



“Called to care since 1956”

# RESIDENT HANDBOOK

855 Aaron Drive  
Lynden, Washington 98264

Phone: 360-354-4434

Fax: 360-354-3768

[chccllynden.org](http://chccllynden.org)

ANNIVERSARY

**70**  
YEARS  
SINCE 1956

Snap to view  
this handbook  
online



# **CONTENTS**

MISSION STATEMENT .....	7
YOUR CARE TEAM.....	8
QUICK REFERENCE .....	9
Visitation. ....	9
Video visits, email and other forms of communication.....	9
Quiet hours. ....	9
Television. ....	10
Internet access. ....	10
Mail and parcel delivery.....	10
Pets. ....	10
Bird feeders and cut flowers. ....	10
Clothing.....	11
Food from outside sources.....	11
Catering.....	11
Newspaper.....	12
Absence from CHCC.....	12
Business office.....	12
Tobacco, vaping and cannabis.....	12
Wall of Honor.....	12
ROOM FURNISHINGS .....	14
Living Standards .....	14
RESIDENT CARE .....	16
Resident care plan conferences. ....	16
Nursing.....	16
Pharmaceutical. ....	16
Restorative therapies.....	16
Social services. ....	17
Dietary.....	17
Therapeutic recreation.....	17
Pastoral care.....	18
Laundry. ....	18
Barber and salon services.....	18

Outside providers.....	18
Sexual consent. ....	19
Resident council.....	19
Medical records.....	19
LEGAL MATTERS.....	20
Power of attorney.....	20
Resident representative. ....	20
Advance directives. ....	20
GENERAL INFORMATION .....	23
Funeral home. ....	23
Code of Conduct. ....	23
Grievance procedure. ....	23
Survey. ....	24
Drug-free workplace.....	24
TRANSPORTATION .....	25
BED HOLD & RETURN.....	26
Policy statement. ....	26
Sample bed hold notification.....	27
VISITATION POLICY .....	28
Policy statement. ....	28
ADMISSION .....	30
Admission requirements.....	30
Physician approval. ....	30
Financial approval.....	30
RESIDENT RIGHTS .....	31
Free choice.....	31
Accommodation of needs. ....	32
Self-determination and participation. ....	32
Privacy and confidentiality.....	33
QAPI and PIP. ....	34
Grievances.....	34
Examination of survey results.....	34
Work.....	34

Mail. ....	35
Telephone. ....	35
Video visits. ....	35
Access and visitation. ....	35
Personal property. ....	36
Married couples. ....	36
Self-administration of drugs. ....	36
Notification of changes. ....	36
Transfer and discharge. ....	37
Restraints. ....	37
Abuse. ....	37
Information about eligibility for Medicare/Medicaid benefits. ....	37
Fee disclosure. ....	38
<b>PRIVACY PRACTICES</b> .....	<b>39</b>
Who will follow this notice? .....	39
Your health information. ....	39
How we may use and disclose health information about you. ....	39
Other uses and disclosures of health information. ....	42
Your rights regarding health information about you. ....	42
Changes to this notice. ....	44
<b>FINANCE &amp; BILLING</b> .....	<b>45</b>
Methods of payment. ....	45
Medicare coverage. ....	45
Medicaid coverage. ....	45
Social leave. ....	46
Billing. ....	46
Notice of Medicare consolidated billing rule. ....	47
Resident trust accounts. ....	47
<b>TV CHANNEL GUIDE</b> .....	<b>49</b>
<b>ADVOCACY RESOURCES</b> .....	<b>50</b>
988 Suicide and Crisis Lifeline .....	50
Adult Protective Services .....	50
Aging and Disability Resources "No Wrong Door Program" .....	50

Aging & Long-Term Support Administration (AL TSA) State Survey Office .....	50
Center for Independence.....	50
Complaint Resolution Unit.....	50
Developmental Disabilities Advocacy (DDA) Whatcom County .....	51
Home and Community Services – DSHS .....	51
Long-Term Care Ombudsman.....	51
Medicaid Fraud Control Washington State .....	51
Medicare Information and Fraud Reporting.....	51
NAMI (National Alliance on Mental Illness) Help Line .....	51
Northwest Regional Council .....	52
Protection and Advocacy Network.....	52
Qualis/Comagine Health Offices.....	52
Quality Improvement Organization, Acentra Health.....	52
Social Security Office .....	52
U.S. Department of Health & Human Services, Office of Civil Rights.....	53
Washington State Department of Health .....	53
NON-DISCRIMINATION .....	54
Discrimination in any form shall be prohibited by this care center. ....	54
STAY IN TOUCH .....	55
Indoor visits.....	55
Scheduling.....	55
Phone calls. ....	55
Cards and letters.....	55
Video Visits. ....	55
Outings.....	55
Sharing food.....	56
Flower deliveries.....	56
SAFEGUARDING PROPERTY .....	57
APPLYING FOR MEDICAL ASSISTANCE .....	58
Enroll in Medicare Part A and/or Medicare B.....	58
Apply for Medicaid Assistance.....	58
WHAT IS MEDICARE? .....	59
Medicare is health insurance for: .....	59

What are the different parts of Medicare? .....59

Part A (Hospital Insurance) helps cover:.....59

Part C (Medicare Advantage):.....59

Part D (Medicare prescription drug coverage): .....60

WHAT IS MEDICAID?.....61

    Dual eligibility.....61

ANTIBIOTICS.....63

    Antibiotic stewardship program. ....65

    Benefits of antibiotic stewardship. ....65

    Urinary tract infections and antibiotics. ....65

OMBUDSMAN PROGRAM.....67

HOW TO REPORT ABUSE .....68

IN CASE OF EMERGENCY.....69

DECISION-MAKING TREE.....70

COVID-19 VACCINATION.....72

CHCC FOUNDATION .....74

LANGUAGE ASSISTANCE .....75

## **MISSION STATEMENT**

Christian Health Care Center is a nonprofit skilled nursing center. Our mission is to provide skilled health care services with compassion and love in Christ's name. To fulfill our mission, we pledge to:

- Provide a comprehensive range of health, behavioral, pastoral, and supportive services without regard to age, religion, race, color, disability, sex, or national origin.
- Communicate to all concerned that addressing the needs of patients, residents, clients, and their families is our primary objective.
- Recognize the importance of providing quality care that meets or exceeds the generally accepted standards of the community, in an efficient and cost-effective manner.
- Uphold our charitable mission and strive to assure access to our services by all those in need, while maintaining financial integrity.
- Provide a safe and well-maintained physical environment.
- Offer health promotion services and educational programs to the community.
- Evaluate the needs of those we serve to determine if the existing array of services should be modified or expanded.
- Work cooperatively with appropriate service agencies, as well as churches and other religious organizations, to ensure that community needs are met.

Our executive director is responsible for guiding Christian Health Care Center in ways that align with its mission.

# YOUR CARE TEAM

Contact any of these individuals by asking to speak with them in person. They can also be reached by calling 360-354-4434 or via email at the addresses listed below.



**Tonja Myers**  
Executive Director  
Administrator  
tamyers@chcclynden.org



**Josh Friesen**  
Assistant Administrator  
jrfriesen@chcclynden.org



**Sarah Thomas**  
Admissions  
sethomas@chcclynden.org



**Jenaye Phillips**  
Social Worker,  
Rehab Rooms 501-523  
jphillips@chcclynden.org



**Makayla Holt**  
Social Worker,  
Cascade Rooms 200-319  
mholt@chcclynden.org



**Daniel Houston**  
Social Worker,  
Baker Rooms 100-128  
dhouston@chcclynden.org



**Heather Lewis**  
Director of Nursing  
hlewis@chcclynden.org



**Karen Jemison**  
Assistant Director of Nursing  
kljemison@chcclynden.org



**Emily Piercy**  
Therapeutic Recreation  
epiercy@chcclynden.org



**Joe Savage**  
Director of Rehab  
djsavage@chcclynden.org



**Katie Taylor**  
Medical Records  
kjtaylor@chcclynden.org



**Carol DuBois**  
Dietary Services  
cddubois@chcclynden.org



**Eric Depew**  
Pastoral Support Services  
edepew@chcclynden.org



**Steve Lewis**  
Environmental Services  
slewis@chcclynden.org



**Rachel Childers**  
Business Office Manager  
rchilders@chcclynden.org

## **QUICK REFERENCE**

### **Visitation.**

Visits by family members and friends are very important and encouraged. Visiting hours are 8 a.m. to 9 p.m., seven days a week. Other times may be accommodated as needed. The conference room, sunroom and library are available for group gatherings when space allows. Children are welcome when supervised by a responsible adult.

Protecting the health of residents and staff is our first priority. All visitors must follow current safety guidelines while inside CHCC. This may include wearing a well-fitting mask (provided at the entrance) and using alcohol-based hand rub upon arrival, depending on guidance from health authorities. Visitors who are sick or have been exposed to illness should postpone their visit. Signs at each entrance will indicate current requirements. Visitors who do not comply with health and safety guidelines may be asked to leave.

The size of group visits may be limited at times based on conditions in the community and other factors. If you are planning a group visit, please call 360-354-4434 at least 24 hours in advance—between 8 a.m. and 4 p.m. Monday through Friday—to ensure space is available. This also allows our staff to coordinate group visits around residents' scheduled care, therapy and meals. Visit [chcclynden.org/visitation/](http://chcclynden.org/visitation/) for additional visitation information.

Visitors are expected to observe CHCC's non-smoking policy.

Residents, staff, visitors and volunteers are always welcome to wear a mask, if desired. CHCC will provide masks if needed.

### **Video visits, email and other forms of communication.**

CHCC can help you stay connected with your family and friends while you are receiving care here. Please see the Connect & Communicate page near the end of this handbook to learn about in-person visits, video chats, resident email and more.

Recommended: Residents, their friends and designated representatives can receive important alerts and communications from CHCC by subscribing to our eNews, currently published monthly. An opt-in form can be found on the bottom of this webpage at [chcclynden.org](http://chcclynden.org). You may also receive informational texts and emails sent through our communication platform, Carefeed. You can opt out of those messages at any time.

### **Quiet hours.**

To provide an atmosphere that is respectful to others and conducive to rest, all individuals – those receiving care here, personnel, volunteers and visitors – are to observe "quiet

hours" between 8 p.m. and 8 a.m. If you watch television, listen to music or engage in activities on a computer that may disturb others or prevent them from sleeping, please use a headset.

### **Television.**

Each room is equipped with a television set and cable television outlets. A list of available channels is provided in each room.

### **Internet access.**

Wi-Fi is available at no additional charge; the password is: chccwireless. You can bring your own device or use the computer in the sunroom.

### **Mail and parcel delivery.**

Mail and parcels arrive at CHCC every day except Sundays and holidays. Therapeutic recreation staff will deliver any items that are sent to you. Outgoing mail may be left with the receptionist at the Aaron Drive entrance.

Address: Christian Health Care Center, 855 Aaron Drive, Lynden, WA 98264

Envelopes, paper, and stamps may be purchased from the receptionist. If assistance is needed with letter writing or mailing, contact therapeutic recreation staff.

### **Pets.**

Domesticated animals can visit CHCC if a current vaccination record is submitted to the reception desk prior to the first visit. For the safety of all, animals must be in good health and free from fleas. They must not run, jump or create excessive noise.

Dogs should be on a leash of six feet or less in length, and a crate or harness can be used for cats or other small animals. Pets cannot enter any dining or laundry areas. Pet owners are responsible for cleaning up any pet accidents inside of the building and for bagging and disposing of waste outside.

CHCC reserves the right to restrict animal visits if the pet creates an unsafe or uncomfortable environment for those who live and work here. Having a pet that lives in your room is not allowed at CHCC.

### **Bird feeders and cut flowers.**

Seed and nut bird feeders attract vermin, so they are not allowed at CHCC. A hummingbird feeder hung on a freestanding shepherd's hook is an alternative that may be placed and maintained outside of your window.

Highly fragrant flowers, such as Oriental lilies, hyacinths and lilac stems, can cause people who live and work here to have allergic reactions. Highly scented flowers cannot enter the building, so they should be excluded from any bouquets that are delivered.

Recommended flowers: tulips, chrysanthemums, sunflowers, dahlias, hydrangeas, calla lilies, daffodils, ranunculus, snapdragons and poppies.

## **Clothing.**

To respect the rights of others – roommates, visitors, volunteers, etc. – please make sure the privacy drape is fully closed when you are getting dressed or during times when you may be unclothed.

You are encouraged to wear clothing that is comfortable and per your preference. Clothing is washed at high temperatures, so all items must be washable and non-shrinkable. Please avoid wool, rayon, or items that must be dry-cleaned; dry cleaning services are not provided by CHCC. We also suggest avoiding 100% cotton items.

All clothing should be marked with your name on your first day here. A member of the care team can help label and record your clothing in the personal inventory list. Clothing items that are brought in after admission should be presented at the nurses' station for labeling. If garments are removed from CHCC, please ask a staff member to remove the item from your clothing list.

We recommend that you or your designated representative look through clothing periodically to remove unneeded pieces and replace worn items. If you need to order clothing for special needs, catalogs are available from the laundry department or social services. When clothing requires mending, CHCC will notify you or your representative, or the item will be discarded.

## **Food from outside sources.**

You may choose to accept food from family members, visitors or friends. Foods that do not require refrigeration may be stored in your room in a closed container. Food items requiring refrigeration must be stored in a disposable, sealed container provided by the visitor. Those items must be labeled with your name and the date it was brought to CHCC. They will be stored in the refrigerator on the nursing unit for up to three days before being disposed of. Condiments may be kept until the manufacturer's expiration date.

## **Catering.**

Food and beverage items can be ordered and served at CHCC for regular visits and special events, including everything from coffee, tea and cookies to top sirloin, wine-poached salmon and oven-roasted turkey. View the menu online – [chcclynden.org/visitation](http://chcclynden.org/visitation) – or ask to see a copy at the main reception desk.

## **Newspaper.**

The Lynden Tribune provides newspapers for residents each Wednesday. Therapeutic recreation staff also review the paper each Wednesday afternoon for those who may want to discuss the articles or who may find it difficult to read.

Other newspapers may be ordered at your own expense. CHCC's reception staff can help you start or stop a newspaper subscription; the recreation department will deliver the paper to your room.

## **Absence from CHCC.**

Physician authorization is required prior to an absence. To ensure that authorization may be obtained, please notify the nursing staff 24 hours in advance of the planned absence and sign out at the nurses' station when leaving. This is for your safety as well as staff information in the event of an emergency. Please check with nursing staff regarding medication you may need while away. Also, notify CHCC staff if you will be away during mealtime, so your meal may be cancelled.

## **Business office.**

The business office is located behind the Aaron Drive reception desk. It is open from 8 a.m. to 4:30 p.m., Monday through Friday, or by appointment. Notary public services, as well as consultation regarding financial matters, are available in the business office.

## **Tobacco, vaping and cannabis.**

CHCC is a smoke-free and vape-free care center. Vaping, smoking tobacco or using marijuana/cannabis is not allowed on the premises, inside or outside of the building, or while attending any care center-coordinated outings. This includes all smoking options including cigarettes, cigars, pipes, e-cigarettes, etc.

In addition, using the following cannabis/CBD products is not allowed at CHCC: Any species of the genus cannabis plant or any mixture or preparation of them, including whole plant extracts and resins delivered in the form of an edible, lotion, salve, liquid, oil, pill or smoke/vapor.

Efforts are made to educate each person who seeks placement to ensure they have been alerted to our policy and that they commit to refrain from smoking, vaping and using cannabis/CBD products while residing here. Should you change your mind after admission, the social service staff will assist you in finding an alternate placement.

## **Wall of Honor.**

CHCC has a Veterans' Wall that features a framed photo of veterans who choose to

participate. For placement on the wall, everyone currently living or working at CHCC who has served in the U.S. Armed Forces may submit a photo - digital or print - of themselves in uniform during their service time. Residents can talk with a member of the t-rec team for help. Friends and family members can send digital images to Emily Piercy at [epiercy@chcclynden.org](mailto:epiercy@chcclynden.org). Prints can be dropped off at CHCC or mailed to the attention of our therapeutic recreation department at 855 Aaron Drive, Lynden, WA 98264. Ideally, the print image you submit should be 8x10 in size, but smaller sizes will be accepted. Please only submit prints that you don't need returned.

# **ROOM FURNISHINGS**

## **Living Standards**

Semi-private rooms have two beds, a shared bathroom and individual closet spaces. The following basic furnishings are provided:

- Bed and overbed table
- TV
- Chair
- Small chest of drawers
- Bedside stand
- Wardrobe

While every effort is made to provide a home-like atmosphere, certain standards must be maintained to safeguard the well-being of all residents. These standards, which relate to safety, infection control and resident rights to private personal space, require CHCC to adhere to the following principles:

- Maintain approximately 3 feet between beds as well as between the ends of beds and the opposite wall or furniture.
- Obstacles that hinder quick and easy access into and out of the room are not allowed.
- There may be nothing on top of the overhead light fixture, on top of the wardrobe or on the PTAC heater.
- Your possessions must be contained to your part of the room.
- Personal furniture:
  - Chairs must be assessed for safety and approved by nursing staff, and they may not exceed available space, generally 32 inches deep and 27 inches wide. Recliners and/or stuffed chairs with non-porous fabric (leather or vinyl) will be allowed in rooms if space allows. Cloth chairs will not be allowed. Plastic-covered chairs are OK.
  - Must have a clean, smooth finish.
  - Must be sturdy and in good repair.
  - Television sets must be on sturdy stands and may require a headset or pillow speaker.
  - Items to be hung on the walls are to be reviewed for safety and affixed by environmental services. Personal possessions may not be stored under the bed, on floor space or above the closets.
- Electrical items:
  - Extension cords, electric blankets and electrical appliances such as hot plates, coffee pots, refrigerators and toasters are not allowed.
  - All electrical items such as TV, radio, power strips, fans, etc., must be checked for safety and tagged by environmental services staff prior to use.
  - Scatter rugs are not permitted.

- All food stored must be kept in an airtight container.
- Each wing has a common refrigerator with limited space for your personal food items. Each item must be marked with your name and dated. Please be aware that we are required to dispose of food items after three days.
- No live or cut fir, pine, evergreen or holly is allowed in the care center. Electrical string lights are not allowed, unless on a small artificial or ceramic tree.

If you wish to bring personal furnishings to your room, you must have them approved by environmental services prior to placement in the room. Nursing or social service staff will contact environmental services at your request.

All personal items must be reported to the nursing staff to be labeled with your name and entered on the Personal Possessions Record form.

Personal articles that are considered unsafe, interfere with effective housekeeping, violate infection control policy or safety standards, contribute to room damage or odor, or infringe upon space or personal rights of others will not be allowed. If such items are found, you or your representative will be advised to remove the item(s) in a prompt and timely manner.

The environmental services supervisor has authority to make these determinations. If the item(s) have not been removed within 30 days of notification, CHCC reserves the right to dispose of the item(s).

# **RESIDENT CARE**

## **Resident care plan conferences.**

Care planning conferences are held within 30 days of admission, annually, and at the request of you or your representative. Departments represented at care planning meetings include nursing, restorative/rehabilitative therapies, therapeutic recreation, dietary and social services.

Written care plans are developed utilizing input from all members of your care plan team. You will be asked by CHCC personnel if you would like to attend, and if you would like family or another representative invited. If a family member/representative is unable to attend the care plan meeting, staff are available to review the care plan with them later.

## **Nursing.**

Registered nurses, licensed practical nurses and certified nursing assistants provide resident care services. The department includes staff at a level required to promote optimal care.

Registered nurses are here on all shifts to direct and provide patient care. Quality assurance audits by the state of Washington, the federal government and staff at CHCC help evaluate the quality of services and determine where improvement may need to be made.

If you or your representative have questions regarding care, you should first discuss these concerns with the licensed nurse on your unit. If the care issues continue, the director of nursing can be contacted for additional discussion and clarification.

## **Pharmaceutical.**

Hoagland Pharmacy is our contracted pharmaceutical provider. In addition to providing and delivering medications, a pharmacist from Hoagland's does on-site reviews of medication regimes to guide best outcomes.

## **Restorative therapies.**

Therapies are provided when assessment indicates a need for restorative services such as range of motion, muscle strengthening, ambulation, transfer skills, self-feeding skills, and other self-care skills. This department also works closely with the registered dietician who visits weekly. The rehabilitation team includes physical therapists, physical therapy assistants, occupational therapists, speech therapists and respiratory therapists as well as a restorative staff of LPN coordinators and aides.

## **Social services.**

Our social services team monitors the emotional health and behavior of residents and provides support as needed. This may include counseling, behavioral work, referrals to mental health services, goal setting, validation therapy, or other support. Social services can also refer significant others to community groups or services to meet their needs.

Community information, assistance and referrals for a wide range of services are available to residents. Transfers within CHCC and discharge planning are coordinated through social services. They can also assist with financial information regarding Medicaid and Medicare. Coordination among other disciplines and departments within CHCC and social services is important to assist staff in understanding psycho-social needs and the behaviors you may have.

Social services also advocate for your rights and assist with the resolution of grievances.

## **Dietary.**

CHCC's dietary department provides a well-balanced diet that is based on physician's orders and planned by a registered dietitian. Dietary personnel will visit with you regularly to discuss meals and preferences.

Menus are written to provide seasonal changes and are posted daily by the dining room. Alternate choices are posted for breakfast, lunch, and dinner, and you are encouraged to notify staff of your desire for the alternate prior to the meal. In addition to regularly scheduled meals, an "also available" menu is available during the day and early evening, and supplementary nourishments and snacks are provided as indicated by your needs and physician orders.

You are encouraged to eat in the dining rooms, unless ill or otherwise directed. Staff will help with self-feeding as needed. You may request guest trays for visitors provided a minimum of two-hour notice is given to nursing and dietary staff. Payment for meals will be sent with your monthly bills or can be paid during regular office hours. Please notify a nurse when you will be absent from CHCC during mealtimes.

## **Therapeutic recreation.**

Therapeutic recreation programs are geared to incorporate the social, emotional, spiritual, physical, and intellectual needs and interests of each person. A therapeutic recreation staff member will inform you of the many programs offered, which may include singing, live music, holiday celebrations, gardening and small group discussions.

Activity calendars are posted in your room, in the activity room and near each nurses' station. Programming is announced prior to starting. Friends and family members are always welcome and encouraged to participate with you in these programs.

A bookmobile from the Whatcom County Library System visits CHCC once a month. They loan books for at least a one-month period. Special services such as large-print material, talking books and bookstands are available if you have difficulty reading.

### **Pastoral care.**

CHCC recognizes the importance of spirituality in daily life and in the overall well-being of many of our residents. To provide a comprehensive range of spiritual services, we employ a chaplain and work with religious leaders and lay people from various denominations in the community.

Long-term care residents at CHCC are blessed to have access to a variety of faith-based services, including counsel with a chaplain, tuning in to virtual services and attending small group Bible studies. In addition, residents who are served by Whatcom Hospice may receive spiritual visits through that program on a weekly basis.

### **Laundry.**

Laundry is done seven days per week with daily deliveries of laundered clothing. Special care items should not be sent to the CHCC laundry, as we launder all clothing in high temperatures that can be harsh on delicate fabrics. If you wish to have laundry done by a friend or family, a clothes hamper should be provided by the person doing the laundry.

CHCC can provide a sign for your closet that alerts staff you have chosen to have a family member launder your clothes.

Please be aware that soiled items needing immediate attention may be laundered by staff for hygiene reasons. It is for this reason that we request you mark all items of clothing with your first initial and last name. New items should be marked and placed on your inventory list.

If an item is missing, please contact a staff member, social services, or laundry supervisor and they will do their best to locate the item.

### **Barber and salon services.**

Appointments for salon services can be made at each nurses' station or directly through the beautician. Charges for salon services are incurred, with the exception that Medicaid-eligible residents may receive one haircut per month at no additional charge. A rate sheet is available in the business office.

### **Outside providers.**

CHCC has contracted relationships with outside providers—such as dental and hearing (ENT) services—that are available to enrolling residents.

## **Sexual consent.**

Based on the plan of care, intimacy and sexual expression shall be permitted if both parties consent and the risks do not exceed the benefits.

If you decide to have a consensual relationship with another resident, your social worker or unit coordinator will share CHCC's sexual consent policy with you and/or your resident representative. They will also discuss risks, privacy and how to report unwanted sexual activity.

## **Resident council.**

CHCC's resident council is an organized group of individuals living in the care center who meet on a regular basis to discuss concerns, develop suggestions and plan activities. Our resident council is composed of a resident-elected president and vice president and a few board members. The council will invite department leaders to attend the meeting to address any questions or concerns, or to receive positive feedback. You are welcome to attend council meetings, which are held in the activity room on the first Thursday of each month.

## **Medical records.**

Your medical records are maintained in compliance with HIPAA, state, and federal regulations. Please refer to Notice of Privacy Practices section in this handbook for detailed information.

# **LEGAL MATTERS**

## **Power of attorney.**

A power of attorney (POA) is a person or organization designated by you to make decisions on your behalf in case you become unable to do so.

- Financial power of attorney: has legal permission to make decisions about your finances if you are unable to do so.
- Healthcare power of attorney: has legal permission to make medical decisions for you if you are unconscious, not mentally capable of making decisions, or otherwise unable to make decisions on your own.
- Durable power of attorney or advance directive: makes decisions for you if you are still conscious but not mentally capable of making decisions. These legal documents become effective if you become incapable of making your own decisions due to unconsciousness, illness or injury. If you are conscious and capable of making your own decisions, the document(s) remain on file and inactive. CHCC recommends that you provide us with power of attorney documents upon admission so we can act on your wishes if the need arises.

## **Resident representative.**

A resident representative is an individual who agrees to act on your behalf if you do not have power of attorney documents mentioned above.

Resident representatives are typically family members who you have asked to help with decisions if you become incapable of doing so. Once again, if you can make your own decisions, we will ask you first about care and medical information.

## **Advance directives.**

Advance directives are legal documents with instructions that apply if an adult is not able to make decisions about their own healthcare. They are meant to ensure that a person's values related to quality of life, dying and other relevant considerations are honored. You have the right to formulate advance directives that guide your health care decisions in advance.

Upon admission, we will ask for any advance directives you may have, such as a durable power of attorney, living will or guardianship documents. Please be aware that we cannot act on your advance directives if we do not have a copy of these documents on file for reference. You are not required to have advance directives in place; CHCC will not discriminate against anyone based on whether they have prepared advance directives. We are, however, required to alert you of your right to formulate advance directives and to

provide you with written information on these rights when requested.

Our social services staff can offer resources, coordinate a notary at your request (in-house and at no cost to you) or refer you to a lawyer, if warranted; CHCC staff are not able to give legal advice.

If you are incapacitated at the time of admission and unable to receive information or articulate whether you have executed an advance directive, we may give that information to your representative in accordance with state law. Our social services staff is available to provide you with information on advance directives should you regain capacity. In the absence of advance directives, CHCC will follow the state hierarchy of determination (decision-making tree, included in this document) to identify a decision maker, in order of priority, when a resident is not able to make their own decisions:

- Court-appointed guardian
- Health care durable power of attorney
- Spouse
- Adult children (consensus)
- Parents
- Adult siblings (consensus)
- Adult grandchildren
- Adult nieces and nephews
- Adult aunts and uncles
- A close friend who meets certain criteria

Advance directive definitions:

- Advance care planning: a process used to identify and update the resident's preferences regarding care and treatment at a future time, including a situation in which the resident subsequently lacks capacity to do so.
- Advance directive: a written instruction, such as a living will or durable power of attorney for health care, recognized under state law, relating to the provision of health care when the individual is incapacitated.
- Cardiopulmonary resuscitation (CPR): medical intervention used to attempt to restore circulatory and/or respiratory function that has ceased.
- Durable power of attorney for health care: a document delegating authority to an agent to make health care decisions in case the individual delegating that authority subsequently becomes incapacitated.
- Health care decision-making: consent, refusal to consent, or withdrawal of consent to health care, treatment, services, or a procedure to maintain, diagnose, or treat an individual's physical or mental condition.
- Health care decision-making capacity: possessing the ability (as defined by state law) to make decisions regarding health care and related treatment choices.

- Life-sustaining treatment: treatment that, based on reasonable medical judgment, sustains an individual's life and without which the individual would die. The term includes both life-sustaining medications and interventions (e.g., mechanical ventilation, kidney dialysis, and artificial hydration and nutrition). The term does not include the administration of pain medication or other pain management interventions, the performance of a medical procedure related to enhancing comfort, or any other medical care provided to alleviate a resident's pain.
- Legal representative: a person designated and authorized by an advance directive or state law to make a treatment decision for another person in the event the other person becomes unable to make necessary health care decisions.
- Treatment: interventions provided to maintain or restore health and well-being, improve functional level, or relieve symptoms.

# **GENERAL INFORMATION**

## **Funeral home.**

At your first care conference, you may be asked about funeral home preferences. If no preference is specified, the responsible party will be notified for funeral home preference in case of death. If no preference has been specified and the responsible party is unavailable at the time of death, CHCC will notify a funeral home in Lynden.

## **Code of Conduct.**

Christian Health Care Center is committed to compliant, ethical behavior and the provision of quality care. Employees and all others directly or indirectly serving CHCC residents, including contracted employees and vendors, must always abide by our Code of Conduct.

Information about our compliance program, Code of Conduct and the reporting process can be found on the compliance bulletin board, which is in the hall just north of the activity room. A copy of the Code of Conduct is available on that board. You may also download CHCC's Code of Conduct from our website at [chcclynden.org/compliance](http://chcclynden.org/compliance).

If you have any concerns about something that is taking place at CHCC, please immediately report the matter by speaking with a staff member, calling our compliance hotline at 360-306-3217 or emailing [compliance@chcclynden.org](mailto:compliance@chcclynden.org).

## **Grievance procedure.**

You, your family, advocate or legal representative are encouraged to share feedback with a member of our Quality Assurance and Performance Improvement committee, referenced in the Resident Rights, Responsibilities and Self-Determination section below. Feedback may also be shared with any care team member verbally or in writing, signed or unsigned.

Any unresolved matters will be promptly and thoroughly investigated and reviewed with the person submitting the grievance. Grievances are submitted to and reviewed by CHCC's grievance officer, who is responsible for overseeing the grievance process. As necessary, CHCC will also take immediate action to prevent further potential violations of any resident right during the grievance investigation process.

Grievance forms are kept at each nursing station, in the front lobby, and in the social services offices. Social service workers will act as patient advocate designees for the care center in the event of grievances.

Comments or suggestions also may be written and dropped into the locked box just inside the lobby by the public telephone, and in the rehab lobby near the door. The locked box will be opened regularly, and your comments will be reviewed.

The grievance officer for CHCC is:

**Jenaye Phillips**  
**855 Aaron Drive, Lynden, WA 98264**  
**360-354-4434**  
**[jphillips@chcclynden.org](mailto:jphillips@chcclynden.org)**

If a concern remains unresolved, an ombudsman may be contacted by calling 1-800-562-6028. For help with this procedure, you may request assistance from the social services staff.

Residents have the right to file a complaint with the state survey agency concerning any suspected violation of state or federal regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the care center, non-compliance with the advance directives requirements, and requests for information regarding returning to the community. Agencies that offer resource support and with which you may additionally file grievances are located in the 'Advocacy Resources' section of the resident handbook.

## **Survey.**

A Washington State Survey of CHCC is performed annually by the Department of Social and Health Services. In addition, complaint surveys are completed by the state on an as-needed basis. Results from these surveys are located at the Aaron Drive entrance by the reception desk and at the rehab entrance. CHCC encourages you and your family members to review the survey documentation; you have the right to examine the most recent survey and any plan of correction in effect. See administration for any questions regarding the survey process.

## **Drug-free workplace.**

CHCC is a drug-free workplace.

## **TRANSPORTATION**

Your friends or family are strongly encouraged to provide transportation to and from medical and social appointments.

Whatcom Transportation Authority (WTA) also is available to provide transportation services to you within Whatcom County's boundaries. CHCC staff will apply for WTA services on your behalf and coordinate access to WTA rides if friends or family are unavailable to provide private transport.

In addition, the Washington State Health Care Authority (HCA) contracts with Northwest Regional Council (NWRC) as a broker to provide Medicaid transportation. It is non-ambulance transportation to all people eligible for Medicaid who have no other means of transportation to covered medical services. NWRC serves as the broker for these services by authorizing and arranging transportation for people eligible for Medicaid in Island, San Juan, Skagit, and Whatcom Counties. As the broker, NWRC assures that the transportation authorized is the "most appropriate, least costly" method for providing the service. To ensure a cost-effective program, transportation is only arranged for the "nearest provider of type." In other words, if an appropriate doctor is available near CHCC, NWRC cannot authorize transportation to a doctor out of the area, even if you might prefer it.

If friends, family, WTA, and/or other Medicaid transportation are not available for transport to your medical or social appointment, CHCC's van may be utilized if the transportation schedule allows; 48-hour notification of a desire for CHCC-provided transportation is advised. Such service will only be available for a fee. Please ask to see a copy of our rate sheet for current pricing.

## **BED HOLD & RETURN**

### **Policy statement.**

CHCC shall inform residents of our bed hold policy upon admission and prior to a transfer for hospitalization or therapeutic leave. Policy interpretation and implementation.

1. Upon admission and when a resident is transferred for hospitalization or for therapeutic leave, a care center representative will provide written information concerning our bed hold policy.
2. When emergency transfers are necessary, CHCC will provide the resident or representative with information concerning our bed hold policy within two business days or as soon as possible following such transfer.
3. The bed hold information will include the daily rate to hold the bed as well as the time limit for which CHCC will reserve the resident's bed space.
4. The maximum number of days that our State Medicaid Plan will pay for holding a Medicaid resident's bed is 18 days per year; this does not include hospital stays. The State Medicaid Plan will only pay to hold a bed for planned social/therapeutic leaves of absence that are approved in advance. Bed hold days in excess of our State Medicaid Plan are considered non-covered services. A resident will be required to pay for any additional days on which he/she wishes the care center to hold the bed.
5. CHCC's social worker will contact the resident and/or their responsible party the next business day following the transfer to verify bed hold status. If a resident is holding a bed while on hospital or social leave, the social worker will contact the resident and/or responsible party at the end of the designated bed hold days (five for hospital stays; 18 for Medicaid social leaves) to verify the resident's intent regarding return to CHCC and whether or not they want to pay for an extended bed hold.
6. A copy of the resident's bed hold or release record will be filed in the resident's medical record.
7. A resident electing not to pay for a bed hold and whose hospitalization or therapeutic leave exceeds the bed hold period (five days for hospital leave, 18 days for Medicaid social/therapeutic leave), and who is eligible for services provided at this care center, will be readmitted when an appropriate bed becomes available. If it is determined that the resident's needs cannot be met at CHCC, we will follow the discharge notice policy and procedure.
8. CHCC will not charge a bed hold fee for the right to return to a previous room if it's available, or the first available bed in a semi-private room. The bed hold fee is to be used by those residents who wish to hold a specific bed beyond the complimentary five-day hospital stay or the 18-day Medicaid therapeutic/social leave.
9. CHCC will not charge, solicit, accept, or receive payments as a precondition of admission or expedited admission for holding a bed space during a Medicaid

resident's hospitalization or therapeutic leave. Inquiries concerning bed hold policies should be referred to a CHCC social worker.

**Sample bed hold notification.**

It is the policy of Christian Health Care Center, in compliance with state and federal regulations, to inform you of our bed hold policy. Written notification will be given when transferring to the hospital or going on a therapeutic leave.

Payment of a daily bed hold fee will guarantee the availability of the room/bed for the resident who is planning on readmission to Christian Health Care Center. The bed hold rate is your daily room rate minus \$20.00. Up to five days are complimentary for hospital stays. Up to 18 days are allowed for Medicaid therapeutic/social leave. The transfer out of CHCC is considered a discharge after the bed hold expires.

You will be contacted in the next two business days by one of our social service workers to discuss this policy. (Refer to the complete policy on the reverse of this notice.) You are welcome to contact us sooner at 360-354-4434 if you have questions.

# VISITATION POLICY

## **Policy statement.**

CHCC permits residents to receive visitors subject to their wishes and the protection of the rights of other residents in the care center.

Policy interpretation and implementation.

1. We recognize your need to maintain contact with the community in which you have lived or are familiar with. Therefore, you are permitted to have visitors as you choose.
2. Upon admission, CHCC will inform you, or your representative where appropriate, of the care center's visitation rights and related visitation policies and procedures. This will include:
  - a. Your right, subject to consent, to receive visitors designated by the resident;
  - b. Your right to withdraw or deny consent for visitation at any time;
  - c. When you will be informed of your rights relating to visitation;
  - d. Any clinical or safety restriction or limitation of the rights;
  - e. Reason for the restriction or limitation; and
  - f. To whom the restrictions apply.
3. Your family and friends may visit you at any time, subject to the protection of the rights and safety of other residents and any restrictions imposed by you.
4. CHCC reserves the right to limit the number of visitors in the room at one time to ensure that the rights of other residents are protected.
5. You may have visitors of your choice at any time, as long as visitation is not medically contraindicated. (Note: The resident's care plan identifies visitor restriction information.)
6. CHCC will promote that all visitors have full and equal visitation privileges consistent with resident preferences. Additionally, you have the right to participate in resident groups in the care center.
7. CHCC reserves the right to change the location of a visit if such visit infringes upon the rights of the resident's roommate or other residents in the care center.
8. Space is available in the lobby, library, sunroom and conference room for you to receive guests in reasonable comfort and privacy.
9. Visiting hours (front door access) are generally from 8 a.m. to 9 p.m. daily or as designated by the administrator. CHCC also reserves the right to impose restrictions on such visits to protect the health and safety of residents in the care center.
10. CHCC recognizes the need for "quiet hours" to minimize opportunity for sleep disturbance for residents. Guests who are visiting during quiet hours, 8 p.m. to 8 a.m., may be asked to keep their voices and activities quiet.
11. Unless otherwise permitted by you, visitors will be required to wait outside the

- room or in the lobby while you are receiving treatment, undergoing examinations, and/or receiving personal care.
12. CHCC reserves the right to require supervised visitation and/or to restrict visitation to a particular time and area of the building when:
    - a. A visitor's behavior requires intervention by security or law enforcement personnel;
    - b. The care center has obtained a judicial restraining order against a visitor;
    - c. Your family member or visitor has been accused of abuse. (Note: such restriction will apply until the accused individual has been cleared of such charges.);
    - d. CHCC is receiving casualties or residents during emergency situations; or
    - e. It may become necessary during terrorist attacks or other local emergencies.
  13. Incidents of a visitor's disruptive behavior must be documented in your medical record or other care center approved form.
  14. Residents may visit with members of the clergy at any time, subject to the protection of the rights of other residents or during communicable disease outbreaks. (Note: Policies governing clergy visits during isolation are located in separate chapters, titled "Infection Control" and "Pastoral Services.")
  15. CHCC will provide reasonable access to you by any agency that supplies or provides health, legal, social, or other services to you, subject to your right to deny or withdraw consent at any time, but the care center will establish guidelines regarding circumstances of the visit, such as location.
  15. You are permitted to visit with representatives from federal and state survey agencies, resident advocates, and/or your personal physicians at any time. Specifically, CHCC will provide immediate access to you by any of the following:
    - a. Any representative of the Secretary;
    - b. Any representative of the State of Washington;
    - c. Any representative of the office of the state long-term care ombudsman;
    - d. Your individual physician;
    - e. Any representative of the protection and advocacy systems;
    - f. Any representative of the agency responsible for the protection and advocacy system for individuals with a mental disorder; and
    - g. Your representative.
  16. Former employees (as approved by the administrator) may visit you during visiting hours.
  17. You have the right to withdraw an individual's visiting privileges at any time. Such documentation must be recorded in the medical record to ensure that all staff members are aware of such restrictions.
  18. Inquiries concerning visitation and access to the care center should be referred to CHCC's social worker or the administrator or his/her designee. In the event that you or your representative have concerns regarding your rights related to visitation, you or your representative are encouraged to contact CHCC's grievance official.

# **ADMISSION**

## **Admission requirements.**

Admissions can be performed 24 hours per day, seven days per week with prior physician, financial, and care center approval. Persons needing care may be admitted regardless of race, national origin, payer source, or handicap.

## **Physician approval.**

A physician must provide the following medical information before your admission is approved:

- A summary of your current health status, including history and physical findings reflecting a review of systems;
- Orders, as necessary for medications, treatments, diagnostic studies, specialized rehabilitative services, diet, and any restrictions related to physical mobility; and
- Plans of continuing care and/or discharge.

## **Financial approval.**

You and your representative must provide assurance to CHCC as to the payment source to be utilized for the care services. We do not request or require a third-party guarantee of payment as a condition of admission, expedited admission, or continued stay in the care center.

However, CHCC may request and require a representative who has legal access to your income or resources to pay for care without that third party incurring personal financial liability. CHCC reserves the right to present you or your representative with a 30-day move out notice if the financial obligation is not met. CHCC approval. Ultimately, all admission decisions will be made by an admission approval team at CHCC. In approving an admission, CHCC must assume the ability to provide the proper care, maintain a safe environment, and ensure proper staffing levels and training. The ability of CHCC to provide these things, along with the physician and financial approval, will be considered prior to admission for all residents.

## **RESIDENT RIGHTS**

Respect is top of mind at Christian Health Care Center. Those who interact with you and provide the care you need will continuously strive to show respect to you as an individual. They will speak kindly to you, honor your preferences whenever possible, and respond to you in positive, friendly ways. In return, we ask that you interact with others here – care team members, roommates, others who live here, volunteers – in the same kind, respectful manner.

If grievances do occur, as they sometimes do in a living situation where there are shared spaces, we ask that you act respectfully and follow the guidelines outlined in the section on Grievances in this handbook.

As an individual living in a skilled nursing center, you still have the right to exercise your rights as a citizen or resident of the United States. You have the right to make choices about aspects of your life that are significant to you, and you have the right to exercise these rights free of interference, coercion, discrimination, or reprisal from the care center. You have the right to a dignified existence, self-determination, and communication with, and access to, persons inside and outside of CHCC.

You have the right to be informed of, both orally and in writing in a language that you understand, all rules and regulations governing your conduct and responsibilities during your stay at CHCC. If you are judged incompetent under the laws of the state by a court of competent jurisdiction, these rights will be exercised by the person appointed under state law to act on your behalf. CHCC must protect and promote the rights of each resident and provide equal access to quality care regardless of diagnosis, severity of condition, or payment source.

### **Free choice.**

You have the right to be fully informed in a language that you understand of your total health status, including but not limited to your medical condition, and the right:

- To choose a personal attending physician who is licensed and credentialed to provide care that meets the requirements of applicable regulations – and who agrees to follow your care while here. You or CHCC may seek an alternate physician for appropriate and adequate care and treatment. You have the right to have access to the name, specialty, and way of contacting the physician responsible for your care.
- To be fully informed in advance about care and treatment that may affect your wellbeing. To be informed in advance of the risks and benefits of proposed care and alternatives, in order to be able to make an informed decision. To be informed in advance of the care to be furnished, and the type of caregiver that will provide that care.

- Participate in the planning, development, and implementation of your person-centered care and treatment or changes in care and treatment to the extent practicable. To identify individuals or roles you want to be included in the planning process, the right to request meetings, and the right to request revisions to the person-centered plan of care. To establish goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of that care. The right to review your plan of care and to sign for any significant changes to that plan.
- Receive the services and/or items included in the plan of care.
- Be included (and/or your representative) in an assessment of your strengths and needs and incorporate your personal and cultural preferences in developing goals of your care.
- Refuse treatment or any service.
- Refuse to participate in experimental research.
- Direct your own plan of care and be notified, in advance, of changes to that plan.

### **Accommodation of needs.**

You have the right to:

- Receive services in the care center with reasonable accommodation of individual needs and preferences, except when your health or safety or the health and safety of other residents would be endangered.
- Receive written notice before your room or roommate is changed, and the reason for the change.
- Share a room with a roommate of choice when practicable and when both individuals live in the same care center and both consent to the arrangement.
- Refuse to transfer to another room if the purpose of the transfer is solely for the convenience of staff.
- Be treated with respect and dignity in a manner, and in an environment, that promotes maintenance or enhancement of your quality of life and recognizing your individuality.
- Be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat medical symptoms.
- Have your family meet at CHCC with other residents and with the families of other individuals in the care center.

### **Self-determination and participation.**

You have the right to:

- Choose activities, schedules (including sleeping and waking times) and health care providers consistent with interests, assessments, and plan of care.
- Make choices about aspects of your life that are significant to you.

- Manage your financial affairs, including the right to know, in advance, what charges may be imposed against personal funds.
- Formulate advance directives.
- Organize and participate in resident and family groups in the care center. To participate in community activities both inside and outside of CHCC.
- Participate in social, religious, and community affairs that do not interfere with the rights of other individuals at CHCC.
- Wear your own clothing and determine dress, hairstyle, or other personal effects.
- Exercise your rights as a resident of the care center and as a citizen or resident of the United States without interference, coercion, discrimination, or reprisal from CHCC and with the support of the care center in exercising your rights.
- Designate a representative, in accordance with state law and any legal surrogate, so that the designated representative may exercise your rights (on your behalf) to the extent provided by state law. CHCC must treat the decisions of your designated representative as your own decisions to the extent required by the court or delegated by you and in accordance with applicable law, but not any decisions made on your behalf that are outside the scope delegated to them. If CHCC has reason to believe that your representative is making decisions or taking actions that are not in your best interests, the care center shall report such concerns as required under state law.
- The representative has the right to exercise the resident's rights to the extent (and not beyond) those rights are delegated to the representative. The resident's wishes and preferences must be considered in the exercise of rights by the representative, and the resident must be provided with opportunities to participate in the care planning process. The resident retains the right to exercise those rights not delegated to a representative, including the right to revoke a delegation of rights, except as limited by state law.

### **Privacy and confidentiality.**

You have the right to personal privacy and confidentiality of your personal and medical records. You have the right to inspect all records pertaining to your current medical records within 24 hours, and you may purchase photocopies of your records at a cost not to exceed the community standard and within two days' notice to CHCC.

- You may approve or refuse release of your personal and medical records; however, this does not apply when you are transferred to another health care institution or when the release is required by the law or third-party payment contract.
- Personal privacy includes accommodations; medical treatment; oral, written, electronic, and telephone communications; personal care; visits; and meetings of family and resident groups, but does not require CHCC to provide a private room. You have the right to privacy during medical care and treatment and in activities of personal hygiene matters.

## **QAPI and PIP.**

Quality Assurance and Performance Improvement, also referred to as QAPI, is an approach to improving safety and quality of care within our care center. All nursing facilities must develop, implement and maintain an effective, data driven QAPI program that focuses on care outcomes. The goal is to enhance the quality of life and care for all residents.

CHCC has a QAPI committee, which is comprised of our medical director, nursing department leaders, administrator and others, who meet at least quarterly. They select and assign Performance Improvement Projects (PIP) that are tracked and completed.

Our QAPI committee welcomes and encourages the feedback of residents, their family, advocate or legal representative. We may ask for feedback that is related to a certain matter we're working on. You are also welcomed to speak to a QAPI committee member at any time to make suggestions and recommendations.

You can ask any care team member to connect you with a QAPI representative who can stop by and talk with you. Feedback, particularly for designated representatives who are not in the building each day, can be sent by email to [chccqapi@chcclynden.org](mailto:chccqapi@chcclynden.org).

## **Grievances.**

You have the right to:

- Voice grievances to CHCC or other agency or entity with respect to treatment or care that is furnished as well as that which has not been furnished, without discrimination or reprisal or fear of discrimination or reprisal for voicing these grievances.
- Prompt efforts by CHCC to resolve grievances you may have, including those with respect to the behavior of other residents.
- File a complaint with the appropriate state agency that inspects this care center concerning abuse, neglect, and stolen property.

## **Examination of survey results.**

You have the right to examine the results of the most recent survey of CHCC conducted by federal or state surveyors and any plan of correction in effect with respect to the care center. A notice that the results are available is publicly posted, and the results of the survey are readily available.

## **Work.**

You have the right to:

- Refuse to perform services for the care center.
- Perform services for the care center, if you choose, when:

- CHCC has documented the need or desire for work in the plan of care;
- The plan specifies the nature of the services performed and whether the services are voluntary or paid;
- Compensation for paid services is at or above prevailing rates; and
- You agree to the work arrangement described in the plan of care.

## **Mail.**

You have the right to privacy in written communication, including the right to:

- Send and receive mail and other letters, packages and other materials, promptly that is unopened. This includes materials delivered through means other than the postal service.
- Have access to stationery, postage, and writing implements at your expense, available at the front desk.

## **Telephone.**

You have the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the care center where calls can be made without being overheard. This includes the right to retain and use a cellular phone at your own expense.

## **Video visits.**

CHCC has a number of iPads that can be used to facilitate video conversations between yourself and your friends and family. Video chats – using a variety of apps – are arranged by appointment through our recreation department.

Whenever possible, please provide 24 hours' notice of your desire to participate in a video chat. Scheduling regular video chat times – set days and times each week – is preferred. Scheduled chat times will help CHCC team members and your loved one plan ahead.

## **Access and visitation.**

You have the right to receive and to refuse visitors of your choosing, at the time of your choosing, in a manner that does not impose on the rights of other residents. Additionally, you have the right to visits by anyone referred to in this section, and you may choose to deny or withdraw consent to such visits. You have the right to, and CHCC must provide to you, immediate access to the following:

- Any representative of the Secretary of Health and Human Services.
- Any representative of the state.
- The resident's physician.
- The state's long-term care ombudsman.

- Any representative of the protection and advocacy systems, as designated by the state and as established under the Developmental Disabilities Assistance and Bill of Rights Act.
- Any representative of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act).
- Your designated representative.
- Your relatives, subject to your right to deny or withdraw consent at any time.
- Others who are visiting you with your consent, subject to reasonable clinical and safety restrictions.

CHCC must provide reasonable access to you by any entity or individual that provides health, social, legal, or other services, with your consent. With your permission or the permission of a legal representative, and consistent with state law, CHCC must allow representatives of the state ombudsman to examine your clinical record. We will not restrict, limit or otherwise deny visitation privileges based on race, color, national origin, religion, sex, gender identity, sexual orientation or disability. All visitors enjoy full and equal visitation privileges consistent with their preferences.

### **Personal property.**

You have the right to retain and use personal possessions, including some furnishings and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of the other residents. CHCC shall provide upon request a lockable container or other lockable storage for small items.

### **Married couples.**

You have the right to share a room with your spouse when both residents live in the care center and both spouses consent to the arrangement, when practicable.

### **Self-administration of drugs.**

You have the right to self-administer drugs if the interdisciplinary team has determined this practice is safe. This practice may be revoked by the interdisciplinary team if you become incapable or unwilling to self-administer drugs.

### **Notification of changes.**

We will inform you, consult with your attending physician, and, if known, notify your legal representative or an interested family member when there is:

1. An accident involving you that results in an injury;
2. An accident involving you that has the potential for requiring physician intervention;

3. A significant change in your physical, mental, or psychosocial status;
4. A need to alter treatment significantly; or
5. A decision to transfer or discharge you from CHCC.

CHCC also will notify you and your legal representative, or any interested family member, when there is a change in room or roommate or a change in the resident's rights under federal or state law. We will inform you before or at the time of admission of services in the care center, charges of those services (including charges for services not covered by the daily rate or benefit program), and rules that govern your choices. We will inform you in writing in advance of changes in the availability or charges for services, items or activities or of changes in the facility's rules. Except in unusual circumstances, sixty days' advance notice will be given prior to the change.

### **Transfer and discharge.**

You have the right to refuse certain transfers, including but not limited to when the transfer is solely for the convenience of staff. You shall be transferred or discharged only for medical reasons, for your welfare (or that of other residents), or for nonpayment. You and your legal representative will be notified in writing of any transfer or discharge, along with the name, address, and phone number of the agency responsible for protection and advocacy. Internal transfers are conducted, except in emergencies, with prior notification to you and your and responsible person.

### **Restraints.**

You have the right to be free from any physical or chemical restraints for the purposes of discipline or convenience and not required to treat medical symptoms.

### **Abuse.**

You have the right to be free from verbal, sexual, physical, or mental abuse; corporal punishment; and involuntary seclusion.

### **Information about eligibility for Medicare/Medicaid benefits.**

You have the right to receive Medicare or Medicaid benefits if you are eligible for either of those benefits. When you are eligible for either of these programs, CHCC will provide a list of those applicable services. We will also provide a list of care center services not covered by Medicare or Medicaid and for which there are additional charges, if you should want those services. CHCC will assist you in applying for Medicare/Medicaid benefits if you would like the help. We will refund any payment you have made for services covered by Medicare and Medicaid.

**Fee disclosure.**

CHCC will provide notice as soon as reasonably possible of changes to Medicare and/or Medicaid coverage. You will receive a 60-day advance written notice of changes in charges for non-Medicare/non-Medicaid covered services; CHCC will refund any amount not used for actual care within 30 days of discharge.

# **PRIVACY PRACTICES**

We are required by law to give you this notice and to adhere to the terms outlined below. Please review the information below carefully.

If you have any questions about this notice, contact the CHCC's privacy officer at 360-354-4434, 855 Aaron Drive, Lynden, WA 98264.

## **Who will follow this notice?**

This notice describes the information privacy practices that are followed by members of CHCC care team and other personnel. The practices will also be followed by health care providers we consult with when your regular health care provider is not available.

## **Your health information.**

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at CHCC.

## **How we may use and disclose health information about you.**

### *For treatment.*

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel or departments in our care center may share information about you and disclose information to people who do not work at CHCC to coordinate your care, such as scheduling lab work, ordering x-rays, pharmacy prescription requests, making appointments with consultants. Other health care providers may be part of your medical care outside of CHCC and may require information about you that we have.

### *For payment.*

We may use and disclose your health information so the treatment and services you receive at CHCC may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay CHCC or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive

to obtain pre-authorization.

*For health care operations.*

We may use and disclose health information about you to run the care center and to make sure that you and other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain treatments are effective.

*Appointment reminders.*

We may contact you as a reminder that you have an appointment for treatment or medical care.

*Treatment alternatives.*

We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

*Special situations.*

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

*To avert a serious threat to health or safety.*

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

*Required by law.*

We will disclose health information about you when required to do so by federal, state or local law.

*Research.*

We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at CHCC.

*Organ and tissue donation.*

If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation; or to an organ donation bank, as necessary to facilitate such donation and transplantation.

*Military, veterans, national security and intelligence.*

If you are or were a member of the armed forces, or part of the national security or

intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

#### *Worker's compensation.*

We may release health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

#### *Public health risks.*

We may disclose health information about you for public health reasons to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

#### *Health oversight activities.*

We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

#### *Lawsuits and disputes.*

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

#### *Law enforcement.*

We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

#### *Coroners, medical examiners and funeral directors.*

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

#### *Information not personally identifiable.*

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

#### *Family and friends.*

We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our

disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis.

### **Other uses and disclosures of health information.**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. We must obtain your authorization separate from any consent we may have obtained from you. If you give us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the authorization and consent mentioned above) from you. To disclose these types of records for purposes of treatment, payment or health care operations, we must have both your signed consent and a special written authorization that complies with the law governing HIV or substance abuse records.

### **Your rights regarding health information about you.**

You have the following rights regarding health information we maintain about you:

#### *Right to inspect and copy.*

You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to the CHCC privacy officer to inspect and/or copy your health information. If you request a copy of the information, we may charge a reasonable fee for searching and duplicating health care records not exceeding the amount listed in WAC 246-08-400. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

### *Right to amend.*

If you believe your health information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment if the information is kept by CHCC.

To request an amendment, simply complete and submit a Medical Record Amendment/Correction Form to CHCC's privacy officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information that we keep.
- You would not be permitted to inspect and copy.
- Is accurate and complete.

### *Right to accounting of disclosures.*

You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to the privacy officer. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### *Right to request restrictions.*

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you may complete and submit a Request for Restrictions on Use/Disclosure of Medical Information form to the privacy officer.

### *Right to request confidential communication.*

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit a Request for Restriction on Use/Disclosure of Medical Information and/or Confidential Communication form to the privacy officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

*Right to a paper copy.*

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact the Privacy Officer.

**Changes to this notice.**

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice at CHCC with its effective date in the top right-hand corner. You are entitled to a copy of the notice currently in effect.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with CHCC or with the Secretary of the Department of Health and Human Services. To file a complaint with Christian Health Care Center, contact our privacy officer. You will not be penalized for filing a complaint.

# **FINANCE & BILLING**

## **Methods of payment.**

Costs are incurred daily. CHCC accepts Medicare, Medicaid, private pay, and long-term care insurance reimbursement. For short-term stays, CHCC can also bill certain contracted commercial and managed care insurance companies with prior authorization.

## **Medicare coverage.**

To be eligible for Medicare coverage, the following must be met:

- At least three-nights inpatient stay in the hospital
- Admission to CHCC within 30 days of discharge from the hospital or a qualifying stay at a skilled nursing care center
- Physician certification of need for skilled nursing care related to the medical condition that required hospitalization
- Daily skilled nursing or rehabilitation services required
- Available days in a benefit period

Medicare can cover up to 20 days in full, with co-insurance, or co-payment beginning at day 21. The 2024 co-payment rate at day 21 is \$204.00/day. Most Medicare supplement plans will cover this cost. Please check with the billing office for verification on your plan. Medicare can be stopped any time between day one and day 100 when Medicare skilled nursing home criteria is no longer being met; 48-hour notification will be provided. Please call 1-800-MEDICARE for more information.

## **Medicaid coverage.**

The Medicaid program is run by the state of Washington and is paid for by federal, state and local taxes. Medicaid coverage requires DSHS to give approval for nursing home care based on the level of care and financial eligibility as determined by both income and resources. The DSHS Home and Community Services office (phone: 800-239-8292), located at 2219 Rimland Drive, Suite 419, Bellingham, coordinates the Medicaid application process. CHCC social services, or the business office, will assist you with the application and provide written information on eligibility criteria. Applications can also be submitted online here: [washingtonconnection.org/home/](http://washingtonconnection.org/home/).

You have the right to request an assessment of resources under section 1924(c) of the Social Security Act.

Services included in the daily basic rate:

- Room and room maintenance
- 24-hour nursing care and food services

- Certain periodic professional health services provided through consultants
- Use of standard equipment, i.e. wheelchair, walker, commode, etc.
- In-house restorative services provided by care center staff
- Recreation programs, social services, and religious programs
- Laundry and linen services
- Incontinence care and supplies
- Miscellaneous administrative and support services
- In-room phone and cable television
- Services not included in the daily basic rate:
  - Physician visits and services
  - Prescribed medications
  - Intravenous feeding and oxygen treatment/therapy
  - Specialized diagnostic and testing services
  - Rehabilitative screening and treatment
  - Personal-use equipment; personal phone service and connection
  - Individual transportation service
  - Catering for family gatherings and special events held at CHCC
  - Special recreation outings
  - Barber and salon services
  - Medical supplies
  - Private room

\*Note that some of the above listed services may be covered by Medicaid or private insurance. Please contact social services for specific coverage. A current rate sheet can be obtained from the business office.

## **Social leave.**

You are encouraged to spend time away from CHCC when possible. If you are a private pay resident, you must pay for your bed while absent. A \$20-per-day charge will be deducted for meal costs.

For those with public assistance payment, prior notification must be given to DSHS. Please let CHCC know when planning time away to provide a smooth departure. DSHS currently allows for 18 nights out of the care center per year, but exceptions to policy can be applied for through Home and Community Services.

## **Billing.**

You or your representative will be billed monthly in advance; payment is due within 10 days of billing. Private pay residents are required to pay for the first month's rent on the day of admission. Miscellaneous charges, such as beauty shop services or van rides, are billed the month following.

CHCC bills DSHS for its portion of your charges. You would pay CHCC your "participation

fee," which varies according to income and resources. It is your responsibility to pay this monthly charge by the 10th of each month.

Medicaid residents are provided a designated personal allowance each month for purchasing personal incidental necessities.

Medicaid residents who have incurred medical or dental expenses that were not covered by insurance may be eligible for payment through a reduction of the participation fee paid to CHCC.

Please check with our business office for assistance before paying outstanding medical bills. Refunds are issued within 10 working days.

CHCC's social services and the resident accounts staff are available to answer billing questions.

### **Notice of Medicare consolidated billing rule.**

Medicare rule 42 CFR 483.75 states that certain services and procedures may be the responsibility of the care center if a resident is in a skilled nursing care center in an inpatient Medicare Part A-covered stay. Therefore, please notify your nurse or resident accounts if you have a professional appointment outside of the care center during your stay at CHCC to ensure that the services and procedures are appropriately billed.

### **Resident trust accounts.**

You have the right to manage your financial affairs. This includes the right to know, in advance, what charges CHCC may impose against your personal funds. If you wish, with written authorization, you may require the care center to hold, safeguard, manage, and account for your funds. CHCC must keep those funds in an account separate from any care center accounts. Any amount must be maintained in an interest-bearing account, except when the account does not exceed certain minimum amounts. Your financial record must be available through quarterly statements and upon request to you or your legal representative. Resident trust account activity is protected by the principle of confidentiality of records.

You may open a trust account by contacting the business office. A Resident Trust Fund Deposit Authorization must be signed and is then filed in your Resident Trust Fund file maintained in the business office. You can go to the receptionist, any day from 8 a.m. to 9 p.m., to withdraw money from your account. All deposits can be made with the receptionist on duty.

You or your representative may authorize ongoing expenses to be paid from the trust account (e.g., newspaper subscriptions and insurance premiums).

If you receive Medicaid benefits, you have a right to be notified when the amount in the

account reaches \$200 less than the SSI resource limit for one person (\$2,000.00). If the amount in the account, in addition to the value of your other non-exempt resources, reaches the SSI limit for one person, you may lose eligibility for Medicaid or SSI.

Upon discharge, eviction, or death, CHCC must convey within 30 days your trust account funds and a final accounting of those funds to the resident, or in the case of death, the state of Washington (if a Medicaid resident) or to the individual or probate jurisdiction administering your estate.

## TV CHANNEL GUIDE

<b>2</b> NWCN	<b>27</b> CBC (CANADA)	<b>52</b> A&E
<b>3</b> ION TELEVISION	<b>28</b> UNIVISION	<b>53</b> FX
<b>4</b> KOMO (ABC)	<b>29</b> KUNS (UNIVISION)	<b>54</b> TNT
<b>5</b> KING (NBC)	<b>30</b> FSN NORTHWEST	<b>55</b> TBS
<b>6</b> KONG	<b>31</b> ESPN	<b>56</b> BET
<b>7</b> KIRO (CBS)	<b>32</b> ESPN 2	<b>57</b> SPIKETV
<b>8</b> DISCOVERY CHANNEL	<b>33</b> GOLF CHANNEL	<b>58</b> USA NETWORK
<b>9</b> KCTS (PBS)	<b>34</b> VERSUS	<b>59</b> SYFY
<b>10</b> GOVERNMENT ACCESS	<b>35</b> FOOD NETWORK	<b>60</b> COMEDY CENTRAL
<b>11</b> KSTW	<b>36</b> TRAVEL CHANNEL	<b>61</b> CMT
<b>12</b> KVOS	<b>37</b> HISTORY CHANNEL	<b>62</b> VH1
<b>13</b> KCPQ (FOX)	<b>38</b> TLC	<b>63</b> MTV
<b>14</b> KBCB	<b>39</b> ABC FAMILY	<b>64</b> MTV 2
<b>15</b> KPST	<b>40</b> NICKELODEON	<b>65</b> E! ENTERTAINMENT
<b>16</b> QVC	<b>41</b> DISNEY CHANNEL	<b>66</b> BRAVO
<b>17</b> HSN	<b>42</b> CARTOON NETWORK	<b>67</b> AMC
<b>18</b> KWDK (DAYSTAR)	<b>43</b> ANIMAL PLANET	<b>68</b> HGTV
<b>19</b> HALLMARK CHANNEL	<b>44</b> CNN	<b>72</b> KVOS
<b>20</b> KTBW	<b>45</b> HEADLINE NEWS	<b>74</b> TV GUIDE NETWORK
<b>21</b> CTV (CANADA)	<b>46</b> CNBC	<b>75</b> KCT PLUS
<b>22</b> KMYQ (MYNETWORKTV)	<b>47</b> MSNBC	<b>78</b> THE WEATHER CHANNEL
<b>23</b> TVW	<b>48</b> FOX NEWS CHANNEL	<b>79</b> LEASED ACCESS
<b>24</b> C-SPAN	<b>49</b> TRUTV	<b>91</b> AZTECA AMERICA
<b>25</b> C-SPAN 2	<b>50</b> OXYGEN	<b>92</b> AAT TV
<b>26</b> LOCAL ORINATION	<b>51</b> LIFETIME	<b>96</b> JEWELRY TV

# **ADVOCACY RESOURCES**

## **988 Suicide and Crisis Lifeline**

- People can call or text 988 or chat [988lifeline.org](https://988lifeline.org) for themselves or if they are worried about a loved one who may need crisis support.
- Phone: 988

## **Adult Protective Services**

- Investigates allegations of neglect, abuse, and financial exploitation of elderly/disabled persons.
- Phone: 877-734-6277
- 2219 Rimland Drive, Suite 419, Bellingham, WA 98226
- Email: [apscentralintake@dshs.wa.gov](mailto:apscentralintake@dshs.wa.gov)

## **Aging and Disability Resources "No Wrong Door Program"**

- Supports the independence, dignity, and health of older adults (60+) and people with disabilities. Services are free to individuals and their representatives.
- Phone: 360-738-2500 / 800-585-6749
- 600 Lakeway Drive, Bellingham, WA 98225
- Email: [ADRCwhatcom@dshs.wa.gov](mailto:ADRCwhatcom@dshs.wa.gov) or [nowrongdoor@acl.hhs.gov](mailto:nowrongdoor@acl.hhs.gov)

## **Aging & Long-Term Support Administration (AL TSA) State Survey Office**

- Residential Care Services/Nursing Home Quality Assurance
- Phone: 800-422-3263
- PO Box 45600, Olympia, WA 98504-5600

## **Center for Independence**

- Helps people with disabilities access and participate in the community.
- Phone: 360-393-3890
- 502 State Avenue, Marysville, WA 98270
- Email: [info@cfi.wa.org](mailto:info@cfi.wa.org)
- Info: [centerforindependence.org](https://centerforindependence.org)

## **Complaint Resolution Unit**

- Report abuse or neglect in a care center: [dshs.wa.gov/altsa/](https://dshs.wa.gov/altsa/) and click the "Report Adult Abuse" link.
- Phone: 800-562-6078

- PO Box 45600, Olympia, WA 98504-5600
- Email: [apscentralintake@dshs.wa.gov](mailto:apscentralintake@dshs.wa.gov)

### **Developmental Disabilities Advocacy (DDA) Whatcom County**

- Provides policies and support to those with developmental disabilities and to their support system.
- Phone: 360-714-5000 / 800-239-8285
- 2219 Rimland Drive, Suite 315 Bellingham, WA 98226
- Email: [DD3FSO@dshs.wa.gov](mailto:DD3FSO@dshs.wa.gov)

### **Home and Community Services – DSHS**

- Assists persons with disabilities and the elderly who need state funds to help pay for care. Apply here for Medicaid coverage and services.
- Phone: 360-812-4940 / 800-239-8292
- 2219 Rimland Drive, Suite 419, Bellingham, WA 98226
- Email: [KyleNJ@dshs.wa.gov](mailto:KyleNJ@dshs.wa.gov)
- Info: [washingtonconnection.org/home/](http://washingtonconnection.org/home/)

### **Long-Term Care Ombudsman**

- Protects and promotes the rights of residents in nursing homes; helps resolve complaints.
- Phone: 800-562-6028
- PO Box 23699, Federal Way, WA 98093-0699
- Email: [ltcop@mschelps.org](mailto:ltcop@mschelps.org)

### **Medicaid Fraud Control Washington State**

- Report suspected fraudulent activity involving the Medicaid program.
- Phone: 800-562-6906 / 360-586-8888
- PO Box 40114 Olympia, WA 98504
- Email: [MFCUreferrals@atg.wa.gov](mailto:MFCUreferrals@atg.wa.gov)

### **Medicare Information and Fraud Reporting**

- For questions about Medicare eligibility, services, and billing or to report concerns about Medicare fraud.
- Phone: 800-MEDICARE / 800-447-8477
- 7500 Security Boulevard, Baltimore, MD 21244
- Info: [medicare.gov](http://medicare.gov)

### **NAMI (National Alliance on Mental Illness) Help Line**

- Educates, advocates, and provides support to local individuals affected by mental illness.
- Phone: 800-950-6264 / 360-671-4950
- P.O. Box 5571, Bellingham, WA 98227
- Email: namiadmin@namiwhatcom.org
- Mental health crisis line phone: 800-584-3578

### **Northwest Regional Council**

- Implements state and federal programs for seniors and those needing long-term care. Programs: Respite Care, Adult Day Services, Family Caregiver Support.
- Phone: 360-676-6749 / 800-585-6749
- 600 Lakeway Drive, Bellingham, WA 98225
- Email: ADRCwhatcom@dshs.wa.gov

### **Protection and Advocacy Network**

- Advocacy and attorney work for the mentally ill and disabled population.
- Phone: 800-562-2702
- 315 5th Avenue South, Suite 850, Seattle, WA 98104
- Email: info@dr-wa.org

### **Qualis/Comagine Health Offices**

- Generates, applies, and disseminates knowledge to improve the quality of healthcare delivery.
- Phone: 800-949-7536
- 10700 Meridian Avenue North, #100 Seattle, WA 98133
- Email: info@qualishealth.org

### **Quality Improvement Organization, Acentra Health**

- Help to file quality of care complaints, skilled service termination appeals and advocacy.
- Phone: 888-305-6759
- Info: acentraqio.com

### **Social Security Office**

- Report a lost social security card or get answers to social security questions. Apply for Medicare coverage.
- Phone: 800-772-1213
- 710 Alabama St., Bellingham WA 98225

- Email: [open.government@ssa.gov](mailto:open.government@ssa.gov)

## **U.S. Department of Health & Human Services, Office of Civil Rights**

- Protecting the health of all Americans and providing essential human services.
- Phone: 877-696-6775
- 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201
- Email: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)
- Info: [hhs.gov](http://hhs.gov)

## **Washington State Department of Health**

- Protects the public by licensing healthcare professionals, investigating disease outbreaks and preparing for emergencies.
- Phone: 800-525-0127
- 111 Israel Road SE, Tumwater, WA 98501
- Email: [hsga.csc@doh.wa.gov](mailto:hsga.csc@doh.wa.gov)
- Info: [doh.wa.gov](http://doh.wa.gov)

# **NON-DISCRIMINATION**

## **Discrimination in any form shall be prohibited by this care center.**

It is the policy of this care center that no person (resident, personnel, and/or visitor), on the grounds of race, color, creed, religion, national origin, age, sex, sexual orientation or disability, or any other legally protected characteristic, be denied benefits or be subjected to discrimination under any admission programs, activities, financial assistance programs, training programs or employment practices.

This care center is operated in accordance with current federal, state, and local laws governing discrimination. All facilities including but not limited to waiting rooms, public toilets, dining facilities, etc., are available to all without regard to race, color, creed, national origin, religion, age, sex, sexual orientation or disability, or any other legally protected characteristic.

Discrimination of any form, including but not limited to ethnic slurs, jokes, etc., must be promptly reported to the administrator.

Any individual who believes they have not received fair treatment in accordance with our established policies and procedures may submit a written complaint to CHCC's compliance officer by phone (360-306-3217) or email ([compliance@chcclynden.org](mailto:compliance@chcclynden.org)). Or by contacting:

### **U.S. Department of Health & Human Services**

Office for Civil Rights

Phone: 877-696-6775

200 Independence Avenue SW

Room 509F, HHH Building

Washington, DC 20201

Email: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)

# **STAY IN TOUCH**

## **Indoor visits.**

To safeguard the health of all residents, we ask that those with communicable diseases or exposure to communicable diseases not visit.

## **Scheduling.**

Schedule outings and large group visits 24 hours in advance by calling 360-354-4434 between 8 a.m. and 4 p.m. Monday through Friday. Scheduling large group visits will ensure that adequate space is reserved and that the visit will not interrupt a resident's daily schedule (therapies, personal care, meals, etc.).

## **Phone calls.**

Residents and patients can use personal cellular devices at their own expense. In addition, a landline phone is provided in each room. Call any time and ask to be transferred to your loved one's room. The reception desk is open daily from 8 a.m. to 9 p.m.; please conduct visits and phone calls within those hours to minimize disruptions.

## **Cards and letters.**

Mail arrives every day, with the exception of Sundays and holidays. Include the recipient's first and last name when addressing the envelope. Use this mailing address: C/O Christian Health Care Center, 855 Aaron Drive, Lynden, WA 98264.

## **Video Visits.**

Video visits – using a variety of apps – are arranged by appointment through our recreation department.

## **Outings.**

Schedule outings at least 24 hours in advance by calling 360-354-4434 between 8 a.m. and 4 p.m. Monday through Friday.

Scheduling in advance is not required but is highly recommended so that staff can have the resident ready for the outing and adjust their daily schedule as needed (therapies, personal care, meals, etc.).

Scheduling outings in advance also helps ensure that residents have the medications they need and that they are signed out at the nurse's station.

## **Sharing food.**

Visitors may bring homemade food or purchased food items for residents. Catering through CHCC is also available; for a menu, visit [chcclynden.org/catering/](http://chcclynden.org/catering/).

## **Flower deliveries.**

Highly fragrant flowers can cause people who live and work here to have allergic reactions. Highly scented flowers cannot enter the building, so they should be excluded from any bouquets that are delivered. Recommended flowers: tulips, chrysanthemums, sunflowers, dahlias, hydrangea, calla lilies, daffodils, ranunculus, snapdragon and poppies.

## **SAFEGUARDING PROPERTY**

Christian Health Care Center strives to safeguard residents' personal items. You can partner with us to provide the best chance of promoting the safekeeping of resident property.

The facility keeps an inventory of possessions and clothing for each resident at each nursing station. When a new item is brought in or when an item is taken home or discarded, we ask that families let us know so that we can keep the list current by removing or adding items.

Clothing and other items brought into the facility should be marked with the resident's name. We can assist with labeling clothing, on request.

Please give consideration when bringing in items of great value or sentiment.

While we do our best to safeguard items, we cannot absolutely guarantee that items will not get lost. Often an item of value (a wedding ring, for example) may be kept at home if a substitute will suffice.

Money may be kept in a trust fund in the business office and accessed through the front desk staff seven days a week. This way, cash can be locked up safely and accessed only when needed.

When it's noticed that an item is missing, please alert staff and assist them in generating a lost item form that gives us a good description of the missing item.

The sooner you alert us to a loss, the better chance we have of finding it. The social service staff will follow up with you on missing items. The laundry department maintains an unclaimed clothing bin; clothes not claimed for more than 30 days may be donated.

When a resident leaves the facility with no plan to return, we request that you pick up possessions as soon as possible. We will store unclaimed items for 30 days but will then donate or dispose of items left unclaimed.

Thank you for your help with this. It takes a partnership to be successful!

# **APPLYING FOR MEDICAL ASSISTANCE**

## **Enroll in Medicare Part A and/or Medicare B.**

- Apply online at [ssa.gov](https://ssa.gov).
- Call Social Security at 800-772-1213, Monday through Friday, from 7 a.m. to 7 p.m.
- Apply in person at the Social Security office located at 710 Alabama Street, Bellingham, WA.

## **Apply for Medicaid Assistance.**

- Inform social services or CHCC's business office of the need to apply for Medicaid. We are here to help!
- Apply in person at the DSHS Home and Community Services office located at 2219 Rimland Drive, Suite 419, Bellingham, WA.
- Call the Home and Community Services office at 360-812-4940, Monday through Friday, from 8 a.m. to 5 p.m.
- Apply online at [www.washingtonconnection.org](https://www.washingtonconnection.org).

Our social services team and business office staff are here to answer general questions about eligibility, applying for benefits, and how to use these benefits.

You have the right to request an assessment from Medicaid if you have questions about nonexempt resources. You may be entitled to a refund of payments depending on your entitlement.

# **WHAT IS MEDICARE?**

## **Medicare is health insurance for:**

- People 65 or older
- People under 65 with certain disabilities
- People of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)

## **What are the different parts of Medicare?**

Original Medicare is a fee-for-service health plan that has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance).

### **Part A (Hospital Insurance) helps cover:**

- Inpatient care in a hospital
- Inpatient care in a skilled nursing facility (not custodial or long-term care)
- Hospice care
- Home health care
- Inpatient care in a religious nonmedical health care institution

You usually don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working for a certain amount of time. This is sometimes called premium-free Part A. If you aren't eligible for premium-free Part A, you may be able to buy Part A.

### **Part B (Medical Insurance) helps cover:**

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (DME)
- Many preventive services

Most people pay the standard monthly Part B premium.

Note: You may want to get coverage that fills gaps in Original Medicare (Part A and Part B) coverage. You can choose to buy a Medicare Supplement Insurance (Medigap) policy from a private company.

### **Part C (Medicare Advantage):**

- Includes all benefits and services covered under Parts A and B

- Usually includes Medicare prescription drug coverage (Part D) as part of the plan
- Run by Medicare-approved private insurance companies that follow rules set by Medicare
- Plans have a yearly limit on your out-of-pocket costs for medical services
- May include extra benefits and services that aren't covered by Original Medicare, sometimes for an extra cost

#### **Part D (Medicare prescription drug coverage):**

- Helps cover the cost of prescription drugs
- Run by Medicare-approved drug plans that follow rules set by Medicare
- May help lower your prescription drug costs and help protect against higher costs in the future

Note: If you have limited income and resources, you may qualify for help paying for your health care and prescription drug costs. For more information, visit [ssa.gov](https://www.ssa.gov), call Social Security at 1-800-772-1213, or contact your local State Medical Assistance (Medicaid) office. TTY users can call 1-800-325-0778.

# WHAT IS MEDICAID?

Medicaid is a joint federal and state program that helps pay medical costs if you have limited income and resources and meet other requirements. Medicaid may also cover services not normally covered by Medicare (like long-term supports and services and personal care services). Each state has different rules about eligibility and applying for Medicaid. If you qualify for Medicaid in your state, you automatically qualify for Extra Help paying your Medicare prescription drug coverage (Part D).

You may be eligible for Medicaid if you have limited income and are any of these:

- 65 or older
- A child under 19
- Pregnant
- Living with a disability
- A parent or adult caring for a child
- An adult without dependent children (in certain states)
- An eligible immigrant
- In many states, more parents and other adults can get coverage now. If you were turned down in the past, you can try again and may qualify now.

When you enroll, you can get the health care benefits you need, like:

- Doctor visits
- Hospital stays
- Long-term services and supports
- Preventive care, including immunizations, mammograms, colonoscopies, and other needed care
- Prenatal and maternity care
- Mental health care
- Necessary medications
- Vision and dental care (for children)

You should apply for Medicaid if you or someone in your family needs health care. If you aren't sure whether you qualify, a qualified caseworker in your state can look at your situation. Contact your local or state Medicaid office to see if you qualify and to apply. To get information about your state's Medicaid program, visit [healthcare.gov/medicaid-chip/getting-medicaid-chip](https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip).

## **Dual eligibility.**

Some people qualify for both Medicare and Medicaid and are called "dual eligibles." If you have Medicare and Medicaid coverage, most of your health care costs are likely covered.

You can get your Medicare coverage through Original Medicare or a Medicare Advantage Plan (like an HMO or PPO). If you have Medicare and/or full Medicaid, Medicare covers your Part D prescription drugs. Medicaid may still cover some drugs and other care that Medicare doesn't cover.

For more information on Medicaid, visit [healthcare.gov/medicaid-chip/getting-medicaid-chip/](https://healthcare.gov/medicaid-chip/getting-medicaid-chip/). If you have questions about Medicare, visit [medicare.gov](https://www.medicare.gov) or call 1-800-MEDICARE (1- 800-633-4227). TTY users can call 1-877-486-2048.

You have the right to get Medicare information in an accessible format. You also have the right to file a complaint if you feel you've been discriminated against.

Visit [www.cms.gov/about-cms/web-policies-important-links/accessibility-nondiscrimination-disabilities-notice](https://www.cms.gov/about-cms/web-policies-important-links/accessibility-nondiscrimination-disabilities-notice) or call 1-800-MEDICARE for more information.

# ANTIBIOTICS



Core Elements for Antibiotic Stewardship in Nursing Homes

## What You Need to Know About Antibiotics in a Nursing Home

### What are antibiotics?

Antibiotics are drugs used to treat infections caused by bacteria. They do not work for illnesses caused by viruses, like flu and most cases of bronchitis.



### When are antibiotics necessary?

There are times when antibiotics are urgently needed; for example, to treat sepsis (e.g., when bacteria cause a severe infection of the bloodstream), pneumonia caused by bacteria, and meningitis caused by bacteria. Using antibiotics when they are not necessary increases the risk they will not work when needed most.



### Can taking antibiotics be harmful?

Antibiotics, like any medications, can have minor side effects like upset stomach or a rash, as well as serious allergic reactions or dangerous interactions with other medications a person is taking. In particular, antibiotics put people at risk for a deadly type of diarrhea caused by *C. difficile*. Frequent or excessive use of antibiotics leads to developing bacteria that are resistant to those antibiotics. Antibiotic-resistant bacteria are harder to kill, and can cause untreatable infections. A person also can carry resistant bacteria without feeling sick (this is called “colonization”), but if that bacteria causes an infection, it can require more complex treatments and transfer to the hospital.



### What is antibiotic stewardship?

Antibiotic stewardship refers to a set of commitments and actions designed to make sure patients receive the right dose, of the right antibiotic, for the right amount of time; and only when truly necessary. Improving antibiotic use will ensure these life-saving medications are effective and available when we need them.



### Why is improving antibiotic prescribing practices important for nursing homes?

Nursing home residents have a higher risk of colonization with bacteria for many reasons. The presence of invasive devices such as urinary-catheters and feeding tubes, wounds, and conditions that affect the bladder (e.g., diabetes or stroke) can all lead to colonization. Difficulties in separating colonization of bacteria from true illness in frail or older adults can lead to the overuse of antibiotics, which in turn drives antibiotic resistance.



*continued on next page*

CS263097-A



Centers for Disease Control and Prevention  
National Center for Emerging and Zoonotic Infectious Diseases

## What can my nursing home do to improve antibiotic stewardship?

Nursing homes can implement the following:

- ▶ **Leadership commitment:** Demonstrate support and commitment to safe and appropriate antibiotic use.
- ▶ **Accountability:** Identify leaders who are responsible for promoting and overseeing antibiotic stewardship activities at the nursing home.
- ▶ **Drug expertise:** Establish access to individuals with experience or training in improving antibiotic use.
- ▶ **Action:** Take at least one new action to improve the way antibiotics are used in the facility.
- ▶ **Tracking:** Measure how antibiotics are used and the complications (e.g., *C. difficile* infections) from antibiotics in the facility.
- ▶ **Reporting:** Share information with healthcare providers and staff about how antibiotics are used in the facility.
- ▶ **Education:** Provide resources to healthcare providers, nursing staff, residents and families to learn about antibiotic resistance and opportunities for improving antibiotic use.



## What can I do to improve use of antibiotics and prevent the spread of germs?

- ▶ Get smart about antibiotics by reviewing the information [here](#) and ask the right questions about any antibiotic prescription.
- ▶ Be informed about how your nursing home stops the spread of germs among residents and works to improve antibiotic prescribing practices.
- ▶ Protect yourself by getting vaccines for flu and pneumonia and encourage others around you to do the same.
- ▶ Avoid visiting when you feel ill to protect residents from germs which may be spread in the community.
- ▶ Insist nursing home staff and visitors always clean their hands before touching or caring for your wound or catheter.
- ▶ Know what else you can do to prevent the spread of germs (e.g., cover your cough).



## **Antibiotic stewardship program.**

We are committed to:

- Promoting a culture of optimal antibiotic use by educating staff, physicians, residents and families.
- Ensuring timely and appropriate start of antibiotic treatments.
- Ensuring appropriate administration of antibiotic therapy and narrowing the antibiotics used to specifically target the present pathogen.
- Monitoring for program effectiveness, evaluation and associated resident outcomes.
- Promoting a culture of transparency, reporting and open communication

## **Benefits of antibiotic stewardship.**

By committing to antibiotic stewardship, our care team aims to decrease the side effects of antibiotic use, such as intestinal infections. We will work to reduce the potential development of resistant infections and help preserve the therapeutic effectiveness of the antibiotic medications that CHCC currently uses. Antibiotic stewardship also can decrease medication cost.

All of this is part of our commitment to stay on the cutting edge of healthcare trends so we can provide the best healthcare possible to every one of the residents and patients at our Lynden healthcare campus. If you have any questions about antibiotic use at CHCC, please contact our director of nursing.

## **Urinary tract infections and antibiotics.**

Dear Residents, Families and Friends,

Our goal at Christian Health Care Center is to provide the best care possible for residents, working together with residents and their families. In order to maintain the high standard of care, we wanted to share with you some new research and recommendations regarding the diagnosis and treatment of Urinary Tract Infections (UTIs).

UTIs are caused by bacteria in the bladder or urinary tract that result in the specific symptoms listed below; these symptoms may also be accompanied by a fever: *burning during urination; pressure or pain in pelvis; strong urge to urinate (urgency); blood in the urine; needing to urinate more often (frequency); pain along one side of lower back.*

If a resident is experiencing specific urinary tract symptoms, our practitioners may decide to test a resident's urine to look for bacteria and signs of infection. Antibiotics can be a good treatment for residents who are experiencing these specific urinary tract symptoms and have bacteria in their urine.

Sometimes other symptoms that a resident is experiencing can be confused with

symptoms of a UTI. For example, confusion, fatigue, foul-smelling or cloudy urine or loss of balance or fall, are often thought to be caused by a UTI.

However, there are many other potential causes of these symptoms. In fact, many older adults have bacteria in their urine even when they don't have a UTI. It is important to avoid the use of antibiotics when they are not needed because they might cause more harm than good.

How can antibiotics be harmful? Antibiotics can cause side effects like fever, rash, diarrhea, nausea, vomiting and headache. Antibiotics can also kill the "good" bacteria that we have in our bodies. This can lead to the development of other infections, such as Clostridium difficile infection (also known as C. diff). C. diff is a highly contagious infection that causes severe diarrhea and can even be fatal.

Overusing antibiotics can also cause bacteria to become "drug resistant." Drug resistant bacteria are very hard to kill, may cause more serious infections with fewer treatment choices available. It is important to remember that antibiotics are not always necessary. By understanding the risks of using antibiotics when they are not needed, you can help ensure all of our residents get the best care possible.

Based on current research, the staff at Christian Health Care Center will perform urine testing only when specific urinary tract symptoms are present. Without these symptoms, residents will be observed and monitored for any changes. Antibiotics will be prescribed if the practitioner is sure that there is an infection.

Thank you for your understanding of and attention to this very important matter.

# **OMBUDSMAN PROGRAM**

Washington state's long-term care ombudsman advocates for residents of nursing homes, adult family homes and assisted living facilities. Their purpose is to protect and promote resident rights, which are guaranteed under federal and state law.

If a concern arises, anyone is welcome to pursue any or all of these options:

- Talk directly to care center staff to share your concerns.
- Submit a written grievance to a member of your care team.
- Voice your concern and get support at a resident council meeting.
- Call your local long-term care ombudsman for advice and/or request their help resolving an issue.
- Call the DSHS complaint hotline (1-800-562-6078) and report your concern. You will be asked to leave a message. Provide specific details about your concern, your name and phone number, and a good time to reach you. DSHS will call you back. You also have the option to remain anonymous to CHCC, DSHS, or to both entities.

## **Whatcom County Ombudsman**

**1-800-562-6028**

**336 36th St, #813**

**Bellingham, WA 98225**

**[waombudsman.org](http://waombudsman.org)**

## HOW TO REPORT ABUSE



# NOTICE

Concerned about abuse, neglect or a violation  
of resident rights?

## **Report online**

[dshs.wa.gov/altsa/reportadultabuse](https://dshs.wa.gov/altsa/reportadultabuse)

## **Call**

Aging & Long-Term Support  
Administration  
1-800-562-6078

TTY Users  
1-800-737-7931

If you need help resolving any problems or have questions  
about licensed long-term care facilities, contact the State of  
Washington Office of Ombuds at 1-800-562-6028.

## **IN CASE OF EMERGENCY**

CHCC has a robust communication plan in place. During an emergency, we will share updates as soon as we are able. Please note: Some information may be limited due to HIPAA and privacy regulations.

The safety of the people who live and work here is our top priority. Our team will focus first on providing uninterrupted care to residents and supporting the well-being of staff in the early stages of any crisis.

As soon as it is practicable, CHCC will share information with designated resident representatives and, when appropriate, with the public. Below, you'll find a list of communication tools we may use in various emergency situations:

- An alert posted on [chcclynden.org](http://chcclynden.org). Check this page often for updates during an emergency.
- A phone call, email or text to the primary contact of each resident, sent through CareFeed. The call may be a recorded message. If your phone number or email address changes, call 360-354-4434 to update.
- An email sent to subscribers through Mailchimp. This is a good way for friends and extended family members to learn about CHCC happenings. Visit [chcclynden.org](http://chcclynden.org), scroll down to the "Subscribe" box, and add your name and email address to our email distribution list.
- An update shared on [facebook.com/christianhealthcare](https://www.facebook.com/christianhealthcare). If you use Facebook, "like" this page.
- An update shared on [instagram.com/chcclynden](https://www.instagram.com/chcclynden). If you use Instagram, "follow" this page.
- Announcements in The Lynden Tribune and on KGMI radio (shared at their discretion).

## DECISION-MAKING TREE

Washington state law lists who may make health care decisions for someone if they cannot. Health care providers will contact people in the following order to identify a decision-maker (RCW 7.70.065):

- A guardian appointed by Washington state
- Named health care agent
- Spouse or registered domestic partner (even if separated)
- Adult children\*
- Parents\*
- Adult siblings\*
- Adult grandchildren\*
- Adult nieces and nephews\*
- Adult aunts and uncles\*
- A close friend who meets certain criteria and who provides a declaration that they meet these requirements:
  - is an adult who has exhibited special care and concern for the patient;
  - is familiar with the patient's personal values;
  - is reasonably available to make health care decisions; and
  - is not any of the following:
    - a physician to the patient or an employee of the physician;
    - the owner, administrator or employee of a health care facility, nursing home or long-term care facility where the patient resides or receives care; or
    - a person who receives compensation to provide care to the patient.

\*For any group that has more than one person, everyone in the group must agree to the care.

## LOTIONS AND POTIONS

# WHAT YOU SHOULD KNOW ABOUT LOTIONS & POTIONS



For the safety of others who stay here, a physician's order must be on file for many over-the-counter toiletries, such as medicated shampoo and hydrocortisone cream. If you bring personal care items that potentially could be used or ingested by someone else, please first consult with a nurse, who can assist with precautionary measures and help obtain a doctor's order, if necessary.

---

Toiletries with a doctor's order and personal items marked as unsafe for children need to be kept secured and out of sight when not in use to prevent accidental usage or ingestion by others. CHCC will provide a container with a lid, if necessary.



As long as you are capable of using the items safely, you have the right to keep personal toiletries (such as toothpaste, lotion, perfume, deodorant, mouthwash and more) in your room for easy access. If you share a room, these items must be placed in covered bins or kept in a closet, drawer, dresser or bathroom.

# COVID-19 VACCINATION

## How mRNA COVID-19 Vaccines Work

### Understanding the virus that causes COVID-19.

Coronaviruses, like the one that causes COVID-19, are named for the crown-like spikes on their surface, called **spike proteins**. These **spike proteins** are ideal targets for vaccines.

### What is mRNA?

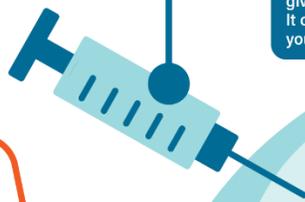
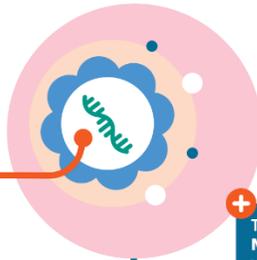
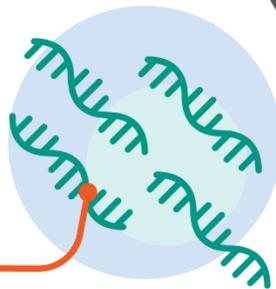
Messenger RNA, or mRNA, is genetic material that tells your body how to make proteins.

### What is in the vaccine?

The vaccine is made of mRNA wrapped in a coating that makes delivery easy and keeps the body from damaging it.

### How does the vaccine work?

The mRNA in the vaccine teaches your cells how to make copies of the **spike protein**. If you are exposed to the real virus later, your body will recognize it and know how to fight it off.



The vaccine **DOES NOT** contain ANY virus, so it cannot give you COVID-19. It cannot change your DNA in any way.

When your body responds to the vaccine, it can sometimes cause a mild fever, headache, or chills. This is completely normal and a sign that the vaccine is working.

After the mRNA delivers the instructions, your cells break it down and get rid of it.

Antibody

### GETTING VACCINATED?

For information about COVID-19 vaccine, visit: [cdc.gov/coronavirus/vaccines](https://www.cdc.gov/coronavirus/vaccines)





# Vaccination



We encourage everyone who lives, works and visits CHCC to be fully vaccinated against COVID-19.



## CHCC FOUNDATION

# EVERY DONATION HELPS CHCC PROVIDE CARE WITH COMPASSION AND LOVE IN CHRIST'S NAME

CHCC's Foundation — guided by our board of trustees — helps our care team continue to learn and grow. It also provides training for the future workforce and funds supplies and maintenance that are not covered under our standard operating budget



Snap to donate



**CHCCCLYNDEN.ORG/FOUNDATION**

As a Washington State 501(c)(3) qualified charity, all gifts may qualify for a variety of tax deductions. We encourage you to talk with your financial advisor to learn more. Contact CHCC's executive director with any questions you may have. They can be reached at 360-354-4434.

# **LANGUAGE ASSISTANCE**

## **English**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 360-354-4434.

## **Español (Spanish)**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 360-354-4434.

## **繁體中文 (Chinese)**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 360-354-4434。

## **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 360-354-4434.

## **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 360-354-4434번으로 전화해 주십시오.

## **Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 360-354-4434.

## **Tagalog (Tagalog – Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 360-354-4434.

## **Українська (Ukrainian)**

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 360-354-4434.

## **ខ្មែរ (Cambodian)**

ប្រយ័ត្ន: បើសិនអ្នកនិយាយ ខ្មែរ, សេវាជំនួយផ្ទេរភាសា  
សេរីសេរីគឺឥតគិតថ្លៃ គឺចុះសំបុំហៅអ្នក។ ចូរ ទូរស័ព្ទ 360-354-4434។

## 日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。360-354-4434 まで、お電話にてご連絡ください。

## አማርኛ (Amharic)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 360-354-4434.

## العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات التوافق لك بالمجان. اتصل 1-xxx-xxx-xxxx (رقم المساعدة اللغ

برقم

هاتف الصم والبكم 4434-360-354-.

## ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 360-354-4434 'ਤੇ ਕਾਲ ਕਰੋ।

## Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 360-354-4434.

## ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 360-354-4434.

## Nederlands (Dutch)

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 360-354-4434.

## Deitsch (Pennsylvania Dutch)

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 360-354-4434.

## Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 360-354-4434.