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INTRODUCTION

Individuals who need long-term care and their families are often bewildered by the task of selecting the most appropriate placement to suit the individual’s needs. The task of finding a facility that provides the required services in a desirable atmosphere is not always easy. The facility selected will be the person’s home and community for the duration of his or her stay.

The prospective resident, family members and/or others should visit the home, speak with the staff and generally make an independent assessment. Open communication among all members of this vital group helps ensure a pleasant and successful placement of the resident.

It is the purpose of this guide to provide information concerning long-term care facilities in the Concho Valley region and to inform the reader of possible alternatives to long-term care. However, the information contained in this guide should not be the sole basis for a placement decision.

Area Agency on Aging of the Concho Valley
Long-term Care Ombudsman Program
2801 W. Loop 306, Suite A
San Angelo, TX 76904
325-223-5704 Fax 325-223-8233
Toll Free 1-877-944-9666
TEXAS LONG-TERM CARE OMBUDSMAN

Congress amended the Older Americans Act in 1987 to establish the Long-Term Care Ombudsman program to serve residents in long-term care facilities. Ombudsman services are available in every state and territory of the United States. In Texas, the Office of the Long-term Care Ombudsman operates in the Texas Department of Aging and Disability Services.

Long-term care (LTC) ombudsmen are advocates for long-term care residents. They help protect the quality of life and quality of care for residents living in a nursing home or an assisted living facility. Ombudsmen are volunteers or paid employees certified by the State Ombudsman. Services are free, confidential and available statewide.

An Ombudsman’s responsibilities include:

- Visiting residents in long-term care facilities
- Protecting resident health, safety, welfare and rights
- Empowering and supporting residents and their families to discuss concerns with facility staff
- Informing residents of their rights and assuring facilities do not violate a resident's rights
- Receiving and investigating complaints from residents, family members or staff of facilities
- Maintaining confidentiality
- Providing information about and help with finding long-term care facilities

How to reach an ombudsman:

- Call 1-800-252-2412.
- Ask a staff member at your facility who the ombudsman is and how to reach them.
- Use the Long-term Care Ombudsman search feature: https://www.dads.state.tx.us/news_info/ombudsman/search.cfm
- Visit the LTC Ombudsman directory: https://www.dads.state.tx.us/contact/mlo.cfm
- Look for the LTC Ombudsman poster in your facility.
ALTERNATIVE CARE

When a person can no longer live independently, a decision must be made about the best alternative arrangement for care. When an individual needs nursing care and supervision, an assisted living or nursing home may be the best alternative. However, many people choose these options because they are not aware of other alternatives. When a less restrictive form of care will suffice, a variety of services and/or programs may be more appropriate.

Below are descriptions of some alternatives to consider.

**ADULT ENRICHMENT CENTER** is an organized day program of therapeutic, social and health activities. Services are provided to adults with either physical or mental impairments for the purpose of restoring or maintaining the greatest capacity for self-care. These centers may also be called Adult Day Centers or Day Activity and Health Services.

**ASSISTIVE DEVICES** are products that can be purchased or rented to help an individual function more independently at home. These may include devices for the hearing, visually impaired, and those requiring help walking or moving around.

**CASE MANAGEMENT** is a method of assessing an individual's total care needs, arranging for necessary services, and coordinating service delivery.

**CHORE SERVICES** include yard maintenance and heavy cleaning, either alone or in conjunction with the homemaker or home health aide services.

**HOME HEALTH** care services assist an individual in their home with either skilled nursing or basic home health needs. This can include medication distribution, wound care, lab work and therapy or to assist with activities of daily living such as bathing, grooming, etc.

**HOMEMAKER SERVICES/PRIMARY HOME CARE** are services that assist an individual with cooking, light housework and/or companionship.

**INFORMATION AND REFERRAL** services are designed to help an individual locate available services.

**NURSING REGISTRIES** can offer assistance services for hire from skilled nursing needs to companion services. They employ licensed and non-licensed individuals.
ADULT PROTECTIVE SERVICES provide legal and financial services and/or conservatorship (a type of guardianship) to mentally confused persons, and to others who are unable to manage their own affairs or protect themselves from injury or exploitation.

RESPITE CARE is a service that provides short-term relief to people who care for an older person in the home. This care may be at home, at adult day care centers, or at hospitals overnight; the respite care can be for a few hours or several days.

SENIOR CENTERS offer individuals an opportunity to socialize and a place to meet. They offer a variety of social, educational, and recreational programs. Some senior centers provide transportation services and a noon meal.

TELEPHONE REASSURANCE programs provide daily contact for persons who live alone, who are anxious about their safety or security, or have chronic health problems.

TRANSPORTATION AND ESCORT SERVICES are provided through volunteer driver programs or special mini-bus services for older persons, or persons with disabilities, who do not have private transportation and are unable to use public transportation. Physical assistance is also provided to persons needing help in shopping, going to medical appointments, or for other activities.

If you would like more information on these types of alternatives, Call 211 or (877) 541-7905 to find services in your area. You can also find resources online at www.211texas.org
ASSISTED LIVING FACILITIES

Assisted Living facilities are licensed by the state of Texas based on the number of beds and the residents’ abilities. Residents of assisted living facilities have a range of needs. Generally, residents need help moving, bathing, dressing, taking medications, are hearing or speech impaired, use self-help devices, exhibit symptoms of mental or emotional disturbances, or are incontinent.

The cost of living in an ALF can vary greatly. Insurance companies may cover the cost of assisted living such as a limited number of contracted beds for STAR+PLUS (Medicaid) and some long-term care insurance plans. ALF services are primarily private pay and monthly rates can range from $700 to more than $8,000.

**Small**: Licensed to care for 16 or fewer residents. Small facilities are typically single-story homes in residential neighborhoods.

**Large**: Licensed to care for 17 or more residents. These facilities may be multi-story, apartment complexes, or resemble a hotel structure.

**Type A**: Care for residents who can evacuate the facility unassisted, do not require routine attendance during sleeping hours, and can follow directions during an emergency.

**Type B**: Care for residents who may need assistance to evacuate, cannot follow directions during an emergency, require staff attendance during sleeping hours, and need assistance transferring to and from a wheelchair.

**Type C**: Four-bed facilities that provide adult foster care.

**Alzheimer’s facility**: Type B facility certified to provide specialized services to residents with Alzheimer’s disease or a related condition.
ASSISTED LIVING FACILITIES
IN THE CONCHO VALLEY REGION

Brookdale South San Angelo  pg.9

Bryant Manor I & II  pg.10

New Haven Assisted Living and Memory Care  pg.11

Royal Estates of San Angelo  pg.12

Texas Jubilee House of Brady  pg.13

The Crest at Baptist Memorial  pg.14

The Springs  pg.15

The St. Angelus  pg.16

To submit an ALF entry, please contact the Area Agency on Aging for more information.
BROOKDALE SOUTH SAN ANGELO
Assisted Living & Alzheimer’s Memory Care
2695 Valley View Blvd, San Angelo, TX 76904
(325)947-7194 Phone (325)223-8144 Fax
Licensed Type: Large B

Services & Amenities

- Two-story structure housing- 39 studio, 32 studios and 8-1 bedroom apartments for residents who require independent and assisted living arrangements. Alcove studios: 450 sq. ft. 1 bedroom: 551 sq. ft.
- Basic cable and utilities included except telephone
- Kitchenette
- Therapeutic diets available
- Weekly Housekeeping and laundry
- Incontinence care
- Bathing and dressing assistance available
- Medication administration
- Various activities offered, including exercise classes, bingo and excursions;
  Activities available on and off campus
- Beauty Shop on-site
- Transportation is available for doctor appointments
- 24-hour staff and emergency call system
- Pets welcomed with deposit
- On-site Licensed Vocational Nurse and medication aides
- Physical therapy, Occupational therapy, and Speech therapy available
- Respite
- Medicaid/Private Pay/Long-term Care Insurance
BRYANT MANOR ASSISTED LIVING I & II
516 Spaulding and 521 Spaulding
San Angelo, TX 76903 (325)227-6232
Licensed Type: Small A

Services & Amenities

- Meals and a snack
- Assistance with activities of daily living such as eating, bathing, grooming and dressing (if necessary)
- Complete housekeeping and laundry
- Supervision of self-administered medications
- Supervised leisure and social activities
- 24-hour house staff available
- No pets unless a service animal
- Temporary or long-term stay
- Superior/Private Pay
NEW HAVEN
ASSISTED LIVING & MEMORY CARE
2501 Sawgrass Drive, San Angelo, TX 76904
(325)227-4748 Phone (325)227-4750 Fax
Website: www.newhavenassistedliving.com
Facebook: New Haven Assisted Living of San Angelo TX
Licensed Type: Small B

New Haven Assisted Living & Memory Care features two one-story homes to accommodate all stages of assisted senior living. Each 15 en-suite bedroom home are situated around an open floor plan living room, dining room, and kitchen.

Services & Amenities

- Private room & bath – handicap accessible
- Utilities – Individual heating & air controls in every room
- Meals & snacks
- Dish satellite TV in every room
- Phone hookups
- Laundry services
- Housekeeping
- Group & individual activities
- Wireless internet
- Personal emergency call systems
- Electronic security in Alzheimer’s/Dementia secured homes and enclosed yards and patios
- Quarterly nursing & medicine review
- Access to outside services
- Health monitoring/case management
Suite Types:
- Live Oak (Studio = 433 Sqft.)
- Mesquite (1 bed/1 bath = 521 Sqft.)

Services & Amenities

- Private dining room & catering available
- Heat/air condition, water (costs included)
- Weekly housekeeping with flat linen/towel service
- Cable, phone, internet ready rooms
- Emergency response pull cord system
- QuietCare: advanced motion sensor tech.
- Assisted living with level of care free
- Grounds and community maintenance
- FREE Resident parking / (covered = $30/mo.)
- FREE Scheduled transportation to doctors' office, grocery shopping, banks, schoolings, etc.
- Off-Site trips and outings (tickets costs not included)
- Bus available for 1 person trips = $10 (M-Thur. only)
- Library
- FREE guest Wi-Fi in lobby
- On-site beauty/barber shop
- Activities
- Arts & crafts room
- Wellness / fitness center
- Game Room / billiards room
- Courtesy Checks: beginning & end of shift
- Private patio access
- Secure building for residents & staff

Monthly Rental Fee Includes These Signature Service Programs

- Concierge desk services & maintenance work orders
- Be Inspired monthly newsletter & calendar
- Brain Health University
TEXAS JUBILEE HOUSE OF BRADY
104 E. 5th St. Brady, TX 76825
(325)597-2662 Phone (325)597-2664 Fax
jubilee@centex.net
Licensed Type: Small A

Services & Amenities

- Private room furnished or unfurnished
- Each room has its own full bath and walk-in closet
- Snack available between meals if desired
- All utilities, free cable, telephone with unlimited local calls
- Assistance with personal care, making medical appointments, medications
- Housekeeping and laundry services
- Transportation to local appointments
- Social Activities
- Large television in living area
- 24-hour on site professional, caring staff
- Emergency call system
- Fire alarm system
- Adequate parking
- Owned and operated by Experienced Licensed Vocational Nurses
- Each resident must be capable of self-direction, self-transferring and self-evacuation in case of an emergency
THE CREST AT
BAPTIST RETIREMENT COMMUNITY
402 and 430 E. 8th Street
San Angelo, TX 76903
(325)655-7391 Phone (325)655-2574 Fax
Licensed Type: Small B, Alzheimer’s certified

Services & Amenities

• Located within Baptist Retirement Community, the only continuing Care Retirement Community (CCRC) in the Concho Valley, serving seniors since 1951
• Two one story homes, small home model
• 14 private bedrooms with a private bath
• One-bedroom suites available
• Basic cable, telephone, internet, utilities, and Wi-Fi included in rental price
• Routine assistance with personal care, personal laundry and housekeeping services included in rental price
• Transportation to medical appointments included in rental price
• On-site Beauty Salon, Barber Shop, and Spa area
• Full-time Activity Director on staff providing engaging life enriching activities
• Certified Nurse Aid on duty 24 hours a day
• Registered Nurse on duty Monday through Friday from 8:00 a.m. to 5:00 p.m.
• Nursing on-call after hours and weekends
• All staff trained in Alzheimer’s disease and dementia care
• Faith based, on-site Chaplain, spiritual services provided
• Priority access to on-campus pharmacy
• Priority access to on-campus Shannon Clinic and campus services
• Natural lighting permeates throughout the two homes by the use of sky lights and large windows and tangible connections to the outdoors
• Spacious, secure courtyard with large porches and shade spaces
• Open living, dining, and casual outdoor areas
• 24-hour security staff, controlled door access, and emergency call system
THE SPRINGS AT
SAN ANGELO MEMORY CARE
6102 Grand Court Road, San Angelo, TX 76901
(325)224-3040 Phone (325)224-3162 Fax
Across the street from Royal Estates; down the road from Chick-fil-A
License Type: Medium B

Services & Amenities

• One-story home environment with private and semi-private apartment options
  furnished with bed, bedside table, lamp and all linens
• Three meals and three snacks served daily
• Routine housekeeping and laundry
• Medication administration
• Incontinence care
• Respite care available
• Home health support
• Hospice support
• Transportation provided for scheduled doctor’s appointments
• 24/7 individualized care and supervision
• An activities program designed for successful engagement, including supervised
  outings to nearby points of interest
• No pets
• Access to our beautiful courtyard and garden
• Electronically monitored security system and emergency alarm system
• Private Pay
THE ST. ANGELUS
13 N. Van Buren  San Angelo, TX 76901
(325) 658-8208 Phone  (325) 653-4916 Fax
Located on the corner of Pecos and Van Buren
Licensed Type: Small A

Services & Amenities

- Eleven private units, each having living room, snack area, bathroom, bedroom, terrace and private bath
- Microwave and small refrigerator in each room
- Electric, cable and water included
- Individual Thermostat controls
- No Level of Care charges
- Weekly housekeeping/ individual laundry
- Personal care assistance (limited)
- Registered Nurse is on 24 hour call
- Assistance in making medical appointments
- Transportation will be provided to appointments
- Small pets allowed with non refundable deposit
- Emergency call system for each resident
WHO LICENSES AND REGULATES ASSISTED LIVING FACILITIES?

Although Ombudsmen help resolve issues and investigate complaints, they do not regulate facilities.

The Texas Department of Aging and Disability Services (DADS) licenses and certifies assisted living facilities. DADS staff inspects, surveys, makes follow-up visits and complaint investigations and other visits to ensure these facilities are operating according to state regulations. Staff, known as surveyors, are responsible for:

- Determining if facilities meet minimum standards;
- Determine if conditions endanger health and safety, or if poor practices are being followed;
- Check that facilities have corrected past problems;
- Investigate complaints

Current licenses are required to be displayed in all facilities and all facilities must make the latest survey results accessible to residents, families and the public.

The Texas Department of Aging and Disability Services Long-Term Care Regulatory Services maintain regional offices throughout the state.

The Concho Valley area regional office is located at:

**Texas Department of Aging and Disability Services**
**Regulatory Services**
**622 South Oakes, Suite E-3**
**San Angelo, Texas 76903**
**(325) 659-7800**

**Texas Department of Aging and Disability Services**
**Licensing and Certification Services**
**Austin, Texas**
**(512) 834-6697**
HOW CAN I FILE A COMPLAINT?

There are several levels of intervention. Attempts to resolve problems may be informal or formal and can be conducted inside or outside of the facility. The following options can happen one at a time or simultaneously.

- Talk with staff in the facility.
- Ask for a facility grievance form and turn in a written grievance.
- Call or write to the owner of the home.
- Bring your concern to the resident council if you are a resident.
- Bring your concern to the family council if you are family or a friend of the resident.
- Call an ombudsman for help with any of these options or to work on the problem with you.
- File a complaint with Regulatory Services by calling Consumer Rights and Services (CRS) at 1-800-458-9858.

To Report Abuse, Neglect or Exploitation

Contact CRS at 1-800-458-9858 to report suspected abuse or neglect of people who are older or who have disabilities. Agents answer calls Monday through Friday from 7 a.m.-7 p.m. If you call outside those hours, leave a message; an employee will call you back by the next workday. You can call this number to report abuse that occurs in assisted living facilities.

Will anyone know who made the report?

No. CRS keeps your name and that of the other person confidential, unless required to release it by law or you give permission to release it. However, if you choose to remain anonymous, there is no way to let you know the results of the investigation.

What happens once a report is made?

- Employees from the Regulatory Services Division make an unannounced on-site investigation.

The investigation may include:

- Observations
- Records reviews
- Interviews with the person making the complaint, residents, staff, family members or others

When Regulatory Services is done with the investigation, the person who made the report is notified of the results either in writing or over the phone.
RESIDENT’S BILL OF RIGHTS

1. Each assisted living facility must post the Resident's Bill of Rights, as provided by the department, in a prominent place in the facility and written in the primary language of each resident. A copy of the Resident's Bill of Rights must be given to each resident.

2. A resident has all the rights, benefits, responsibilities and privileges granted by the Constitution and laws of this state and the United States, except where lawfully restricted. The resident has the right to be free of interference, coercion, discrimination, and reprisal in exercising these civil rights.

3. Each resident in the assisted living facility has the right to:

   A. be free from physical and mental abuse, including corporal punishment or physical and chemical restraints that are administered for the purpose of discipline or convenience and not required to treat the resident's medical symptoms. A provider may use physical or chemical restraints only if the use is authorized in writing by a physician or the use is necessary in an emergency to protect the resident or others from injury. A physician's written authorization for the use of restraints must specify the circumstances under which the restraints may be used and the duration for which the restraints may be used. Except in an emergency, restraints may only be administered by qualified medical personnel;

   B. participate in activities of social, religious, or community groups unless the participation interferes with the rights of others;

   C. practice the religion of the resident's choice;

   D. if mentally retarded, with a court-appointed guardian of the person, participate in behavior modification program involving use of restraints, consistent with subparagraph (A) of this paragraph, or adverse stimuli only with the informed consent of the guardian;

   E. be treated with respect, consideration, and recognition of his or her dignity and individuality, without regard to race, religion, national origin, sex, age, disability, marital status, or source of payment. This means that the resident:

      I. Has the right to make his/her own choices regarding personal affairs, care, benefits, and services;

      II. Has the right to be free from abuse, neglect, and exploitation; and

      III. If protective measures are required, has the right to designate a guardian or representative to ensure the right to quality stewardship of his/her affairs;

   F. a safe and decent living environment;

   G. not be prohibited from communicating in his or her native language with other residents or employees for the purpose of acquiring or providing any type of treatment, care, or services;

   H. complain about the resident’s care or treatment. The complaint may be made anonymously or communicated by a person designated by the resident. The provider must promptly respond to resolve the complaint. The provider must not discriminate or take other punitive action against a resident who makes a complaint;

   I. receive and send unopened mail, and the provider must ensure that the resident's mail is sent and delivered promptly;

   J. unrestricted communication, including personal visitation with any person of the resident's choice, including family members and representatives of advocacy groups and community service organizations, at any reasonable hour;

   K. make contacts with the community and to achieve the highest level of independence, autonomy, and interaction with the community of which the resident is capable;
I. manage his or her financial affairs. The resident may authorize in writing another person to manage his/her money. The resident may choose the manner in which his/her money is managed, including a money management program, a representative payee program, a financial power of attorney, a trust, or similar method, and the resident may choose the least restrictive of these methods. The resident must be given, upon request of the resident or the resident's representative, but at least quarterly, an accounting of financial transactions made on his or her behalf by the facility should the facility accept his or her written delegation of this responsibility to the facility in conformance with state law;

M. access the resident's records, which are confidential and may not be released without the resident's consent, except:
   I. to another provider, if the resident transfers residence; or
   II. if the release is required by another law;

N. choose and retain a personal physician and to be fully informed in advance about treatment or care that may affect the resident's well being;

O. participate in developing his/her individual service plan that describes the resident's medical, nursing, and psychological needs and how the needs will be met;

P. be given the opportunity to refuse medical treatment or services after the resident:
   I. is advised by the person providing services of the possible consequences of refusing treatment or services; and
   II. acknowledges that he/she understands the consequences of refusing treatment or services;

Q. unaccompanied access to a telephone at a reasonable hour or in case of an emergency or personal crisis;

R. privacy, while attending to personal needs and a private place for receiving visitors or associating with other residents, unless providing privacy would infringe on the rights of other residents. This right applies to medical treatment, written communications, telephone conversations, meeting with family, and access to resident councils. If a resident is married and the spouse is receiving similar services, the couple may share a room;

S. retain and use personal possessions, including clothing and furnishings, as space permits. The number of personal possessions may be limited for the health and safety of other residents;

T. determine his or her dress, hair style, or other personal effects according to individual preference, except the resident has the responsibility to maintain personal hygiene;

U. retain and use personal property in his or her immediate living quarters and to have an individual locked area (cabinet, closet, drawer, foot locker, etc.) in which to keep personal property;

V. refuse to perform services for the facility, except as contracted for by the resident and operator;

W. be informed by the provider no later than the 30th day after admission:
   I. whether the resident is entitled to benefits under Medicare or Medicaid; and
   II. which items and services are covered by these benefits, including items or services for which the resident may not be charged;

X. not be transferred or discharged unless:
   I. the transfer is for the resident's welfare, and the resident's needs cannot be met by the facility;
   II. the resident's health is improved sufficiently so that services are no longer needed;
   III. the resident's health and safety or the health and safety of another resident would be endangered if the transfer or discharge was not made;
   IV. the provider ceases to operate or to participate in the program that reimburses for the resident's treatment or care; or
   V. the resident fails, after a reasonable and appropriate notice, to pay for services;
Y. not be transferred or discharged, except in an emergency, until the 30th day after the date the facility provides written notice to the resident, the resident's legal representative, or a member of the resident's family, stating:

   I. that the facility intends to transfer or discharge the resident;
   II. the reason for the transfer or discharge;
   III. the effective date of the transfer or discharge;
   IV. if the resident is to be transferred, the location to which the resident will be transferred; and
   V. any appeal rights available to the resident;

Z. leave the facility temporarily or permanently, subject to contractual or financial obligations;

AA. have access to the services of a representative of the state Long-term Care Ombudsman Program; and

BB. execute an advance directive, under the Advance Directives Act (Chapter 166, Health and Safety Code), or designate a guardian in advance of need to make decisions regarding the resident's health care should the resident become incapacitated.

The Bill of Right’s can be found at §92.125 in the Licensing Standards for Assisted Living Facilities Handbook and at http://www.dads.state.tx.us/news_info/ombudsman/rights.html.
QUESTIONNAIRE

This questionnaire was gathered by the Area Agency on Aging to help make the process of selecting an assisted living facility a little easier. Visit as many facilities as you can, to get a sense of the choices. During the first visit, take the tour and listen to the formal presentation. Ask the questions that are most important to you. When you have narrowed your selection to the top three choices, return to those facilities and ask questions from the list below.

Costs & Contracts:

The contract is a legal document, obligating you to potentially pay very large sums of money for care. You are encouraged to consult with an attorney before signing the document.

- What is the baseline fee?
- What services are provided for that fee?
- What are the additional charges for services/products?
- What initial payments are required? Is any of it refundable?
- If I am away from the facility for an extended period of time, what fees continue to apply?
- When, how often, and why can the fees be changed?
- When fees are changed, how much advanced warning is provided?
- What happens if funds run out?
- Is there any financial assistance?
- Is renter insurance required?

Staffing:

- What is the ratio of staff to residents? What are their responsibilities?
- What is the training/certification of the people who care for the residents?
- Are there direct care staff who speak my native language clearly?
- What if I don't like the staff person assigned to me?
- What is the staff turnover rate?
Health Care:

- What kinds of emergencies are staff expected and trained to handle?
- To what extent will the facility monitor my health?
- Is there a nurse on staff?
- What are the nurse's hours and responsibilities?
- Who is responsible when the nurse is not on duty?
- If a nurse is not on staff, are there regularly scheduled visits by a nurse or other health provider?
- If I don’t feel well, how quickly and to what extent will I receive medical attention?
- What health services are available on site: e.g., lab work, physical therapy, wound care, hospice, social work, podiatrist, etc.?
- What does the facility provide, and what can outside agencies provide?
- Are hallways, doorways, bathrooms and common areas fully accessible to people with disabilities?

Medication:

- What safeguards are in place to ensure that I get the appropriate medications on time and in the correct dosage?
- How are prescriptions filled?
- Must I use the facility pharmacy?
- Who gives out medications?
- Who reviews medication procedures and how frequently?

Transportation:

- Is transportation to health appointments available?
- Are there any transportation limitations?
- Is transportation available if I want to go to an event by myself or with a friend?
- Is there transportation to my church or synagogue?
- What are the fees associated with using the facility's transportation?
Is transportation wheelchair accessible?

Activities & Socializing:

- How often are activities in the community scheduled?
- How are religious/spiritual needs met?
- Who develops and supervises recreational activities?
- How do residents have input into activities offered?

Meals:

- What times are meals served?
- What happens if I am late, miss a meal, or refuse a meal?
- Can I request to have a tray delivered to my room? Is there an additional charge?
- If I don’t like a meal, what are the alternatives?
- Are snacks available?
- Does a nutritionist or dietitian review meals and special diets? If yes, how often?

Facility Initiated Discharge:

- What are reasons for discharge?
- Is there an internal appeal process? What is it?
- How many days notice is given?
- How does the facility assist you if they proceed with discharge?

Safety & Choice:

- What safety measures are in place to keep personal property from being stolen or lost?
- What if I want an exception to a policy, e.g., signing in and out, smoking, or eating foods that are not on a prescribed diet?
- Which doors of the facility are locked and when?
- When doors are locked, how does one access the home?
- Are exit doors alarmed?
• Are there safety locks on the windows?
• Are there call bells in each room and bathroom?
• How often are they checked to be sure they are working correctly?
• What is the facility’s plan for disasters, such as fire, technological, or natural emergencies?
• Are there fire or other emergency drills? If so, how often?
• Are emergency plans publicly displayed?
GLOSSARY OF COMMON TERMS

Abuse - The willful, knowing, or reckless act of mistreatment of a resident through words or physical action which results in physical, emotional, or mental injury to the resident.

Activities Director - The qualified individual appointed by the facility to direct the activities program.

Assisted Living - A senior living option that combines housing, supportive services, and health care, as needed. Individuals who choose assisted living, enjoy an independent lifestyle with assistance customized to meet individual needs, and benefits that enrich their lives. Communities typically offer dining, social activities and personal care services designed to meet the individual needs of each resident.

Admissions Agreement - Contract that describes the legal relationship with the facility and what services the facility promises to provide in return for payment. An admissions agreement might also be referred to as a resident contract.

Agent - An adult to whom authority to make health care decisions is delegated under a durable power of attorney for health care.

Attending Physician - A physician, currently licensed by the Texas State Board of Medical Examiners, who is designated by the resident or responsible party having primary responsibility for the treatment and care of the resident.

Bed-Hold - Allowable facility charges when a resident is out of the facility usually due to hospitalization. The resident or resident's representative must approve a bed hold.

Caregiver or CNA - Refers to day-to-day caregivers who may aid with medications, dressing, dining, ambulating, etc. These are often certified professionals - Certified Nursing Aides.

Competent - Individual having adequate ability in making personal health care or financial decisions.

Custodial/Personal Care - Supervision of and assistance with the resident's eating, dressing, grooming, bathing, toileting, transferring, ambulation and/or mobility. This may also include assistance with administration of medications.

Decubitus - Sores that develop on the skin from prolonged pressure.

Director of Nursing (DON) - A nurse who has administrative authority. This person has the responsibility and accountability for the functions, activities, and training of the nursing services staff. This title can also be known as resident care director or charge nurse.

Disclosure Statement - A document all ALFs are required to provide to potential and current residents describing the nature of care or treatment of residents which includes the pre-admission process, the admission process, discharge and transfer, planning and implementation of care, change in condition issues, staff training, the physical environment, and staffing.

Drug - Any substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man; and any substance (other than food) intended to affect the structure or any function of the resident.

Drug Administration Error - A drug which is given in the wrong amount; given in the wrong strength; given at the wrong time; given by the wrong route of administration; given to the wrong resident;
ordered but not administered with the reason for the omission not recorded; given the incorrect drug; or given without a physician's order.

**Executive Director** - Individual currently in charge of operation of the facility.

**Power of Attorney** - The designation of an agent to make treatment decisions if the individual designator becomes incapable.

**Family Representative** - Individual appointed by the resident to represent the resident either by formal or informal arrangement.

**Fiduciary Agent** - Individual who holds in trust another's monies.

**Free Choice** - Unrestricted right to choose.

**Incompetent** - Lacking the qualities needed for effective action, as in making personal health care or financial decisions.

**Infection Control** - An active program designed to provide a safe and sanitary environment that helps prevent the transmission of disease and infection.

**Legal Guardian** - Person with power and duty by law to take care of another person. Depending on the type of guardianship, a guardian may manage the property and rights of that person.

**Licensing Agency** - The Texas Department of Aging and Disability Services

**Medical Necessity** - The determination that a recipient requires the services of registered nurses or licensed vocational nurses in an institutional setting, to carry out the physician's planned regiment for total care. A recipient's need for custodial care in a 24-hour institutional setting does not constitute a medical need.

**Medical Necessity Assessment** - The process by which the Texas Department of Aging and Disability Services evaluates, reviews, and establishes the determination of the applicant or recipient's health problems and the need for nursing care based upon information that must be supplied to TDHS by the nursing facility.

**Medication Aid** - A person who holds a current permit issued under the Medical Aid Training Program and acts under the authority of a person who holds a current license under state law which authorizes the licensee to administer medication.

**Misappropriation of Resident Property** - The taking, secretion, misapplication, deprivation, transfer, or attempted transfer to any person not entitled to receive any property, real or personal, or anything of value belonging to or under the legal control of a resident without the effective consent of the resident or other appropriate legal authority, or the taking of any action contrary to any duty imposed by federal or state law prescribing conduct relating to the custody or disposition of property of a resident.

**Neglect** - An act or omission of act without due care, which causes physical or emotional harm to a resident or adversely affects the resident's health, safety, or welfare in any way.

**Nurse Aid** - An individual providing nursing or nursing-related services to residents in a facility under the supervision of a licensed nurse. Nurse aids must pass a state approved course and be certified by the State of Texas to work in a nursing facility. A nurse aid is not authorized to provide nursing and/or nursing-related services for which a license or registration is required under state or federal law.
**Nursing Facility** - An institution or establishment that provides organized and structured nursing care and service, and is subject to licensure as a nursing home under Health and Safety Code, and/or certified to participate in the Medicaid Title XIX program.

**PRN (Pro re nata)** - Use as needed.

**Registered Nurse** - An individual currently licensed by the Board of Nurse Examiners for the State of Texas as a Registered Nurse in the State of Texas.

**Representative Payee** - A person designated by the Social Security Administration to receive and disburse benefits, act in the best interest of beneficiary, and ensure that benefits will be used according to the beneficiary’s needs.

**Resident** - Any individual residing in an assisted living facility.

**Responsible Party** - An individual authorized by the resident to act for him or her as an official delegate or agent. Responsible party is usually a family member or relative, but may be a legal guardian or other individual. Authorization may be in writing or verbal.

**Restrains (Chemical)** - Psychoactive drugs administered for the purposes of discipline or convenience, and not required for the resident's medical systems.

**Restrains (Physical)** - Any manual method, or physical or mechanical device, material or equipment attached, or adjacent to the resident's body, that the individual cannot remove easily which restrict freedom of movement or normal access to one's body.

**Service Plan** - Each resident must have a care plan developed by the interdisciplinary team designed to meet the residents' individual needs. The plan must address medication, psychological status, activities, physical needs and strengths of each resident. The care plan must be updated annually or upon a significant change in a resident.

**SNF (Skilled Nursing Facility)** - A nursing facility or distinct part of a facility that is licensed by Texas department of Human Services and participates in Medicare program. SNF requirements apply when a certified facility is billing Medicare for a resident's per diem rate.