-of-character responses.

## **Environmental Considerations**

### *Purposes*

1. Residents will derive warmth and comfort from the environment.
2. Noise, temperature, and décor will contribute to a serene Memory Support Household that promotes Quality of Life.
3. Residents will have an opportunity to interact with nature, both indoors and outdoors.
4. Traffic in and out of the Memory Support Household will be minimized and team members, visitors will respect the focus on decreased background noise and give consideration to environmental triggers.

### **A. Environmental Safety**

The furniture in this household is movable, non-breakable where possible, and without rough edges or sharp corners. Team members expect that residents may rearrange the furniture and use it in unconventional ways. Residents need time to settle into an individual routine and during this time may select various pieces of furniture or spaces for personal territory.

Resident rooms are equipped with nightlights. Window coverings are pulled at sundown so residents don't misinterpret reflections from windows. Floors in the bathrooms are maintained with low gloss chemicals to decrease misinterpretation by the residents of surfaces (e.g. a shiny surface may be mistaken for glass or water).

Chemicals requiring a Material Safety Data Sheet are secured and inaccessible to residents.

### **C. Color/Environmental Cues/Décor/Sound**

The known alterations in both vision and color perception with the elderly will be considered with both choice and décor in the Memory Support Household. The impaired perception of the person with dementia will additionally be considered.

The furniture contrasts with the walls to prevent injury. Colored bedspreads provide accent, esthetic appeal, and safety.

Since it is important that residents recognize their rooms and bathrooms as familiar areas that should be entered, doorways to resident rooms and bathrooms may have signs or cues for individual residents.

The name of the resident is posted outside the resident's room. Unique but equally clear pictures may aid residents in finding rooms.

Families are encouraged to provide items of personal interest. These items have comfort and aesthetic value plus serve to stimulate pleasant memories from the past. Family pictures, non-breakable hobby items, or objects of identification can aid a resident in identifying their rooms. We recommend that photos be placed under Plexiglas or acrylic where possible for resident safety and durability.

Where possible P.A. systems are not used in Memory Support Households to maintain a stimulus appropriate environment. Team members can be reached through devices that reduce environmental noise.

A stereo sound system may be utilized. Music selections that soothe and relax, and are of the residents' music preferences are used during meals, rest periods, and specified quiet times, as appropriate. Controlled stimulation and variety is provided by using diverse songs appropriate to the culture during a time that team members can facilitate 1:1 activity. The stereo system is located in a secure spot giving team members access to controls.

#### **D. Outdoor Activity Area**

An outdoor area is available for Memory Support Household resident use. The enclosed outdoor area provides expanded space for release of energy through exercise, and gives opportunity for enjoying the outdoors within a safe environment. Team members supervise/support residents using this outdoor area. Additionally, team members may take residents on walks or sit in other outdoor areas as the resident desires.

### **Psychosocial Support**

#### *Purpose*

Residents will have opportunity to express and receive warmth and acceptance. Upon admission team members will attempt to gather information through the use of the Life Story and interaction with the resident and/or representative and/or family members to support the individual psychosocial needs of each resident.

Residents in the Memory Support Household will be provided opportunities for moments of purpose, moments of pleasure, and moments of peace. As such, all residents in the Memory Support Household have an individualized psychosocial care plan.

## **Life Enrichment**

### *Purpose*

Residents need to have opportunities to engage in meaningful life enrichment experiences that promote physical, cognitive, social, and spiritual wellness. Adaptations will be made to promote opportunities for success in preferred recreation, leisure, and social pursuits.

### **A. Components of the Life Enrichment program**

Life Enrichment programs for the Memory Support Household are used to promote a sense of well-being, belonging, friendship, and purpose. Life Enrichment schedules are developed with flexibility and choice as primary goals. Engaging residents in meaningful pursuits that use their remaining strengths and abilities are used as a preventative measure to out-of-character responses.

The Memory Support Household has a supply of games, sensory materials, art materials, craft items, adaptive technology, etc. Life Enrichment opportunities are individualized and modified to maximize resident independence; all residents in the Memory Support Household have a life enrichment specific care plan. The life enrichment care plan is developed with consideration of information from the resident's Life Story, historical interests and hobbies, current interests, strengths/abilities, barriers to participation, and current recreation, leisure, physical, cognitive, and social skills.

Inter-disciplinary support is necessary for a successful Memory Support Life Enrichment Program. The Life Enrichment program should provide for variety in types of offerings (physical, social, cognitive, spiritual, etc.), and variety in timing and size of groups. Programs include components of sensory engagement, reminiscence, relaxation, interaction with nature, intergenerational programs, spiritual, exercise, music, etc. as appropriate for individual interests, needs, and strengths.

### **Statement on the Role of the Family**

We support the family members of our residents on an ongoing basis and address their questions and concerns as they arise.

We encourage families to join an Alzheimer's Association (or similar organization) support group and/or offered support group within the facility.

We communicate with families regularly through formal and informal meetings to keep them apprised of their loved one's well-being. At a minimum, we offer a care conference meeting for the resident and/or family with the Interdisciplinary Team at least quarterly, and as needed.

We host family events throughout the year so families can get to know each other.

We have a lending library with books and videos for the families and team members to use as they please for education on residents with Alzheimer's disease and other related conditions that cause dementia.

Our care is built on relationships with our families and we work on these continuously as we travel together on this difficult journey alongside them.

## **Support Group**

### *Purpose/Functions*

Each facility has the opportunity to provide a support group to educate and support family and/or facility caregivers. If the facility provides a support group internally the purpose is to:

1. Provide families and/or facility caregivers of residents with Alzheimer's disease and other related conditions that cause dementia regular therapeutic support provided by professional team and/or peers as well as the resources of **Brookefield Park**. Families and friends have opportunities to share feelings, personal experiences, and concerns.
2. Provide information on available resources for families including but not limited to the local Alzheimer's Association chapter, pamphlets, booklets with information on Alzheimer's disease, opportunities to view videos, provide lectures/guest speakers, etc.
3. Connect family members to one another and with representatives from **Brookefield Park**. Family and/or facility caregivers serve as a resource to **Brookefield Park**. They have learned a great deal in caring for and living with their loved ones. Team members will ask them to share these experiences for education and sensitivity training. Furthermore, they are asked to evaluate what we are doing, and make suggestions for change.

## **Visits**

### *Policy*

To maximize family/visitor participation in the household activities and ensure quality visits without compromising resident routine and comfort.

### *Procedure*

1. Families and visitors of any age are invited to visit at any time paying special attention to resident care needs, need for rest, and being respectful of the environmental stimuli and other residents/families/visitors.
2. Pets are welcome; refer to facility Pet Guidelines.

## **Volunteers**

### *Policy*

To maximize volunteer participation in the household and ensure quality visits without compromising resident routine and comfort.

### *Procedure*

1. All volunteers will be screened for the following:
  - Good interpersonal communication skills
  - Emotional stability
  - Reaction in stressful situations
  - General, positive attitude to self and others, especially those individuals with dementia
  - Pleasant, calm demeanor
2. All volunteers will be trained with appropriate information on the disease process and how to relate to residents with dementia.

## **Off-Site Visits and Therapeutic Outings**

### *Purpose*

To ensure residents have access to the facility and pleasurable events outside **Brookefield Park** while being provided with adequate supervision and support.

### *Procedure*

1. Families should coordinate with the Director of Nursing, Administrator, Social Services Coordinator and/or designees any plans to take the resident from the Memory Support Household, prior to the event where possible, to provide planning for resident comfort and care needs.
2. Overnight visits from the Memory Support Household are discouraged, however, may be arranged with the Director of Nursing and Administrator.
3. Family and friends are to record per facility policy, when they take the resident on an outing. Upon returning, team members should be notified of the resident's return, as well as the signing in of resident per facility policy.
4. Family and team members should confer following off-household visits to discuss resident responses and modification for future off-household visits as needed.

## **Recommended Care/Communication Techniques**

1. Residents should be treated with dignity and respect.
2. Team members will understand that the disease process can create out-of-character responses as a result of impairments in the ability for residents to understand, communicate needs, and regulate emotions.
3. Approach slowly, from the front, with a sparkling facial expression in an unhurried manner; get at or below eye level and offer a handshake.
4. Introduce self and explain role in simple, familiar terms (e.g. "I'm Cathy, your nurse.")
5. Use simple statements that describe what will happen next; do not use questions (e.g. "I brought the pills for your back.") Speak slowly and simply. Do not expect a quick response; pause to give time for resident to process and respond to statements and/or questions.
6. Speak low and slow; voice should be slightly louder than normal and start at a medium pitch and step down. There should be no high pitched, abnormally loud, "baby-talk," or "sing-song" communication.
7. Watch body language and gestures. Tone of voice and facial expression are important communicators. Ensure no negative body language is present (e.g. eye rolling, crossing arms in a guarded posture).
8. Sarcasm in humor is an abstract concept and not readily understood by residents with Alzheimer's disease and other related conditions that cause dementia. As such, sarcasm does not have a place in regular daily communication with residents on Memory Support Households.
9. End conversations with residents with positive phrasing (e.g. "You look great today," "I sure enjoy visiting with you.")
10. To redirect, walk along side, or move in front of person and say (e.g. "Come with me," "I have been looking for you. I need your help," or "Follow me. Let's get some coffee.")
11. Do not argue or try to reason with the resident; do not use reality orientation. Validate the resident's feelings.
12. Relate to the underlying fear or loss of security; note that all behavioral expressions are an attempt at communication by the resident. The cause/unmet need should be evaluated and addressed.

13. Encourage independence and self-reliance. Residents should have something to engage with when team members are not directly interacting with them.
14. Do not use the phrases, “Do you remember when” or “Don’t you remember.”

**MEMORY SUPPORT CARE RATE**

Alzheimer's/Dementia care is for residents who need specialized cognitive and physical function assistance in a service-oriented, secure living environment. This charge is in addition to the daily room rate and level of care rate (based on a comprehensive assessment required by the Centers for Medicare and Medicaid Services (CMS) called the Minimum Data Set (MDS)).

MEMORY SUPPORT DAILY RATE ..... \$ 10

**POLICY OF NON-DISCRIMINATION**

Brookefield Park does not discriminate against any person because of race, creed, color, religion, sex, national origin, age, or disability. We strive to provide the best quality of care possible to anyone needing our services.

HERITAGE OF ST. PAUL, INC. DBA  
BROOKFIELD PARK  
1405 HERITAGE DRIVE  
ST. PAUL, NE 68873

(308) 754-5486

[WWW.BROOKFIELDPARKCARE.COM](http://WWW.BROOKFIELDPARKCARE.COM)

 *We are a Proud Member  
of the Vetter Health Services Family*



**ROOM & SERVICE CHARGES**  
Effective February 1, 2016

QUALITY LIFE • QUALITY CARE • EXCELLENT TEAMS • OUTSTANDING FACILITIES • QUALITY REPUTATION • STEWARDSHIP

**DAILY RATES**

The daily rate depends on the type of room selected and the individual care needs of each resident. The room rate is specific to the room the resident chooses. An additional level of care amount will be added to accommodate the level of nursing care and services required by each individual resident.

**DAILY ROOM RATES**

COMPANION ROOMS

Standard Room . . . . . \$156  
Deluxe Room . . . . . \$162

PRIVATE ROOMS

Standard Room . . . . . \$173  
Deluxe Room . . . . . \$185

**\*\*\* SERVICES INCLUDED \*\*\***

The daily rates for room and routine services include, but are not limited to, the following:

- 24-hour skilled nursing care
- Incontinence products
- Oxygen concentrators
- Personalized restorative therapy programs
- Spiritual support and chapel services
- Medication administration
- Emergency call system
- Whirlpool baths
- Personalized resident care plan
- Social Services
- Routine nursing supplies
- Personal nursing assistance
- Housekeeping services
- Personal laundry and linen services
- Appealing, nutritious meals and snacks
- Personal care items
- Wirelless internet service
- Basic TV service
- Recreational and wellness programs

1405 Heritage Drive • St. Paul, NE. 68873 • (308) 754-5486

**DAILY LEVEL OF CARE RATES**

The level of care is based on a comprehensive assessment required by the Centers for Medicare and Medicaid Services (CMS) called the Minimum Data Set (MDS). An MDS is a comprehensive assessment of a resident's functional capabilities, health conditions, and provides a foundation for each resident's individual care plan. This assessment indicates how much assistance is required with activities of daily living (dining, transferring, bed mobility, and toileting) based on medical needs. Assessments are completed for each resident on admission, on a quarterly basis, and/or with a change of condition.

LEVEL I: MINIMUM ASSISTANCE . . . . .	\$ 25
LEVEL II: LIMITED ASSISTANCE . . . . .	\$ 34
LEVEL III: MODERATE ASSISTANCE . . . . .	\$ 46
LEVEL IV: FREQUENT ASSISTANCE . . . . .	\$ 54
LEVEL V: CONTINUOUS ASSISTANCE . . . . .	\$ 64
LEVEL VI: TOTAL ASSISTANCE . . . . .	\$ 73

**MEMORY SUPPORT CARE RATE**

Alzheimer's/Dementia care for residents who need specialized cognitive and physical function assistance in a service-oriented, secure living environment. This charge is in addition to the daily level of care rate.

MEMORY SUPPORT DAILY RATE . . . . .	\$ 10
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**SPECIAL ACCOMMODATIONS**

**ROOM HOLD CHARGE**

Should a resident require a short hospital stay or an overnight away from the facility, a room hold fee will be charged at the daily room rate for the type of room you occupy. A room hold will also be charged at the daily room rate if you are covered on Medicare Part A stay but are on a room hold.

**MEDICARE PART A PRIVATE ROOM CHARGE**

If covered by Medicare Part A, Medicare covers your stay in a companion room. If a private or deluxe private room is desired, the additional cost of this type of room will be your responsibility.

**SPECIALIZED CARE CHARGE**

An additional daily rate will be charged when insurance policies require excessive assessments, authorizations, or residents need complex treatment protocols. This level of care rate will be \$145 per day.

**AMENITIES**

Some of the on-site services and conveniences we offer for an additional fee may include the following:

- Barber & beauty salon services
- Physical, occupational, and speech therapy
- Podiatry services
- Telephone
- Guest meals
- Transportation
- Expanded cable TV
- Local physician services

**ANCILLARY CHARGE LIST**

An additional charge is made when special equipment, nursing treatments, or supplies are required. These ancillary services, supplies, or equipment may be provided per a doctor's order, when it is medically necessary, or per your request. The following schedule may not be inclusive of all additional charges.

Personal Alarms . . . . .	\$ 30 /mo.	Walker Rental . . . . .	\$ 10 /mo.
Air Fluidized Pressure Mattress . . . . .	\$ 7 /day	Specialty Wheelchair Rental . . . . .	\$ 45 /mo.
Pressure Mattress . . . . .	\$ 3 /day	Standard Wheelchair Rental . . . . .	\$ 25 /mo.
Specialized Supplements . . . . .	\$ 5 /day	Wheelchair Pad & Cushions . . . . .	\$ 10 /mo.
Advanced Wound/Skin Treatments . . . . .	\$ 10 /day	Blood Glucose Tests . . . . .	\$ 2 /ea.
Nebulizer Usage & Rental . . . . .	\$ 40 /mo.	Oxygen E-tanks . . . . .	\$ 14 /ea.

**TRANSPORTATION CHARGES**

Family is encouraged to transport the resident to and from appointments. Facility vehicles are available for transporting residents if family is unable to make other arrangements. Please allow us to schedule any appointments that involve the use of facility vehicles.

Transportation in Local Area . . . . .	\$ 11 /one way	Attendant Fee . . . . .	\$ 17 /per hour
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Transportation not in the local area will be charged on a per mile basis.

**MEDICARE PART A SERVICES**

Brookfield Park is a Medicare certified Skilled Nursing Facility. If you have Medicare Part A, it may cover your stay up to 100 days if you meet the qualifying criteria. Days 1 – 20 are paid in full by Medicare and days 21 – 100 have a daily copayment amount established Medicare. The Medicare co-payment amount is \$161.00 per day for 2016 and is subject to change each year. The copayment and any non-covered services will be your responsibility. Medicare A qualifying criteria are:

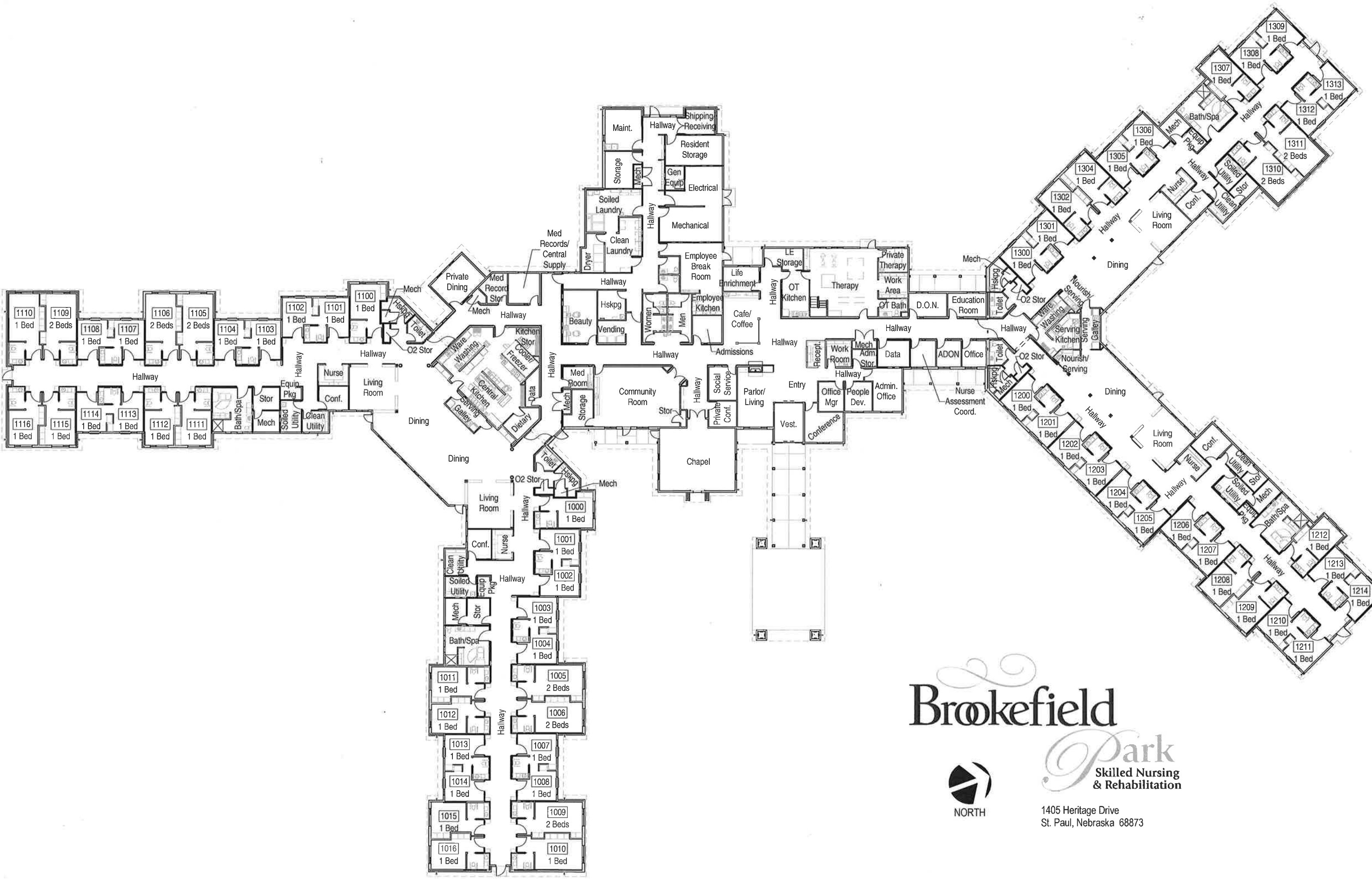
- A. Consecutive 3-night acute hospital stay within 30 days of admission
- B. Required daily skilled service such as therapy 5 days per week or a nursing service 7 days per week
- C. Physician certification of need for skilled care
- D. Treatment must be for the same condition as the hospital stay

**MEDICARE PART B SERVICES**

Medicare B may cover therapy services, some urological supplies, wound care dressings, enteral feeding supplies, and therapy supplies. Medicare Part B will pay 80% of these items or services and 20% is considered coinsurance (copayment). We have made arrangements to bill those services when medically necessary and you will only be billed any remaining balance after Medicare Part B and any supplemental insurance has paid.

**INSURANCE**

Brookfield Park participates in Medicare Advantage plans and other primary insurance plans whenever possible. If a resident qualifies for Medicare Advantage or a primary insurance coverage, covered services and supplies will be billed to those policies on your behalf. We do not accept assignment of insurance benefits unless we are a contracted provider. Any charges not covered by insurance are the resident's responsibility.



# Brookefield

## Park Skilled Nursing & Rehabilitation



NORTH

1405 Heritage Drive  
St. Paul, Nebraska 68873