



ADMISSION PROCEDURES

PierceCare does not discriminate against applicants for admission on the basis of source of payment, religious affiliation, race, or otherwise. Applicants for admission are admitted in the order in which such applicants apply for admission or according to state regulations; however priority may be given to Baptists, spouses of current residents, Creamery Brook residents, and PierceCare Adult Day Care Program attendees. Applicants must complete the Application for Admission to PierceCare before they can be placed on the facility Waiting List. There is no application fee. No surrender of assets is required. The cost of room and board may be changed by the Board of Trustees at their discretion. Thirty days notice of any changes in rates will be given. Monthly charges billed in advance of the first of the month are due by the 10th of the month.

Prospective residents may need to be seen by the Home Medical director prior to admission to determine their level of care. An additional visit may also be required for proper assessment, done by the DNS or ADNS and the Admissions Director.

We do not admit residents with acute unstable psychiatric conditions, acute alcoholism, or carrying a communicable disease or acute infection.

Residents accepted for care shall be limited to those whose conditions and needs fall within those levels of care for which the facility is licensed. Once in residence, and if health needs dictate a change in level of care, the resident will be given priority over those on the admission waiting list. Upon admission and throughout your stay, your personal physician will determine the appropriate level of care for you.

New residents must have a physical examination by their personal physician within 48 hours after admission. If the resident comes directly from the hospital and has been seen by his/her attending physician on the day of discharge, an additional exam is not required upon admission. Skilled Nursing Facility (SNF) residents will be seen by their physician every 30 days, and Residential Care Home (RCH) residents will be seen by their physician annually, unless the resident's condition changes or as mandated by the State and Federal Law.

In the event of death, a resident's personal items, including any furniture they may have, will be moved to our resident storage area. The responsible party or next of kin will be informed to pick up at the earliest convenience. Items will be held no longer than 30 days. If this is a problem, please contact Social Services or Admissions Director.

ADMISSION POLICIES

1. Pierce Memorial Baptist Nursing & Rehabilitation Center does not discriminate against applicants for admission on the basis of source of payment, religious affiliation, race, national origin, or otherwise. Applicants for admission are admitted in the order in which they apply for admission or according to state regulations, however priority may be given to Baptists, spouses of current residents, Creamery Brook residents and Pierce Adult Day Care Program attendees.
2. Pierce Memorial Baptist Nursing and Rehabilitation Center does not require turning over to the Home any personal assets or property.
3. A financial information form will be filed in conjunction with the application for admission. Private pay residents are expected to pay for the cost of their care upon receipt of their monthly bill, which will be sent on the 25th of each month for the following month's cost of care. (Interest charges may be assessed on payments received after the 10th of each month.)
4. Depending on level of care, applicants may be required to see the Medical Director prior to admission. However, each resident has the right to choose a personal physician in the local area who has privileges here at Pierce Memorial Baptist Nursing and Rehabilitation Center.
5. We encourage Admission of new residents to take place prior to 2 p.m. in order to facilitate all doctor's orders. Accompanying family members are encouraged to stay for a good part of the day and have dinner with new resident if feasible and previous arrangements have been made with Admissions Director.
6. An Admissions Agreement will be signed by the applicant or responsible party at the time of admission.
7. Personal possessions kept on the premises of the Center shall be at the owners risk. Such items must be removed from the Home within 30 days of death.
8. All electrical items must be inspected and approved by the Maintenance Department. All pictures or wall hangings will be hung by the Maintenance Department, up to a limit of five.
9. Administrative reserves the right to approve/limit the amount of personal furnishings. The Center will not be responsible for breakage or disappearances.
10. It is recommended that funeral arrangements be completed before or upon admission. The costs of such are the responsibility of the resident or resident's family.
11. Residents are encouraged not to keep more than \$5.00 in their rooms, but instead to keep money in a resident trust account in the accounting office. The office is normally open for business Monday through Friday from 8 – 4 p.m.

12. Rooms are not assigned on a permanent basis. Changes will be made when conditions make it necessary, according to procedure as outlined in the Residents' Bill of Rights. At no time will the care of a resident be jeopardized. Emergency nursing care will be provided to Residential Care Home residents. When extended care is needed, the physician will order that temporary arrangements be made as available.
13. Each resident is expected to share, as able in simple personal tasks, and participate in daily activities. Each resident is expected to abide by the rules and regulations of the Home.
14. It is required that name labels be sewn in all clothing to prevent loss.
15. Visitations are encouraged and residents may receive visitors at any time between 12 Noon to 8 p.m. daily.
16. All applicants will be encouraged to have assigned a conservator or durable power of attorney for health care decisions. Each resident will be provided with the opportunity to sign a Living Will and may have officially assigned a health advocate, thereby meeting the requirements of Federal law (**Advance Directives**), in having a say in his/her long term care plan.
17. Residents at Pierce Memorial Baptist Nursing & Rehabilitation Center can be given assistance in filing for Medicaid when their personal resources become limited to 3 months private pay. Resident and/or family need to notify Social Services Director a couple of months in advance of total asset depletion to ensure filing of assistance application in a timely fashion.
18. Residents considered a wander risk will be required to wear a monitor bracelet.
19. The Center does not permit alcoholic beverages on the premises for residents or visitors unless it is prescribed by the residents' physician, in which case such beverages will be controlled by the Nursing department.
20. Pierce Memorial Baptist Nursing & Rehabilitation Center is a nonsmoking facility. There are no smoking areas indoors or outdoors for residents.
21. Exceptions to the above policies may be negotiated, so long as the exception does not affect the health or welfare of the resident or is not contrary to state or federal regulation.

APPLICATION FOR ADMISSION

PERSONAL INFORMATION

Date _____

1. Name in full _____ Tel. _____

2. Present address _____

3. Birthplace _____ Date & Year of Birth _____

4. Are you a U.S. Citizen? _____

5. Give place of residence in the last five years _____

6. Are you a Veteran or the spouse of a Veteran? Yes _____ No _____

7. Religious affiliation _____

8. Former occupation _____ Date last employed _____

9. Married _____ Single _____ Widow _____ Widower _____ Divorced _____

10. Name of spouse (even if deceased) _____

Spouse's date of Birth _____ Spouse's Social Security No. _____

11. Date of marriage _____ Date of death of husband/wife _____

12. Name of father _____ Birthplace _____

Name of mother _____ Birthplace _____

(Maiden Name)

13. Names of living children Full address Telephone

14. Name of responsible party or contact person _____ Address _____ Telephone _____

_____ (H) _____
_____ (W) _____

15. It is important for us to have the following information.
Social Security Number _____
Medicare Number Part A _____ Part B _____
Medicaid/T-19 Number _____
Other Insurance Name _____
Number _____
(You will need to provide a copy of the policy upon admission.)

Do you own a Partnership-Approved long term care insurance policy? Yes _____ No _____
(If so, you will need to provide a copy of the policy for our records upon admission.)

16. What are your current medical problems/needs?

Do you walk independently? _____

If not, what appliances do you use? Cane _____ Walker _____ W/C _____

17. Name and address of personal physician _____

AFFIDAVIT OF APPLICANT

I hereby certify that the answers to the foregoing questions are full and complete and that I have truthfully answered all questions and have read the statement concerning admission policies and agree to be bound by such policies.

Applicant's Signature _____

APPLICANT'S FINANCIAL STATEMENT

(Resident)

(Responsible Party)

(Resident's Street Address, Town, State, & Zip)

(Resident's Phone Number)

In order for to provide the quality care necessary, we need to know what sources of income and assets are available to provide for your cost of care at our facility.

1. Please list the total income from all sources:

Social Security	\$ _____ /mo.	Source _____
Pension	\$ _____ /mo.	Source _____
Annuity	\$ _____ /mo.	Source _____
Interest	\$ _____ /mo.	Source _____
Dividends	\$ _____ /mo.	Source _____
Other	\$ _____ /mo.	Source _____

2. Please give the approximate value of the total assets including:

BANK ACCOUNTS:

Name/Bank _____	# _____	Amt _____
Name/Bank _____	# _____	Amt _____
Name/Bank _____	# _____	Amt _____
Name/Bank _____	# _____	Amt _____

SECURITIES:

Name of Co. _____	# _____	Value _____
Name of Co. _____	# _____	Value _____
Name of Co. _____	# _____	Value _____

Personal Property:

3. Please list any debts, obligations, mortgages, etc, that may affect the above assets or income situations:

a. _____ Explain _____

b. _____ Explain _____

4. Is there a trust account involved?

If so, name and address of bank: _____

5. Is there property involved (either dwelling residence or other)? _____ Yes _____ No
In whose name? _____

- If yes, describe _____
- Address of property _____
- Approximate value of property \$ _____
- Mortgage, if applicable _____
- Is your spouse residing there? _____

6. Has there been a transfer, sale or gift of real estate, personal property, cash or other assets in the last five years _____ Yes _____ No

- If yes, describe _____

7. Do you have life insurance? _____ Yes _____ No

Value \$ _____

8. Are you a Title 19 recipient (Medicaid) _____ Yes _____ No

Will it be necessary for you to apply for Title 19 assistance within 90 days after admission?
_____ Yes _____ No

9. Do you have funeral arrangements made or a prepaid funeral contract?

_____ Yes _____ No. If yes, please state which funeral home:

(Name)

(Address)

(Value)

I certify that the foregoing statement is accurate to the best of my knowledge and that I can, if requested, submit documentation for all assets, debts and income and other information provided above.

Signed _____ Date _____