

Admission Packet for Residents and Families

About this Packet

Thank you for considering Caring House. In order to help the transition into our home run smoothly we ask that you complete the following packet and return it to us on or before admission day.

Please read all documentation and note the **yellow** highlights where you will need to fill out information about the prospective resident as well as sign and date. This packet was built to print double sided and contains blank pages. For best results print your document in color and double sided.

Should you have any questions, feel free to speak with our admissions team (310) 796-6625 ext. 2. Your cooperation in completing this packet is greatly appreciated as we welcome you to Caring House!

The Caring House team

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About Payments to Caring House

Caring House does not receive Medicare, Medi-Cal or other third party insurance reimbursement. Our income comes from payments by residents and families and from donations.

When we admit a resident, **we pledge to the resident** to care for them and bring them peace, comfort and support to the very best of our ability.

Residents and families pledge to help cover \$6,500 of the costs of care each 14 days to the very best of the resident's and family's ability (whether from income, savings or other funds).

Financial arrangements are finalized with our office team. Those discussions are confidential.

Checks are made out to Caring House and paid on the day of admission (to cover the first 14 days) and then on each 14 days thereafter.

We provide the following to help you evaluate your and your family's ability to help cover the costs of care from income, savings or other funds:

Resident and Family

Monthly Income		Assets	
Social Security		Checking and Savings	
Retirement Income		Retirement Accounts	
Investments		Other Investments	
Other		Other	
Available from Family		Available from Family	
Total		Total	

For more information contact the Caring House office at 310-796-6625 ext 1.

You can find this document at yourcaringhouse.org/costs

**CARING HOUSE
Admission Agreement**

CARING HOUSE is a non-medical care facility licensed by the California State Department of Social Services which IS NOT ALLOWED TO PROVIDE 24-HOUR SKILLED NURSING CARE.

Name of Resident	SS No. (voluntary)	Date of Birth	Admission Date
Name of Responsible Person	Relationship	Telephone	

Basic Services

Caring House will be positive social and caring environment with trained care team members. The services actually provided will be those the Resident wants and those the Resident needs, based on the individual's pre-admission appraisal, and the needs and services plan.

The following basic services are available to all residents.

Lodging: Single room

- Three nutritious meals daily and between meals nourishment or snack.
- Special diets, if prescribed by a physician.
- Hygiene items of general use such as soap and toilet tissue.
- Assistance with washing and drying of personal clothing.
- Fresh bed and bath linens weekly or more often if necessary.
- Comfortable and suitable bed and bedroom furniture.
- Cleaning of resident's room.
- A planned activity program including arrangement for utilization of available community resources.
- Plan, arrange, and/or provide transportation to medical and dental appointments on the designated day.
- Continuous care and supervision, and observation for changes in physical, mental, emotional, and social functioning.
- Notification to resident's family or responsible persons, physician, and other appropriate person/agency of resident's needs.
- Assistance with bathing
- Assistance with dressing
- Assistance with toileting
- Assistance with grooming
- Assistance with eating
- Assistance in meeting necessary medical and dental needs.
- Assistance with taking prescribed and over-the-counter medications in accordance with physician's/hospice instructions unless prohibited by law or regulation.
- Bedside care and tray service if resident is bedridden.

Rate for Basic Services

See the Admission Agreement Supplement for daily and monthly rates for basic services and the due dates for payments. Caring House has no nonrefundable charge.

Funding Source: See the Admission Agreement Supplement for the Resident's funding source.

Optional Services

Caring House will provide the following optional services desired by the **private pay resident** for an additional charge, payable within 10 days after billed by Caring House.

Services	Time/ Intervals	Rate for Service
Brief Purchase/Related Supplies/Incontinence Supplies	As per usage	\$ Market price
Transportation	As per usage	\$ Market price
Over-the-counter medications	As per usage	\$ Market price

If additional services become available for purchase that were not available at the time this agreement was signed, a list of these services and charges in the form of an addendum will be provided to the Resident or the Responsible Person, who must sign and date acknowledging the acceptance or refusal to purchase said services.	Signature
	Date

CARING HOUSE allows the use of (third party services) outside services and agencies to supplement care given by the facility under the following conditions:

1. The service provider is licensed by the appropriate government agency to provide such service.
2. The service provider is covered by appropriate insurance for its employees and for the type of service it provides.
3. The service provider's staff has a criminal background clearance and health screening clearance if that particular service provider is regulated to have such clearances for its employees by their overseeing agencies.
4. All service provider staff will sign in when entering Caring House and report to the Administrator to describe type of service being provided. Sign out when leaving Caring House providing duration of the visit.
5. Provide Caring House with any and all notes regarding any services and or treatments being provided for the Resident consistent with those required by our licensing agency.
6. The Resident understands that the Resident, the Resident's insurance, or the Responsible Person is financially responsible for the payment of third party services. Caring House reserves the right to request a change in service providers and their staff if any of the above requirements are not met.

I AGREE TO THE TERMS SET FORTH ABOVE: Initials: _____ Date: _____

Total monthly rate for optional services is that agreed to by the Resident/Responsible Person and due when they agree.

Transportation

Basic Transportation to and from medical and dental appointments is included within a radius of ten (10) miles on designated days (Tuesdays and Thursdays). This will include regular weekly

shopping trips on a designated day (Wednesday) as well. A regular schedule of when transportation is offered for designated days will be posted and given to the Resident at the time of move-in. All transportation for activities offered by Caring House as part our planned activities program is included at no extra charge. A charge may be added if a care provider is needed to accompany the Resident and stay with them at an appointment. There is no charge for SSI recipients under any circumstances.

Refund/Proration Policy

All charges will be refunded on a prorated basis upon notice that the Resident's medical condition will not allow a return to Caring House and when the Resident's belongings are removed completely from Caring House, whichever is later. If a Resident wishes to hold a room for any reason (medical or non-medical) the rate will not change. To hold a room for any portion of the month, the entire month's rent must be paid.

If and when the Department of Social Services orders relocation of a resident under the provision of Section 87612 (a), the resident shall not be held responsible for meeting any advance notice requirement imposed by Caring House in the admission agreement. Caring House shall refund any money to which the resident would have been entitled had notice been given as required by the admission agreement.

Initial _____ **Date** _____

Telephone Services

Caring House is required to provide a Telecommunications Device Form (LIC 9158) with every admission agreement.

I (Resident/Responsible person) have received a copy of this form. Initial: _____

House Rules

The following house rules are for the purpose of making it possible for residents to live together in a healthy environment.

- To follow all of Caring House's safety and posted regulations
- To be considerate and respectful of all Caring House personnel and other residents.
- To cooperate with all staff.
- No verbal or physical abuse may be directed towards other residents or staff.
- No willful destruction of Caring House property or the property of other residents.
- Residents who are ill with symptoms of flu or other contagious illnesses will be isolated from general population and provided with bedside care.
- Family and friends are invited to visit at anytime as long as they adhere to all house rules.
- Visitors who are ill with symptoms of flu or other contagious illnesses will be asked not to visit.
- No pets are allowed except visits by pet therapy or as approved by the Administrator.
- All medications (prescription or other), foods and beverages brought into Caring House must first be checked-in with Caring House staff.
- All medications (prescription or other) will be centrally stored at the Caring House medication station.
- Residents need to sign-out when leaving Caring House and sign-in when returning and inform the caregiving staff on duty that they have returned.

- Television, Radio, and all noisy appliances must be lowered at 9:00 pm and kept low until 8:00 am.
- Caring House is a non smoking facility. I understand the SMOKING POLICY of Caring House.

Signature of Resident/Responsible Person

Date

House rules may be amended with prior approval from Community Care Licensing if unique situations arise. The Resident will receive a 30 day notice of such changes. The management of Caring House will enlist the assistance and input of the residents when considering any house rule changes.

Visiting Hours are: General visiting hours are 9:00 AM to 8:00 PM 7 days a week, but we are open 24 hours 7 days a week. The visiting policy for Caring House is designed to encourage family involvement and participation. Visitors shall be expected to respect and be sensitive to the rights of all residents and not to interfere with care schedules and established activities.

Other Communications: Mail is distributed directly to the residents as it is received from the post office. The Caring House phone is available to the residents in the event that they do not have their own phone to include the making and receiving of all local calls. Outgoing long distance calls will be billed to the Resident or Responsible Person based on the rate as it appears on the Caring House phone bill.

Communication with Responsible Persons: Caring House will communicate all needs of the Resident and any and all unusual incidents to the Responsible Person immediately following any needs that arise or unusual incidents.

Theft and Loss Prevention Program: Caring House is required by law to notify new residents, upon admission, of our written policies and procedures regarding theft and loss. The law is set forth in the Health and Safety Code Sections 1569.152 through .154. **I have received a copy of the Policy.** **Initials:** _____

Complaints and Concerns: Residents are encouraged to directly contact the Administrator to discuss any concerns so Caring House may have an opportunity to resolve any situations that arise. This policy will be discussed upon admission to Caring House and be furnished to the Resident or Responsible Person upon request.

Caring House will post in a prominent place all contact numbers for appropriate agencies to voice any complaints and concerns regarding Caring House operations:

- Department of Social Services, Community Care Licensing: 818-596-4334
- Wise Senior Service, Ombudsman: Toll Free 800-334-9473

Advanced Health Care Directive: Caring House provides written information to residents upon admission regarding the right to make decisions concerning medical care, including the right to accept or reject treatment, and the right, under state law, to formulate an advance health directive. **I have received the brochure entitled “Your Right to Make Decisions about Medical Treatment” and a copy of the Resident’s Rights under the California Health and Safety Code.**

Initials _____

Right to Inspect: As per Section 87755 of the California Code of Regulations, the licensing agency has the right to perform inspections and examine resident records at any time.

Termination of Agreement: This agreement will be automatically terminated by the death of the Resident. The Resident's relatives and/or Responsible Person will not be liable for any payment beyond what is due at the date of death unless agreed to in writing or ordered by the court. After all belongings are removed any refund due as of that day will be returned to the Responsible Person within 15 days.

<p><u>I acknowledge that the licensing agency has the authority to order my relocation for any of the following reasons:</u></p> <ol style="list-style-type: none">1. My health condition is beyond the scope of the limits of the facility2. I require inpatient care in a health facility3. My mental or physical condition requires immediate transfer to protect my safety4. I have a prohibited health condition	<p>Signature of Resident or Responsible Person</p> <hr/> <p>Date</p> <hr/>
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Eviction Procedures for a Residential Care Facility for the Elderly:

A) Written notice including specific facts concerning the date, place, witnesses, and circumstances for eviction will be provided to the Resident or Responsible Person. The licensee/Administrator of Caring House may, upon thirty (30) days written notice to the Resident, evict the Resident for one or more of the following reasons:

- 1) Nonpayment of the rate for basic services within ten (10) days of the due date;
- 2) Failure of the Resident to comply with state or local law after receiving written notice of the alleged violation;
- 3) Failure of Resident to comply with general policies of Caring House. Said general policies must be in writing, must be for the purpose of making it possible for residents to live together and must be made part of the admission agreement.
- 4) If, after admission, it is determined that the Resident has a need not previously identified and a reappraisal has been conducted pursuant to Section 87463, and the licensee and the person who performs the reappraisal believe that Caring House is not appropriate for the Resident.
- 5) Change of use of Caring House;

B) The licensee and/or Administrator of Caring House may give a 3-day written notice to evict provided written approval is obtained from the Department of Social Services. The Department may grant approval for the eviction upon finding good cause.

The licensee/Administrator of Caring House shall, in addition to either serving a thirty (30) day notice or seeking approval from the Department and serving a three (3) day notice to the Resident, notify and mail a copy of the notice to the Responsible Person, if any. Caring House will forward a written report of any eviction to the licensing agency within five (5) days.

"In order to evict a resident who remains in Caring House after the effective date of the termination, Caring House must file an unlawful detainer action in superior court and receive a written judgment signed by the judge. If Caring House pursues an unlawful detainer action, you must be served with a summons and complaint. You have a right to contest the eviction in

writing and through a hearing. In addition, you may request that the Department of Social Services investigate the reasons given for an eviction notice.

I have been advised of the above procedures. Initial _____ Date _____

C) The Resident may appeal this action to the appropriate agencies. If, after an investigation by said agencies the eviction is upheld, CARING HOUSE will offer relocation assistance in the form of phone calls to other facilities or placement agencies. CARING HOUSE caregiving staff will, if requested by the Resident or Responsible Person, aid in packing up the Resident personal belongings.

Initial _____ Date _____

Statements:

1. Caring House shall not enter into any continuing care contract with Resident without prior approval by the Department of Social Services in accordance with Health and Safety Code, Chapter 10, Division 2.
2. This agreement shall not include any ground for involuntary transfer or eviction unless those grounds are specified under state law or regulation. The Resident must receive a written notice prior to any involuntary transfer. The Resident has the right to appeal any relocation order to the proper agency.
3. Caring House reserves the right to transfer a resident to another room in the event that their current room requires repairs and maintenance that would make the room uninhabitable.
4. This agreement in part or whole does not release Caring House from the responsibility of providing safe and healthful facilities, equipment, and accommodations.

Video Surveillance: For the safety and security of our residents, Caring House operates and maintains a video surveillance system. Video cameras (without audio) are located in the public (common) areas of the house. Video cameras are not located in resident bedrooms or bathrooms. Recordings are kept confidential and maintained by Caring House in a password protected storage system.

Initial _____ Date _____

Acknowledgment of Provisions: The Resident and Responsible Person agree to cooperate with all house rules set forth by Caring House and to pay for basic and any optional services purchased by the due date set forth in this Admission Agreement and the related Admission Agreement Supplement. The signature of the Resident and Responsible Person below indicates that he/she has read, or had read and explained to him/her, the provisions of this agreement, and accepts all provisions willingly and voluntarily.

SIGNATURES

Resident	Date
Resident's Responsible Person	Date
Caring House representative	Date

ORIGINAL - Client/Client Representative**COPY** - Client/Resident File**TELECOMMUNICATIONS DEVICE NOTIFICATION**

- | | |
|---|--|
| <input type="checkbox"/> ADULT RESIDENTIAL FACILITY | <input type="checkbox"/> FOSTER FAMILY HOME |
| <input type="checkbox"/> ADULT DAY PROGRAM | <input type="checkbox"/> GROUP HOME |
| <input type="checkbox"/> RESIDENTIAL CARE FACILITY FOR THE CHRONICALLY ILL | <input type="checkbox"/> SMALL FAMILY HOME |
| <input type="checkbox"/> SOCIAL REHABILITATION FACILITY | <input checked="" type="checkbox"/> RESIDENTIAL CARE FACILITY FOR THE ELDERLY |

NOTICE

Any deaf or hearing impaired, or otherwise impaired resident of any community care facility is entitled to equipment and service, pursuant to Section 2881 of the California Public Utilities Code, to improve the quality of their telecommunications. Any resident who has a declaration from a licensed professional or a qualified state or federal agency, that he or she is deaf or hearing impaired, or otherwise disabled should contact the California Telephone Access Program at 1-800-806-1191 and ask for assistance in obtaining this equipment and service.

This section shall not be construed to require, in any way, the licensee to provide a separate telephone line for any resident.

CLIENT/RESIDENT SIGNATURE	DATE
CONSERVATOR/RESPONSIBLE PERSON/AUTHORIZED REPRESENTATIVE SIGNATURE (IF ANY)	DATE
FACILITY NAME	FACILITY ADDRESS
Caring House	2842 El Dorado Street, Torrance, CA 90503
FACILITY REPRESENTATIVE SIGNATURE	DATE

**CALIFORNIA PUBLIC UTILITIES CODE
SECTION 2881 (a) and (c)**

2881. (a) The commission shall design and implement a program to provide a telecommunications device capable of serving the needs of individuals who are deaf or hearing impaired, together with a single party line, at no charge additional to the basic exchange rate, to any subscriber who is certified as an individual who is deaf or hearing impaired by a licensed physician and surgeon, audiologist, or a qualified state or federal agency, as determined by the commission, and to any subscriber that is an organization representing individuals who are deaf or hearing impaired, as determined and specified by the commission pursuant to subdivision (e). A licensed hearing aid dispenser may certify the need of an individual to participate in the program if that individual has been previously fitted with an amplified device by the dispenser and the dispenser has the individual's hearing records on file prior to certification.

(c) The commission shall also design and implement a program whereby specialized or supplemental telephone communications equipment may be provided to subscribers who are certified to be disabled at no charge additional to the basic exchange rate. The certification, including a statement of visual or medical need for specialized telecommunications equipment, shall be provided by a licensed optometrist or physician and surgeon acting within the scope of practice of his or her license, or by a qualified state or federal agency as determined by the commission.

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Adult and Elderly Residential Facilities

AS THE CLIENT, AUTHORIZED REPRESENTATIVE OR CONSERVATOR, I HEREBY GIVE CONSENT TO

_____ TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME
PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME (RESIDENT)
CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE INDIVIDUAL NAMED
ABOVE.

CLIENT HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

CLIENT/AUTHORIZED REPRESENTATIVE/CONSERVATOR SIGNATURE
(CIRCLE APPROPRIATE TITLE)

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

RESIDENTIAL CARE FACILITIES FOR THE ELDERLY ONLY.

Section 1569.152 of the Health and Safety Code:

1569.152. (a) A residential care facility for the elderly, as defined in Section 1569.2, which fails to make reasonable efforts to safeguard resident property shall reimburse a resident for or replace stolen or lost resident property at its then current value. The facility shall be presumed to have made reasonable efforts to safeguard resident property if the facility has shown clear and convincing evidence of its efforts to meet each of the requirements specified in Section 1569.153. The presumption shall be a rebuttable presumption, and the resident or the resident's representative may pursue this matter in any court of competent jurisdiction.

(b) A civil penalty shall be levied if the residential care facility for the elderly has no program in place or if the facility has not shown clear and convincing evidence of its efforts to meet all of the requirements set forth in Section 1569.153. The State Department of Social Services shall issue a deficiency in the event that the manner in which the policies have been implemented is inadequate or the individual facility situation warrants additional theft and loss protections.

(c) The department shall not determine that a facility's program is inadequate based solely on the occasional occurrence of theft or loss in a facility.

SEC. 3. Section 1569.153 of the Health and Safety Code:

1569.153. A theft and loss program shall be implemented by the residential care facilities for the elderly within 90 days after January 1, 1989. The program shall include all of the following:

(a) Establishment and posting of the facility's policy regarding theft and investigative procedures.

(b) Orientation to the policies and procedures for all employees within 90 days of employment.

(c) Documentation of lost and stolen resident property with a value of twenty-five dollars (\$25) or more within 72 hours of the discovery of the loss or theft and, upon request, the documented theft and loss record for the past 12 months shall be made available to the State Department of Social Services, law enforcement agencies and to the office of the State Long-Term Care Ombudsman in response to a specific complaint. The documentation shall include, but not be limited to, the following:

(1) A description of the article.

(2) Its estimated value.

(3) The date and time the theft or loss was discovered.

(4) If determinable, the date and time the loss or theft occurred.

(5) The action taken.

(d) A written resident personal property inventory is established upon admission and retained during the resident's stay in the residential care facility for the elderly. Inventories shall be written in ink, witnessed by the facility and the resident or resident's representative, and dated. A copy of the written inventory shall be provided to the resident or the person acting on the resident's behalf. All additions to an inventory shall be made in ink, and shall be witnessed by the facility and the resident or resident's representative, and dated. Subsequent items brought into or removed from the facility shall be added to or deleted from the personal property inventory by the facility at the written request of the resident, the resident's family, a responsible party, or a person acting on behalf of a resident. The facility shall not be liable for items which have not been requested to be included in the inventory or for items which have been deleted from the inventory. A copy of a current inventory shall be made available upon request to the resident, responsible party, or other authorized representative. The resident, resident's family, or a responsible party may list those items which are not subject to addition or deletion from the inventory such as personal clothing or laundry, which are subject to frequent removal from the facility.

(e) Inventory and surrender of the resident's personal effects and valuables upon discharge to the resident or authorized representative in exchange for a signed receipt.

(f) Inventory and surrender of personal effects and valuables following the death of a resident to the authorized representative in exchange for a signed receipt. Immediate written notice to the public administrator of the county upon the death of a resident whose heirs are unable or unwilling to claim the property as specified in Chapter 20 (commencing with Section 1140) of Division 3 of the Probate Code.

(g) Documentation, at least semiannually, of the facility's efforts to control theft and loss, including the review of theft and loss documentation and investigative procedures and results of the investigation by the administrator and, when feasible, the resident council.

(h) Establishment of a method of marking, to the extent feasible, personal property items for identification purposes upon admission and, as added to the property inventory list, including engraving of dentures and tagging of other prosthetic devices.

(i) Reports to the local law enforcement agency within 36 hours when the administrator of the facility has reason to believe resident property with a then current value of one hundred dollars (\$100) or more has been stolen. Copies of those reports for the preceding 12 months shall be made available to the State Department of Social Services and law enforcement agencies.

(j) Maintenance of a secured area for residents' property which is available for safekeeping of resident property upon the request of the resident or the resident's responsible party. Provide a lock for the resident's bedside drawer or cabinet upon request of and at the expense of the resident, the resident's family, or authorized representative. The facility administrator shall have access to the locked areas upon request.

(k) A copy of this section and Sections 1569.152, 1569.153 and 1569.154 is provided by a facility to all of the residents and their responsible parties, and available upon request, to all of the facility's prospective residents and their responsible parties.

(l) Notification to all current residents and all new residents, upon admission, of the facility's policies and procedures relating to the facility's theft and loss prevention program.

(m) Only those residential units in which there are no unrelated residents and where the unit can be secured by the resident or residents are exempt from the requirements of this section.

Section 1569.154 of the Health and Safety Code:

1569.154. No provision of a contract of admission, which includes all documents which a resident or his or her representative is required to sign at the time of, or as a condition of, admission to a residential care facility for the elderly, shall require or imply a lesser standard of responsibility for the personal property of residents than is required by law.

I have received a copy of Health and Safety Code Sections: 1569.152, 1569.153, and 1569.154 and am acquainted with the facilities personal property safeguard procedures.

CLIENT/RESIDENT/RESPONSIBLE PERSON SIGNATURE	TITLE	DATE
LICENSEE OR DESIGNATED REPRESENTATIVE		DATE COMPLETED

PERSONAL RIGHTS RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

EXPLANATION: The California Code of Regulations, Title 22 requires that any person admitted to a facility must be advised of his/her personal rights. Facilities licensed for seven (7) or more are also required to post these rights in areas accessible to the public. Consequently, this form is designed to meet both the needs of persons admitted to facilities and the facility owners who are required to post these rights.

This form describes the personal rights to be afforded each person admitted to a facility. This form also provides the complaint procedures for the resident and the resident’s responsible person. The facility staff, resident’s responsible person or conservator must explain these rights in a manner appropriate to the resident’s ability.

This form is to be reviewed, completed and signed by each resident, and/or responsible person (if any), or conservator upon admission to the facility. The resident and/or responsible person or conservator also has the right to receive a completed copy of the originally signed form. This originally signed copy shall be retained in the resident’s file, which is maintained by the facility.

RESIDENT OR CONSERVATOR AND RESPONSIBLE PERSON

Upon satisfactory and full disclosure of the personal rights, complete the following:

I/we have been personally advised and have received a copy of the personal rights contained in the California Code of Regulations, Title 22.

(PRINT THE NAME OF THE FACILITY) (PRINT THE ADDRESS OF THE FACILITY)
Caring House 2842 El Dorado Street, Torrance, CA 90503

(PRINT THE NAME OF THE RESIDENT)

(SIGNATURE OF THE RESIDENT) (DATE)

(SIGNATURE OF THE RESPONSIBLE PERSON OR CONSERVATOR)

(TITLE OF THE RESPONSIBLE PERSON OR CONSERVATOR)

THE RESIDENT AND/OR THE RESPONSIBLE PERSON OR CONSERVATOR HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME
Department of Social Services/Community Care Licensing

ADDRESS
100 Corporate Center Drive, Suite 500

CITY Monterey Park, CA	ZIP CODE 91754	AREA CODE/TELEPHONE NUMBER (323) 980-4934
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To report known or suspected elder abuse, contact the Statewide Ombudsman Toll Free 24-hour CRISIS line at 1-800-231-4024. Local Ombudsman’s Office Telephone Number 1-800-237-4024.

PERSONAL RIGHTS

RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

Explanation: Each resident shall have rights which include, but are not limited to, the following:

- (1) To be accorded dignity in his/her personal relationships with staff, residents, and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment.
- (3) To be free from corporal or unusual punishment, humiliation, intimidation, mental abuse, or other actions of a punitive nature, such as withholding of monetary allowances or interfering with daily living functions such as eating or sleeping patterns or elimination.
- (4) To be informed by the licensee of the provisions of law regarding complaints and of procedures to confidentially register complaints, including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency.
- (5) To have the freedom of attending religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis.
- (6) To leave or depart the facility at any time and to not be locked into any room, building, or on facility premises by day or night. This does not prohibit the establishment of house rules, such as the locking of doors at night, for the protection of residents; nor does it prohibit, with permission of the licensing agency, the barring of windows against intruders.
- (7) To visit the facility prior to residence along with his/her family and responsible persons.
- (8) To have his/her family or responsible persons regularly informed by the facility of activities related to his/her care or services including ongoing evaluations, as appropriate to the resident's needs.
- (9) To have communications to the facility from his/her family and responsible persons answered promptly and appropriately.

- (10) To be informed of the facility's policy concerning family visits and other communications with residents. This policy shall encourage regular family involvement and provide ample opportunities for family participation in activities at the facility.
- (11) To have his/her visitors, including ombudspersons and advocacy representatives permitted to visit privately during reasonable hours and without prior notice, provided that the rights of other residents are not infringed upon.
- (12) To wear his/her own clothes; to keep and use his/her own personal possessions, including his/her toilet articles; and to keep and be allowed to spend his/her own money.
- (13) To have access to individual storage space for private use.
- (14) To have reasonable access to telephones, to both make and receive confidential calls. The licensee may require reimbursement for long distance calls.
- (15) To mail and receive unopened correspondence in a prompt manner.
- (16) To receive or reject medical care, or other services.
- (17) To receive assistance in exercising the right to vote.
- (18) To move from the facility.

Reference: California Code of Regulations - Title 22, Section 87572, Residential Care Facilities for the Elderly

CONSENT TO A MEDICAL EXAMINATION

I, _____ do hereby consent
(CLIENT/RESIDENT, PARENT OR AUTHORIZED REPRESENTATIVE)

to a physical examination of _____
(CLIENT/RESIDENT)

by a physician designated by the California Department of Social Services and

also consent to any laboratory tests associated with the medical examination for

the purpose of investigating the possible abuse or neglect of

(CLIENT/RESIDENT)

DATE

(SIGNATURE OF AUTHORIZING PERSON)

(RELATIONSHIP TO CLIENT/RESIDENT—IF OTHER THAN CLIENT/RESIDENT)

(ADDRESS)

(CITY/STATE/ZIP CODE)

RELEASE OF CLIENT/RESIDENT MEDICAL INFORMATION

To: _____
(PHYSICIAN, CLINIC, HOSPITAL, **HOSPICE**, HOME HEALTH AGENCY, ATTENDING NURSE, PSYCHOLOGIST, COUNSELOR, THERAPIST, ETC.)

Date: _____

(ADDRESS)

I hereby authorize you to release any and all medical or confidential information contained in the record of:

(NAME OF **RESIDENT**)

Caring House 2842 El Dorado Street, Torrance, CA 90503

(NAME AND ADDRESS OF FACILITY, PERSON OR AGENCY REQUESTING INFORMATION)

N/A

THIS AUTHORIZATION SHALL EXPIRE ON:

(DATE)

(CLIENT OR AUTHORIZED REPRESENTATIVE)

(RELATIONSHIP TO PERSON ON WHOM INFORMATION IS REQUESTED)

(ADDRESS)

- NOTE:**
1. The person who authorized this release may revoke this authorization at any time.
 2. The person who authorized this release has a right to receive a copy of the release.
 3. This information is required to conform to CCR Title 22 regulations, to ensure a continuum of care to the resident, client or child. Licensees should maintain a copy of this form in the facility records.
 4. The above facility is licensed by the Department of Social Services (or its accredited agencies), and does not provide skilled nursing care.

IDENTIFICATION AND EMERGENCY INFORMATION

This information is required under the H & S Code and the regulations of the Department to be maintained on every person admitted to a community care facility, to be readily available to the person in charge, but not accessible to unauthorized persons. All information must be kept current. See other side for additional information required for residential facilities for children.

A. ALL FACILITIES [EXCEPT CHILD CARE CENTER/FAMILY CHILD CARE HOME COMPLETES LIC 700]

1. NAME OF CLIENT OR CHILD	SOCIAL SECURITY NUMBER (OPTIONAL)	DATE OF BIRTH	AGE	SEX
2. RESPONSIBLE PERSON OR PLACEMENT AGENCY	ADDRESS		TELEPHONE ()	
3. NAME OF NEAREST RELATIVE (OPTIONAL)	RELATIONSHIP	ADDRESS	TELEPHONE ()	
4. DATE ADMITTED TO FACILITY	ADDRESS PRIOR TO ADMISSION			
5. DATE LEFT	FORWARDING ADDRESS			
6. REASONS FOR LEAVING FACILITY				

7. **PERSON(S) RESPONSIBLE FOR FINANCIAL AFFAIRS, PAYMENT FOR CARE, LEGAL GUARDIAN, IF ANY**

NAME	ADDRESS	TELEPHONE
		()
<Contact names & numbers>		
		()
		()

8. **OTHER PERSONS TO BE NOTIFIED IN EMERGENCY**

	NAME	ADDRESS	TELEPHONE
a. PHYSICIAN			()
b. MENTAL HEALTH PROVIDER, IF ANY			()
c. DENTIST			()
d. RELATIVE(S)			()
e. FRIEND(S)			()

9. **EMERGENCY HOSPITALIZATION PLAN**

NAME OF HOSPITAL TO BE TAKEN IN AN EMERGENCY	ADDRESS OF HOSPITAL TO BE TAKEN IN AN EMERGENCY
MEDICAL PLAN	MEDICAL PLAN IDENTIFICATION NUMBER
NAME OF DENTAL PLAN (IF ANY)	DENTAL PLAN NUMBER (IF ANY)

10. **OTHER REQUIRED INFORMATION**

a. AMBULATORY STATUS		
b. RELIGIOUS PREFERENCE	NAME AND ADDRESS OF CLERGYMAN OR RELIGIOUS ADVISOR, IF ANY	TELEPHONE ()
11. COMMENTS		

SIGNATURE OF RESIDENT	SIGNATURE OF PERSON COMPLETING FORM	TITLE	DATE
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RESIDENT APPRAISAL

Residential Care Facilities For The Elderly

NOTE: This information may be obtained from the Prospective Resident, or his/her responsible person. This form is not a substitute for the Physician's Report (LIC 602).

APPLICANT'S NAME

AGE

HEALTH (Describe overall health condition including any dietary limitations)

PHYSICAL DISABILITIES (Describe any physical limitations including vision, hearing or speech)

MENTAL CONDITION (Specify extent of any symptoms of confusion, forgetfulness; participation in social activities (i.e., active or withdrawn))

HEALTH HISTORY (List currently prescribed medications and major illnesses, surgery, accidents; specify whether hospitalized and length of hospitalization in last 5 years)

SOCIAL FACTORS (Describe likes and dislikes, interests and activities)

BED STATUS (An exception must be obtained to admit or retain a resident who will be temporarily bedridden more than 14 days. Permanently bedridden residents are prohibited).

- | | |
|--|--|
| <input type="checkbox"/> OUT OF BED ALL DAY | <input type="checkbox"/> IN BED MOST OF THE TIME |
| <input type="checkbox"/> IN BED PART OF THE TIME | <input type="checkbox"/> IN BED ALL OF THE TIME |

COMMENT:

TUBERCULOSIS INFORMATION

ANY HISTORY OF TUBERCULOSIS IN APPLICANT'S FAMILY?

- YES NO

DATE OF TB TEST/TYPE OF TEST

- POSITIVE
 NEGATIVE

ANY RECENT EXPOSURE TO ANYONE WITH TUBERCULOSIS?

- YES NO

ACTION TAKEN (IF POSITIVE)

GIVE DETAILS

AMBULATORY STATUS (this person is ambulatory nonambulatory)

Ambulatory means able to demonstrate the mental and physical ability to leave a building without the assistance of a person or the use of a mechanical device other than a cane. An ambulatory person must be able to do the following:

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Able to walk without any physical assistance (e.g., walker, crutches, other person), or able to walk with a cane. |
| <input type="checkbox"/> | <input type="checkbox"/> | Mentally and physically able to follow signals and instructions for evacuation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Able to use evacuation routes including stairs if necessary. |
| <input type="checkbox"/> | <input type="checkbox"/> | Able to evacuate reasonably quickly (e.g., walk directly the route without hesitation). |

FUNCTIONAL CAPABILITIES (Check all items below)

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Active, requires no personal help of any kind - able to go up and down stairs easily |
| <input type="checkbox"/> | <input type="checkbox"/> | Active, but has difficulty climbing or descending stairs |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses brace or crutch |
| <input type="checkbox"/> | <input type="checkbox"/> | Frail or slow |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses walker. If Yes, can get in and out unassisted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses wheelchair. If Yes, can get in and out unassisted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | Requires grab bars in bathroom |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: (Describe) _____ |

SERVICES NEEDED (Check items and explain)

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Help in transferring in and out of bed/turning in bed or chair (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Help with bathing _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Help with dressing, hair care, and personal hygiene (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does prospective resident desire and is he/she capable of doing own personal laundry and other household tasks? (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Help with moving about the facility _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Help with eating (need for adaptive devices or assistance from another person) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Special diet/observation of food intake _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Toileting, including assistance equipment, or assistance of another person (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Continence, bowel or bladder control. Are assistive devices such as a catheter required? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Help with medication _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Needs special observation/night supervision (due to confusion, forgetfulness, wandering) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Help in managing own cash resources _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Help in participating in activity programs _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Special medical attention _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Assistance in incidental health and medical care _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other "Services Needed" not identified above _____ |

Is there any additional information which would assist the facility in determining applicant's suitability for admission? Yes No
If Yes, please attach comments on separate sheet.

TO THE BEST OF MY KNOWLEDGE, I/THE ABOVE PERSON DO/DOES NOT NEED SKILLED NURSING CARE.

SIGNATURE OF APPLICANT OR RESPONSIBLE PERSON

DATE COMPLETED

SIGNATURE OF LICENSEE OR DESIGNATED REPRESENTATIVE

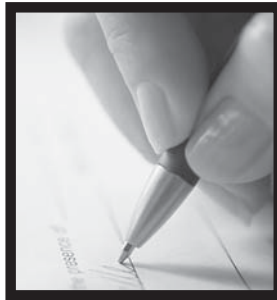
DATE COMPLETED

WHAT IF I CHANGE MY MIND?

You can change or cancel your advance directive at any time as long as you can communicate your wishes. To change the person you want to make your healthcare decisions, you must sign a statement or tell the doctor in charge of your care.

WHAT HAPPENS WHEN SOMEONE ELSE MAKES DECISIONS ABOUT MY TREATMENT?

The same rules apply to anyone who makes healthcare decisions on your behalf – a healthcare agent, a surrogate whose name you gave to your doctor, or a person appointed by a court to make decisions for you. All are required to follow your **Health Care Instructions** or, if none, your general wishes about treatment, including stopping treatment. If your treatment wishes are not known, the surrogate must try to determine what is in your best interest. The people providing your health care must follow the decisions of your agent or surrogate unless a requested treatment would be bad medical practice or ineffective in helping you. If this causes disagreement that cannot be worked out, the provider must make a reasonable effort to find another healthcare provider to take over your treatment.



WILL I STILL BE TREATED IF I DON'T MAKE AN ADVANCE DIRECTIVE?

Absolutely. You will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you. Remember that:

- A **POWER OF ATTORNEY FOR HEALTH CARE** lets you name an agent to make decisions for you. Your agent can make most medical decisions – not just

those about life sustaining treatment – when you can't speak for yourself. You can also let your agent make decisions earlier, if you wish.

- YOU CAN CREATE AN **INDIVIDUAL HEALTHCARE INSTRUCTION** by writing down your wishes about health care or by talking with your doctor and asking the doctor to record your wishes in your medical file. If you know when you would or would not want certain types of treatment, an **Instruction** provides a good way to make your wishes clear to your doctor and to anyone else who may be involved in deciding about treatment on your behalf.
- THESE TWO TYPES OF **ADVANCE HEALTHCARE DIRECTIVES** may be used together or separately.

To implement Public Law 101-508, the California Consortium on Patient Self-Determination prepared this brochure in 1991; it was revised in 2000 by the California Department of Health Services, with input from members of the consortium and other interested parties, to reflect changes in state law.

HOW CAN I GET MORE INFORMATION ABOUT MAKING AN ADVANCE DIRECTIVE?

Ask your doctor, nurse, social worker, or healthcare provider to get more information for you. You can have a lawyer write an advance directive for you, or you can complete an advance directive by filling in the blanks on a form.

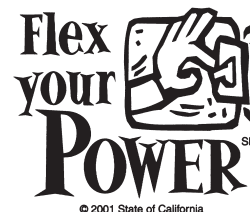


PUB 325 (3/12)

STATE OF CALIFORNIA

HEALTH AND HUMAN
SERVICES AGENCY

DEPARTMENT OF
SOCIAL SERVICES



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Your Right To Make Decisions About Medical Treatment



This brochure explains your right to make healthcare decisions and how you can plan now for your medical care if you are unable to speak for yourself in the future.



A federal law requires us to give you this information. We hope this information will help increase your control over your medical treatment.

WHO DECIDES ABOUT MY TREATMENT?

Your doctors will give you information and advice about treatment. You have the right to choose. You can say “Yes” to treatments you want. You can say “No” to any treatment that you don’t want – even if the treatment might keep you alive longer.



HOW DO I KNOW WHAT I WANT?

Your doctor must tell you about your medical condition and about what different treatments and pain management alternatives can do for you. Many treatments have “side effects.” Your doctor must offer you information about problems that medical treatment is likely to cause you.

Often, more than one treatment might help you – and people have different ideas about which is best. Your doctor can tell you which treatments are available to you, but your doctor can’t choose for you. That choice is yours to make and depends on what is important to you.

CAN OTHER PEOPLE HELP WITH MY DECISIONS?

Yes. Patients often turn to their relatives and close friends for help in making medical decisions. These people can help you think about the choices you face. You can ask the doctors and nurses to talk with your relatives and friends. They can ask the doctors and nurses questions for you.

CAN I CHOOSE A RELATIVE OR FRIEND TO MAKE HEALTHCARE DECISIONS FOR ME?

Yes. You may tell your doctor that you want someone else to make healthcare decisions for you. Ask the doctor to list that person as your healthcare “surrogate”

in your medical record. The surrogate’s control over your medical decisions is effective only during treatment for your current illness or injury or, if you are in a medical facility, until you leave the facility.

WHAT IF I BECOME TOO SICK TO MAKE MY OWN HEALTHCARE DECISIONS?

If you haven’t named a surrogate, your doctor will ask your closest available relative or friend to help decide what is best for you. Most of the time that works. But sometimes everyone doesn’t agree about what to do. That’s why it is helpful if you can say in advance what you want to happen if you can’t speak for yourself.

DO I HAVE TO WAIT UNTIL I AM SICK TO EXPRESS MY WISHES ABOUT HEALTH CARE?

No. In fact, it is better to choose before you get very sick or have to go into a hospital, nursing home, or other healthcare facility. You can use an **Advance Health Care Directive** to say *who* you want to speak for you and *what* kind of treatments you want. These documents are called “advance” because you prepare one before healthcare decisions need to be made. They are called “directives” because they state who will speak on your behalf and what should be done.

In California, the part of an advance directive you can use to appoint an agent to make healthcare decisions is called a **Power of Attorney For Health Care**. The part where you can express what you want done is called an **Individual Health Care Instruction**.

WHO CAN MAKE AN ADVANCE DIRECTIVE?

You can if you are 18 years or older and are capable of making your own medical decisions. You do not need a lawyer.

WHO CAN I NAME AS MY AGENT?

You can choose an adult relative or any other person you trust to speak for you when medical decisions must be made.

WHEN DOES MY AGENT BEGIN MAKING MY MEDICAL DECISIONS?

Usually, a healthcare agent will make decisions only after you lose the ability to make them yourself. But, if you wish, you can state in the **Power of Attorney for Health Care** that you want the agent to begin making decisions immediately.

HOW DOES MY AGENT KNOW WHAT I WOULD WANT?

After you choose your agent, talk to that person about what you want. Sometimes treatment decisions are hard to make, and it truly helps if your agent knows what you want. You can also write your wishes down in your advance directive.



WHAT IF I DON'T WANT TO NAME AN AGENT?

You can still write out your wishes in your advance directive, without naming an agent. You can say that you want to have your life continued as long as possible. Or you can say that you would not want treatment to continue your life. Also, you can express your wishes about the use of pain relief or any other type of medical treatment.

Even if you have not filled out a written **Individual Health Care Instruction**, you can discuss your wishes with your doctor, and ask your doctor to list those wishes in your medical record. Or you can discuss your wishes with your family members or friends. But it will probably be easier to follow your wishes if you write them down.

Caring House, Incorporated

Part B14: Theft and Loss Policy

Caring House will make all reasonable effort to safeguard personal property and valuables of all residents.

Inventory of Personal Belongings

It is Caring House's responsibility to maintain a current record of the personal property of each resident.

- Upon admission the Administrator or the Administrator's representative will make a comprehensive inventory (Form 621) and carefully mark all personal items. This is particularly important for clothes, jewelry, watches, dentures, eyeglasses and hearing aids.
- Family member or resident should bring to the attention of the Administrator any items that they are adding to or removing from the inventory in order to keep the inventory current.
- All items in the inventory must be entered in, signed by the resident or family or responsible persons and a representative from Caring House.
- Residents and family or responsible persons should keep an updated copy of the inventory.

Protection of Personal Belongings & Money

- Expensive items (valued at \$25 or more) or personal belongings of sentimental value (unable to place monetary value) should be kept with the family or responsible persons. If this is not possible, items would be kept by Caring House in a locked cabinet or drawer in the resident's room.
- Clothing will be marked with an indelible black marker as deemed appropriate by the resident or responsible persons. The caregiving staff will treat sentimental items with utmost care, recognizing that such items cannot be replaced.

Facility Duty to Report & Investigate

Caring House must report to the resident and family or responsible persons any lost or stolen items belonging to the resident and having a current market value of \$25 or more. Caregiving

staff should upon being told of missing property report it to the Administrator and make a thorough search. If not found an estimate of its value should be assessed.

- Caring House also has to document the lost or stolen item(s): giving a description, estimating a value, and indicating the date and time that the item(s) were taken, discovered or reported missing.
- If the lost or stolen item is valued at \$100 or more, then Caring House must also make a report to local law enforcement.
- The Theft and Lost Policy (a copy of Title 22 Section 87218 and Health and Safety code 1569.152 and 1569.154) will be posted at Caring House and copies will be available upon request to the resident or the resident's representative.
- Caregiving staff will have an in-service staff meeting regarding our theft and loss policy as part of their training when hired.

Actions to Hold a Facility Accountable

The law states clearly that if a facility fails to make reasonable efforts to safeguard the resident's property, Caring House must reimburse or replace the lost or stolen items. It is up to Caring House to show that they have taken reasonable efforts.

In order to protect your belongings, residents or family or responsible persons members should:

- Maintain a comprehensive and current inventory. The law states that Caring House is only liable for items identified on the inventory.
- Limit personal property brought into Caring House to items most needed for the care and comfort of the resident.
- Immediately report missing property to caregiving staff.
- If dissatisfied with handling of theft or loss by Caring House resident or resident's representative should seek help from the Ombudsman Program or from Senior Legal services and make a complaint to the licensing agency.

Returning Personal Belongings

- It is Caring House's responsibility to inventory and surrender resident's personal effects and valuables upon discharge to the resident or authorized representative in exchange for a signed receipt.
- It is Caring House's responsibility to inventory and surrender personal effects and valuables following the death of a resident to the responsible persons in exchange for a signed receipt.
- In the event the resident has no family or responsible persons, the appropriate agency (the Los Angeles County Public Guardian) will be contacted to arrange for the legal disposition of the resident's property. It is our policy to encourage our residents to name a responsible persons at the time of move in.

About me

My name: _____

What I like to be called: _____

People closest to me: _____

My job/profession: _____

My hobbies: _____

My interests: _____

Music I like: _____

Favorite TV shows: _____

My pets: _____

Other: _____

My favorite breakfast foods: _____

My favorite lunch foods: _____

My favorite dinner foods: _____

My favorite snacks: _____

My favorite drinks: _____

Other: _____

**** please make additions at any time, space on the back if needed****

