



Admission Agreement



ASSISTED LIVING LOCATION _____

This agreement is made between _____
(hereinafter referred to as you), and this ASSISTED LIVING HOME.

Recitals

The assisted living home is located at _____. You have applied for accommodations at the home and the home has accepted you based on the information you have provided.

The home is licensed by the State of Idaho as a residential care/assisted living home. This agreement is a month-to-month agreement that can be terminated at any time as indicated in this agreement.

For the safety and well-being of our current residents and your loved one, we will conduct a background check prior to admittance. By signing below, you authorize us to conduct this search and understand that admittance is dependent on those results. (Results will be attached to the back of the admission agreement)

Authorized Representative Name: _____

Authorized Representative Signature: _____ **Date:** _____

Administrator Signature: _____ **Date:** _____

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AGREEMENT

SERVICES PROVIDED:

Beginning on _____ you moved into the home. The home shall provide the following accommodations and services to you, subject to the other terms, limitations, and conditions contained in this agreement. These services are available to all residents of the community regardless of the individual or payer status:

Conditions of Admittance:

The home will admit geriatric, Alzheimer, dementia, and developmentally disabled residents. No resident shall be admitted whom the home does not have the capability or services to provide. No resident can have an unstable health condition requiring ongoing highly technical skilled nursing procedures.

A resident will be admitted only when the facility has the capability, capacity, and services to provide appropriate care. A resident will be admitted if they do not require a type of service for which the facility is not licensed to provide or does not provide or arrange for. If the facility does not have the personnel or are not appropriate in numbers or have the appropriate knowledge and skills to provide such services, we may deny admittance of a resident.

1. No resident will be admitted or retained who requires ongoing skilled nursing or care not within the legally licensed authority of the home. Such residents include:
 - a. A resident that has a gastrostomy tube, arterial-venous shunts, or supra-pubic catheter inserted within the previous 21 days.
 - b. A resident who is receiving continuous, total parenteral nutrition, or intravenous therapy.
 - c. A resident that requires physical restraints, including full bed rails. An exception is a wheelchair with locking wheels.
 - d. A resident who is comatose, except for a resident who has been assessed by a physician or authorized provider who has determined that death is likely to occur with fourteen (14) to thirty (30) days.
 - e. A resident who is on a mechanically supported breathing system, except for a resident who uses a CPAP (continuous positive airway pressure).
 - f. A resident who has a tracheotomy who is unable to care the tracheotomy independently.
 - g. A resident is fed by a syringe.
2. Any resident who has needs that require a nurse, the home must assure a licensed nurse is available to meet the needs of the resident.
3. A resident will not be admitted or retained who has physical, emotional, or social needs that are not compatible with the other residents in the home.
4. A resident that is violent or a danger to themselves or others.
5. Any resident requiring assistance in ambulation must reside on the first floor if the home has multiple levels.
6. Residents that are not capable of self-evacuation will not be admitted.

Your Personal Private Room:

You may occupy and use the room you have chosen subject to the terms of this agreement. You are encouraged to personalize your room by providing your own furnishings. If you are unable to furnish your room, the home will provide basic furnishings for you.

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Decorations:

You are free to decorate your room as you wish, provided that you comply with the safety rules of the home. You may not make any structural or physical changes to your room, unless expressly approved in writing by the home. Any such alteration or improvements shall become the property of the home. You may not change any lock or add any lock or locking device to your room without the prior consent of the home. Any changes or modification to your room, which requires the assistance of electricians, contractors, or similar professionals, must be approved in advance.

Access to Your Room:

The home staff may enter your room for the following purposes: inspection, maintenance, and other services described in this agreement.

Meals and Snacks:

Three nutritionally well-balanced meals per day are included in your basic services rate. All meals are signed off by the Registered Dietician. Customization may be accommodated by request. Modified diets will be available to you if prescribed by your physician as a medical necessity for an additional fee. Snacks are also available to you as needed.

Assistance with Activities of Daily Living:

Through its staff, the home will provide assistance as needed with dressing, grooming, bathing and other activities of daily living, to the extent allowed by applicable state law. Upon written request of having a particular caregiver gender, the home will do its best to accommodate such requests.

Supervision:

The home, through its staff, shall regularly observe your health status to identify any changes in your physical, mental, emotional and social functioning. The home will also respond to your dietary and health needs as well as needs for special services. In the event of an emergency, home staff will summon emergency medical service to assist you by calling "911" or otherwise summoning appropriate medical service personnel. The family can't direct medical care if the facility nurse has assessed the resident to require additional medical evaluation and treatment.

Health Needs That the Home Cannot Meet:

Should you need health services which cannot be provided in the home either by home staff or outside health care providers with whom you contract, the home will notify you and/or designated responsible person that you must receive care in a different setting. Such notice will be given in a timely manner and will be at least 30 days in advance, unless it is an emergency situation which may require an immediate discharge.

Assistance and Monitoring of Medications:

Through its staff, delivered by the pharmacy, the home will assist you with storage and management of medications and management of self-administered medications as prescribed by your physician and under the supervision of a licensed nurse to the extent allowed by state law in our medication policies. The home will utilize the mediset or blister pack method for storage and usage as well as follow medication policies. We will not be held liable for pharmacy errors as well as failure to deliver in a timely manner.

Laundry:

Laundering of linens owned by the home will be done daily or as needed at no extra cost.

Coordination of Outside Services:

The home will help arrange for routine, urgent, and emergency medical and dental outside services if needed. The home will help make arrangements for or provide transportation to you in order to meet your necessary medical and dental needs. The home may require a fee for transportation. All other transportation is your responsibility. The ultimate decision for which provider is used is up to the resident and their family. The

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resident has the right to choose their transportation provider. The Cottages will not be held liable for any accidents or injuries from said provider.

Health Records:

The home maintains a separate resident record on each resident of the home. These records may contain medical and other personal information. All information and records regarding you and other residents are confidential and will not be released without written consent of the resident or their authorized legal representative. The home's licensing agency has the authority to examine such medical records as part of the agency's evaluation of the home. In addition, each resident has the right to review his or her resident record.

Nursing Services:

A licensed nurse will visit you at least quarterly, or as needed, according to your health and medical requirements. The licensed nurse will routinely visit you no less than once every three months to perform the following services: Assessment of your response to medications; assure that the medications that the pharmacist lists on the container is current with physician's orders; conduct a nursing assessment based on the Service Plan and uniform assessment by identifying symptoms of illness or changes in mental or physical status; make recommendations to administrator that need follow up. The licensed nurse will document progress of previous recommendations; assess any self-medicates for ability to safely continue self-administration of medications; review of residents over the counter medications for side effects, abuse or a combination of these adverse effects, and notify resident's physician to make appropriate counseling available to resident; and to document the nursing assessments with the date of each visit.

Housekeeping:

The home will provide all housekeeping services, including private rooms and common areas. Maintenance items will be handled by the home.

Utilities:

The home will provide at least one house telephone and one cable television in the common area. Access is determined upon usage. However, if the resident chooses to have his/her own telephone or television it will be at his/her expense. Utility lines are provided in each resident room.

Common Areas:

You will be provided with the opportunity to use the general-purpose areas of the home, such as the common living rooms and dining areas.

Activities:

The home will provide activities for you and maintenance of self-help skills, including opportunities for socialization through group discussions, conversation, recreation, visiting, arts and crafts, music, and provisions for trips to social functions. Daily activities including exercises, strength training, and range of motion will be offered. Education through special classes or activities will be offered at times, and leisure time to enjoy your own activities will be encouraged.

Staffing:

The home will have adequate staff on shift to meet state requirements and meet the needs of the resident's Service Plan. Normal staff shifts are: day, evening, and night with extra staff as needed. This will include personnel who have training in C.P.R. and first aid, medication assistance course, and ongoing orientation hours. The Administrator may be on a shift or can be contacted if needed.

Notification of Liability Insurance:

The home does carry professional liability insurance. If any changes are made, notification will be in writing.

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Medication Responsibilities:

The home and residents will follow the medication policies. These include reporting of missed doses or those taken on a PRN basis.

Resident Personal Fund Responsibilities & Maintenance of Funds:

The home's Administrator will be responsible for resident funds, up to \$100.00, by keeping the funds in a locked and secure place. Residents will have access to their personal funds during normal business hours. Facility will not require residents to purchase goods and/or services.

Your rent at the home will be paid for by: _____

Phone number: _____

Alternate Phone Number: _____

Resident Belongings Responsibility:

The home will not be responsible for protection and disposition of all valuables belonging to the resident if they leave. The home will arrange with family or legal guardian within twenty-four hours to return resident valuables. The legal guardian or family is responsible for the resident's belongings upon the move out of the resident.

FEES DESCRIPTION and EMERGENCY TRANSFERS:

Payment shall be required upon remittance of invoice in advance of that month. There will be a \$ _____ non-refundable move-in fee. Partial months will be refunded within thirty (30) days of vacating and removing all property. Any stay past noon will be billed for that day.

MONTHLY RATE CALCULATION:

Monthly Rate: The basic rate, plus the personalized care rate.

Basic Rate: The cost for basic services is \$ _____ a month. The home has the right to discuss and offer other cost and payment options at the time of agreement.

Basic Service Include:

- Large private room and bath – handicap accessible
- 24/7 up and alert staff
- On call nursing oversight
- Utilities – heating & air controls in every room
- Emergency call system
- Home-cooked meals and snacks
- Quarterly nursing & medicine review
- Cable television service in every room
- Access to outside services
- Phone hookups in every room
- Comprehensive activity program
- Personal and individual laundry service
- Wireless internet
- Housekeeping



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Personalized Care Rate: \$ _____ per point (price per point subject to change)
The personalized care rate will be determined by a level of care assessment tool (LOCA) prior to admission, quarterly and with any significant change of condition by the facility Administrator and/or their designee for private pay residents. The price per point amount is calculated by utilizing the LOCA tool which determines the personalized care that the resident requires (see below). If accepting Medicaid as payment, an assessor from the regional Medicaid office will assess and fix a daily rate based on needs. **See Medicaid Addendum.**

Late Charges:
A late charge may be assessed if the basic services rate is not paid by the 10th day of each month. Your rights to occupy and use your room and to receive other services under this agreement are contingent upon your timely payment of the basic services rate.

Adjustments to Rates:
The home shall have the right, upon thirty (30) days prior written notice to you, to change your basic services rate and other fees and charges. If your care is funded at government prescribed rates, the operative date for any government modification in reimbursement rate shall be the operative date for a change in your basic services rate. The resident has a right to contest charges or rate increases. If the resident wishes to contest the rates they are charged, they are to inform the administrator in writing. Pursuant to IDAPA Rules 16.03.22.711.02, the administrator will ensure that the complaint is recorded in the resident’s record. The home will respond in writing within 30 days of receiving the complaint. The written request from the resident as well as the administrator response will be kept in the resident’s record. In addition, the resident has the right to contact the Ombudsman for the Elderly at:

Middleton, Payette, Weiser, Boise

Mountain Home

Emmett, Meridian

Absences from the Home and Transfers:
You are free to leave the home any time you wish, but the home cannot be responsible for any obligations or expenses incurred by you at such time. You agree to notify the home in advance of such absence. You are responsible for paying your basic services fee even when you are absent from the home, including but not limited to; time when you are on vacation, when you have been transferred temporarily to a hospital or skilled nursing home, or if you have been transferred to an outside health care home. You are not entitled to any discount from your basic services rate during such absences. You will not be charged for the Personalized Care Rate, portion of your monthly invoice for the period of time the resident is absent from the home. Our homes will not be held liable if a resident injures themselves. If, at any time, there is a need to transfer a resident within the home or company, the Administrator will consult with the family and/or the POA in advance.

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Death:

In the case of the resident's death, the daily basic services rate is due and payable to the home and your estate shall be charged for the days that the room is occupied with the resident's belongings.

Termination of Agreement:

You may terminate this agreement at any time, with or without cause, by giving thirty (30) days written notice to the home through the home's Administrator. Your notice must identify the date when the termination is to become effective, which date must be at least thirty (30) days after the date of the notice. The home may terminate this Agreement at any time, with or without cause, by giving thirty (30) days written notice to you and/or to the responsible person, if applicable. In addition, it is the policy of the home to terminate for reasons including, but not limited to the following:

- Your failure to pay the basic services rate or additional charges for services you have requested within ten (10) days of the due date.
- Your failure to comply with state or local law after receiving written notice of the alleged violation.
- Your failure to comply with the “**Resident Responsibilities**” section as outlined below.
- The resident's death.
- Emergency conditions that require the resident to be transferred to protect the resident or other residents in the home from harm or behavioral actions.
- The resident's mental or physical condition deteriorates to a level requiring care as described in section 33-3307, Idaho Code, and subsection 152.05 of the rules governing assisted living. (See page 1 of this agreement)
- When the home cannot meet resident needs due to changes in services in home or contracted, or inability to provide the services.
- Other written conditions as may be mutually established between the resident, the residents' legal guardian or conservator and the administrator of the home at the time of admission.

Home Responsibility During Resident Discharge:

The home is responsible to assist the resident with transfer by providing a list of skilled nursing facilities, other residential care or assisted living facilities, and certified family homes that may meet the needs of the resident.

Resident's Appeal of Involuntary Discharge:

A resident may appeal all discharges with the exception of an involuntary discharge in the case of non-payment, emergency conditions that require the resident to be transferred to protect the resident or other residents in the home from harm. Before the home discharges a resident, the home must notify the resident, and if known, a family member, or his legal representative of the discharge and the reasons for the discharge. The notice must be in writing and in a language and manner the resident or his representative can understand.

Written Notice of Discharge. The Notice Shall Include:

The reason for the discharge, effective date of the discharge, a statement that the resident has the right to appeal the discharge to the department within thirty (30) calendar days of receipt of written notice of discharge, the name and address of where the appeal must be submitted, the name address and telephone number of the local ombudsman, for residents sixty (60) years of age or older, the name, address and telephone number of CO-AD, for residents with developmental disabilities or mental illness. If the resident fails to pay fees to the home, as agreed to in the admission agreement, during the discharge appeal process, the resident's appeal of the involuntary discharge becomes null and void and the discharge notice applies. When the notice does not contain all the above required information, the notice is void and must be reissued.

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Receipt of Appeal:

Request for an appeal must be received by the department within thirty (30) calendar days of the resident's or resident's representative's receipt of written notice of discharge to stop the discharge before it occurs.

Vacating Home and Refund:

Until your Room is vacated and all your property is removed from your room, you or your estate shall remain liable for the basic services rate. When your room is vacated and all your property has been removed from the home, your basic services rate obligations will terminate. When your room is vacated and all your property has been removed, you or your estate may be entitled to a partial month's refund of the basic services rate that you paid for the month. Medicaid residents will not be entitled to a refund of the RUF payment or co-payment if resident dies, moves, or is asked to move by the home during anytime of the month.

Any refund that may be calculated shall be paid within thirty (30) days of the termination requirements. If and only if your room is vacated and all of your property is removed will you be entitled to a refund according to the termination requirements. The home may remove a resident's property and store it at the resident's liability; if the room is vacated and property is not removed for over thirty (30) days.

Release of Obligations:

Any termination of this agreement shall terminate the home's obligation to furnish accommodations and services to you. Upon termination of agreement, the home shall be discharged from any further obligations to you under this agreement.

Resident Permission to Transfer Information:

You understand and agree that your health history and medications listing signed by your physician, personal interview and emergency information records are a part of this agreement and any material, misrepresentation or omission made by you as to your age, finances, resources, and health history shall render this agreement void at the option of the home. You agree to submit updated copies of the above forms from time to time as requested by the home. You give permission to transfer information from the resident's records to any home to which the resident transfers.

Resident Responsibilities:

You agree to abide by and conform to the policies and principles, as they exist for the operation and management of the home and such reasonable amendments to policies that the home may adopt. A copy of the policies for home will be provided to you or your representative upon request. You shall also have the rights set forth in the Statement of Resident's Rights, which is made part of this agreement.

Your rights under this agreement are the rights and privileges expressly granted, and do not include any proprietary interest in the home or other properties of the home.

Restrictions on Choice of Care or Service Providers:

This home has no restrictions on choice of care or service providers such as; pharmacy, home health agency, hospice agency, physician or authorized provider.

Change of Accommodations:

The home reserves the authority to determine and make all arrangements regarding residency including; admission and dismissal of you and other residents and adjustments in rates and accommodations consistent with state law and home policies.

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Dual Occupancy:

The home permits dual occupancy of selected rooms. If there are two of you, in the event of the death or transfer of one of you during the term of this agreement, the remaining resident may remain in your room upon payment of the current basic rate for occupancy, unless otherwise documented between you and the home administrator.

No Tenancy Interest or Management Rights:

This agreement gives you the right to live in the home and to have as much freedom and choice regarding your life here as possible. However, it does not give you the rights of a "tenant" as that term is defined by state law. The home reserves the sole right to provide management of the home in the best interests of all residents and reserves the right to manage or make all decisions concerning the admission, terms of admission or dismissal of other residents consistent with state law.

Liability for Damage:

You agree to maintain your room in a clean, sanitary and orderly condition. You shall reimburse the home for the repair to your room and for the repair or replacement of furnishings and fixtures owned by the home in your room above and beyond ordinary wear and tear. In addition, you shall reimburse the home for any loss or damage to the home's real or personal property by you or by persons on the premises with your permission.

Property of Resident

The home is not responsible for loss of any property belonging to you due to theft or any other cause unless such loss is caused by the gross negligence or intentional acts of the home or its employees or agents. If you wish to purchase insurance in the event of damage to your property or the loss of your property, you are responsible for purchasing and maintaining such insurance. We prefer residents don't bring valuable items upon moving in i.e. jewelry, expensive artwork, etc. We will not be held liable for any missing items.

Resident Belongings:

The home is not liable for any belongings left behind upon any occupancy status changes.

Advance Directives:

This home asks all prospective residents if they have executed any advance directives. This includes health care powers of attorney, living wills, or other documents which describe the amount, level or type of health care that you would want to receive at a time when you can no longer communicate those decisions directly to a doctor or other health care professional. It also includes documents in which you name another person who has the legal authority to make health care decisions for you. If you have executed any such documents, or if you execute any such document while you are living at the home, it is your responsibility to advise home staff of this and to provide a copy of any such documents to the home. If you have such documents, and you have provided a copy to the home, the home will provide copies of these documents to health care professionals who may be called to assist you with health care. If you execute such documents, and later revoke or change them, it is also your responsibility to inform the home of such revocation or change. This is required so that the home can assist you in ensuring your health care choices are properly communicated to your health care professionals. Under any case, under any circumstances, The Cottages will not be held liable for the creating, maintaining, or delivery of advanced directives.

Incompetence:

In the event that you become legally incompetent or are unable to properly care for yourself or your property, and in the event that you have made no other designation of a person of legal entity to serve as your guardian or conservator, you hereby grant authority to the home to apply to a court of competent jurisdiction for the appointment of a conservator or guardian.

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The home encourages family and friends to visit you, subject to the facilities policies. The home encourages regular family involvement with the resident and provides ample opportunity for family participation in activities at the home.

Severability:

If any provision of this agreement is determined by a court of competent jurisdiction to be unenforceable, this agreement shall be read as if such unenforceable provision was not included and all other provisions of this agreement shall continue in full force and effect.

Governing Law:

This agreement shall be governed by and construed under the laws of the state where the resident resides.

Attorney's Fees:

In the event any action is brought by either party to enforce or interpret the terms of this agreement, the prevailing party in such action shall be entitled to its costs and reasonable attorney fees incurred therein from the non-prevailing party, in addition to such other relief as the court deem appropriate.

Notification of Payee Requirements:

The home does not require as a condition of admission that the administrator or an employee of the home be named as payee.

Nondiscrimination Policy:

This home shall neither deny service to, nor otherwise discriminate in the delivery of services against any person who otherwise meets the eligibility criteria or the program on the basis of race, color, religion, national origin, citizenship, ancestry, marital status, physical or mental handicap, familial status or because such person is a recipient of federal, state or local public assistance.

ASSISTED LIVING HOME – RESIDENT POLICIES:

1. All residents must sign out when leaving home or leaving premises.
2. All residents must respect the rights of other residents including sharing common areas, dining areas and other related accommodations and activities and also, in regards to late night visitors and late night activities.
3. Residents should respect duties and responsibilities of the caregivers and Administrator.
4. Likewise, the caregivers and Administrator must respect the rights of residents.
5. All residents must adhere to the policies and procedures of the home.
6. All residents and family members must report any abuse that is observed.

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ADMISSION AGREEMENT - FINANCIAL AGREEMENT

Supplies and Services Included in the Facilities Basic Services Rate

The home will provide:

1. Large private room & bath – handicap accessible
2. Utilities – heating & air controls in every room
3. Home-cooked meals and snacks
4. Cable television service in every room
5. Phone hookups in every room
6. Personal and individual laundry service
7. Housekeeping
8. 24/7 up and awake staff
9. On call nursing oversight
10. Emergency call system
11. Quarterly nursing and medicine review
12. Access to outside services
13. Comprehensive activity program
14. Wireless internet

Optional Supplies and Services Not Covered in the Facilities Basic Services Rate and Related Charges

1. Undergarments, including "Depends" and extra pads.
2. Moisture barriers for bedding and mattresses for incontinence.
3. Any medications or over-the-counter products.
4. Personal telephone and hookup charge.

(The costs of the above-mentioned items are dependent on the product and provider you choose. These costs are not determined by the Home.)

Fees for Services:

Basic Service Rates

The costs for basic services in this home are:

\$_____ per month for a private room with a private bathroom + \$_____ for personalized care = a total monthly cost of \$_____.

A non-refundable move in fee of \$_____ will be collected prior to move in. Other costs for services may be agreed upon by both parties and noted in the basic services rate.

The personalized care rate will be determined by a level of care assessment prior to admission for private pay residents. If accepting Medicaid as payment, an assessor from the regional Medicaid room will assess and fix a daily rate based on needs.

- * I HAVE BEEN INFORMED OF AND UNDERSTAND ACTION I MUST TAKE, OR THAT WOULD BE REQUIRED OF ME, IN AN EMERGENCY SITUATION.
- * I CAN BE MOVED WITHOUT WRITTEN NOTICE TO ANOTHER HOME OR RESIDENCE IN AN EMERGENCY SITUATION.

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\$ _____ deposit was received on _____ Move in date: _____
Move-in prorated fee in the amount of \$ _____ was received on _____
Any other fees as specified _____
Medicaid recipient – Check here _____

Medicaid Guidelines

The Cottages is a private pay assisted living provider. The monthly fee we charge is based on a level of care assessment done upon admission and quarterly thereafter. The average monthly fee for a resident at The Cottages ranges from \$4,000 – \$5,000 per month. Based on this expectation and your own personal financial capability, your signature below states that you, the resident/P.O.A., testify of your ability to meet all the financial requirements.

For a resident who is no longer financially capable of paying the private pay rate, The Cottages may allow a resident to rollover to Medicaid status. The Cottages policy is that the resident must pay a private pay rate for a minimum of 24 months before The Cottages will consider acceptance of Medicaid funds as a method of payment. This 24-month requirement is the absolute minimum amount of time a resident must pay prior to Medicaid rollover, and it only applies after all funds have been depleted. It is the expectation that the resident will continue to pay at the private pay rate until Medicaid eligibility has been determined by Health and Welfare and the Notice of Action is received by our corporate office. Upon rollover to Medicaid, if the resident wishes to remain in a private room, there will be an additional room upgrade fee of \$1500 assessed on the monthly invoice to be paid by resident/P.O.A. If the resident/P.O.A. is unable to pay this amount, the resident will be required to share a room. If there is a choice available, residents will be given as much preference as possible regarding roommate selection. It is also a requirement that the resident/P.O.A. will schedule an appointment with the corporate office 90 days prior to submission of Medicaid application to The Department of Health and Welfare.

Building:

- Boise #1 Boise #2
 - Columbia Village #1
 - Columbia Village #2
 - Emmett #1 Emmett #2
 - Meridian #1 Meridian #2
 - Middleton
 - Mountain Home
 - Payette
 - Weiser #1 Weiser #2
 - Lochsa Falls Addendum**
- Not Applicable**

Residents who are receiving Medicaid assistance will be considered upon admission if they are willing to pay a room upgrade fee of \$1500 for the minimum of 24 months.

Failure to abide by the terms of this agreement may result in request for immediate discharge for nonpayment of fees. This agreement does not bind The Cottages to retain a resident whose health status has declined beyond the scope of The Cottages ability to provide assisted living services for as determined by a nursing assessment in accordance with IDAPA 16.03.22.

Resident/P.O.A. _____ Date: _____



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Media Release

I hereby give permission to take photographs and videos of me or photographs and videos in which I may be involved with others for the purpose of promoting The Cottages. In granting this permission, I am granting the right to use and am authorizing the publication of such photographs and videos, including the reproduction, sale, copyright, exhibit, broadcast, storage and distribution of such (collectively "Use").

I hereby release and discharge The Cottages, its employees, agents, officers and assigns from any and all claims or liability arising out of the Use of the photographs and videos, including any claim for compensation for the forgoing by me or anyone claiming through me. The Use of such photographs and videos shall be authorized for promotional and advertising purposes for print, internet and television at the sole discretion of The Cottages.

I recognize and acknowledge that photographs and videos posted on social media platforms may be accessed or viewed by 3rd parties, including the public.

I have read the foregoing document and fully understand its contents.

Signature: _____

Date: _____

Print Name: _____

Address: _____

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At The Cottages it is our desire that residents feel at home. We encourage residents to decorate their rooms with family photos, displays of hobbies and occupations, treasured antiques, and heirloom furniture that make each room personal and unique. We have only a few guidelines that help us protect the building and maintain the décor of the public areas.

- The alcoves just outside of the bedroom doors are considered public space and are already decorated. Please plan to decorate only the inside of the resident's room.
- In most of our buildings there is a niche in the hall or alcove just outside of each room with the room number, the resident's name, and shelves for personal items. It is a fun way to personalize the entrance to the room and to help the residents identify their rooms. Please fill the shelves with items that help us get to know the new resident. Ask a staff member to help you access the niche when you are ready to fill it.
- Do not put nails or screws or use adhesive on the bedroom doors. An over-the-door robe hook can be used for hanging decorating items on the inside of the bedroom door or on the bathroom door.
- We will gladly provide small nails and supplies for hanging any artwork that you bring. If you desire to hang a lot of unframed family photos or cards, please use a bulletin board rather than put tape or push pins on the walls and doors. If your room does not already have a bulletin board, ask the administrator for help in getting one installed.
- If you are using furniture provided by The Cottages, we ask that you protect the finish or paint by not placing live plants on our wooden furniture. Use a mat or other protection under a television or other large items.
- Feel free to ask a staff member or administrator for help with anything you need to provide a safe, comfortable, convenient home.

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Visitor/Family Code of Conduct

For the health, safety, and comfort of all our residents, we ask that families and visitors follow the guidelines in our Code of Conduct.

- Observe and follow all current COVID and other protocols
- Be aware of noise level when conversing
- Take sensitive conversations with staff or management to a private room
- Do not visit if you are sick or have an illness that could be transmitted
- Children should be supervised at all times for their safety and the safety of our residents
- Be respectful and courteous to all residents, visitors, and Cottage staff at all times
- We will not tolerate disruptive language, aggressive or violent behavior of any kind
- All outside/over the counter medication need to be taken directly to the Administrator or Assistant
- We ask if you have any concerns, that you bring them directly to the Administrator or Assistant only

Our staff is dedicated to providing the highest quality of care to our residents. Please show them the respect they deserve as they carry out their duties. Visitors who don't comply with this Code of Conduct will be asked to leave The Cottages property and may be escorted out. Our mission is to Treat People Right and we ask families do the same with our staff. Thank you for your cooperation.



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SIGNATURES OF PARTIES SIGNING THIS AGREEMENT

Please sign below in the appropriate stated locations

AGREEMENT IN WITNESS WHEREOF,

The Cottages of _____ and _____, (residents' or responsible persons' name) have executed this admission agreement.

I _____, hereby understand that I am personally responsible to fulfill the financial obligation of this contract. The transfer or death of the resident does not terminate this contract until all financial obligations have been satisfied.

Resident / Financial Responsible Person's Name _____

Signature _____ Date _____

Social Security Number or Drivers' License Number _____

Address _____

City, State and Zip Code _____

Telephone number: _____

Email Address: _____

The Cottages Address: _____

City, State and Zip Code: _____

Telephone number: _____

Email Address: _____

Administrator (Witness) (signature): _____

Dated this day: _____



Admission Agreement



Admission Agreement Addendum

The following addendum to our facility Admission Agreement will be implemented immediately due to recent concerns noted by state surveyors with the Idaho Department of Health and Welfare. Pursuant to Idaho Administrative Code and **IDAPA 16.03.22.220.02**, residents will not be given the exit code to the front nor side doors. Those residents that currently have access to leave at any time will still be allowed to, but it will now require alerting a staff member for assistance to do so. This is to protect the safety and unintended elopement of other residents who may have cognitive impairment and/or other related dementia issues. This rule may be waived if there are no other residents who reside in the home with a diagnosis of dementia.

Resident _____ Date _____

POA _____ Date _____

Administrator _____ Date _____

Admission Agreement



COVID-19 Acknowledgement and Liability Waiver

I understand that there is an ongoing, worldwide pandemic related to the COVID-19 virus (also known as the corona virus.)

- I _____ am requesting admission to a Cottages Holdings LLC (et al) facility, with the understanding that the home **may have unconfirmed cases of COVID-19**. The Cottages has described the steps being taken to mitigate the spread of infection within the facility per the CDC guidelines.

- I _____ am requesting admission to a Cottages Holdings LLC (et al) facility, with the understanding that the home **has confirmed cases of COVID-19**. The Cottages has described the steps being taken to mitigate the spread of infection within the facility per the CDC guidelines.

Despite the actions being taken by The Cottages, I understand that there is risk of contracting COVID-19 or other infectious diseases from a resident, visitor, or staff member at The Cottages.

I understand that there currently is no known treatment for COVID-19, and that there is a possibility that if I were to contract COVID-19 or another infectious disease as a resident at The Cottages, I could become sick and even die.

I fully understand and acknowledge the risk to me of contracting the COVID-19 infection or other infectious disease from a resident, visitor, or staff member of The Cottages, I would like to be admitted to The Cottages.

In exchange for The Cottages allowing my admission during the ongoing pandemic, I agree to waive on my behalf, and on behalf of my legal heirs and assigns any and all claims, including any claim related to my death, that may arise if I were to contract the COVID-19 virus or other infectious disease.

Resident / Legal Guardian

Date

Admission Agreement



Level Of Care Assessment Form

Resident Name _____ Date _____ Current Resident or New Resident (check one)

Location _____ Completed By _____

	Score		Score
Eating (check all that apply) (0) Independent (no assistance needed) (1) Verbal prompts (reminders to come to meals, chewing, etc.) (2) Extensive assist/special dietary needs (cut up, puree, thicken, etc.) (3) Meals to room (except for short term illness) (4) Special diet purchases (gluten free, vegan, vegetarian, etc.) (6) Total assistance (wouldn't eat without hands-on assistance)		Mobility and Transferring (check all that apply) (0) Independent (no assistance needed) (1) Fall risk management (1) Verbal prompts (safety/supervision) (2) Some assistance to steady, outside, & side-by-side walking (2) Requires bed or chair alarms (3) 1 person assistance to transfer (6) Total assist (not mobile without assistance)	
Personal Hygiene (check one) (0) Independent (no assistance needed) (1) Verbal prompts (reminders only) (2) Stand-by/some hands-on assistance needed (3) Need physical assistance daily (6) Total assist (dentures, face washed, nails/hair, etc.)		Bath/Shower (check all that apply) (0) Independent (no assistance needed) (1) Verbal prompts (reminders only) (2) Stand-by/some hands-on assistance needed (4) Total assist 2 X's weekly (4) 3 or more showers weekly (includes additional for incontinence care) (6) 2-person assistance	
Response to Emergency (check one) (0) Independent (recognized & responds to emergencies) (4) Total assistance for safety in an emergency		Toileting (check one) (0) Independent (no assistance needed) (1) Verbal prompts (occasional incontinence) (2) Some hands-on/occasional incontinence (Peri-care) (6) Total assistance	
Medications (check all that apply) (1) Insulin dependent (2) Coordination w/outside pharmacy (4) Self administration of medication requires RN oversight (8) Staff assistance with all medications		Medical Diagnosis (check all that apply) (1) Oxygen monitoring (1) Misc. _____ per event (ex: smoking/ alcohol use) (1) Special medications (nebulizers, c-pap, etc. per product) (2) Coordination with an outside provider (4) Ostomy care (4) Foley catheter (4) Wound care	
Dressing (check all that apply) (0) Independent (no assistance needed) (1) Verbal prompts (reminders only) (2) Some hands-on assistance (buttons, shoes, etc.) (2) Daily assist with TED hose/braces, etc. (6) Total assistance for all dressing needs		Psycho/Social Status (check all that apply) (0) No behavioral concerns (2) Behavior plan/monitoring (1) Occasional verbal direction for appropriate social/personal wellness (3) Regular re-direction for learning and living skills (4) Constant redirection (5) Verbal inappropriate interaction requiring extensive redirection (6) Extensive intervention/behavior management required (3) Frequent call/bell usage (3) 1 on 1 for activities (4) High elopement management (5) Excessive call bell (5) Excessive wandering (5) Severe agitation/sundowners' management	
Housekeeping/Laundry (check all that apply) (6) Excessive housekeeping (6) Excessive laundry due to: () Preference () Incontinence			
*The grand total point tally will be final upon approval from the corporate office. LOCA form may be subject to change 30 days after initial move-in and every 90 days thereafter or as needed.	Column Total:	Notes: Room = \$ _____ Care = \$ _____ (total LOCA points x \$ _____ price per point) Other = \$ _____ Total = \$ _____	Column Total:

Resident/POA Signature _____ Date _____

Corp Office Signature _____ Date _____

Administrator Signature _____ Date _____

Rate Effective Date _____

Grand Total: