



The Grand Rehabilitation and Healthcare

EMERGENCY CODES

EMERGENCY CODE	MEANING	IMMEDIATE RESPONSE
CODE RED	FIRE	Fire response team responds to designated area with equipment. Fire Department Response required
CODE BLUE	MEDICAL EMERGENCY	Medical code team responds to location with equipment.
CODE BROWN	DISASTER	Emergency response team responds to designated area for further instructions.
CODE PINK	ELOPEMENT/MISSING RESIDENT	Staff responds to designated area for further instructions.
CODE SILVER	SECURITY NEEDED: VIOLENT RESIDENT, PERSON WITH WEAPON, ACTIVE SHOOTER, BOMB THREAT, HOSTAGE SITUATION	Security responds to area or safe zone, establishes a perimeter. Police response required
CODE CLEAR	SITUATION HAS BEEN RESOLVED	Initiate recovery actions/ resume normal activities

HIPAA Notice of Privacy Practices

Effective Date: September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Centers for Specialty Care, 1601 Broadway Avenue, Suite 209, Bronx, NY 10460.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information.
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose health information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment: We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment: We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations: We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the clinical or genealogical care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Individuals Involved in Your Care or Payment for Your Care: When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Everyday Lunch Items

Hamburger or Cheeseburger

PB & J

Turkey Sand.

Bologna Sand.

Grilled Cheese

Egg Salad Sand.

Tuna Salad Sand.

Chicken Salad Sand.

Mashed Potatoes & Gravy

Tossed Salad

Chef Salad



THE GRAND REHABILITATION AND NURSING at ROME

Important Advocacy Information

New York State Department of Health Nursing Home Complaint Hotline #:
1-888-201-4563

24 hours per day, seven days per week

The Grand Adult Day Health Center

Resident Bill of Rights

The resident has the right to a dignified existence, self-determination of their individuality, consideration and privacy in treatment and care for personal needs and contributions with the rights of each resident and assist the resident in exercising his/her rights. All staff members have been informed, advised, and support resident rights as stated in this document.

The Resident Has The Right to:

1. Be fully informed, both verbally and in writing, in an understandable manner, the rights, rules and Regulations governing resident conduct and responsibilities including the respect of personal rights and privacy property of other residents during his/her stay at Rome Center ADHC. This Documentation shall be made, prior to or at the time of admission, to be reviewed by resident's or Designated representative's written acknowledgment.
2. Be informed of any circumstances under Bill of Rights later amendments.

Admission Rights

3. A written statement prior to or at time of admission and during his/her stay of services available in the facility, and of related charges for services not covered by services of Medicaid or non-coverage by the facility's basic per diem rate.
4. Be informed that the facility may not require a third party guarantee of payment as a condition of admission, shall not solicit money, gifts, etc. as a pre-condition for admission. Arrangements may be made for prepayment for basic services not exceeding three months.
5. Not required to waive their rights to Medicaid. Rome Center shall inform the resident of Medicaid eligibility and shall not discriminate against Medicaid recipients, may charge a resident who receives only for services that the resident has requested and received and that are not specified in the terms of admission, as part of the basic ADHC services.
6. Be informed that the ADHC program may require assistance with legal action to the resident's benefit or termination, to sign a contract, to provide the facility with payment from the resident's income or resources.
7. Exercise his/her rights as a resident of the facility and as a citizen of the United States of America and New York State including the right to vote, voice grievances without reprisal, and the action for damages or enforcement of his/her right to adequate and proper treatment and care.
8. Requested changes in policies and services to program, staff, and/or any outside agency by the facility to resolve grievances the resident may have, including those arising from the behavior of other residents. Must provide to policies and procedures to the designated representative upon request.
9. Exercise his/her individual right to have their rights reviewed by a person other than:
10. Facilities and personnel, at time of production, photographs of all records placed upon written request and 24 hours before to the facility.
11. Examine the results of the most recent survey to the facility by Federal and include any statement of deficiency, plan of correction and action taken.
12. Department of Health. Survey results are posted in a readily accessible location.
13. Receive information from agencies acting as resident's advocates and to agencies.
14. The right to refuse, verbal, written, or physical abuse, harassment, physical restraint, seclusion, or to be free from chemical and physical restraints except:

VIRUS VS. BACTERIA / COVID 19 / IMMUNE SYSTEMS

YOUR PERSONAL PROTECTION SYSTEM

VIRUS NEED HOST, BACTERIA DOESN'T
VIRUS ARE 10,000 TIMES SMALLER THAN BACTERIA
VIRUS INVADE CELLS, CAN CHANGE DNA
ANTIBIOTICS CAN KILL BACTERIA, NOT VIRUS
COMMON BACTERIAL INFECTIONS (UTI, STREP THROAT)
COMMON VIRUS: SINCLES, COLDS, CHICKEN POX, MONONUCLEOSIS
COVID BE EITHER: PNEUMONIA, MENINGITIS, DIARRHEA

THE BIGGEST DANGER WITH VIRUS IS THAT THEY CAN WEAKEN AN INDIVIDUAL SO TO LET A BACTERIAL INFECTION TAKE OVER. BACTERIAL INFECTIONS CAN BE MORE DANGEROUS. 26,000 DIE FROM MRSA EACH YEAR IN THE U.S. (BACTERIAL) 10,000 DIE FROM FLU (VIRAL)

COVID 19 IS A VIRUS THAT INVADES THE INSIDE "LINING" OF THE LUNGS SO THAT NO AIR EXCHANGE CAN HAPPEN. THAT'S WHY PEOPLE BEING TREATED WHO ARE VERY ILL ARE PUT ON VENTS. THE MAJORITY OF PEOPLE WHO HAVE THE VIRUS IN THEM HAVE YOUR TYPICAL COLD SYMPTOMS AND THEY JUST WAIT IT OUT FOR THEIR BODY TO KILL OFF THE PREDATOR (TYPICALLY 10 DAYS) THE FEVER YOU GET IS ACTUALLY A GOOD THING. VIRUS DON'T LIKE HEAT. IT IS YOUR BODY'S WAY OF KILLING THE VIRUS. THEY ALSO DON'T LIKE MOIST AIR, SO USE A CLEAN VAPORIZER.

YOUR OWN PERSONAL ARMY: YOUR WHITE BLOOD CELLS

NEUTROPHILS EAT BACTERIA

EOSINOPHILS AND BASOPHILS ARE ALLERGIC REACTORS-SECRETE HISTAMINE

MONOCYTES/MACROPHAGES ARE THE GARBAGE COLLECTORS (THINK PAC-MAN)

LYMPHOCYTES ARE THE BIG GUNS. THEY CAN IDENTIFY AND KILL BOTH VIRUS AND CANCERS.



ATTENTION

COVID IS BACK IN THE COUNTY. LOCAL NURSING HOMES HAVE HAD STAFF AND RESIDENTS TEST POSITIVE.

PLEASE MAKE SURE YOU ARE WEARING YOUR MASK PROPERLY, WASHING YOUR HANDS & SOCIAL DISTANCING (EVEN IF YOU ARE VACCINATED)



WE DO NOT WANT COVID BACK IN THE BUILDING
THANK YOU!