



REGINA NURSING CENTER

550 East Fornance Street
Norristown, Pennsylvania 19401-3561
(610) 272-5600

Thank you for your interest in the Regina Nursing Center.

Enclosed please find general information that may answer some questions that you have. Should you have any further questions or would like to set an appointment to see the Facility please feel free to contact Michele Michaels or Cheryl Foresto.

Also, enclosed are an Admission Inquiry form and a History and Physical document, that must be completed and returned in order to be placed on the waiting list. Inquiries that are received are kept on file for six (6) months unless we have been advised otherwise.

Again, thank you for your interest in the Regina Nursing Center.



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The Regina Community Nursing Center was founded in 1963 for the purpose of providing nursing care to the mentally and physically handicapped, the chronically ill, and the aged.

Regina Nursing Center is a 121 bed fully operational skilled nursing facility with trained staff including registered nurses, certified nursing assistants, and orderlies. The current daily room rate is \$255.00/day for a semi-private room, \$275.00/day for a private room, \$300/day for special care, and \$400.00/day for Medicare A Private Pay. There is a monthly laundry charge of \$15.00 additional. Personal Care, such as hairdresser and barber, is also available for the residents' convenience.

Attending physicians affiliated with surrounding area hospitals, podiatrists, and dentists are also available.

Regina Nursing Center is staffed with certified Recreational Therapists and their aides, who provide the required mental and physical stimulation, which is so vital to the health of each resident. Physical and Occupational Therapies are also available subsequent to an admission evaluation by registered therapists and a physician's order.

The admissions Personnel are available Monday through Friday, 8:00 a.m. to 4:00 p.m. to answer any questions you may have.

01/2008



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It is a common belief that side rails on beds are to protect residents, but the results of a seven-year study revealed that side rails could also be a danger.

Entrapment can occur when a part of a patient's body becomes caught between parts of the bed, such as in the space between the mattress and the side rail. Most vulnerable are a patient's head, neck, and chest, which if entrapped, can cause strangulation and death. Elderly patients and those with cognitive or behavioral impairments are most at risk. This information will help assist families and health care facilities make better judgments and informed decisions to ensure safe sleeping environments. The FDA has just released guidelines entitled, "Hospital Bed Dimensional and Assessment Guidance to Reduce Entrapment," available on line at www.fda.gov/cdrh/beds, this represents a major step forward in reducing, if not eliminating side rail incidents.

Regina Nursing Center's policy is to work towards restraint reduction or elimination, and this includes side rails on the beds.

Regina Nursing Center believes that in most circumstances any form of physical or chemical restraint decreases safety and damages a resident's self-esteem and self-regard.



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ADMISSION INQUIRY

1. RESIDENT DEMOGRAPHIC DATA:

NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

MEDICARE NUMBER _____

OTHER INSURANCE COMPANY _____ POLICY # _____

PRESCRIPTION COVERAGE (NAME & POLICY #) _____

PLEASE ATTACH COPIES OF ALL INSURANCE INFORMATION

MARITAL STATUS _____

DATE OF BIRTH _____

RELIGION _____

PLACE OF BIRTH (CITY, STATE, COUNTRY) _____

EDUCATION (LAST GRADE COMPLETED) _____

CURRENT LIVING SITUATION _____

NUMBER OF CHILDREN _____

SPOUSE NAME (EVEN IF DECEASED) _____

MILITARY SERVICE (INCLUDE BRANCH) _____

FATHER'S NAME (EVEN IF DECEASED) _____

OCCUPATION (CANNOT PUT "RETIRED") _____

MOTHER'S NAME (EVEN IF DECEASED) _____

ETHNIC BACKGROUND _____

REFERRED FROM: _____

PHYSICIAN _____

LANGUAGE SPOKEN _____

2. WHAT PRECIPITATES NURSING FACILITY PLACEMENT?

PLEASE INCLUDE SIGNIFICANT PAST MEDICAL HISTORY

3. DOES POTENTIAL RESIDENT HAVE ANY OF THE FOLLOWING
ADVANCED DIRECTIVES _____ POWER OF ATTORNEY (IF SO
WHOM) _____ REGISTERED TO VOTE _____

PREPAID FUNERAL (IFSO WITH
WHOM) _____
IRREVOCABLE BURIAL _____

**PLEASE ATTACH COPIES OF LIVING WILL OR ADVANCED
DIRECTIVE**

4. FAMILY CONTACT PERSONS: PLEASE INCLUDE FULL NAME, ADDRESS, AND
PHONE NUMBERS, AS WELL AS RELATIONSHIP TO POTENTIAL RESIDENT

NAME _____	NAME _____
RELATIONSHIP _____	RELATIONSHIP _____
ADDRESS _____	ADDRESS _____
_____	_____
TELEPHONE _____	TELEPHONE _____
_____	_____
NAME _____	NAME _____
RELATIONSHIP _____	RELATIONSHIP _____
ADDRESS _____	ADDRESS _____
_____	_____
TELEPHONE _____	TELEPHONE _____
_____	_____

5. FINANCIAL INFORMATION:
A. MONTHLY INCOME _____
B. SOURCE OF MONTHLY INCOME _____
C. IF PENSION, SOURCE OF PENSION _____
D. DOES POTENTIAL RESIDENT OWN HOME? _____

E. VALUE OF THE FOLLOWING:

SAVINGS

CHECKING

STOCKS

BONDS

LIFE INSURANCE

MUTUAL FUNDS

CD

TRUST FUND

6. OTHER INFORMATION:

A. HAS POTENTIAL RESIDENT BEEN IN ANOTHER FACILITY,
IF SO WHERE AND WHEN?

B. HAS POTENTIAL RESIDENT HAD OUTPATIENT THERAPY
WITHIN THE PAST YEAR? IF SO WHERE AND WHEN?

C. HAS POTENTIAL RESIDENT BEEN HOSPITALIZED IN THE
LAST TWO YEARS FOR PSYCHIATRIC TREATMENT?

DATE _____
SIGNATURE OF PERSON COMPLETING THIS FORM
(SIGNATURE IS ALSO A RELEASE OF INFORMATION FOR THE
PURPOSE OF ADMISSION TO REGINA NURSING CENTER)

**NOTE: PLEASE ATTACH COPIES OF LATEST 3 BANK
STATEMENTS.**



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**ADMISSION MEDICAL ASSESSMENT FORM
TO BE COMPLETED BY PHYSICIAN**

NAME: _____ **AGE:** _____

ALLERGIES: _____

PRESENT ILLNESS: _____

VITAL SIGNS _____ **HT** _____ **WT** _____

PAST MEDICAL HISTORY _____

PAST SURGICAL HISTORY _____

CURRENT MEDICATIONS (INCLUDE DOSE AND FREQUENCY):

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

10. _____ 11. _____ 12. _____

REVIEW OF SYSTEMS

A. General

B. Skin

C. HEENT/Neck

D. Respiratory

E. Cardiovascular

F. Gastrointestinal

G. Genitourinary

H. Musculoskeletal

I. Neuro- Psychiatric

J. OB/GYN

K. Additional Information that may be relevant

Signature of Physician _____ Date _____



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GENERAL INFORMATION FOR ADMISSION

1. If the guest is ambulatory, he/she will need several changes of comfortable clothing, and in addition to pajamas or gowns, a washable robe and slippers. **ALL CLOTHING MUST BE LABELED WITH THE RESIDENT'S NAME.** Our facility prefers you use sew on or iron on name tags that can be purchased at your local craft supply store, such as Michaels, A. C. Moore's, or Rainbow Arts and Crafts. Laundry marking pens are not satisfactory as the ink rubs off or washes away and the clothes cannot be identified. Any article of clothing brought in during the guest's stay should be similarly labeled and recorded on the guest's clothing list at the nurses' station.
2. When visitors bring food for a guest, it is important to first receive approval from the charge nurse. The wrong food may prove harmful to our guests because of diet restrictions. **ALL FOOD MUST BE KEPT IN AIRTIGHT CONTAINERS AND NOT LEFT UNCOVERED IN THE ROOMS.**
3. Suggested visiting hours are from 10 a.m. to 8 p.m. daily. If activity programs are in progress, visitors are most welcome and encouraged to attend. Mass is celebrated weekly in our living room. **ONCE MASS HAS BEGUN, WE DO NOT PERMIT RESIDENTS TO BE TAKEN OUT BY VISITORS.** In semi-private rooms, please respect the other occupant so that each roommate can have a maximum of privacy and rest. Whenever there are epidemics of the flu or other infectious conditions, we strongly urge that children not visit because our residents are highly susceptible to infection.
4. Each floor has a public phone that is easily accessible for use by our residents. We recommend the use of these phones for personal calls. The number of the pay phone on the second floor is (610) 272-8131. The number on the third floor is (610)272-8135. There is also a phone in the nursing office on the second and third floors, which can be used by residents to ensure privacy for calls. A resident is permitted to have a private phone at his/her expense.
5. The cost for personal laundry is \$15.00 per month. The family, however, has the option of taking personal laundry home. In either event, clothing must be properly marked so as to be easily identified.
6. Meals are served to visitors of our guests provided our dietary staff is notified 24 hours prior to the time you plan to eat with your family member.

7. Release of Responsibility forms are available at each nursing station and must be signed by the person taking a guest from our facility for visiting, recreation, or any other reason. When such an outing is planned, please be sure to advise the nursing office or the front desk so resident is ready at the time the visit is planned and medication schedule is prepared in the event resident is away from the facility for an extended period.
8. We cannot be responsible for valuables such as jewelry or money in excess of \$1.00. We recommend that residents leave all money in the business office for safekeeping and we require signed permission for this service. It is not necessary for our residents to have an excess amount of funds since services such as barber, beauty shop, name tags, etc. are billed to the responsible party.
9. Bills for room, board, and nursing care are payable in advance. You will receive a bill at the beginning of each month for the months care, and payment is required within 10 days after receipt of the statement.
10. Any resident who becomes hospitalized or goes on leave of absence and wants to have his/her bed held until his/her return, there will be a daily charge of ten dollars less the current room rate.

*If a patient who participates in the Medical Assistance program is hospitalized, we will hold the bed for a maximum of 15 days per hospitalization.
11. Not included in the basic fee are medications and supplies, laboratory studies, X-rays, physician and podiatrist or dental services, personal laundry, and personal care. Any nursing service not provided by Regina is available at residents' expense.
12. Before discharge, we require a 3-day notice be given our administrative offices.
13. The attending physician of record must order any referrals to a health care provider. This includes medical/surgical specialists, eye doctors, dentist, and podiatrists. Please advise the head nurse on the residents' floor in advance of any appointments. The attending physician must countersign all orders for prescription or treatments.
14. It is the policy of Regina Nursing Center to require that each female guest shall have her hair washed and set in the beauty shop twice per month, and each male guest have one hair cut per month.
15. It is the policy of the Regina Nursing Center to admit and to treat all residents without regard to race, color, national origin, or religious creed. There is no distinction in eligibility for, or in the manner of providing any resident service provided by or through the nursing home, in compliance with title VI as required by the state regulations.