

THE ACUTE REHABILITATION UNIT AT RIVERSIDE MEDICAL CENTER



Patient Resource Guide

Helping You
Achieve Health
for Life



RIVERSIDE
ACUTE REHABILITATION UNIT



Riverside is a CARF accredited
Inpatient Rehabilitation Program.

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Additional information can be found in your Patient Rehabilitation Handbook.

WELCOME!

ABOUT THE ACUTE REHABILITATION UNIT

Welcome to the Acute Rehabilitation Unit at Riverside Medical Center. We are an acute rehabilitation unit providing inpatient rehabilitation care to people with disabling illnesses, disease or injury. Our mission is to provide excellent, progressive and comprehensive care while helping people achieve a Healthy Life. We reflect our values of safety, excellence, respect, innovation and accountability in our interactions with our patients. Our patients will know they are an integral part of the Rehabilitation Unit Team.

The integrity and expertise of our staff will be evident in the patient and program outcomes achieved.

This Acute Rehabilitation Unit Patient Resource Guide is provided to you and your family to provide information including:

- Expectations and features of the program
- The rehabilitation team composition
- After care or discharge information

We hope this information helps you know what to expect during your stay. Additional information will be provided to you to keep you informed. During your stay on ARU you will receive a patient communication book. Former patients have indicated this book is a great tool to review progress and to organize important information regarding their plan of care.

We hope that you continue to use and add information to your communication book, after you are discharged from the Acute Rehabilitation Unit.

If you have any questions, please ask any team member, we have the time.

If your family would like to contact us, the phone number for the Acute Rehabilitation Unit and Riverside Medical Center are:

The Acute Rehabilitation Center 815-935-7530

Riverside Medical Center..... 815-933-1671

RIVERSIDE MEDICAL CENTER PATIENT GUIDE

All patients admitted to Riverside Medical Center will receive a Riverside Medical Center Patient Guide, which is located within this binder. In that guide you will receive general hospital information on admission, safety, policies and services, registration and financial information, as well as information on discharge planning. Aside from the general Hospital Patient Guide you will also receive a rehabilitation specific guide Patient Rehabilitation Brochure.

THE ACUTE REHABILITATION UNIT (ARU)

The Acute Rehabilitation Unit at Riverside Medical Center welcomes you and your family.

Your rehabilitation physician (physiatrist) along with your primary care doctor has recommended that you move to the Acute Rehabilitation Unit located on the fourth floor of Riverside Medical Center. The Therapy Gym is located on the fifth floor. Our program dedicated to improving your strength and independence with self-care tasks, walking, communication and problem solving for daily life.

There are many admission and regulatory requirements that are considered prior to being accepted into the Acute Rehabilitation Unit. In general, a patient must need and be able to tolerate and participate in an intense level of therapy services, and must be able to achieve goals to return to a previous living setting with the help of family and or friends if needed.

The scope of services includes rehab as well as medical care that you may need while you are in the Hospital. For a full listing of our scope of services (patient characteristics, services offered, etc.) please ask any team member to obtain a copy from the Acute Rehabilitation Unit Administrative Offices.

We have developed the Patient Resource Guide as well as an Outcomes Fact Sheet Packet to capture the services we offer and the outcomes we achieve on the Acute Rehabilitation Unit. Upon admission you will receive the most current Outcomes Fact Sheet Packet. The Outcomes Fact Sheet Packet is also on display on the communication board in the hallway. Ask any staff member for a copy of the Outcomes Fact Sheet Packet if you would like an additional copy.

FREQUENTLY ASKED QUESTIONS

Who will be my doctor when I am in the program?

The physiatrist will oversee your medical and therapy progress. Your regular doctor(s) may also work with you while you are in the Acute Rehabilitation Unit.

Why do I need street clothes?

Our philosophy in rehab is a wellness approach preparing you for eventual discharge and return to community. Re-establishing a self-care routine will be a part of therapy and being fully dressed helps you gain a sense of well-being that is hard to do in hospital clothes. You will need three to four changes of clothes and a pair of supportive (non-slip) shoes.

What if I can't do that much therapy?

Participation is a requirement. The staff will work with you to establish a schedule that allows you adequate scheduled rest time while still maintaining an intensive program.

How can my family contact me?

You will have a phone in your room. The phone number of the nurse's station is 815-935-7530. Encourage family to call you after therapy hours.

Where is the program located?

Patient rooms are located on the 4th floor and the Therapy Gym is located on the 5th floor.

How do I know when it is time for discharge?

Your team works with you and your family to set reasonable goals to be achieved while you are in the program. To gain admission to the program you will have to meet admission criteria, likewise The ARU has established discharge criteria (see Patient Brochure). You are ready for discharge when you meet those goals, or if you are unable to make additional progress toward those goals. If you are unable to meet all the goals, the team will work with you to determine what the best level of care is for you, which could include home with services, transition to a sub-acute facility or other rehabilitation setting. Your case coordinator, along with the rest of the team, meets regularly to discuss your progress and you will be updated as recommendations are made. You will have access to your progress via your Communication Book. The team will be reviewing your progress with you throughout your program stay. If you would like an additional meeting with the entire team to discuss your progress and your discharge, please ask the case coordinator who will coordinate an individualized meeting at your request.

What if I still need help when I leave rehab?

Most people still require some level of assistance with living skills at the time of discharge. Your care coordinator/social worker will work with you and/or your family to develop a plan for your discharge that is appropriate for your level of functioning at the time. We work with the Riverside Healthcare continuum of care and also have relationships with community providers to ensure a smooth transition to your next level of care.

WHAT TO BRING

There are certain items that you will need during your stay on the Acute Rehabilitation Unit. Not everything mentioned is required, but many of our former patients find these items most useful. Please note that we do ask all of our patients to dress each day as part of their therapy activities.

Clothing (we suggest you label items with your name)

- 3-4 comfortable changes of clothing that are suitable for exercise (We ask that family members be responsible for the laundering and care of clothing during your stay)
- Personal undergarments
- A pair of comfortable shoes with a firm non-skid sole
- Robe and nightwear
- Seasonal outerwear (gloves, coats, hats, etc.)

Personal Hygiene Items

- The Acute Rehabilitation Unit has the ability to provide some items such as a comb, toothpaste, toothbrush and soap. However, patients are encouraged to bring their own items from home.
- Please bring glasses, dentures and hearing devices, if you use them, along with their containers.
- If you use your own cane, walker, brace or other such equipment, a staff member may ask you to bring them in prior to discharge so we can evaluate if adjustments or modification would be required.

Personal Items

- Many patients find it comforting to bring photos from home. Please feel free to do so. You may also want to bring writing or reading materials for use during leisure time. We have a library available for your use that includes donated books and magazines as well as Internet access.

Please remember to leave all valuables at home. The Acute Rehabilitation Unit at Riverside is not responsible for lost or stolen items.

PATIENT PRIVACY AND PATIENT RIGHTS APPLICABLE TO THE INPATIENT REHABILITATION FACILITY PATIENT ASSESSMENT INSTRUMENT (IRF PAI)

In order to participate in the Medicare program a hospital must comply with specific conditions of participation. These conditions are stipulated at Title 42 of the Code of Federal Regulations, Subchapter G, Part 482. Section 482.13 which is entitled “Condition of participation: Patients’ rights” at subparagraph (d) states the following:

The patient has the right to the confidentiality of his or her clinical records.

Section 482.24 which is entitled “Condition of participation: Medical record services” at subparagraph (b)(3) states the following:

The hospital must have a procedure for ensuring the confidentiality of patient records. Information from or copies of records may be released only to authorized individuals, and the hospital must ensure that unauthorized individuals cannot gain access to or alter patient records. Original medical records must be released by the hospital only in accordance with Federal or State laws, court orders, or subpoenas.

Before performing an assessment using the IRF-PAI a clinician of the IRF must give a Medicare inpatient a document entitled “Privacy Act Statement-Health Care Records” and a document entitled “Data Collection Information Summary for Patients in Inpatient Rehabilitation Facilities.” The Data Collection Information Summary for Patients in Inpatient Rehabilitation Facilities is the simplified plain language description of the Privacy Act Statement-Health Care Records. Giving the Medicare inpatient these documents informs the inpatient of his or her privacy rights under the Privacy Act of 1974 and 45 CFR 5b.4(a) (3) as well as the following patient rights:

- The right to be informed of the purpose of the patient assessment data collection;
- The right to have any patient assessment information that is collected remain confidential and secure;
- The right to be informed that the patient assessment information will not be disclosed to others except for legitimate purposes allowed by the Federal Privacy Act and Federal and State regulations;
- The right to refuse to answer patient assessment data questions; and
- The right to see, review, and request changes on the patient assessment instrument.

You may view and then print or download an English language version and a Spanish language version of the forms entitled “Privacy Act Statement-Health Care Records,” and “Data Collection Information Summary for Patients in Inpatient Rehabilitation Facilities.” To view and then print or download the English language version of the Privacy Act Statement-Health Care Records, visit <https://www.riversidehealthcare.org/assets/documents/rehabilitation/PASstatement10.pdf>. To view and then print or download the Spanish version of the Privacy Act Statement-Health Care Records, visit <https://www.riversidehealthcare.org/assets/documents/rehabilitation/Spanish-PASstatement10.pdf>. To view and then print or download the English language version of the Data Collection Information Summary for Patients in Inpatient Rehabilitation Facilities, visit <https://www.riversidehealthcare.org/assets/documents/rehabilitation/IRFPAI10.pdf>. To view and then print or download the Spanish version of the Data Collection Information Summary for Patients in Inpatient Rehabilitation Facilities, visit <https://www.riversidehealthcare.org/assets/documents/rehabilitation/spanish-IRFPAI10.pdf>.

“The IRF must document in the Medicare inpatient’s clinical record that prior to performing the patient’s assessment using the IRF-PAI the Medicare inpatient was given the Privacy Act Statement-Health Care Records form and the Data Collection Information Summary for Patients in Inpatient Rehabilitation Facilities form.”

An IRF-PAI system of records specifies the safeguards CMS implemented for protecting the privacy and security of the IRF-PAI data. The IRF-PAI system of records notice was published in the Federal Register on November 9, 2001 (66 FR 218). The system of records notice may be viewed and printed from a link on the main IRF-PAI webpage.

This chapter includes the following documents:

- Privacy Act Statement (English)
- Data Collection Information Summary for Patients in Inpatient Rehabilitation Facilities (English)
- Privacy Act Statement (Spanish)
- Data Collection Information Summary for Patients in Inpatient Rehabilitation Facilities (Spanish)

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

This statement gives you notice of a data collection as required by law (section 552a(e)(3) of the Privacy Act of 1974). This statement is not a consent form. It will not be used to release or to use your health care information.

I. The authority for this data collection is given under section 1886(j)(2)(D) of the Social Security Act, which authorizes the Secretary to collect the data necessary to establish and administer the Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS).

Medicare participating Inpatient Rehabilitation Facilities (IRF) must do a complete assessment that accurately reflects your current clinical status and includes information that can be used to show your progress toward your rehabilitation goals. The IRF must use the Inpatient Rehabilitation Facility- Patient Assessment Instrument (IRF-PAI) as part of that assessment, when evaluating your clinical status. The IRF-PAI must be used to assess every Medicare Part A (Fee-for-Service) and Part C (Medicare Advantage) inpatient, and it may be used to assess other types of inpatients. The information that is collected on the IRF-PAI is submitted to the Centers for Medicare & Medicaid Services (CMS), which uses the information to be sure that the IRF is paid appropriately for the services that they furnish you, and to help evaluate whether the IRF meets quality standards and gives appropriate health care to its patients.

CMS safeguards the IRF-PAI data in a data system. The system limits data access to authorized users and monitors such users to ensure against unauthorized data access or disclosures. This system conforms to all applicable Federal laws and regulations as well as Federal government, Department of Health & Human Services (HHS), and CMS policies and standards as they relate to information security and data privacy. The applicable laws and regulations include, but are not limited to: the Privacy Act of 1974; the Federal Information Security Management Act of 2002; the Computer Fraud and Abuse Act of 1986; the Health Insurance Portability and Accountability Act of 1996; the E-Government Act of 2002; the Clinger-Cohen Act of 1996; the Medicare Modernization Act of 2003; and the corresponding implementing regulations.

While you have the right to refuse to provide information to the IRF for the assessment, this information is very important in ensuring that the IRF is paid appropriately for the services it provides, meets quality standards, and furnishes appropriate health care to its patients. We hope that you will cooperate with your IRF in gathering the necessary data. As explained below, any information that you provide to the federal government through this assessment will be protected under the Federal Privacy Act of 1974 in accordance with the IRF-PAI System of Records Notice. Furthermore, you will always have the right to see, copy, review, and request correction of inaccurate or missing personal health information in the IRF-PAI System of Records.

II. PRINCIPAL PURPOSE FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the IRF-PAI System of Records No. 09-70-0521. The information will primarily be used to support payments for Fee-for-Service care provided to Medicare Part A beneficiaries by IRFs under the IRF PPS. This information may also be used or disclosed for additional purposes that are related to the principal purpose for which the data was collected. These additional uses are called “routine uses,” which are discussed in detail below.

III. ROUTINE USES

The following “routine uses” specify the circumstances when CMS may release your information from the IRF-PAI System of Records without your consent. Prior to receiving data under one of these routine uses, each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Furthermore, disclosures of protected health information authorized by these routine uses may be made only if, and as, permitted or required by the ‘Standards for Privacy of Individually Identifiable Health Information.’ (45 CFR Parts 160 and 164, which are commonly referred to as the “HIPAA Privacy Rule.”) The routine uses are:

1. To support agency contractors, consultants, or grantees who have been engaged by the agency to assist in the performance of a service related to this System of Records and who need to have access to the records in order to perform the activity.
2. To support Quality Improvement Organizations (QIO) in connection with review of claims, or in connection with studies or other review activities conducted pursuant to part B of Title XI of the Act, and in performing affirmative outreach activities to individuals for the purpose of establishing and maintaining their entitlement to Medicare benefits or health insurance plans.
3. To assist another Federal and/or state agency, agency of a state government, agency established by state law, or its fiscal agent to:
 - a. Contribute to the accuracy of CMS’s proper payment of Medicare benefits;
 - b. Enable such agency or agent to administer a Federal health benefits program, or as necessary to enable such agency or agent to fulfill a requirement of a Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds; or
 - c. To improve the state survey process for investigation of complaints related to health and safety or quality of care and to implement a more outcome-oriented survey and certification program.
4. To an individual or organization for a research, evaluation, or epidemiological projects related to the prevention of disease or disability, the restoration or maintenance of health, or for understanding and improving payment projects.
5. To support the Department of Justice (DOJ), a court or an adjudicatory body when:
 - a. The agency or any component thereof;
 - b. Any employee of the agency in his or her official capacity;
 - c. Any employee of the agency in his or her individual capacity where the DOJ has agreed to represent the employee; or
 - d. The United States Government is a party to litigation or has an interest in such litigation, and by careful review, CMS determines that the records are both relevant and necessary to the litigation and the use of such records by the DOJ, court or adjudicatory body is compatible with the purpose for which the agency collected the records.
6. To a CMS contractor (including, but not necessarily limited to fiscal intermediaries, carriers and Medicare Administrative Contractors (MAC)) that assists in the administration of a CMS-administered health benefits program, or to a grantee of a CMS-administered grant program, when disclosure is deemed reasonably necessary by CMS to prevent, deter, discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or otherwise combat fraud or abuse in such program.
7. To assist another Federal agency or to an instrumentality of any governmental jurisdiction within or under the control of the United States (including any State or local governmental agency), that administers, or that has the authority to investigate potential fraud or abuse in whole or part by Federal funds, when disclosure is deemed reasonable necessary by CMS to prevent, deter, discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or otherwise combat frauds or abuse in such programs.
8. To assist a national accrediting organization that has been approved for deeming authority for Medicare requirements for inpatient rehabilitation services (e.g., the Joint Commission for the Accreditation of Healthcare Organizations, the American Osteopathic Association and the Commission of Accreditation of Rehabilitation Facilities). Data will be released to these organizations only for those facilities that participate in Medicare by virtue of their accreditation status, and even then, only if they meet the following requirements:
 - a. Provide identifying information for IRFs that have an accreditation status with the requesting deemed organization;

- b. Submission of a finder file identifying beneficiaries/patients receiving IRF services;
 - c. Safeguard the confidentiality of the data and prevent unauthorized access; and
 - d. Upon completion of a signed data exchange agreement or a CMS data use agreement.
9. To assist insurance companies, third party administrators (TPA), employers, self-insurers, manage care organizations, other supplemental insurers, non-coordinating insurers, multiple employer trusts, group health plans (i.e., health maintenance organizations (HMO) or a competitive medical plan (CMP)) with a Medicare contract, or a Medicare-approved health care prepayment plan (HCPP), directly or through a contractor, and other groups providing protection for their enrollees. Information to be disclosed shall be limited to Medicare entitlement data. In order to receive the information, they must agree to:
- a. Certify that the individual about whom the information is being provided is one of its insured or employees, or is insured and/or employed by another entity for whom they serve as a third-party administrator;
 - b. Utilize the information solely for the purpose of processing the individual's insurance claims; and
 - c. Safeguard the confidentiality of the data and prevent unauthorized access.
10. To appropriate Federal agencies, Department officials and contractors, as well as CMS contractors, to respond to a suspected or confirmed breach of the security or confidentiality of the information maintained in this System of Records.

IV. EFFECT ON YOU IF YOU DO NOT PROVIDE INFORMATION

The IRF needs the information contained in the IRF-PAI in order to comply with the Medicare regulations. Your IRF will also use the IRF-PAI to assist in providing you with quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it difficult to evaluate if the facility is giving you quality services. While this information is important, there is no federal law basis for your IRF refusing you services if you refuse to provide the requested information.

CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy or request correction of inaccurate or missing personal health information, which that Federal agency maintains in its IRF-PAI System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the IRF-PAI System of Records Manager.

TTY for the hearing and speech impaired: 1-800-820-1202

This is a Medicare & Medicaid Approved Notice.

DECLARACIÓN DE LA LEY DE PRIVACIDAD – EXPEDIENTES MÉDICOS

Esta declaración es una notificación sobre la recolección de información requerida por la sección 552a(e)(3) de la Ley de Privacidad de 1974.

Esta declaración no es una autorización. No se utilizará para divulgar o para usar su información médica.

I. La sección 1886(j)(2)(D) de la Ley del Seguro Social autoriza a la Secretaría a recopilar la información necesaria para establecer y administrar el Sistema de Pago (PPS en inglés) de los Centros de Rehabilitación para Pacientes Internos (IRF en inglés).

Los centros de rehabilitación para pacientes internos que participan en Medicare deben hacer una evaluación completa que refleje con precisión su condición clínica actual e incluir información que pueda usarse para demostrar su progreso hacia

las metas de rehabilitación. El centro de rehabilitación para pacientes internos debe usar el Instrumento de Evaluación del Paciente en Centros de Rehabilitación para Pacientes Internos - (IRF-PAI en inglés), cuando se evalúa su condición clínica. El IRF-PAI debe usarse para evaluar a cada paciente internado bajo la Parte A (pago por servicio), la Parte C (Medicare Advantage) y podría usarse para evaluar a otros tipos de pacientes internados. Esta información se presentará a los Centros de Servicios de Medicare y Medicaid (CMS en inglés) para garantizar que se les pague correctamente a los IRF por los servicios que le proveyeron y para ayudar a determinar si los centros cumplen los estándares de calidad y ofrecen a sus pacientes el cuidado apropiado.

CMS guardará los datos de IRF-PAI en el sistema de expedientes. El sistema limita el acceso a las personas autorizadas y controladores que vigilan el uso no autorizado de la información o la divulgación de la misma. El sistema se ajusta a las leyes federales aplicables y reglamentaciones, así como a las disposiciones y estándares del gobierno federal, del Departamento de Salud y Servicios Humanos (HHS) y de CMS relacionadas con la seguridad y confidencialidad de la información. Las leyes y reglamentaciones aplicables incluyen, pero no se limitan a: la Ley de Privacidad de 1974; La Ley Federal de Control de la Seguridad de la Información de 2002; la Ley de Fraude y Abuso por Computadora de 1986; de la Ley de Transferencia y Responsabilidad del Seguro Médico de 1996; la Ley de Servicios Gubernamentales Electrónicos (E- Government) de 2002; la Ley Clinger-Cohen de 1996; la Ley de Modernización de Medicare de 2003; y las reglamentaciones para aplicarlas.

Si lo desea, usted puede negarse a proveerle al IRF la información para la evaluación. Sin embargo, la misma es importante para garantizar que los IRF reciban el pago correcto por los servicios que le brindaron, que cumplan con los estándares de calidad y le brinden la atención médica que usted necesita. Esperamos que coopere con el IRF brindándole la información solicitada. Tal y como lo explicamos abajo, cualquier información que le provea al gobierno federal a través de esta evaluación, estará protegida por la Ley de Privacidad de 1974 según lo indicado por el Aviso del Sistema de Expedientes IRF-PAI. Además, usted tiene el derecho de ver, copiar, revisar y solicitar la corrección de su información médica personal incorrecta o incompleta en el Sistema de Expedientes IRF-PAI.

II. PROPÓSITO PRINCIPAL PARA EL CUAL SE USARÁ SU INFORMACIÓN

La información recopilada se entrará en el Sistema IRF-PAI Número 09-70-0521. La información se usará principalmente para respaldar el sistema de pagos IRF PPS por los servicios de la Parte A de Medicare brindados por el IRF a los beneficiarios de Medicare. La información también puede usarse o divulgarse para otros asuntos relacionados con el propósito principal para el cual se solicitó la información. A estos usos adicionales se les conoce como “usos de rutina” y se los analizará en detalle a continuación.

III. USOS DE RUTINA

Estos “usos de rutina” especifican las circunstancias en las que los Centros de Servicios de Medicare y Medicaid podrían divulgar su información del Sistema de Expedientes IRF-PAI sin su consentimiento. Antes de recibir su información para estos “usos de rutina”, cada destinatario potencial debe garantizar por escrito la continuación de la confidencialidad y la seguridad de su información. La divulgación de la información de salud protegida autorizada para estos usos de rutina podrían hacerse sólo si, y como lo permitan o lo requieran los ‘Estándares de Privacidad para la Información de Salud Identificable Individualmente’ (45CFR Partes 160 y 164 a la que se le conoce como “Norma de Privacidad de HIPAA”). La divulgación de la información podría ser para:

1. Brindar apoyo a los contratistas, consultores o donatarios utilizados por la agencia para proveer algún servicio relacionado con el Sistema de Expedientes y que para realizar dicha actividad, deben tener acceso a la información.
2. Para ayudar a las Organizaciones para Mejoras de la Calidad (QIO en inglés) en la revisión de las reclamaciones, o actividades relacionadas con estudios u otras revisiones de la Parte B, estipuladas en el Título XI de la Ley, y actividades para establecer y mantener la elegibilidad de las personas para los beneficios de Medicare o de los planes médicos.
3. Para asistir a otra agencia federal y/o estatal, una agencia de un gobierno estatal, una agencia establecida por una ley estatal o su agente fiscal a:
 - a. Contribuir al pago correcto de CMS de los beneficios de Medicare;
 - b. Permitir que dicha agencia o agente administre el programa federal de beneficios de salud o, cuando sea necesario, para permitir que esta agencia cumpla con un requisito de un estatuto o reglamentación federal que implementa un programa de beneficios de salud subvencionado en forma parcial o total con fondos federales, o

- c. Mejorar el proceso de encuesta estatal para la investigación de quejas relacionadas con la salud, seguridad o calidad de los servicios y para implementar una encuesta de opinión orientada a los resultados y un programa de certificación.
4. A una persona u organización para una investigación, evaluación o proyectos epidemiológicos relacionados a la prevención de enfermedades o discapacidades, el restablecimiento o el mantenimiento de la salud o para comprender y mejorar los proyectos de pagos.
 5. Para apoyar al Departamento de Justicia (DOJ en inglés), tribunal o cuerpo judicial cuando:
 - a. La agencia o cualquiera de sus componentes; o
 - b. Cualquier empleado de la agencia en su capacidad oficial; o
 - c. Cualquier empleado de la agencia en su capacidad individual donde el empleado sea representado por DOJ; o
 - d. El Gobierno de los Estados Unidos; es una de las partes del litigio o tiene un interés en este litigio y mediante una revisión cuidadosa, CMS determina que los expedientes son relevantes y necesarios al litigio y el uso de estos expedientes por el DOJ, el tribunal o el cuerpo judicial es compatible con el propósito para el cual la agencia recopiló los expedientes.
 6. Para ayudar a un contratista de CMS (incluyendo, pero no necesariamente limitado a los intermediarios fiscales y agencias de seguros) que asiste en la administración de un programa de beneficios de salud administrado por CMS o a un beneficiario o a un programa de beneficiarios administrado por CMS, cuando la divulgación se considera razonablemente necesaria por CMS para prevenir, impedir, descubrir, detectar, investigar, examinar, enjuiciar, demandar con respecto a, defender contra, corregir, remediar, o combatir el fraude y el abuso en estos programas.
 7. Apoyar a otra agencia federal o a una agencia de cualquier jurisdicción gubernamental dentro o bajo el control de los Estados Unidos (entre ellas, cualquier agencia gubernamental estatal o local) que administre, o que tenga la autoridad para investigar el posible fraude o abuso total o parcial a los fondos federales, cuando la divulgación se considera razonablemente necesaria por CMS para prevenir, impedir, descubrir, detectar, investigar, examinar, enjuiciar, demandar con respecto a, defender contra, corregir, remediar, o combatir el fraude y el abuso en estos programas.
 8. Asistir a una organización nacional acreditada que ha sido aprobada como la autoridad para considerar los requisitos de Medicare para servicios de rehabilitación para pacientes internos (éstas son, la Comisión Conjunta para la Acreditación de Organizaciones al Cuidado de la Salud, la Asociación Americana de Osteopatía y la Comisión para la Acreditación de Instalaciones de Rehabilitación). La información se divulgará a estas organizaciones sólo para aquellos centros que participen en Medicare por estar acreditados y aún así, solamente si cumplen los requisitos siguientes:
 - a. Proporcionen información identificable para los IRF acreditados por la organización que lo requiera.
 - b. Presenten un expediente que identifique a los pacientes/beneficiarios que reciban servicios de IRF;
 - c. Protejan la confidencialidad de la información y eviten el acceso no autorizado; y
 - d. Hayan firmado un acuerdo de intercambio o acuerdo de utilización de la información de CMS.
 9. Para ayudar a las compañías de seguros, administradores de terceros (TPA en inglés), empleadores, compañías de seguros por cuenta propia, compañías de seguros no coordinadoras, fideicomisos de empleadores múltiples, planes de salud grupales (por ejemplo, Organizaciones para el Mantenimiento de la Salud (HMO en inglés) o un Plan Médico Competitivo (CMP en inglés) que tenga un contrato con Medicare, o un plan médico prepago aprobado por Medicare (HCPP en inglés), directamente o a través de un contratista, y otros grupos que proveen protección a los miembros del plan. La información divulgada se limita exclusivamente a aquella autorizada por Medicare. Para recibirla, deben:
 - a. Certificar que la persona sobre la cual se provee información es uno de sus asegurados o empleados, y que está asegurada y/o empleada por otra entidad para la cual ellos rinden servicio como un administrador de terceros;
 - b. Utilizar la información sólo para propósitos de procesar las reclamaciones de seguros del individuo; y
 - c. Proteger la confidencialidad de la información y prevenir el acceso no autorizado.
 10. A las agencias federales apropiadas, funcionarios de Ministerios y sus contratistas y a los contratistas de CMS para responder a la sospecha o confirmación de una violación a la seguridad o confidencialidad de la información del Sistema de Expedientes.

V. CONSECUENCIAS SI DECIDE NO PROVEER LA INFORMACIÓN

El IRF necesita la información del Sistema IRF-PAI para cumplir las normas de Medicare. Su centro para la rehabilitación para pacientes internos también usará el IRF-PAI para brindarle cuidado de calidad. Es importante que la información esté correcta para evitar errores en los pagos. La información incorrecta también podría hacer más difícil la evaluación de la calidad de los servicios provistos por el centro. Si bien esta información es importante, no hay una ley federal en la que pueda ampararse su IRF para negarle servicios si usted decide no proporcionar la información solicitada.

INFORMACIÓN DE CONTACTO

Si desea que CMS vea, revise, copie o corrija la información incorrecta o incompleta sobre su salud que consta en el Sistema de Expedientes IRF-PAI: Llame gratis al 1-800-MEDICARE si necesita ayuda para comunicarse con el Gerente de Sistema de Expedientes IRF-PAI. Los usuarios de TTY deben llamar al 1-800-820-1202.

This is a Medicare & Medicaid Approved Notice.

DATA COLLECTION INFORMATION SUMMARY FOR PATIENTS IN INPATIENT REHABILITATION FACILITIES

This notice is a simplified plain language summary of the information contained in the attached “Privacy Act Statement-Health Care Records”

As a hospital rehabilitation inpatient, you have the privacy rights listed below.

- You have the right to know why we need to ask you questions.
 - We are required by federal law to collect health information to make sure:
 - 1) You get quality health care, and
 - 2) Payment for Medicare patients is correct.
- You have the right to have your personal health care information kept confidential and secure.
 - You will be asked to tell us information about yourself so that we can provide the most appropriate, comprehensive services for you.
 - We keep anything we learn about you confidential and secure. This means only those who are legally permitted to use or obtain the information collected during this assessment will see it.
- You have the right to refuse to answer questions.
 - You do not have to answer any questions to get services.
- You have the right to look at your personal health information.
 - We know how important it is that the information we collect about you is correct.
 - You may ask to review the information you provided. If you think we made a mistake, you can ask us to correct it.

CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy or request correction of inaccurate or missing personal health information which that Federal agency maintains in its IRF-PAI System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the IRF-PAI System of Records Manager.

TTY for the hearing and speech impaired: 1-800-820-1202

Note: The rights listed above are in concert with the rights listed in the hospital conditions of participation and the rights established under the Federal Privacy Rule.

This is a Medicare & Medicaid Approved Notice.

RESUMEN DE INFORMACIÓN DE RECOPILOCIÓN DE DATOS PARA PACIENTES EN CENTROS DE REHABILITACIÓN PARA PACIENTES INTERNOS

Este aviso es un resumen en lenguaje simplificado de la información que aparece en el documento adjunto “Declaración de la Ley de Privacidad-Informes de Cuidado de la Salud”

Como paciente interno de rehabilitación en un hospital, usted tienen los siguientes derechos de privacidad:

- Usted tiene el derecho de saber por qué necesitamos hacer preguntas.
 - Se nos requiere por ley federal recopilar información de salud para asegurarnos que:
 - 1) usted obtiene cuidado de salud de calidad, y
 - 2) el pago para los pacientes de Medicare esté correcto.
- Usted tiene el derecho de mantener la información del cuidado personal de su salud en confidencialidad y seguridad.
 - Le pediremos información sobre usted para poder proveerle los servicios apropiados y completos.
 - Mantendremos la información que nos brinda en confidencialidad y seguridad. Esto significa que sólo podrán verla aquellos que tienen permiso legal para usar u obtener la información recopilada durante esta evaluación.
- Usted tiene el derecho de negarse a responder a las preguntas.
 - Usted no tiene que responder a ninguna pregunta para obtener servicios.
- Usted tiene el derecho de ver su información de salud personal.
 - Sabemos cuán importante es que la información que recopilemos sobre usted esté correcta.
 - Podría pedir revisar la información que usted proveyó. Si considera que hemos cometido un error, puede pedirnos una corrección.

Además, podría pedir a los Centros de Servicios de Medicare y Medicaid ver, revisar, copiar o solicitar correcciones de información de salud personal perdida o incorrecta que esta agencia federal mantiene en su Sistema de Informes IRF-PAI. Para INFORMACIÓN DE CONTACTO o una descripción detallada de sus derechos de privacidad, refiérase a la DECLARACIÓN DE LA LEY DE PRIVACIDAD- INFORMES DE CUIDADO DE LA SALUD adjuntos.

Nota: Los derechos en la lista anterior están de acuerdo con los derechos en la lista de las condiciones de participación del hospital y los derechos establecidos según la Norma Federal de Privacidad.

This is a Medicare & Medicaid Approved Notice.

ADDITIONAL PROGRAM INFORMATION

The Acute Rehabilitation Unit wants you to have access to as much information about your program as you desire in order to feel confident and comfortable with our services.

Ethical Conduct:

You can expect that your healthcare providers will be governed by their individual discipline ethical codes and or practice acts, as well as standards set forth by Riverside Medical Center.

Strategic and Financial Planning:

Health care is a business that must plan and operate like other businesses in order to provide a high quality product within the budgets allowed. The Acute Rehabilitation Unit develops an Annual Report that outlines a review of the prior year outcomes and a projection of goals for the upcoming year. The Annual Report shares information about persons we have served and their outcomes. A review of our Performance Improvement plan is also published in the management report. We make plans for the program based on feedback from our patients, staff and other stakeholders. If you would like a copy of the most recent Acute Rehabilitation Unit Annual Report you can contact any team member who will obtain a copy from the Acute Rehabilitation Unit Administrative Office.

Performance Improvement and Competency Plans:

Performance improvement means taking feedback from our stakeholders and improving our services. It may also mean comparing our results with those of like organizations and determining how we can improve our services and program. Our Performance Improvement Plan changes often as we attain goals or as feedback from persons served changes. We engage all our staff in soliciting ideas/topics and prioritizing what areas we should study. We also ask our staff about what areas of expertise they would like to receive additional training or competency development. A Competency Plan is developed annually and revised as needs arise. If you would like to see a copy of our Performance Improvement Plan, it is posted on the Communication Board and is also available for review in the Administrative Offices. If you would like further information about our competency plan, or have suggestions, please contact a member of the Acute Rehabilitation Unit Administrative Offices at (815) 935-7514.

Patient Rights

We take patient rights seriously on the Acute Rehabilitation Unit. Patient rights are posted on the unit in multiple locations and patients receive patient rights upon admission.

The Acute Rehabilitation Unit respects diversity of the people it interacts with as it relates to culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status and language.

If you need assistance or information such as large print materials, information translated, another copy of the Patient Bill of Rights, or any clarification regarding your plan of care, please notify any staff member of your concern.

HOTELS

Hilton Garden Inn

Interstate 57, Exit 308
455 Riverstone Parkway, Kankakee
815-932-4444

Fairfield Inn

Interstate 57, Exit 315
1550 North State Route 50 North,
Bourbonnais
815-935-1334

Quality Inn

Interstate 57, Exit 315
800 North Kinzie Rd, Bradley
815-939-3501

PHARMACIES

CVS Pharmacy

225 W Court St, Kankakee
815-929-3451

Walgreens

222 W Court St, Kankakee
815-936-0817

GROCERY STORES

Jewel

446 S Washington Ave, Kankakee
815-935-2040

Kroger

633 Armour Rd, Bourbonnais
815-935-1650

TRANSPORTATION

River Valley Metro Bus Service

815-937-4287

METRA Train Service

Passenger Services 312-322-6777

ADVOCACY

Office of Rehab Services (ORS)

815-939-4442 / TTY 866-323-2124

Catholic Charities, Inc.

815-933-7791

Center for Independent Living (Options)

815-936-0100 / TTY 815-936-0132

See the Care Coordinator if you would like to review any additional resources.

THE PATIENT COMMUNICATION BOOK

Every patient admitted to the Acute Rehabilitation Unit will receive a Patient Communication Book. This book will contain progress updates and is an extension of the patient's record. The Acute Rehabilitation Unit understands that a patient's privacy is very important. As owner of the information in the notebook, the patient or their designee can determine any persons outside the treatment team they wish to share this information. The Communication Book will also house information on education provided to patients and has been recognized by former patients as a great tool to review progress and discuss continuation of goals.

The Acute Rehabilitation Unit Team

The patient and their support system are at the center of the rehabilitation team. Formal and informal meetings will be held with patients input as we develop an individualized plan of care. Since this plan of care is custom tailored to your specific needs, a variety of team members may be assigned to assist you in achieving your goals and increasing optimal function. A listing of team members and a brief description of what they do is included in the Patient Rehabilitation Handbook. Please take time to review the description of the team members.

Home Evaluation

A home evaluation may be recommended prior to your discharge. In most cases, the home evaluation is completed on paper, with your therapist providing direction on how to measure the space in your home setting and then discussing recommendations based on a review of the information you provide.

In some rare instances a therapy session may be recommended in your home setting. Your therapy team will determine which therapist will accompany you to your home to assess the ability of you and your caregiver to safely perform functional activities. Transportation to and from the home setting is arranged via your family and/or friends after training has been provided on car transfers, and mobility (transportation will not be provided via Riverside Medical Center staff). The therapist will be looking for ways to improve your functioning at home. You will be given "tips" to make your home safe for discharge. The tips may include: moving furniture, removing throw rugs, adding grab bars to the tub and toilet, or lowering items in cupboards.

Community Retraining Program

Community retraining is therapy held in community type settings to help you use the skills you have learned in therapy. Common activities for retraining may include a visit to the Gift Shop, navigating in the Cafeteria, a visit to the Chapel, or participation in a picnic or special celebration within the Medical Center. Treatment team members will identify goals with your input. These could include:

- walking
- going up and down curbs and ramps
- opening doors
- using public restrooms
- navigating in the cafeteria/ mock restaurant environment
- negotiating different surfaces (tile, carpet, grass, pavement)

Therapeutic Pass

A therapeutic pass is an opportunity to practice skills learned in the rehab program in the home or community prior to discharge from the Acute Rehabilitation Unit. Such passes take place close to discharge, are goal oriented and must include training your caregiver prior to the pass.

- The rehab team will determine appropriateness for a pass. A physician's order is needed.
- Recommended times/day for these passes are during non-therapy hours, preferably on Sunday.
- You and your rehab team will determine goals for the pass. These goals will be recorded on the pass sheet.
- Your caregivers must be educated prior to a pass to meet the goals of the pass (for example, walking, toileting, using equipment etc).
- Equipment needs for the pass will be identified and ready to take on the pass.
- On the pass, attempt all the tasks/goals on the pass sheet. You or your caregivers need to comment about the goals/outcome of the pass upon return to The Acute Rehabilitation Unit.
- The team will review the pass results with you and will modify your care plan/goals as necessary.

SUPPORT GROUPS AND ADVOCACY ORGANIZATIONS

Stroke Support Groups

- For patients with a diagnosis of stroke or other brain injury
- Meetings consist of:
 - educational topic determined by the group
 - support and sharing sessions (open to families and friends)
- See the Social Worker for a list of local groups

Peer Support Visitation Program

- For amputee, spinal cord injured or stroke patients
- Meet with someone who has successfully adjusted to his/her impairment
- Peer visit set up on an individualized basis
- Please let a staff member know if you are interested in a contact

Other Support Groups:

There are a variety of support groups both at Riverside Medical Center and in the local community. Please ask the case coordinator/social worker for more information.

Advocacy and Advocacy Organizations:

Federal law states that persons with disabilities have the same constitutional rights as all other citizens. Each state has extensions of these same laws. Federal and state laws address topic such as:

- Employment
- Education
- Accessibility (such as transportation, architecture standards or telecommunications)
- Vocational rehabilitation

Contacts for information about Federal Law:

American with Disabilities Act (ADA)

<http://www.ada.gov/>

800-514-0301 (voice)

800-514-0383 (TTY)

Office of Civil Rights

<http://www.ojp.usdoj.gov/>

202-307-0690(voice)

202-307-2027(TTY)

Resources for general assistance: (See case coordinator for contact information)

- State Department of Health and Human Services
- Local Better Business Bureau
- Local Chambers of Commerce
- Illinois Department of Rehabilitation

OUTCOMES PACKET

The Rehabilitation Team at the Acute Rehabilitation Unit is dedicated to providing quality service to persons served. We measure the effectiveness of the services we provide in a variety of “outcome” reports such as the Program Evaluation Model (PEM), patient satisfaction surveys, and a monthly statistics reports.

The PEM data allows the Acute Rehabilitation Unit to measure and compare similar programs/services to other regional and national programs. This data is submitted on a quarterly basis with collated data returned approximately six months later.

In order to obtain feedback in a more timely fashion, monthly statistics are compiled to monitor the program’s progress. You will find data comparing length of stay with specific diagnostic comparison. If you want more specific information on a diagnosis not listed, please let us know.

Patient surveys are utilized to track current progress and provide feedback to staff from persons served. Unit specific surveys are also distributed to patients prior to discharge from the rehabilitation unit. An ongoing review of the results of the surveys provides vital feedback about patients’ satisfaction regarding the rehabilitation program. The information gathered from patient surveys is relayed to staff informally as needed, and formally on a bi-annual basis.

Attached to the packet you will find the most current feedback the Rehabilitation Team has received regarding the services we provide. These “outcomes” reflect the high quality program we strive to provide. If you would like further information regarding our outcomes contact the ARU Director, or any staff member, who will be glad to assist answering any questions you may have.

Thank you,

The Acute Rehabilitation Unit Team

DEFINITIONS OF COMMON REHABILITATION TERMS

ADAPTIVE EQUIPMENT	equipment provided to allow the patient to do everyday tasks with less or no assistance. Examples of these include the following: tub bench, commode raised toilet seat, reacher, dressing stick, long handled sponge, long handled shoe horn, sock aide.
ADL	activities of daily living (bathing, dressing, and grooming)
AFO	ankle foot orthosis-a brace used to support your foot and ankle
AMBULATION	to walk
ASSISTIVE DEVICE	equipment used to aid walking such as a cane, walker, or crutches
BATHING	includes sponge bath at bedside or sink and/or showering
BED MOBILITY	the act of getting into or out of bed
BODY MECHANICS	the act of performing activities with correct posture
CARDIAC	pertaining to the heart
COGNITION	refers to persons' thinking skills (memory, problem solving, attention, etc.)
COMMODOE	a portable toilet
COMMUNICATION	the act of understanding, speaking, writing, and using gestures
COMMUNITY	a therapy session held in a community like setting
RETRAINING PROGRAM	to use skills learned in therapy
COMPENSATORY	a different way of doing something
COMPREHENSION	understanding speech, written language and gestures
CONTRACTURE	tightening of a muscle that limits movement
DRESSING	includes putting on underclothes, shirt, pants/shorts, socks, shoes and braces
EDEMA	excess fluid in the tissues
GAIT BELT/TRANSFER BELT	a belt used to assist during walking and transferring
GROOMING	washing hands and face, combing hair, brushing teeth/dentures, shaving and/ or applying makeup
INDEPENDENT	able to perform the task safely without any assistance from a caregiver
INTAKE	all fluids taken into the body

LOWER EXTREMITIES	legs
LEISURE SKILLS	hobbies, recreational activities
MAXIMAL ASSIST	caregiver performs 75% of the task and the individual performs 25% of the task
MEDICATION SCHEDULE	a schedule of medications, their doses and times of dosage
MINIMAL ASSIST	the caregiver performs 25% of the task and the individual performs 75% of the task
MODERATE ASSIST	the caregiver and the individual each perform 50% of the task
MODIFIED INDEPENDENT	able to perform a task safely; but needs as assistive device or increase time
PARTIAL ASSIST	needing physical assistance up to or equal to 50% assist
SUBSTANTIAL ASSIST	needing physical assistance more than 50% but patient able to help with task
NPO	nothing by mouth
ORTHOTIST	a person who makes a brace
OUTPUT	elimination of fluid from the body (urinate)
PROSTHESIS	an artificial leg or arm
PROTHESIST	a person who makes a prosthesis
RANGE OF MOTION	moving your arms or legs
SUPERVISION	able to perform a task, but needs assist for safety
SWALLOWING PRECAUTIONS	guidelines for eating or drinking safely
TOTAL ASSIST	caregiver performs 100% of the task
TRANSFER	the act of moving from one position to another
UPPER EXTREMITIES	arms
VISUAL NEGLECT	inability of the brain to perceive information from the right or left side of the body or environment
VOID	to empty the bladder

PERSONAL HEALTH RECORD

Each time you visit your doctor, hospital or other health care provider, a record of your visit is made. This is known as your medical record or health record. These separate medical record documents belong to your health care provider, but the information in it belongs to you.

What is a Personal Health Record?

A Personal Health Record is information about your health and is maintained by you. It is a collection of information from your health care providers, plus other traditional and non-traditional information (i.e. massage therapy) that you want to add.

What does a Personal Health Record contain?

A Personal Health Record may contain:

- Personal identification
- People to contact in case of emergency
- Names, addresses and phone numbers of your physicians
- Health insurance information
- Advance Directives
- Medical conditions and surgeries
- Allergies
- Immunizations
- Current medications, doses and frequencies
- Special instructions from your health care providers
- Any other information you may want to include about your health

Why should I keep a Personal Health Record?

Your health records are often scattered across many providers and facilities. Keeping your own health record means you can keep it updated and accessible when you and your health care providers need it. A Personal Health Record also means that you will have the right information, at the right time for you and your health care providers. The Personal Health Record helps to provide coordinated care and allows you to have a more active role in your own health care.

How do I use my Personal Health Record?

You may be provided with information and a sample template that you can use to develop your Personal Health Record if you desire. This will be part of your library/education session with a staff member from the Acute Rehabilitation Unit. It is helpful to add future health information to the template as well. Your Personal Health Record can be used to:

- Provide information to new health care providers
- Access your health care information while traveling or when your health care providers' office is closed
- Refer to health care providers instructions
- Assist in preparation for health care appointments
- Track vaccinations and other wellness services

What about privacy?

This is your own health care information, so protect and maintain it confidentially. Your Personal Health record may contain private information so you may wish to choose carefully with whom you share the information.

Do I need to use the Health Record provided by the Acute Rehabilitation Unit?

You do not need to use the Health Record format provided by The Acute Rehabilitation Unit. If you would like other examples of a Health Record you may wish to review other options. Although the ARU does not endorse or expect the use of specific products, the following list provides links to a variety of portable Health Profile tools:

- medictag.com
- medicalalert.org
- iHealthRecord.org
- OnFile.com
- Collegeparents.org/cpa/deals-other-portablehealth
- medickey.com
- medicalhomeinfo.org/tools/care_notebook
- myphr.com/resources

Note: The information presented is intended for general information and educational purposes. It is not intended to replace the advice of your health care provider. Contact your health care provider if you believe you have a health problem.

EDUCATIONAL MATERIALS & THE REHABILITATION CENTER LIBRARY

The Acute Rehabilitation Unit staff members are dedicated to providing you with additional education related to your health care concerns. We understand you may have many questions, or would like additional information about your health care needs. To complement the daily education and teaching we do with each of our patients we have also developed a patient library to assist you with obtaining answers to your questions. In an effort to provide the best education and information available, we have put together some education packets. The materials we have compiled are from current practice, internet searches and years of experience gleaned from our staff. We provide our educational materials at no additional cost to you. A staff member will record the information we have provided so we may accurately replenish our library. Please know that this is not a complete list of materials available, but is meant to get you started in obtaining information about your health concerns.

The education we provide is based on individual need. We want to focus on the following areas:

1. Prevention related to recurrence of your impairment, injury or illness. We also want to assist you in understanding potential risks and complications due to impairment.
2. Primary health care issues. Understanding how to manage your health concerns is very important. Staff members will be asking you during your stay to voice any questions you may have about understanding and managing your health care. We may ask you to provide return demonstration or to put into your own words what we are trying to teach you. This helps staff verify that you understand, and clarifies if you have additional needs.
3. How to use health care resources. Any team member can assist you with linkage to appropriate resources available. If you have any questions, your nurse, therapist or the care coordinator can assist you in linkage with resources.
4. Health promotion. We have access to educational materials related to diet, smoking cessation, cooking and nutrition concerns to name a few. We believe in treating the whole person. Please use our Library and other resources to help search any areas you may have an interest in obtaining additional information.
5. Increasing those skill sets of our patients, families and caregivers necessary to achieve success in your discharge environment. We can link you with computer skill sets, engage you in safety checklist; practice one on one with return demonstration in any area of training or education that you and the team feel would be beneficial. Ask any team member for assistance if you feel you would like additional instruction, education or training.
6. Transition to other components of the rehabilitation continuum or your own discharge location. We want to make certain your transition to your next level of care is smooth and that you have the education and materials needed to optimize your functional independence.

Our patients have told us that the education we have provided has been useful in helping them get a better understanding of their own health promotion, disease prevention and adaptation to impairment. Remember, there are no silly or foolish question...the only foolish question is the one that is never asked!

HOW TO USE PRESCRIPTION MEDICINES

Your doctor has prescribed medicine for you. When used right, prescription medicines will be safe and will work for you. Follow these guidelines.

1. Take your medicines as prescribed by your doctor. Understand all indications and contraindications of your medicines. Take the right amount, the right number of times per day for the right length of time. If you miss a dose, call your pharmacist or doctor to find out what you should do. Some people find that a chart can help remind them to take their medicines.
2. Your medicines were prescribed for you and you alone. Never give them to someone else. It may not be the right medicine for them. For the same reason, never take someone else's medicine.
3. Keep your medicines in their original bottles. Keep the bottles tightly closed and away from heat and humidity. This prevents your medicines from "spoiling." The information on the label helps you and others know which medicine is in which bottle.
4. Keep all medicines out of the reach of children. For their safety, use child proof caps found on most bottles. (If there are no children in your home and you find it hard to open these caps, ask your pharmacist for caps that are easier to open.) If a medicine is out of date or no longer needed, ask your pharmacist about the best way to dispose of it.
5. Learn the name, directions, purpose, any side effects, and how to dispense each medicine you take. You may want to write it down on a pocket medication card that can be carried with you at all times. This will be very helpful if you are on multiple medicines.
6. Tell any doctors, pharmacists, dentists, and nurses you see about all the medications you take. Also, tell them about any allergic reactions or unusual affects you have had in the past.
7. If you must take your medicines for long periods of time, have the prescriptions refilled early before they run out. Never abruptly stop taking medications as you can become seriously ill.
8. Some prescription medicines should not be taken with alcohol or over-the-counter medicines. Check with your doctor or pharmacist before you combine your medicine with alcohol or other drugs.
9. Don't take your medicines in the dark; you could be taking the wrong medicine.
10. Be sure to ask your doctor, pharmacist, or nurse any questions you have. They are all willing to help you use medicines so that they will be safe and work for you. In case of an emergency, call your doctor and or pharmacist immediately.

This fact sheet is meant as a teaching aid. It does NOT cover all there is to know about medicines. Please call your doctor or pharmacist if you have questions or concerns. The information presented is intended for general information and educational purposes. It is not intended to replace the advice of your health care provider. Contact your health care provider if you believe you have a health problem.

PREVENTION OF ILLNESS & MANAGING A HEALTHY LIFE

Providing Education and Training Individualized for Your Needs

The Acute Rehabilitation Unit is dedicated to providing each patient with comprehensive educational materials. Each patient will receive educational materials selected by their physician, therapists, nurses, social worker, or other professional that encourages self-management of health and addresses prevention of further illness. The ARU also encourages patients and family members to utilize a multitude of resources, articles, and pamphlets available in the Patient Library.

Examples of educational topics include:

- Diagnosis specific education & information
- Disease prevention
- Health promotion
 - Diet and weight loss
 - How to quit smoking
- Prevention related to the recurrence of impairment, potential risks and complications
- Primary health care
- Utilization of health care resources
- Discharge issues and community resources
- Community health and wellness programs

We are internet connected!

The Patient Library has a computer that is linked to the internet.

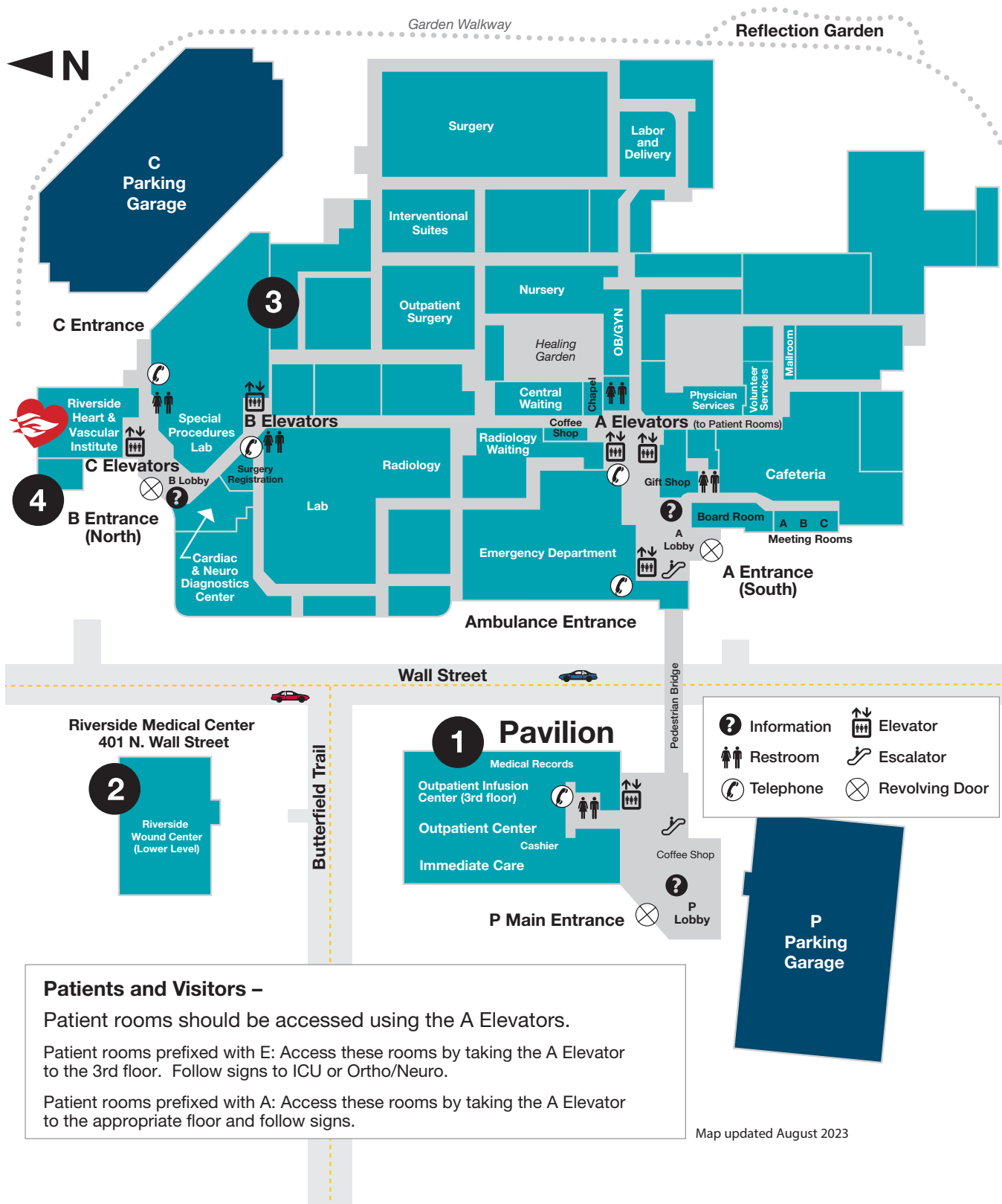
Check out these Web sites:

- American Heart Association: www.americanheart.org/
- American Association of Retired Persons: www.aarp.org/
- National Stroke Association: www.stroke.org/
- Amputee Coalition of America: www.amputee-coalition.org/
- National Spinal Cord Injury Association: www.spinalcord.org/
- Illinois Department on Aging: <http://www.state.il.us/aging/>
- American Diabetes Association: www.diabetes.org/
- FCA Family Caregivers Alliance Association: www.caregiver.org/
- Age Options (The Area Agency on Aging of Suburban Cook County): <http://www.ageoptions.org/>
- Discounted Prescription Medication: <http://www.makoa.org/freemedicine.htm>
- Brain Injury Association: www.biausa.org/
- CDC / Center for Disease Control – Healthy Aging: <http://www.cdc.gov/aging/>

Need help searching? Please contact a staff member for assistance.

CAMPUS MAP

Riverside Medical Center Ground Floor



RIVERSIDE SENIOR LIFE COMMUNITIES is dedicated to creating a flourishing lifestyle around your story—a lifestyle inspired by your life’s remarkable journey. Our senior living options are uniquely designed to provide residents with innovative opportunities to allow them to enjoy their retirement. From belonging, camaraderie, and true well-being to a sense of security with Riverside’s history of providing quality healthcare services, our residents experience peace of mind.

INDEPENDENT LIVING

Independent living is an exciting, fulfilling journey of self-discovery. Each day you will experience unparalleled quality, find meaningful reasons to celebrate a flourishing lifestyle, and connect with the things that matter most to you.



ASSISTED LIVING

Our Assisted Living community is a place to discover, connect and celebrate the next stage of life’s journey. It’s a place filled with friendship, vitality and supportive assistance.

MEMORY CARE

Our Memory Care community is designed to nurture the spirit and enhance overall wellness. We strive to ensure that all residents enjoy an active lifestyle with daily opportunities to socialize with others and engage in the activities they have always enjoyed.



MILLER HEALTHCARE

Recover from illness, injury or surgery with short-term senior rehabilitation care. Our inpatient team will work with you to personalize your recovery treatment plan. You’ll gain strength in a safe, monitored environment to speed recovery.

WESTWOOD

Estates / Independent Living
100 Westwood Oaks Court, Kankakee
(815) 935-3273

Assisted Living & Memory Care
1485 Butterfield Trail, Kankakee

BOURBONNAIS GROVE

Assisted Living and Memory Care
85 E. Burns Road, Bourbonnais

[RIVERSIDESENIORLIFE.ORG](https://www.riversideseniorlife.org)





RIVERSIDE
REHABILITATION SERVICES

Physical Therapy | Occupational Therapy | Speech Therapy

Visit us online at riversidehealthcare.org
Scheduling: (815) 935-7514

Riverside Rehabilitation Services Locations:

Acute Rehabilitation Unit

350 N. Wall Street
Kankakee, IL 60901

Riverside Atrium

400 S. Kennedy Drive, Suite 600
Bradley, IL 60915

Riverside Hand/Occupational Therapy

100 Riverside Drive
Bourbonnais, IL 60914

Riverside Orthopedic and Spine Center

100 Riverside Drive
Bourbonnais, IL 60914

Riverside Pediatric Therapy

100 Fitness Drive
Bourbonnais, IL 60914

Riverside Pelvic Floor Clinic

375 N Wall Street, Suite P640
Kankakee, IL 60901

Riverside Senior Life – Bourbonnais

85 E. Burns Road
Bourbonnais, IL 60914

Riverside Senior Life – Kankakee

100 Westwood Oaks Court
Kankakee, IL 60901

Riverside Therapy – Frankfort

23120 S. LaGrange Road
Frankfort, IL 60423

Riverside Therapy – Manteno

395 N. Locust Street
Manteno, IL 60950

Riverside Therapy – Watseka

1490 E. Walnut Street
Watseska, IL 60970

Riverside Therapy – Wilmington

105 S. First Street
Wilmington, IL 60481