

TOLSTOY FOUNDATION REHABILITATION & NURSING CENTER  
100 Lake Road ☞ Valley Cottage, NY 10989  
TEL: 845.268.6813 ☞ FAX: 845.268.7673

ACKNOWLEDGEMENT FORM

RESIDENT'S NAME: \_\_\_\_\_ ADM DATE: \_\_\_\_\_

1. I am aware of my rights and responsibilities as a Resident of the Tolstoy Foundation Rehabilitation & Nursing Center, which were explained to me by:  
\_\_\_\_\_.
2. I understand that the Medical Director, *Dr. Roy Eriksen*, can be reached at **845.358.5006**.
3. I understand that our *Ombudsperson*, can be reached at **914-682-3926 ext. 2121 or 855.582.6769**
4. I understand that my condition is assessed through the P.R.I. and the RUG Categorization periodically and that I shall be informed should transfer plans be initiated. If I want more information, I can contact *The Director of Nursing at 845.268.6813 ext.115*.
5. I have been familiarized with the laws regarding the Health Advance Directives. For more information, I can contact the *Director of Social Services at 845.268.6813 ext. 119*.
6. I have been informed of procedures to be followed should I have a complaint about care in the Nursing Center.
7. I understand that this is a non-smoking facility.

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Submit