

# ACUTE GERIATRIC PSYCHIATRY HOSPITAL

## WE SPECIALIZE

Our 12-bed licensed acute geriatric psychiatry hospital services older individuals who voluntarily seek assistance for their acute psychiatric diagnosis. We are also licensed to admit individuals on an involuntary basis. We offer an intimate setting housed on the campus of our nationally recognized long-term care center. Admission is not limited by religious or cultural affiliation.



PATIENTS BENEFIT FROM ONE-TO-ONE INTERACTION WITH EXPERT STAFF.

## WE OFFER

- All rooms are private and tailored to suit patients' individual needs, comfort, and safety.
- We meet the majority of patients' medical needs, if necessary, in addition to their psychiatric needs. We also accept patients who are nonambulatory or incontinent.
- Staff geriatric medicine specialists provide medical services.
- Physical, occupational, and speech therapy services are provided, if needed.
- Patients benefit from one-to-one interaction with our in-house geriatric psychiatrist, psychiatric nurses, licensed social workers, recreation therapist, and recreation coordinator.
- Our licensed clinical social worker assists with discharge planning, community resources, and follow-up.
- Our on-site pharmacy and pharmacists ensure proper medication administration and oversight.
- Depending on therapeutic needs, access to social and therapeutic services are available, including:
  - Art and ceramic studio
  - Gardening center
  - Animal therapy
  - Religious/spiritual services
  - Café and boutique
  - Landscaped, park-like setting with fountain, to enjoy personal visits
- Ancillary medical services are provided as indicated/needed by our on-site clinics, ranging from audiology and dentistry, to massage therapy and acupuncture.

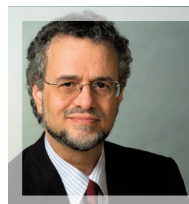
## ADMISSION CRITERIA

*In general, applicants must:*

- Have a primary psychiatric diagnosis requiring acute inpatient treatment.
- Voluntary applicants must have the cognitive capacity to understand that they are being admitted to a psychiatric hospital and that their admission is voluntary.
- Be able to participate in our treatment program.
- Have medical clearance. Within the past 24 hours, the patient should have been medically evaluated for nonpsychiatric conditions that could account for current symptoms or medical instability.
- If the voluntary applicant has a history of dangerous behavior, suicide attempts or homicidal threats, the Jewish Home's psychiatrist must assess the risk before authorizing admission.
- Be insured through Medicare, On Lok or Kaiser. Admission of all Kaiser patients must be authorized by Kaiser's psychiatric call center.

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CHIEF OF GERIATRIC  
PSYCHIATRY



DR. MARY DE MAY  
GERIATRIC PSYCHIATRIST



THE JEWISH HOME'S REMODELED ACUTE GERIATRIC PSYCHIATRY HOSPITAL FILLS A DEFINITE NEED IN SERVING THE CITY'S ELDERLY POPULATION.



## EXAMPLES OF INPATIENT REFERRALS

Eighty-five-year-old Ruth, post-CVA with right-side neglect, lives in a board-and-care home. She ambulates with the aid of a walker. Ruth is not eating, falls frequently, and is difficult to motivate to get out of bed, often stating that she wishes to die. The board-and-care operator will accept her return after she is stabilized.

Henry (60) has a history of chronic paranoid schizophrenia. He lives in a residential care facility and sees his outpatient psychiatrist once a month. Within the past two weeks he has developed insomnia and is expressing new delusions about having cancer. Henry is paranoid about his roommate, and although he has thoughts of hurting him, he has not been violent.

Now aged 63, George suffers from hypertension, diabetes, and hypothyroidism. He lives at home with his elderly wife. He has grown more depressed, is eating very little, and will not get out of bed. His involved primary care physician instituted a trial course of Prozac, which resulted in anxiety and insomnia. With additional in-home assistance, George will be able to return home after hospitalization.

Sylvia (73) is in the early stages of presumed Alzheimer's disease. She has started to pace and engage in hand-wringing, repeatedly asks to see her mother, and has become resistant to care. She spits out her medication. She lives at home with round-the-clock caregivers.

Seventy-six-year-old Martin has Parkinson's disease, for which he takes three anti-Parkinson medications. He is experiencing visual hallucinations, confusion, and anxiety. Martin lives at home with his spouse, where they receive minimal in-home help. He attends an adult day health program three days per week.