

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

3/22/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Lancaster Rehabilitation Center, LLC MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 504007	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY RESPIRATORY THERAPY ALZHEIMERS/SPECIAL CAR	
EXPIRES 03/31/2017	 Courtney R. Phillips, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Lancaster Rehabilitation Center, LLC
ADDRESS: 1001 SOUTH STREET, LINCOLN, NE 68502

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.

MAR 08 2016

7-1-15



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:
Lancaster Rehabilitation Center, LLC
1001 SOUTH STREET
LINCOLN, NE 68502

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:
c/o: LANCASTER REHABILITATION CENTER, LLC
2201 MAIN STREET
EVANSTON IL 60202

LICENSE NO: 504007
TELEPHONE NUMBER: (402) 441-7101
FAX NUMBER: (402) 441-7118
ADMINISTRATOR: AMY FISH
DIRECTOR OF NURSING: SANDRA HOVIS, R.N.
E-Mail Address, if available: administration@lancasterrc.com

REC'D DHHS ACCOUNTING
2016 MAR 14 A 10:47

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 293

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
RESPIRATORY THERAPY
ALZHEIMERS/SPECIAL CAR

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: LANCASTER MANOR 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 over the facility to be licensed, if the applicant is a governmental unit.

William Bothner
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Steve Miretzky
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

3/3/16
DATE

3/3/16
DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

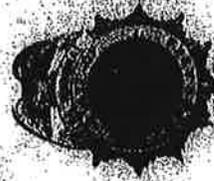
Certificate Number: 403133

Name of Facility: **Lancaster Rehabilitation Center LLC**
Type of Facility: **Nursing Home**
Location: **1001 South Street, Lincoln**
Maximum Occupancy: **293 Beds**
Date Issued: **7/1/2015**

Approved By:

Inspected By: **8725 Susen Lindner**
Deputy State Fire Marshal

State Fire Marshal



POST IN PROMINENT PLACE

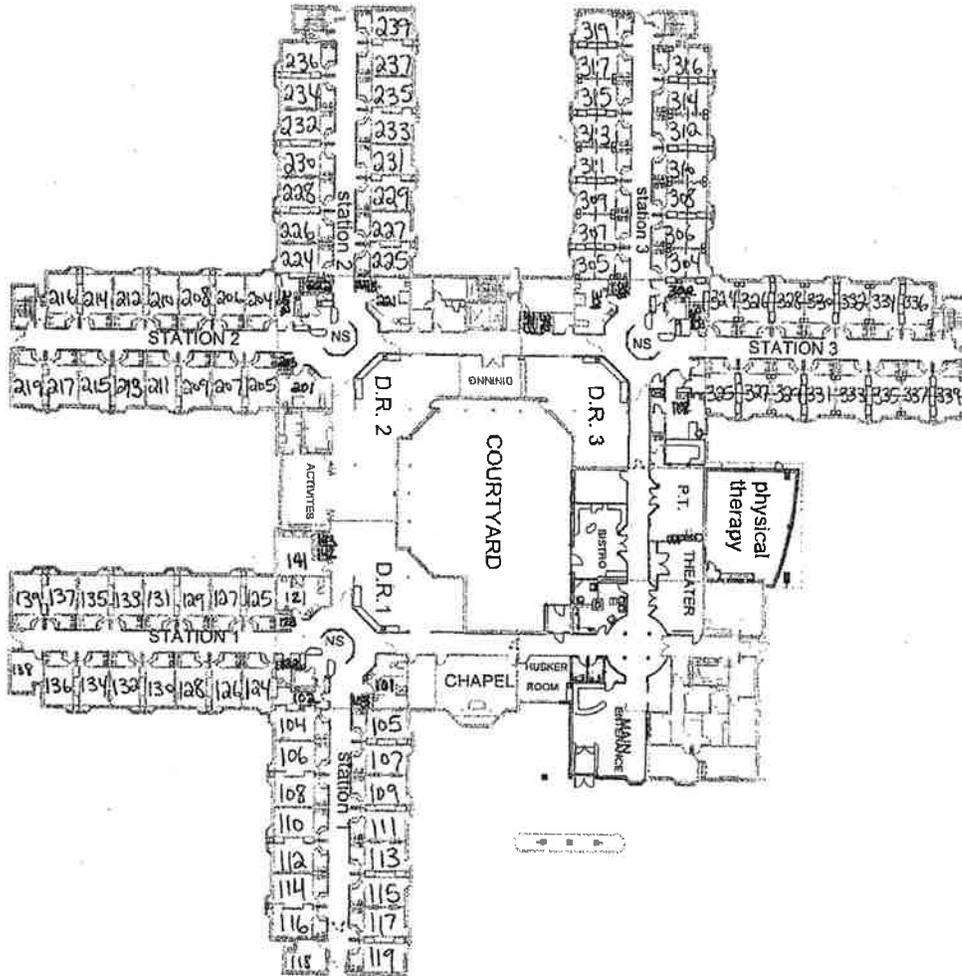
Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

**LANCASTER REHABILITATION CENTER, LLC
EXHIBIT A**

	<u>MEMBERSHIP 5% OR MORE INTEREST PERCENT</u>
<u>NAME</u>	
1. William Rothner	37.5%
2. Atied Associates, LLC	55.0%

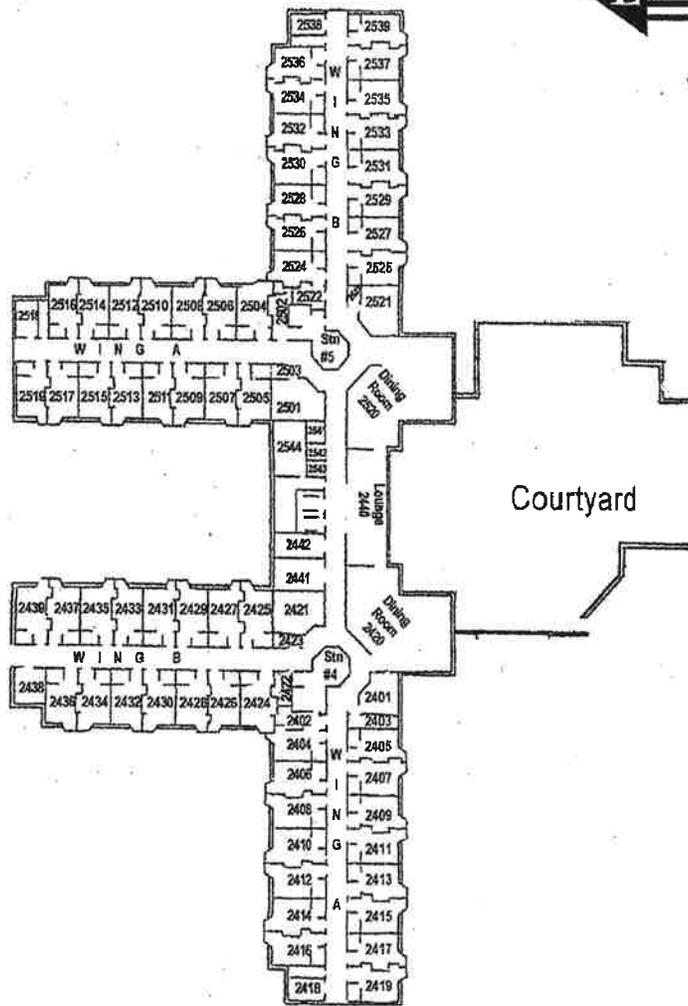
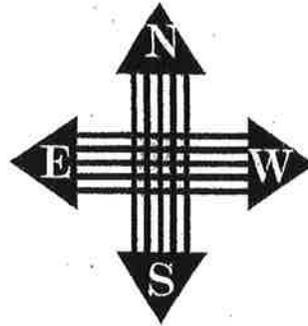
Owner's Address: 2201 Main Street, Evanston, Illinois 60202
Phone: 847-905-4000
Fax: 847-905-4040

NORTH
LANCASTER MANOR
FIRST FLOOR

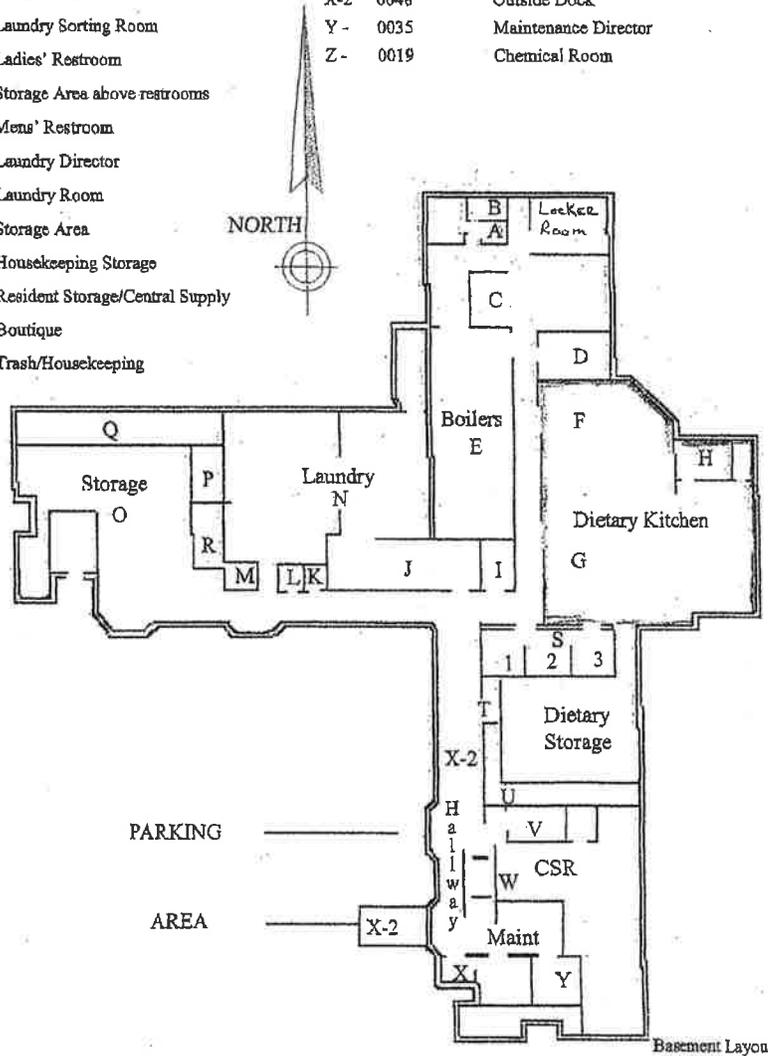


LANCASTER MANOR SECOND FLOOR

SWITCHBOARD 005.01



0010	Elevator Equipment Room	S - 0022	Food Service	SB.005.03
A - 0011	Mens' Restroom	S1- 00022-1	Food Service Director	
B - 0012	Ladies' Restroom	S2- 0022-2	Secretary	
C -	Elevators	S3- 0022-3	Asst. Food Service Director	
D - 0013-A	Servery	T - 0025	Oxygen Storage	
0013	Cafeteria	U - 0027	Food Storage	
E - 0015	Mechanical Room	V - 0028	Housekeeping Director	
F - 0017-A & B	Dietary Kitchen	W - 0030	Central Supply	
H - 0018	Food Production Manager	0030 - A	Central Supply Kitchen	
I - 0020	Steam room	X - 0032 -A & B	Maintenance	
J - 0036	Laundry Sorting Room	X-1 0047	Hallway	
K - 0037	Ladies' Restroom	X-2 0048	Outside Dock	
K2 - 0037-A	Storage Area above restrooms	Y - 0035	Maintenance Director	
L - 0038	Mens' Restroom	Z - 0019	Chemical Room	
M - 0039	Laundry Director			
N - 0040-A	Laundry Room			
O - 0041	Storage Area			
P - 0041-1	Housekeeping Storage			
Q - 0041-2	Resident Storage/Central Supply			
R - 0041-3	Boutique			
R1 - 0042	Trash/Housekeeping			





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[RAI](#) [Provider](#) [Maintenance](#) [Collections](#)

Facility Layout

[Add Building](#)

Building: Station 1

[Add Unit](#) | [Edit Building](#) | [Delete](#)

Unit: Sta. 1 - A Hall (1A)

[Add Room](#) | [View Unit](#)

Room: 104

[Add Bed](#) | [Edit Room](#) | [Delete](#)

Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete

Room: 105

[Add Bed](#) | [Edit Room](#) | [Delete](#)

Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete

Room: 106

[Add Bed](#) | [Edit Room](#) | [Delete](#)

Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete

Room: 107

[Add Bed](#) | [Edit Room](#) | [Delete](#)

Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete

Room: 108

[Add Bed](#) | [Edit Room](#) | [Delete](#)

Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete

Room: 109

[Add Bed](#) | [Edit Room](#) | [Delete](#)

Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete

Room: 110

[Add Bed](#) | [Edit Room](#) | [Delete](#)

Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete

Room: 111

[Add Bed](#) | [Edit Room](#) | [Delete](#)

Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete

Room: 112

[Add Bed](#) | [Edit Room](#) | [Delete](#)

Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete

Room: 113

[Add Bed](#) | [Edit Room](#) | [Delete](#)

Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
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Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Room: 531				
				Add Bed Edit Room Delete
Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Room: 532				
				Add Bed Edit Room Delete
Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Room: 533				
				Add Bed Edit Room Delete
Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Room: 534				
				Add Bed Edit Room Delete
Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Room: 535				
				Add Bed Edit Room Delete
Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Room: 536				
				Add Bed Edit Room Delete
Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Room: 537				
				Add Bed Edit Room Delete
Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Room: 539				
				Add Bed Edit Room Delete
Bed: A	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete
Bed: B	Type: Semi-Private Bed	Dually Certified Bed	Active	Edit Bed Certification Edit Bed Delete

[Edit Bed Types](#)

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**LANCASTER REHABILITATION CENTER LLC
ALZHEIMER'S/SPECIAL CARE UNIT**

A. **Philosophy and Mission Statement.**

Lancaster Rehabilitation Center LLC will provide a safe, secure and nurturing environment for persons who are incapable of independent living as a result of Alzheimer's or related dementia. All such residents will be accorded a full measure of respect and dignity in a setting that enhances to the fullest extent possible, their quality of life. This facility will provide 24-hour staff who are specially trained to meet the individualized needs of each resident.

B. **Admission Criteria.**

All applications to the Alzheimer's/Special Care Unit will be screened by a team consisting of the Director of Nursing; Station 5 Nurse Manager; Station 5 Social Worker; Station 5 Dietician; the Station 5 Activities Coordinator and the Administrator or his/her designee. This screening is to ensure the individual's needs can be met by the Alzheimer's/Special Needs Unit. The following requirements must be met:

1. Applicants must have an established diagnosis from their physician of Alzheimer's or related dementia.
2. Applicant must not have behaviors that constitute a danger to others.
3. Applicants will have a written order from their physician stating they are appropriate for the level of care in the Alzheimer's/Special Care Unit.
4. Admission is approved or denied without regard to race, religion, nationality, color, age, sex or disability.
5. For other admission criteria, see Attachment A.

C. **Discharge/Transfer Criteria.**

The facility reserves the right to discharge any resident whose needs cannot be met through continued placement at Lancaster Rehabilitation Center. The resident's Power of Attorney will be given a 30-day written notice when discharge is planned, unless circumstances involving resident safety or medical issues warrant immediate discharge. The final decision regarding discharge rests with the Administrator of Lancaster Rehabilitation Center. Facility staff will assist with alternate placement for the resident. For other criteria, see attachments B, C and D.

D. **Process for Resident Assessment and Care Plan Development.**

An initial Care Plan is done upon admission. Then an assessment is done through the MDS process. The Care Plan Team develops a complete Care Plan within 14 days.

E. **Staff Training.**

Lancaster Rehabilitation Center LLC endorses the necessity of specially trained staff to meet the needs of persons afflicted with Alzheimer's or related dementia. Employees on the Alzheimer's/Special Care Unit will be given orientation and training specifically designed to prepare them to meet the needs of each resident on the Unit. Training of direct care staff will include but not be limited to:

- Resident rights.
- Emergency procedures.
- Advance Directives.

- Special care needs.
- Abuse, neglect, misappropriation of money or property.
- Disaster preparedness.
- Care protocols for dementia individuals.
- Infection control practices.
- Alzheimer's disease process.

All staff on the Alzheimer's/Special Care Unit will receive continuing education in the methods and philosophy of providing superior care to Alzheimer's residents. Staff will attend inservices in the facility and workshops off-site as often as they can be scheduled. Staff will receive a minimum of 12 hours of training per year, 4 hours of which will be dementia related.

F. **Physical Environment.**

The Lancaster Rehabilitation Center Alzheimer's/Dementia Unit is designed to provide a low stimulus, caring, loving environment that will support quality of life for the residents throughout the progression of their disease. There will be a strong emphasis on appropriate individual and group activities. Plans are underway to create an atmosphere that is as home-like as possible. It will include a private dining area for families; residential style furniture, area seating, and dining; an aviary and aquarium. We have constructed a secure outdoor recreation area, accessed from the dining room that will allow residents of this Unit to enjoy the outdoors while maintaining their safety.

G. **Therapeutic Recreation.**

Activity programming for the Alzheimer's/Dementia Unit will be individualized to support the interests and lifestyle of each resident. Attention will be given to their physical, mental, spiritual and psychosocial well-being to ensure the appropriateness of this therapy. Activities will be age appropriate for the geriatric population. Examples are music, exercise, crafts, sensory stimulation, activities of daily living, etc. Residents will be allowed to function at their own pace and to participate in the activities they choose. Each resident will be monitored and assessed to ensure their therapeutic recreation needs are being met.

H. **Family Involvement.**

We recognize the importance of family involvement and we will encourage it at a level that is comfortable for each family. We will provide the families with the following:

- Alzheimer's Support Group.
- Education and counseling concerning the disease process.
- Emotional support.
- Training on how to properly deal with the behaviors of their family member.

I. **Cost.**

There are typically around 45 residents on our 52 bed Alzheimer's/Dementia Unit. Individual charges are based on the level of care required, as determined by an MDS Assessment during the admissions process. For most payor types the rate is all inclusive. For Private Pay, there is an additional charge for van, oxygen and therapy. For Medicaid residents, everything is included except the share of cost.

LANCASTER REHABILITATION CENTER PROCEDURE

DEPARTMENT:	ADMISSIONS	PROCEDURE #:	AD.101.03
SECTION:			
CATEGORY:			
SUBJECT:	Admissions to the Facility		
ISSUED BY:	Deanna Hayes	EFFECTIVE DATE:	January 2010
APPROVED BY:	Anthony Johnson	UPDATED:	January 6, 2014

POLICY STATEMENT: Our facility will admit only those residents whose medical and nursing care needs can be met.

POLICY INTERPRETATION AND IMPLEMENTATION:

1. A primary purpose of our admission policies is to establish uniform guidelines for personnel to follow in admitting residents to the facility.
2. Prior to or at the time of admission, a licensed Physician must provide the facility with information needed for the immediate care of the resident, including orders covering at least:
 - a. Type of diet (e.g., regular, mechanical, etc.);
 - b. Medication orders, including (as necessary) a medical condition or problem associated with each medication; and
 - c. Routine care orders to maintain or improve the resident's function until the physician and care planning team can conduct a comprehensive assessment and develop a more detailed Interdisciplinary Care Plan.
3. Our admission policies apply to all residents admitted to the facility regardless of race, color, creed, national origin, age, sex, religion, handicap, ancestry, marital or veteran status, and/or payment source.
4. The objectives of our admissions policies are to:
 - a. Provide uniform guidelines for admitting residents to the facility;
 - b. Admit residents who can be adequately cared for by the facility;
 - c. Address concerns of residents and families during the admission process;
 - d. Review with the resident, and/or his/her representative (sponsor), the facility's policies and procedures relating to resident rights, resident care, financial obligations, visiting hours, etc.; and
 - e. Assure that the facility receives appropriate medical and financial records prior to or upon the resident's admission.
5. The Administrator, through the Admissions Department, shall assure that the resident and the facility follow applicable admission policies.

LANCASTER REHABILITATION CENTER PROCEDURE

DEPARTMENT:	Social Services	PROCEDURE #:	SS.496.01
SECTION:	General Resident Care		
CATEGORY:	Discharge		
SUBJECT:	Facility Mandated Discharges		
ISSUED BY:	Jennifer Graff	EFFECTIVE DATE:	March 11, 2009
APPROVED BY:	Tony Johnson	UPDATED:	January 7, 2014

The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless:

1. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;
2. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;
3. The safety of the individuals in the facility is endangered;
4. The health of individuals in the facility would otherwise be endangered;
5. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a nursing facility, the nursing facility may charge resident only allowable charges under Medicaid; or
6. The facility ceases to operate.

Physician Notification

- The physician must be notified and provide written documentation to justify why the discharge/transfer is taking place. (Sake of residents welfare or needs being met, no longer needs the services of the facility, endangerment of safety or health of other residents.)

Interdisciplinary Team

- When resident is transferred/discharged due to safety reasons the interdisciplinary team must:
 - a. Perform accurate assessments and care planning to address resident's needs, accommodation of individual needs, and attention to the resident's customary routines.
 - b. Insure documentation in medical record and care plan reflects behaviors and interventions put in place to alleviate/control those behaviors.
 - c. Involve Counselor as necessary
 - d. Identify interventions that will decrease anxiety or depression related to transfer/discharge.
 - e. Notify the State Ombudsman

Timing of notice to Transfer or Discharge

- Advance notice (either 30 days or , as soon as practicable, depending on the reason for transfer/discharge.

Notification: Prior to discharge or transfer the facility will:

Notify the resident and, if known, a family member or legal representative of the resident transfer or discharge and the reasons for the move in writing and in a language and manner they understand.

1. Record the reasons in the resident's medical record;
2. Written notice will be given to the resident and/or Responsible Party. This notice will include:
 - The reason for the transfer or discharge;
 - The effective date of transfer or discharge;
 - The location to which the resident is transferred or discharged;

- A statement that the resident has a right to appeal to the discharge or transfer to the state;
- The name, address, and telephone number of the State Long Term Care Ombudsman;
- Resident's with developmental disabilities, will be provided the mailing address and telephone number of the agency responsible for the protection and advocacy of developmental disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and
- For nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.
- If the discharge is involuntary, please see attachment titled "Involuntary Transfer and Discharge Notice Checklist".

Orientation for transfer or discharge

1. The facility will provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.
 - Informs resident where they are going
 - Takes items to assure safe transportation
 - Actively involve resident and resident's family in selecting the new residence
 - Involves resident and family in the assuring the residents possessions are not left behind or lost.
 - Orients staff in the receiving facility of residents daily needs
 - Involves staff in transfer arrangements to decrease anxiety or depression as identified in care plan.

LANCASTER REHABILITATION CENTER PROCEDURE

DEPARTMENT:	Social Services	PROCEDURE #:	SS.496.02
SECTION:	General Resident Care		
CATEGORY:	Resident Discharge		
SUBJECT:	Discharge of Residents – Facility Coordination		
ISSUED BY:	Jennifer Graff	EFFECTIVE DATE:	July 26, 1991
APPROVED BY:	Tony Johnson	UPDATED:	January 7, 2014

Discharges to a Skilled Nursing Facility, Assisted Living Facility, or other setting.

1. Social Services will receive verbal consent from the resident or resident's responsible party for discharge and document this in the Medical Record.
2. Nursing will obtain a written order from the physician for discharge.
 - a. If resident is being discharged to a Skilled Nursing Facility a Community Wide Transfer Sheet will be completed and a copy of the Medication Administration Records, Treatment Administration Record will be copied and attached to Transfer Sheet.
 - b. If resident is being discharged to an Assisted Living Facility, the Discharge Instruction for Care Sheet will be completed and a Community Wide Transfer Form will be completed. Medication and treatment administration records will not be sent.
 - c. If resident is being discharged to home, the Discharge Instruction for Care Sheet will be completed. The discharge order sheet will be faxed to the Home Health Agency if this is applicable.
3. Medications: See policy NS.840 "Discharge Medications."
4. Fax discharge orders to receiving pharmacy.
5. Nursing to arrange all durable medical equipment necessary on discharge.
6. Social Services will make initial referral to Home Health Agency.
7. Complete a "Discharge Instructions for Care" sheet, if applicable.
8. Initiate discharge teaching, if applicable.

LANCASTER REHABILITATION CENTER PROCEDURE

DEPARTMENT:	Social Services	PROCEDURE #:	SS.495
SECTION:	General Resident Care		
CATEGORY:	Resident Discharge		
SUBJECT:	Discharge		
ISSUED BY:	Jennifer Graff	EFFECTIVE DATE:	July 26, 1991
APPROVED BY:	Tony Johnson	UPDATED:	January 7, 2014

Discharges from the facility will be in accordance with regulations set forth under Federal Law, the Omnibus Budget Reconciliation Act. The regulations are printed in the Resident Rights Booklet developed by Nebraska Health Care Association.

The discharge plan will be written within 14 days of admission by the Social Worker assigned. This discharge plan is to be reviewed at least every three (3) months by the interdisciplinary team at the Comprehensive Care plan Meeting. The discharge plan will state either long-term placement anticipated or discharge anticipated. Specifics relating to discharge will be stated in the Social Service progress notes. A Discharge Instructions for Care Sheet will be completed and given to the resident/responsible party upon discharge.

LANCASTER REHABILITATION CENTER PROCEDURE

DEPARTMENT:	Social Services	PROCEDURE #:	SS.496.03
SECTION:			
CATEGORY:	Discharge		
SUBJECT:	Discharging a Resident Without a Physician's Approval		
ISSUED BY:	Jennifer Graff	EFFECTIVE DATE:	January 2010
APPROVED BY:	Tony Johnson	UPDATED:	January 7, 2014

POLICY STATEMENT

A physician's order should be obtained for all discharges.

POLICY INTERPRETATION AND IMPLEMENTATION

1. Should a resident, or his or her legal representative request an immediate discharge, the resident's Attending Physician must be promptly notified.
2. The order for a discharge must be signed and dated by a physician and recorded in the resident's medical record.
3. Should a resident and/or legal representative request a discharge from the facility during the time the resident is in isolation, or on isolation precautions, the Charge Nurse must notify the Director of Nursing Services and the resident's Attending Physician of such request.
4. The Director of Nursing Services, or Charge Nurse, shall inform the resident, and/or legal representative of the potential hazards involved in the early discharge of the resident and shall request that the resident remain in the facility until such time as the isolation/precautionary period has ended.
5. Should the resident or legal representative insist upon being discharged without the approval of the Attending Physician, the resident and/or legal representative must sign a Release of Responsibility form. Should either party refuse to sign the release, such refusal must be documented in the resident's medical record and witnessed by a staff member.



LANCASTER
Rehabilitation Center

Ancillary Services

Transportation:

\$50.00 round trip

Guest Meals:

\$5.00/per meal

Beauty & Barber Services:

Shampoo Only	\$ 5.00
Shampoo & Style	\$16.00
Haircuts (Men)	\$12.00
Haircuts (Women)	\$14.00
Haircut w/ Shampoo & Style (Women)	\$30.00
Beard Trim	\$ 5.00
Hair Color (includes shampoo and style)	\$36.00
Permanent Wave (w/ Style and cut)	\$50.00

RATE STRUCTURE

Traditional Long-term Care Neighborhoods

Companion Room	\$238.00 per day
Private Room	\$298.00 per day

Short Term Rehabilitation Neighborhood

Companion Room	\$285.00 per day
Private Room	\$345.00 per day

The above rates are **all inclusive!** At Lancaster Rehabilitation Center you won't find any additional charges for your specific level of care or the specialized care for memory support.

In addition, this rate includes:

- Equipment use
- Routine nursing supplies
- 24-hour professional nursing care
- Medication administration
- Personal nursing assistance
- Whirlpool baths
- Nutritious meals, snacks, and supplements
- Personalized restorative therapy
- All utilities
- Housekeeping services
- Laundry and linen service
- Building maintenance services
- Emergency call system
- Recreational and social programs
- Social services support
- Personal use of all common areas
- Wireless internet service and basic TV service

Room Hold Charge

A room hold fee will be charged at the daily room rate for the type of room you occupy should you require a short hospital stay or an overnight stay away from the facility.

Amenity Fees

For your convenience we also offer the following services for an additional fee:

- Beauty and barber services
- Guest meals
- Transportation service