

Security Camera System Family Council In-House Podiatry Services

Security Camera System:

For increased security and safety regarding our residents, staff, families, and visitors, we have recently installed a "Spaco Technologies Security Camera" system throughout the nursing home campus. The new system will allow us to videotape areas within the facility as well as out-of-the facility (entryways and exits, hallways, dining room, and other common areas). The camera records nursing home activity in these areas 24 hours a day.

Family Council:

We are looking forward to starting our very own "family council" group. The purpose of a family council vary greatly, depending upon the interests of council members, however, could include but is not limited to the following:

- To protect and improve the quality of life in the home and within the long-term care system as a whole
- Give families a voice in decisions that affect them and their loves ones residing in the nursing home.
- Family support
- Education and information
- Services and activities for the residents
- Joint activities for families and residents
- Action on concerns and complaints

We have included a more detailed information regarding "resident councils" for your review (attached). We are also asking that if you are interested in participating, please fill out the enclosed "time grid" as to the best time you could attend an initial meeting.

In-House Podiatry Services:

We have the wonderful opportunity for Bruce Anderson, MD (Podiatrist), to come to our facility to provide podiatry services for our residents. Dr. Anderson is from Las Vegas, NM and has agreed (if there are enough residents to participate) to come to the facility on a *regular* basis. Dr. Anderson will do his own billing to Medicare, etc. and will visit the residents approximately every six weeks. If the need arises, may we include your loved one on Dr. Anderson's roster of residents? Please include your response on the space provided on the "time grid" sheet.



Family Council "Time Grid"

Yes, I would like to participate in Family Council meetings, at least attend the initial meeting.							
No. I would not like to participate in Family Council meetings.							
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Please fill out one to three	e different tir	nes (or as ma	any as you l	ke) you migh	nt be availab	le to attend	l our initial
Family Council Meeting. At the end of the page, please state "yes" or "no" if you would like your loved one							
to be included in Dr. Anderson's roster of podiatry patients. Thank you. We appreciate.							
Time	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
9:00 a.m.							
9:30 a.m.							
10:00 a.m.							
10:30 a.m.							
11:00 a.m.							
11:30 a.m.							
12 Noon							
12:30 p.m.							
1:00 p.m.							
1:30 p.m.							
2:00 p.m.							
2:30 p.m.							
3:00 p.m.							
3:30 p.m.							
4:00 p.m.							
4:30 p.m.							
5:00 p.m.							
5:30 p.m.							
6:00 p.m.							
6:30 p.m.							
7:00 p.m.							
7:30 p.m.							
Yes, I would like my I							
basis by Bruce Anderson, MD (Dr. Anderson does his own billing through Medicare etc.)							
No, I do not want my loved one to participate in services provided by Dr. Anderson.							