



To Whom It May Concern,

We appreciate your interest in becoming a resident of the Southwest Montana Veterans' Home. If you are an honorably discharged Veteran, Veteran's spouse (actively married/widowed), or a Gold Star Family member in need of the care provided by the Home, you are eligible for admission.

The Southwest Montana Veterans' Home is maintained for Veterans by the people of Montana in recognition of the state's obligation to provide care for the elderly citizens who have served their country. The Cottages provide long-term nursing home care and spouse care for its residents. For us to evaluate your eligibility and needs while a resident of the Cottage, we need some information about you. Please provide the following to complete your *Admission Application*:

- Copy of Military Discharge paperwork (DD214)
- Copy of Power of Attorney/Legal Guardianship documents (if applicable)
- Copy of all insurance cards (Medicare, Medicaid, Supplemental, Private Insurance, Prescription Drug/Medicare Part D)
- Copy of Birth Certificate
- Copy of Marriage License (if marital status is actively married)
- Copy of Death Certificate of spouse (if you are a widowed spouse of a Veteran)

An application for admission to Southwest Montana Veterans' Home must include all the above documents before the application is acceptable.

Southwest Montana Veterans' Home is a tobacco-free facility (smoking/chewing). Residents may not possess any smoking materials on the premises.

Once your Admission Application is received you will be added to the Waiting List, you will be pending approval/denial to admit until our Clinical Team reviews your medical records for confirmation. You will also be notified in writing if your application has been denied and reason for denial.

If you have any question, please contact:

Ms. Shyanne West

Admissions Director & Social Services Assistant

65 Veterans Circle, Butte, MT 59701

Office: 406-792-3100 Ext. 3110

Cell: 406-565-3797

Fax: 406-299-8028

Email: shyanne.west@swmvh.com

Release of Health Information**Patient Name:** _____**Patient Date of Birth:** _____**Last 4 of SSN: ***-**-** _____**Please Fax Health Information to: Southwest Montana Veterans' Home****Fax: 406-299-8028****Phone: 406-792-3100 Ext. 3108**

Veteran's request: I request and authorize TO ANY AND ALL THAT HAVE PROVIDED CONTINUITY OF CARE, to release the information specified below to the organization, or individual named on this request. I understand the information to be released includes information regarding the following condition(s):

- Drug Abuse Alcoholism or Alcohol Abuse

Current Information Requested:

- Copy of last 2 Hospital summary
- Copy of last outpatient treatment
- Progress notes from Nursing Home facility (last month)
- Current immunizations (include Pneumococcal as well as Influenza, Covid)
- Discharge Summary
- Weight/Height
- Diet Orders
- History and Physical
- Current Diagnosis List
- Allergy List
- Code Status/POLST
- ADL's and Mobility Status
- Current Medication List
- Oxygen
- Glasses, Hearing Aids, Dentures

The information is for the purpose of providing continued care of the resident at Southwest Montana Veterans' Home.

NOTE: Additional items of information desired may be listed on a separate sheet of paper.

AUTHORIZATION: I certify this request has been made freely, voluntarily, and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redislosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without any express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure, (2) for one year after the date by my signature below.

Signature of Patient/Authorized Legal Representative: _____**Date:** _____



Dear Veterans,

Your disability service connection plays a major role in the monthly payment for your stay at Southwest Montana Veterans' Home.

- If you are 70% to 100% service connected with your disability; your room & board, and all other services are covered at 100% with no cost to you.
- If you are lower than 70% service connected with your disability; please call the contact information provided below to discuss other payment options that are available for you to pay for your room & board, and all other services.

You must provide a copy of your DD214 with your Admission Application, it is necessary for admission into the Home. If you do not have a copy of your DD214 please complete the following options to obtain your Military Discharge paperwork:

- Call your local VA Clinic and ask if they have your Military Discharge paperwork on record
- Call your VA Social Worker and ask if they have your Military Discharge paperwork.
- Call your local Veteran Service Officer and ask if they have your Military Discharge paperwork on record.
- Call Fort Harrison at 406-442-6410 and ask if they have your Military Discharge paperwork on record.
- Stop by Southwest Montana Veterans Home or call the contact information provided below to obtain a 'DD214 Request Form'. Once it is filled out the request needs to be mailed and/or faxed to the National Personnel Records Center in St. Louis, MO.

Ms. Shyanne West

Admissions Director & Social Services Assistant

65 Veterans Circle, Butte, MT 59701

Office: 406-792-3100 Ext. 3110

Cell: 406-565-3797

Fax: 406-299-8028

Email: shyanne.west@swmvh.com



65 Veterans Circle, Butte, MT 59701

Office: 406-792-3100 Ext. 3110

Cell: 406-565-3797

Fax: 406-299-8028

Explanation of Facility's Daily Rates

Veterans Cost

Full Cost: \$325.00

VA Contribution: \$117.93

Total: \$207.07

- per day x 31 days = \$6, 419.17
- per day x 30 days = \$6, 212.10

Non-Veterans Cost

Full cost: \$325.00

VA Contribution: \$0.00

Total: \$325.00

- Per day x 31 days = \$10, 075.00
- Per day x 30 days = \$9, 750.00

Charges for medications, physician, and therapy services are not included in the daily rate.

Veterans qualified for skilled care do not receive the VA contribution. Medicare and health insurance should cover skilled services. Veterans will be responsible for any co-insurance not paid by Medicare or other health insurance. The VA contribution is reinstated when the resident leaves skilled care.

70%-100% service-connected Veterans – VA will cover all costs for nursing home stay.

Any % below 70% service-connected Veterans – Veteran will have to be either Private Pay or obtain Long-Term Care Medicaid insurance coverage to cover all costs for nursing home stay.

Non-Veterans – Non-Veteran will have to be either Private Pay or obtain Long-Term Care Medicaid insurance coverage to cover all costs for nursing home stay.

SOUTHWEST MONTANA VETERANS' HOME

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

OFFICE: (406) 792-3100 ext. 3110

CELL: 406-565-3797

FAX: (406) 299-8028

65 VETERANS CIRCLE

BUTTE, MT 59701

ADMISSION APPLICATION

Please send applications to

Ms. Shyanne West

Admissions Director/Social Services Assistant

Southwest Montana Veterans Home

65 Veterans Circle, Butte, MT 59701

I am applying for admission to the Southwest Montana Veterans' Home under provisions of Montana Statute 10-2-403. It is my understanding that access to the information in this application will be used by the Southwest Montana Veterans' Home staff. No other use, not specifically authorized by law, will be made of this information requested by this form; however, my eligibility cannot be determined without my providing such information, the consequences of such a refusal would make me ineligible for admission.

Name (Last, first, middle initial)		Phone
Address		
Where have you lived the past two years (city, county, state)		
Social Security #		Religion
Date of birth	Place of birth (city, state)	Age
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Name of spouse, if married	Address (street, city, state)	Phone
Branch of service	Dates of service From: _____ To: _____	
Has a power of attorney been established? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name, address and phone number	
Do you have a legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name, address and phone number	
Are you applying for: <input type="checkbox"/> Nursing home care	Do you agree to conform to SWMVH's rules and regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of personal physician	Physician's address and phone number	
Date of last hospitalization	Name and address of hospital	

Are you currently receiving VA compensation for a service connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the percent of your disability? % For what condition?		
Are you receiving Aid & Attendance from the VA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you eligible for Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, eff. date Part A eff. date Part B		
Do you have other health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and address of insurance company and insurance #s.		
Do you have Medicare Part D? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and address of insurance company and insurance #s.		
Income sources: VA \$ SS \$ Other \$ Other \$	Who will pay your bills? <input type="checkbox"/> Self <input type="checkbox"/> Other – Name, address and phone number:	
Please notify the following in event of an emergency:		
Name	Address and phone number	Relationship
I designate the following person(s), in order listed, to receive possession of all my personal property left on premises of the Southwest Montana Veterans Home after leaving such place, or at time of my death (this designation does not constitute a will or transfer of title.)		
Name	Address and phone number	Relationship
I have a last will and testament <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where located:		
I have made the following funeral arrangements:		
I have a prepaid funeral plan <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous occupation		

Additional information:

All services and benefits are provided by the Southwest Montana Veterans Home on a non-discriminatory basis as required by the Civil Rights Act and the regulations of the Department of Veterans Affairs on the grounds of race, color, national origin, age or gender.

Signature of applicant or person responsible:

Date _____

Policy Name: Rules — General Residents Policy Number: 460

Inception Date: 01/10/05

Revised Date: 01/01/2022

Rules & Regulations of Southwest Montana Veterans' Home

VISITING HOURS

Recommended visiting hours are from 9 am to 9 pm daily.

LEAVE

Residents who are utilizing the VA as payment may be allowed leaves not to exceed 10 days a year. Request for a leave longer than 10 days must be submitted to the Administrator for approval. Residents who are utilizing Medicaid as payment may be allowed leaves not to exceed 12 days a year. Request for a leave longer than 12 days must be submitted to the Administrator for approval.

TV's, RADIOS, FURNISHINGS

TV sets for resident viewing are provided in several central locations throughout the facility and in each resident's room.

- A small table radio or headset radio is permitted.
- Volume of TV's and radios must be kept low enough so other residents are not disturbed. If noise affects other residents, headphones will need to be used.
- Each room is adequately furnished. A resident may have a personal leather or vinyl chair. Footstools and throw rugs are not allowed unless authorized.
- Personal coffee pots, electric blankets, heaters and other electric appliances are not permitted in resident rooms. Extension cords are not allowed but may have surge protectors.
- Request for any special furnishing in the room must be approved by the Administrator.
- Heating pads and hot water bottles are not permitted.
- Pictures and calendars may be hung on bulletin boards in a resident's room. Pictures that are offensive, degrading or humiliating to other residents, staff or visitors are not appropriate for display and will not be permitted.

VEHICLES

BUTTE NURSING & REHABILITATION residents will not be permitted to have a motorized vehicle on the grounds. Medically approved appliances and electric wheelchairs will be approved on an individual case by case basis.

Domiciliary residents may have a vehicle on grounds providing it has current Montana license plates and registration. The resident must have a current Montana driver's license and insurance covering the vehicle. BUTTE NURSING & REHABILITATION, does not assume liability for any personal property including vehicles.

The Care Plan Team may, in conjunction with the Medical Director, determine a resident's ability to drive a vehicle.

SMOKING

In accordance with Montana Clean Indoor Air Act of 1979 MCA Section 50-40-101, et. seq., smoking in the facility is prohibited. The facility is State owned and is a non-smoking campus.

The Resident and Resident's Authorized Representative understand will refrain from smoking on Facility property and may not carry smoking materials or keep smoking materials anywhere on Facility property.

ALCOHOL

Possession of intoxicating beverages in the facility or on grounds is prohibited unless prescribed by a doctor's order.

Policy Name: Rules — General Residents Policy Number: 460

Inception Date: 01/10/05

Revised Date: 01/01/2022

STAFF GIFTS

Residents are not to offer gifts or lend/give money to employees of the Home. If an employee accepts either a gift or a loan, he/she and the resident are subject to disciplinary action. Residents are not to pay employee or give them gifts to perform services.

FINANCIAL TRANSACTIONS

Any financial transaction between residents and staff is prohibited.

INSPECTIONS/SEARCHES

Staff is authorized to inspect a resident, resident's room, wardrobe, drawers, etc. at their discretion if there are signs/suspicious of weapons (defined on page 3 of this policy), unsanitary conditions, storage of intoxicating beverages, unauthorized drugs/medications, combustible materials, or other materials/items that could endanger the health and/or safety of individuals in the facility. The inspection/search may also include the personal vehicle(s) of a resident that is kept on the facility grounds.

LEAVING PREMISES

Residents in the Home should not leave the premises without notifying a charge nurse in advance. A doctor's order must be obtained for an extended leave of absence.

The Home residents should not leave for overnight visits unless approved by their physician.

PERSONAL BELONGINGS

Clothing: Residents may only bring sufficient clothing and possessions to fit into the wardrobe closet and drawers. All clothing must be marked by the Laundry Department with the resident's number in indelible ink.

Funds: You are encouraged to keep only a minimum amount of money in your possession at any time. You may keep your money in a resident's account which can be opened in the main office.

Valuables: We encourage you not to keep valuables at the Cottage. You should give your valuables to your family or legal guardian. The Cottage cannot be responsible for lost or stolen items. All valuables will be inventoried by the Licensed staff and administrative staff. Lock boxes are available through the Social Services Department.

ROOMS

Cleaning: The Cottage reserves the right to clean all rooms and discard any items not considered sanitary or that may be a life safety issue, in accordance with the Cottage's established housekeeping policies and procedures.

Food: Any non-perishable food kept in a room must be in an air-tight container. All perishable food must be disposed of daily.

Inspection: A resident's room may be inspected for accumulation of personal articles. Boxes may not be stored under the bed or on closet floors. Unnecessary personal articles must be picked up and removed from the Home.

Medications: A resident may not keep medications in his/her room unless approved by the Care Plan Team and by written order from the physician. If approved, it must be kept under lock to avoid harm to other residents.

DOORS AND WINDOWS

Windows in resident's room should be kept closed when the air conditioning or heating systems are in use. Outside doors are to be kept always closed.

VERBAL/PHYSICAL ABUSE BY RESIDENTS

A resident is expected to be considerate of other residents, staff, and visitors.

Policy Name: Rules — General Residents Policy Number: 460

Inception Date: 01/10/05

Revised Date: 01/01/2022

VISITATION

Family residents and friends may visit at any time during visiting hours unless prohibited by order of the physician. Family residents may stay with seriously/terminally ill when desired.

GUEST MEALS

Residents may have guests for meals. Cost for guest or family meals are at the current charge for each. Food service needs to be notified in advance when a guest will be having a meal. Meal tickets can be obtained in the business office or money given to food service when meal is served. A complimentary meal will be provided at the time of admission.

WEAPONS/HAZARDOUS MATERIALS

Residents are prohibited from keeping any instruments designed to cause bodily harm, including but not limited to a gun, knife, razor blade, stick other than a cane, or sharp scissors.

Residents are also prohibited from keeping any corrosive, flammable, or other corrosive materials on premises. Weapons or any other material that may potentially cause bodily harm to self or others are prohibited on the grounds.

RESTRICTED AREAS

Certain areas of the Cottage are considered out of bounds to all residents. These areas are the kitchen, laundry, nursing stations, maintenance room, staff breakroom, soiled linen areas and machinal room.

In the Community Center areas that are out of bounds the staff bathroom, kitchen, all storage rooms, machinal rooms, and broiler room.

Other areas that are out of bounds are the garage, shop, and all outside storage units.

EMERGENCY PREPAREDNESS

The facility has developed an emergency preparedness plan. The emergency plan includes policies and procedures, a communication plan, and outlines training and testing requirements. The plan is reviewed and updated annually. Residents are periodically educated on the plan at the members meeting. The full emergency plan is on file in the business office and available for public review at any time during normal business hours.

TRANSFER/DISCHARGE

Any action that could endanger the health and/or safety of individuals in the facility may be grounds to initiate involuntary transfer/discharge from the facility.

Policy Name: Rules — General Residents Policy Number: 460

Inception Date: 01/10/05

Revised Date: 01/01/2022

Policy Name: Abuse-Resident Policy Number: 1205

Inception Date: 01/06/05

Revised Date: 01/01/2022

Policy:

Each resident has the right to be free from abuse, corporal punishment, and involuntary seclusion. Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or other individuals.

Definitions of Abuse:

"Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. This presumes that instances of abuse of all residents, even those in a coma, cause physical harm, or pain or mental anguish.

"Verbal Abuse" is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend or disability. Examples of verbal abuse include, but are not limited to, threats of harm, saying things to frighten a resident such as telling a resident that he/she will never be able to see his/her family again.

"Sexual Abuse" includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.

"Physical Abuse" includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.

"Mental Abuse" includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation. It can also involve taking or using photographs or recordings in any manner that would demean or humiliate a resident. This includes staff taking photographs or recordings of residents that are demeaning or humiliating using any type of equipment (e.g., cameras, smart phones, and other electronic devices) and keeping or distributing them through multimedia messages or on social media networks.

"Involuntary Seclusion" is defined as separation of a resident from other residents or from her/his room or confinement to her/his room (with or without roommates) against the resident's will, or the will of the resident's legal representative. Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for limited period as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.

"Exploitation" taking advantage of a resident for personal gain by using manipulation, intimidation, threats, or coercion.

"Misappropriation of Resident Property" means the deliberate misplacement, exploitation or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.

"Mistreatment" which means to inappropriately treat or exploit a resident.

"Neglect" means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

Policy Name: Rules — General Residents Policy Number: 460

Inception Date: 01/10/05

Revised Date: 01/01/2022

Procedure:

- I. Screening:
 1. Employees will undergo a background check for criminal records registry and history of resident abuse as a condition of employment.
- II. Training:
 1. Employees will be provided resident abuse training at the time of their orientation and annually thereafter. (See attached Abuse Prohibition Policy).
 2. All employees must know the definitions of resident abuse and the person responsible for receiving reports of suspected abuse.
- III. Prevention:
 1. Employees should immediately report resident abuse to their supervisor and if the Supervisor is not present in the facility, the employee should immediately report the incident to the Nurse.
 2. Families of residents will be provided information on abuse prevention, on how and whom to report abuse.
- IV. Investigation:
 1. The Nurse will conduct a preliminary investigation into the abuse incident using the following as a guideline:
 - i. Conduct an assessment of the resident. If there is actual physical harm (bruising, bleeding, etc.) determine if the resident requires immediate medical attention. Call doctor and transport to hospital as necessary.
 - ii. Ensure the resident is safe. Remove the source of the suspected abuse: resident removed from the area and employee is suspended pending investigation.
 - iii. Immediately notify Superintendent Director of Nursing. Contact police if an employee has physically harmed a resident or if a cognitively alert resident has willfully harmed a resident.
 - iv. Complete an Alleged Incident/Accident Report.
 - v. Contact the Montana Public Health and Human Services, Certification representative or by leaving a voice message.
 2. The Superintendent or designee will select an employee to conduct an investigation into the initial report of abuse as soon as possible after the incident.
 3. The investigator will be responsible to interview and obtain signed statements from all people involved in the incident.
 4. The investigator will complete the attached Abuse Report & Investigation form and discuss his/her findings with the Superintendent and the Director of Nursing prior to a final determination that abuse did or did not occur. The investigator will copy all material obtained during the investigation including the Abuse Report & Investigation form and mail them to the Certification Bureau. The investigator will retain originals of all materials on file for future reference.
 5. All suspicious bruises will be reported to the Nurse on the unit who complete an Alleged Incident/Accident Report. The Nurse will call the Department of Public Health and Human Services, Certification Bureau and either speak to a representative or leave a message on voice mail describing the incident. (444-4463)
- V. Protection:
 1. An employee accused of resident abuse will be removed from the area providing care to the resident or may be placed on administrative leave pending the results of an investigation depending on the seriousness of the abuse allegation.
 2. An employee may be terminated from employment with a first offense of substantiated abuse of a resident.
- IV. Reporting/Response:
 1. All allegations of abuse and injury of unknown origin will be reported to the Department of Public Health and Human Services, Certification Bureau and the State Long Term Care Ombudsman.

Policy Name: Rules — General Residents Policy Number: 460

Inception Date: 01/10/05

Revised Date: 01/01/2022

ABUSE PROHIBITION POLICY

Abuse, neglect, or misappropriation of resident property will not be tolerated. The Montana State Veterans' Home shall comply with all federal and state requirements to screen, train, prevent, identify, investigate, protect, and report, if applicable, all events.

An event is defined as any happening that is not consistent with the usual operation of the Nursing Facility or the standard care of a certain resident.

Screening policies have been developed that define our process to assure we do not knowingly employ individuals who have been:

Found guilty of abusing, neglecting or mistreating residents by a Court of Law.

OR

Have had a finding entered into the State Nurse Aid Registry concerning abuse, neglect, mistreatment of resident or misappropriation of their property.

AND

Report any knowledge we have of actions by a Court of Law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State Nurse's Aide Registry or licensing authorities.

It is further our policy that employees, families, and residents will be oriented and continually in serviced regarding these policies, procedures, and reporting requirements.

Any employee who observes neglect, abuse of any type, misappropriation of personal property, or mistreatment of a member must inform their supervisor immediately and complete an "Alleged Incident/Accident Report". Failure of an employee to report resident abuse will subject the employee to disciplinary action up to and including termination.

We will initiate at the time of an event an investigation to determine cause and effect. We will provide protection to any alleged victims to prevent harm during the continuance of the investigation. The Administrator, Director of Nursing, or the designee, who is in charge of the facility during their absence, shall report all instances of abuse, neglect, misappropriation of resident property to the appropriate state agency as required, within five working days of the event/incident.

Any instances of disregard for the Policies and Procedures of this Facility is cause for corrective action up to and including suspension, termination, and reporting to licensing agencies. An employee may be terminated from employment with a first offense of substantiated abuse of a resident.

Resident: _____ Date: _____

My signature above confirms that I have read and understand the facility's policies on preventing and reporting resident abuse and agree to abide by these policies as a condition of my employment.