

THE GOOD SHEPARDS WEST

RESIDENT AGREEMENT

This Residency Agreement is entered into this day of _____ between
(hereinafter referred to as "FACILITY") and
THE GOOD SHEPARDS WEST

_____ **(hereinafter referred to as "RESIDENT") and**

_____ **(hereinafter referred to as "RESPONSIBLE PARTY")**

Residency shall begin within thirty (30) days from the date of this signed agreement unless otherwise noted within this agreement.

The FACILITY is not associated with any religious entity and complies with all Federal and State civil rights and non-discrimination laws, rules and regulations. Residents are admitted without regard to sex, race, age, or religious belief.

RESIDENCY CRITERIA

A resident must meet the following minimum criteria in order to be admitted to the FACILITY:

- 1) Be at least 18 years of age.
- 2) Be free from signs and symptoms of any communicable disease which is likely to be transmitted to other residents or staff;
- 3) Be able to perform the activities of daily living, with supervision or assistance if necessary;
- 4) Be able to transfer, with assistance if necessary;
- 5) Be capable of taking his/her own medication with assistance if necessary;
- 6) Any special dietary needs can be met by the facility;
- 7) The resident is not a danger to self or others as determined by a physician, or mental health practitioner;
- 8) The resident does not require licensed professional mental health treatment on a 24-hour a day basis;
- 9) The resident is not bedridden;
- 10) The resident does not have any stage 3 or 4 pressure sores. A resident requiring care of a stage 2 pressure sore may be admitted; however, if the resident's condition fails to improve within 30 days, the resident shall be discharged.
- 11) The resident does not require oral, nasopharyngeal, or tracheotomy suctioning; assistance with tube feeding; monitoring of blood gases; intermittent positive pressure breathing therapy; or treatment of surgical incisions or wounds, unless the surgical incision or wound and the condition which caused it to have been stabilized and a plan of care developed.
- 12) The resident does not require 24-hour nursing supervision or skilled rehabilitative services.

CONTINUED RESIDENCY.

Criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined as a sudden or major shift in behavior or mood, or deterioration in health status such as unplanned weight change, stroke, heart condition, or stage 2, 3, or 4 pressure sores. Ordinary day-to-day fluctuations

Initials _____

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in functioning and behavior, a short-term illness such as a cold, or the gradual deterioration in the ability to carry out the activities of daily living that accompanies the aging process are not considered significant changes.

ADMISSION POLICY

Each resident, in accordance with Florida State Statutes and Florida Administrative Code, shall undergo a face-to-face medical examination by a licensed health care provider within sixty (60) calendar days prior to admission or within thirty (30) calendar days after admission to the FACILITY to certify the RESIDENT appropriate to reside in the FACILITY. Each resident, in accordance with Florida law, shall have a face-to-face medical examination by a licensed health care provider at least every three (3) years after the initial assessment, or after a significant change, whichever comes first.

Any portion of form 1823 not completed or if form 1823 specifies a level of care that is inappropriate for assisted living may result in immediate discharge. Should RESIDENTS health status change after admission to the FACILITY, and upon certification by a licensed physician that the RESIDENT requires services beyond that which the FACILITY provides, the RESIDENT, legal representative, designated beneficiary, or agency representing the RESIDENT shall be given written notification by the FACILITY requesting immediate transfer to an appropriate care setting. In the event the RESIDENT has no representative, the FACILITY shall be responsible for making referrals to the appropriate social service agencies for placement.

The FACILITY is not a Nursing Home; therefore, in the event the RESIDENT declines in physical or mental status and/or requires 24-hour nursing supervision; the FACILITY will assist in arranging to transfer the RESIDENT to an appropriately licensed facility.

FINANCIAL ARRANGEMENTS

Monthly rent is to be paid by check, or money order and due on or before the 1st day of every month. The rate per month is _____ for a _____ single room _____ shared room. A non-refundable administrative fee of _____ is required prior to admission. The room rate will be prorated to \$ _____ if resident moves in after that first of the month.

This agreement is dated for _____. If occupancy begins on a date other than the 1st day of the month, the prorated daily rate is _____ for ____ days.

If the rent is not received by the third (3rd) day of the month, a late fee of \$ 30.00 until date of payment may be applied. If any check received as Monthly Rent is returned unpaid, the RESIDENT will be charged an amount equal to charges incurred and which are allowed by law. The RESIDENT/Responsible Party agrees to pay all expenses including reasonable attorneys' fees and costs incurred by the FACILITY in collection of all outstanding charges owed by the RESIDENT/Responsible Party.

The FACILITY reserves the right to increase the rent with thirty (30) days' written notice to RESIDENT/Responsible Party.

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Total amount due at contact signing.

Prorated Rent for		\$
	Advance Rent	
	Non-refundable Administrative fee	\$
	Other	
	Total Due	\$

checks, cash and money orders.

SERVICES PROVIDED

Included in the monthly rate are the following services:

<input checked="" type="checkbox"/>	Housing	<input checked="" type="checkbox"/>	Assistance with Dressing
<input checked="" type="checkbox"/>	Assistance with medication	<input checked="" type="checkbox"/>	Emotional Security
<input checked="" type="checkbox"/>	Assistance with Ambulation	<input checked="" type="checkbox"/>	Emotional Support
<input checked="" type="checkbox"/>	Assistance with eating	<input checked="" type="checkbox"/>	Assistance with bathing
<input checked="" type="checkbox"/>	Companionship	<input checked="" type="checkbox"/>	3 Meals Daily with Snacks
<input checked="" type="checkbox"/>	Assistance with Grooming	<input checked="" type="checkbox"/>	Regular, diabetic, no salt added, low fat/low cholesterol diets accommodated
<input checked="" type="checkbox"/>	Basic Cable Television- cable box provided at additional cost	<input checked="" type="checkbox"/>	Long Distance Phone (50 United States Only)
<input checked="" type="checkbox"/>	Housekeeping/Laundry		Other(specify) _____ _____

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ADDITIONAL SERVICES

Additional Services which can be arranged at an additional cost to the resident include:

X	Transportation through third party transportation company.
X	Nursing Services Through third party service.
X	There is a \$5.00 charge for guest meals.

SOCIAL/LEISURE ACTIVITIES

It is the policy of this FACILITY to ensure for the provision of social and leisure services for the residents. This FACILITY will provide activities suitable to the resident(s) activity level and personal enjoyment. Activities will be scheduled for six (6) days per week for no less than twelve (12) hours weekly.

MEDICATION & SUPPLIES

Our pharmacy of choice is _____ . All medications must be in blister count packs.

- **If you choose a pharmacy other than _____, RESIDENT/Responsible Party is responsible for filling and picking up all refill and new prescriptions in a timely manner.**
- **If you choose a pharmacy other than _____, RESIDENT/Responsible Party understands that all refills must be left with the administrator or directed individual.**
- Adaptive medical/living devices to be supplied and paid for by resident.
- Medical supplies to be provided and paid for by resident.
- All over the counter and prescribed medication to be provided and paid for by resident.
- All dietary supplements and incontinent supplies are provided and paid for by the resident.

Responsible Party or Resident

BED HOLD POLICY

The FACILITY agrees to reserve a bed for no more than seven (7) days for the RESIDENT who is admitted to a nursing home or health care facility. The RESIDENT/Responsible Party Shall notify the FACILITY in writing of any change in status that would prevent the RESIDENT from returning to the FACILITY. Until such written notice, the agreed-upon daily rate will be charged by the FACILITY to hold the bed. If after thirty (30) days, the RESIDENT/Responsible Party does not notify the FACILITY of the RESIDENT'S status, the FACILITY reserves the right to hold the RESIDENT'S personal belongings in storage at the rate of twenty (20) percent of the regular rate for the unit. The FACILITY shall affect this charge after fourteen (14) days' advance written notice is given. If the RESIDENT'S possessions are not claimed within forty-five (45) days after the notification, the FACILITY has the right to dispose of them.

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TERMINATION

Emergency:

An emergency termination will take effect for the following reasons:

1. The RESIDENT is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care.
2. The RESIDENT engages in a pattern of conduct that is harmful or offensive to other residents.

Non-Emergency:

At least forty-five (45) days' written notice of relocation or termination of residency from the FACILITY.

1. After conclusive findings that the RESIDENT is significantly declining in status, by the administrator and/or resident health care provider, and that the FACILITY can no longer meet the overall needs of the RESIDENT.
2. The RESIDENT no longer meets admission/retention criteria according to the State Regulations and the FACILITY'S ADMISSION/RETENTION DISCHARGE POLICIES AND PROCDEDURES.
3. After the RESIDENT has been adjudicated mentally incapacitated, the guardian of such RESIDENT shall be given forty-five (45) days' notice.

This entire Agreement may be terminated by request of the RESIDENT/Responsible Party with thirty (30) days' written notice.

REFUND POLICIES

A refund of any unused portion of payment beyond the termination date (date unit is vacated by the RESIDENT and cleared of all personal belongings) for housing, food service, and personal services will be given pro-rated on a daily basis if the RESIDENT must vacate the ALF because of illness, transfer to a nursing home, discharge, death, closure of the ALF, or transfer of ownership. The FACILITY may retain any unused portion of payment for outstanding charges and costs of damages to the residential unit resulting from circumstances other than normal use. The reimbursements will be paid within forty-five (45) days of receipt of written notice of intent to vacate and the unit is clear of all personal items (except in the case of death or permanent discharge to a Nursing Home). Refund due to closure will be made within seven (7) days of closure.

In the event of death of a RESIDENT and the RESIDENT has no spouse or next of kin, a designated beneficiary (Attachment A), and/or such a person cannot be found, funds due to the RESIDENT shall be placed in an interest-bearing account, and all property held in trust by the FACILITY shall be safeguarded until such time as the funds and property are dispersed, and pursuant to the Florida Probate Code. Such funds shall be kept separate from funds and property of the FACILITY and other residents. In the event the funds of the deceased are not disbursed pursuant to the Florida Probate Code within two (2) years of the RESIDENT'S demise, the funds shall be deposited in the Aging and Adult Licensure Trust Fund.

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If the amount of the RESIDENT'S belongings does not preclude renting the unit, within (14) days advance written notice to the RESIDENT/Responsible Party, the FACILITY may clear the unit and charge the RESIDENT or his/her estate for moving and storing the items at a rate of twenty (20) percent of the regular rate for the unit. If the RESIDENT'S possessions are not claimed within forty-five (45) days after notification, the FACILITY may dispose of them.

If, after the contract is terminated, the FACILITY intends to make a claim against a refund due the RESIDENT, the FACILITY shall notify the RESIDENT/Responsible Party in writing of the claim and shall provide him/her with a period of fourteen (14) days to respond. The FACILITY does not need to withhold unused advance payments.

A minimum of forty-five (45) days' written notice of termination will be given by the FACILITY to terminate this Residency Agreement, unless, for medical reasons, the RESIDENT is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the RESIDENT engages in a pattern of conduct that is harmful or offensive to other residents. If the RESIDENT is adjudicated mentally incapacitated, the guardian shall be given forty-five (45) days' notice of a nonemergency relocation or residency termination. The RESIDENT is required to provide thirty (30) days' written notice of termination to the FACILITY; if not, all advance rent/payments will be forfeited.

ACKNOWLEDGEMENT

The RESIDENT/Responsible Party hereby acknowledges that the RESIDENT will age at the FACILITY and, with age, comes decline. While the FACILITY respects the RESIDENT'S rights and seeks to meet all nursing and other needs within the scope of the FACILITY'S license, decline may naturally occur.

“Decline” includes but is not limited to weight loss, falls; skin tears/breakdown; and nosocomial (in house acquired) or seasonal sicknesses. The RESIDENT/Responsible Party acknowledges that they should address any decline and resulting incident(s) with the treating physician and with the FACILITY. The RESIDENT/Responsible Party acknowledges that the FACILITY is not a nursing home and does not give one-on-one care.

The RESIDENT/Responsible Party hereby acknowledges that the FACILITY is an Assisted Living Facility – not a skilled nursing facility, hospital, urgent care center, hospice or medical office – which operates under this Residency Agreement to the extent of its license. Although the FACILITY has the availability of nurses and independent physicians on call, it does not offer acute medical care. The RESIDENT, as well as the RESIDENT'S family members and Responsible Party, are strongly encouraged to be involved in the RESIDENT'S care plan and to call and schedule a meeting at any time to discuss the RESIDENT'S health, condition or decline.

The RESIDENT/RESPONSIBLE Party hereby acknowledges that the FACILITY is not responsible for the RESIDENT when he/she is away from the FACILITY. The FACILITY is required to have knowledge of the general whereabouts of the RESIDENT for record keeping purposes. All residents are required to sign-out when leaving the FACILITY and sign-in when they return.

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CONFIDENTIALITY

All information that the RESIDENT supplies will be treated as confidential and shall not be disclosed to any third party, except as required by court order, by law, or with the written permission of the RESIDENT/Resident's legally responsible representative.

RELIGIOUS AFFILIATION

The FACILITY is not affiliated with a religious organization.

OPTIONAL ARBITRATION AGREEMENT

At the FACILITY, we are committed to providing quality health care and we make every effort to ensure comfort and satisfaction. In standing behind this commitment, the FACILITY offers a means by which concerns can be promptly addressed and resolved to your satisfaction.

(If the parties to this agreement do not wish to include the following Optional Arbitration Clause, please indicate so by marking an "X" through this paragraph. Both parties shall also initial that "X" to signify their agreement to refuse arbitration. Acceptance of this Optional Arbitration Clause is NOT required for admission.)

Any controversy or claim arising out of or relating to this Residency Agreement, the breach thereof, or the admission shall be resolved by binding arbitration in accordance with the provisions of the Florida Arbitration Code found at Chapter 682, Florida Statutes, with proceedings governed by Florida law and the Florida Rules of Civil Procedure. Judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Each party may be represented by counsel in connection with all arbitration proceedings.

This agreement for binding arbitration shall be binding upon the FACILITY and any successor owner, the RESIDENT, and RESIDENT'S guardian, power of attorney, legal representative and any signor of this agreement.

This Optional Arbitration Agreement is self-executing and any dispute over interpretation, scope, waiver, or enforceability is exclusively for the arbitrator(s), not a court, to decide.

Parties are free to seek relief in Florida state county court, rather than arbitration, on any claims within county court jurisdiction. Terms of this Agreement apply.

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WAIVER OF JURY TRIAL (Please Read Carefully)

Upon written agreement, in lieu of arbitration, the parties may opt for a Florida state circuit court (Brevard County) bench (non-jury) trial to resolve any disputes arising out of or relating to this Residency Agreement, the breach thereof, or the RESIDENT'S admission.

The parties to this Residency Agreement knowingly, voluntarily and intentionally waive their respective rights to a trial by jury with respect to any dispute, claim, litigation or allegation which arises between the FACILITY and the RESIDENT/Responsible Party. The parties understand that the right to a trial by jury is a constitutional right and that this election to have a judge determine any claim, rather than a jury, is a voluntary one.

VENUE/JURISDICTION/LAW

The parties agree that Brevard County, Florida is the exclusive venue and jurisdiction for all disputes between the parties and to the exclusion of all other venues and jurisdictions. Substantive Florida law applies to any disputes.

All parties to this agreement have three (3) days to rescind the Agreement via delivery in writing to the Administrator of this Facility or to the RESIDENT/Responsible Party who signed this Agreement. Resident/Responsible Party is bound by this Agreement until rescission and owes pro-rated daily expenses and other costs according to this agreement.

The RESIDENT/Responsible Party hereby acknowledges that he/she has read this Agreement via confirmed that all pages are included (see page numbers below) and that the Agreement is complete, readable, and understandable. This Agreement constitutes the entire agreement between and/or among the parties, and it may not be amended except by written agreement signed by all parties.

The RESIDENT/Responsible Party hereby acknowledges that he/she was given an opportunity to read, ask questions and seek legal counsel about the Agreement prior to signing and, by signing, acknowledges that he/she has read and understood the terms of this Agreement and that all questions have been answered to the RESIDENT/Responsible Party's satisfaction and understanding.

The RESIDENT/Responsible Party hereby acknowledges that he/she was given a copy of this Agreement and any addendum to retain for his/her records.

The RESIDENT/Responsible Party has made the above promises and representations in order to induce the FACILITY to enter into this Agreement. The RESIDENT/Responsible Party acknowledges that no other promises, representations, or other statements of any kind exist or apply to the RESIDENT'S admission and that this Agreement is the entire agreement between the parties.

The RESIDENT/Responsible Party acknowledges that the FACILITY is entering into this Agreement based upon the FACILITY'S reliance upon the RESIDENT/Responsible Party's intentional, voluntary, and knowing execution of this agreement.

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If this Agreement is signed by the Responsible Party, that person acknowledges that he/she has a valid durable power of attorney document which authorizes the Responsible Party to make health care, financial, and legal decisions (including waiving legal rights) for the RESIDENT. It is further acknowledged that the FACILITY is relying upon the Responsible Party's representation. The Responsible Party agrees that he/she will not later seek to deny his/her authority to sign this Agreement. In the event the Responsible Party later denies he/she had authority to sign this Agreement on behalf of the RESIDENT, the Responsible Party agrees to defend and indemnify the FACILITY for any claims brought by the RESIDENT or RESIDENT'S Estate which arise from or relate to this Agreement and Residency Period. Please note the right to rescind this Agreement (above) and consult a lawyer if you have questions.

The FACILITY and RESIDENT/Responsible Party agree that, should any provision of this Agreement be declared or rendered invalid by statute, regulation, or court, then such provision shall be severed and the remainder of the Agreement shall remain binding and in full force. Titles and captions are for convenience and clarity only.

A copy of this contract, the house rules, policy concerning Do Not Resuscitate Orders, resident elopement response policies and procedures, the RESIDENT'S Bill of Rights and the procedures for contacting the Long Term Care Ombudsman Council have been received by the undersigned RESIDENT/Responsible Party.

No contract or provision of this contract relieves the FACILITY or the RESIDENT of any requirement or obligation imposed upon it by rules or statute.

IN WITNESS WHEREOF, the parties have hereto affixed their signatures as the date first mentioned above.

RESIDENT/Responsible Party

Co-Signer (If Applicable)

Date: _____

Date: _____

FACILITY

Representative

Title

Date: _____

Resident's responsibilities to the facility are as follows:

House Rules

1. *All residents must participate in monthly Fire Evacuation Drills.*

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2. *All residents must participate in 2 Elopement Drills per year.*
3. *Smoking is only permitted in designated areas. Cigarette butts must be placed in the receptacle provided.*
4. *Pets are not allowed.*
5. *All over the counter and prescribed medications and herbal supplements to be centrally stored in secured location.*
6. *Sample medication coming from a doctor's office visit must comply with specific documentation requirements. Please talk to the administrator for more information.*
7. *Alcohol is permitted however if there are any alcohol related incidents involving the resident, **THE GOOD SHEPARDS WEST** will prohibit future use.*
8. *Consideration should be given to those who reside with you. No loud music. TV and noise should be at a minimum.*
9. *All residents must sign in and out. Night time returns should be no later than 10 PM.*
10. *Overnight guests are not permitted.*
11. *No parking is available for resident's cars.*
12. *Food and drink are not permitted in the residents' rooms.*
13. *TV's in shared rooms must have consent from both residents to be used.*
14. *For the safety of residents, staff will be permitted to access every room.*
15. *Illegal/recreational drugs are not permitted in this residence.*
16. *Transporting other residents will only be permitted with the resident's signed approval or from the resident's representative.*
17. *Car washing is not permitted on the residence property.*
18. *Maintaining healthy personal hygiene is expected.*
19. *All residents must inform the administrator of current advanced directives.*
20. *Residents are not permitted to display any behavior that may pose emotional or physical harm to themselves or others.*
21. *Residents may not use stove without direct supervision of staff member*
22. *Resident's furniture must be approved by management.*
23. *Firearms/weapons are prohibited.*
24. *The use of candles is not permitted.*
25. *Visiting hours are 9am to 9pm every day. All guests must comply with house rules and facility policies.*

Attachment A

Initials _____

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**THE GOOD SHEPARDS WEST
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BENEFICIARY DESIGNATION**

In the event of my death while in the facility, all refunds, funds, and property held in trust shall be returned to the personal representative if one has been appointed at the time the facility disburses such funds.

If a personal representative has been appointed at the time the facility disburses such funds, the administrator is authorized to return all refunds, funds, and other property to my spouse or an adult next of kin.

Name of Beneficiary

In the event I do not have a spouse or adult next of kin or such a person cannot be located, the funds due my estate shall be placed in an interest-bearing account, and all property held in trust by the facility shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code.

RESIDENT/Responsible Party

Date

Funds and property as specified above were returned to _____ on date

Administrator

Date

**INFORMED CONSENT TO
ASSISTANCE WITH MEDICATION BY**

Initials _____

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UNLICENSED PERSONNEL

Assisted living facility (ALF) law permits an ALF to administer medications to residents if the facility has a licensed nurse on staff, or to assist with self-administered medication (§ v400.4256, F.S.).

Under ALF law, “assistance with self-administered medication” means that trained, unlicensed staff can help a person to self-administer their medications by performing such tasks as bringing the resident’s medication to the resident; reading a prescription label, removing a prescribed amount of medication from the container; placing the medication in the resident’s hand or in another container and keeping a record of medications that the resident has self-administered.

“Assistance with self-administration” does not include calculating medication dosages; preparing or administering injections; applying rectal, urethral, or vaginal preparations; administering medications by way of a tube inserted in a body cavity; administering parenteral preparations; conducting irrigations through intermittent positive pressure breathing machines or performing any medication task which requires judgment or discretion of a licensed person..

In the event that medication need to be administered by Staff, a licensed person will be accessible to supervise. The unlicensed individual who will be providing “assistance” must have completed a 4-hour training course and has demonstrated their ability to assist you.

In our facility, residents with self-administered medication: **will not** be overseen by a licensed nurse.

I, _____ have been informed of this policy and agree to have trained, unlicensed facility staff provide me with assistance in self-administering my medications.

Signed (resident or representative)

Date: _____

RESIDENT BILL OF RIGHTS

According to Section 429.28 and 429.85, Florida Statutes:

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No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident shall have the right to:

- Live in a safe and decent living environment, free from abuse and neglect.
- Be treated with consideration, respect and with due recognition of personal dignity, individuality, and the need for privacy.
- Retain and use his/her own clothes and other personal property.
- Unrestricted private communication including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum.
- Participate in and benefit from community services and activities to achieve the highest possible level of independence, autonomy, and interaction with the community.
- Manage his/her own financial affairs unless the resident (or the resident's legal representative) authorizes the administrator of the facility to provide safekeeping for funds.
- Share a room with spouse if both are residents of the facility.
- Reasonable opportunity to exercise and to go outdoors at regular and frequent intervals.
- Adequate and appropriate health care consistent with established and recognized standards.
- Exercise civil and religious liberties including personal decisions. No religious beliefs, practices, nor attendance at religious services, shall be imposed on any resident.
- Thirty (30) days' notice to AFCH residents and forty-five (45) day notice to ALF residents of relocation or termination of residency except in cases of emergency.
- Present grievances and recommend changes in policies, procedures, and services to the staff of the facility without restraint, interference, coercion, discrimination, or reprisal. This right includes access to ombudsmen volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
- (ALF) Be free from physical and chemical restraints other than those prescribed by the resident's physician. The use of physical restraints shall be limited to half-bedrails and only upon the written order of the resident's physician and the consent of the resident or the resident's legal representative. [S. 429.41(1)(k)].
- (AFCH) Be free from chemical and physical restraints. [S. 429.85(1)(k)].

Also, every assisted living facility resident shall have the right to at least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, the guardian shall be given at least 45 days' notice of a non-emergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.

Every adult family care home resident shall have the right to at least 30 days' notice of relocation or termination of residency from the home unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is

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harmful or offensive to other residents. If a resident has been adjudicated mentally incompetent, the resident's guardian must be given at least 30 days' notice, except in an emergency, of the relocation of a resident or the termination of a residency. The reasons for relocating a resident must be set forth in writing.

An assisted living facility resident or adult family care home resident may request assistance from the Long-Term Care Ombudsman Program by calling toll-free 1-888-831-0404.

Personal Effects Inventory

Name-Last	First	Middle	Room	Family or Contact Person

Initials _____

THIS IS A BINDING CONTRACT – PLEASE READ CAREFULLY. If you do not understand something, please ask questions or seek the advice of an attorney. By signing, you acknowledge that you enter into this Agreement knowingly, voluntarily and with intent to be admitted/admit the RESIDENT to this FACILITY under these terms and conditions.

THE GOOD SHEPARDS WEST

RESIDENT AGREEMENT

QTY	LADIES ARTICLES	✓	QTY	MEN'S ARTICLES	✓
	Blouses			Belt and Suspenders	
	Brassieres			Gloves	
	Coats			Handkerchiefs	
	Dresses			Hats	
	Foundation Garments (panties)			Jackets, Sport	
	Furs			Pajamas	
	Gloves			Robes	
	Handkerchiefs			Shaving Kit	
	Hats			Shoes	
	Hose			Shorts	
	Housecoats-Robes			Shirts	
	House Slippers			Slack	
	Nightgowns			Slippers	
	Overnight Case			Socks	
	Pocket Books			Suits	
	Shoes			Ties	
	Slips			Topcoats	
	Suits			Travel Bags	
	Other			Undershirt	

ITEMS OF SPECIFIC VALUE			✓	ACQUIRED AFTER ORIGINAL ENTRY			✓
Description	Value			Date	Item	How Received	
REMARKS:							
CERTIFICATION OF RECEIPT							
On Admission				On Discharge			

Signature _____

Date _____

Initials _____

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RESIDENT AGREEMENT**

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