



Resident Name: _____

ADMISSION AGREEMENT ADULT DAY PROGRAM

Greystone Residential Care and _____ hereby agree to the following financial terms and agreements provided for Adult Day Care of: _____.
Resident – Responsible Party – Guardian (circle one)
(Resident)

Greystone’s policy regarding charges for day care and personal services is that payment be made in advance, for the first month, based on anticipated usage. Subsequent billing will occur monthly after services are performed. A late fee of **\$25** will be charged for payments received after the 10th of the month.

Statements for resident accounts will be sent out on approximately the 25th of the month for the next month. Statements will be sent to the person designated by the resident as being responsible for payment on the Financial Agreement. Payment of monthly rent will be accepted by check, money order or direct deposit only. Payments may be mailed to Greystone Residential Care 2620 N Kentucky, Iola, KS 66749 or dropped off in the payment mailbox at Greystone.

1. Adult Day Program services are available 7 days per week 8 am to 8 pm. (Exceptions can be coordinated.)
2. Resident care oversight and assistance provided during services times is overseen by an R.N., and provided by a Medication Aide or Nurse Aide who monitors a resident’s health, administers medications, and coordinates with resident’s physician as needed. Assistance with the activities of daily living is provided. Bathing and extra nursing may be provided as needed and coordinated with the family.

Residents in the day program who have communicable illnesses should not be brought into Greystone until they are no longer contagious, as certified by a physician.

3. A resident record will be established for all Day Care residents. All information in the resident’s records, regardless of form or storage method of records, will be kept confidential except when release is required by: transfer to another facility, law, third party payment contract, or resident or resident’s legal representative.
4. Prior to admission, Greystone’s Director of Healthcare Services will complete an assessment of all residents including a physical assessment. This assessment provides Greystone with baseline information and helps to ensure the resident’s appropriate placement in Adult Day Care in Residential Care. The resident must provide the Director of Healthcare with a list of all medications, treatments and supplements taken including dosage instructions and instructions for use. This must be provided to the Director of Healthcare annually. Assessment will also be conducted upon change in the resident’s condition, following a hospitalization and at least annually.

If the assessment finds the resident’s needs are beyond what Adult Day Care in Residential Care services can provide, action must be taken. A resident may not remain in a Residential Care Community when more specialized care is required.



Resident Name: _____

ADMISSION AGREEMENT ADULT DAY PROGRAM

5. Nutritious meals and snacks are reviewed by Greystone dietary staff based on menus reviewed by a Registered Dietitian. Food is prepared in a “low salt” process. All meals will be served to day care residents in the facility main dining room unless other arrangements are made with the resident family.
6. A full calendar of social, recreational and spiritual services will be offered monthly at Greystone.
7. The facility will provide the day care resident a place to rest and lie down when receiving services at the facility. The resident will have access to use of the facility public restrooms and any applicable resident supplies needed during day care will be stored in the medication room at Greystone.
8. Transportation to and from local doctor’s appointments, can be coordinated through Greystone for an additional charge. Please contact the Executive Director to arrange transportation.
9. Adult Day Care services are provided on a month to month basis. The facility requires at least 24 hours advance notice of a resident need for adult day care services. This agreement can be terminated by the resident or other responsible party by providing the facility with a 2 week written notice of the desire to cease services. A refund of any unused advance payment will be made only if proper notice is given.
10. Resident’s Rights: State and Federal laws protect your rights as a citizen of the United States. You do not give up any of your rights by becoming an Adult Day Care Resident in a Residential Care Community. Specific Residents Rights can be found on the Residents Right Form in the resident’s record.
11. Smoking Policy: Residents who choose to smoke may do so in designated smoking areas only. Smoking is not permitted in resident apartments, dining area, lobby or other common areas in the facility. Residents will be allowed to use only Bic or Cricket style cigarette lighters to light their smoking materials, other styles of lighters and matches are not allowed. This policy is designed to ensure the safety of all residents who reside with us. Residents are expected to dispose of all smoking materials in the provided receptacles, not on the ground or the landscaping.

If a resident fails to follow the smoking policy, or smokes in a careless manner which endangers the well being of themselves and other residents, we will take immediate action. Immediate action may include, but is not limited to, management of smoking materials by staff members or discharge from the facility.

12. Emergency Alert System: Each resident will be issued an emergency alert device at the time of admission. The emergency alert device can be worn around the neck or placed in a resident’s pocket.

The emergency alert device is a whistle that will notify health care staff members the resident needs assistance. Day Care residents will pick-up and turn in their Emergency Alert device to nursing staff when coming and going from the building.



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13. **Complaints:** Greystone values our residents and their opinions. Concerns or complaints can always be brought to the Executive Director for resolution. While we feel that complaints be handled at Greystone, if a resident feels the complaint cannot be addressed at Greystone they can contact Dimensions in Senior living, the management company for Greystone at (402) 898-1079. Dimensions will then ensure that the resident's complaint is reviewed and addressed.

Complaints that cannot be addressed at Greystone or dealt with by the management company may be directed to the Kansas Department on Aging. The number is posted outside the office at Greystone. Greystone will not discriminate or retaliate in any way against a resident, or resident's representative or family who has initiated or participated in the filing of a complaint or concern

14. **Managed Risk:** Maintaining the independence, dignity and quality of life of reach resident who receives services from Greystone is important. However, when a resident's actions or behaviors endanger their own or another's well being, they must be addressed. If the resident chooses to continue the actions or behavior, Greystone will ask the resident and/or resident representative to complete a Managed Risk Agreement. The Managed Risk Agreement will outline the action(s) in question and potential negative outcomes related to the action or behavior. The agreement will be signed by the resident and/or resident representative and by a Greystone representative. A copy of the completed agreement will be given to the resident a copy will be include in the resident's record. If the resident or resident representative refuse(s) to sign the Managed Risk Agreement, Greystone may request the resident seek alternative care to better meet their needs.
15. The management and ownership of Greystone Residential Care, or their assigns, are not responsible for any personal items, clothing, valuables or money left in the possession of the resident. We suggest that no more than \$10 in cash be kept in the resident's possession.
16. **Transfer and Discharge Policy:** The following are the criteria for discharge and transfer from Greystone:
- a) Incontinence, where the resident cannot participate in the management of the problem, i.e. wearing Depends, bathroom reminders, etc.;
 - b) Immobility, where the resident requires total assistance in exiting the building;
 - c) Ongoing need of transfer assistance by more than one person;
 - d) Behavioral symptoms which exceed manageability;
 - e) The use of physical restraints is required to manage a medical condition;
 - f) There is a need for complex nursing intervention or an unstable condition exists;
 - g) Endangering the health and/or safety of themselves or other residents;



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ADMISSION AGREEMENT ADULT DAY PROGRAM

h) Have been given appropriate notice to pay the charges assessed and have failed to do so.

Residents who meet the discharge criteria will be provided with written notice of the need for transfer and the reason for the transfer/discharge. Thirty (30) days written notice will be provided for in the written notice, unless:

- i) The resident's health status or behavior constitutes a substantial threat to the health or safety of the resident, other residents or others, including when the resident refuses to consent to a transfer.
- ii) When an emergency or significant change in the resident's condition results in the need for provision of services that exceeds the type or level of services provided in Adult Day Care in Residential Care and the necessary services cannot be safely provided by Greystone.

The management and ownership of Greystone or their assigns, agree to exercise such reasonable care toward the resident as his or her known conditions may require; however, this facility is in no sense an insurer of his or her safety or welfare.

The resident/responsible party agrees to the following fees and rates.

Effective _____ your rates will be.

Adult Day Care Rates:		
1	6 -8 hour Program, includes noon meal base	\$55 a day
2	8-10 hour program, includes 2 meals	\$65 a day
3	Transportation	\$25 round trip
4	Levels of Care	I \$10 II \$17 III \$25

Adult Day Care Daily Rate: _____ # of days a week _____

Other: _____

Total: _____

Total Due upon Admission: _____



Greystone
RESIDENTIAL CARE

2620 N Kentucky
Iola, KS 66749
Phone 620-365-6002

Resident Name: _____

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I have read the Admission Agreement and understand the contents. A copy of this Admission Agreement will be kept in the resident's record and a copy provided to the resident or responsible party.

Resident/Legal Representative Signature

Date

Executive Director's Signature

Date