



**COBALT HEALTH CARE AND
REHABILITATION CENTER**

COBALT HEALTH CARE & REHABILITATION CENTER

29 Middle Haddam Road, Rte. 151, Cobalt, CT 06414 | Phone: 860 267-9034 Fax: 860 267-8617

WELCOME TO COBALT HEALTH CARE!

The staff of Cobalt Health Care & Rehabilitation Center would like to thank you for your inquiry regarding our facility. We take great pride not only in our surroundings, but in our “family” and give you our good faith promise that every resident and family member will be treated with the greatest respect, dignity, compassion and friendliness. Our hope is that we are able to meet your expectations with the highest quality and are able to attain your goals of **MAXIMUM INDEPENDENCE**.

If you choose Cobalt Lodge as your residence, you will maintain many of the same freedoms you have enjoyed in your home. Visitors can stop by at any time of the day or night. With an order from your physician, you can leave the facility accompanied by family and friends to visit others, go out to lunch, or enjoy the holidays. You have access to all the amenities Cobalt Health has to offer. Enjoy television, Wii or a movie in the rec-room, sit on the porch and enjoy the foliage or join activities that go on daily. Any resident can visit or celebrate special occasions in either of the rec-rooms or dining areas. Private parties can also be arranged with advance notice.

It is important for you and your family to know that Cobalt Health Care’s policy is to maintain as much freedom, independence and **QUALITY** of life as possible for each of our residents. We diligently try to keep residents as restraint free as possible: both from chemical restraints such as medications and physical restraint such as seat belts and bed rails. Restraints are only used when absolutely necessary and as a last resort to protect the resident from serious harm.

Our team at Cobalt Health Care invites you to tour our home and meet our residents and staff. We will always be available to answer any of your questions or just to talk about any concerns you may have. A list of people you may need to contact during your stay here are listed below for your convenience.

Administrator
Director of Nursing Services
Director of Therapeutic Services
Medical Director
Assistant Medical Director

Director of Psychiatric Services
Director of Dental Services
Director of Admissions
Director of Social Services
MDS Coordinator
Therapeutic Recreation Director
Business Office

Todd P. Zgorski
Lisa Avery, RN/BSN
Vinnie Mairino, PT/DPT/CCI
Dr. J. Carey LaPorte, M.D., American Board of Family Medicine
Dr. Prakash Huded, M.D., American Board of Internal Medicine;
ABIM Gastro Enterology
Dr. Harry E. Morgan, M.D., Board Certified Geriatric Psychiatry
Dr. Joseph P. Lentos
Marc Zgorski
Carolyn Murphy, BSW
Donna Milardo, RN
Christine Avery
Starlette Hunter/ George Rolland



COBALT HEALTH CARE AND
REHABILITATION CENTER

GENERAL INFORMATION

Visiting Hours: You are welcome to visit visitors to Cobalt Health Care at all time of the day. During the cold and flu season it is encouraged that ill friends and family postpone their visit until they are feeling better so that the resident's health is protected. Children and pets with leashes are always welcome.

Meal Times: Meals are served three times a day. Breakfast is at 7:30 AM; dinner is at 12:30 PM, and supper is at 5:30 PM. There are two dining rooms at Cobalt Health Care and everyone is invited to dine together. If it is your preference to enjoy your meal in your room, accommodations will be made for you. Any family member who wishes to share a meal with you can do so by informing the supervisor three hours in advance. Families are always welcome to holiday meals with advanced notice.

Mail: Your mail will be delivered by the Director of Therapeutic Recreation of one of the recreation staff. Outgoing mail may be given to any staff member if you wish or personally delivered to the business office. Stamps may be purchased in the business office during hours. If you need stationary, arrangements can be made for you.

Storage: A locked storage area is available in the basement for Cobalt Health Care to store your personal belongings if necessary. If you have anything you wish to have for you stored, please notify a staff member. For safety reasons, excess belongs, such as out-of- season clothing can be stored in the space instead of your room.

Laundry: All of your personal clothing should be marked with your name in permanent ink. Laundry services are available to you at no additional charge. If you so choose, a family member or friend can take your laundry home with them to do.

Leave of Absence: You are free to visit off the premises of Cobalt Health Care any time you would like. Your attending physician will write you an order for a "Leave of Absence": if he/she feels that you are able to leave the facility grounds safely. The family member of friend who wishes to take off-site must sign the "Leave of Absence" book located at each nurse's station, and then make that the shift or charge nurse has been notified that you are leaving. You may leave for several hours or an extended overnight visit. In either case, you must notify your nurse at least twenty-four hours in advance so that the proper preparations can be made for you. If you are paying privately. You will continue to pay the same daily rate as usual to keep room reserved for your return. If your stay is being paid by Medicaid Insurance, you are allowed to have up to twenty-one (21) overnight leaves per year.



COBALT HEALTH CARE AND
REHABILITATION CENTER

Food and Beverages in Rooms: Your family and friends are welcome to bring in any food or beverages from home you would like. We ask that any food stored in your room be in a well-sealed container without the need for refrigeration. It is also important to be aware of special diet considerations that you may be on. There are also two refrigerators, one per wing, where resident's food may be store

Newspapers: The Hartford Currant and the Middletown Press are available for your reading pleasure. They are delivered daily and kept at the nurses' station. You may borrow the newspapers for your use, and we ask that you return them when you are finished. If you wish to subscribe to our own newspaper, please contact the Director of Social Services so that the arrangements can be made for you. You will be responsible for the payment.

Hairdresser/Barber Services: Hairdresser and barber services are available for you on a weekly basis. The schedule will be available at the nurses' station. Current prices for individual service are available for your convenience. Charges for these services will be deducted from your personal resident fund account and will appear on your monthly statement.

Banking Hours: Your resident fund account is your personal in-house banking account. You, family members or friends may deposit money into this account anytime during banking hours.

Monday-Friday 8:00 AM – 4:00 PM

If you are unable to go to the business office, staff member will assist you. Residents with Medicaid Insurance may elect to have their monthly allowance deposited automatically into their resident fund account.

Resident Council: The Residents Council is the collective voice and mind of all of the residents of Cobalt Health Care. They meet as a group monthly. Meeting dates, times and location will be posted in advance throughout the facility. During the meeting, information about the various activities at Cobalt Health Care. Suggestions are always welcome and given serious consideration. The Residents Council actively contributes to the betterment of life for everyone at Cobalt Health Care and your attendance and participation is therefore extremely encouraged.

Electrical Appliances: You are welcome to have electrical appliances such as a radio, televisions, VCR's, DVD players, fans and air conditioner your room as long as they are safe. The State of Connecticut prohibits the use of such things as extension cords and Christmas tree lights for safety reasons. Please check with your nurse if you have any questions.



COBALT HEALTH CARE AND
REHABILITATION CENTER

Decorations: It is our hope that you will bring personal belongings and furniture from home to make your room as comfortable as possible. Items such as afghans, quilts, pictures etc. make wonderful accents. As long as space permits in your room, we will help you move in your favorite reclining chair, small dresser or desk, or other furniture. We do not recommend that you during any family heirlooms or items of great value as there are many guests constantly visiting our facility.

Transportation: If you need transportation to a physician, dentist, or other such appointment outside the facility, our staff will make every effort to arrange transportation. For residents with Medicare coverage is covered by the facility. Medicaid resident's costs are covered by the state. Private residents can use the Red Cross wheelchair service for a small charge.

Cable Television Services: Direct T.V. is the cable provider for this building, 35 channels are offered for 10 dollars per month. Please contact the business office to arrange to have the services connected.

Telephone Service: Each room is equipped with a telephone with its own phone number and /or extension. This service is provided by the facility free of charge for our residents.



COBALT HEALTH CARE AND
REHABILITATION CENTER

APPLICATION FOR ADMISSION

PERSONAL INFORMATION

Name of Applicant: _____ Sex:

Street Address:

City: _____ State: _____
Zip: _____

Living Arrangements:

Date of Birth: _____ Place of Birth:

Marital Status: _____ Since:

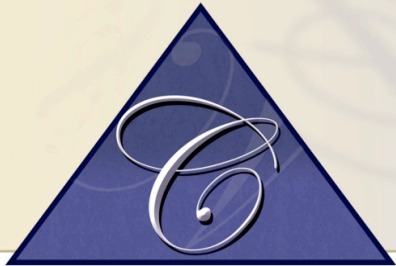
Spouse's Name: _____ Date of Birth:

Father's Name: _____ Mother's Name:

Significant Family Members:

Relation	Name	City/State	Phone Numbers
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Level of Education: _____
Location: _____



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REHABILITATION CENTER**

Lifetime Occupation(s): _____
Year of Retirement: _____

Religion: _____
Practicing At: _____

Primary Language: _____
Secondary: _____

Is Applicant a U.S. Citizen? Yes: ___ No: ___

Was Applicant/Spouse a member of the Armed Forces? Yes: ___ No: ___
if yes,

Applicant/ Spouse Branch: _____
V.A. Claim No. _____

Is Applicant Currently Hospitalized? Yes: ___ No: ___

If Yes, Name of Hospital: _____

Date of Admission _____

Contact Person: _____

Phone No: _____

Current Illness (es):

Significant Medical or Psychiatric History:

Has Applicant ever resided in a Nursing Facility? Yes: ___ No: ___

If Yes, Name of Facility(ies): _____

Dates: _____



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REHABILITATION CENTER**

Name of Responsible Party:

Street Address:

_____ City:

_____ State : _____

Zip: _____

Home Phone No: _____ Work Phone No.

The Responsible Party is Action as: (Please check all that apply)

_____ Next of Kin

_____ Conservator

_____ Power Of Attorney

_____ Guardian

_____ Other:

Does the Responsible Party have Control or Access to the Resident's Income and /or Assets?

Yes ___ No: ___



COBALT HEALTH CARE AND
REHABILITATION CENTER

Confidential Financial Disclosure

Name of Applicant:

Maiden Name:

Social Security Number: _____

Date of Birth: _____

Does Applicant have Medicare Hospital Insurance Part A?

Yes: _____ No: _____

Does Applicant have Medicare Medical Insurance Part B?

Yes: _____ No: _____

If yes, Number: _____

Effective Date: _____

If pending, name of D.I.M. Worker:

Approximate Date of Application:

Does Applicant have any Private Medical Insurance?

Yes: _____ No: _____

If yes, Name of Company(ies): _____

Policy No: _____

Please Include a Copy of all Insurance Cards



COBALT HEALTH CARE AND REHABILITATION CENTER

Other than the responsible party, does any party have control or access to the applicant's Income?

Yes: _____ No: _____

And/or assets? Yes: _____ No: _____

If yes, Name: _____

Street Address: _____

City: _____ State: _____

Zip: _____

Phone No. _____

Appointment: _____

	Income		
Federal Benefits	ID Number	Amount	How Often
Social Security	_____	_____	_____
S.S.I.	_____	_____	_____
Veterans'	_____	_____	_____
R.R. Retirement	_____	_____	_____
Other	_____	_____	_____



COBALT HEALTH CARE AND REHABILITATION CENTER

Private Benefits

Type	Source	Amount	How Often
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Receivable			
Mortgage/Rent			

Other			
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Bank/Credit Union/ Investment Firm Accounts

Type	Name	Account No.	Balance
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Savings			
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Checking			
----------	--	--	--

I.R.A.'s			
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C.D.s			
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Annuities			
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REAL ESTATE

Description	Location	Name(s) on Deed	Value
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Home			
------	--	--	--

Land			
------	--	--	--

Other			
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REHABILITATION CENTER

Life Insurance/Death Benefits/Disability Insurance

Type	Company Name	Face Value	Cash Value
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Burial Funds/Prepaid Funeral Arrangements

Company Name	Address	Account No.	Amount
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Motor Vehicles

Type	Year	Make	Model
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Name	No. of Shares	Stocks Owner(s)	Value
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Bonds/U.S. Savings Bonds

Type	Serial No.	Purchase Date	Denomination
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REHABILITATION CENTER

Does the applicant have “life sue” (any ownership interest, in full or in part, for his lifetime, or the right to occupy property of his or her lifetime) of any real estate? Yes: _____ No: _____
If yes, please describe fully:

Does the applicant have a spouse or other family member currently living in the home?
Yes: _____ No: _____
If yes, please describe fully

Transfer of Assets

Within thirty-six (36) months prior to the date of this application, has the applicant given away assets of any kind (cash, securities, real estate, etc.) or transferred assets of any kind for less than fair market value? Yes: _____ No: _____

If yes, please describe fully all such gifts or transfers in excess of \$1,000. Including the asset transferred, name, address and relationship to the applicant of the person to whom the gift or transfer was made, and the value of the gift transfer:

Within thirty-six (36) months prior to the date of this application has the applicant created any trusts or place funds or any other assets in a trust that already existed? Yes: _____
No: _____

If yes, please describe fully and provide a copy of the trust instrument:



COBALT HEALTH CARE AND
REHABILITATION CENTER

I hereby certify that this is a true and complete statement of my/the applicant's income and assets, of my/the applicant's income and assets, of any gifts or transfers for less than fair market value in excess, of \$1,000, and any trusts created or transfers of assets to any trust that I/the applicant have made with in the thirty-six (36) months prior to the date of this application.

Name of Applicant (please print)

Signature of Applicant _____
Date _____

Name of Responsible Party (Please Print)

Appointment _____

Signature of Responsible Party _____
Date _____

Signature of Witness _____
Date _____

Signature of Administrator _____
Date _____

Non-Discrimination Notice

Cobalt Health Care and Rehabilitation Center is licensed by the State of Connecticut Department of Public Health and Addiction Services as a Chronic and Convalescent Nursing Home. Cobalt Health care does not discriminate against any applicant for admission on the basis of race, color, national origin, handicap, sex, religion, age, source of payment, or execution of an advance directive regarding treatment. Applicants are admitted in accordance with Federal and State law, including Connecticut General Statute 19a-533 and Regulations of Connecticut State Agencies 17-311-300 et seq. and the requirements of the Connecticut Public Health Code, including but not limited to 19-13-D8(d)(1) and 19-13 D8(h)(2)(D) of the code. This policy is applicable to all applicants for admission. Cobalt Health Care does not have any other specialized policies regarding admission of any particular category of applicants. For further information about our grievance procedure for resolution or discrimination complaints please contact:

Todd Zgorski (Administrator), P.O. Box 246 Cobalt, CT 06414