

Blossom Ridge Care Home Admission Agreement

Blossom Ridge Care Home is a residential care facility for the elderly, licensed by the State of California, Department of Social Services, and Community Care Licensing. The facility is a non-medical facility which is not allowed to provide 24 hour skilled nursing care.

1.Name of facility: Blossom Ridge Care Home Telephone # 916-647-3423	Licensee: Jaaaag, LLC. Telephone # 916-284-4129
Address/City/State/Zip 10143 Blossom Ridge, Elk Grove, CA. 95757	Licensee mailing address/city/state/zip 9384 Lufkin Way Elk Grove, CA. 95758

2. Name of Resident	Social Security No	Birth Date	Date of Admissions
3 Responsible Person	Relationship	Phone number	Address

Basic Services: The following basic services are provided to all residents. The services actually provided will be those the resident wants and those the resident needs, based on the individual's pre-admission appraisal, subsequent re appraisals and needs and service plan. Minimum services include:

1. Continuous care and supervision.
2. Observation for changes in the physical, mental, emotional and social functioning of the resident.
3. Notification to resident's family, physician, and other appropriate person or agency regarding the resident's needs.
4. Room accommodations ____shared room ____private room
5. Food Services:
 - ☒ Three nutritional meals daily and snacks between meals.
 - ☒ Special diets if prescribed by a physician
 - ☒ Other meal services: example: vegetarian diet
6. Access to supportive services example: physical or occupational therapy.
7. Other basic services that resident needs or wants and will be provided includes those checked below:
 - ☒ Hygiene items such as soap and toilet paper
 - ☒ Laundering personal clothing. (Excludes dry clean and ironing)
 - ☒ Clean bed and bath linens weekly or as needed.
 - ☒ Cleaning of resident's room weekly or as needed.
 - ☒ Comfortable and suitable bed and bedroom furniture.
8. **Facility Transportation:** The facility will transport residents to local doctors and dental appointments within a 10 mile radius using the facility vehicle twice a month at no charge. The facility can provide transportation outside the service area for a fee of \$25.00 per appointment to escort the resident. Other transportation also can be arranged.

9. Resident activities:

Sample monthly calendar of activities arranged and provided by the facility

I have received a copy ☐

Listing of community resources available to residents

I have received a copy ☐

10. Facility provided activities of daily living assistance to residents as marked

☒ dressing

☒ toileting

☒ bathing

☒ grooming

☒ mobility tasks

☒ other personal care needs such as eating

11. Facility assistance with resident medications

☒ Assistance with taking prescribed and O-T-C medications

in accordance with physicians' instructions unless prohibited

by law or

regulation.

12. ☒ Bedside care and tray services for minor temporary illnesses or recovery
From surgery.

Rate for Basic Services: The monthly rate for basic services as specified above for a private room is **\$2,200.00 (with no private bathroom) to \$3,500.00 (with private bathroom)**

Optional and Third Party services: Optional services are services not included under basic services. These services are provided by either the facility or a **third party**. The attachment details how both facility and third party services are provided. I have received a copy ☐ _____

Payment provisions:

- A. The resident or resident's representative will receive a monthly statement itemizing all charges.
- B. Monthly fees must be paid in advance beginning on the first of the month and due the first of every month thereafter. If monthly fee is not received within five days of the due date, a late fee of \$25.00 will be charged for each day the payment is late beginning on the 6th of the month. [Rent can be mailed or delivered to 9384 Lufkin Way Elk Grove, CA. 95758](#)
- C. Monthly costs are as follows:
- | | |
|----------------------------|-------|
| Basic service rate | _____ |
| Cost for optional services | _____ |
| Third party service(s) | _____ |
| Total: | _____ |

Rate Change:

- A. The resident and responsible party will be given **60 days advanced written notice** if the basic service rate changes. The written notice will include the amount of the increase, the reason for the increase and a general description of the additional costs.
- B. Written notice is provided to the resident and or resident representative within **Two business days** of resident services at a new level of care that result in a rate increase. The notice explains in detail the additional services provided at the new level of care, and how these charges are itemized.
- C. If there is a change to the resident condition and additional services are required, the rate can be adjusted by providing written notice to the resident and the resident's representative, within **two business days** of providing the service at the new level of care that required the rate increase. ☐ initial

Refund conditions and pro ration conditions:

- A. Voluntary relocation. If the resident wants to move from the facility, the facility must **receive a 30 day written** notice from either the resident or resident's responsible party.
- B. Involuntary relocation. If the resident relocates because the facility can not meet his/her needs, the resident is not required to give the facility advanced notice. The resident will be entitled to a refund of any pro rated rent once the resident's belongings are removed from the room.
- C. Death of resident. If the resident dies, the admission agreement is terminated immediately. The resident's responsible party will be entitled to any pro rated rent once the resident's belongings are removed from the room and any outstanding fees are paid.

D. Room Hold

If the resident is away from the facility for hospitalization, vacation, temporary placement outside this facility, etc. the facility will hold the resident's room with a predetermined daily room hold rate. The hold rate is **\$100.00** per day.

Telephone Services for Deaf, hard of hearing or legally blind: The facility shall notify new residents that are deaf, hard of hearing or otherwise physically handicapped how to obtain free equipment and services from the local telephone company to improve the quality of their telecommunications. I have received a copy ☐ LIC9158

House Rules: Resident house rules are a reference to general facility information as well as established guidelines to make it possible for residents to live together. The resident agrees to abide by and observe these policies and rules. The facility rules and policies shall be reasonable. Residents are encouraged to suggest any changes to the house rules in writing or verbally. The administrator will respond in writing to these suggestion within (3) working days. I have received a copy ☐

Facility Visiting Policy: The facility visiting hours are from 9AM to 8PM. Family members are encouraged to visit the facility and participate in planned activities. All visitors are welcome during the visiting hours as long as it does not disturb or disrupt resident care. Family members and friends can contact the facility by phone, fax or email to communicate with the resident or the resident can use the house phone to contact family and friends. The facility keeps a log of visitors in/out of the facility.

Personal Belongings:

I have the right to accept or decline that my personal property be inventoried by the facility. Accept _____ Decline _____

Personal items

For the safety of the resident, the facility does not allow residents or family members to bring food, medication, or other miscellaneous items into the facility for the resident without first informing the facility administrator. Examples include prescription, non prescription, OTC, PRN, homeopathic medicine or remedies, vitamins, food, nail polish, razors, etc. Failure to inform the administration can lead to an eviction.

Theft and Loss Program: The resident has the right to have and use personal property, space permitting, provided that it does not endanger the health, wellbeing or safety of others. The facility has in place a theft and loss procedure to safeguard resident personal property. Upon admission to the facility, the resident and responsible party shall receive a copy of facility written policies and procedures as well as Health and Safety code, Sections 1569.152 through 1569.154. I have received a copy of the facility theft and loss program. ☐ _____ I have received a copy of Health & Safety Code ☐ _____

Personal rights: The resident and responsible party are advised of their personal rights and provided a copy of resident rights. I have received a copy. LIC613C ☐

Grievances and complaints: The facility has advised the resident and responsible party of the resident's right to contact the Department of Social Services and the long term care Ombudsman or both regarding grievances against the facility.

Dept of Social Service CCL:	Sacramento Senior Care 916-263-4700
	2525 Natomas Park Drive # 270
	Sacramento, CA. 95833
Long Term Care Ombudsman	916-376-8910

The facility has provided the resident and responsible party the facility grievance procedure. I have received a copy. ☐ _____

Advance Health Care Directive: The resident and responsible person receive both a copy of PUB 325 ***"You're Right to Make Decisions about Medical Treatment,"*** which provides information on the resident's right to make decisions concerning medical care, including the right to accept or refuse treatment, and the right, under state law, to formulate an advance health care directive, Request to Forego Resuscitative Measures, an Advance HealthCare Directive and/or a Do-Not-Resuscitate (DNR) I have received a copy of PUB 325 .☐_____ I have received a copy of Title 22 regulation, section 87575.1 (b) & (c). ☐_____

Access to Records: The resident and responsible party has been informed that the Department of Social Services has the authority to examine the resident's record as part of the facility evaluation. ☐ Resident or responsible party initials _____

Termination of Agreement:

- A. The agreement is automatically terminated by the death of the resident. The resident's responsible party will not be liable for any payment beyond that date of death unless agreed to in writing or ordered by the court.
☐ Resident or responsible person initials _____
- B. I acknowledge that the Department of Social Services has authority to order my relocation for any of the following reasons:
- my health condition cannot be cared for within limits of the licensee.
 - I require inpatient care in a health facility.
 - my mental or physical condition requires immediate transfer to protect my health and safety.
- ☐ Resident or responsible person initials _____

Conditions for Eviction:

- A The licensee, upon **30 days** written notice to the resident, may evict the resident for one or more of the following reasons:
- Non payment of the rate for basic services within 10 days of the due date.
 - Failure of the resident to comply with state or local law after receiving written notice of an alleged violation.
 - Failure of resident to comply with general facility rules and policies.
 - If after admission, it is determined that the resident has a need not previously identified, a reappraisal will be conducted to determine if the facility is considered inappropriate for the resident.
 - Change of use of the facility.
- B. The facility may terminate this agreement at any time by giving **three (3) day** written notice if the facility obtains prior written approval from the California Department of Social Services.
- If the facility terminates this agreement under this section, the resident and the resident's responsible party shall receive a notice describing the reasons for such termination and the facility shall send the Department of Social Services a written report of the termination with **five (5) days** after the termination.

Relocation and Appeal Notification: Prior to an involuntary transfer, discharge or eviction, the resident shall receive written notification from the facility which explains the decision for the resident relocation and how the facility will help the resident and responsible party with relocation resources and assistance. The resident or responsible party can request a review of the relocation by contacting the administrator in writing within (3) three working days of receiving the relocation notification. The administrator will mail, fax or email to CCL within (2) two working days the requested review. CCL will respond in writing within (3) three days to the resident or their responsible party that the review request has been received. The licensee then has (10) ten working days from the date of the CCL review to submit to CCL any supporting documentation to complete the residents review request. Finally, CCL shall in writing inform the resident and or responsible party the reason for relocation not more than 30 days from the time the resident received the notification of relocation. Relocation assistance will include the following local resources: Local eldercare referral agencies, New Lifestyle magazine, Discharge planner directory and bedavailability.com. Resident or responsible party initials ☐

Signatures: The signatures of the resident and/or responsible person indicate that he/she has read, or explained to him/her the provision of this agreement. The agreement must be dated and signed, acknowledging the contents.

Resident_____ Date_____

Resident Responsible Party_____ Date_____

Licensee_____ Date_____