



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

3/30/16 dy

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Ridgecrest Rehabilitation Center, LLC MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 264602	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY ALZHEIMERS/SPECIAL CAR	
EXPIRES 03/31/2017	  Courtney Phillips, MPA Chief Licensure Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Ridgecrest Rehabilitation Center, LLC
ADDRESS: 3110 SCOTT CIRCLE, OMAHA, NE 68112

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.

8/19/15

MAR 08 2016



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

RECEIVED
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:

Ridgecrest Rehabilitation Center, LLC
3110 SCOTT CIRCLE
OMAHA, NE 68112

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

c/o: RIDGECREST REHABILITATION CENTER, 2201 MAIN STREET
EVANSTON IL 60202

RECEIVED
DHHS ACCOUNTING
MAR 14 10:41

LICENSE NO: 284602

TELEPHONE NUMBER: (402) 455-6636

FAX NUMBER: (402) 455-0407

ADMINISTRATOR: JOSEPH KEZAR

DIRECTOR OF NURSING: KANDI STICKELMAN, R.N. Stull

E-Mail Address, if available: administrator@ridgecrestrehab.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 108

5. ACCREDITATION/CERTIFICATION: JCAHO Medicare Medicaid Other VA
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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: RIDGECREST REHABILITATION CENTER, LLC
(Legal Name of individual or business organization)

MAILING ADDRESS: 2201 MAIN STREET
EVANSTON, IL 60202

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

William Rothner
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Steven Miretzky
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

applicant is a

3/3/16
DATE

3/3/16
DATE

DATE

Ridgecrest Nursing & Rehabilitation, LLC – Ownership

Name

1. Atied Associates, LLC 50%
2201 Main St.
Evanston, IL 60202

2. William Rothner 50%
2201 Main St.
Evanston, IL 60202

TOTAL 100%

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403131

Name of Facility: **Ridgecrest Rehabilitation Center**
Type of Facility: **Nursing Home**
Location: **3110 Scott Circle, Omaha**
Maximum Occupancy: **108 Beds**
Date Issued: **8/10/2015**

Approved By:

Inspected By: **8713 Alan Viox**
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.

Ridgecrest Rehabilitation Center

Cost of Care

Private pay Rates

Private Room - \$6,600 a month

Semi Private Room - \$5,400 a month

No extra charges for care items, incontinence products, or cable

Extra charges would include a private phone line in there room.

Bed Count for facility license renewal

The facility is currently licensed for 108 beds. All the beds are dually certified in the facility. The licensed double bed rooms are in 100 through 111, 118, 120, 122, through 142, 144, 146, and 154 through 157, 160, 162, 164, 165, 166, 168, 169, and 171. Licensed single bed rooms are in 112, 114, 116, 148, 150, 152, 158, 167, 170 and 173.

SPECIAL CARE UNIT

Policy

Individuals with a cognitive impairment who require a secured protected environment with specialized programming are provided through the Special Care Unit. The Special Care Unit is an area in the nursing center that provides special programming in a secure environment. Individuals in the early to middle stages of Alzheimer's or related dementias are appropriate for residing on the Special Care Unit.

Compliance Guidelines

1. The Special Care Unit are based upon a social model of care delivery.
2. Emphasis is placed upon creating a homelike environment that encourages residents to engage in individual preferences and customary routines.
3. The physical environment and décor is dementia friendly and is designed for safety and security.
4. Families and caregivers are involved in the overall care planning process and participation in recreational and social activities.
5. The SCU will provide specialized programming.
6. Staff assigned to the SCU are trained in the skills required to work with a residents with a cognitive impairment. Skills checklist is completed and filed in the employee training record.
 - a. Special Care Unit Employee Education Record
7. A screen is completed for each resident at the time of admission and for continued stay.
 - a. Special Care Unit Admission and Continued Stay Screen.
8. The resident is evaluated and recreation programs are based upon cognitive requirements of the resident.
 - a. The Global Deterioration Scale will be utilized in assessing dementia level of residents.
 - b. Activities are divided into 3 levels based on global deterioration scale.
 - c. Residents are placed into groups based on past interest and dementia level.
9. The Special Care Unit Manager's roles and responsibilities include, but are not limited to:
 - a. Resident case history presentation to problem-solve for challenging behavioral management strategies.
 - b. Education and information exchange.
 - c. Problem resolution between shifts and other departments
 - d. Resolution of concerns raised by families, or others.
 - e. Prevention of staff burnout through mutual support and problem solving.
10. Interdisciplinary team (IDT) members work together to determine care/programming needs for individuals residing on the Special Care Unit. Team mebmers may include, but are not limited to:
 - a. Special Care Unit Manager's
 - b. Director of Nursing Services
 - c. Licensed staff

- d. Nursing Assistants
 - e. Recreational staff
 - f. Social Services staff
 - g. Dining Services staff
 - h. Family/Friends/Responsible Party as deemed appropriate.
11. Residents are assessed within 24 hours upon admission, quarterly and with a significant change in condition by the IDT.
 12. The admission history and personal preferences form is completed within 7 days of admission.
 - a. Admission History and Personal Preferences
 13. Care plan implementation is based upon individual special programming needs of the resident and is updated as necessary.
 14. At least a 2.8 nursing PPD with a goal of 90% consistency of staff assignments.
 15. Direct care staff assigned to SCU receive 4 hrs of classroom training. The training targets understanding dementia, behaviors, social model, environmental adaptation.
 16. Education is provided throughout the year based on resident individualized needs/behaviors.
 17. There is a minimum of 56 hours of recreational programming per week over 7 days.
 18. Special Care Unit staff are trained in the social model/recreational programs.

Ridgecrest Rehabilitation Center

Family support:

Families are welcome and encouraged to participate in resident's life on the unit including unit functions. Family members are encouraged to volunteer for activities and special events. The closeness of the unit fosters relationships between family members and residents.

Ridgecrest Rehabilitation Center

Cost of Care

Private pay Rates

Private Room - \$6,600 a month

Semi Private Room - \$5,400 a month

No extra charges for care items, incontinence products, or cable

Extra charges would include a private phone line in there room.

Dementia Unit Employee Education Record

Center Name: _____

Department: (place a check mark in department (s) where the employee is assigned)

- Housekeeping
- Rehab
- Laundry
- Activities
- Nursing
- Social Services
- Maintenance
- Other: _____

Type of Training:

- Orientation (prior to initial assignment)
- Annual Training
- Mentoring Experience
- Monthly Continuing Education

Training Date: _____ Trainer/Mentor Name: _____

Trainer/Mentor's Signature: _____

Trainer/Mentor's Qualifications: _____

Contents of Training

Instruction: Initial training modules.

- Normal Brain Function
- What is Dementia?
- How does Dementia affect the Residents?
- Causes of Dementia
- Dementia, Delirium, Depression (the 3 D's)
- Getting to Know the Resident
- Functional Assessment
- What is Behavior Management?
- Using a Behavior Log
- Approaches to Challenging Behaviors
- Participating in Activities of Daily Living
- Activity Programming
- Working with Families
- Caring for Caregiver

Employee Name: _____ Position: _____
(print name)

Employee Signature: _____
(Place this completed form in the employee's personnel file and maintain record on file in the Center for current plus three (3) years.)

Ridgecrest Rehabilitation Center

Discharge Criteria:

Process for discharge is to find an appropriate bed for the resident in our long term care unit or another care facility if the resident's needs can not be met at current facility.

A resident will be discharged from the unit when their Global Deteriation Scale is higher then 3, if they are requiring 2 assist with ADLs, or they become a danger to themselves or others.

Observation Report: [REDACTED]

Unit: Special Care Unit Status: [REDACTED] Age: [REDACTED] Sex: [REDACTED]
 Attending: [REDACTED] Room/Bed: [REDACTED]
 Diagnosis: [REDACTED] Allergies: [REDACTED]

Special Care Unit -- Alzheimer's Observation

OBSERVATION INFORMATION

Creator: [REDACTED] Date Recorded: [REDACTED]
 Observation Date: [REDACTED]

DESCRIPTION

admit

OBSERVATION DETAILS

FUNCTIONAL ACTIVITIES OF DAILY LIVING

Hygiene

Washes Hands And Face	
<input type="radio"/> Independent	<input type="radio"/> Extensive Assistance
<input type="radio"/> Supervision	<input type="radio"/> Totally Dependent
<input type="radio"/> Limited Assistance	
Cleanses Mouth, Teeth Or Dentures	
<input type="radio"/> Independent	<input type="radio"/> Extensive Assistance
<input type="radio"/> Supervision	<input type="radio"/> Totally Dependent
<input type="radio"/> Limited Assistance	
Shaves Or Applies Makeup	
<input type="radio"/> Independent	<input type="radio"/> Extensive Assistance
<input type="radio"/> Supervision	<input type="radio"/> Totally Dependent
<input type="radio"/> Limited Assistance	<input type="radio"/> Not Applicable
Combs Hair	
<input type="radio"/> Independent	<input type="radio"/> Extensive Assistance
<input type="radio"/> Supervision	<input type="radio"/> Totally Dependent
<input type="radio"/> Limited Assistance	<input type="radio"/> Not Applicable
Comments	

Eating

Feeding	
<input type="radio"/> Independent	<input type="radio"/> Extensive Assistance
<input type="radio"/> Supervision	<input type="radio"/> Totally Dependent
<input type="radio"/> Limited Assistance	<input type="radio"/> Not Applicable - Has Tube Feeding
Uses Spoon, Fork And Knife	
<input type="radio"/> Independent	<input type="radio"/> Extensive Assistance
<input type="radio"/> Supervision	<input type="radio"/> Totally Dependent
<input type="radio"/> Limited Assistance	<input type="radio"/> Not Applicable
Drinks From Glass	
<input type="radio"/> Independent	<input type="radio"/> Extensive Assistance
<input type="radio"/> Supervision	<input type="radio"/> Totally Dependent
<input type="radio"/> Limited Assistance	<input type="radio"/> Not Applicable
Uses Assistive Device Or Adaptive Equipment	

Observation Report: [REDACTED]

<input type="radio"/> Independent <input type="radio"/> Supervision <input type="radio"/> Limited Assistance	<input type="radio"/> Extensive Assistance <input type="radio"/> Totally Dependent <input type="radio"/> Not Applicable
Ability To Chew And Swallow	
<input type="radio"/> Adequate	<input type="radio"/> Impaired
Oral Appliance Needs	
<input type="checkbox"/> Dentures - Upper and lower <input type="checkbox"/> Dentures - Upper only <input type="checkbox"/> Dentures - Lower only <input type="checkbox"/> Partials - Upper and lower	<input type="checkbox"/> Partial - Upper only <input type="checkbox"/> Partial - Lower only <input type="checkbox"/> Other <input type="checkbox"/> None of above
Uses Oral Appliance As Necessary	
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> At Times <input type="radio"/> Not Applicable
Comments, including any assistive devices or adaptive equipment.	
Describe dining/meal time approaches.	
Describe non-meal time nutrition or hydration needs.	

Dressing

Puts On Shirt Or Top	
<input type="radio"/> Independent <input type="radio"/> Supervision <input type="radio"/> Limited Assistance	<input type="radio"/> Extensive Assistance <input type="radio"/> Totally Dependent
Puts On Pants Or Skirt	
<input type="radio"/> Independent <input type="radio"/> Supervision <input type="radio"/> Limited Assistance	<input type="radio"/> Extensive Assistance <input type="radio"/> Totally Dependent <input type="radio"/> Not Applicable
Puts On Dress	
<input type="radio"/> Independent <input type="radio"/> Supervision <input type="radio"/> Limited Assistance	<input type="radio"/> Extensive Assistance <input type="radio"/> Totally Dependent <input type="radio"/> Not Applicable
Fastens Buttons Or Snaps	
<input type="radio"/> Independent <input type="radio"/> Supervision <input type="radio"/> Limited Assistance	<input type="radio"/> Extensive Assistance <input type="radio"/> Totally Dependent <input type="radio"/> Not Applicable
Manages Zipper	
<input type="radio"/> Independent <input type="radio"/> Supervision <input type="radio"/> Limited Assistance	<input type="radio"/> Extensive Assistance <input type="radio"/> Totally Dependent <input type="radio"/> Not Applicable
Puts On Socks	
<input type="radio"/> Independent <input type="radio"/> Supervision <input type="radio"/> Limited Assistance	<input type="radio"/> Extensive Assistance <input type="radio"/> Totally Dependent <input type="radio"/> Not Applicable
Puts On Shoes	
<input type="radio"/> Independent <input type="radio"/> Supervision <input type="radio"/> Limited Assistance	<input type="radio"/> Extensive Assistance <input type="radio"/> Totally Dependent <input type="radio"/> Not Applicable
Ties Shoelaces	
<input type="radio"/> Independent <input type="radio"/> Dependent	<input type="radio"/> Not Applicable
If resident dresses self, does he/she dress appropriately?	

Observation Report: [REDACTED]

<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> At Times <input type="radio"/> Not Applicable
Undresses <input type="radio"/> Independent <input type="radio"/> Supervision <input type="radio"/> Limited Assistance	
<input type="radio"/> Extensive Assistance <input type="radio"/> Totally Dependent	
Comments	

Elimination

Bladder Continence - Control of urinary bladder function (if dribbles, volume insufficient to soak through underpants), with appliances (e.g. foley) or continence programs, if employed	
<input type="radio"/> Continent - Complete control, includes use of indwelling catheter or ostomy device that does not leak urine <input type="radio"/> Usually Continent - Incontinent episodes once a week or less <input type="radio"/> Occasionally Incontinent - 2 or more times a week but not daily	<input type="radio"/> Frequently Incontinent - Tended to be incontinent daily, but some control present, e.g. on day shift <input type="radio"/> Incontinent - Had inadequate control multiple times per day
Bowel Continence - Control of bowel movement, with appliance or bowel continence programs, if employed	
<input type="radio"/> Continent - Complete control, includes use ostomy device that does not leak stool <input type="radio"/> Usually Continent - Incontinent episodes less than weekly <input type="radio"/> Occasionally Incontinent - Once a week	<input type="radio"/> Frequently Incontinent - 2-3 times per week <input type="radio"/> Incontinent - Had inadequate control all or most of time
Toileting <input type="radio"/> Independent <input type="radio"/> Supervision <input type="radio"/> Limited Assistance	
<input type="radio"/> Extensive Assistance <input type="radio"/> Totally Dependent	
Toileting On Time <input type="radio"/> Independent <input type="radio"/> Supervision <input type="radio"/> Limited Assistance	
<input type="radio"/> Extensive Assistance <input type="radio"/> Totally Independent	
Comments	

Mobility

Stands <input type="radio"/> Independent <input type="radio"/> Supervision <input type="radio"/> Limited Assistance	
<input type="radio"/> Extensive Assistance <input type="radio"/> Totally Dependent <input type="radio"/> Not Applicable - Unable to stand	
Ambulates <input type="radio"/> Independent <input type="radio"/> Supervision <input type="radio"/> Limited Assistance	
<input type="radio"/> Extensive Assistance <input type="radio"/> Totally Dependent <input type="radio"/> Not Applicable - Unable to ambulate	
Does resident ambulate purposefully? <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Not Applicable - Does not ambulate	
Gets In/Out Of Bed <input type="radio"/> Independent <input type="radio"/> Supervision <input type="radio"/> Limited Assistance	
<input type="radio"/> Extensive Assistance <input type="radio"/> Totally Dependent <input type="radio"/> Not Applicable	
Transfers From Chair <input type="radio"/> Independent <input type="radio"/> Supervision <input type="radio"/> Limited Assistance	
<input type="radio"/> Extensive Assistance <input type="radio"/> Totally Dependent <input type="radio"/> Not Applicable	
Comments	

Other Activities Of Daily Living

Observation Report: [REDACTED]

Reading	
<input type="radio"/> Independent	<input type="radio"/> Extensive Assistance
<input type="radio"/> Supervision	<input type="radio"/> Totally Dependent
<input type="radio"/> Limited Assistance	<input type="radio"/> Not Applicable - Unable to read
Uses Telephone	
<input type="radio"/> Independent	<input type="radio"/> Extensive Assistance
<input type="radio"/> Supervision	<input type="radio"/> Totally Dependent
<input type="radio"/> Limited Assistance	<input type="radio"/> Not Applicable - Unable to use telephone
Ability To Sign Name	
<input type="radio"/> No	<input type="radio"/> Yes
Indoor Mobility - Either ambulation or via wheelchair	
<input type="radio"/> Independent	<input type="radio"/> Extensive Assistance
<input type="radio"/> Supervision	<input type="radio"/> Totally Dependent
<input type="radio"/> Limited Assistance	
Outdoor Mobility - Either ambulation or via wheelchair	
<input type="radio"/> Independent	<input type="radio"/> Extensive Assistance
<input type="radio"/> Supervision	<input type="radio"/> Totally Dependent
<input type="radio"/> Limited Assistance	
Comments	

INTELLECTUAL FUNCTIONING

Orientation And Memory

Orientation To Person - Recognizes and responds to own name	
<input type="radio"/> Yes	<input type="radio"/> At Times
<input type="radio"/> No	
Orientation To Place	
<input type="radio"/> Yes	<input type="radio"/> At Times
<input type="radio"/> No	
Orientation To Time	
<input type="radio"/> Yes	<input type="radio"/> At Times
<input type="radio"/> No	
Recognizes Spouse	
<input type="radio"/> Yes	<input type="radio"/> At Times
<input type="radio"/> No	
Recognizes Other People	
<input type="radio"/> Yes	<input type="radio"/> At Times
<input type="radio"/> No	
Recent Memory - Short term memory OK seems/appears to recall after 5 minutes	
<input type="radio"/> Yes	<input type="radio"/> At Times
<input type="radio"/> No	
Distant Memory - Long term memory OK seems/appears to recall long past	
<input type="radio"/> Yes	<input type="radio"/> At Times
<input type="radio"/> No	
Knows Hometown	
<input type="radio"/> Yes	<input type="radio"/> At Times
<input type="radio"/> No	
Knows Familiar Objects	
<input type="radio"/> Yes	<input type="radio"/> At Times
<input type="radio"/> No	
Comments	

Observation Report: [REDACTED]

Cognition

Decision Making Ability	
<input type="radio"/> Independent - Decisions consistent/reasonable.	<input type="radio"/> Moderately Impaired - Decisions poor; cues/supervision required.
<input type="radio"/> Modified Independence - Some difficulty in new situations only.	<input type="radio"/> Severely Impaired - Never/rarely makes decisions.
Makes Correct Judgements	
<input type="radio"/> Yes	<input type="radio"/> At Times
<input type="radio"/> No	
Correctly Tells Time	
<input type="radio"/> Yes	<input type="radio"/> At Times
<input type="radio"/> No	
Can Locate Room	
<input type="radio"/> Yes	<input type="radio"/> At Times
<input type="radio"/> No	
Can Locate Bathroom	
<input type="radio"/> Yes	<input type="radio"/> At Times
<input type="radio"/> No	
Able To Count	
<input type="radio"/> Yes	<input type="radio"/> At Times
<input type="radio"/> No	
Comments	

COMMUNICATON, VISION AND HEARING

Communication

Speech Clarity	
<input type="radio"/> Clear Speech - Distinct, intelligible words	<input type="radio"/> No Speech - Absence of spoken words
<input type="radio"/> Unclear Speech - Slurred, mumbled words	
Speech Concerns	
<input type="checkbox"/> Difficulty finding words or finishing thoughts	<input type="checkbox"/> Other
<input type="checkbox"/> Forgets Words	<input type="checkbox"/> None of above
<input type="checkbox"/> Makes Up Words	
Speaks When Asked To	
<input type="radio"/> Yes	<input type="radio"/> At Times
<input type="radio"/> No	<input type="radio"/> Not Applicable - No speech
Speaks To Family Or Visitors	
<input type="radio"/> Yes	<input type="radio"/> At Times
<input type="radio"/> No	<input type="radio"/> Not Applicable - No speech
Comments	

Vision

Left Eye	
<input type="radio"/> Adequate	<input type="radio"/> Blind
<input type="radio"/> Impaired	
Right Eye	
<input type="radio"/> Adequate	<input type="radio"/> Blind
<input type="radio"/> Impaired	
Visual Appliance Needs	
<input type="checkbox"/> Glasses	<input type="checkbox"/> Other
<input type="checkbox"/> Contact Lenses	<input type="checkbox"/> None of above
<input type="checkbox"/> Magnifying Glass	
Uses Visual Appliance As Necessary	

Observation Report: [REDACTED]

- | | |
|---------------------------|--------------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> At Times |
| <input type="radio"/> No | <input type="radio"/> Not Applicable |

Comments

Hearing

Left Ear

- | | |
|--------------------------------|----------------------------|
| <input type="radio"/> Adequate | <input type="radio"/> Deaf |
| <input type="radio"/> Impaired | |

Right Ear

- | | |
|--------------------------------|----------------------------|
| <input type="radio"/> Adequate | <input type="radio"/> Deaf |
| <input type="radio"/> Impaired | |

Hearing Appliance Needs

- | | |
|---|-------------------------------------|
| <input type="radio"/> Hearing Aid - Left ear | <input type="radio"/> Other |
| <input type="radio"/> Hearing Aid - Right ear | <input type="radio"/> None of above |
| <input type="radio"/> Hearing Aid - Both ears | |

Uses Hearing Appliance As Necessary

- | | |
|---------------------------|--------------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> At Times |
| <input type="radio"/> No | <input type="radio"/> Not Applicable |

Comments

MOOD AND BEHAVIOR

Emotional Status

Verbal Expressions of Depression, Anxiety, Sad Mood

- | | |
|--|--|
| <input type="checkbox"/> Expressions Of Unrealistic Fears | <input type="checkbox"/> Repetitive Questions |
| <input type="checkbox"/> Makes Negative Or Suicidal Statements | <input type="checkbox"/> Repetitive Verbalizations |
| <input type="checkbox"/> Persistent Anger With Self or Others | <input type="checkbox"/> Self Depreciation |
| <input type="checkbox"/> Recurrent Statements That Something Terrible Is About To Happen | <input type="checkbox"/> Other |
| <input type="checkbox"/> Repetitive Anxious Complaints/Concerns (non-health related) | <input type="checkbox"/> None of above |
| <input type="checkbox"/> Repetitive Health Complaints | |

Sleep-Cycle Issues

- | | |
|---|--|
| <input type="checkbox"/> Insomnia/change in sleep pattern | <input type="checkbox"/> Other |
| <input type="checkbox"/> Unpleasant mood in morning | <input type="checkbox"/> None of above |

Sad, Apathetic, Anxious Appearance

- | | |
|---|--|
| <input type="checkbox"/> Crying, tearfulness | <input type="checkbox"/> Other |
| <input type="checkbox"/> Repetitive Physical Movements | <input type="checkbox"/> None of above |
| <input type="checkbox"/> Sad/worried facial expressions | |

Loss of Interest

- | | |
|---|--|
| <input type="checkbox"/> Reduced Social Interaction | <input type="checkbox"/> Other |
| <input type="checkbox"/> Withdrawal From Activities Of Interest | <input type="checkbox"/> None of above |

Family Involvement

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Positive | <input type="checkbox"/> No Family Involvement |
| <input type="checkbox"/> Negative | |

Comments

Behavior Status

Behavioral Symptoms

- | | |
|--|---|
| <input type="checkbox"/> Attempts to Elope | <input type="checkbox"/> Socially Inappropriate/Disruptive - Make disruptive sounds, noisiness, screaming; selfabusive acts; sexual behavior or disrobing in public; smeared/threw food/feces; hoarding; rummaged through others' belongings. |
| <input type="checkbox"/> Destructive/Destroying Property | <input type="checkbox"/> Toilets Inappropriately |
| <input type="checkbox"/> Physically Abusive - Others were hit, shoved, scratched, sexually abused. | <input type="checkbox"/> Verbally Abusive - Others were threatened, screamed at, cursed at. |

Observation Report: [REDACTED]

Resists Care - Resisted taking medications/injections, ADL assistance, or eating.

Wandering - Moved with no rational purpose, seemingly oblivious to needs or safety.

Comments

VITALS

Type	Value	Activity Level	Date	Time	Taken By
------	-------	----------------	------	------	----------

NOTES

Date	Progress Note	Discipline	Created By
------	---------------	------------	------------

Ridgecrest Rehabilitation Center

Physical environment and design features:

The unit is designed so that the central area is used as multi-purpose area. Residents eat and do activities in the main area. We have an enclosed courtyard. Exit doors in the unit are locked for security of wandering residents. Specific order from physician is obtained for placement on the secured unit. Closets and drawers may be locked to keep personal belongings safe. Rooms are double or single and each have their own bathroom.

Ridgecrest Rehabilitation Center

Plan of Care

An Observation report (see attached) & care plan is developed at admission. It is updated every 60 days or if a significant change of condition happens.

Ridgecrest Rehabilitation Center

Resident activities:

Activities are provided seven days a week from 9:00Am to 8:00Pm. Staff are trained to incorporate activities into daily routine. This includes 1:1, small group, and independent activity. Activities are used to maintain a comfortable living environment and avoid behaviors. The process and involvement is more important than the end product. Old songs, trivia, articles from paper and magazines are used to stimulate memory and promote discussion.

RIDGECREST ADMISSION CRITERIA AND CHECKLIST:

GENERAL POPULATION:

DEFINITE NOS:

Expensive IV/meds - always question if possibility of switching antibiotics, how long is the IV or atb to run. Is the person Med A or straight Medicaid. IF straight Medicaid, Medicaid will pay for the atb. If managed care – try negotiating a cost with them to carve out the expense. . If straight Medicaid, check with Jeanne to see if medical needs outwt what we would make.

CHEMO – if Medicare A – definite no. If Radiation, unless hospital based radiation unit the answer is no if Med A or managed care. If straight Medicaid, check with Jeanne to see if medical needs outwt what we would make.

Psychological diagnosis no medical diagnosis – definite no. NO psychosis.

BAD BEHAVIORS where another facility will not take them.

VENTILATORS: Definite no regardless of payor type.

Tracheostomy – Need to have training done Target date is 1st part of NOV for training – then will take established trachs

Peritoneal dialysis: - no, no storage space

Huntington Chorea

Sex Offender

POSSIBLE:

C-diff – check with Debi for if can take - 4 possible – depending on current rm availability

MRSA/VRE – depending on current rm availability

If psych diagnosis with medical problems and hospitalized for medical – psych stable have Debi review.

Multiple wounds – check with Debi

Multiple comorbidities with non-compliance – check with Debi

Wound Vac – can take up to 4 wound vacs.

AGE under 50 only on approval of Debi

Quad/Para - depends on staffing/current resident population, age of individual and what else is happening with the quad/para?

YES WITHOUT REVIEW:

Medical without psych /behavior issues

Surgical without psych/behavior issues

Ortho without psych/behavior issues

CVA without psych/behaviors

Falls – unless numerous ones a day.

SPECIAL CARE UNIT:

2 people must do onsite visit. Meet Step 1,2,3 on global deterioration scale

Can be vascular or alzheimers type dementia behavior

NO alcohol induced dementia

TBI induced will be looked at case by case

Parkinson dementia will be looked at case by case (Lewy-body)

Frontal lobe dementia/PICS disease – on rare occasion may look at – must look at rest of population

4-6 wh/ch – otherwise must be ambulatory.

SPECIAL CARE UNIT REFERRAL CHECKLIST:

ALCOHOL INDUCED DEMENTIA ALWAYS A NO FOR UNIT

DATE _____ PREVIOUS LOCATION: _____

DIAGNOSIS: _____

DIAGNOSIS/ Reason needing unit	BEHAVIORS:	MEETS ADMIT CRITERIA Global deterioration scale 1,2,3 – identify what criteria meets	MOBILITY	2 People do on-site visit /findings	YES/NO
Vascular Dementia					
Alzheimers Dementia					
TBI Dementia					
Lewy Body Dementia					
Frontal Lobe/Temporal Lobe Dementia					

SPECIAL CARE UNIT ADMISSION & CONTINUED STAY SCREEN

Please refer to appropriate screening tools for completion

Admission Assessment

Quarterly Review

Review Date: _____

Diagnoses: _____

Medications: _____

CRITERIA FOR SCU ADMISSION AND PLACEMENT

1. Resident has Alzheimer's Disease or a related Dementia Diagnosis Yes No
 Diagnosis: _____ BIMMS Score _____
MDS Section C _____

2. Presence of dementia outweighs all other illnesses Yes No

3. Resident is: Yes No
 A) A serious danger to self Yes No
 B) A serious danger to others Yes No

4. Resident: Yes No
 A) Habitually wanders Yes No
 B) Would wander out of the building and be unable to find way back

5. Resident has a significant behavior problem that seriously disrupts the rights of other residents Yes No
 Behavior noted _____

6. Less restrictive placement alternatives has been unsuccessful in: Yes No

Preventing harm to self

Preventing harm to others

Managing behaviors

Maintaining Quality of Life

 Alternatives Attempted: _____

7. Resident is able to ambulated independently Yes No
 Assistive Devices: _____ Independent Assist

8. Resident can perform partial ADL's Yes No

9. Resident: Yes No
 A) Is able to participate in specialized activity program Yes No
 B) Benefits from specialized activity program Yes No

10. Meets Criteria deemed appropriate by individual facility's policies Yes No

RECOMMENDATIONS

Early Dementia Middle Stage Late Stage

SIGNATURE

Signature _____

Date _____

NAME - Last

First

Middle

Attending Physician

Room/Bed

THE GLOBAL DETERIORATION SCALE for Assessment of Primary Degenerative Dementia

Instructions: Please check "✓" only one level that best describes your relative's memory problems as they exist today.

LEVEL	CLINICAL CHARACTERISTICS
1 <input type="checkbox"/> Moderate Cognitive Decline (Late Confusional)	Clear cut deficit on careful clinical review. Defect manifest in the following areas: (a) decreased knowledge of current and recent event; (b) may exhibit some deficit in memory of one's personal history; (c) concentration deficit elicited on serial subtractions; (d) decreased ability to travel, handle finances, etc. Frequently no deficit in the following areas: (a) orientation to time and person; (b) recognition of familiar persons and faces; (c) ability to travel to familiar locations. Inability to perform complex tasks. Denial is dominant defense mechanism. Flattening of affect and withdrawal from challenging situation occur.
2 <input type="checkbox"/> Moderate - Severe Cognitive Decline (Early Dementia)	Patient can no longer survive without some assistance. Patient unable during interview to recall a major relevant aspect of their current lives i.e. An address or telephone number of many years, the names of close family members (such as grandchildren), the name of the high school or college from which they graduated. Frequently some disorientation to time (date, day of week, season, etc.) or to place. An educated person may have difficulty counting back from 40 by 4s or from 20 by 2s. Persons at this stage retain knowledge of many major facts regarding themselves and others. They invariably know their own names, their spouses' names, and their children's names. They require no assistance with toileting and eating, but may have some difficulty choosing the proper clothing to wear.
3 <input type="checkbox"/> Severe Cognitive Decline (Middle Dementia)	May occasionally forget the name of the spouse upon whom they are entirely dependent for survival. Will be largely unaware of all recent events and bad experiences in their lives. Retain some knowledge of their past lives, but this is very sketchy. Generally unaware of their surroundings, the year, the season, etc. May have difficulty counting from 10, both backward and sometimes forward. Will require some assistance with activities of daily living i.e. May become incontinent, will require travel assistance but occasionally will display ability to familiar locations. Diurnal rhythm frequently disturbed. Almost always recall their own name. Frequently continue to be able to distinguish familiar from unfamiliar persons in their environment. Personality and emotional changes occur. These are quite variable and include: (a) delusional behavior, i.e. Patients may accuse their spouse of being an imposter, may talk to imaginary figures in the environment, or to their own reflection in the mirror; (b) obsessive symptoms i.e. Person may continually repeat simple cleaning activities; (c) anxiety symptoms, agitation, and even previously non-existent violent behavior may occur; (d) cognitive abulia i.e. Loss of will power because an individual cannot carry a thought long enough to determine a purposeful course of action.
4 <input type="checkbox"/> Very Severe Cognitive Decline (Late Dementia)	All verbal abilities are lost. Frequently there is no speech at all - only grunting. Incontinent of urine, requires assistance in toileting and feeding. Lose basic psychomotor skills i.e. Ability to walk. The brain appears to no longer be able to tell the body what to do. Generalized or cortical neurologic signs and symptoms are frequently present.
<div style="display: flex; justify-content: space-between;"> Signature of person completing form _____ Date _____ </div>	

NAME - Last	First	Middle	Attending Physician	Room/Bed

SPECIAL CARE UNIT

Policy

Individuals with a cognitive impairment who require a secured protected environment with specialized programming are provided through the Special Care Unit. The Special Care Unit is an area in the nursing center that provides special programming in a secure environment. Individuals in the early to middle stages of Alzheimer's or related dementias are appropriate for residing on the Special Care Unit.

Compliance Guidelines

1. The Special Care Unit are based upon a social model of care delivery.
2. Emphasis is placed upon creating a homelike environment that encourages residents to engage in individual preferences and customary routines.
3. The physical environment and décor is dementia friendly and is designed for safety and security.
4. Families and caregivers are involved in the overall care planning process and participation in recreational and social activities.
5. The SCU will provide specialized programming.
6. Staff assigned to the SCU are trained in the skills required to work with a residents with a cognitive impairment. Skills checklist is completed and filed in the employee training record.
 - a. Special Care Unit Employee Education Record
7. A screen is completed for each resident at the time of admission and for continued stay.
 - a. Special Care Unit Admission and Continued Stay Screen.
8. The resident is evaluated and recreation programs are based upon cognitive requirements of the resident.
 - a. The Global Deterioration Scale will be utilized in assessing dementia level of residents.
 - b. Activities are divided into 3 levels based on global deterioration scale.
 - c. Residents are placed into groups based on past interest and dementia level.
9. The Special Care Unit Manager's roles and responsibilities include, but are not limited to:
 - a. Resident case history presentation to problem-solve for challenging behavioral management strategies.
 - b. Education and information exchange.
 - c. Problem resolution between shifts and other departments
 - d. Resolution of concerns raised by families, or others.
 - e. Prevention of staff burnout through mutual support and problem solving.
10. Interdisciplinary team (IDT) members work together to determine care/programming needs for individuals residing on the Special Care Unit. Team mebmers may include, but are not limited to:
 - a. Special Care Unit Manager's
 - b. Director of Nursing Services
 - c. Licensed staff

- d. Nursing Assistants
 - e. Recreational staff
 - f. Social Services staff
 - g. Dining Services staff
 - h. Family/Friends/Responsible Party as deemed appropriate.
11. Residents are assessed within 24 hours upon admission, quarterly and with a significant change in condition by the IDT.
 12. The admission history and personal preferences form is completed within 7 days of admission.
 - a. Admission History and Personal Preferences
 13. Care plan implementation is based upon individual special programming needs of the resident and is updated as necessary.
 14. At least a 2.8 nursing PPD with a goal of 90% consistency of staff assignments.
 15. Direct care staff assigned to SCU receive 4 hrs of classroom training. The training targets understanding dementia, behaviors, social model, environmental adaptation.
 16. Education is provided throughout the year based on resident individualized needs/behaviors.
 17. There is a minimum of 56 hours of recreational programming per week over 7 days.
 18. Special Care Unit staff are trained in the social model/recreational programs.

Ridgecrest Nursing & Rehabilitation, LLC – Ownership

Name

1. Atied Associates, LLC 50%
2201 Main St.
Evanston, IL 60202

2. William Rothner 50%
2201 Main St.
Evanston, IL 60202

TOTAL 100%