

SERVICE CONTRACT BETWEEN PCH RESIDENT/OWNER

Resident name (_____) PCH Owner/ Name (_____)

Resident date of admission: _____ Date of Assessment: _____

The Owner of: _____ located at: _____

Hereby agrees to provide the following for:

Primary Diagnosis: _____

Primary Source of Income: _____

Does Resident Require Proxy Care: (CIRCLE ONE) YES/NO

Does resident currently meet the minimum requirements to be admitted as ambulatory: YES/ NO

****Please be advised this entire contract admission agreement is required to be completed upon resident admission to this facility, with no exceptions**

*****PLEASE BE ADVISED** THAT IF UPON ADMISSION TO THIS FACILITY POTENTIAL RESIDENT HAS A DESIGNATED PAYEE or Durable Power of attorney over financial and Healthcare affairs, all parties, need to initial and sign all aspects of the admission agreement upon admission prior to be submitted into the facility. Complete signatures and initials are required in all designated sections of the contract. If there is a care plan in place for the resident upon admission the facility administrator will ensure that all staff is aware of its contents. Facility administrator will follow up with family and current physician to make sure POC is still current.

All parties will be given a copy upon the admission completion on the **first day**.

This facility will offer the following services:

Protective care and watchful oversight
Supervision of personal care

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Supervision of nutrition
Laundry facilities
Towels
Toilet Tissues
3 balanced meals per day
2 nutrient snacks per day
Bedding and Supplies
Recreational &
Cultural activities or hobbies
Continuous assessment of needs &
condition
Referral for appropriate service when
needed

24-hour lodging
Soap
Light bulbs
30-day written notice prior to discharge
60-day written notice when fee changes
are made or imposed
Facility will supply 3 gallons of water a
day per client x 3 days, in the event of a
disaster.
Schedule or rates change
Information to surrogate, relative, or
regarding resided needs
Emergency transportation & non-
emergency transportation

MECHANISMS FOR WHICH THE RESIDENT IS TO PAY: (CHOOSE ONE)

- 1. PRIVATE PAY
- 2. SSI
- 3. SSDI
- 4. FAMILY CONTRIBUTION
- 5. AGENCY PAYS DIRECT

HOW SERVICES WILL BE PAID:

The services listed will be provided at a rate of \$ _____ per Hour.

The services listed will be provided at a rate of \$ _____ per day.

The services listed will be provided at a rate of \$ _____ per month.

The services listed will be provided at a rate of \$ _____ per week.

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The following service shall be the responsibility management or the resident, as indicated by the appropriate signature in the designed column. If provided by the management, any additional fee is so designated.

Service	Party Responsible for Service (Signature)	Date	Fee
Purchase clothing and personal hygiene supplies as needed			
Acquire medication refills and/or new medication			
Transportation to/from medical appointments			
Transportation to/from Other(specify)			
Personal Laundry			
Arrange for transfer and/or discharge when necessary			

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Initial All that Apply:

1. _____ Resident acknowledges that he/she will NOT be required to perform services for the home except as provided for in this agreement or in subsequent written agreement, & then only if the resident volunteers or is compensated at or above prevailing rates.

2. _____ Resident acknowledges that he/she agreement may be terminated by either party, only with a thirty (30) day written notice, except if the Resident develops a communicable disease or a change in the condition of the resident requires continuous medical or nursing care.

3. _____ Resident understands that if they have a primary diagnosis of memory impairment, they are required to have a current plan of care in place for the facility to follow.

4. _____ Resident understands that proxy care services **WILL /WILL NOT** be offered in this facility

11. _____ Resident understands that if they are unable to take verbal reminders for self-administration of medication intake and require someone to administer for them, it will be done so by a registered nurse.

12. _____ Resident understands that in the event, they do not give a 30-day written notice to the facility, prior to leaving. All specifics of the refund policies of this facility are detailed on page 6 of this admission agreement.

13. _____ If resident returns or is placed back in the facility, the administrator or owner will require a prorated fee, and the amount would vary on the amount of days left in the month. Those monies would be required to be paid up front prior to admission back into the facility, unless owner/administrator opts to do otherwise.

_____.

14. I understand that I am encouraged to get involved in daily activities outside of the facility if possible. _____

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5. I will/ will not (Circle one) allow facility to release to have my picture taken while residing at this facility.
6. I will/ will not (Circle one) allow facility to release to have my picture taken and utilized in public
7. Resident understands that they cannot have pets at this facility. _____.
8. Resident understands that they will be run through the National Sex Offender Registry upon admission:
_____.
9. Level of staff: Medication Skills and staff competency – All facility staff will be required to be trained in medication assistance and each staff will be required to show proof that the training had been done before assisting with any medications in the facility this facility, any staff that will be providing assistance with or supervision of self-administered medications will demonstrate to a qualified supervisor when hired and at least, yearly thereafter, the training all staff will take will, clearly show skills that ALL staff are competent to perform all necessary medication tasks and each staff's level of competency will be documented accordingly. This facility will require all resident medications to be bubble packed or have ALL prescriptions in prescription labeled bottles, no medications will be administered or allowed in the facility without a prescription.
10. All facility staff in the facility will be trained for all areas as mentioned under 111-8-62-20 Medications Section 3 (A thru D)

REFUND POLICY (you can add and take away what you need to hear)

The following paragraph is a detailed description of the refund policy and will be read and made clear upon admission of each resident. Payee and resident will be responsible for signing below to show acknowledgment of having read and understood the entire facility policy:

Any unused portion of the monthly resident fees will be pro-rated as agreed to at time of admission.

The rent or additional fees will be pro-rated from the date that all resident's belongings are removed from the facility. Refund will then be sent to the resident, representative or legal surrogate.

30-day notice of discharge is required: Upon resident giving a 30-day notice of discharge the home will refund a partial deposit on a pro-rated scale to the resident or representative or legal surrogate, if any, any security deposit made to the home by or on behalf of the resident will be sent within 30 days only if the room and all facility belongings are in good shape and do not acquire any replacement of furniture, walls, televisions etc.

If the resident does not give a 30-day written notice of discharge or does not leave the room in pre-admission condition, the facility is not obligated to give any refund and will only do so on a case by case basis.

Any refund given may be done so at the discretion of the owner pending assessment of room and any other previous unpaid damages.

If resident decreases in health and requires transfer out of the facility, then once the transfer is made, the facility will pro-rate refund according to the amount of time left in that month.

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If resident gives 30-day notice in the middle of a month (15th) the following months fees will be prorated thru the middle of that next month to cover rent until the 15th.

Resident will not receive initial deposit monies back, unless the room is in the exact same condition it was upon admission.

Any damages incurred by resident and documented will affect the deposit and it may not be returned at all pending the amount of damages left.

If a resident's rent has been paid at the first of the month and they choose to leave the next day or any days after without notice, there will be no refund given.

If payee of resident removes the resident the same way, there will be no refund to payee.

If resident's health increases and gets to a place where they need to be removed or admitted into the hospital, if the family payee or resident wants the room to be held for that residents rent will be paid for holding that space whether the resident is there physically or not.

By this facility holding a bed it does not allow for income to be made in place of temporary resident being gone. If resident dies while at the facility, monthly rent will be prorated based on the amount of days left in that month, minus any outstanding expenses that the resident had incurred prior to their expiration.

If the resident is deemed by the state to no longer be eligible to remain in the facility and the facility applies for a waiver for inappropriate resident and gets denied, unless an appeal is then submitted to the state for that denial, then family will be given a notice for resident to vacate within 30 days from that date.

If a resident voluntarily leaves without notice, then decides to return after 24 hours, there is no guarantee that the facility will allow the resident to be readmitted whether paying for that month or not.

If facility administrator decides that resident needs to be discharged due to threatening behavior, then resident will be removed after facility contacts next of kin to transport resident and belongings out of the facility. If resident gets extremely and potential dangerous, then the police will be called and handle the resident accordingly.

Resident will only be allowed to return to obtain their belongings not to be readmitted into the facility. No refunds will be given at that time. If case manager removes client from the facility, they are to be made aware of the refund policy prior to discharge and sign verification of that.

Additions here:

1. _____

2. _____

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3. _____

By signing the box below, I admit being fully aware of all the admission criteria in this contract and will be fully responsible for its content. I understand that I am entitled to a copy for my records.

Resident Signature: _____ Date: _____

Payee Signature: _____ Date: _____

Facility Owner Signature: _____ Date: _____