

Admission Agreement

- 1) Rent is due in advance on the first day of each month. Changes in charges or the admission agreement are only upon thirty (30) days written notice, with the exception of when there is a change in condition or level of service needed. Written notice of changes in charges or the admission agreement will be given to the person designated by the resident as the party responsible for payment upon admission.
- 2) Refund: The facility requires a thirty (30) day notice of intent to move, to be provided to the Executive Director in writing. A refund of any unused advance payment will be made only if proper notice is given. If the resident moves at the last of the month and does not give proper notice, a statement will be sent for fifteen (15) days. Refunds will be mailed out on the fifteenth (15th) of the month following move-out. Refunds will be sent to the person responsible for payment as designated on the Financial Agreement unless other arrangements are made by the resident or their responsible party in writing.
- 3) Continual Charge: Charges are continued as long as the resident's belongings occupy the unit.
- 4) Fees and Charges: Resident's monthly rent is based on the type of unit they select and the level of care that they require. At the time the resident moves into their unit, the first month's (prorated if coming in after the first of the month) rent and level of care charge are due. See the Financial Agreement for specific monthly rental rate information. A resident may have their spouse occupy the unit with them for an additional charge of _____ per month plus any additional level of care required by the spouse requires. For a list of service provided at each level of care see the level of care worksheet.

For a list of services provided at each level of care, please see the level of care worksheet. Included in the monthly rent for all levels of care are most activities and outings, utilities, three meals a day, a medical alert system, and weekly housekeeping. Refills of prescription medication, specialized activities and outings (fees will be disclosed in advance), and beauty and barbershop fees are not included as part of the monthly rental fee.

- 5) Third Party Payments: Any moneys owed beyond third party payment are the responsibility of the resident.
- 6) Resident Accounts: Residents who have outstanding balances following the tenth (10th) day of the month will be issued a statement reminding them of the past due account and asking for prompt payment. They will also receive notice to vacate the premises if this matter is not handled within thirty (30) days. On the twentieth (20th) day of the month, an additional statement will be issued if arrangements to pay the account have not been made. The statement will state the past due amount and also remind them that they have until the tenth to pay the outstanding balance or to vacate the premises. All letters regarding non-payment will be sent to the person designated by the resident upon admission as the party responsible for payment.

All residents are considered private pay and will be charged the current private pay rate until they have become eligible for additional benefits including, but not limited to, benefits under the Home and Community Based Services Program and the requirements of the Department of Social and Rehab Services (SRS). Upon approval for such benefits, any overpayment will be refunded back to the date of approval.

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 Community 2620 N Kentucky, Iola, KS 66749 or dropped off in the office.

- 7) Resident Records: 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.
- 8) Prolonged Illness: Any illness that incapacitates you to the point of needing daily help needs immediate action. A family member or friend may stay with you, paying only for meals if staying in your room, to help you through a difficult time without a move being necessary.
- 9) Our staff consists of our Executive Director, Nurse, Life Enrichment Coordinator, Dietary staff, Maintenance, Certified Medication Aides, Certified Nurse's Aides, and Housekeeping staff. We work in conjunction with the medical provider of your choice. In the event of a medical emergency an ambulance will be called and your family or responsible party contacted. Task delegation will be under the supervision of the Facility Nurse.

The Executive Director and Facility Nurse will monitor the level of care of all the residents and will staff according to the level of assistance required by the residents residing in the facility.

- 10) Unit Damage: Each unit is rented clean. Normal wear and tear is expected and a resident is expected to pay for all damages. You and your family are welcome to hang your pictures, being careful not to damage the walls. A \$250 damage deposit reserves your unit and is required upon admission.
- 11) Housekeeping: Once each week our housekeeping staff will clean your unit unless otherwise specified in your resident service agreement. During this time, they will also change and make your bed, wash, dry, and return linens. They will empty trash, vacuum, dust, etc. They do not make decisions on what to throw away. Your trash should contain all items that you want to discard. Old newspapers and magazines should not accumulate in your unit.
- 12) Personal Hygiene: Hygiene is an important issue when many people live or work in close proximity. Frequent bathing and deodorant use are a necessary part of activities of daily living. If our staff mentions your hygiene to you, it is only after it has become offensive. Please pay special attention to your body care.

Resident's Name: _____

- 13) Nurse Assessment: If our staff becomes concerned with your declining abilities, the following procedure will be followed. The Executive Director will be notified and we will visit with you and/or your family regarding the decline. The Facility Nurse will do an assessment of your condition. The assessment will be shared with you and your family, and a decision will be made to accommodate your future needs. If the assessment finds only a temporary situation, no action will be taken. If the assessment finds the resident's needs are beyond what 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.
- 14) 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 a resident of a Residential Care Community. Specific Resident Rights can be found on the Residents Rights Form in the resident's record.
- 15) Smoking Policy: Designated smoking areas are provided for residents who choose to smoke. Smoking is not permitted in the resident units, dining area, lobby, or other common areas. Residents will be allowed to use a cigarette lighter to light their smoking materials, matches are not allowed. This policy is designed to ensure the safety of all residents who reside with us.

If a resident fails to follow the smoking policy, or smokes in a careless manner that 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.

- 16) Emergency Call System: Each resident room and each bathroom has an emergency call cord. When this cord is pulled, the staff on duty will come to the appropriate room to give assistance. Help will reach you no longer than 2 to 3 minutes. Daily continual use of the emergency call system may signify a need for nursing care not offered at this facility.
- 17) Unit Decorating: Residents will be allowed to decorate and furnish their units as they choose, as long as their possessions do not exceed the space provided or cause health and/or safety concerns for themselves, other residents or staff. Newspapers and magazines may not be allowed to accumulate in resident units for fire safety reasons. Fuels such as lighter fluid and matches may not be maintained in resident units. (See number 15 smoking policy regarding cigarette lighters.)
- 18) Upon admission and payment of the first month's rent, a key will be issued to the resident for their unit. This key is to be returned to the Executive Director when a resident moves their furniture out of the unit and must be returned before the damage deposit can be refunded.

Unless given permission by the resident, in writing, facility staff will not allow others access to your unit in your absence. In your absence, your unit will remain locked unless permission is given to housekeeping staff to clean in your absence. In case of sudden hospitalization, or other infirmity, only individuals listed as emergency contacts will be given access to your unit.

- 19) **Fire Alarm System:** The building is equipped with an automatic fire alarm system. When activated, the alarm sounds and the smoke doors leading to each hallway close. If you do not open the door to your unit, it will provide 1 hour of smoke protection. When the alarm sounds, residents should remain in their units. Do not enter the hallway to see what the problem is. The staff will take each fire alarm seriously. If an actual fire occurs and it is necessary for you to vacate your room, a staff member will guide you to a safe place away from harm. It is important that you listen and follow instructions given by staff members in the case of a fire.
- 20) **Complaints:** We value our residents and their opinions. Concerns or complaints can always be brought to the Executive Director for resolution. While we feel that complaints can be handled at the facility, if a resident feels the complaint cannot be addressed at the facility they can contact Dimensions in Senior Living the management company at (402) 898-1079. Dimensions will then ensure that the resident's complaint is reviewed and addressed.

Complaints that cannot be addressed at the facility or dealt with by the management company may be directed to Kansas Department on Aging and/or the Office of the Long Term Care Ombudsman. The numbers will be posted outside the administrative office at the facility.

The facility 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 complaint or concern.

- 21) **Transfer and Discharge Policy:** Each resident is permitted to remain in our Residential Care Community and will not be transferred or discharged unless:
- 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 condition requiring two or more person to physically assist the resident with transfers;
 - d) Behavioral symptoms which exceed manageability;
 - e) The residents condition requires the use of physical restraints;
 - f) There is a need for skilled nursing intervention 24 hours a day;
 - g) Endangering the health and/or safety of themselves or other residents;
 - h) The resident has failed after reasonable and appropriate notice, to pay the rates and charges imposed by the facility and have failed to do so.

Resident's Name: _____

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 in the notice of discharge, unless:

- i) The resident's health status or behavior constitutes a substantial threat to the health or safety of the resident, other residents, staff or others.
- j) The resident's urgent medical needs require an immediate transfer to another health care facility.

I have read the above Admission Agreement and understand the contents. A copy of this agreement will be kept in your resident record and a copy provided to you and or your legal representative.

Resident/Legal Representative Signature

Date

Facility Representative Signature

Date