



231 East Avenue
Hilton, New York 14468
Phone: 585-392-7171 fax: 585-392-3631

Dear Dr. _____,

Your patient, _____ plans to be admitted to Hilton East which is a non-medical facility for adults, not a skilled nursing home. We do offer twenty-four-hour resident care supervision including: medications, complete meal services with special diets as described on the enclosed form, housekeeping, assistance with activities of daily living and planned recreational activities.

We are certified to operate by the New York State Department of Social Services which requires the following for admission and for continued living in an adult home:

A. Prior to Admission

1. An examination within 30 days before admission date. Total completion of the Medical Evaluation form DSS-4449C, front and back, stating that the residents appropriate for an adult home and does not require a skilled nursing facility. (This form must be signed by the doctor, and any additional pages needed for the medication list must also be signed by the doctor, and signatures must be legible.)

2. Written orders for all medications and written prescriptions for the same if the resident will be using Health Direct Pharmacy. (These must be new prescriptions even if they are currently using Health Direct Pharmacy, as they are entering a new facility.)

Health Direct Pharmacy Contact:

250 Wallace Way,

Rochester, NY

Fax: 1-888-260-8330

Phone: 585-257-1020

3. The written prescriptions also needs to be faxed over to Hilton East as a backup in case there are any issues with the pharmacy receiving the prescriptions. We need to have this done at least 24 hours prior to the individual arriving at Hilton East.

Fax: 585-392-3631

B. Continuation of Care in an Adult Home

1. A yearly medical evaluation must be performed with completion of the DSS -4449C, again stating your patient does not require skilled nursing care and is appropriate for an adult home.

2. For each office visit, we will send a current copy of the medication record, Progress Notes and Order Sheet with your patient.

3. Written prescriptions will be needed to cover any changes made in medication orders.

4. Laboratory services can be provided weekly.

Thank you for completing these forms. Feel free to call if you have any questions.

Sincerely,

Sheila Turner

Sheila Turner
Administrator