

Bellevue Elderly Care

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ADMISSION AGREEMENT

The following document describes the services provided by Bellevue Elderly Care LLC. These services are care provided, activities, policies, house rules and much more.

This admission agreement is made on _____ (mm/dd/yyyy) between Bellevue Elderly Care LLC (Provider), and _____ Responsible party (POA) for the purpose of providing personal care to _____ (Resident).
Admission Date _____

Both parties are to agree to the following:

A. DESCRIPTION OF CARE AND SERVICES PROVIDED BY BELLEVUE ELDERLY CARE

1. Clean, safe, comfortable, and home-like environment.
2. Three nutritious meals, snacks, and drinks.
3. **Internet and cable television. If a resident rents or buys movies that cost will be added to their bill.** **IN** _____
4. Special dietary requirements. Ex. low sugar or low sodium diet.
5. Essential supplies such as soap, toiletries, toilet paper, linen, & bedding. *If the resident prefers a specific type of supplies, the resident, family member or POA will be responsible for the purchase.*
6. **24-hour care:**
 - **Comprehensive Monitoring:** Round-the-clock observation, assessment, and evaluation of residents.
 - **Engaging Daily Activities:** Activities include walking, ball or balloon toss, assisting with household chores like setting the table, listening to preferred music, reading aloud, enjoying photo albums, watching movies, playing board games, and more.
 - **Daily Living Assistance:** Includes supervision and help with tasks such as brushing hair, applying makeup, and taking outdoor walks.
 - **Medication Management:** Maintenance, assistance, and administration of prescription medications, along with necessary nursing tasks.

- **Abuse and Neglect Prevention:** Stringent measures to prevent abuse, injury, or neglect of residents. Bellevue Elderly Care maintains zero tolerance for abuse, neglect, or financial exploitation, with all incidents reported to the DSHS abuse and neglect hotline.
 - **Laundry and Housekeeping:** Provided for all residents and included in the basic rate. Families are responsible for dry-cleaning services. Bellevue Elderly Care is not liable for clothing damaged if meant for dry cleaning.
7. Personal care services shall be provided such, but not limited to bathing, dressing, grooming, toileting, transferring and feeding as may be required for the health, safety, and well-being of the resident.
Personal grooming services such as haircuts and beauty salon services shall be arranged by family members. The cost is also the responsibility of the family members. Haircut services are also provided at home by a traveling hair stylist. Her fee is **\$35 + Tip**.
8. Our facility provides comprehensive personal care services tailored to each resident's needs, including:
- All types of dementia; hallucinations & delusions; wandering/sundowning syndrome; mood changes related to dementia; anxiety & space agitation, if the resident is not a threat to self or other Residents & staff.
 - Bathing, Dressing, Grooming, Toileting, Transferring, Feeding
 - Physical therapy recovery visits
 - Stroke recovery
 - Hospice care
 - Diabetics.
 - Bed bound
 - Mental health
 - Huntington's
 - Parkinson's
 - Wound Care
 - ALS - Lou Gehrig's disease

B. RESIDENT/POA RESPONSIBILITIES

1. Notification of Intent to Vacate: Provide Bellevue Elderly Care LLC with 30 days' written notice prior to the Resident's departure.
2. Personal clothing and accessories, toiletries (makeup, perfumes, special deodorants, etc.)
3. All costs of added nourishment food supplements or formula ordered by the physician for the wellbeing of the resident; example: fiber powder, ensure, special drinks.
4. All costs of items used for incontinence of bowel & bladder control such as depends, gloves, wipes, barrier ointments shall be the responsibility of the resident & family representative.

Initials or resident/POA _____

5. All Medication costs:
 - All medications & costs ordered by the resident's physician & over the counter medications.
 - Services & the cost of medical emergencies, laboratories, hospital & other medical services.
 - All costs of durable medical equipment (walker, wheelchair, hospital bed, etc.)
 - Assessment –needs to be updated at least once a year by RN & when there is a significant change in the health of the resident.
 - Nurse delegations- need to be updated every 90 days by RN & when medication is added or changed.
6. **Paperwork required upon admission will include an up-to-date history & physical with all medication, treatments & allergies noted.**
7. The client will supply the provider with the name of physician responsible for resident's care, a copy of pertinent legal paper such as living will, power of attorney, guardianship orders & any other necessary documents.

C. PROVIDER RESPONSIBILITIES

1. In the event of an emergency, the provider shall call 911 first & then contact the POA/ family & notify client's doctor. The client will be responsible for all costs of emergency care. Example heart attack.
2. Provider shall maintain competent personnel capable of rendering or securing care in accordance with the terms of the agreement & state regulations.

3. Provider shall keep all health, medical & personal information of the resident in his/her file & make them accessible to the resident or the resident's legal representative.
4. The provider shall make daily care management decisions in accordance with the resident's needs & wishes & in consultation with the physician or the delegating nurse.
5. All medication must be kept in a locked storage & logged when administered. All medication over the counter must be approved by a doctor.

D. PROVIDER'S QUALIFICATION

1. The provider, Adina Sonia Puravet, is a certified nursing assistant with over two decades of experience working with seniors.
2. The provider is available to the resident & residents' representatives & can be reached at cell (206)349-0901.
3. The provider lives in the Adult Family Home.
4. The provider & staff will have all the classes required yearly by WA licenser (DSHS)

E. NURSING & MEDICATIONS SERVICES

1. Bellevue Elderly Care LLC has an on-call nurse & will be in close contact with the resident doctor. The provider has a skilled nursing service to provide delegation for medication, make/ update assessments & do other nurse delegation tasks the resident would need. Example oral & topical medication & ointments, nose, ear eye drops, dressing changes & urinary catheterization using clean techniques, suppositories, enemas, ostomy care in established & healed conditions, blood glucose monitoring, gastrostomy feeding in established & healed condition.
2. All medications must be kept in locked storage & logged onto resident records when taken.
3. All medication, including vitamins or other food supplements must be approved in writing by a doctor & be included in the resident's medication log.

F. FIRE DRILL

1. All residents living in an adult family home need to participate in a full emergency evacuation drill per calendar year. In addition to this, the staff will ensure that a partial emergency evacuation drill will be conducted every two months.

G. FINANCIAL AGREEMENT/ CHARGES

1. Prior to Admission

- a) WA State law requires that a qualified assessor complete a written assessment for the resident no older than 30 days prior to moving in.
- b) To **hold a room** for a potential resident a **deposit of \$1,000.00** is required. The deposit is valid for up to **10 days**. The deposit will become part of the first month's payment if the resident moves in at Bellevue Elderly Care LLC. The deposit will be retained if the prospective resident does not move in. To hold the room beyond 10 days a full daily rate will be charged from day 11 on.
- c) Move-In Fee/administrative fee. (Due to the rising costs of goods, BEC is joining the industry standard of charging an administrative fee to cover the additional manpower required during the first month or so. Especially the first week. The administrative fee is a one-time nonrefundable fee of **\$1,500.**)

2. Service cost

- a) The base rate will be a daily rate from **min \$300 – max \$485** a day.
- b) Charges are determined by the personal care services required. An initial assessment will be made prior to admission and will be revised every 12 months when there are significant changes in the level of care. The assessment is not included in the usual monthly charges. The resident and family members are responsible for the assessment fees.
Initials of Resident/ Responsible Party _____
- c) The first month payment is due at the time residency is established.
- d) **The charge for care services will be \$_____ per day.**
Initials of Resident/ Responsible Party _____
- e) We accept Medicaid after our clients have been private pay for at least 60 months from the date of admission. Ninety (90) day notice is required prior to a private pay resident changing to Medicaid.
Initials of Resident/ Responsible Party _____
- f) Payment is always due on the first of the month for the month in which services shall be provided. A late charge shall be assessed if payment is not received by the fifth of the month in which services are provided. The late charge shall not exceed five percent 5% of the monthly assessment charge. Checks which do not have sufficient funds to clear shall be charged a bank fee in addition to 5% of the monthly assessment.

- g) We accept residents who are on Hospice. If a resident at Bellevue Elderly Care LLC progresses in their illness and qualifies for Hospice care, the monthly rate will increase to reflect the level of care needed. The rate increase will be in effect from the day of resident's admission into the Hospice program.
 - h) The client shall be given thirty (30) days' notice of changes in policies, procedures, and fees, including changes in level of care cost. When there are substantial changes in the resident's condition, necessitating greater services, the monthly rate shall be adjusted accordingly with a (30) day advance notice.
 - i) Transportation is not normally provided by Bellevue Elderly Care LLC but is available on a case-by-case basis. If the POA is unable to arrange transportation, Bellevue Elderly Care may provide transportation at a cost of \$50/Hr + any parking fees or other costs associated with the trip.
 - j) All costs of items used for incontinence of bowel and bladder control such as depends, gloves, wipes, barrier ointments shall be the responsibility of the resident and family representative. A monthly Incontinence care fee can be added to the bill if the provider is to provide the items. The fee will depend on how much supplies will be used each month.
- Initials or resident/POA _____
- k) The RN charges for assessments, updates to assessments & nurse delegations. This will be the resident's and family representative's responsibility. The negotiation care plan will not be changed by the RN, the provider will do this.

3. Refunds

If the resident was admitted on any date other than the first of the month, then the first month's payment will be pro-rated using the daily rate.

If the resident passes away or is hospitalized and does not return to Bellevue Elderly Care LLC, then a refund of any deposit or charges already paid less the per diem rate for the days the resident resided or reserved a bed shall be made.

The first month is non-refundable due to more work being required at the beginning of a move.

If the resident used a Placement agency to find BEC & BEC is being charged a fee. Then BEC will charge 100% of one month's charges if the resident dies or moves within the first 6 months.

"Placement agency" is an "elder or vulnerable adult referral agency" as defined in chapter 18.330 RCW and means a business or person who receives a fee from or on behalf of a vulnerable adult seeking a referral to care services or supportive housing or who receives a fee from a care services provider or supportive housing provider because of any referral provided to or on behalf of a vulnerable adult.

All refunds shall be made within thirty days of the resident's date of discharge from Bellevue Elderly Care LLC. Transfers for reasons other than death or hospitalization require a thirty (30) day notice to receive a refund.

H. TERMINATION/ DISCHARGE OF RESIDENCY

1. The services will continue until resident's death, unless earlier terminated. If a resident is asked to leave Bellevue Elderly Care LLC, a 30-day written notice will be given to the resident or his/her representative unless the resident has resided in the home less than 30 days, but adequate time will be allowed to find another placement.
2. The provider will permit each resident to remain in the facility and not transfer or discharge the resident from the facility unless:
 - The transfer is necessary for the resident's welfare and the resident's needs cannot be met at Bellevue Elderly Care LLC.
 - The safety of individuals in the facility is endangered.
 - The resident has failed to make the required payment for his/her stay.
 - The health of individuals in the facility would otherwise be endangered.
 - The facility ceases to operate.
3. Before a long-term facility transfers or discharges a resident, the facility will attempt to provide reasonable accommodation to avoid the transfer or discharge, unless agreed to by the resident/ family.
4. If a resident goes to the hospital overnight and gets a contagious disease like MRSA or CDIFF. The resident is asked to stay in the hospital until it passes to not infect our other residents.

I. Signatures Page

I, _____ Power of Attorney (responsible party) hereby acknowledge that I have read and understand the above Bellevue Elderly Care LLC agreement.

Resident Name _____

Power of Attorney name

Signature of Power of Attorney

Date

Adin Sonia Puravet

Bellevue Elderly Care Provider

Signature of Provider

Date

