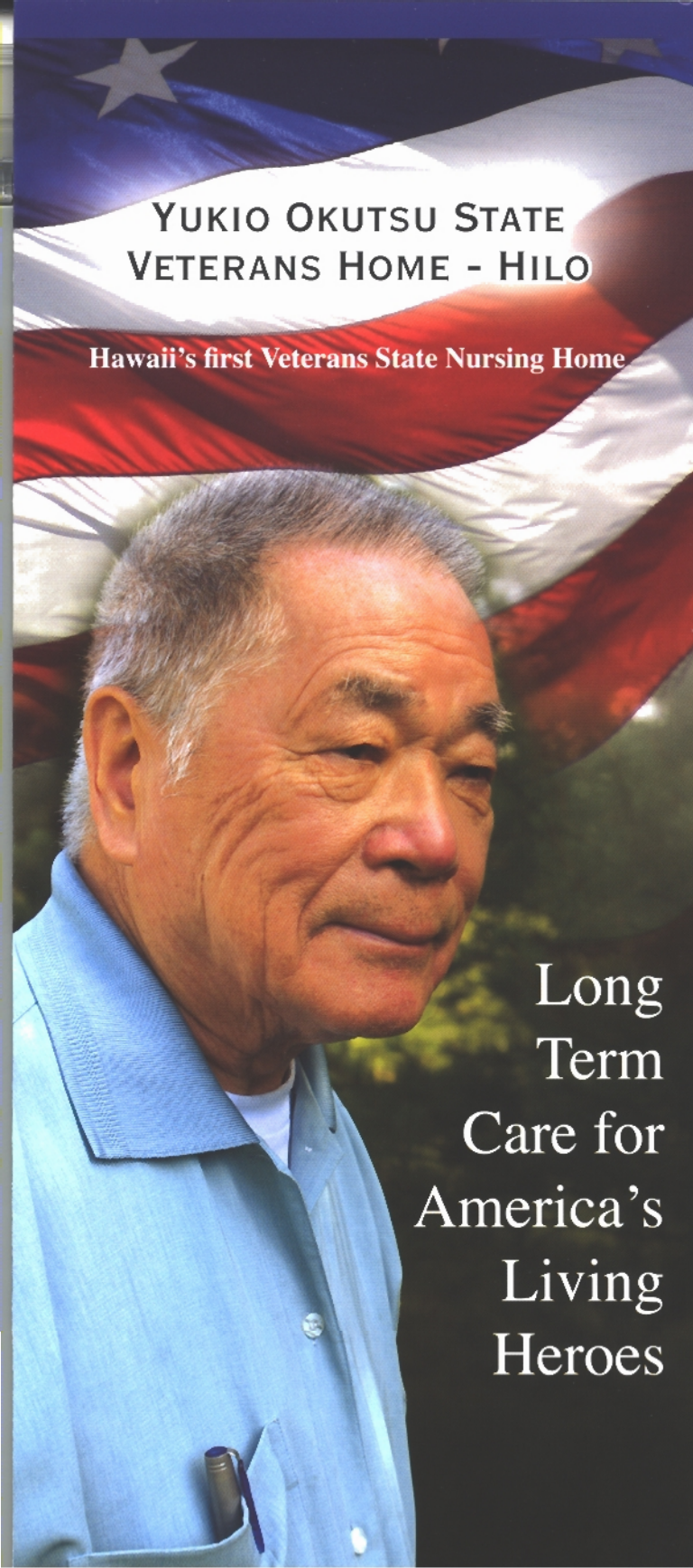
Yukio Okutsu State Veterans Home - Hilo

Hawaii's first Veterans State Nursing Home



Long Term Care for America's Living Heroes

Caring for and Honoring our Nation's Heroes

It is said that a nation's gratitude is measured by the way its people honor their defenders. To defend the Constitution, serve in harm's way, and bear the cost of freedom for all is a sacrifice worthy of active gratitude.

In everything we do here at the *Yukio Okutsu States Veterans Home - Hilo*, we strive to honor and serve our nation's aging veterans, as they have honored us through their service and sacrifice.

Our stated purpose is to care for the needs of these valiant men and women with gratitude, a reverence for life, and a heart for healing.

"Let us strive... to care for him who shall have borne the battle and for his widow and his orphan..."

Abraham Lincoln

Yukio Okutsu, recipient of the Congressional Medal of Honor, distinguished himself by extraordinary heroism in action on Mt. Belvedere, Italy in 1945. While his platoon was halted by the crossfire of three machine guns, he single-handedly destroyed or caused to withdraw over a dozen entrenched enemy while exposing himself to heavy enemy fire. Hawaii's first State Veterans Home is honored to bear his name.

A Community of Caring

To find enjoyment and meaning in the moments of each day is the essence of living. At the *Yukio Okutsu State Veterans Home - Hilo*, we are committed to create and maintain the highest standard of living possible for all veterans we have the privilege of serving.

We provide high quality nursing and personal care, applied with courtesy and compassion. Our reverence for life emphasizes the sacred individuality of every person in our care. Compassion is a part of all we do.

Working together, our staff, residents, and volunteers create a community that seeks to uphold and affirm the dignity and joy of life as we care for the physical and emotional needs of our residents. Daily activities are designed to satisfy the mind and body. Community activities help build friendships and a true sense of belonging.

We are a VA and Medicare/Medicaid certified health care community, striving to honoring veterans through dedicated and compassionate care.

We honor veterans and strive to show appreciation for their service through a high standard of care and compassion.

Our Amenities

- Large private rooms with showers and spacious semi-private suites; 95 beds in total
- Inviting, home-like, and colorful open air interiors
- Family dining available for special occasions
- Landscaping with lanai and a strolling garden

Services Provided

- Skilled Nursing Care
- Rehabilitation Therapies
- Long Term Care
- Hospice Care
- Geriatric Mental Health
- Alzheimer's Care
- Dementia
- Adult Day Health
- Respite Care

Admissions Criteria

Applicants must be recognized as an eligible Veteran by the Department of Veterans Affairs and in addition:

- Must require skilled or long term nursing home care as defined by the VA, MedQuest, or Medicare as certified by a physician
- For adult day health services, they must meet VA or MedQuest criteria as certified by a physician;
- Must be at least 55 years of age
- Admission of persons under age 55 is considered on an individual basis by the admissions team with consideration given to the ability of the Home to meet the needs of the Veterans population
- Must be honorably discharged
- Resided in Hawaii prior to induction in the military or have one year residency in Hawaii
- Must be able to pay the resident's portion of the cost of care (if not covered by other payer sources such as Medicare, MedQuest, etc.)
- On a space available basis, the home may accept spouses, widows, widowers, and Gold Star parents up to a maximum
- In case of a waiting list, the admissions team will utilize the following priority order for admissions:
  - Severity of disability
  - Capacity to earn a living
  - Length of military service
  - Amount of combat experience
  - Circumstances of immediate family
- Must meet all other patient clinical criteria for admissions outlined in clinical related policies

For more information or to schedule a tour, call us at: **(808) 961-1500**

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Yukio Okutsu
State Veterans Home - Hilo

1180 Waianuenue Avenue
Hilo, Hawaii 96720
Ph: (808) 961-1500

Additional Resources:

www.va.gov
www.medicare.gov
www.dod.state.hi.us/ovs/index.html
www.AvalonHCI.com

Yukio Okutsu State Veterans Home - Hilo
is owned by Hawaii Health Systems Corporation
and managed by Avalon Care Center-VA Hilo, LLC,
a subsidiary of Avalon Health Care, INC.

"We embrace a reverence for life, and a heart for healing."

Avalon Health Care
Yukio Okutsu State Veterans Home
1180 Waianuenue Avenue Hilo, HI 96720

Inquiry & Admission Application

Thank you for your interest in the Yukio Okutsu State Veterans Home. If you have questions, please call us at 808-961-1500. Please complete the admission application and fax it to 808-933-1835 or email it to jennifer.matsui@avalonhci.com.

Inquirer Information

Inquirer name	**Relationship to Resident**	**Date**	**Applying for** ☐ Nursing Home ☐ Adult Day Health
Phone number/s	**Address** (Street, City, State, Zip)		

How did you hear about us? ☐ Hospital *admit date* _____ *discharge date* _____
☐ VA Clinic ☐ Physician ☐ Yellow pages ☐ Radio/Newspaper ☐ Friend/Word of Mouth ☐ Clergy
☐ Family Member ☐Current Resident ☐ Have been in facility ☐ Insurance Company
☐ Other *specify* _____

Resident Information

Resident Name	**Status** ☐ Veteran ☐ Spouse of Veteran ☐ Widow of Veteran ☐ Parent of Veteran ☐ Other *specify* _____	**Age**	**Sex** ☐ M ☐ F
Address (Street, City, State, Zip)		**Phone Number/s**	
Resident now at ☐ Home ☐ Nursing Home *specify* _____ ☐ Hospital ☐ Other *specify* _____		**Social Security Number**	
Marital Status ☐ Never Married ☐ Married ☐ Widowed ☐ Divorced ☐ Separated	**Birthplace (City, State)**	**Citizenship**	**Birth date**
Resident has (check all that apply) ☐ Advance Directives ☐ General Power of Attorney (POA) *Name & relationship* _____ ☐ Health Care POA *Name & relationship* _____		**Attending Physician** _____ **Physician Phone** _____	**Physician to follow?** ☐ Yes ☐ No
Emergency Contact (If different from Inquirer) *Name & Relationship* _____ *Phone Number/s* _____		**Emergency Contact Address**	

VA Service Number	**Discharge Status** ☐ Honorable ☐ Dishonorable	**Have DD214?** ☐ Yes ☐ No	**Date of Discharge**	**Branch of Service**

Payment Information

How will the resident pay for nursing facility care? (check all that apply) ☐ Private pay ☐ Medicare ☐ Medicaid
☐ Long Term Care Insurance ☐ Other *specify* _____

Medicare Part A Number _____
Medicare Part B? ☐ yes ☐ no **Medicare days used** _____

Medicaid Number _____
Medicaid Pending? ☐ yes ☐ no If yes, application date: _____

Other Insurance
☐ HMSA 65C+ *number* _____ ☐ HMSA Federal *number* _____
☐ HMSA State *number* _____ ☐ Kaiser *number* _____
☐ Other *specify* _____ *number* _____

Long Term Care Insurance Insurance Company *name* _____ *Policy number* _____

Discharge Information

Discharge Plan (check all possible options) ☐ Return home alone ☐ Return home with family ☐ Long Term Care at State Veterans Home
☐ Live with a caregiver *specify name and relationship* _____
☐ Care Home *specify name* _____
☐ Long Term Care at another facility *specify name* _____
☐ Other *specify* _____