



ADMISSION AGREEMENT

This agreement is entered into on _____ between the operator of Rebecca's Retreat and:

Participant: _____

Responsible Party: _____

- I. This agreement shall remain in effect until amended by the parties or until terminated by the parties in accordance with the provisions of Section IV of this agreement titled Termination.
- II. For the daily rate of: _____ the operator of Rebecca's Retreat shall provide services to the participant including, but not limited to, the following:
 - a. Recreational & enrichment activities, such as arts and crafts, pet therapy, music appreciation, guest speakers, gardening, visits from school children, entertainers, games, puzzles, mind teasers and cooking.
 - b. Exercise, including chair aerobics and supervised strolls as well as follow-up on physical therapy & rehabilitation orders.
 - c. Assistance with activities of daily living
 - d. Medication management in accordance with the following guidelines:
 - The responsible party must complete and maintain an up-to-date medication sheet for the program director to keep on file.
 - The responsible party must put each dose in a pill box and give to the program director weekly.
 - The responsible party must keep up with refilling the medication.
 - The Program Director WILL NOT administer PRN medications to the participant. If the participant is showing symptoms which might necessitate a PRN medication the

responsible party will be notified by phone to come to the program to administer the medication. Alternately, the responsible party can consult with the participant's physician to discuss the possibility of a regularly scheduled medication to be administered.

- e. Nutritious lunch and two snacks daily. Please specify special diet needs, for example, diabetic, NAS (no added salt), 1800 calorie ADA : _____.

III. The participant shall be responsible for the following:

- a. Attendance at two pre-admission assessment days to ensure the appropriateness of the program for the participant. The following two days are scheduled:
1. _____. Drop off at 11:00 am and pick up at 2:00 pm. Responsible party should plan to spend 30 minutes on this day to complete pre-admission paperwork.
 2. _____. Drop off at 11:00 am and pick up at 2:00 pm.
- b. Please bring all of the following items with you to the first pre-admission assessment day:
- Check payable to Rebecca's Retreat in the amount of \$165.00
 - Completed Emergency Form
- c. We do not need a completed Physician's Report or TB test results for the participant to attend the pre-admission days. However, both are required prior to permanent admission to the program. Completed TB test can be either a skin test or a chest x-ray administered within one year prior to admission.
- d. Payment of the daily rate by the third (3rd) day of the month prior to service.
- e. Immediately notify the operator of a change in health status, change in physician or change in medication.
- f. No smoking is allowed at Rebecca's Retreat.
- g. Participation in fire drills is mandatory. They are held on a regular monthly basis for your safety and protection.
- h. Visitors are allowed at anytime.
- i. The participant is interested in attending the program on the following days (Please circle):
Monday Tuesday Wednesday Thursday Friday
The program operates from 8:30 am to 3:30 pm Monday through Friday.

IV. Termination: This agreement may be terminated in the following ways:

- a. If any of the program rules are broken by either a participant or a responsible party a verbal warning will be given. If the same rule is broken a second time a written warning will be issued

with a plan for correction. If the same rule is broken a third time the participant will be terminated from the program without refund of pre-paid fees.

- b. By mutual agreement of the responsible party and the operator.
 - c. Upon fifteen (15) days written notice by the responsible party/participant to the operator of Rebecca's Retreat.
 - d. Upon thirty (30) days written notice by the operator to the responsible party/participant for the reasons listed below, and if the responsible party/participant objects to the action, only after the operator initiates a court proceeding and the court rules in the favor of the operator. The grounds upon which involuntary termination may occur are:
 - The participant requires continual medical or nursing care.
 - The participant's behavior poses imminent risk of death or imminent risk of serious physical harm to him/herself or others.
 - The responsible party/participant fails to make timely payment for all authorized charges.
 - The participant repeatedly behaves in a manner that directly impairs the wellbeing, care or safety of the participant or any other participant or which substantially interferes with the orderly operation of the program.
 - The operator has had operating license limited, revoked, temporarily suspended or the operator has voluntarily surrendered the operating license to the Department of Social Services of the state of California.
 - e. The licensing agency shall be notified by telephone within the agency's next working day during normal business hours and in writing within 7 days when a client is discharged without the 2-week notice.
 - f. Upon death of the participant this Admission Agreement shall automatically terminate. No liability shall accrue after the date of death.
- V. Refund of Participant Monies: Upon termination of this agreement, the operator shall provide the responsible party/participant with a final written statement of the participant's payment accounts. In addition, the operator shall provide the participant with a refund based upon the daily rate and the date of termination if either party has given notice to terminate in accordance with section IV of this agreement.

- VI. Resident Rights and Protection: The operator agrees to provide each participant with a copy of the state form LIC 613 Personal Right and to treat each participant in accordance with the principles stated within.
- VII. The licensing agency shall evaluate and inspect Adult Day Programs pursuant to the authority specified in Health and Safety Code Section 82044 (b) (c):
- i. The licensing agency shall have the authority to interview clients without prior consent.
 - ii. The licensee shall ensure that provisions are made for private interviews with any participants.
 - iii. The licensing agency shall have the authority to inspect, audit, and copy client or facility records upon demand during normal business hours. Records may be removed if necessary for copying.
 - iv. The licensing agency shall have the authority to observe the physical condition of the participant which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the client.
- VIII. Per HSC section 1569.269(b), as a licensed senior day program Rebecca's Retreat shall not discriminate against a person seeking participation based on sex, race, color, religion, national origin, marital status, registered domestic partner status, ancestry, actual or perceived sexual orientation, or actual or perceived gender identity.
- IX. Video surveillance: Video surveillance will NOT be utilized in any private area at Rebecca's Retreat.
- X. Local Long-Term Care Resources:
1. The Ombudsman is intended as a resource for the purposes of accessing information regarding resident care at the program and reporting resident complaints. The local Ombudsman can be reached at: 858-560-2507
 2. Community Care Licensing a Division of California Department of Social Services is the agency which oversees our program. The local office can be reached by phone at 619-767-2300, in-person at 7575 Metropolitan Drive Suite #109, San Diego, CA 92108 or on-line at www.cdss.ca.gov
 3. Additional local long-term care resources are as follows:
 - i. San Diego County Aging and Independent Services; 800-339-4661; 151 Van Houten Ave, El Cajon, CA 92020; www.sandiegocounty.gov
 - ii. 211 San Diego; web site: www.211sandiego.org; or dial 211. This is a non-profit organization with information and connections to community, health and disaster resources.

iii. Live Well San Diego; www.livewellsd.org; an on-line resource with over 500 organizations which are working together to make San Diego a region that is healthy, safe and thriving.

XI. Holidays Observed: Rebecca’s Retreat will be closed on the following holidays: Thanksgiving Day, the Friday following Thanksgiving, Christmas Eve, Christmas Day and the week between Christmas and New Year’s, including New Year’s Day. The regular daily fee will be charged to the participants who are scheduled to participate on the fore mentioned holidays. In addition, with 30 days written notice, the operator may close the program on any given day. The participants will not be responsible to pay for those days.

XII.

XIII. Modification Conditions:

At least 30 calendar days prior written notice will be given to the client or his/her authorized representative of any basic rate change. Modifications to the original agreement shall be made whenever circumstances covered in the agreement change, and shall be dated and signed by the persons who signed original agreement.

We the undersigned, have read this agreement, have received a duplicate copy thereof, and agree to abide by the terms and conditions therein:

DATE: _____
Signature of Participant (if responsible for self)

DATE: _____
Signature of Payor/POA

Email of Payor/POA (to receive invoice)

DATE: _____
Signature of Operator or Designee

Attached:

1. Participant Personal Rights (LIC 613) – this form contains the number to call to report suspected or known elder and dependent adult abuse; for additional information reference www.cdss.ca.gov

2. Telecommunications Device Notification (LIC 9158)
3. Identification And Emergency Information (LIC 601)
4. Appraisal/Needs and Services Plan (LIC 625)
5. Physician's Report (LIC 602)
6. Personal History & Preferences (Help us get to know your loved one more intimately.)