



## LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER RULES AND RESPONSIBILITIES

Laguna Honda Hospital and Rehabilitation Center's (Laguna Honda) goal is to help each person we care for achieve their highest level of independence by maintaining a healing environment. The care needs of our entire resident population, including you, is our top priority. To help make your stay at Laguna Honda a successful one and to respect your fellow residents, we ask you to follow these rules and responsibilities:

1. **VISITING HOURS.** Socialization is part of the healing process, and we encourage you to have visitors. Your family and friends are welcome to visit you at Laguna Honda. You have the right to receive visitors of your choosing at the time of your choosing. Our recommended visiting hours are from 10:00 am to 9:00 pm daily. We ask visitors to provide advance notice so visits can be coordinated with your schedule, rehabilitation, and clinical appointments, and other activities. Visitors must sign-in at the Pavilion lobby information desk and at the nursing station on your unit.
2. **ORIENTING TO LAGUNA HONDA.** When you are admitted, we complete a comprehensive assessment of your clinical and life circumstances and orient you to the Laguna Honda setting. During this two-week process, we ask that you consider staying onsite at the facility and not going out on pass for extended periods of time.
3. **OUT ON PASS/LEAVE OF ABSENCE.** You are welcome to request for permission to leave the campus through an out on pass order by working with your physician. Passes to leave the campus must be obtained by order of your physician. You should not leave the campus without an out-on-pass order from your physician and coordination with your Resident Care Team. Should you leave the facility without an out-on-pass order, you may be discharged Against Medical Advice (AMA).
  - a. When you leave your unit for an out on pass or medical appointment needs, coordinate with a member of your Resident Care Team. Sign out when you leave the unit and sign in at the Nurses' Station on your unit when you return.
4. **DISCHARGE FROM LAGUNA HONDA.** Goal setting with your Resident Care Team for returning to the community begins upon your admission. Your Resident Care Team needs your help to create the best discharge plan for you that supports your highest level of independence. Your Resident Care Team will prepare you for discharge when your rehabilitation goals are achieved, your progress has plateaued, and/or your therapy needs may be better met at an alternative setting.
5. **PARTICIPATION IN ACUTE OR SKILLED REHABILITATION.** Your stay at Laguna Honda may depend on your consistent participation and progress with your resident care plan, including but not limited to your skilled nursing services and/or rehabilitation therapy or related services. In general, therapy appointments are scheduled between 8:00 am to 4:00 pm, 7 days a week.
6. **RELOCATION WITHIN LAGUNA HONDA.** Laguna Honda provides care to patients and residents with diverse needs, and during your stay, your needs may also change. To provide you with the most appropriate care during your stay, you may be relocated from one unit, household, or room to another. If relocation is required, a member from your Resident Care Team will give you or your representative advance notice when possible, and will orient you to your new space and introduce you to any roommates.
7. **WHEELCHAIRS** must be operated safely. Occupational therapists can evaluate and work with you to determine the appropriate equipment and settings needed for safe operation of your wheelchair while at Laguna Honda. This includes, but is not limited to, the speed of your electric wheelchair, training to improve driving techniques, positioning, adaptive devices, and more. Laguna Honda expects that at all times you are operating your wheelchair safely, respecting the flow of open spaces within the facility and larger campus, and not operating your wheelchair under the influence of alcohol or illicit drugs.

- 8. PROHIBITED ACTIVITIES THAT MAY RESULT IN YOUR DISCHARGE – UNAUTHORIZED USE OR POSSESSION OF ALCOHOL, ILLICIT DRUGS AND/OR DRUG PARAPHERNALIA ARE PROHIBITED.** In order to promote a safe and healthy healing environment for our residents and patients at Laguna Honda, you agree to abstain from having or using any drugs or alcohol that have not been prescribed by your medical team. If you have a history of drug or alcohol use that may be a danger to the safety or well-being of yourself or others, we provide a stepwise approach to your care. Initial steps may include (a) Substance Use Disorder (SUD) screening and (b) referral for SUD assessment to support your sobriety and treatment, if desired. Any potential breach of the prohibition on having or using illicit drugs or alcohol may result in a stepwise increase in screening, monitoring and intervention and may include (1) random urine toxicology screening; (2) frequent searches of your belongings in accordance with law and regulation, (3) work with your Resident Care Team to establish a behavior management agreement in support of your therapeutic success, and/or (4) discharge from Laguna Honda if you are unable or unwilling to adhere to these rules and responsibilities.
- a. POSSESSION, SALE, OR EXCHANGE OF ILLEGAL AND HARMFUL ITEMS, such as weapons, alcohol, cigarettes, electronic cigarettes, lighters, matches, or devices that ignite, light, or fuel a flame, violate facility policy and is not permitted.
    - i. **NON-COMPLIANCE with this rule may lead to a discharge to the community.**
    - ii. Non-compliance with this rule that endangers the health/well-being or safety of yourself or others will lead to an expedited discharge to the community.
  - b. VERBAL OR PHYSICAL ACTS OF AGGRESSION are not tolerated.
    - i. **NON-COMPLIANCE with this rule may lead to a discharge to the community.**
    - ii. Non-compliance with this rule that endangers the health/well-being or safety to yourself or others will lead to an expedited discharge to the community.
9. PERSONAL PROPERTY. In order to protect you and your property, all personal property must be logged in by Laguna Honda staff upon entry. Laguna Honda may not be held responsible for items that are not logged in your inventory of belongings. Residents may possess items at Laguna Honda as space, and health and safety considerations, permit. Laguna Honda provides a 3-drawer chest, wardrobe, and nightstand for storage of personal belongings. One drawer of the nightstand is lockable to safeguard items of value although, to the extent possible, items of value should not be stored at the facility to minimize the risk of theft and loss of the items.
- Laguna Honda does not provide separate or additional storage space. Your personal property should fit in the furniture space provided in your room. When you are discharged, you must take your personal property with you or otherwise appropriately dispose of it.
10. PERSONAL VEHICLES cannot be accommodated at Laguna Honda; outside parking is not permitted for a resident's personal vehicle, including, but not limited to: automobiles, motorcycles, bicycles, or any other motorized vehicles. Unauthorized vehicles may be ticketed and towed at the owner's expense.
11. SMOKING. Laguna Honda encourages all patients and residents to stop smoking. However, if you choose to smoke while at Laguna Honda, we support your ability to do so safely by following these basic rules:
- a. Upon admission, your smoking materials (i.e., cigarettes, igniters, e-cigarettes, tobacco products) will need to be surrendered to the Resident Care Team for safe keeping. Your cigarettes will be secured and brought to the designated smoking area daily. One cigarette at a time will be provided to you when you are in the designated smoking area.
  - b. Smoke only in the designated smoking area. Laguna Honda staff will help you make arrangements to go to the smoking area as needed.
  - c. Do not smoke if you are on oxygen (this is a significant and immediate danger to the safety/well-being to you and others).
  - d. Do not smoke around others with oxygen (this is a significant and immediate danger to the safety/well-being to you and others).

- e. If you violate Laguna Honda's Smoking policy, you will work in good faith with your Resident Care Team to develop intervention(s) to help you comply with the policy. The interventions may include (a) random or routine Clinical/Safety searches of your room and/or your belongings with your consent; (b) removal of smoking materials and prohibited items in your possession; and/or (c) if you present a danger to the safety or health/well-being of others, being discharged from Laguna Honda.
12. QUIET TIME. Quiet time at Laguna Honda is between 10:00 pm to 7:30 am. To promote restful sleep, during those hours, we ask that you keep lights low and noise levels at a minimum.
  13. TELEVISION USE. A television equipped with headphone jack for noise control is installed at each bedside. Please use the pillow speaker or headphone to avoid disturbing other residents. Televisions located in the living rooms are intended for group viewing and do not require headphone use. Please reach out to staff for help using your television or if it is not working as intended.
  14. TELEPHONES. Telephones are available in each neighborhood for your use. We encourage you to keep calls to a reasonable length of time so that the telephone can be shared with other residents. Please reach out to staff for help using the telephone or if it is not working as intended.
  15. POLICIES APPLICABLE TO RESIDENTS. By choosing to be admitted to Laguna Honda and signing below, you agree to review and follow all Laguna Honda policies that are applicable to patients and residents, which are made available to you prior to admission and available for review upon request at any time during your stay.

**I have read and/or heard the contents of this form, the Laguna Honda Rules and Responsibilities. I acknowledge that by signing below I understand the rules and information included in this form, the Laguna Honda Rules and Responsibilities. If I have any questions, I understand that I can speak to a member of my care team.**

\_\_\_\_\_  
**Applicant or Legal Representative Print Name:**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Facility Representative Print Name:**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness (2<sup>nd</sup> witness if no resident/ representative signature)  
 Print Name:**

\_\_\_\_\_  
**Date**