



About Us

Poet's Seat Health Care Center was named after the famous landmark Poet's Seat Tower. In 1966, a local physician created Poet's Seat Health Care Center because he recognized the need for a comfortable place where elders could receive dedicated, personal nursing care. Through a deep sense of commitment and compassion, our facility became a cornerstone of the community. Our philosophy of caring, coupled with our aspiration to create a nurturing "home away from home," still holds true today. Poet's Seat Health Care Center continues to be a leading skilled nursing and rehabilitation facility for Franklin County and its surrounding communities.

Our intimate, family-orientated atmosphere - reminiscent of the center's original beginning over 34 years ago - makes Poet's Seat Health Care Center unique among local health care centers. We are nestled close to downtown Greenfield, one mile from Baystate Franklin Medical Center. We offer the finest nursing care for both long-term, short-term rehabilitation and respite residents.

Poet's Seat Health Care Center's professional, dedicated staff provides a tailored plan of care for each resident in accordance with physicians' directives. Every department works with residents on a one-on-one level with respect and consideration, striving to maximize and expand their highest level of functioning.

We also offer financial assistance with understanding insurances. We work with families in preparing for the expense of long-term care.

At our warm and cozy facility, we strive to truly know all of our residents and their families. We understand the importance of working with individual physicians in providing the latest medical interventions. This special, well-rounded approach to elder care makes Poet's Seat Health Care Center an appealing, reliable choice for excellent healthcare.

Poet's Seat Health Care Center is managed by Somerset Health Care Management Group.



Management Team

- Patrick McManus, Administrator
- Dr. Joseph Viadero, Medical Director
- Megan Wheeler, RN, Director of Nursing
- Kerry Baird, LPN, Admissions Director
- Jeana Livingstone, Director of Social Services
- Zenaida Diaz, Activities Director
- Laurie Siggillino Broussard, Marketing Director
- Michele and Patrick Carney, Proprietors



Poet's Seat Health Care Center is:

- A carefully maintained and tastefully appointed 63-bed, privately owned facility
- A comprehensive short- and long-term nursing and rehabilitation center offering inpatient physical therapy, occupational therapy and pulmonary therapy, as well as speech and language pathology
- A provider of compassionate and knowledgeable respite care
- A reliable source of individualized nursing care designed to encourage residents' maximum level of functioning
- Accredited by the Joint Commission as a high-quality care provider
- Medicare and Medicaid certified. Many Medicare Managed Plans are accepted
- Now accepting Blue Cross/Blue Shield and Health New England (HNE) plans
- A provider of New England Geriatrics psychiatric services
- Well equipped in offering professional social services and discharge planning
- Dedicated to offering daily recreational and therapeutic activities
- Staffed with registered dietician services and offers a meal choice program



What People are Saying about Us

"I've been to other facilities in the area, but I've been taken care of at Poet's Seat three times. Now I would never go anywhere else if I need skilled care in the future. I feel very comfortable there." -- Dorothy Fowler, March 2010

"Being cared for at Poet's Seat was transformative on so many different levels. Not only am I able to walk again, the entire staff, top to bottom, was so compassionate. It feels like a caring a family. My three weeks here have opened up my heart. The staff of Poet's Seat is exemplary, both highly skilled and kind. You can't do any better than the Poet's Seat staff. I feel blessed to have chosen Poet's Seat for my care." -- Alan Tabachnikov, March 2010

"Thank you all so much for your wonderful care of my sister. Those who cared for her went out of their way to be helpful and upbeat, and the entire staff was respectful of her needs."— Rosemary M.

"This summer, when my mother Violet wasn't able to leave her room, the staff brought Poet's Seat's Mardi Gras Barbecue to us! The staff was so wonderful to include us in the fun celebration, even though we couldn't attend outdoors. We loved it!" – Donna Hall

"I do know how your facility got its name, but before a few weeks ago, I had no idea that you actually lived it. The wonderful care you took of my dad was profound. Your support for us, his family, was sublime. And your willingness to open your hearts and love him was truly poetic." – Cathy K.

"Thanks for taking care of me during my stay at Poet's Seat. Your care and concern was the best!" – Michele L.

"On behalf of our family, please convey to your entire staff our appreciation for the loving care our mother received while a resident at Poet's Seat Health Care Center. Your multi-disciplinary team found ways to make her comfortable, and always included us in treatment options and decisions. You cared for our mother and our family's psychological needs as well. Poet's Seat is the best!" – Terry M.

"I had a wonderful one-month stay at Poet's Seat. Everybody was very good to me. After receiving physical therapy there, I was up and running, and able to return to my home. – Margaret Crandall, Oct. 1, 2009

"Our family wants to acknowledge the staff at Poet's Seat Health Care Center for their wonderful care of our loved one throughout her time with them. She felt as though she was being cared for by an extended caring family."



Breathe Easy Pulmonary Rehabilitation Program

As anyone with pulmonary disease can tell you, healthy breathing *is not* something to be taken for granted. Every breath is precious.

Breathe Easy is Poet's Seat Health Care Center's new inpatient Pulmonary Rehabilitation Program. The program is designed to help people who suffer from pulmonary diseases and disorders that affect their quality of life. The goals of our **Breathe Easy** program are better functional performance, proper diagnosis/health management and improved self-care.

Healthy breathing is important for good health, and there are many respiratory conditions that profoundly affect a person's quality of life. Such diagnosis may include Chronic Obstructive Pulmonary Disease (COPD), Asthma, Emphysema, Chronic Bronchitis, Pulmonary Fibrosis and Cystic Fibrosis just to name a few.

The only inpatient program of its kind in the local area, **Breathe Easy** encompasses an integrated approach to wellness for disease sufferers. The three-part program includes:

- Mobility and Function. A strengthening and pulmonary retraining regimen is led by our knowledgeable and caring staff of professional Physical, Occupational and Respiratory Therapists. Participants strengthen proper breathing muscles that help improve the quality of each breath. Participants learn proper strategies and compensatory techniques to perform day-to-day functions that will lead to better lifestyles within their communities.
- Nutritional Counseling. Active and informed support is given by our trained nursing and dietary staff to help **Breathe Easy** participants maintain proper weight and adequate nutrition. This counseling component aims to boost the body's immune system to improve the overall well being of participants.
- Wellness Education and Lifestyle Management. **Breathe Easy** participants are educated about their conditions and the medications used for treatment. They are taught ways to control discomfort and achieve better health while improving ways to live within limitations. Relaxation techniques, medication management, self-administered breathing exercises and lifestyle choices are explored as ways to promote independence and improving health after discharge from our program.

Breathe Easy is available to people of all age groups affected by pulmonary disorders. Participants can enter treatment through a physician's referral, through hospitals or through other healthcare communities. This program is reimbursable through Medicare and is covered by many insurance plans.



Respite Care

Welcome to Poet's Seat Health Care Center's Respite Program.

We thoroughly work with you and your physician to establish a plan of care that addresses:

- Your diagnosis
- An appropriate list of medications and treatments
- A healthy diet with attention to any dietary restrictions
- A desirable short-term goal
- An estimated length of stay and a potential date of discharge

Whether residents want or need a three-day or a month-long stay, we are here for you.

Poet's Seat Health Center's goal is to offer a homelike, nurturing environment to residents, their caregivers, families, and friends.

The Respite Program is available to all individuals needing continuous support and nursing care.

Please call to discuss this unique opportunity with our Kerry Baird, Admissions Director at 413-774-6318, extension 18, kbaird@pshcc.com or Megan Wheeler, Director of Nursing at extension 21, mwheeler@pshcc.com.



Admission Application



Application for Admission

General Information

Date of Application: _____

Applicant Name: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____
Date of Birth: _____
Marital Status: _____
Religion: _____

Name of Person Making Application: _____

Name of Responsible Party: _____
Street Address: _____
City, State, Zip: _____
Phone Number(s): (home)_____ (work)_____
Email Address: _____

Name of Physician: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____

Last Hospitalization:
Date: _____
Place: _____

Last Nursing Home Admission:
Date: _____
Place: _____

Applicant's Medical Information:
Social Security #: _____
Medicare #: _____

HMO Insurance: _____
Blue Cross #: _____
Long Term Insurance: _____

Are you a veteran or a dependent of a veteran? Yes _____ No _____
Do you and your spouse receive benefits? Yes _____ No _____ Whom? _____

Medicaid Identification #: _____
District Office Name: _____
Street Address: _____
City, State, Zip: _____

Caseworker's Name: _____
Phone Number: _____
Email Address: _____

Primary Emergency Contact:
Name: _____
Street Address: _____
City, State, Zip: _____
Phone Numbers: (home) _____ (work) _____
Email Address: _____
Relationship to Applicant: _____

Secondary Emergency Contact:
Name: _____
Street Address: _____
City, State, Zip: _____
Phone Numbers: (home) _____ (work) _____
Email Address: _____
Relationship to Applicant: _____

Funeral Arrangements:
Funeral Contract in place? Yes _____ No _____
Name of Funeral Home: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____



Financial Information

Monthly Income: (copies of monthly income checks are required)

Social Security Income: _____
Veteran's Benefits: _____
Railroad Retirement: _____
Private Pension (specify): _____
S.S.I.: _____

Payee of Checks: _____
Street Address: _____
City, State, Zip _____

Where Payments are received:

Bank Accounts (savings, checking, certificate of deposit):

Bank Name and Address (1): _____
Type of Account: _____
Account Number: _____
Current Amount: _____

Bank Name and Address (2): _____
Type of Account: _____
Account Number: _____
Current Amount: _____

Life Insurance (1):
Company Name: _____
Policy Number: _____
Cash Value: _____
Beneficiary: _____

Life Insurance (2):
Company Name: _____
Policy Number: _____
Cash Value: _____
Beneficiary: _____

Real Estate (1):

Complete Address: _____

Estimated Value: _____

Real Estate (2):

Complete Address: _____

Estimated Value: _____

Other Income Descriptions and Amounts (dividends, alimony, etc.):

Has there been any transfer of assets within the last 30 months: Yes _____ No _____

If yes, please describe:

Any debts or obligations? Yes _____ No _____

If yes, please describe:

Please sign:

“According to the best of my knowledge, the foregoing information is accurate and valid in all aspects.”

Admissions Coordinator

Date _____

Prospective Resident/Conservator

Date _____

Responsible Party or Parties:

Name(s): _____

Address: _____

City, State, Zip: _____

Date: _____