

# **BROADMEAD RESIDENTS' GUIDE TO HEALTH SERVICES**

**Prepared by the Health Care Committee  
Broadmead Residents Association**

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## I. Introduction to Health Services at Broadmead

Medical care, neighborhood health, and wellness are important at Broadmead. They are tied together by Broadmead's commitment to optimize the quality of life of residents and its neighborhoods regardless of the neighborhood one lives in—Independent Living, Assisted Living, Memory Support, or Skilled Nursing Services and Sub-acute Rehabilitation (SAR).

Health begins with each resident taking responsibility for developing their own health plan of action and incorporating services provided both on and off the Broadmead campus. This guide is designed to assist newly arriving and established residents in developing and updating their health strategies.

***This guide does not address a resident's unique payment program for health services.*** Most residents are covered by Medicare and/or another health insurance policy. However, an individual's contract (Residence and Care Agreement) may differ in how Broadmead handles additional health services costs, including co-pays. *If the terms of your contract regarding health coverage are not clear, you should obtain clarification from the Accounting Specialist.*

**To determine if your health insurance is acceptable** for use in the Broadmead Outpatient Department (OPD), **and for coverage of costs for rooms in the licensed services neighborhoods** (Hallowell, Taylor, Darlington, Tubman, Douglass, and Greenleaf), contact:

Accounting Specialist  
Phone: 443-578-8043

To discuss the **costs of nursing services, rooms, and personal services** while a resident in a licensed services neighborhood, contact:

Director of Social Work

Phone: 443-578-**8035**

To obtain a list of the **established expenses for services provided by Friends Connect**, contact:

Director of Home Services or designee

Phone: 443-578-**8065**

To learn about the **expenses for the different rehabilitation services** provided by Functional Pathways or other outside therapy providers, contact:

Accounting Specialist

Phone: 443-578-**8043**

To inquire about the **specific details of your rehabilitation plan**, contact Functional Pathways

Director of Functional Pathways Rehabilitation

Phone: 443-578-**8081**

## **A. Clinician Services at Broadmead**

Gilchrist Elder Medical Care at Broadmead provides clinician services in the Outpatient Department (OPD) and to residents in all Broadmead levels of living: assisted living neighborhoods (Taylor and Darlington), skilled nursing services (Hallowell, Douglass, Greenleaf, and Tubman), and independent living (the Garden and Hillside Homes). Rehabilitation services are provided by Functional Pathways Rehabilitation.

Gilchrist Elder Medical Care is wholly owned by the Greater Baltimore Medical Center (GBMC). Beginning as a hospice program in 1994, Gilchrist now includes Gilchrist Elder Medical Care for general health services for older adults with complex illnesses and Gilchrist Counseling and Support, a resource for those who request stress-related behavioral health guidance. GBMC, in Towson, is one of the closest hospitals to Broadmead (11 miles) and is commonly used by residents and emergency responders for acute hospitalization. GBMC's continuum of clinical services is a national model for community hospitals.

Broadmead's clinicians are employees of Gilchrist Elder Medical Care. These providers have certifications in geriatric medicine and are members of the Department of Geriatric Medicine, Hospice and Palliative Services at GBMC. The OPD director, nurse, and clinical medical assistant are Broadmead team members.

## **B. Outpatient Services at Broadmead**

The Outpatient Department (OPD) is Broadmead's primary care clinic. Located in the East Hall of the Community Center, OPD provides comprehensive, coordinated primary and preventive health services and can make referrals for specialty services as needed. The OPD is open Monday through Friday, 8:30 a.m. to 4:00 p.m. The OPD nurses work closely with Broadmead's clinicians to provide coordinated support/care. Most residents receive primary medical services in OPD and get specialty services elsewhere. OPD clinicians can refer residents to specialists.

**Appointments:** OPD appointments for primary care services can be made by phone (443-578-**8024**), through MyChart (discussed below), or in person.

**While you may obtain primary care wherever you choose, receiving your primary care at the Broadmead OPD ensure that a Broadmead clinician knows you and your health care needs and establishes a confidential medical record on the Broadmead campus. This record will serve you better in the event of an urgent health problem or change in condition and is important in coordinating any urgent care services you may need.**

If you have any questions or concerns about establishing primary care services in the OPD, the OPD Director will be happy to explain the resources available at Broadmead and the Broadmead's service philosophy.

Director of OPD

Phone: 443-578-**8018**

Email: [OPD@broadmead.org](mailto:OPD@broadmead.org)

## **Specialty Services Available Through OPD:**

**Audiology** – Hearing Assessment Center, 410- 429-8699

**Dentistry** – Dr. Thomas Rhodes, Hunt Valley Dentistry, 410-771-6300

**Dermatology** – Onsite Dermatology. Call OPD, 443-578-**8024**, to schedule an appointment.

**Neuropsychology** within the Center of Excellence in Dementia Care – Call Stacey Young, Director, 443-578-**8026**, to schedule an assessment.

**Physiatry** – Integrated Rehab Consultants. Call OPD, (443) 578-**8024**, to schedule an appointment.

**Podiatry** – Family Foot and Ankle, 410-666-FOOT (3668)

**Psychiatry** – CounterPoint Behavioral Health and Tapestry Telehealth Services. Call Teresa Geroulo, Director of Social Work, 443-578-**8035**, to schedule an appointment.

**Wound Services** – VOHRA: Dr. Karen Merine. Call OPD, 443-578-., to schedule an appointment.



## 1. Our Clinicians

### **Anna Monias, MD, Broadmead Medical Director**

Dr. Anna Monias was born in Annapolis, Maryland. She graduated from Brandeis University with a degree in history. After college, she attended the Mount Sinai School of Medicine. She completed a residency in Internal Medicine at Thomas Jefferson University Hospital and a fellowship in Geriatrics at Mount Sinai Medical Center. From 2003 to 2017, she worked as a team member clinician, associate medical director, and director of continuing services at Oak Crest Village. During that time, she saw patients in all venues: inpatient, office, skilled nursing, long term services, assisted living, and home visits. In 2018, she joined Gilchrist Greater Living to help develop a program in outpatient geriatric consultation and to continue caring for geriatric patients in a variety of outpatient and inpatient settings. Dr. Monias joined the Broadmead team in 2018.

### **Michael A. Ankrom, MD**

Dr. Michael Ankrom is a geriatrics physician at Greater Baltimore Medical Center (GBMC). He graduated from Texas A&M University with a degree in chemistry. After college, he attended the University of Texas Medical School at Houston. He completed his residency at Johns Hopkins Bayview Medical Center and also a fellowship in Geriatrics and Gerontology at Bayview Medical Center. In addition he was an instructor at the Johns Hopkins University School of Medicine.

### **Frank Sanzaro Jr, MD**

Dr. Frank Sanzaro was born in Washington, DC. He was educated at Mount St. Mary's College in Emmitsburg, MD, and then received his medical degree from Georgetown University School of Medicine. He completed a family medicine residency at Franklin Square Hospital as chief

resident in June 1979 and then opened a private practice in Phoenix, MD. He began offering services at Broadmead in the fall of 1979. The private practice became part of Greater Baltimore Medical Center in 1999 and continues still.

### **Millicent Stettler, MSN, CRNP**

Millicent Stettler was born in Accra, Ghana and moved to the United States at age 11. In addition to a B.A. from Alfred University, she received an associate degree in medical laboratory technology from Alfred State College in 2003. She then worked at Strong Memorial Hospital in Rochester, NY, for several years as a medical laboratory technologist. When she decided to pursue nursing, she returned to Alfred State College, where she earned an associate degree in applied science in nursing. She then worked as a nurse at Strong Memorial Hospital and at Johns Hopkins Hospital. While at Hopkins, she completed a B.S.N. from Notre Dame of Maryland University. She then earned an M.S.N. with a focus in Adult-Gerontology Acute Care from the University of Virginia . After working in a nursing home in Baltimore City, she joined the Gilchrist team and, in October 2022, the Broadmead team as a nurse practitioner.

### **Brenna Perkins, MSN, CRNP**

Brenna Perkins completed her undergraduate degree at Penn State University and then completed her nurse practitioner degree at George Washington University with a specialization in gerontology. She has been with Gilchrist for three years. Prior to Gilchrist, she worked at the University of Maryland Medical Center in downtown Baltimore. She is in the OPD Monday through Friday.

## **Jennifer Marcuri, BSN, RN**

Jennifer Marcuri earned her B.S. in nursing in 2008 from Towson University. Specializing in emergency and psychiatric emergency medicine, she uses her 15 years of experience and knowledge to deliver compassionate, efficient, and reliable care to those she serves. Her commitment to excellence in health care has earned her an award for Outstanding Clinical Practice, a nomination for Nurse of the Year in 2019 and an award for Nurse of the Year in 2020. She joined the Broadmead team in 2023.

## **2. Laboratory Support**

Diagnostic specimens of blood, urine, stool, and other sources are analyzed currently at the GBMC Laboratory for residents in independent living. Broadmead nurses collect the sample, and the Broadmead Transportation team delivers the specimen to GBMC. Phlebotomy services are offered in OPD on Tuesday and Thursday mornings. Diamond Medical Labs, located in Owings Mills, is used in the licensed services neighborhoods. A phlebotomist from Diamond Labs comes to Broadmead to obtain specimens and transport them to the lab. GBMC and Diamond perform many routine analyses. For studies that are less common, specimens are sent to Quest Diagnostics. The results of laboratory studies completed by GBMC are available to residents in MyChart.

All laboratory studies are processed promptly (although some studies require several days). Laboratory results are communicated electronically to the requesting clinician.

## **3. Imaging**

X-rays, CT scans, and other imaging procedures are performed at GBMC, other local hospitals, or independent imaging facilities in the area. When necessary, a portable X-ray is performed at Broadmead in OPD, the

inpatient units, or a Garden or Hillside home. Portable X-ray images are sent, usually electronically, for interpretation by a radiologist. EKGs and bladder scans are available in OPD and interpreted by Broadmead's clinicians. Ultrasound and echo cardiogram studies at Broadmead are available on request; they are performed by Preventive Diagnostics Inc. and interpreted by their specialists.

#### **4. Prescriptions**

Prescriptions for residents in independent living are provided by OPD clinicians and may be filled at any pharmacy, locally or by mail order. OPD clinicians transmit prescriptions electronically to a pharmacy for pickup or delivery. Some medications are available in OPD as a first dose or emergency dose.

Broadmead has a long-standing relationship with Austin Pharmacy. Austin delivers prescriptions to Broadmead residents six days a week. The pharmacists at Austin are available for consultation to Broadmead clinicians and to residents who use their pharmacy. Pharmacy services include filling a 30- or 90-day supply of medications for chronic conditions and filling short-course prescriptions. Austin accepts most prescription insurance plans. Residents can call the pharmacy for questions about their insurance. Refills are available by telephone. Online requests for refills are not accepted at this time, but residents can check the website to see if this has changed.

##### **Austin Pharmacy**

10757 York Road (2 miles south of Broadmead)

Phone: 410-773-0300

<https://austinpharm.com/pharmacy>

Hours: M-F, 9 a.m.–6 p.m.; Sat, 9 a.m.–2 p.m. Closed Sunday and holidays.

Austin also carries an extensive range of medical supplies and equipment. The store has a comprehensive display of power lift chairs, power scooters, patient lifts, wheelchairs, walking aids of all types, footwear products, continence supplies, daily living aids, braces and orthopedic appliances, compression therapy supplies, diabetic supplies, first-aid items, and over the counter medications. However, Austin does not cover all specialty needs. For example, it does not carry continuous positive airway pressure (CPAP) supplies for the treatment of sleep apnea. The pharmacy is happy to take calls about its inventory. Other pharmacies, some with 24-hour services, are available in Cockeysville and nearby communities.

## **5. Specialist Referrals**

Primary care clinicians make referrals for specialty consultation and services. They may recommend a specialist; please refer to your Residence and Care Agreement if you select your own specialist.

**Note:** Fees for OPD services are not covered in every case by Broadmead Residence and Care Agreements. When your Broadmead agreement does not cover a service, your insurance carrier will bill you for any co-pay required by your plan. For primary care clinicians, the bill will come from GBMC or from Gilchrist. (GBMC leaders are currently working on simplifying this billing, so that statements will come uniformly from Gilchrist or GBMC.) If a resident is seen by a nurse practitioner, the bill may list a supervising clinician from GBMC as the provider. Not all services in OPD are covered by insurance; please refer to the annual Fee Schedule for current charges.

Specialist clinicians and diagnostic providers will bill independently. OPD will provide the information they need to bill separately.

## **6. Electronic Health Records**

**EPIC:** EPIC is the electronic health record (EHR) program used by clinicians at Broadmead and GBMC. Each time you have a health encounter with the Broadmead OPD or a Gilchrist clinician, a record is made in EPIC. Your Broadmead EPIC record is instantly available to authorized clinicians at GBMC. It is also accessible to authorized clinicians in all Maryland hospitals and large medical clinics in our region via the secure network CRISP (Chesapeake Regional Information System for our Patients).

**MyChart:** MyChart is a component of your EPIC electronic health record. MyChart provides secure online access to your health record at any time of the day or night. The health record lists your medications, scheduled appointments, laboratory and other diagnostic reports, and clinicians' notes. MyChart also provides a means for you to communicate directly and confidentially with your health care provider for non-urgent matters or to request or change an appointment.

Residents are encouraged to take advantage of MyChart. An OPD team member can provide guidance to do this, or you may register directly by visiting <http://www.gbmc.org/mychart> to access the login page.

## **7. Primary Care Outside Broadmead**

Residents may see a clinician for primary care outside Broadmead. However, doing this may disadvantage the services Broadmead clinicians can provide in the event you have an urgent health issue on campus. Should you have questions about primary care at Broadmead, please contact the Director of the Broadmead OPD for guidance (Phone: 443-578-8018). Please refer to your Residence and Care Agreement for covered payment services.

## **C. Behavioral Health Services**

Broadmead residents have several ways to access behavioral health services. Appointments can be arranged by referrals from the Social Work Department, from OPD for residents in independent living, and from the Broadmead team member supporting residents in the licensed services areas (Taylor, Darlington, Hallowell, Douglass, Tubman, and Greenleaf).

The medical practitioners in OPD can provide behavioral health treatment at the primary care level. Broadmead's social workers are available to provide counseling upon request for people experiencing anxiety or depression or coping with grief or loss.

More specialized diagnostic and treatment services are provided by consultants who specialize in providing behavioral health services to residents in retirement communities. If a resident prefers, referrals can be made to outside professionals. Please contact the Director of Social Work or your primary care clinician for more information. Broadmead offers behavioral telehealth services.

A consultant neuropsychologist is available to meet with residents in the Center of Excellence in Dementia Care. Neuropsychology is concerned with relationships between the brain and behavior. Neuropsychologists conduct evaluations to characterize behavioral and cognitive changes resulting from central nervous system disorders such as concussion and traumatic brain injury, epilepsy, brain cancer, stroke, Parkinson's disease, and dementia. They can perform serial, longitudinal assessments of patients with cognitive impairment to assess their response to medication and to measure progression or improvement in disease manifestations. Please reach out to the Director of the Center of Excellence in Dementia Care, Stacey Young.

***Useful Reading on Mental Health for Older People:***

*Mental Health in Later Life—A Guidebook for Older Marylanders and the People Who Care for Them.* This helpful guide is available without charge from the Mental Health Association of Maryland by calling 443-901-1550, ext. 210. The Guide can also be requested by mail or downloaded at <https://www.mhamd.org/>. At the top of the page, click on “Publications.” In the box on the left, select “Older Adults 65+” and then “Submit.”

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**D. Transportation to Medical Appointments**

***During usual working hours:*** Broadmead can provide transportation in a Broadmead vehicle to off-site medical appointments when they have been recommended by a Broadmead practitioner. This must be arranged in advance, and fees for this service are based on a resident’s specific Residence and Care Agreement.

***After hours:*** On early mornings, evenings, and weekends, Broadmead will arrange transportation through its own services, via another contracted resource if Broadmead is unable to provide the transport, or via ambulance in emergencies. If the event is not deemed an emergency by the nurse, residents should call the Broadmead Reception Desk at 410-527-1900 to determine options for transport. Services provided outside standard business hours will incur additional fees.

***Getting home again:*** When a resident has been sent to an emergency department via ambulance and has been discharged and is ready to return home, the resident should call the Broadmead Reception Desk (410-527-1900), which will contact the Broadmead Transportation Office to coordinate transportation.

For additional information on transport services, contact:  
Transportation Supervisor: Phone: 443-578-**8023**



## II. Emergency/Urgent Services

### A. Resources

After 4:00 p.m. on weekdays and all day and night on weekends and major holidays, campus safety officers provide emergency/urgent services together with an experienced nurse supervisor (RN or LPN) from the licensed services areas.

***To receive emergency after-hours services:*** For an emergency or urgent problem, press your pendant or pull the emergency cord (in your bedroom or bathroom). If you call 911 first, also activate your pendant or emergency cord. The nurse who responds can guide you and, if needed, can get additional advice by texting an on-call clinician, typically a member of the Division of Geriatrics Medicine at GBMC. For residents who receive health care services from Broadmead clinicians, the on-call clinician will have access to your confidential medical record).

***Motion detection:*** Garden and Hillside homes have motion detection devices in one of the bathrooms. If no motion is detected by 10:00 a.m., a report is sent to the Reception team member, who will then call the resident for a wellness check. If there is no response to the call, the campus safety officer will go to the home. Residents should be sure there is no obstructing object in front of the sensor that would mask the motion movement.

### B. Emergency/Urgent Services on Weekdays

Campus safety officers and OPD nurses provide emergency/urgent services during the hours OPD is open (8:00 a.m.–4:00 p.m., Monday through Friday; closed weekends and major holidays).

The Director of the Outpatient Department (RN: 443-578-**8018**; opd@broadmead.org) is available to answer questions about this service.

***Emergency/urgent medical services response:*** The purpose of emergency/urgent medical services calls is **for assessment and triage**. First aid is offered. The nurse and others guide the resident regarding choices for next steps. Other interventions, including medications, are limited.

**1. Steps to Take for Immediate Medical Services**

- a) **Push the emergency pendant** (press for count of 5) at your location on campus **and/or pull the emergency cord** in your home (bedroom and bathroom). (Note: Pendants only work within the confines of the Broadmead campus. Pull cords are long enough for a resident to reach from the floor).
  
- b) **Call 911 for a medical response to your home if you feel it is necessary. Then activate your pendant or emergency cord.** Once a Broadmead team member receives your alert, someone from OPD or a campus safety officer will call to determine the extent of your symptoms. If needed, the campus safety officer and a clinical team member will come to your home or other campus location. During regular OPD hours, the nursing team member who responds to the call may consult the OPD team.

- c) When 911 responders arrive, they will evaluate the need for emergency transport to a hospital. **The resident, after discussions with the 911 team and the Broadmead team member, may choose to go to the hospital or may refuse.** If the resident refuses transportation, the emergency responder will request that a waiver be signed.

***Training of campus safety officers:*** All campus safety officers are certified in first aid, CPR (cardiopulmonary resuscitation), and AED (automated external cardiac defibrillator). They monitor the entire campus 24 hours a day, every day, including the independent living homes, the Community Center, and all the grounds.

## **2. Information Related to the Emergency Team Protocols**

The emergency team will ask your age and what the problem is. **The emergency team must follow Baltimore County protocols.** If an emergency department at the preferred hospital is on an alert that prevents the evaluation of new patients, the emergency team will transport the resident to the closest available hospital.

For chest pain or abnormal changes on the electrocardiogram, the emergency team will typically transport the resident to GBMC, the University of Maryland Medical Center, or St. Joseph Medical Center. For severe trauma, the emergency team will go to the closest available trauma center: Sinai Hospital, Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, or University of Maryland Shock Trauma. In certain situations, the 911 team may go to a hospital with special services. For example, a resident with a suspected stroke will be taken to Sinai Hospital; one with a severe burn to Bayview Medical Center, and one with a severe hand injury to Union Memorial Hospital.

### **3. Medical Orders for Life-Sustaining Treatment (MOLST)**

This important, Maryland-specific, health care planning document relates to your wishes concerning life-sustaining treatment. Your MOLST form guides emergency responders. It contains medical orders regarding cardiopulmonary resuscitation (CPR) and other life-sustaining treatments. A MOLST form can be obtained from the Broadmead OPD or the Social Work Department. The form is completed by your health care provider after a discussion with you about your wishes and **prescribes the care you want to receive in the event of a life-threatening emergency.**

Copies of the MOLST form should be kept in your home so that it is available instantly in the event of a major medical crisis. It is best to have copies of the MOLST form and Care Profile information sheet(see note below) in an envelope on the refrigerator. A clinician may use your MOLST form to instruct emergency personnel (911 responders) to provide comfort services instead of resuscitation if that is what you have expressed. In the absence of a MOLST form, first responders will do everything possible to resuscitate and preserve the life of the patient.

If you receive your primary care at OPD, it is convenient to keep a printed copy of your most recent visit available because it lists your medications and health issues. This information is typically sent to you after a visit to OPD, and you can print it from MyChart.

**Note:** Broadmead has a Care Profile information sheet available for all residents. This sheet lists emergency contacts as well as the names of persons who hold legal and/or health powers of attorney. To obtain copies of the Broadmead Care Profile information sheet and the Broadmead Release of Medical Information form, contact:

Medical Records Manager

Phone: 443-578-**8006**

To obtain copies of the MOLST form, contact::

OPD: 443-578-8024 or [opd@broadmead.org](mailto:opd@broadmead.org)

Director of Social Work: 443-578-**8035**

### **C. Resources for Emergency/Urgent Services After Hours**

After 4:00 p.m. on weekdays and all day and night on weekends and major holidays, campus safety officers together with an experienced nurse supervisor from the licensed services areas provide emergency/urgent services.

To receive emergency after-hours services at Broadmead for an emergency or urgent problem, **press your pendant or pull the emergency cord. If you call 911 first, also activate your pendant or emergency cord.** The nurse who responds can guide you and, if needed, can get additional advice by texting an on-call clinician (typically a member of the Division of Geriatrics Medicine at GBMC. For residents receiving primary care from Broadmead clinicians, the GBMC clinician will have access to your confidential medical record.

#### **Nearby Hospitals with Emergency Departments:**

Greater Baltimore Medical Center  
6569 N. Charles Street  
Towson, MD 21204  
Phone (443) 849-2000  
<https://www.gbmc.org/>

University of Maryland St. Joseph Medical Center  
7601 Osler Drive  
Towson, Maryland 21204  
Phone (410) 337-1000  
<https://www.umms.org/>

Sinai Hospital  
2401 W. Belvedere Avenue  
Baltimore, MD 21215  
Phone: 410-601-9000  
[Lifebridgehealth.org](http://Lifebridgehealth.org)

#### **D. Resources for Non-Emergency Health Services**

If a health concern occurs after hours that is **not an emergency, but requires attention**, a resident in independent living who receives primary care from OPD can call the **on-call Gilchrist nurse at 443-849-3184**. The nurse can assist with advice on symptoms, illness, and injuries as well as medication questions. If needed, this nurse can page an on-call Gilchrist clinician on behalf of the resident for further discussion or clarification. Although the on-call clinician may call you to discuss your situation, **emergency needs should still be triaged by the Broadmead nurse supervisor as discussed above (press your pendant or pull the emergency cord)**.

Urgent care facilities offer an alternative to a non-emergency visit to a hospital emergency department. **Urgent care facilities do not treat heart attack, stroke, heavy bleeding, compound fractures (an open fracture), trauma that may require surgery, or an acute abdominal problem (tenderness, distention, possible obstruction)**. In such a situation, activate your pendant and call 911.

**Two urgent care centers** commonly used by residents are a short drive from Broadmead. Many of the clinical team members in these centers are familiar with Broadmead’s clinicians and understand the Broadmead mission and resources. These centers provide timely follow-up information to the OPD team. **Note:** It is the responsibility of the resident to secure transportation to an urgent care center.

**Patient First: Towson Urgent Care**

950 York Road, Towson, just south of the Beltway

**Hours:** 8 a.m. to 8:00 p.m., 7 days a week

**Phone:** (410) 372-6373

<https://www.patientfirst.com/locations/baltimore/towson>

**Services:** Urgent care services; telehealth; primary care; occupational health; illnesses; injuries; immunizations; physicals; women’s care; and travel services. On site X-rays, laboratory testing, and prescription drugs.

**Patient First: Lutherville–Timonium Urgent Care**

10755 Falls Road, Suite 160, Green Spring Station (close to the intersection of Falls Road and Station Drive)

**Hours:** 8 a.m. to 8:00 p.m., 7 days a week

**Phone:** (410) 583-2777

**Services:** Similar to those listed above. Also has a travel immunization center.

### **III. Advance Directives**

An advance directive is a much more extensive document than the MOLST form (see above). The MOLST form is an emergency communication document to be made available to first responders and clinicians. The

MOLST form requires the signature of a clinician. An Advance Directive only requires the signatures of witnesses.

To prepare for the possibility that a resident may become seriously ill and unable to express his or her wishes for health care services, all residents should complete and make available to the appropriate people (relatives, friends, health care providers, etc.) instructions about what care they wish to receive (an advance directive).

Your advance directive should be shared with the person or persons who will serve as your health care agent if you become seriously ill and unable to express your wishes for health care.

If you go to the hospital, make sure that you take a copy of your advance directive and your MOLST form (discussed above) along with copies of your current medical information (provider contact information; medical problem list; current medications; and allergies: your most recent Broadmead OPD visit summary in MyChart has most of this information).

Completing a Maryland Advance Directive form or an equivalent, such as a Five-Wishes form, provides this information as a part of your long-term health care plan. You may have completed similar forms when your lawyer prepared your will.

At the time of moving to Broadmead, residents receive a copy of “Maryland Advance Directive: Planning for Future Health Care Decisions.” This pamphlet, available also online at the link below, has three parts: I: Selection of Health Care Agent; II: Treatment Preferences (“Living Will”); and III: Signature and Witnesses. There is an optional section of the Guide, “After My Death,” for instructions about organ donations and funeral arrangements. The guide is available at:



<https://www.marylandattorneygeneral.gov/>. On “Quick Links,” click on Advance Directives.

For the Five-Wishes form, contact: (888) 5-WISHES or (888) 594-7437; <https://fivewishes.org/>.

Once you have prepared your advance directive, it remains in effect unless you revoke it. It does not expire, and neither your family nor anyone else can change it. Once completed, you should review your advance directive at regular intervals or if you experience a major health change. Things may change in your life, or your attitudes may change. You are free to amend or revoke an advance directive at any time, **as long as you have decision-making capacity**.

Tell your doctor(s) and anyone else who has a copy of your advance directive if you amend it or revoke it. Your most current advance directive should be shared with all those you will rely upon for help and guidance in making health care decisions.

Out-of-state residents moving to Broadmead should review the details and differences between the Maryland Advance Directive guidelines and those in their previous state of residence. An advance directive prepared in another state is generally valid in Maryland. However, it may have differences, and these differences should be understood.

A **power of attorney for health care** is a document in which you designate a health care agent who can make medical decisions on your behalf. The Broadmead Social Work Department or your lawyer can provide guidance on completing this document.

In selecting a health care agent (as indicated in Part I of the Maryland Advance Directive) you can choose a family member if you wish. You

should always get approval from the individual(s) you want to have your power of attorney for health care. All appropriate members of your family should know who has been named as your surrogate, and you should share your wishes with them. For more guidance, the State of Maryland has a helpful booklet that you can request by phone (410-576-7000), or you can download it online:

*Making Medical Decisions for Someone Else: A Maryland Handbook*  
at:

<https://www.marylandattorneygeneral.gov/health%20policy%20documents/proxyhandbook.pdf>.

You can also search on the home page for “Proxy Handbook.”

It is important to remember that completing the Maryland Advance Directive does not give anyone power to handle your finances.

**Note:** Residents should have an *Important Documents* file on the refrigerator.

## IV. Licensed Health Services Areas

### A. Overview of Licensed Health Services Neighborhoods

**Taylor Assisted Living** neighborhood is designed specifically for active residents requiring intermittent nursing support with personal needs. This neighborhood promotes the autonomy and independence of residents to choose how to engage in social gatherings and programs that take place in Taylor as well as throughout Broadmead.

**Darlington Assisted Living** neighborhood focuses on supporting individuals living with a neurological challenge. Residents live with purpose, enjoying individual and group activities within an environment that supports independence. Darlington provides a routine, structured environment and program schedule to meet the needs of residents with memory challenges in both group and individual settings.

**Hallowell Comprehensive Nursing Services** supports individuals in need of rehabilitation, long-term nursing care, and those living with advanced stages of illness. Hallowell residents often prefer the privacy of their individual room, but they are also encouraged to attend programs of interest in the Community Center, either independently or by arrangement for a private escort (if a volunteer is available; otherwise at the resident's expense).

**Douglass Rehabilitation Services** provides short-stay rehabilitation (SAR) services. Patients in this neighborhood usually prefer independent pursuits in their room or socializing with other rehabilitation guests, but they are welcome to enjoy all Broadmead amenities.

**Greenleaf Comprehensive Nursing Services** provides increased services support and engagement within the neighborhood. Residents have

a wide variety of group programs offered both in their own neighborhood and in the Taylor neighborhood.

**Tubman Comprehensive Nursing Services** provides a sensory-based program and environment where engagement is focused on a small-group or individualized routine. A driving philosophy in this neighborhood is that residents have a source of engagement in front of them when awake that meets their unique needs, whether it is through an activity or visit, a small-group program, or use of the environment to meet this need.

## **B. Skilled Nursing: Comprehensive Nursing Services and Rehabilitation**

Residents of Broadmead may be admitted to comprehensive nursing services as a transition from the hospital if they need these services to recover from surgery or hospitalization before returning to their independent living homes. The Broadmead Admissions Director works with the resident and the spouse or partner of the resident, family members (those identified on Broadmead care profile), and other loved ones selected by the resident to coordinate admissions or transitions to comprehensive services from independent living.

Coordination of admission to Douglass from the hospital occurs with the resident and those indicated on the Broadmead Care Profile information sheet.

During an acute or elective hospitalization, a Broadmead resident will be contacted by the Broadmead Admissions Director, who visits the resident in the hospital and discusses their need for after-discharge services at Broadmead, especially for sub-acute rehabilitation. Each day, the Admissions Director reviews the list of residents who have gone to the hospital, their clinical status, and their discharge information. If necessary,

the Admissions Director will coordinate the hospital discharge plan with the Broadmead team member and arrange for admission to rehabilitation or return to the independent living home. A Broadmead Social Work team member and the Admissions Director are available Monday through Friday on campus to help the resident's spouse or partner, family members, and other identified friends of the resident to understand the details for discharge back to Broadmead. Weekend concerns should be directed to the nurse supervisor.

When residents arrive on Douglass (or another neighborhood), team members work to have the appropriate medications delivered within a few hours after admission. There is a registered nurse (RN) or licensed practical nurse (LPN) working every shift, along with a nurse supervisor. Certified geriatric nursing assistants (GNAs) are on site 24 hours a day, 7 days a week. A clinician is on site Monday through Friday during regular hours and on call 24/7. The health services team meets daily (Monday through Friday) to review updates on residents in the licensed services neighborhoods. A resident with a concern can contact the charge nurse or nurse supervisor for resolution. The charge nurses and nurse supervisors carry cell phones.

Director of Nursing:

Phone: 443-578-**8079**

Nurse Supervisor

Cell phone: 443-876-4633

Neighborhoods offer three meals a day and snacks at any time. Laundering of supplied bed linens and towels is provided. Transportation to medical appointments is provided when referred by a Broadmead clinician or as noted in the Residence and Care Agreement.

It is important to note that residents in licensed services neighborhoods ***should not expect the following services***: one-on-one supervision (for example, to prevent falls); laundering of personal items; or escorts for appointments and events.

Rehabilitation services, such as occupational, physical, and speech therapy, are integrated into daily services. Physical therapists work with residents to increase strength, to improve walking gait and joint range of motion, and to ameliorate pain. Occupational therapists work with residents to increase safety in their home environment. Speech therapists work on language and communication skills, changes in cognition, wayfinding, and improving swallowing/eating abilities.

Director of Rehabilitation  
Phone: 443-578-**8081**

A physiatrist participates in the Broadmead Rehabilitation program. Physiatry is the branch of medicine that aims to enhance and restore functional ability and quality of life to people with physical impairments or disabilities. Please contact OPD to schedule an appointment.

An important advantage of the Broadmead licensed services neighborhoods is that they provide Broadmead residents who require the services of an inpatient skilled nursing neighborhood an easy and convenient opportunity during the day to see their spouse or partner and friends who remain in independent living, including sharing meals together.

### **Types of Support Personnel**

**GNA:** Geriatric nursing assistants (GNA) are skilled professionals who are trained to assist seniors with the activities of daily living, including bathing, dressing, and eating; they also take vital signs. GNAs work under the

supervision of a registered nurse (RN). Upon completing an approved nursing assistant program and passing the state Geriatric Nursing Assistant examination, these individuals are certified as nursing assistants by the Maryland State Board of Nursing.

**CNA:** Certified nursing assistants (CNA) similarly provide support to seniors. CNAs assist seniors with the activities of daily living, such as grooming, toileting, and mobility; they are trained to take vital signs. CNAs work under the supervision of an RN. CNAs are required to take an approved nursing assistant program but are not required to take a state examination.

**CMT:** Certified medication technicians administer non-injectable prescription medications, under the supervision of a registered nurse, to people in neighborhood-based settings, including homes. These professionals prepare, distribute, and monitor the effects of a patient's medication. Certification requires completion of an approved medication technician training program.

## **C. Assisted Living**

- Taylor Assisted Living Neighborhood.
- Darlington Assisted Living Neighborhood

### **1. Steps Before Admission to the Taylor and Darlington Neighborhoods**

Broadmead team members help residents to transition from independent living to the Taylor and Darlington Assisted Living Neighborhoods. The resident and the family meet with a social worker and others on the Broadmead team for a care coordination meeting. At the meeting, the resident, family, and team member establish realistic expectations of the services and lifestyle in the Taylor or Darlington Neighborhood. The Broadmead team partners with the resident and their family to ensure that all parties concerned have an opportunity to clarify how the needs and desires of the resident will be realistically met. As part of the medical screening, a Broadmead clinician completes an assessment form. This evaluation establishes the resident's medical needs and determines if the resident can carry out required activities safely in the neighborhood. To establish the resident's needs, the delegated nurse performs an assisted living assessment.

Taken together, these steps prior to admission help enhance communication with the resident and the family to facilitate the transition from independent living to a new neighborhood.

### **2. Taylor Assisted Living Neighborhood**



The Taylor Assisted Living Neighborhood currently has 26 apartments and is designed specifically for active residents requiring minimal support with personal needs. A Broadmead team member provides each resident with individualized assistance with activities of daily living, such as dressing, medication assistance, bathing, and other services to meet their needs as these change. Each resident receives a service plan that outlines their individual preferences and needs. Residents make up their own daily schedules—when to rise, where to dine, when to socialize, and more—all in a relaxed environment with personalized attention and the availability of special services.

A comprehensive medical assessment is conducted: (a) within 7 days of admission to Taylor, (b) when a significant change occurs in the resident's condition, and (c) upon return from a hospitalization. In the absence of a significant change in condition or a hospitalization, a review of the previous assessment is done every 6 months.

Management of medical conditions is performed as established in the service plan.

A licensed nurse is on site 24/7. Certified geriatric nursing assistants (CNAs) are on site 24/7 to assist with daily routines and personal support as referenced in the resident's Residence and Care Agreement. A clinician is on site Monday through Friday during the day, except holidays, and on call 24/7. Residents wear an emergency pendant and have pull cords in their room. Campus safety personnel are accessible 24/7.

Routine housekeeping occurs as described in the Residence and Care Agreement. Three meals a day are available in either the Taylor dining room, or other Broadmead dining venues, including the Arbor Café and Holly Terrace. Snacks are available at any time. Laundering of supplied bed linens and towels is provided. Transportation to medical appointments

is provided when referred by a Broadmead clinician. A variety of neighborhood events, recreational opportunities, and spiritual activities are available.

It is important to note that residents on Taylor should not expect one-on-one supervision to prevent falls; skilled nursing services; laundering of personal items; overnight guests in the apartment without prior approval from the Vice President of Health Services; or escorts for appointments and events.

### **3. Darlington Assisted Living Neighborhood**

The Darlington Assisted Living Neighborhood is the preferred lifestyle for people living with a neurological challenge. It is a neighborhood of 14 residents (each with their own apartment) who enjoy individual and group activities within an environment that supports independence. The difference between the Darlington and Taylor Neighborhoods is that residents in the Darlington Neighborhood have significant cognitive impairment. They require living in an access-secure neighborhood to ensure their safety.

Services available to residents in the Darlington Neighborhood are identical to those described above for the Taylor Neighborhood with one main difference. Darlington residents live within the secured environment of the Darlington complex of rooms.

It is important to note that residents on Darlington should not expect one-on-one supervision to prevent falls; skilled nursing services; laundering of personal items; overnight guests in their apartment without prior approval from the Vice President of Health Services; or escorts for appointments and events.

## **D. Center of Excellence in Dementia Care**

Alzheimer's and other types of dementia continue to be a major health issue among older adults. Broadmead's Center of Excellence in Dementia Care was developed in collaboration with Johns Hopkins Medicine.

The programs and services developed through this collaboration provide innovative models of services and engagement while offering resources, support, and education for care partners and family members. The Center makes this model of services available to residents in independent living who have cognitive challenges from dementia. The model enables such residents to extend the time they live in their home and encourages participants to develop a comprehensive services plan.

Individuals living with a memory challenge and families are often uncertain about what supports, and services are available or what interventions are needed for residents to continue to live in an independent living environment. The Center of Excellence in Dementia Care is able to help. Broadmead's in-home safety and needs assessment allows team members to work with independent living residents and their care partners to assess all aspects of their daily life, future planning, safety, care partner needs, and more. From this assessment, Broadmead will provide a comprehensive report of observations and recommendations to the individual and their loved ones to help support their current and future needs. Assessments can be scheduled upon referral by your Broadmead clinician, the family, and/or the resident. *A fee applies: See your Broadmead Fee Schedule for the current Fiscal Year.*

The Center Director visits residents in independent living who have signs of dementia and develops a home services plan to allow a resident to live independently at home as long as it is safe and meets the necessary quality of life. The plan includes the resident's spouse or partner as well as

close friends and family members. It builds upon the seven facets of the Person-Centered Dementia Care program: services management; assessment; quality of life; education; caregiver(s); health and wellness; advancement and innovation. Each resident and their caregiver(s) receive a commitment to services through a variety of programs and services.

Director, Center for Excellence in Dementia Care  
Phone: 443-578-**8026**

Details of implementing the services provided should be discussed with the Center Director. These services include comprehensive services management assessment and plan of services; in-home lifestyle and engagement services; an early-stage social group; liaison between the family, resident, and supportive services; music therapy; equine therapy; a care partner resource library online and in the Broadmead Library; transportation services; medication reminder supports; individual physical, speech, and physical therapy; and dietician services.

If these services need to be increased, and it is no longer safe for the resident with dementia to receive services in their home environment, an evaluation for a higher level of services is performed.

### **The Bruck Fund for Special Needs**

The Bruck Fund for Special Needs is an endowment created by Gabriele Bruck, a former resident, to enhance the quality of life for Broadmead residents living in the licensed services neighborhoods of Hallowell, Tubman, Douglass, Greenleaf, Taylor, and Darlington. The fund was established in 1992. Broadmead's Board of Trustees is the custodian of the fund and supervises its investments. The Bruck Fund accepts bequests and donations.

Selected examples of programs supported by the Bruck Fund include music and art therapies; massage therapy; visits by the Zoo-mobile from Maryland Zoo in Baltimore; musical entertainment; and monthly social hours. Grants may also be made to individuals for personal requests (for example, hearing aids) in cases where the resident needs financial support for the services.

A program manager, supported by the Bruck Fund, coordinates the operation of the fund and is supported by a council consisting of team members and resident volunteers. The council includes the directors of Nursing, Social Work, and Lifestyle, and the chair of the BRA Health Care Committee. The program manager works closely with the Social Work Department at Broadmead. To receive funding from the Bruck Fund, applicants should submit a written proposal for review and approval by the program manager and the council. Applications are available in the Broadmead Administration Office and through council members. Individuals or groups who wish to make an application can seek guidance from a council member.

## **V. Friends Connect**

Friends Connect, “Our Hands Lending a Hand,” is a new Broadmead service that replaces Friends Circle. Friends Connect follows a “relationship model” and uses a personal assistant, relationship-oriented approach to provide services. Friends Circle, which followed a medical support model of service, was primarily task-oriented and staffed by certified nursing assistants (CNAs) and geriatric nursing assistants (GNAs).

Friends Connect is a concierge service that allows the resident to interview and select a personal assistant before that individual comes to their home. These personal assistants are fully trained to help in a variety of areas including meal preparation, pet services, errands, technology assistance,

light gardening, administrative support (bill paying, letter writing, organizing), travel assistance, personal grooming and dressing support, and creating and maintaining a personal trusting relationship.

**Friends Connect will continue to offer medical support services,** including follow-up services after the resident returns to their home following hospitalization or after completing a skilled nursing services admission on Hallowell. Friends Connect will continue to include CNAs and GNAs to offer home health services. Friends Connect can also help the Gilchrist Hospice team with end-of-life services in a resident's home. To learn more about the different services available through Friends Connect and to discuss the fee schedule, contact:

Director of Home Services

Phone: 443-578-8065

Email: [friendsconnect@broadmead.org](mailto:friendsconnect@broadmead.org)

## **VI. Social Services**

A wide variety of services are offered by the Social Work Department at Broadmead. The Social Work Department serves residents in all residential levels of living. Many residents in independent living may be unfamiliar with the services Broadmead's social workers can provide. The Social Work team is happy to discuss its services with residents, and it may be helpful to initiate these discussions before such services are needed.

A partial list of Social Work services includes the following:

- Meet with new residents in independent living to help with adjustments after their move to Broadmead.

- Provide counseling services for depression, marital or partner issues, interpersonal issues, financial concerns, and adjustment to illness and aging.
- Assist in advance care planning, including reviewing or creating advance directives, reviewing Maryland Medical Orders for Life Sustaining Treatments (MOLST), guiding residents in conversations with family members about end of life wishes, and helping to arrange for body or organ donation.
- Coordinate Care Management services, such as nursing, for residents who may wish to remain in their independent living homes.
- Assist in discharge planning for residents in independent living who are temporarily in Douglass Rehabilitation.
- Initiate referrals for hospice and palliative services.
- Offer bereavement counseling.
- Provide assistance with tasks such as evaluations for safe driving, filling out forms for the Motor Vehicle Administration, making phone calls to the Social Security Administration and other government agencies, and providing referrals to elder law attorneys.

A more complete list of social work services available to residents in independent living can be found on Caremerge under “Health Information Services,” on the left pull-down menu. For more information, contact:

Director of Social Work

Phone: 443-578-**8035**

Cell phone: 443-933-0025

## **VII. Care Coordination**

Care coordination is a vital aspect of health services. Services coordination is especially critical in older individuals because seniors experience both health complexity and vulnerability. Complexity and vulnerability are a result of the accumulation of multiple age-related chronic health conditions and normal physiological losses over many decades. These may lead to vulnerability in the eighth or ninth decade of life.

There is great variability among individuals in the pattern of these changes. One illness may modify the presentation or course of another. Some diagnostic procedures, such as intravenous contrast for imaging, carry more risk. Age is never a contraindication for surgery or for diagnostic or therapeutic procedures in the very old, but these are much riskier and require highly focused team services.

Medication use also is much more difficult in seniors because of age-related decreases in the clearance and metabolism of drugs, drug interactions, and the adverse influence of some drugs on other health problems.

High-quality medical services for seniors is therefore complex and requires consideration for each person individually. Detailed risk-benefit discussions about diagnostic or therapeutic interventions, including medication use, must occur with each patient. Clinicians also must coordinate services in the various components of a health services system, such as primary services and specialty services, or in the various venues of services delivery—office or clinic, emergency department, hospital, long-term services facility, rehabilitation center, or the home.



Continuing Care Retirement Communities (CCRCs) (also referred to as a Life Plan Community) such as Broadmead are uniquely prepared to provide the highest quality of services coordination for seniors. Broadmead, the first CCRC in Maryland, strives to remain a leader in geriatric health services innovation and delivery.

Many of Broadmead's health services are campus-based: primary care, speech language (SLP), physical (PT) and occupational therapy (OT), mental health services, rehabilitation, sub-acute nursing services, long-term assisted living, and comprehensive nursing services. For patients at GBMC, hospital services initiated by Broadmead health services professionals are coordinated with inpatient services teams. Pertinent health records are available via EPIC (MyChart). Communication between Broadmead's clinicians and their hospital-based colleagues improves care coordination during the hospital stay and in discharge planning.

When hospitals other than GBMC are used, Broadmead's clinicians send pertinent clinical information about the resident's prior services. In addition, with the resident's permission, medical information is securely and confidentially sent to authorized clinicians electronically, using the statewide medical information system CRISP.

Broadmead emphasizes wellness for residents and has an extensive program of individualized physical and mental exercises for all residents, including those with illness or disability. In addition, many programs to foster creative activities and socialization are available.

Coordination of services is ensured at Broadmead, especially for those who receive primary services on campus, through the daily meeting of leaders in the health services and wellness programs and others concerned with each resident's well-being.

## **VIII. Hospice and Palliative Services**

Medical care providers may recommend hospice or palliative care when a patient is near the end of life or prefers a plan of comfort rather than treatment. The focus of hospice and palliative care is to enhance life with comfort and support measures rather than to try to cure disease. Choosing hospice care means living as fully and comfortably as possible during the time left. People who qualify for hospice are usually expected to die in six months or less, but that does not mean dying is their focus.

When hospice services are instituted for a resident, specialists from a hospice provider organization come to Broadmead to bring their special skills and insights in support of the Broadmead team, regardless of whether the resident is in one of the licensed services neighborhoods or residing in their independent living home. Hospice care focuses on the needs of the resident, the family, and other loved ones. Palliative care is specialized medical care for people living with a serious illness, such as cancer or heart failure.

Patients in palliative care may receive medical care for their symptoms, or they may receive palliative care together with treatment intended to cure or support their serious illness. The difference between hospice and palliative care is that hospice is comfort care without curative intent; the patient no longer has curative options or has chosen not to pursue treatment because the side effects outweigh the benefits. Palliative care is comfort care with or without curative intent (such as continuing with physical therapy).

To initiate hospice or palliative services, the resident or family should contact the Broadmead Social Work Department. A social worker can explain the options available for hospice services and can coordinate the ongoing services and communication between Broadmead and the hospice services provider. Contact:

Director of Social Work

Phone: 443-578-**8035**

Maryland law requires that at least three hospice services providers be discussed with individuals and/or their families. Broadmead has worked with the following hospice providers to provide such services:

**Gilchrist Hospice Care**

Gilchrist Center Towson

555 W. Towsontown Blvd.

Towson, MD 21204

Phone: (888) 823-8880 (Corporate office in Hunt Valley)

<https://gilchristcares.org/services/hospice-care/hospice-help/>

**Bridging Life** (formerly Carroll Hospice)

292 Stover Avenue

Westminster, MD 21157

Phone: 410-871-8000

<https://www.lifebridgehealth.org/main/bridging-life-hospice-care>

**Stella Maris** in Lutherville-Timonium

2300 Dulaney Valley Road

Timonium, MD 21093

Phone: 410-427-7830

<https://stellamaris.org/health-services/hospice/>

## **IX. Conflict Resolution**

If a resident, their spouse or partner, or a family member is dissatisfied with an aspect of the treatment that the resident is receiving, they should contact the responsible senior team member person as soon as possible to address the issue. Relevant contact information for the various clinical venues follows:

Vice President of Health Services

Phone: 443-578-**8004**

If the problem cannot be resolved satisfactorily within Broadmead, an ombudsman employed by Baltimore County Department of Aging can address complaints for residents living in licensed care neighborhoods, to help ensure that patient services are provided in the best possible way, and help resolve conflicts. The name and contact information for the ombudsman is displayed on bulletin boards in the Hallowell and Taylor Neighborhoods.

## **X. Team Member Compliance and Ethics Program**

Broadmead has a Compliance and Ethics Program for employees that is critical to the continued success of its programs. The following is the conclusion of the document provided to team members. Employees are crucial in ensuring the integrity of Broadmead. The Standards of Neighborhood Excellence and the Compliance and Ethics Program set standards for the legal, professional, and ethical conduct of Broadmead's business. Key points are:

- Broadmead, its related entities, and our associates are committed to personal and organizational integrity, to acting in good faith, and to being accountable for our actions.
- The Standards of Neighborhood Excellence and the Compliance and Ethics Program prepare us to deal with the growing complexity of ethical, professional, and legal requirements of delivering health services in the CCRC environment.
- The Compliance and Ethics Program is an ongoing initiative designed to foster a supportive work environment, provide standards for clinical and business conduct, and offer education and training opportunities for associates.
- The success of the Broadmead's Compliance and Ethics Program depends on our commitment to act with integrity, both personally and as an organization. As an associate, your duty is to ensure that the organization is doing everything practicable to comply with applicable laws. You are expected to satisfy this duty by performing your responsibilities in accordance with professional standards, the regulations guiding our business practices, and our policies and procedures.

Compliance Official: Vice President of Health Services 443-578-8004

Compliance Officer: CHC, CHPC, 215-646-0720

Toll-Free Anonymous Compliance Line: 1-800-211-2713

## **XI. Volunteering**

Volunteers are welcome and appreciated in the Hallowell, Tubman, Greenleaf, Douglass, Taylor, and Darlington Neighborhoods to provide support, assistance, and social interaction for residents there. Inquiries should be directed to the Volunteer Program Coordinator, Center of

Excellence in Health and Wellness, who can describe the opportunities to volunteer on the inpatient units or in other activities both on campus (for example, knitting groups) and off campus (day care centers; school homework help).

Volunteer Program Coordinator

Phone: 443-578-**8093**

### **Further Information and Questions**

If you have questions that are not addressed in the 2023 Guide, please send them to:

Vice President of Health Services

Phone: 443-578-**8004**

### **Acknowledgments**

The 2022-2023 BRA Health Services Committee is greatly indebted to Linda Gerson, PhD, RN and Richard Moxley, MD, for serving as the lead editors for this Guide. Their dedication to accuracy, exhaustive interviews of Broadmead leaders and residents, research on off-campus health resources, and careful writing make this Guide a most valuable and timely resource. The Committee is grateful to the many administrative leaders at Broadmead who reviewed various sections. The Committee is very grateful for the final editing by Del Sweeney.

The 2022-2023 Broadmead Residents Association Health Services Committee (Sue Appling, Nell Baumiller, Walter Burnett, John Burton, Chair, Linda Gerson, Jen Hobbins, Nancy Kleuth, Richard Moxley, Marilyn Winkelstein, Jack Griffith, ex-officio, Kathryn Amey Shelton, ex-officio, and Ann Patterson, Vice President of Health Services) participated in initiating, advising, researching, editing, and reviewing elements of the Guide.

**May 2023**



