



## Nursing Facility Admission Contract

This contract is between **Pinnacle Health & Rehab**, 26 Pleasant Street, Canton, ME (the “Facility”) and \_\_\_\_\_ (the “Resident”). It will be signed by the Resident or someone authorized to sign for the Resident (the Resident’s Agent\*). It describes the Resident’s financial obligations, as well as other responsibilities and rights. It also describes the rights and obligations that apply to the Facility in the course of providing care to the Resident.

*\*An individual who signs this contract as an Agent may or may not be able to make health care or other decisions on behalf of the Resident. The extent of the Agent’s authority depends on the nature of the legal relationship between the Agent and the Resident.*

In consideration of the payment and promises made in this contract, the Resident and the Facility agree as follows:

### **1. Rates and Charges**

The Resident agrees to pay with his or her own funds (“private pay”) and/or through a third party payer (for example, Medicare, Medicaid or other insurance) for all items and services provided to the Resident by the Facility. Some services will be included in the Facility’s daily rate; some may be provided at the Resident’s request by the Facility at an additional charge; and some may be provided at the Resident’s request by third parties not employed by the Facility. These charges are described further on in this contract.

#### **A. Services and Items That Are Included in the Daily Rate**

The current daily rate at this Facility is \$ \_\_\_\_\_. This daily rate includes room and board, meals and snacks that meet the daily nutritional and special dietary needs of the Resident, usual and customary nursing services and other services and items as listed in Attachment A.

#### **B. Items and Services Provided by the Facility for an Extra Charge**

The Resident will be charged separately for additional items and services which the Resident or the Resident’s physician, with the Resident’s approval, requests and which are not included in the Facility’s daily rate. These items and services may be provided by the Facility or by third parties. The cost of these items or services may or may not be covered by the Resident’s insurer, if any. Many of the ordinary items and services for which the Resident may be charged are listed in Attachment B. Costs for certain items and services may be determined in advance, whereas others may vary depending on the needs of the Resident and may not be able to be determined at this time. When the Resident requests an item or service provided by the Facility that is not included in the daily rate, the Resident will be notified of the cost as soon as practicable.

#### **C. Increases in Charges and Fees**

Any time the Facility makes any changes in rates or charges, responsibilities, services to be provided or any other items included in this contract, the Facility will provide the Resident with at least thirty (30) days advance notice.

### **2. Paying for the Resident’s Care**

Payment for the Resident’s care is the responsibility of the Resident. However, a Resident may have insurance, public benefits, and/or other third party payers to assist the Resident with the payment of this obligation.

**No other person, regardless of whether they are a family member, friend, neighbor, legal agent or guardian (even if they sign this document as an Agent for the Resident), can be required to pay for the Resident’s care from his or her own funds unless that person knowingly and voluntarily agrees to pay for the cost of the Resident’s care.**

The Facility requires the Resident or any other person responsible for making payments on the

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Resident’s behalf to pay for the Resident’s care under the terms of this contract **by the tenth of the month.** The Facility may not hold the Resident responsible for the payment of attorneys’ fees or any other cost of collecting payment.

It is anticipated that the resident’s care will be paid for by one or more of the following:

- \_\_\_\_\_ The Medicare Program; (Explain the Co-pay.)
- \_\_\_\_\_ The Medicaid Program; (Explain the Cost of Care.)
- \_\_\_\_\_ Other insurance coverage(s); Please list: \_\_\_\_\_
- \_\_\_\_\_ The Resident, with the Resident’s own funds;
- \_\_\_\_\_ Another person, with the Resident’s funds (list below); **to include monthly Cost of Care**
- \_\_\_\_\_ Another person who has voluntarily agreed to pay with his/her own funds (list below).

Responsible Party Signature	Legal Authority	Telephone Number	
Address	City	State	Zip

The Resident agrees to provide all information requested by the Facility about the Resident’s health and financial status in an accurate and timely manner and to update this information while the Resident is a resident at the Facility.

It is understood that Medicare and Medicaid will make the determinations concerning the Resident’s medical and financial eligibility for those programs. The Facility is not permitted to require the Resident to waive any rights to Medicare or Medicaid or require the Resident to give written or oral assurances that the Resident is not eligible for, or will not apply for, Medicare or Medicaid benefits. The Resident is entitled to apply for Medicare or Medicaid at any time.

The resident and representative understand that if the resident dies and there is an outstanding balance due to the facility, the facility will file a claim for the outstanding amount against the resident’s estate to cover the balance.

**3. Limitations on Liability**

The Facility is obligated to take reasonable precautions to provide the Resident and the Resident’s personal belongings with security, including providing a reasonable amount of space for the Resident’s belongings. The Facility, however, is not responsible for any loss or damage to the Resident’s personal belongings, including eyeglasses, dentures, and hearing aids unless that loss or damage is caused by the negligent or willful action of the Facility staff. Pinnacle encourages residents to have items of significant value safeguarded at home or with family and not the facility.

**4. Resident Liability for Damages**

The Resident agrees to maintain their bedroom in a clean, sanitary, and orderly condition. The Resident shall reimburse Facility for repair or replacement of furnishings and fixtures above and beyond ordinary wear and tear. In addition, the Resident shall reimburse for any loss or damage to the Facility’s or others’ real or personal property caused either intentionally or negligently by Resident or by persons on the premises with Resident’s permission.

**5. Rights as a Resident**

As a resident of this Facility, the Resident has many rights under Federal and State law. These rights are included as part of this contract. The Facility is required to attach to this contract a complete copy of the state licensing rules establishing the Resident’s rights. The Resident must sign a written acknowledgment that the Resident has been informed of these rights. No provision in this agreement may negate, limit or otherwise modify the rights listed in those rules.

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### A. Selection of a Doctor or Other Health Care Provider

The Resident may select his or her own doctor and other health care providers, provided that the Resident's doctor or other health care providers comply with any applicable rules or laws concerning the provision of care to the Resident and with the reasonable policies of the Facility.

### B. Selection of a Pharmacy

The Resident has the right to obtain medication from the pharmacy of his or her choice, provided that the pharmacy complies with any applicable State rules and Federal regulations and with the reasonable policies of the Facility concerning procurement of medication. Should the chosen pharmacy not deliver medications to the facility, the Resident is responsible for the delivery.

### C. The Resident's Personal Property and Financial Affairs

The Facility may not require the Resident to let the Facility manage, hold, or otherwise control the Resident's money or property. The resident may, however, choose any person to manage his or her funds, including the Facility. Any of the Resident's funds that are managed by the Facility will not be commingled with Facility funds.

### D. The Resident's Right to Make Complaints

The Resident may make complaints about his or her care in the Facility and the Resident may also suggest changes in the policies and services of the Facility. The Resident will not be harassed for making a complaint or suggesting a change in policy or service. The Resident may present his or her complaints orally or in writing to the Facility Director of Nurses, Social Service Director or Administrator so it can be understood and acted upon. If the Resident prefers to make a complaint or suggestion to someone other than the Facility, the Resident may do so orally or in writing to one of the following agencies:

#### **Maine Long Term Care Ombudsman Program**

61 Winthrop Street  
Augusta, ME 04330  
Voice / TTY: 1-207-621-1079  
Toll Free: 1-800-499-0229  
[www.maineombudsman.org](http://www.maineombudsman.org)

#### **Office of Aging & Disability (Aging)**

32 Blossom Lane  
11 State House Station  
Augusta, ME 04333  
Toll Free: 1-800-262-2232  
Voice: 1-207-287-9200  
TTY: 1-800-606-0215  
[www.maine.gov/dhhs/oads](http://www.maine.gov/dhhs/oads)

#### **Dept. of Health & Human Services**

##### **Adult Protective Services**

200 Main Street  
Lewiston, ME 04240  
Toll Free: 1-800-482-7517  
APS Intake Line: 1-800-624-8404

#### **Office of Aging & Disability (Disability)**

32 Blossom Lane  
11 State House Station  
Augusta, ME 04333  
Telephone: 1-207-287-4242  
TTY: 1-800-606-0215  
Crisis Hotline: 1-888-568-1112

#### **Dept. of Health & Human Services**

##### **Div. of Licensing & Regulatory Services**

41 Anthony Avenue  
11 State House Station  
Augusta, ME 04333-0011  
Toll Free: 1-800-383-2441  
Voice: 1-207-287-9308  
TTY: 1-800-606-0215  
[www.maine.gov/dhhs/dlrs/medical\\_facilities](http://www.maine.gov/dhhs/dlrs/medical_facilities)

#### **Legal Services for the Elderly**

5 Wabon Street  
Augusta, ME 04338  
Toll Free / TTY: 1-800-750-5353  
Voice: 1-207-621-0742  
[www.mainelse.org](http://www.mainelse.org)

### E. Holding the Resident's Bed if the Resident Leaves the Facility

If Medicaid pays for part or all of the Resident's nursing facility care and the Resident is

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hospitalized, the Facility will hold the Resident's bed for up to a maximum number of days in accordance with State regulation. If the Resident is paying privately or if the Resident's care at the Facility is covered by Medicare, the Facility will hold the Resident's bed at the Resident's option for as long as the Resident pays for it from his or her own funds at the Facility's then current rate.

### F. Transfer and Discharge

The Resident has the right to remain here at the Facility and the Resident may not be transferred or discharged against the Resident's will, except for the following reasons: **(1)** the Resident's condition has improved so that the Resident no longer needs the services the Facility provides; **(2)** the transfer or discharge is necessary for the Resident's welfare and the Resident's needs cannot be met by this Facility; **(3)** the health or safety of another individual in the Facility is endangered; **(4)** the Resident, after reasonable and appropriate notice, has failed to pay (or through his or her insurer[s] has failed to pay) for a stay at the Facility; or **(5)** the Facility ceases to operate.

The Facility will notify the Resident and the Resident's family member, guardian or legal representative in writing thirty (30) days in advance of the transfer or discharge except in the following circumstances: **(1)** the health or safety of another individual in the Facility is endangered; **(2)** the Resident's health improves sufficiently to allow a more immediate transfer or discharge; **(3)** an immediate transfer or discharge is required by urgent medical needs; or **(4)** the Resident has not resided in the Facility for thirty (30) days. Notice will be provided as soon as practicable.

The notice will contain the reasons for the transfer or discharge and its effective date, the location to which the Resident will be transferred or discharged, and the Resident's rights regarding transfer or discharge. The notice will also tell the Resident how the resident can appeal the Facility's decision to transfer or discharge the Resident, by requesting a hearing, and will tell the Resident what agencies the Resident can call for assistance. The Resident has the right to receive sufficient preparation and orientation to ensure safe and orderly transfer from the Facility. This includes a post-discharge plan of care developed with the participation of the Resident and his or her family, if available. If the Resident is to be discharged involuntarily, the Facility will comply with current law in making discharge or transfer arrangements.

### G. Privacy

The resident has a right to personal privacy and confidentiality of his/her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meeting of family and resident groups, but this does not require the facility to provide a private room.

Video and audio recording equipment or devices may be used in facility common areas (halls, dining areas, outside, etc.) without further announcement. Pinnacle Health & Rehab is not permitted to place electronic recording equipment in resident personal care areas (resident rooms, bathrooms, shower/tub rooms, etc).

### 6. The Resident's Right to End This Contract

This contract terminates when the Resident is discharged from the Facility or if the Resident dies while residing at the Facility. The Resident's bill becomes due and payable seven days from the date of the Resident's discharge from the Facility. Should the Resident die, the Resident's bill becomes due and payable seven days after the Resident's death.

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### **7. Identification Photo**

The Facility will require a photograph of the Resident solely for the use of the Facility and its employees for the purpose of identification. The Resident consents to the use of such individual photographs of the Resident for identification purposes only. Photographs may not be used for any other purpose without the permission of the Resident for each specific use.

### **8. Changes in Law**

Any provision of this Agreement that is found to be invalid or unenforceable as a result of a change in Federal or State law or regulation will not invalidate the remaining provisions of this contract and it is agreed that, to the extent possible, the Resident and the Facility will continue to fulfill their respective obligations under this contract consistent with the law.

### **9. Room Transfers**

When you are admitted to the facility, you will be assigned to an available bed and room. Pinnacle Health & Rehab has select beds and/or rooms that are designed for bariatric residents. Even if you do not meet our criteria for such a bed or room, it is possible that you will be placed in one initially. If this is the case, you may be transferred to a regular bed or room as soon as one becomes available.

### **10. Philosophy**

The Facility's philosophy is to provide the best possible care for the residents. The staff believes in the dignity of the human being, recognizing that each person has physical, mental, emotional and spiritual needs and rights which must be respected. Each member of the staff is dedicated to the promotion of health in all areas of human concern.

### **11. Advance Directives**

The Resident or Responsible Party will be given materials on Advance Directives and their rights under the Patient Self Determination Act to prepare such documents. The Facility will not in anyway discriminate against an individual based on whether or not an Advance Directive has been executed. It is the policy of the Facility to honor and respect each Resident's decision in this area. If completed and given to staff, a copy of this directive will be placed in the Resident's medical record.

### **12. End Of Life**

The death of a loved one can be a very traumatic experience. What makes this time even more difficult is making last minute plans for funeral services and burial. It has been our experience that advance planning can make this time a lot easier, especially for those left with the stress of decision making.

If arrangements have not been made, we strongly encourage your help with this matter. Please provide a copy for our records. In absence of advance direction, Pinnacle Health & Rehab reserves the right to contact a local funeral home of our choice to assist with this service.

### **13. Confidentiality of Medical Record**

A Resident's personal and medical records are kept confidential and are used only by individuals involved in the Resident's care. The Resident may approve or refuse the release of these records to anyone outside the facility except in the case of transfer to another health care facility or as may be required by law or third-party payment contract. No one except the Resident's physician, facility contract agencies (Hospice, Therapy, Dietician, etc.), the staff of the nursing home involved in your care, or a representative of the state may look at the resident record without the Resident's written permission or that of his/her legal guardian, or durable power of attorney.

The Resident is entitled to review his/her medical record in the presence of a staff person unless medically contraindicated as documented in the medical record by the physician.

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### **14. Food Services Department**

The Food Services Department provides meals and snacks to meet the daily requirements for each resident under the direction of a Registered Dietitian. Modified and textured diets are provided as needed. Residents can choose between two menus for lunch and supper.

### **15. Emergency**

The Responsible Party or a family member will be notified by a licensed nurse or Social Worker, as appropriate, in the event of significant changes in the resident's condition, discharge, transfer, necessity for restraints or for prior notification of searches of resident's belongings. The emergency transfer of the resident to a hospital will be arranged by the Charge Nurse. A family member will be notified promptly at the telephone numbers provided for us to call.

### **16. Laundry Services**

The Resident's washable personal clothing will be cleaned by the facility. The Facility is not responsible for special care items including Dry Clean Only clothing. All linen is provided.

### **17. Multi-Disciplinary Team (MDT) Meetings**

The Resident and Responsible Party may participate in the Multi-Disciplinary Team Meetings if he/she so chooses. These meetings, held at least every three months, are to develop an overall plan of care. Families will be notified in advance regarding meeting time and place.

### **18. Personal Possessions**

The Nursing Department will complete a Significant Value Inventory form at time of admission. Family members need to notify staff of any items brought in or removed later on as those items may need to be added to or removed from this list.

The resident may retain and use personal clothing and possessions as space permits. All clothing must be marked with the resident's name or initials. The resident is encouraged to leave all items of significant value with family members. At discharge, we will inform the first to notify of any remaining personal effects. Items not claimed within 30 days will be disposed of at the discretion of the Administrator.

### **19. Resident Trust Fund (RTF) – Internal Bank Account**

The Facility provides, at no charge, an on-site banking service for the residents called the Resident Trust Fund (RTF). This interest-bearing account is entirely separate from facility funds and is operated in accordance with state and federal nursing home regulation. All residents who participate receive a proportionate amount of interest monthly. The RTF account is insured by a surety bond.

Deposits or withdrawals can be made during business hours through the Business Office. A resident may withdraw up to \$50.00 in cash, for larger amounts a check may be issued. Larger amounts of cash require a three day advance notice. A limited amount of cash is available for withdrawal on nights and weekends for those who have a trust fund established. All transactions are entered in the electronic Resident Trust Fund record. All receipts are scanned and kept electronically. A quarterly statement of all transactions will be sent to the responsible party.

The Resident Trust Fund is especially useful for handling beautician charges, spending money for shopping trips or the vending machines, and to avoid leaving cash in the resident's room. We require a minimum \$5.00 balance at all times to reduce the risk of negative balances. The Business Office will refund the resident trust fund balance within 30 days of discharge.

### **20. Activities**

Our Activities Department schedules community outings throughout the year without prior notification to families or responsible parties. If you or your responsible party do not wish for you to be included on the scheduled outings, please notify the Activities Director or the Social Services Director in writing.

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### **21. Smoking**

Pinnacle Health & Rehab is a smoke-free facility for new residents. Any resident residing at Pinnacle Health & Rehab, formerly known as Victorian Villa, prior to April 1, 2015 who smokes and has a current Resident Smoking Contract and Safety Assessment, may be “grandfathered” and allowed to continue to smoke in the appropriate area. Any resident wishing to have assistance with smoking cessation should alert staff so that this can be addressed with their primary care physician.

### **22. Telephone**

The Facility provides a local access cordless telephone that the residents may use. A calling card may be used for long distance calls on this telephone. Staff will assist if necessary.

### **23. Television**

Residents may bring a television for their room. We have a limited number of loaner televisions. Those not wishing to pay for satellite TV will need to provide their own portable antenna. Televisions and radios will be kept at a reasonable volume. Satellite television is provided in the Day Room and some other common areas for all residents to enjoy.

### **24. Visitors**

Visiting privileges are designed to meet the residents' needs. Visitors are allowed, with the consent of the resident, on a 24-hour basis and can include, but are not limited to spouses or domestic partners (including same-sex spouses or domestic partners), other family, and friends. Certain visitors may be subject to reasonable restrictions imposed by the facility that help protect the security of all the facility's residents. We may deny access to those engaged in disruptive behavior.

## **NONDISCRIMINATION POLICY**

As a recipient of Federal financial assistance, Pinnacle Group of Hudson Valley LLC d/b/a Pinnacle Health & Rehab does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Pinnacle Group of Hudson Valley LLC d/b/a Pinnacle Health & Rehab directly or through a contractor or any other entity with which Pinnacle Group of Hudson Valley LLC d/b/a Pinnacle Health & Rehab arranges to carry out in programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

In case of questions, please contact:

Provider Name: Pinnacle Group of Hudson Valley LLC d/b/a Pinnacle Health & Rehab  
Contact Person/Section 504 Coordinator: Mark Jacobs  
Telephone number: 207-597-2510

TDD or State Relay number: 800-457-1220

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## ACKNOWLEDGMENT

Resident's Name \_\_\_\_\_ Admission Date \_\_\_\_\_

This contract signed for admission may not require or encourage anyone other than the Resident to obligate himself or herself for the payment of the Resident's expenses. If anyone other than the Resident informs the Facility that he or she voluntarily wishes to guarantee payment of the Resident's expenses, he or she can only do so in a separate written agreement.

If I must be hospitalized, I would prefer \_\_\_\_\_ hospital. Your preference may not be honored during an emergency situation or depending on Medicare regulations.

I do  do not wish to open a Resident Trust Fund and authorize a facility representative to handle the resident's personal funds that are placed in it.

I do  do not wish to have my name posted on my door and on the Resident Directory.

I have been informed of my resident rights and have been provided a copy. I have been given the opportunity to have my questions answered.

\_\_\_\_\_  
Signature of Resident/Responsible Party      Date      Pinnacle Health & Rehab Representative      Date

\_\_\_\_\_  
Responsible Party Name      Relationship      Telephone Number

\_\_\_\_\_  
Address      City      State      Zip

\_\_\_\_\_  
Email address(es)      Other Telephone Number(s)

\_\_\_\_\_  
Other Emergency Contact Name      Relationship      Telephone Number

\_\_\_\_\_  
Other Emergency Contact Name      Relationship      Telephone Number

\_\_\_\_\_  
Funeral Home      Address      Telephone Number

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### ATTACHMENT A

#### DESCRIPTION OF ITEMS AND SERVICES THAT ARE COVERED BY THE FACILITY'S DAILY RATE

The items and services that will be covered by the daily rate at this Facility are based on the Resident's medical needs and depend in part on how the Resident will be paying for his or her care. The chart below summarizes what items and services are currently covered by the daily rate for the different payment sources. An "X" means that the item or service is covered by the Facility's daily rate. These items and services may change from time to time based on changes in Federal or State law and regulation.

**This Facility is required to complete this chart for all three payment sources.** The Facility should also be able to supply a list of fees charged for any service or item that is listed below but not covered by the Facility's daily rate.

Item or Service:	Payment Source:	Medicaid	Medicare	Private
<b>1. Medical Supplies and Durable Medical Equipment, including but not limited to:</b>				
Alcohol		X	X	X
Alternating pressure pads, air mattresses, mattresses, gel mattresses		X	X	X
Applicators		X	X	X
Bandages, including Band-Aids and gauze bandages		X	X	X
Basins		X	X	X
Beds (standard hospital type) and bed rails		X	X	X
Bed pans		X	X	X
Blood pressure equipment		X	X	X
Bottles (water)		X	X	X
Canes		X	X	X
Catheters and catheter trays (disposable)		X	X	X
Chairs (standard, geriatric)		X	X	X
Commodes		X	X	X
Corner chair		X	X	X
Cotton		X	X	X
Crutches		X	X	X
Cushions (e.g., comfort rings)		X	X	X
Disinfectants		X	X	X
Douche trays (disposable)		X	X	X
Dressings		X	X	X
Enema equipment		X	X	X
Glucometer		X	X	X
General services such as administration of oxygen and related medications, hand feeding, incontinence care, tray service and enemas		X	X	X
Gloves (sterile and non-sterile)		X	X	X
Gowns		X	X	X
Ice bags		X	X	X
Incontinent supplies		X	X	X
Irrigation trays		X	X	X

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Item or Service:	Payment Source:	Medicaid	Medicare	Private
Non-prescription medications, including analgesics, Antacids, artificial tears, calcium supplements, cough syrups and expectorants, dietary supplements (including special dietary supplements), hemorrhoid preparations, iron supplements, laxatives, lotions, lubricants, ointments including petroleum jelly, powders (medicated and baby), sunscreen, suppositories, vitamins and non-prescription supplies for decubiti		X	X	X
Oxygen, for emergency and as necessary		X	X	
Parenteral/enteral feedings		X	X	
Pillows		X	X	X
Pitchers (water)		X	X	X
Prone boards		X	X	X
Rectal medicated wipes		X	X	X
Restraints (Posey, thoracic chest supports, tilt in space, Wedge pillows, etc.)		X	X	X
Sheepskin		X	X	X
Shower chairs and tub seats		X	X	X
Specimen containers		X	X	X
Sterile I.V. or irrigation solutions		X	X	X
Stethoscope		X	X	X
Suture sets		X	X	X
Swabs, medicated or unmedicated		X	X	X
Syringes and needles		X	X	X
Tapes		X	X	X
Testing materials to be used by staff of Facility		X	X	X
Thermometers		X	X	X
Tongue depressors		X	X	X
Traction equipment		X	X	X
Trapezes		X	X	X
Tubes (gavage, lavage, etc.)		X	X	X
Underpads		X	X	X
Urinals		X	X	X
Urinary drainage equipment and supplies (disposable)		X	X	X
Walkers		X	X	X
Wheelchairs (standard, pediatric, "hemi" chairs, reclining wheelchairs)		X	X	X

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Item or Service:	Payment Source:	Medicaid	Medicare	Private
<b>2. Routine personal hygiene items and services as required to meet the needs of the Resident, including but not limited to:</b>				
Bathing services		X	X	X
Bath soap		X	X	X
Brush		X	X	X
Comb		X	X	X
Cotton balls		X	X	X
Cotton swabs		X	X	X
Dental floss		X	X	X
Denture adhesive		X	X	X
Denture cleaner		X	X	X
Deodorant		X	X	X
Disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or fight infection		X	X	X
Moisturizing lotion		X	X	X
Mouthwash		X	X	X
Razor		X	X	X
Routine hair hygiene services		X	X	X
Routine nail hygiene services		X	X	X
Sanitary napkins and related supplies		X	X	X
Shampoo		X	X	X
Shaving cream		X	X	X
Soap		X	X	X
Tissues		X	X	X
Toothbrush		X	X	X
Toothpaste		X	X	X
Towels		X	X	X
Washcloths		X	X	X
<b>3. Twenty-four hour per day nursing care within the scope of care and services provided by the facility.</b>		X	X	X
<b>4. Medical Social Services</b>		X	X	X
<b>5. Basic personal laundry services</b>		X	X	X
<b>6. Room/bed maintenance services</b>		X	X	X
<b>7. Routine activities programs that are required to be provided by the Facility to meet the interests and physical, mental and psychosocial well-being of the Resident</b>		X	X	X
<b>8. Routine transportation of the Resident or laboratory specimens to hospital or doctors' offices within our service area</b>		X	X	X
<b>9. Food/nutrition services / Dietician services as needed</b>		X	X	X
<b>10. Resident Trust services for personal funds, if desired</b>		X	X	X

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### ATTACHMENT B

#### **DESCRIPTION OF COMMONLY REQUESTED ITEMS AND SERVICES THAT ARE NOT COVERED BY THE FACILITY'S DAILY RATE**

Certain items and services are generally not covered by the Facility's daily rate. It is not possible to make a complete list of those items and services, but the list below does contain those most commonly needed or requested.

The Resident will be billed separately by the Facility or by third parties providing the item or service. The cost or part of the cost for some items and services may be picked up by Medicaid, Medicare or by the Resident's other health insurance, if any.

The Resident should also refer to Attachment A to determine which of those items and services are covered by the Facility's daily rate and which are not.

#### **Item or Service**

- Ambulance services
- Audiology services
- Dental services
- Laboratory services
- Occupational therapy
- Optometry services
- Pharmacy services
- Physical therapy
- Physicians' services
- Podiatry services
- Psychiatric Services
- Speech and language therapy
- Radiology services
- Respiratory therapy
- Special care services, such as privately hired nurses or aides
- Expenses associated with leisure activities outside the facility
- Certain specialized or personalized equipment
- Non-routine medical supplies ordered by a physician
- Other
- Resident brand preference of personal items including deodorant, soap, shampoo, and disposable incontinence supplies including Attends

#### **Other personal Items and Services**

Beautician/Barber – prices subject to change

Men's haircut	\$ 6.00
Women's haircut	\$ 7.00
Shampoo and set	\$ 8.00
Shampoo, set, and cut	\$12.00
Permanent	\$30.00

Personal clothing

Telephone (may be obtained at your own expense, see Social Services for details)

\*most cell phones have coverage within the local area

Satellite Television                      \$20/month; pro-rated

Wireless Internet                      FREE (ask us for the current access code)