

Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall South
Lincoln, NE 68509-4986

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT
CERTIFIES THAT

Elk Ridge Village

MEETS STATUTORY REQUIREMENTS AS AN
Assisted Living Facility
LIC #ALF314

Services:

Alzheimer's Memory Care Endorsement
Aged/Disabled Med Wvr

EXPIRES:

April 30, 2017




Courtney R. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license

FACILITY NAME: Elk Ridge Village
ADDRESS: 19400 Elk Ridge Drive, Elkhorn, NE 68022

This is to verify that you ALF is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address or ownership.

November 8, 2016

Erika Newill, Administrator
Elk Ridge Village
19400 Elk Ridge Drive
Elkhorn, NE 68022

Dear Ms. Newill:

This is to acknowledge that Elk Ridge Village, Assisted-Living Facility License #ALF314, has been approved for the Memory Care Endorsement. Enclosed is a licensure card which shows Memory Care Endorsement and the expiration date of the license. This document replaces the previous renewal license.

Please contact this office for any questions.

Sincerely,



Eve Lewis, RNC, Program Manager
Office of Long Term Care Facilities
Licensure Unit, Division of Public Health
Department of Health and Human Services
(402) 471-3324

EL/dj



For Office of LTC use only

Approval date: 8/29/16
 License number: ALF314
 License: 4/30/17

Alzheimer's Special Care Unit Disclosure and Memory Care Endorsement Application

1. License type (Select one)

- Alzheimer Special Care Unit Disclosure only
 Alzheimer Special Care Unit Disclosure and Memory Care Endorsement

2. Type of application (Select one)

- Initial Projected Opening Date: _____
 Renewal License # ALF314
 Change of ownership

3. Facility information

Name of facility: Silvercrest-Elk Ridge Assisted Living, LLC
(Doing Business As (DBA) name registered with
 Facility E-mail: administration@di
 Phone: 4027638692 FAX: 3095 mail: alsmi.com
 Street address: 19400 Elk Ridge Drive
 City, State, ZIP: Elkhorn, NE 68022 County: Douglas
 Mailing address: 19400 Elk Ridge Drive
 Administrator: Galen Moes
 92 –
 16+ in
 Alzhei
 mer's
 Speci
 al
 Care
 Unit

Maximum endorsed capacity:

4. Applicant information

- Owner (licensee) Management

Name of legal owning entity: Silvercrest-Elk Ridge Assisted Living, LLC
(Exactly as registered with the Secretary of State)
 Contact name: Galen Moes
 Phone: 4027638692 FAX: 3095 E-mail: administration@di
 Street address: 19400 Elk Ridge Drive
 City, State, ZIP: Elkhorn, NE 68022

5. Disclosure information

Please attach additional page if needed.

A) Overall philosophy and mission:

DIAL Retirement Communities will provide a safe and secure home-like environment that enables the residents to live and function at their maximum potential with an emphasis on maintaining dignity, autonomy and personal integrity. Our specially trained caregivers will support each resident in finding moments of joy in each day. It is our goal to focus on the PERSON with dementia placing importance on what's left rather than what's lost so that each resident will have a quality lifestyle.

B) Criteria for placement in, transfer to:

Memory Care residents will be placed or transferred into the program following evaluation and adhering to established Assisted Living regulations.

- a. Eligibility Criteria: To be eligible for admission to the community, a person must be in need of, or wish to have available shelter, food, assistance with or provision of personal care, activities of daily living, or health maintenance activities or supervision due to age, illness, or physical disability. The administrator has the discretion regarding admission or retention of residents subject to the assisted living facility act and rules and regulations adopted and promulgated under the act.

Residents will not knowingly be admitted or retained who is not stable or predictable or when a tenant/resident presents with the following:

- b. Whose medical or physical condition creates a situation beyond the level of care that can be provided by the community and/or supportive services
- c. Who is bed bound unless appropriate support services are in place
- d. Requires more than part-time intermittent health-related care unless appropriate support services are in place
- e. Has unmanageable incontinence on a routine basis despite an individualized toileting program.
- f. Is violent or a danger to himself/herself or others.
- g. Tenant/resident has failed after reasonable and appropriate notice to pay for a stay at the community
- h. Who despite intervention *chronically*; wanders into danger, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression.
- i. Has a diagnosis of an active-stage contagious disease such as TB
- j. Anyone in an acute state of drug addiction, mental illness, or alcoholism.
- k. The community ceases to operate

C) Memory Care residents will be discharged appropriately per Assisted Living Regulations listed above in section B, as well as:

Criteria for discharge:

- a. The transfer is necessary for the tenant's/resident's welfare and the tenant's needs cannot be met in the community.
- b. The safety of individuals in the community is endangered.
- c. The health of individuals in the community would otherwise be endangered.

- d. The tenant/resident has failed, after reasonable and appropriate notice, to pay for a stay at the community.
- e. An immediate transfer or discharge is required by the tenant's/resident's urgent medical needs.
- f. The tenant/resident is transferred for other than medical reasons.
- g. The community ceases to operate.

D) Process for assessment and establishing the plan of care:

Potential tenant's/resident's health & functional capacity, and cognitive status are evaluated prior to signing the Resident Service Agreement. This evaluation will determine the tenant's/resident's eligibility for the program, including whether services needed, can be provided. The evaluation is completed by a Registered Nurse.

Tenant/resident assessments/evaluations will be reviewed, and updated if applicable, within 30 days prior to admission, annually, and with a significant change of condition. A TB screen will be completed upon admission and annually.

- a. The assessments/evaluations will include a health & functional capacity, cognitive, and negotiated risk agreement as applicable.
- b. Nursing services will notify the following with a change of condition: the physician, the tenant/resident, his or her family, or responsible party as applicable.
- c. A GDS evaluation will be completed according to the instructions on the cognitive assessment.
- d. If a tenant/resident refuses to complete the cognitive assessment, the assessment will have an automatic maximum score indicating cognitive impairment and interventions will be added to the service plan/service agreement as applicable.

The Resident Service Agreement will outline a plan for services as agreed upon by the tenant/resident and/or responsible party with the community's DON and/or Executive Director.

- a. Terms and conditions of continued residency
- b. The service plan will be the basis for coordination of services and tailored to each individual's specific needs. Individualized service plans will be developed for each tenant/resident based on health & functional, cognitive and lifestyle evaluations
- c. The service plan will be individualized and shall indicate a minimum of the tenant's/resident's identified needs, requests for services and interventions.
- d. If a tenant/resident or responsible party refuses a service that the Executive Director, Director of Nursing, Medical Care Provider, or Case Manager believes to be necessary for the tenant's/resident's health and safety, the Service Plan shall include the following:
 - The service(s) refused
 - Identification of any potential negative outcomes for the tenant/resident if the service(s) are not provided
 - An indication of acceptance by the tenant/resident or responsible party of the Risk*Refer to Negotiated Risk Agreement

E) Staffing numbers/pattern:

Staffing is in place to appropriately care for all residents, based on each resident's care and needs. During day and evening hours, staffing will be a 1:6-8 Staff to Resident ratio; Overnight

hours will have a minimum of 1:16 staff to Resident ratio.

F) Staff training and continuing education include a minimum of four (4) hours related to dementia care and training for cultural competencies:

All employees receive special training from qualified persons to learn and apply the skills needed to care for the special needs of the tenant/resident with dementia.

All employees receive a minimum of four hours of training within 30 days of employment that includes:

- a. Philosophy and approaches to care and supervision for tenant/resident with dementia
- b. Disease process
- c. Skills needed to assist and care for tenants/residents unable to care for themselves

Dementia continuing education practices will include a minimum of four hours annually for all employees, and will be sufficient to provide education and information for staff to provide quality care for all residents.

Dementia-specific training shall include hands-on training and may include any of the following:

- a. Classroom instruction
- b. Web-based training
- c. Case studies of tenants in the program

Program learning objectives:

- a. Philosophy and approaches to care and supervision for tenant/resident with dementia disease process
- b. Skills needed to assist and care for tenants/residents unable to care for themselves
- c. An explanation of Alzheimer's disease and related disorders
- d. Skills for communicating with persons with dementia
- e. Skills for communicating with family and friends of persons with dementia
- f. An explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the care-giving role, and family dynamics
- g. The importance of planned and spontaneous activities
- h. Skills in providing assistance with instrumental activities of daily living
- i. The importance of the service plan and social history information including cultural competence
- j. Skills in working with challenging tenants
- k. Techniques for simplifying, cueing, and redirecting
- l. Staff support and stress reduction

Medication management and non-pharmacological interventions.

G) Physical environment and features, including security features:

The Physical Environment of the program encourages resident engagement and purposeful lifestyle. Activity areas and stations, as well as resident common areas, reflect the interests of the residents and be based on residents physical, cognitive, and social abilities.

In addition, the Memory Care Unit is a locked area with a security system, with all of the doors leading to the outside alarmed with secured entry/exit doors. The system includes doors that require a code or keypad, and doors alarm audibly and to staff pager system if a door is opened without using proper security.

All staff are regularly trained on the use of the security system, resident elopement risk, and resident safety measures.

H) Resident activities related to dementia care:

Based on our philosophy of care, activities and programming are a core part of our Memory Care Program. As no two residents are alike, we offer a wide variety of services and activities to accommodate the needs, interests, and wishes of our residents. We offer a unique engagement program for our residents developed by Dial Retirement Communities: iEngage.

iEngage provides programming that engages all residents at the level that is most beneficial to their health, well-being, and enjoyment. We do this through providing "Parallel Programming" throughout the day, and offering programs, learning opportunities, and environments that meet the needs and preferences of each resident throughout the day. Parallel programming not only engages residents in ways that reduce typical challenging behaviors, it allows residents at various levels to engage in appropriate activities with friends who are able to engage in a similar manner which results in greater benefit and satisfaction for all residents and team members.

We believe that each of our residents have a great deal to give and share with others, and all programming is based on offering our dementia residents opportunities throughout the day to make choices, contribute to decisions on programming, share their experiences and make a difference in the lives of others.

I) Family support program:

Alzheimer's disease and other types of dementia can be a challenging journey, not only for the person diagnosed but also for their family members and loved ones. As family members come to grips with an Alzheimer's or other dementia diagnosis, they are likely dealing with a whole range of emotions and concerns. They will likely have worries about how their loved one will change and how much their own life will change. Family members are also likely to experience emotions such as anger, grief, shock, depression and guilt. We understand that adjusting to this new reality is not easy. We also understand that the more support family members have, the better they will be able to help their loved one.

Moving is a big adjustment both for the person with Alzheimer's and for the former caregiver. The person with dementia is moving to a new home with new faces. And, the former caregiver is adjusting from being the person providing hands-on care to being an advocate. Remember, it is an adjustment process that will take time. Each person adjusts differently to this transition. Depending on a loved one's needs, the former caregiver may either need to visit more frequently or give the loved one their

own space to adjust. As the adjustment period eases, the former caregiver can settle into the visiting pattern that is best for both.

Elk Ridge Village understands the process will not be easy. That's why we offer many resources!

- Onsite dementia support classes for family members, caregivers, friends.
- Resources via the Alzheimer's Association.
- Resources via local home health care and companionship organizations.
- In-service programs.
- Pastoral advocates.
- Staff advocates.
- Printed materials and resources.
- Etc.

Our Memory Care Program considers family members to be a vital partner in resident care. Family members are welcome at any time day or night, and are encouraged to participate in activities and events as much as they are able and desire. Family members are asked to provide input through completing a Resident Life Interest survey, and continued communication with family members is important and encouraged throughout a resident's life at our community.

The Executive Director, Director of Nursing and other nursing staff are always available for family support, and we offer educational resources and referrals to area resources and support groups as appropriate.

J) Cost/Fees of care:

Monthly fees include a base monthly rent in the amount of \$4,950, in addition to Level of Care fees based on the care and services received by each individual resident.

Care Lifestyle Program - Addendum "E" Of Resident Service Agreement

MEDICATIONS via Preferred Vendor		MISCELLANEOUS		TOILETING		MOBILITY		BATHING - Minimal Assistance	
Staff Manage & Admin:		Additional Med Admin Time	2	Cues/reminers	2	Supervision /cueing	2	4 Per Month	0
-Low Volume (1-2 per day)	1 2	Extra Med or Insulin Setup	2	Limited Assistance	3	Limited stand-by	4	Each Additional Per Month	
-Medium Volume (3-8 daily)	2 0	B-12 Injections	3	1 Person assistance	4	1 person assist	6	Add 1 pt.	
-High Volume (9+ daily)	2 6	Extensive Physician Communication	5	2 Person Assistance	8	Two person Assist	1 2		
		Extensive Family Communication	5	<i>Toilet Schedule:</i>		Aide w/Assistance Device	3		

Hair Styled	3
Oral Brushing:	
-Set Up	1
-Assist	3

Ted Hose / Brace(s)	4
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Assist/Cue with device	2
------------------------	---

be at rate of 0.15 points each.

0-18	Pts	NO CHARGE	
19-25	Pts	\$240	/ Mo
26-32	Pts	\$375	/ Mo
33-39	Pts	\$500	/ Mo
40-46	Pts	\$575	/ Mo
47-53	Pts	\$760	/ Mo
54-60	Pts	\$895	/ Mo
61+	Pts	See Below	
Each incremental point at a charge of \$17 each.			

PACEMAKER CHECKS	1
(per occurrence)	

SKIN TREAT/CARE	4
------------------------	---

HEALTH SERVICES	
Home Health / Hospice Svcs	
with Preferred Vendor	2
with Non-Preferred Vendor	4

BEHAVIOR /MOOD	
Minor Cognitive Cueing	2
Medium Cognitive Cueing	4
High Cognitive Cueing	6
Difficult Behaviors	8

LAUNDRY	
See Addendum To	
Occupancy Agreement	
- Special Soap Needed	3
- Extensive Stains	3

Other Charges: Apartment or Common Area Incontinence Clean-Up - Minimum of \$75
 Charges beyond \$75 based on severity.
Difficult Behaviors will result in noted points and could also result in additional fees/charges based on severity.
 Elk Ridge Village reserves the right to charge additional fees for services that may be outside the scope of the above chart.

Version 1.1.2 016

Applicant Signature	
I, the undersigned, an authorized representative of the applicant declare to the best of my knowledge this information is true, correct and complete. By knowingly and willfully failing to fully disclose the information requested may result in denial of application.	
_____	_____
<i>(Print Name of authorized representative)</i>	<i>(Date)</i>
_____	_____
<i>(Signature)</i>	<i>(Date)</i>

Send completed application to:

Office of Long Term Care Facilities
PO Box 94986
301 Centennial Mall South
Lincoln NE 68509-4986

Or to dhhs.healthcarefacilities@nebraska.gov

If you have questions, email dhhs.healthcarefacilities@nebraska.gov

Or call (402) 471-3324

Note: A Memory Care Endorsement will not be approved until all requirements for the facility's license and endorsement have been met.

Applicant Signature

I, the undersigned, an authorized representative of the applicant declare to the best of my knowledge this information is true, correct and complete. By knowingly and willfully failing to fully disclose the information requested may result in denial of application.

Robert Furlley

(Print Name of authorized representative)

(Date)



(Signature)

(Date)

8-22-16

Send completed application to:

Office of Long Term Care Facilities
PO Box 94986
301 Centennial Mall South
Lincoln NE 68509-4986

Or to dhhs.healthcarefacilities@nebraska.gov

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Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986

3/24/16 dy

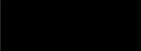
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
CERTIFIES THAT

ELK RIDGE VILLAGE
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
ALZHEIMERS UNIT
AGED/DISABLED MED WVR

Lic # ALF314

EXPIRES
04/30/2017

Christina M. Williams, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: ELK RIDGE VILLAGE

ADDRESS: 19400 ELK RIDGE DRIVE, ELKHORN, NE 68022

This is to verify that your ASSISTED-LIVING FACILITY is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

4-15-15



STATE OF NEBRASKA
Department of Health and Human Services
Division of Public Health - Licensure Unit
P.O. Box 94986, Lincoln, NE 68509-4986

Expiration Date
04/30/2016

Make Payment to DHHS LU	
Renewal Fees:	
1 - 10 beds:	\$950
11 - 20 beds:	\$1450
21 - 50 beds:	\$1650
51 or more:	\$1950

Assisted-Living Facility Licensure Renewal Application

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:
ELK RIDGE VILLAGE
19400 ELK RIDGE DRIVE
ELKHORN, NE 68022
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF314
 TELEPHONE NUMBER: (402) 763-8692
 FAX NUMBER: (402) 452-3095
 ADMINISTRATOR: GALEN MOES
 EMAIL: administration@dhlsmi.com

LICENSURE UNIT
MAR 18 2016
RECEIVED

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 92
5. SPECIFY SPECIAL POPULATIONS: (Please check)

Special Care Unit for Alzheimer's or Dementia or Related Disorders 16 Number of Beds
 Other -- Please Specify _____ Number of Beds

6. ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes No
 Name of Accreditation Organization: _____

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: SILVERCREST-ELK RIDGE ASSISTED LIVING LLC
 (Legal Name of Individual or Business Organization)
 MAILING ADDRESS: 11506 NICHOLAS STREET, STE 100
OMAHA, NE 68154

8. BUSINESS ORGANIZATION: (Check one):

- Sole Proprietorship
 Partnership
 Limited Partnership
 Corporation
 Limited Liability Company
 Governmental (Check one) State, District, County, City or Municipal
 Other (Please Specify) _____

(check one)
 Profit Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,
 (2) two of its members, if the applicant is a limited liability company,
 (3) two of its officers, if the applicant is a corporation, or
 (4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Jeannine DeVette
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Robert Furlley
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[REDACTED SIGNATURE]

SIGNATURE

3-8-16
 DATE
3-8-16
 DATE

REC'D
2016 MAR 18
A 11:47

ELK RIDGE VILLAGE
On The Lake

19400 Elk Ridge Drive
Elkhorn, NE 68022
(402) 763-8692

Date: February 2016

Re: Owner: Silvercrest - Elk Ridge Assisted Living, LLC
Tax ID:

Dial Realty Investment Properties II, LLC 50%

Consisting of Partners (owning 5% or more):

Rockford Riverside	31.4547%	(
Pat Day	20.0838%	
Don Day	13.2224%	
Held Family, LP	17.9561%	
Day Four, LP	7.3596%	

Elk Ridge Holding, LLC 50%

Consisting of Partners (owning 5% or more):

Dial Realty Investment Properties II, LLC	100%
---	------

Dial Realty Investment Properties II, LLC, its partners, and Elk Ridge Holdings, LLC are located at:

11506 Nicholas Street
Suite #100
Omaha, NE 68154
(402) 493-2800



NEBRASKA STATE FIRE MARSHAL CERTIFICATE OF OCCUPANCY



Omaha Fire Prevention Bureau - State Fire Marshal Delegated Authority

Name of Facility: ELK RIDGE VILLAGE - ASSISTED-LIVING FACILITY

Location: 19400 Elk Ridge Drive, Elkhorn, NE 68022

Date Issued: April 15, 2015 Certificate No.: 2015-126

Maximum Occupancy: - 92 Beds - Persons

Inspected By: Captain David Mausbach #592 Approved By: [REDACTED] AFM

POST IN A PROMINENT PLACE

Copy to be presented to the State Licensing Agency if necessary.

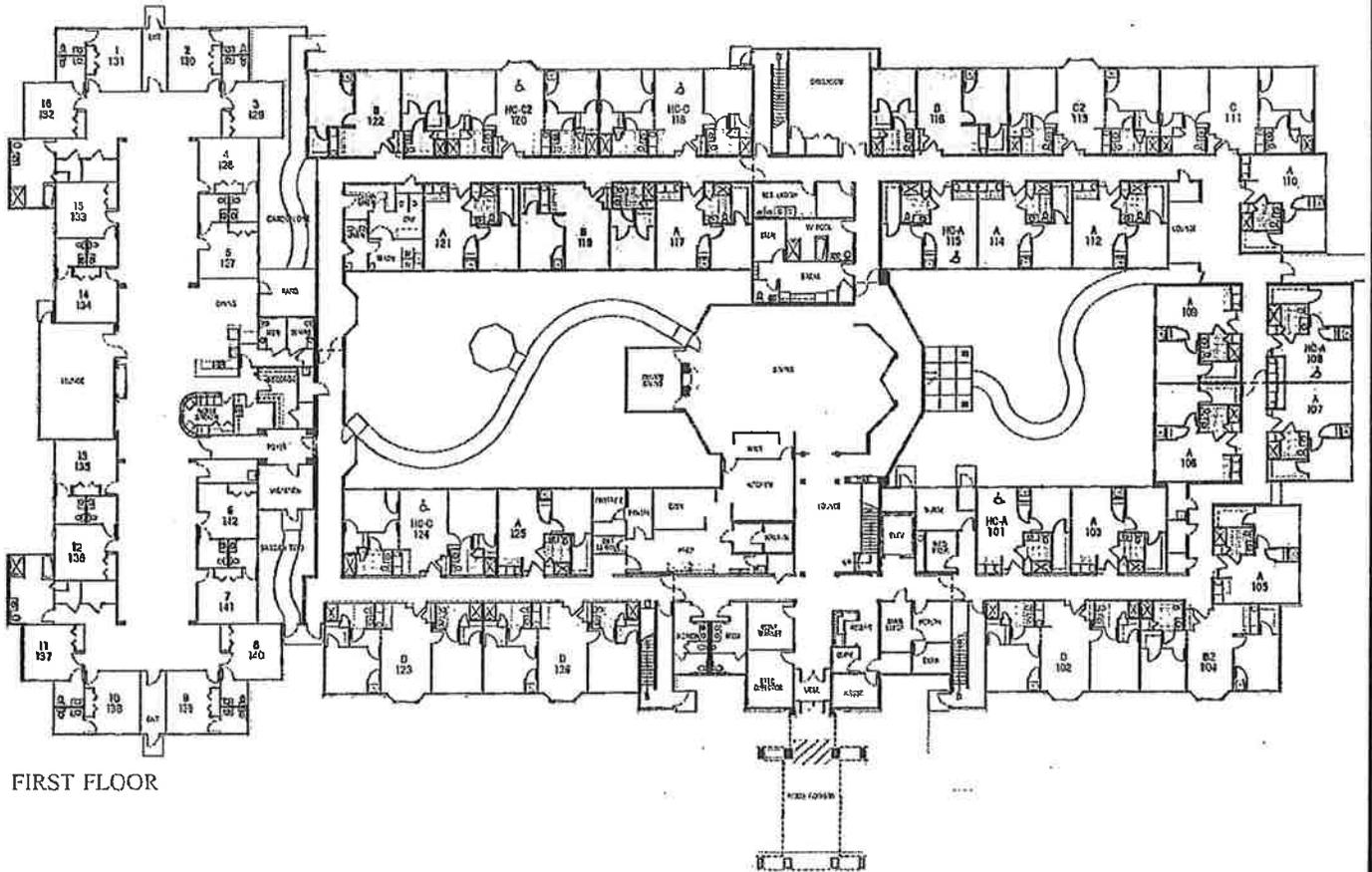
Assisted Living & Memory Care



ELK RIDGE VILLAGE

ON THE LAKE

North



FIRST FLOOR

A = Regal

B = Amherst

B2 = Amherst Bay

C = Hawthorne

C2 = Hawthorne Bay

D = Victorian

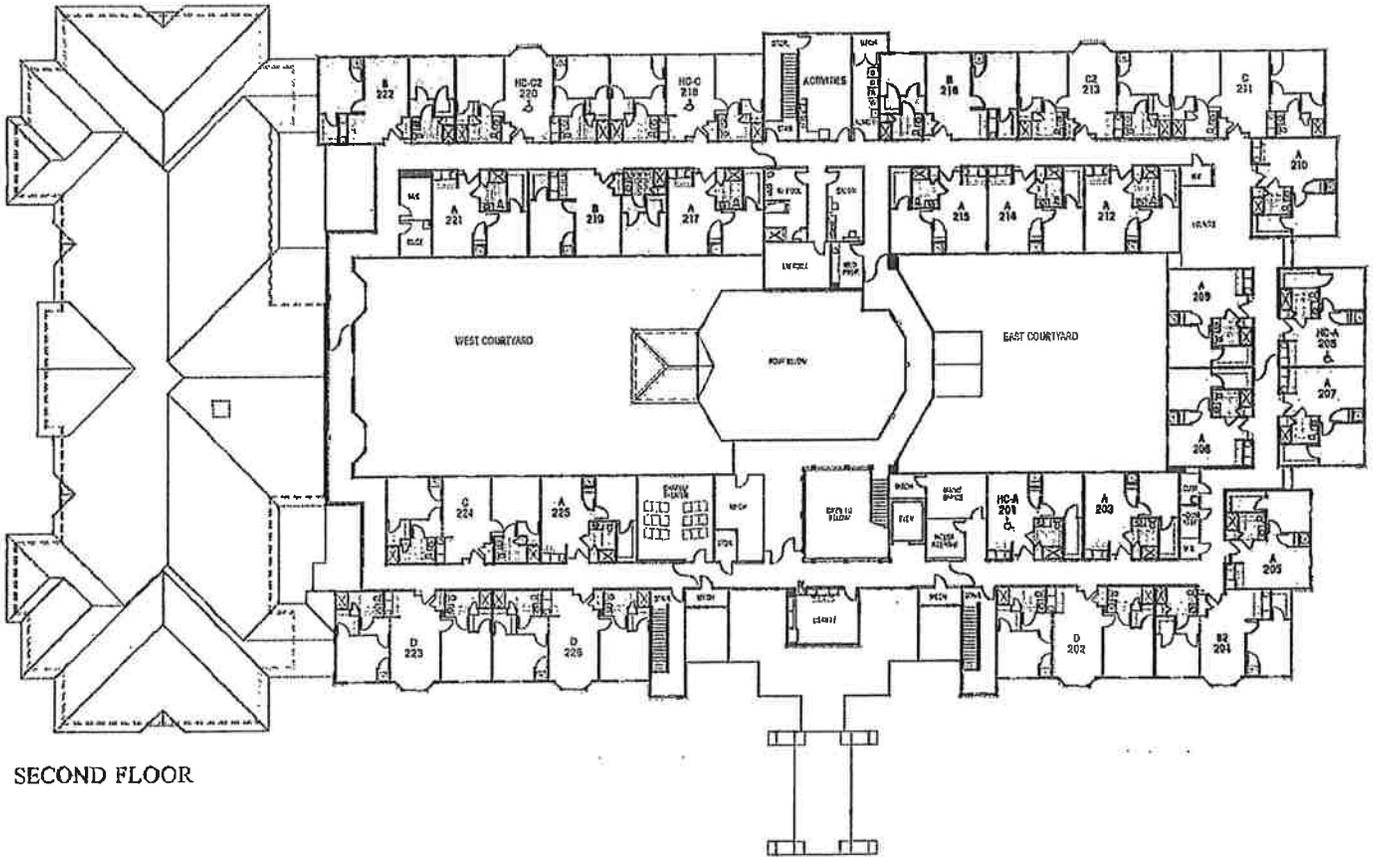
Assisted Living



ELK RIDGE VILLAGE

ON THE LAKE

North



SECOND FLOOR

A = Regal

B = Amherst

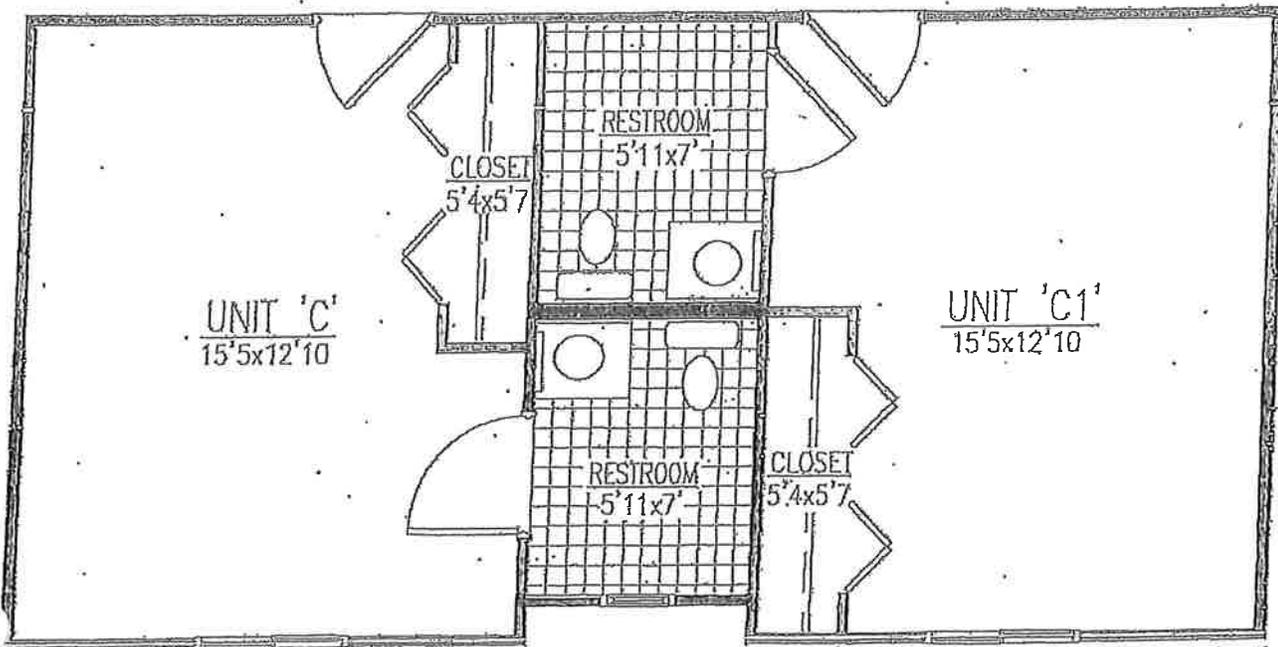
B2 = Amherst Bay

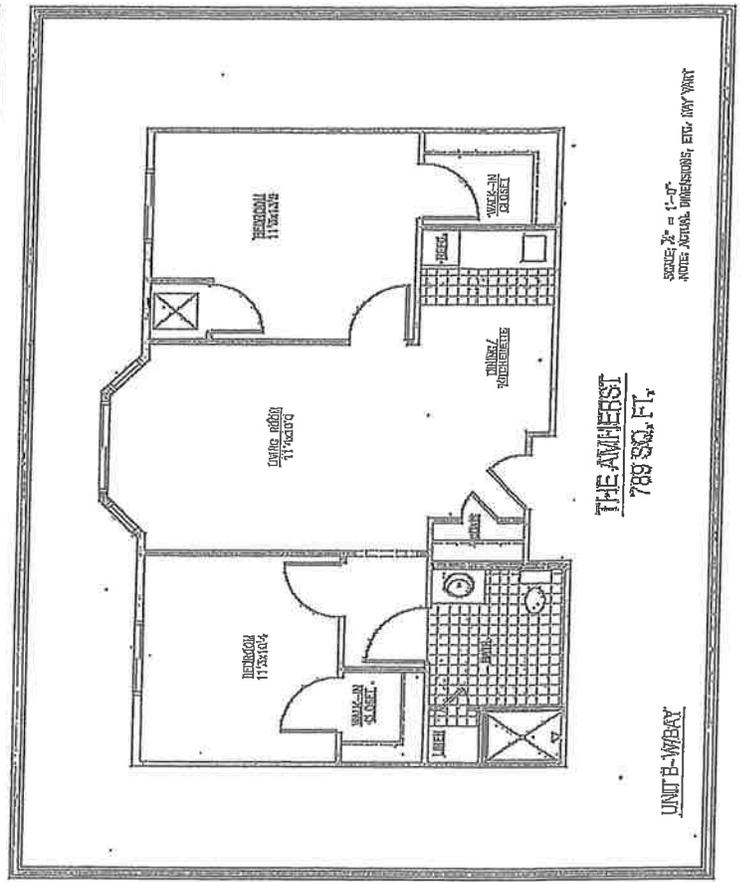
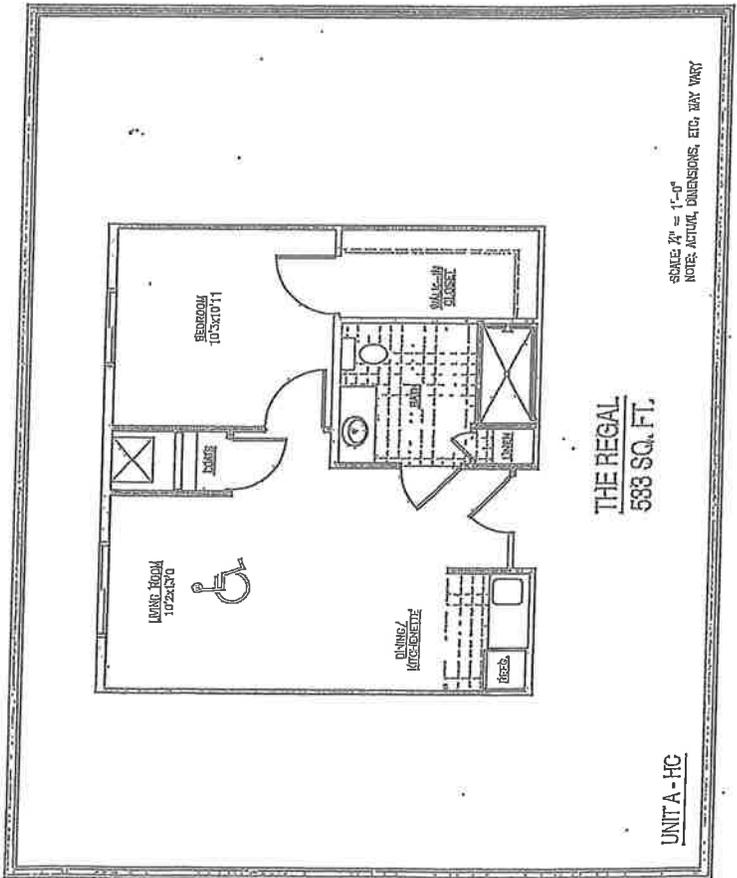
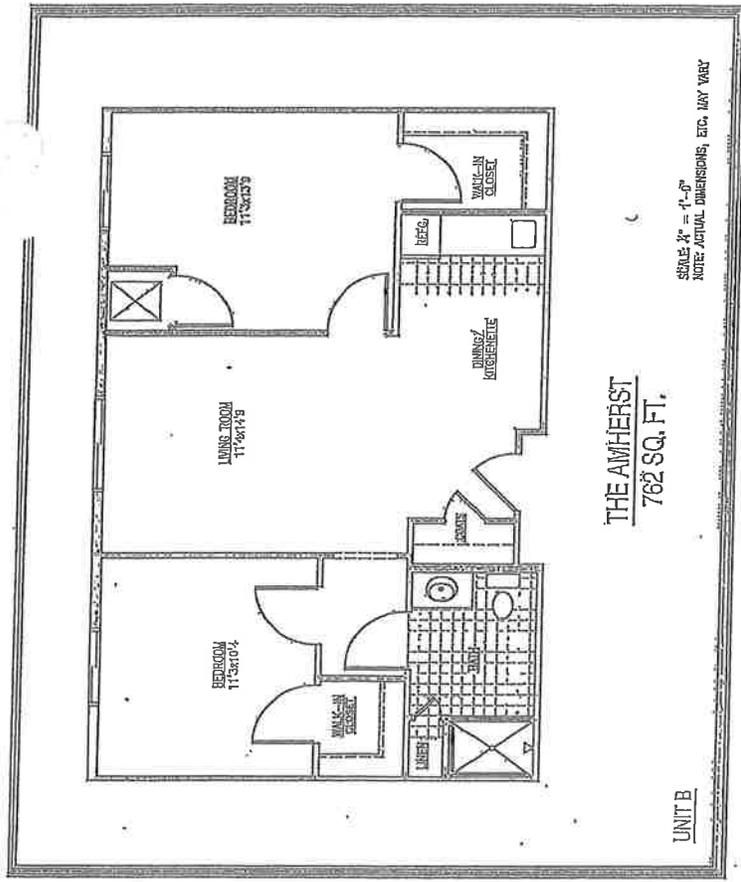
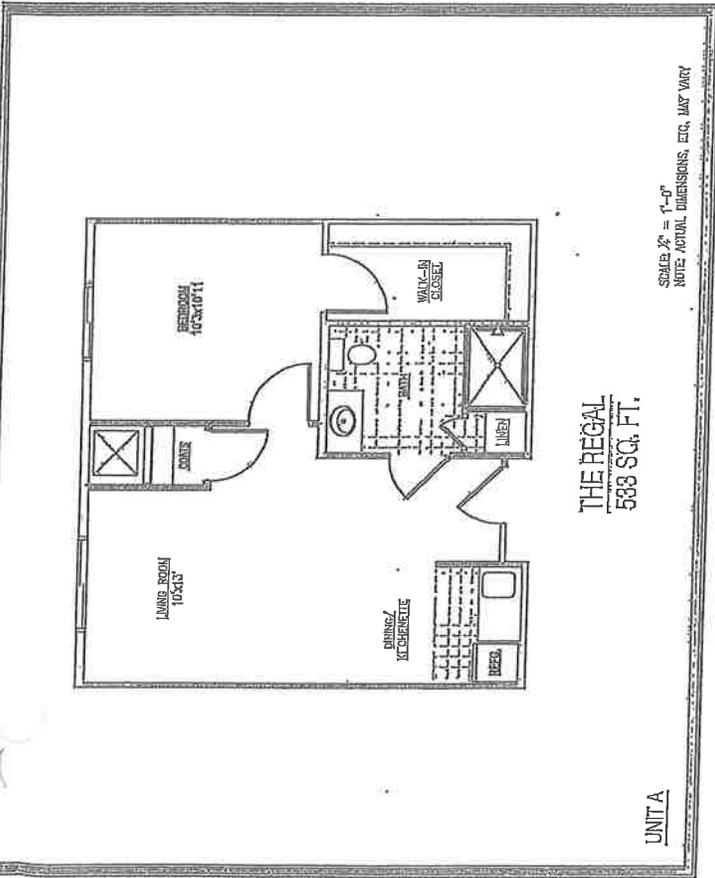
C = Hawthorne

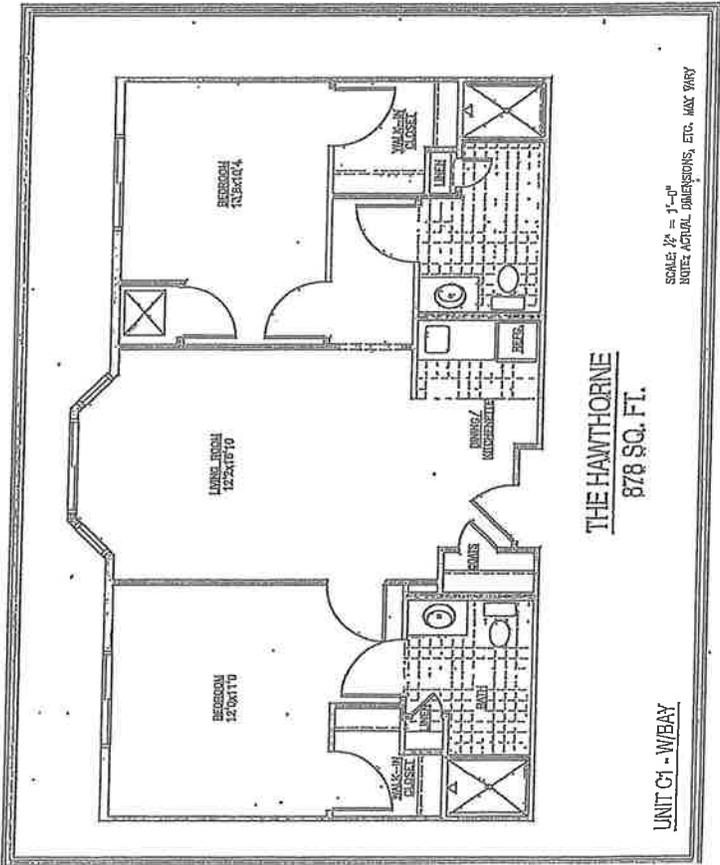
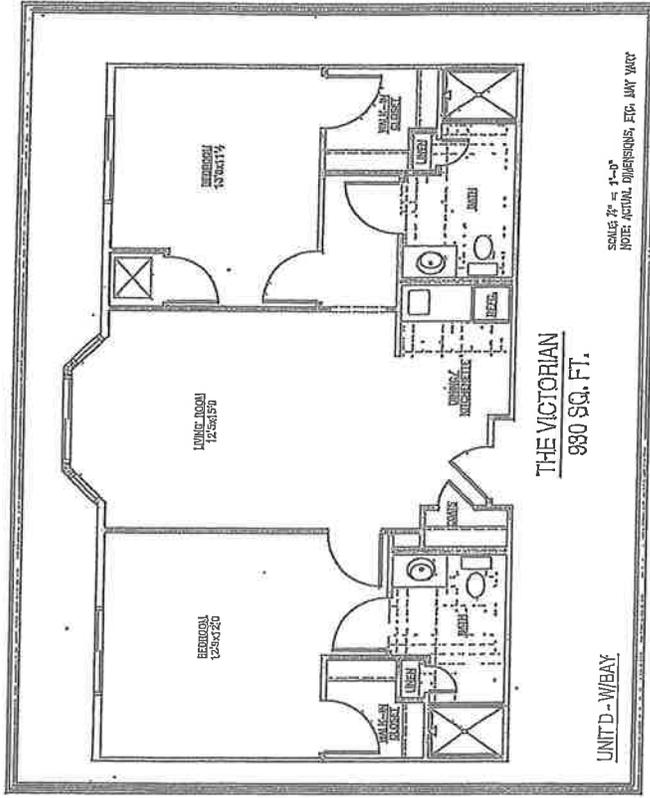
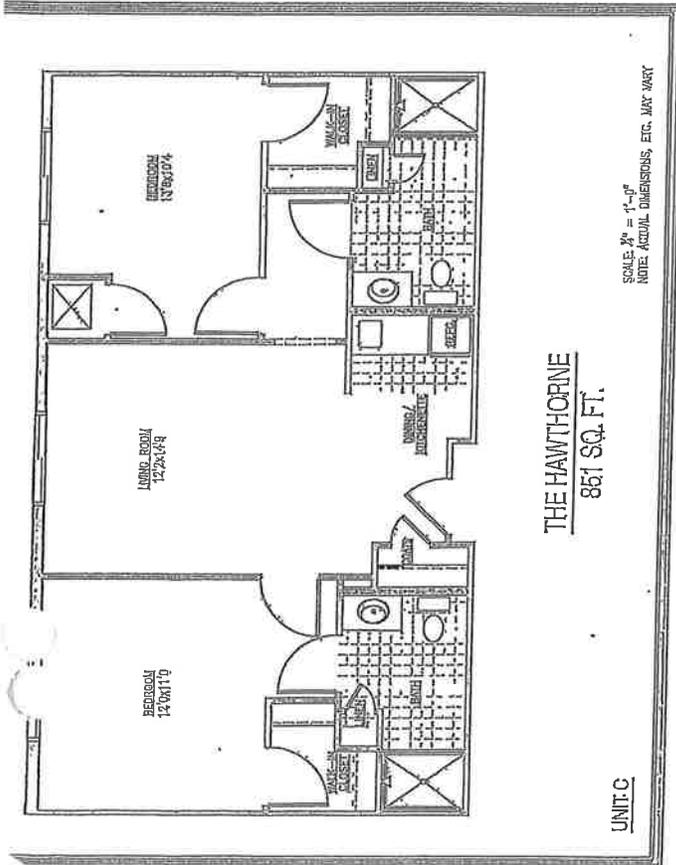
C2 = Hawthorne Bay

D = Victorian

Special Memory Care Suites







MISSION STATEMENT

A mission statement is what helps our community define what is important in the day-to-day operations. The mission statement is able to answer questions:

Why are we here?

What is our purpose?

How will we function together to achieve our purpose?

Everything we do, how we function as a team, and what services we will provide to our residents will hook into the missions statement.

Special Memory Care

It is our mission to provide a safe, secure, and home-like environment for persons with dementia-related disorders.

We are dedicated to enhancing the lives of our residents by providing person-centered care for each resident, based on their own unique needs and interests. We envision ourselves as partners in care giving with our residents' families and the healthcare community.

We are committed to providing the highest quality of living through compassionate care, respect, and dignity.

Philosophy of Program

Personalized Care for Every Individual

Elk Ridge Village Special Memory Care is recognized as being a provider of the highest quality of care for all individuals. Because no two residents are alike, we offer a wide variety of services and activities to accommodate the needs and wishes of our residents. The memory area is a small unit, and we are able to get to know each of our residents much like family. We talk with our residents and with their family and friends to get to know their likes, dislikes, daily schedules, and hobbies. From this information, we create an individualized service plan that helps each resident become comfortable in his or her home.

We offer the care needed for each individual with compassion and respect, understanding that maintaining a sense of independence and dignity is vital to the well-being of all of our residents.

Our Commitment to the Quality of Life

Our community is committed to providing the highest quality of living possible to each of our residents. We ensure a secure, positive atmosphere through:

- ❖ The warmth and personal comfort of beautiful, homelike surroundings.
- ❖ Private, spacious apartments furnished with a resident's own personal belongings and treasures.
- ❖ A cheery area that's always open for snacks, beverages, and conversation.
- ❖ A full day of activities tailored to individual skill levels, interests, and abilities.
- ❖ Activities designed to encourage family participation and ease family communications.
- ❖ Devotional programs and Worship Services.
- ❖ Secure surroundings which eliminate wandering concerns and assure peace of mind for family members.
- ❖ Attentive, devoted and caring staff members at a low resident-to-staff ratio.
- ❖ On-going communication with family and physicians to ensure the best possible care for each resident.

Caregiving Partnerships

We encourage family and friends to be involved in the lives of our residents. We welcome visitors at any of our activities, encourage frequent visits, hold monthly family meetings, and maintain open communication at all times. We also communicate very closely with our residents' physicians and other healthcare professionals to coordinate cares and work to maintain and enhance the health and well-being of each resident.

Our Team

Our Special Memory Care Team members are chosen specifically for their heart for service to seniors because we believe that senior care is truly a calling. Our specially developed training program fine-tunes each caregiver's skills, and regular in-service programs enhance the care provided on a continual basis. Our exceptional team members are retained and rewarded with competitive wages and benefits, ongoing recognition, and opportunities for advancement.

Philosophy of Program

We Believe:

- ❖ Alzheimer's and other Dementia Disorders are devastating diseases, both for the individual and for family members.
- ❖ Each individual has the right to appropriate healthcare, a safe and secure environment, and compassionate caregivers.
- ❖ Each individual deserves to be treated with kindness, respect, and understanding.
- ❖ Each individual has important life lessons to teach us, if we will only spend the time to discover their gifts.
- ❖ Daily programming and activities are as important to a dementia resident as insulin is to a diabetic resident.
- ❖ A smile and joyful attitude make even the most ordinary times extraordinary.
- ❖ Routine daily chores are opportunities to create moments of joy.
- ❖ The heart often remembers what the mind does not.
- ❖ Each resident is an individual with unique life history, interests, and experiences. We can only care for a person if we truly know them.

Communicating with Alzheimer's Residents

The Ten Commandments of Alzheimer's Care

- 1) Realize that you do the adapting and the modifying of your response to their behavior.
- 2) Realize that you enter their reality rather than pulling them into yours.
- 3) Realize that “one size doesn't fit all” when it comes to what will and what won't work for each individual.
- 4) Realize that approaches and techniques are not 100% failure free and that you must learn to be flexible.
- 5) Realized that Normalization is important in giving them a sense of participating in their own lives as they see fit.
- 6) Realize that Success means adapting the task to whatever the highest level happens to be.
- 7) Realize that the Process is more important than the net result, and celebrate the process regardless of the outcome.
- 8) Realize that you need to “do what it takes” when the tried and true have not been effective.
- 9) Realize that the family is an equal partner in the caregiving process and that educating them is up to you.
- 10) Realize that through your caregiving, You hold the key to the success of their journey through this disease and that because of this, you are a rare and special person.

ADMISSION AND RETENTION POLICY AND PROCEDURE

Policy:

The community will evaluate each prospective tenant's/resident's functional, cognitive and health status prior to signing the Resident Service Agreement and service plan to determine the tenant's/resident's eligibility for the program, including whether the services needed are available.

Procedure:

1. The pre-admission evaluation will entail a full health, cognitive, and functional evaluation completed by a Registered Nurse.
2. Prior to admission, a designated community staff member will review with the prospective tenant/resident the service agreement; resident rights; retention and discharge policies; cost of services and terms of payment; grievance policy; and advance directives.
3. The program will not knowingly admit or retain a tenant/resident who is not stable or predictable or when a tenant/resident presents with the following:
 - a. Whose medical or physical condition creates a situation beyond the level of care that can be provided by the community and/or supportive services
 - b. Who is bed bound unless appropriate support services are in place
 - c. Requires more than part-time intermittent health-related care unless appropriate support services are in place
 - d. Has unmanageable incontinence on a routine basis despite an individualized toileting program.
 - e. Is violent or a danger to himself/herself or others.
 - f. Tenant/resident has failed after reasonable and appropriate notice to pay for a stay at the community
 - g. Who despite intervention chronically wanders into danger, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression.
 - h. Has a diagnosis of an active-stage contagious disease such as TB
 - i. Anyone in an acute state of drug addiction, mental illness, or alcoholism.
 - j. The community ceases to operate

DOCUMENTATION UPON ADMISSION POLICY AND PROCEDURE

Policy:

It is the policy of this community to provide appropriate and quality healthcare and to ensure that necessary documentation is on file at the community.

Procedure:

1. Prior to admission, the following documents must be completed and/or signed:
 - a. Pre-admission health, cognitive, and functional assessment.
 - b. Authorization for Release of Confidential Information
 - c. Admission Orders by licensed practitioner where applicable
 - d. CPR designation form
 - e. Advanced Directives if Available
 - f. Tenant/Resident Service Plan with Preference for Transfer
 - g. Tenant/Resident Service Agreement
 - h. Date of admission
 - i. Name of tenant/resident
 - j. Gender and date of birth
 - k. Physical description or photo of tenant/resident
 - l. Significant medical conditions
 - m. Medications and list if program administers
 - n. Allergies
 - o. Person to contact in emergency situations
2. The ongoing recordkeeping must be dated and legible, and indelible. The author of each entry is identified and authenticated with use of electronic medical record.
3. In addition to previous identified documentation, any unusual event or occurrence is documented in the record.

DISCHARGE POLICY AND PROCEDURE

Policy:

When a current tenant/resident is either voluntarily or involuntarily discharged, the community and tenant/resident will provide proper notice, make proper notifications and arrangements for the discharge.

Procedure:

1. A 30 day notice will be provided by either the community or tenant/resident.
2. Physician notification will occur regarding discharge of a tenant/resident from the assisted living community
3. Discharge instructions will be prepared and sent with tenant/resident upon discharge
4. Belongings including medications will be sent with tenant/resident upon discharge. Controlled substances may be sent with tenant/resident or responsible party provided that a signature is obtained from the tenant/resident or responsible party on the Controlled Substance Form.
5. Final notation will be made in tenant's/resident's record regarding reason for discharge, discharge destination, date, time, and disposition of belongings.

INVOLUNTARY TRANSFER POLICY AND PROCEDURE

Policy:

It is the policy of this community to provide tenants/residents and/or the tenant's/resident's responsible party with a thirty day written notice of an impending transfer or discharge when a tenant/resident no longer meets retention requirements.

Procedure:

1. A tenant/resident and/or his/her responsible party will be given a 30 day advance written notice of an impending transfer or discharge from our community except as specified below,
 - a. The transfer is necessary for the tenant's/resident's welfare and the tenant's needs cannot be met in the community.
 - b. The safety of individuals in the community is endangered.
 - c. The health of individuals in the community would otherwise be endangered.
 - d. The tenant/resident has failed, after reasonable and appropriate notice, to pay for a stay at the community.
 - e. An immediate transfer or discharge is required by the tenant's/resident's urgent medical needs.
 - f. The tenant/resident is transferred for other than medical reasons.
 - g. The community ceases to operate.
2. The 30 day written notice will provide the tenant/resident and/or responsible party with the following information:
 - a. The reason for the transfer or discharge.
 - b. The effective date of the transfer or discharge.
3. A copy of the notice is maintained with the tenant's/resident's medical record.
4. The tenant/resident and/or responsible party will have the right to an Internal Appeals process in the case of an involuntary transfer.

TRANSFER POLICY AND PROCEDURE

Policy:

It is the policy of this community to make transfers when medically necessary and with the approval of the tenant/resident or tenant's/resident's responsible party, and/or attending physician.

Procedure:

1. Transfers are based on the medical needs of the tenant/resident.
2. Transfer of tenant/resident will be arranged with local Emergency Medical Services or the tenant's/resident's family/responsible party.
3. Documentation to accompany the tenant/resident will be copies of:
 - a. Physician Order Sheet and or copy of the MAR
 - b. CPR status form
 - c. Face Sheet
4. Inquiries concerning transfers should be directed to the Executive Director and Director of Nursing.
5. All transfers of tenants/residents must be documented in their individual chart.

UNMANAGEABLE TENANT/RESIDENT POLICY AND PROCEDURE

Policy:

It is the policy of this community to provide each tenant/resident with a safe place of residence.

Procedure:

1. Should a tenant/resident pose an immediate danger, become violent, or beyond the control of the community, the staff on duty must immediately:
 - a. Provide for the safety of all concerned
 - b. Call 911
 - c. Notify the Nurse or nurse on call
 - d. The nurse will notify the tenant's/resident's physician
 - e. Notify the family
2. Effort should be made to calm the tenant/resident; however, personal safety must always be considered.
3. Tenant/resident will be evaluated prior to returning and discharge proceedings will be implemented according to Involuntary Transfer Policy.
4. Complete documentation of the incident must be recorded in the tenant's/resident's medical record, as well as the filing of an incident report.

TENANT/RESIDENT ASSESSMENTS POLICY AND PROCEDURE

Policy:

It is the policy of this community to provide appropriate and quality healthcare services and to ensure that necessary documentation is on file at the community prior to a tenant/resident admission but not earlier than 30 days prior to admission to ensure that each tenant/resident is appropriately placed in assisted living and continues to meet admission criteria.

Procedure:

1. Potential tenant's/resident's functional, cognitive, and health status will be evaluated prior to signing the Resident Service Agreement. This evaluation will determine the tenant's/resident's eligibility for the program, including whether services needed, can be provided. The evaluation will be completed by a Registered Nurse.
2. Tenant/resident assessments/evaluations will be reviewed, and updated if applicable, within 30 days prior to admission, annually, and with a significant change of condition.
 - a. The assessments/evaluations will include a functional, cognitive, health and negotiated risk agreement as applicable.
 - b. Nursing services will notify the following with a change of condition: the physician, the tenant/resident, his/her or her family, or Executive Director if the DPOA has been enacted or if tenant/resident has authorized.
 - c. If a tenant/resident scores a 5 or greater on the cognitive ability assessment proceed with a GDS evaluation.
3. A Health Summary will be conducted every 30 days that includes but is not limited to: review of tenant's/resident's health, functional, cognitive status, medication orders, medications administration records, prn medication usage, incidents, and negotiated risk agreement as applicable.
4. A Nurse Review will be conducted to assess and document the health status of each tenant/resident and to make recommendations and referrals as appropriate.
5. A TB Screening will be completed with the admission assessment and annually.

10/30/14
SK



Resident Name: _____

Amulation: Mobility (Functional)

Ambulation:
Independent ___ Supervision/Cueing ___ Limited ___ 1 Assist ___
2 Assist ___ Inside Apt ___ Outside Apt ___ To Meals ___

Transfers:
Independent ___ Supervision/Cueing ___ Limited ___ 1 Assist ___
2 Assist ___
Prosthesis ___ Location: ___ Needs Assistance ___

Evacuation:
Independent ___ Supervision/Cueing ___ 1 Assist ___ 2 Assist ___

Equipment: Walker: Stationary/ 4 WW ___ Gait Belt ___ Lift Chair ___
WC ___ Scooter ___ Electric WC ___ Other: _____

Fall Risk: Score: _____ YES ___ NO ___
Implement Fall Precautions

Communication: (Health/Functional)

Vision:
Adequate ___ Poor ___ Blind ___ Wears Glasses x ___ Wears Contacts ___
Assistance: Cues/Reminders ___ 1 Assist ___

Hearing:
Adequate ___ Poor ___ Deaf ___ Hearing Aide(s) ___ (Right/Left/Both) x ___
Assistance: Cues/Reminders ___ 1 Assist ___
Able to Understand Others: Adequate ___ Poor ___

Verbal/Speech:
Speech is Clear ___ Speech is Slurred ___ Sign Language ___
Non-English/Language: _____
Nonverbal ___ Other: _____

Telephone: Independent ___ 1 Assist (outgoing) ___ 1 Assist (incoming) ___
Email: Independent ___ 1 Assist (outgoing) ___ 1 Assist (incoming) ___

Equipment: _____

Bathing: Shower/Whirlpool (Functional)

Independent ___ Shower ___ Whirlpool ___
Minimal Assistance (Set up) ___ Shower ___ Whirlpool ___
Extensive Assistance ___ Shower ___ Whirlpool ___
per week ___ Preferred Day(s) ___
Preferred Time: _____
Equipment: _____

Bathing: Skin Treatment/Care (Health)

Independent ___ Assistance Needed ___
Reddened ___ Oily ___
Bruising ___ Open Areas ___
Pale ___ Dry ___
Scars ___ Rash ___
Jaundiced ___ Moist ___
Ashen ___ Warm ___
Cold ___ Other ___
Abrasions: _____
Equipment: _____

Dining/Eating: (Health/Functional)

Independent ___
Set Up ___
Verbal Cueing ___
Physical Cueing ___
1 Assist ___
Total Assist: _____

Diet Alterations: Thickened Liquids ___ Pre-Cut ___
Appetite: Eats All of Meal ___ Part of Meal ___ Lack of Appetite ___
Socialization: Converses ___ Eats Alone ___ Quiet ___
Supplements: _____

Equipment: _____

Meal Prep/Shopping: Independent ___ Comm Assist ___

Resident Name: _____

Dressing: (Functional)

Independent _____ Assistance Required: Cueing _____ Minimal _____ Total Assistance 1 or 2
Zippers/Buttons _____ Donning/Removing Clothing _____
Donning/Removing Ted Hose _____ Shoes/socks _____
Donning/Removing Braces (specify) _____
Clothing Selection _____
Resistance to Changing Clothing _____
Equipment: _____

Hygiene/Grooming: (Functional)

Independent _____ Well Groomed _____ Un-kept _____
Set Up/Cueing _____ Extensive Assist _____
For: Shaving _____ Hair _____ Make-up _____ Nail Care _____ Oral Care _____
Denture Care/Partial _____
Extensive/Total Assistance _____
For: Shaving _____ Hair _____ Make-up _____ Nail Care _____ Oral Care _____
Denture Care/Partials _____
Salon:
Does Not Use Service at This Time _____
Independent _____
Low Assist (Accompanies) _____
Max Assist (Attends Appointment) _____
Equipment: _____

Lifestyle/Wellness:

Activities: Independent _____ Cueing/Reminder _____ 1 Assist _____ 1:1 Assist _____
Participates Daily _____ Can Read Calendar: YES _____ NO _____
Participates Weekly _____ Observes Only _____ Refuses _____
Hobbies/Interests: _____

Faith: _____
Attend Services Regularly: _____
Location: _____

Medication: (Attached Current Med List) (Health)

Self-Administration _____ (Complete Self-Assessment NE/KS Only)
Medication Reminders _____
Medication Planner per Family/Agency _____
Staff Administration _____
Medications _____
Narcotic Use _____
Lab Schedule _____
Injections _____ Scheduled/Sliding Scale Accu Checks _____
Supply Ordering: Independent _____ Family _____ Staff _____
Oxygen _____ Management of Equipment: Independent _____ Staff _____
Breathing Tx _____ Independent _____ Staff Frequency: _____
Equipment: _____
Pharmacy: _____

Resident Name: _____

Orientation/Behavior/Mood: (Health)

Alert _____ Oriented to Person _____ Oriented to Place _____
Oriented to Time _____
Angry _____ Fearful _____ Cooperative _____ Lethargic _____ Combative _____
Emotional _____ Confused _____ Withdrawn _____
Other _____

Cognitive Cueing: Minor _____ Medium _____ High _____ Difficult Behaviors
List: _____

Day Services in Special Memory Unit _____ Schedule: _____
(NE ONLY)

Sleep: (Health)

Time to Bed _____
Time Awakens _____
Average Hours of Asleep _____
Equipment: Hospital Bed _____ Bed Alarms _____
Other: _____

Vital Signs (as applicable): (Health)

BP _____ P _____ R _____ T _____ O₂ _____ Weight _____
Frequency: _____
Notes: _____

Outside Services: (Health/Functional)

Home Health Services: _____
Skilled Nursing _____ PT _____ OT _____ ST _____ Nurse Aide _____
Social Worker/Counselor _____ Companion _____
Hospice Services _____
Specify Provider for Each Service: _____

LTC Insurance: _____ Company Name: _____
Finance Management: Independent _____ Unable (see POA) _____
Able to Manage Daily Transaction, Requires Assistance with Overall Financial
Management _____

Toileting: (Health)

Continent B&B _____ Incontinent Bladder _____ Incontinent Bowel _____
Straight Catheter _____ Foley Catheter _____ Ostomy _____
Bladder Pattern: _____
Bowel Pattern: _____

Toileting: (Functional)

Independent _____ Reminders/Cueing _____ Limited _____ 1 Assist _____ 2 Assist _____
Needs Assistance With: Perineal Care _____ Ordering Products _____
Catheter Care _____ Ostomy Care _____
Wears Pads/Depends: Daytime: Yes _____ No _____ Overnight: Yes _____ No _____
Equipment: _____

Rehab Potential (KS Only): Check all that apply.

_____ Believes Self to be Capable of Increased Independence in at Least Some
ADLs/IADLs
_____ Can Perform Tasks/Activities, but is Very Slow
_____ Major Difficulty in ADL/IADL Functioning in AM and PM
_____ Tires Noticeably on Most Days
_____ Active Avoidance of Activity That Resident is Physically and Cognitively
Capable of

Resident Name: _____

Additional Services: (Functional)

Housekeeping: Weekly _____ Need More Than Weekly _____
 Note: _____
 Laundry: Family _____ Staff _____ Weekly _____
 Special Soap Required: _____
 Personal Laundry _____ 1 Load/Week _____ 2 Loads/Week _____ 3 Loads/Week _____
 Bed Linen: QOW _____ 1x/Week _____ 2x/Week _____ >3x/Week _____
 Pet(s): Independent _____ Low Assistance _____ Med Assistance _____
 High Assistance _____ Litter Box _____

Safety Checks: _____ Frequency _____
 For: Elopement Risk _____ Other: _____
 Transportation: Independent _____ Family x _____
 Community _____ Unable _____
 Appointment Scheduling: Independent _____ Family _____
 Nurse to Schedule: _____ Use APRN: YES _____ NO _____

Evaluator's Additional Note: (Health) _____

Evaluator's Additional Note: (Functional) _____

Service Plan Created/Updated: Yes _____ No _____
 Allergies Added/Updated in Quick MAR: Yes _____ No _____
 Diagnosis Added/Updated in Quick MAR: Yes _____ No _____

List of Participants (KS only) _____

Evaluator Completing Assessment: Name (please print): _____

Signature: _____ Date: _____

Attached: Fall Risk _____ Wandering Risk _____ Elopement Risk _____ Cognitive _____ GDS _____ LOC _____

Elopement Risk Assessment

Tenant/Resident: _____ DOB: _____ Date: _____

Nurse: _____ Community: _____

The purpose of this form is to determine if the tenant/resident is at risk for eloping from the community.

1. Is the tenant/resident independently mobile?
Yes No
2. Does the tenant/resident have a cognitive impairment?
Yes No
3. Does the tenant/resident have competent decision making capability?
Yes No
4. Does the tenant/resident wander?
Yes No
5. Does the tenant/resident have exit seeking behavior?
Yes No
6. Is there a past history of wandering or exiting a home or community without the needed supervision?
Yes No
7. Does the tenant/resident disagree with their current residency in the community?
Yes No
8. Does the tenant/resident verbalize a desire to leave?
Yes No
9. Has the tenant/resident asked questions about the facility's rules about leaving the community?
Yes No
10. Is there a special event/anniversary coming due that the tenant/resident normally would go to?
Yes No
11. Is the tenant/resident exhibiting restlessness and/or agitation?
Yes No

If **YES** was answered to *TWO* or more of the above questions, continue on to page 2. If **NO** was answered to one or less of the questions above, re-evaluate as applicable.

Nurse Signature: _____ Date: _____ Time: _____

Elopement Risk Assessment

Tenant/Resident: _____ DOB: _____ Date: _____

Nurse: _____ Community: _____

ELOPEMENT RISK DETERMINATION	If YES ↓ NEXT QUESTION	If NO ↓ STOP	RISK CATEGORY
1. Tenant/Resident is ambulatory or self-mobile in wheelchair.	<input type="checkbox"/>	<input type="checkbox"/>	LOW (Interventions as applicable)
2. New Admission who has made statements questioning the need to be here or 3. Tenant/Resident is cognitively impaired, with poor decision-making skills, and/or pertinent diagnosis (i.e. dementia, OBS, Alzheimer's, delusions, hallucinations, anxiety disorder, depression, manic depression, schizophrenia). or 4. Tenant/Resident is alert but non-compliant with community protocols regarding leaving the premises.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MODERATE (Interventions as applicable)
5. Tenant/Resident has a history of wandering (either in the community or elsewhere). or 6. Opening doors to the outside and/or elopement or 7. Is making statements that they are leaving or seeking to find someone/something else or 8. Displays behaviors, body language, etc. indicating an elopement may be forthcoming	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HIGH (Interventions required)

Tenant/Resident has been identified as a _____ risk for elopement. The service plan will be updated accordingly with the appropriate interventions as determined by the evaluating nurse.

Nurse Signature: _____ Date: _____ Time: _____

Fall Risk Assessment

Tenant/Resident: _____ DOB: _____ Date: _____

Nurse: _____ Community: _____

Purpose: This form is used to determine if the tenant/resident is at risk for falling and determine appropriate interventions needed for prevention.

1. **Ambulation** Comments: _____
 Independent (0pt) _____
 1 Assist (1pt) _____
 2 Assist (2pt) _____
 Non-Ambulatory (2pt) _____
2. **Weight-Bearing** Comments: _____
 Full (0pt) _____
 Partial (1pt) _____
 No weight-bearing (2pt) _____
3. **Transfer Ability** Comments: _____
 Independent (0pt) _____
 1 Assist (1pt) _____
 2 Assist (2pt) _____
 Lift (2pt) _____
4. **Physical Activity** Comments: _____
 Good Muscle Tone (0pt) _____
 Generalized Weakness (1pt) _____
 Paralysis/Contracture/Amputation/Cast (2pt) _____
5. **Behavior** Comments: _____
 Normal (0pt) _____
 Anxious/Agitated (1pt) _____
 Excessive/Exhaustive (2pt) _____
6. **Awareness** Comments: _____
 Understands/Follows Direction (0pt) _____
 Forgetful (1pt) _____
 Confused/Unable to Direct (2pt) _____
7. **Elimination** Comments: _____
 Continent of B&B (0pt) _____
 Incontinent & uses products (1pt) _____
 Incontinent and/or Chronic UTIs (2pt) _____

Fall Risk Assessment

Tenant/Resident: _____ DOB: _____ Date: _____

Nurse: _____ Community: _____

8. Vision Comments: _____
 Good (0pt) _____
 Fair (1pt) _____
 Poor/Blind (2pt) _____

9. Fall History Comments: _____
 None (0pt) _____
 Fall history within last 6 months (1pt) _____
 Fall within past 30 days (2pt) _____

of falls within last 12 months: _____

10. Medications Comments: _____
 No high risk medications (0pt) _____
 Takes medications for diabetes, hypertension, or other cardiovascular conditions (1pt) _____
 Takes medications for epilepsy, pain (narcotics), psychiatric (2pt) _____

11. Health Conditions Comments: _____
 No high risk conditions (0pt) _____
 Diabetes, hypertension, other cardiovascular conditions (previous hx or current dx) (1pt) _____
 Epilepsy, syncope, dizziness, functional orthopedic disorder, chronic pain (2pt) _____

Total Score _____

Low Risk (0-4) No interventions required

Moderate Risk (5-9) Interventions as applicable

High Risk (10 or greater) Interventions required

Nurse Signature: _____ Date: _____ Time: _____

Global Deterioration Scale (GDS)

Resident Name: _____ DOB: _____

Interviewing Nurse: _____ Date: _____

Community Name: _____

(Check all that apply and use that information to choose the most appropriate GDS Stage based upon cognition and function.)

Stage 1: No Subjective Complaints Of Memory Deficit

- No memory deficit evident on clinical interview

Stage 2: Subjective Complaints Of Memory Deficit

- Forgetting where one has placed familiar objects
 Forgetting names one formerly knew well
 No objective evidence of memory deficit on clinical interview
 No objective deficit in employment or social situations
 Appropriate concern with respect to symptomatology

Stage 3: Showing Some Early, Clear-Cut Deficits

- Resident may have gotten lost when traveling to an unfamiliar location
 Co-workers become aware of resident's relatively poor performance
 Word and/or name finding deficit become evident to family/friends
 Resident may read a passage or book and retain relatively little material
 Resident may demonstrate decreased facility remembering names upon introduction to new people
 Resident may have lost or misplaced an object of value
 Concentration deficit may be evident on clinical testing
 Objective evidence of memory deficit obtained only with an intensive interview
 Decreased performance in demanding employment and social settings
 Denial begins to become manifest in resident
 Mild to moderate anxiety frequently accompanies symptoms

Stage 4: Clear-Cut Deficit On Careful Clinical Interview

- Decreased knowledge of current and recent events
- May exhibit some deficit in memory of one's personal history
- Concentration deficit elicited on serial subtractions
- Decreased ability to travel, handle finances, etc.
- Denial is a dominant defense mechanism
- Flattening of affect and withdrawal from challenging situations
- Shows no deficit in their ability to travel to familiar locations
- Shows no deficit in orientation to time and place
- Shows no deficit in recognition of familiar persons and faces

Stage 5: Resident Can No Longer Survive Without Some Assistance.

- Unable to recall their address or telephone number of many years
- Unable to recall the names of close members of their family (such as grandchildren)
- Unable to recall the name of the high school or college they attended
- Frequently, displays some disorientation to time (date, day of the week, season, etc.) or to place
- An educated person may have difficulty counting back from 40 by 4s or from 20 by 2s.
- Persons at this stage retain knowledge of many major facts regarding themselves and others.
- They invariably know their own names and the names of their spouses and children.
- They require no assistance with toileting or eating, but may have difficulty choosing the proper clothing to wear.

Stage 6: Will Be Largely Unaware Of All Recent Events And Experiences In Their Lives

- May occasionally forget the name of the spouse upon whom they are entirely dependent on for survival.
- Will retain some knowledge of their surroundings (year, season, etc.)
- May have difficulty counting by 1s from 10, both backwards and forward
- May become incontinent
- Will require travel assistance, but will occasionally be able to travel to familiar locations
- Diurnal rhythm frequently disturbed
- Will almost always recall his/her own name
- Frequently continue to be able to distinguish familiar from unfamiliar persons in their environment
- Delusional behavior, e.g., residents may accuse their spouse of being an imposter; may talk to imaginary figures in the environment or to their own reflection in the mirror.
- Obsessive symptoms, e.g., person may continually repeat simple cleaning activities
- Anxiety symptoms, agitation, and even previously non-existent violent behavior may occur.
- Cognitive abulia, e.g., loss of willpower because an individual cannot carry a thought long enough to determine a purposeful course of action

Stage 7: End Stage

- Early in this stage, words and phrases are spoken but speech is very circumscribed.
- Later in this stage, there is no serviceable speech at all – only unintelligible utterances with rare emergence of seemingly forgotten words and phrases.
- Incontinent; Requires assistance with toileting
- Requires assistance with feeding
- Basic psychomotor skills (e.g. ability to walk) are lost with the progression of this stage.
- The brain appears to no longer be able to tell the body what to do.
- Generalized rigidity and developmental neurological reflexes are frequently present.

Reisburg, B., Ferris, S.H., de Leon, M.J., et al., The global deterioration scale for assessment of primary degenerative dementia. American Journal of Psychiatry, 1982, 139:1136-1139.

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Overall GDS Stage: _____

Resident Name: _____ **DOB:** _____

Nurse Signature: _____ **Date:** _____

VAMC SLUMS EXAMINATION

Questions about this assessment tool? E-mail aging@slu.edu

Name _____ Age _____

Is the patient alert? _____ Level of education _____

/1
 /1
 /1
 /3
 /3
 /5
 /2
 /4
 /2
 /8

1. What day of the week is it?

2. What is the year?

3. What state are we in?

4. Please remember these five objects. I will ask you what they are later.

Apple Pen Tie House Car

5. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20.

1. How much did you spend?

2. How much do you have left?

6. Please name as many animals as you can in one minute.

0 0-4 animals 1 5-9 animals 2 10-14 animals 3 15+ animals

7. What were the five objects I asked you to remember? 1 point for each one correct.

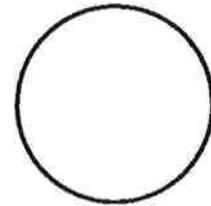
8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say 42, you would say 24.

0 87 1 648 1 8537

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.

2. Hour markers okay

2. Time correct



1. Please place an X in the triangle.



1. Which of the above figures is largest?

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.

Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

2. What was the female's name?

2. What work did she do?

2. When did she go back to work?

2. What state did she live in?

_____ TOTAL SCORE

SCORING		
HIGH SCHOOL EDUCATION	NORMAL	LESS THAN HIGH SCHOOL EDUCATION
27-30	NORMAL	25-30
21-26	MILD NEUROCOGNITIVE DISORDER	20-24
1-20	DEMENTIA	1-19

CLINICIAN'S SIGNATURE _____

DATE _____

TIME _____

SH Tariq, N Tumosa, JT Chibnall, HM Perry III, and JE Morley. The Saint Louis University Mental Status (SLUMS) Examination for detecting mild cognitive impairment and dementia is more sensitive than the Mini-Mental Status Examination (MMSE) - A pilot study. *Am J Geriatr Psych* 14:900-10, 2006.

Wandering Risk Assessment

Resident: _____ DOB: _____ Date: _____

Nurse: _____ Community: _____

Purpose: To determine if the tenant/resident is at risk to exhibit wandering behavior.

1. Mental Status

- Can Follow Instructions (1pt)
- Cannot Follow Instructions (3pt)
- No Diagnosis of Dementia (0pt)
- Medically Diagnosed with Dementia (5pt)

2. Mobility

- Can Move Without Assistance While in Wheelchair (1pt)
- Ambulatory (3pt)

3. Speech Patterns

- Can Communicate (0pt)
- Cannot Communicate (3pt)

4. History of Wandering

- No History (0pt)
- With History (Past Hospitalization/Family Report) (2pt)

*****Do Not Answer with Pre-Admission Assessment*****

5. Wandering Episode

- No Documented Episodes Since Admission (0pt)
- No Episode of Wandering in Past 6 Months (1pt)
- No Episode of Wandering in Past 3 Months (2pt)
- Documented Episode of Wandering in Past 30 Days (3pt)

Total: _____ Low Risk (0-8) No Interventions Required
Moderate Risk (9-10) Interventions as Applicable
High Risk (11 and Above) Interventions Required

Nurse Signature: _____ Date: _____ Time: _____

**SELF-ADMINISTRATION OF MEDICATIONS
COMPETENCY EVALUATION**

Resident Name: _____ DOB: _____ Date: _____

List of Medications Resident Will Administer.

1.	6.	11.
2.	7.	12.
3.	8.	13.
4.	9.	14.
5.	10.	15.

ALL of the Following Criteria Must be Met Before Resident Can Self-Administer Medication:

- Resident Has Expressed the Desire to Self-Administer Medications. Yes ___ No ___
- Resident is Oriented to Person, Place and Time. (See Cognitive Assessment) Yes ___ No ___
- Resident Has No Visual Impairments. (Able to Read Label) Yes ___ No ___
- Resident has No Physical Limitations. (e.g., Arthritis, Lack of Mobility) Yes ___ No ___
- Has the Resident Been Able to Self-Administer Medications in the Past? Yes ___ No ___
- Resident is Free of History of Drug or Alcohol Abuse. Yes ___ No ___

Comments: _____

ALL of the Following Competencies Must be Demonstrated:

- Resident is Able to Locate the Medication Container. Yes ___ No ___
- Resident is Able to Explain Why They are Taking the Medication. Yes ___ No ___
- Resident is Able to Demonstrate the Self-Administration of the Medication
(Able to Open and Close Container, Instill Eye Drops, Use Inhalant
Medication or Topical Medications, Take BP/Pulse if MD Requires). Yes ___ No ___
- Resident Can Verbalize and Demonstrate How to Maintain Secure Storage
of Medication. Yes ___ No ___

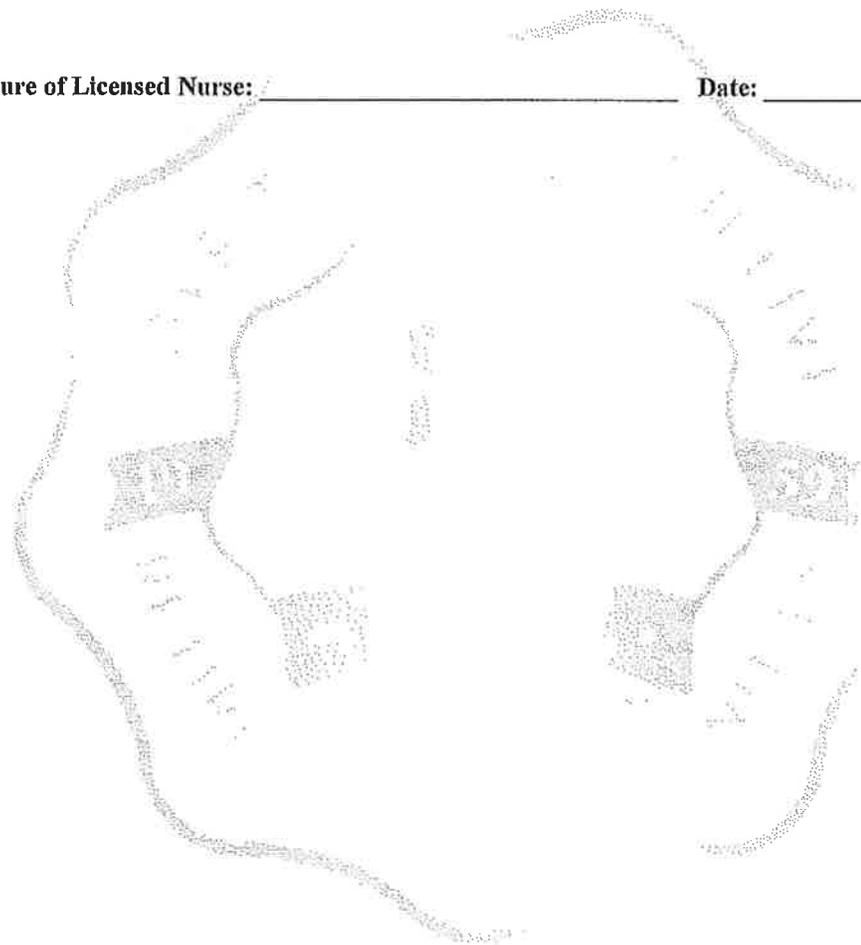
Conclusions:

Resident May Store and Manage All Their Medications. YES ___ NO ___

Ordering of Medications:

Resident Will Need Assistance. YES ___ NO ___

Signature of Licensed Nurse: _____ **Date:** _____



ADL Log

ELK RIDGE VILLAGE

PATIENT NAME	LOCATION	DATE OF BIRTH	SEX	MO	YEAR
	FLOOR: ROOM:		F	Feb	2016

Physician **SCHROEDER MD, CLAYTON B**

DIAGNOSIS & COMMENTS	ALLERGIES
Fever, Restlessness, Anxiety, Pain, Tachycardia, Edema, Hypertension, Hallucination, Glaucoma, A Fib, CAD, Stoke, Hyperlipidemia, glaucoma	Atorvastatin, Xarelto

AMBULATION: 1 ASSISTANCE: AMBULATION
 RESIDENT REQUIRES 1 STAFF MEMBER TO ASSIST WITH LOCOMOTION. STAFF ARE TO REQUIRED TO BE BY RESIDENT'S SIDE THE MAJORITY OF THE TIME FOR SAFETY AND/OR ASSISTANCE.

Orig: 16-Dec-2015 1:00 PM Stop Date: 16-Dec-2025

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
12:00 AM to 5:59 AM	KC	NG	NN	EQ	NG	EQ	DS	NN	KC	EQ	EQ	NN	OK	OK	OK	KC	KC	EQ	EQ	EQ	DS	OK	NN	EQ	KC				
EFFORT																													
6:00 AM to 2:00 PM	RO	SK	AN	CH	SM	MP1	MP1	KL	KL	CH	CH	CG	CH	EW	SM	SM	CH	RO	KL	MP1	MP1	EC	RO	CH	CH				
EFFORT																													
2:01 PM to 10:00 PM	MD	HL	MD	RO	MD	MS	MS	MD	MD	MD	MD	SF	MP	MP	MD	OK	MD	MD	MD	MS	EC	MD	SM	OK					
EFFORT																													

DRESSING: TED HOSE
 PUT TED HOSE ON IN AM AND OFF AT HS

Orig: 4-Feb-2016 1:00 PM Stop Date: 4-Feb-2026

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
6:00 AM to 2:00 PM				RO	SM	MP1	MP1	KL	KL	CH	CH	CG	CH	EW	SM	SM	CH	RO	KL	MP1	MP1	EC	RO	CH	CH				
EFFORT																													
7:00 PM to 10:00 PM				RO	MD	MS	MS	MD	MD	MD	MD	SF	MP	MP	MD	OK	MD	MD	MD	MS	EC	OK	MD	OK					
EFFORT																													

HEALTH CARE: BED MOBILITY
 PLACE POOL NOODLE UNDER FITTED SHEET AT NIGHT TO ENSURE THAT RESIDENT DOES NOT ROLL OUT OF BED. MAKE SURE WC IS NEXT TO BED WITH WHEELS LOCKED.

Orig: 2-Sep-2015 3:06 PM Stop Date: 2-Sep-2025

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
8:00 PM to 10:00 PM	MD	HL	MD	RO	MD	MS	MS	MD	MD	MD	MD	SF	SF	MP	MD	OK	MD	MD	MD	MS	EC	OK	MD	OK					
EFFORT																													

HEALTH CARE: RAISE FOOT REST OF RECLINER
 ENSURE FOOT REST OF RECLINER IS ELEVATED WHEN RESIDENT IS IN WC TO PREVENT EDEMA AND FALLS.

Orig: 6-Oct-2015 1:38 PM Stop Date: 6-Oct-2025

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
12:00 AM to 6:00 AM	KC	NG	NN	EQ	NG	EQ	DS	NN	KC	EQ	EQ	NN	OK	OK	OK	KC	KC	EQ	EQ	EQ	DS	OK	NN	EQ	KC				
EFFORT																													
6:00 AM to 2:00 PM	RO	SK	AN	CH	SM	MP1	MP1	SM		EC	CH	CG	CH	EW	SM	SM	CH	RO	KL	MP1	MP1	EC	RO	CH	CH				
EFFORT																													
2:00 PM to 10:00 PM	MD	HL	MD	RO	MD	MS	MS	MD	MD	MD	MD	SF	MP	MP	MD	OK	MD	MD	MD	MS	EC	MD	SM	OK					
EFFORT																													

LAUNDRY: LINENS CHANGE
 STAFF TO CHANGE RESIDENTS BED LINEN WEEKLY ON:

Orig: 19-May-2015 8:00 AM Stop Date: 19-May-2025

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
6:00 AM to 2:00 PM	RO							KL							SM								EC						
EFFORT																													



ADL Log

ELK RIDGE VILLAGE

PATIENT NAME	LOCATION	DATE OF BIRTH	SEX	MO	YEAR
Physician	FLOOR: ROOM:		F	Feb	2016
SCHROEDER MD, CLAYTON B					

LAUNDRY: PICK UP LAUNDRY
 EVENING SHIFT STAFF ARE TO GATHER AND PICK UP RESIDENTS LAUNDRY AND TAKE TO LAUNDRY ROOM.

Orig: 19-May-2015 8:00 AM Stop Date: 19-May-2025

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
3:00 PM to 10:00 PM	MD							MD														OK							
EFFORT																													

SAFETY: FALL ALARMS
 PLEASE ENSURE FALL ALARMS ARE ON AND WORKING AT THE BEGINNING AND END OF EACH SHIFT. ENSURE THAT ALARMS ARE PLACED OUT OF REACH.

Orig: 12-Oct-2015 3:12 PM Stop Date: 12-Oct-2025

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
6:30 AM	KC		NN	EQ		EQ	DS	NN	KC	EQ	EQ	NN	OK	OK	OK	KC	KC	EQ	EQ	EQ	DS	OK	NN	EQ	KC				
EFFORT																													
6:30 AM	EC	NG	RO	CH	SM	CG	MP1	SM	KL	EC	CH	CG	CH	EW	SM	SM	BS	RO	CG	MP1	MP1	EC	RO	CH	CH				
EFFORT																													
1:30 PM	RO	SK	RO	MP1	BS	MP1	MP1	SM		CH	CH		CH	EW	SM	SM	CH	RO	KL	MP1	MP1	EC	RO	CH					
EFFORT																													
2:30 PM	MD	HL	MD	RO	MD	MS	MS	MD	MD	MD	MD	SF	MP	MP	MD	OK	MD	MD	MD	MS	EC	MD	SM	OK					
EFFORT																													
9:30 PM	MD	HL	MD	RO	MD	MS	MS	MD	MD	MD	MD	SF	MP	MP	MD	OK	MD	MD	MD	MS	EC	OK	MD	OK					
EFFORT																													
10:30 PM	MD	NN	MD	RO	MD	DS	NN	MD	MD	MD	MD	SF	MP	MP	MD	KC	MD	MD	MD	DS	OK	NN	MD	KC					
EFFORT																													



ADL Log

ELK RIDGE VILLAGE

PATIENT NAME		LOCATION		DATE OF BIRTH	SEX	MO	YEAR
Physician		FLOOR: ROOM:			F	Feb	2018
SCHROEDER MD, CLAYTON B							

SAFETY: RESIDENT SAFETY CHECKS
 CHECK ON RESIDENT EVERY HOUR AT NIGHT. ENSURE RESIDENT IS IN THE MIDDLE OF HER BED DURING CHECKS

Orig: 9-Nov-2015 11:00 AM Stop Date: 9-Nov-2025

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
12:00 AM	KC	NG	NN	EQ	NG	EQ	DS	NN	KC	EQ	EQ	NN	OK	OK	OK	KC	KC	EQ	EQ	EQ	DS	OK	NN	EQ	KC					
LOCATION	bed	bed	bed	BED	bed	BED	bed	bed	bed	BED	bed	bed	bed	bed	bed	bed	bed	BED	bed	BED	in	bed	bed	bed	bed					
EFFORT																														
1:00 AM	KC	NG	NN	EQ	NG	EQ	DS	NN	KC	EQ	EQ	NN	OK	OK	OK	KC	KC	EQ	EQ	EQ	DS	OK	NN	EQ	KC					
LOCATION	bed	bed	bed	bed	bed	bed	in	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	in	bed	bed	bed	bed					
EFFORT																														
2:00 AM	KC	NG	NN	EQ	NG	EQ	DS	NN	KC	EQ	EQ	NN	OK	OK	OK	KC	KC	EQ	EQ	EQ	DS	OK	NN	EQ	KC					
LOCATION	bed	bed	bed	bed	bed	bed	in	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	in	bed	bed	bed	bed					
EFFORT																														
3:00 AM	KC	NG	NN	EQ	NG	EQ	DS	NN	KC	EQ	EQ	NN	OK	OK	OK	KC	KC	EQ	EQ	EQ	DS	OK	NN	EQ	KC					
LOCATION	bed	bed	bed	bed	bed	bed	in	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	in	bed	bed	bed	bed					
EFFORT																														
4:00 AM	KC	NG	NN	EQ	NG	EQ	DS	NN	KC	EQ	EQ	NN	OK	OK	OK	KC	KC	EQ	EQ	EQ	DS	OK	NN	EQ	KC					
LOCATION	bed	bed	bed	bed	bed	bed	in	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	in	bed	bed	bed	bed					
EFFORT																														
6:00 AM	KC	NG	NN	EQ	NG	EQ	DS	NN	KC	EQ	EQ	NN	OK	OK	OK	KC	KC	EQ	EQ	EQ	DS	OK	NN	EQ	KC					
LOCATION	bed	bed	bed	bed	bed	bed	in	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	in	bed	bed	bed	bed					
EFFORT																														
8:00 AM	EC	NG	RO	CH	SM	CG	MP1	SM	KL	EC	CH	CG	CH	EW	SM	SM	CH	RO	CG	MP1	MP1	EC	RO	CH	CH					
LOCATION	bed	bed	on	slee	bed	In	on	bed	--	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	on	in	in	bed				
EFFORT																														
7:00 AM	EC	SM	RO	CH	SM	CG	MP1	SM	KL	SM	CH	CG	CH	EW	SM	SM	CH	RO	KL	MP1	MP1	EC	RO	CH	CH					
LOCATION	bed	--	on	in	bed	In	on	bed	bed	--	in	in	--	--	bed	bed	in	on	bed	bed	bed	bed	on	in	in	bed				
EFFORT																														
8:00 AM	EC	SM	AN	CH	SM	CG	MP1	SM	KL	CH	CH	CG	RO	EW	RO	SM	CH	RO	KL	MP1	MP1	EC	RO	CH	CH					
LOCATION	bed	--	in	bed	--	In	on	break	in	in	in	in	in	Dini	--	bed	--	on	break	fast	bed	bed	bed	on	--	--				
EFFORT																														
9:00 PM	MD	HL	MD	RO	MD	MS	MS	MD	MD	MD	MD	SF	SF	MP	MD	OK	MD	MD	MD	MS	EC	OK	MD	OK						
LOCATION	bed	bed	bed	on	bed	bed	bed	bed	bed	bed	bed	bed	bed	rect	ner	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed					
EFFORT																														
10:00 PM	MD	HL	MD	RO	MD	MS	MS	MD	MD	MD	MD	SF	MP	MP	MD	OK	MD	MD	MD	HL	OK	OK	MD	OK						
LOCATION	bed	bed	bed	on	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed					
EFFORT																														
11:00 PM	MD	NN	MD	RO	MD	DS	NN	MD	MD	MD	MD	SF	OK	OK	MD	KC	MD	MD	MD	DS	OK	NN	EQ	KC						
LOCATION	bed	bed	bed	on	bed	In	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	bed	in	bed	bed	bed	bed						
EFFORT																														



ADL Log

ELK RIDGE VILLAGE

PATIENT NAME		LOCATION		DATE OF BIRTH	SEX	MO	YEAR
Physician		FLOOR:	ROOM:		F	Feb	2016
SCHROEDER MD, CLAYTON B							

TOILETING: DOCUMENTATION
 RECORD IF RESIDENT HAS HAD BM ---IF NO BM IN 3 DAYS, ADMINISTER PRN MILK OF MAGNESIA. IF NO BM IN 4 DAYS, NOTIFY HOSPICE

DC'd

Orig: 19-Jun-2015 12:00 PM Stop Date: 3-Feb-2016 9:00 AM

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
4:00 AM to 5:59 AM	KC	NG	NN																										
BM	--	no	no																										
EFFORT																													
12:00 PM to 2:00 PM	RO	SK																											
BM	NO	sm	ll																										
EFFORT																													
8:01 PM to 10:00 PM	MD	HL																											
BM	non	non																											
EFFORT																													

VITAL SIGNS: MONTHLY VITALS BP, P, R, TEMP
 RECORD RESIDENTS VITALS MONTHLY

Orig: 19-May-2015 8:00 AM Stop Date: 19-May-2025

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
6:00 AM to 2:00 PM	RO																												
BP	84/58																												
PULSE	78																												
RESP	14																												
TEMP	96																												
EFFORT																													

VITAL SIGNS: MONTHLY VITALS WT, O2 SAT
 RECORD RESIDENTS VITALS MONTHLY

Orig: 19-May-2015 8:00 AM Stop Date: 19-May-2025

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
6:00 AM to 2:00 PM	RO																												
O2 SAT %	90																												
WEIGHT	109																												
EFFORT																													

BATHING: EXTENSIVE ASSISTANCE: BATHING
 RESIDENT REQUIRES EXTENSIVE ASSISTANCE OF 1 STAFF MEMBER TO COMPLETE THE WHIRLPOOL BATHING PROCESS. REQUIRES PREPARATION OF WHIRLPOOL, ASSISTANCE WITH GETTING INTO AND OUT OF WHIRLPOOL, AND WASHING AND DRYING FOR SAFETY. STAFF TO CLEAN WHIRLPOOL AFTER EACH RESIDENT USING MANUFACTURE RECOMMENDATIONS. HOSPICE STAFF TO ASSIST RESIDENT WITH BATHING.

Orig: 19-May-2015 8:00 AM Stop Date: 19-May-2025

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
PRN																													
EFFORT																													

BATHING: SHOWER
 ASSIST RESIDENT WITH SHOWER

Orig: 22-May-2015 9:00 PM Stop Date: 22-May-2025

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
PRN																													
EFFORT																													

ADL Log

ELK RIDGE VILLAGE

PATIENT NAME	LOCATION	DATE OF BIRTH	SEX	MO	YEAR
Physician SCHROEDER MD, CLAYTON B	FLOOR: ROOM:		F	Feb	2016

BATHING: WHIRLPOOL
 HOSPICE TO ASSIST RESIDENT WITH WHIRLPOOL,
 Orig: 22-May-2015 9:00 PM Stop Date: 22-May-2025

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
PRN																													
EFFORT																													

COMMUNICATION/VISUAL/HEARING: 1 ASSIST: VISUAL
 VISUAL: STAFF TO ASSIST/CUE RESIDENT WITH GLASSES. STAFF TO MAKE SURE RESIDENT IS WEARING GLASSES EVERY SHIFT. ASSIST WITH CLEANING THE LENS AS NEEDED.
 Orig: 19-May-2015 8:00 AM Stop Date: 19-May-2025

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
PRN																													
EFFORT																													

COMMUNICATION/VISUAL/HEARING: INDEPENDENT: HEARING
 HEARING: RESIDENT HARD OF HEARING IN THE RIGHT EAR. DOES NOT WEAR HEARING AIDES. KEEP PHONE NEXT TO RESIDENT WHEN IN BED
 Orig: 19-May-2015 8:00 AM Stop Date: 19-May-2025

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
PRN																													
EFFORT																													

DINING/EATING: SET UP ASSISTANCE: DINING
 RESIDENT REQUIRES ASSISTANCE WITH OPENING PACKAGES, SPREADING BUTTER/JELLY ETC. SETTING UP MEAL SO RESIDENT CAN EAT FOOD WITHOUT ASSISTANCE. RESIDENT REFUSES MEALS AT TIMES- HIGHLY ENCOURAGE RESIDENT TO WEAR GLASSES.
 Orig: 19-May-2015 8:00 AM Stop Date: 19-May-2025

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
PRN																													
EFFORT																													

DINING/EATING: VERBAL CUEING: DINING
 RESIDENT REQUIRES STAFF TO VERBALLY CUE THEM TO EAT AFTER SET UP ASSISTANCE IS PROVIDED. IF ASSISTANCE IS REQUIRED-NOTIFY NURSE
 Orig: 19-May-2015 8:00 AM Stop Date: 19-May-2025

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
PRN																													
EFFORT																													

DRESSING: ONE ASSIST DRESSING
 RESIDENT IS ABLE TO CHOOSE THEIR OWN CLOTHING, ONE ASSIST WITH DRESSING AND UNDRESSING. STAFF TO ASSIST PUTTING ON AND TAKING OFF TED HOSE
 Orig: 19-May-2015 8:00 AM Stop Date: 19-May-2025

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
PRN																													
EFFORT																													

ADL Log

ELK RIDGE VILLAGE

PATIENT NAME	LOCATION	DATE OF BIRTH	SEX	MO	YEAR
	FLOOR: ROOM:		F	Feb	2016
Physician SCHROEDER MD, CLAYTON B					

HYGIENE/GROOMING: MINIMAL ASSIST WITH GROOMING																														
RESIDENT IS REQUIRES ASSISTANCE WITH GROOMING-BRUSHING HAIR AND WASHING FACE																														
Orig: 19-May-2015 8:00 AM															Stop Date: 19-May-2025															
HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
PRN																														
EFFORT																														

LAUNDRY: LAUNDRY PRN																														
STAFF TO ASSIST WITH LAUNDRY PRN																														
Orig: 19-May-2015 8:00 AM															Stop Date: 19-May-2025															
HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
PRN																														
# OF LOADS																														
EFFORT																														

LAUNDRY: LINENS PRN																														
STAFF MAY CHANGE BED LINENS PRN																														
Orig: 19-May-2015 8:00 AM															Stop Date: 19-May-2025															
HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
PRN																														
EFFORT																														

LIFESTYLE/WEELNESS: 1 PERSON ASSIST: ACTIVITIES																														
RESIDENT REQUIRES 1 STAFF MEMBER TO ASSIST RESIDENT WITH ACTIVITIES. RESIDENT DOES NOT LIKE TO ATTEND MOST ACTIVITIES. RESIDENT ENJOYS VISITING 1:1 WITH STAFF.																														
Orig: 19-May-2015 8:00 AM															Stop Date: 19-May-2025															
HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
PRN																														
EFFORT																														

MOOD/BEHAVIOR: HIGH CUEING: MOOD																														
RESIDENT HALLUCINATES DAILY ABOUT SEEING DECEASED HUSBAND AND SISTER. ABLE TO REDIRECT RESIDENT-NO BEHAVIORAL OUTBURSTS NOTED.																														
Orig: 19-May-2015 8:00 AM															Stop Date: 19-May-2025															
HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
PRN																														
EFFORT																														

ORAL CARE: SET UP: ORAL CARE																														
RESIDENT REQUIRES SET UP ASSISTANCE WITH ALL ORAL HYGIENE.																														
Orig: 19-May-2015 8:00 AM															Stop Date: 19-May-2025															
HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
PRN																														
EFFORT																														

ORIENTATION: MEMORY CARE																														
STAFF MUST REMAIN VIGILANT OF RESIDENT'S WHEREABOUTS WHEN OUT OF THE MEMORY CARE UNIT. RESIDENT ORIENTED TO PERSON ONLY.																														
Orig: 19-May-2015 8:00 AM															Stop Date: 19-May-2025															
HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
PRN																														
EFFORT																														

ACTIVITIES POLICY AND PROCEDURE

Policy:

It is the policy of this community to provide each tenant/resident with activities and lifestyle choices which are appropriate, stimulating, and promotes the physical, mental, and psychosocial well-being of the tenants/residents.

Procedure:

1. The program will provide appropriate activities for each tenant/resident. Activities shall reflect individual differences in age, health status, sensory deficits, lifestyle, ethnic and cultural beliefs, religious beliefs, values, experiences, needs, interests, abilities, and skills that have meaning and purpose for the tenant/resident.
2. The tenant's/resident's interests are considered when the written plan for activities is developed for the upcoming month to include planned activities for all days of the week, including weekends and evenings. Activities will be planned to support the tenant's/resident's service plan and will be consistent with the program statement and occupancy policies.
3. A variety of individualized and group activities will be scheduled as an opportunity for stimulation, socialization, the change to maintain physical endurance and alertness of tenants/residents, as well as the opportunity for outings and activities outside of the community.
4. A written schedule/calendar of activities shall be developed at least monthly and made available to tenants/residents and or tenant's/resident's responsible parties.
5. A variety of individualized and group activities will be scheduled as an opportunity for stimulation, socialization, the chance to maintain physical endurance and alertness of tenants/residents, as well as the opportunity for outings and activities outside of the community. All tenants/residents will be encouraged to participate in the activity program but retain the right to refuse. No tenant/resident shall be forced to participate.
6. Care staff have available equipment and supplies and/or knowledge of spontaneous activity ideas for the tenants/residents to partake in when not involved in the planned activities.

DEMENTIA CARE POLICY AND PROCEDURE

Policy:

The community provides special care for persons who have a form of dementia or a related diagnosis in accordance with their established Resident Service Agreement/Service Plan.

Procedure:

1. All employees will be oriented that all tenants/residents are to be treated in a manner that maintains their self-esteem and self-worth.
2. All employees of the community receive training from qualified persons to learn and apply the skills necessary to care for the needs of a tenant/resident with dementia or a related diagnosis.
3. The Executive Director and licensed nursing staff monitor staff performance and interactions with the tenants/residents. They will ensure employee interactions are therapeutic, their skills are appropriate, and identify new learning needs of the employees.
4. Direct care staff of the community should follow the tenant/resident Service Plan to meet the tenants'/resident's care and services.
5. All employees of the community will maintain the physical environment to meet the safety and dignity needs of each tenant/resident.

DEMENTIA-SPECIFIC EDUCATION POLICY AND PROCEDURE

Policy:

The community will provide training in order to ensure staff have the education and skills to provide and care for tenants/residents with dementia.

Procedure:

1. All employees will receive special training from qualified persons to learn and apply the skills needed to care for the special needs of the tenant/resident with dementia.
2. All employees will receive four hours of training within 90 days of employment that includes:
 - a. Philosophy and approaches to care and supervision for tenant/resident with dementia
 - b. Disease process
 - c. Skills needed to assist and care for tenants/residents unable to care for themselves
3. Dementia continuing education practices will include four hours annually for all employees.

EMPLOYEE QUALIFICATIONS POLICY AND PROCEDURE

Policy:

The community hires and maintains qualified, competent, and appropriate staff that meets the tenant's/residents' service needs. The Executive Director shall ensure the provision in accordance with the Resident Service Agreement.

Procedure:

1. Any person seeking employment in the community completes an "Application for Employment" form provided by the community.
2. The community does not discriminate on the basis of age, gender, race, religion, national origin, or disability other than those related to the ability to perform the job for which the applicant is being considered.
3. Falsifying information on the application form is grounds for immediate termination.
4. Information on the "Application for Employment" form is confidential and will not be released to entities outside the community unless approval is given in writing by the employee.
5. Before hiring a direct care staff person, the Executive Director or a designated employee of the community obtains verification that the individual does not have adverse findings on the Nurse Aide Registry, Medication Aide Registry, Adult Protective Services Central Registry, Central Registry of Child Protection Cases or the Nebraska State Patrol Sex Offender Registry. The Executive Director or designated employee documents the results of these registry checks on the Employee Orientation Record of the individual. A registry check report which shows a record of abuse, neglect, or misuse of property may be grounds for immediate termination or denial of employment, and must be reviewed by DIAL's corporate human resource department.
6. All staff will be screened to ensure their name does not appear on OAG or Office of Attorney General List. All staff will complete a Felony/Misdemeanor Self Disclosure form annually upon Medicaid Waiver Certification.
7. The Executive Director or a designated employee of the community requests a criminal background check from the Nebraska State Patrol. A report which shows the employee has a criminal history involving violence, abuse, neglect, or misuse of others' property may be terminated immediately, and must be reviewed by DIAL's corporate human resource department.

8. Upon hire, all employees complete a health history screen. The potential employee completes the "Employee Health History Screen" document prior to assuming any job responsibilities. The Executive Director or a designated employee may request a physical examination on the new employee by a licensed health care professional at the discretion and expense of the community.
9. The employee has the right to choose a physician for workers' compensation purposes. To select a specific physician, the employee completes the "Choice of Doctor" form.
10. Agency Staff (if used) must have a record on file and shall contain the following documentation
 - a. Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training.
 - b. Supporting documentation regarding a criminal background checks excluding any staff licensed or registered by a state agency
 - c. Supporting documentation from the state nurse aide registry that the individual does not have a finding of having abused, neglected or exploited a resident in an adult care home (including any state in which the individual has been known to have worked as a licensed or certified health care worker)
11. Direct care or licensed nursing staff shall be awake and responsive at all times.
12. A Registered Nurse shall be available to provide supervision to licensed practical nurses.
13. The Executive Director or a designated employee notifies the Nebraska Department of Labor at www.nenewhire.com of each new hire as required by Nebraska statute. The Executive Director or a designated employee records the notification on the "Employee Orientation Record" of the new employee.

NEW EMPLOYEE ORIENTATION AND CONTINUING EDUCATION POLICY AND PROCEDURE

Policy:

The community will provide orientation and training to new employees and continuing education opportunities annually thereafter.

Procedure:

1. Each community will provide training to new employees on the following topics within two weeks of their hire date:
 - a. Blood Borne Pathogens
 - b. Infection control
 - c. Fire and Safety / Disaster Preparedness
 - d. Incident Reporting and Assessment
 - e. Tenant/resident abuse, neglect, and misappropriation of money/property
 - f. Tenant/resident abuse, neglect, and misappropriation of money/property reporting procedures
 - g. Tenant/resident Rights
 - h. Confidentiality
 - i. Resident Service Agreement
 - j. Advanced Directives
 - k. Physical & mental care needs of tenants/residents
 - l. Tenant/resident special care needs
2. Twelve (12) hours of continuing education will be provided to direct care employees.
3. All employees will receive, at a minimum, annual education on a, b, c, d, e, f, g, and h as listed above and four (4) hours which will be dementia specific.
4. Executive Directors will receive 12 hours of continuing education per year in areas related to care and facility management of the population served.
5. The Executive Director, the Business Office Manager and/or designated employees maintain current new employee orientation records in a central file.

TENANT/RESIDENT CARE POLICY AND PROCEDURE

Policy:

The community provides the tenants/residents with the care and services in accordance with their established Resident Service Agreement and Service Plan and to maximize the residents' dignity, autonomy, privacy, and independence.

Procedure:

1. The Executive Director and/or designated employee reinforces with all employees of the community that tenant's/residents' care and services are to be administered according to their Resident Service Agreements and to maximize the tenant's/residents' dignity, autonomy, privacy, and independence.
2. Direct care staff of the community follow the Resident Service Agreement to meet the tenant's/resident's care and services, and keep each tenant/resident informed of the services he/she can expect to be provided by the community.
3. Direct care staff of the community assists each tenant/resident to obtain the following outcomes:
 - a. Clean and groomed hair, skin, teeth and nails;
 - b. Nourished and hydrated;
 - c. Prevention of pressure sores, skin breaks, chaps and chaffing;
 - d. Appropriately dressed for the season in clean clothes;
 - e. Protected from accident, injury and infection; and
 - f. Receives prompt emergency care for the following but not limited to: illnesses, injuries, and life-threatening situations.
4. All employees of Community respect the tenants/residents private space (knock on door and wait for permission before entering), social status (calling the tenant/resident by their preferred name) and preferences in the following areas:
 - a. Times for waking in the morning and for going to bed;
 - b. Visitors;
 - c. Direct own care and treatment;
 - d. Change plan of care any time;
 - e. Make choices; and
 - f. Participate in activities of choosing.
5. All employees of the community treat the tenants/residents with dignity and respect, make each feel as comfortable as possible, and view each tenant/resident as a "whole" human being with unique characteristics and strengths.
6. All employees of the community interact with the tenants/residents to provide each with a sense of security and safety, be free of abuse, neglect and exploitation, and encourage each to control their own care and make decisions about their routines.

TENANT/RESIDENT RIGHTS POLICY AND PROCEDURE

Policy:

It is the policy of this community to uphold Tenant/Resident Rights.

Procedure:

1. Be treated with dignity and provided care by competent staff;
2. Be an equal partner in the development of the resident service agreement while retaining final decision making authority;
3. Be informed in advance about care and treatment and of any changes in care and treatment that may affect the resident's well-being;
4. Be informed in writing of the pricing structure and/or rates of all community services;
5. Self direct activities, participate in decisions which incorporate independence, individuality, privacy and dignity and make decisions regarding care and treatment;
6. Choose a personal attending physician;
7. Voice complaints and grievances without discrimination or reprisal and have those complaints/grievances addressed;
8. Examine the results of the most recent survey of the community conducted by responsible party's of the Department;
9. Refuse to perform services for the community;
10. Refuse to participate in activities;
11. Privacy in written communication including sending and receiving mail;
12. Receive visitors as long as this/her does not infringe on the rights and safety of other tenants/residents in the community;
13. Have access to the use of a telephone with auxiliary aides where calls can be made without being overheard;
14. Have the right to have a telephone in his/her room at the resident's expense;
15. Retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights and safety of other tenants/residents;

19. Exercise his/her or her rights as a resident of the community and as a citizen or resident of the United States;
20. Form and participate in an organized resident group that functions to address community issues;
21. Review and receive a copy, within two working days, of their permanent record, as referred to in 175 NAC 4-006.12;
22. Be free from abuse, neglect, and misappropriation of their money and personal property; and
23. Be free from involuntary transfer or discharge without 30 days advance written notice except in situations where the transfer or discharge is necessary to protect the health and safety of the resident, or other residents or staff.



RESIDENT SERVICE AGREEMENT POLICY AND PROCEDURE

Policy:

The Executive Director shall ensure the development of a written Resident Service Agreement for each tenant/resident, based on the service needs and preferences, in collaboration with the tenant/resident or the tenant's/resident's responsible party to ensure the continuity of care and services as provided by the tenant/resident, community and any other source.

Procedure:

1. The Resident Service Agreement shall provide the following information.
 - a. The services provided by the assisted-living and from other sources and how often
 - b. Rights and responsibilities of the community and of the tenant/resident
 - c. Costs of services and terms of payment

2. The Resident Service Agreement will outline a plan for services as agreed upon by the tenant/resident and/or responsible party with the community's DON and/or Executive Director.
 - a. Terms and conditions of continued residency
 - b. The service plan will be the basis for coordination of services and tailored to each individual's specific needs. Individualized service plans will be developed for each tenant/resident based on functional, cognitive, health status and lifestyle evaluations
 - c. The service plan will be individualized and shall indicate a minimum of the tenant's/resident's identified needs, requests for services and interventions.
 - d. If a tenant/resident or responsible party refuses a service that the Executive Director, Director of Nursing, Medical Care Provider, or Case Manager believes to be necessary for the tenant's/resident's health and safety, the Service Plan shall include the following:
 - The service(s) refused
 - Identification of any potential negative outcomes for the tenant/resident if the service(s) are not provided
 - An indication of acceptance by the tenant/resident or responsible party of the Risk *Refer to Negotiated Risk Agreement

3. When a resident requires personal or health-related care, the service plan is reviewed and updated as needed, with a significant change in condition, and at least annually. Any changes in the service plan will be directed by the tenant/resident or their responsible party and will be documented on the service plan and in the clinical record.

4. For tenant's/resident's who are unable to plan their own activities, including tenant's/resident's with **dementia**, there will be planned and spontaneous activities based on the tenant's/resident's abilities and personal interests.

5. If a Resident Service Agreement includes the use of outside resources, the designated community staff shall perform the following:
 - a. Provide the tenant/resident and/or responsible party, if agreed to by the tenant/resident or responsible party, with a list of providers available to provide services;
 - b. Assist the tenant/resident, if requested, in contacting outside resources for services;
 - c. Monitor the services provided by outside resources and act as an advocate for the tenant/resident if services do not meet professional standards of practice.
6. The Resident Service Agreement will be secured with other tenant/resident records.
7. Inquiries concerning the community's Resident Service Agreement should be referred to the Executive Director and will be handled in a confidential manner.

SERVICE PLAN POLICY AND PROCEDURE

Policy:

To identify and assure the continuity of care and services as provided by the tenant/resident; the community and outside services.

Procedure:

1. The service plan will be the basis for coordination of services and tailored to each individual's specific needs. Individualized service plans will be developed for each tenant/resident based on functional, cognitive, health status and lifestyle evaluations.
2. The Tenant/Resident Service Plan shall be developed in consultation at minimum with the tenant/resident, his/her designee or responsible party and including a health care professional upon admission to the community.
 - a. Prior to the tenant/resident signing the Resident Service Agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed in consultation with the tenant/resident and, at the tenant's/resident's request, with other individuals identified by the tenant/resident and if applicable, with the tenant's/resident's responsible party. All persons who develop the plan and the tenant/resident or the tenant's/resident's responsible party shall sign the plan.
3. The service plan shall be individualized and shall indicate a minimum of:
 - a. The tenant's/resident's identified needs, requests for services, and interventions
 - b. The service plan will address tenants/residents who are unable to plan their own activities.
 - c. Any services and care to be provided per Resident Service Agreement with tenant/resident and the tenant/resident preferences.
 - d. The provider(s) if other than the assisted living program. (e.g. Hospice care, Home Health Care, Occupational therapy, and Physical Therapy)
 - e. Transfer and referral arrangements for health care providers selected by each tenant/resident. This includes Nursing Home preference if the need for nursing community care presents itself during the assisted living program occupancy.
 - f. For tenants/residents who are unable to plan their own activities, including tenants/residents with dementia, there will be planned and spontaneous activities based on the tenant's/resident's abilities and personal interests.
4. When a tenant/resident requires personal or health-related care, the service plan is reviewed and updated; as needed, with a significant change, and no less than annually.
 - a. If a significant change (a decline or improvement in a tenant's/resident's mental, psychosocial, health, or physical functioning) occurs it must be directed by the tenant/resident or responsible party

5. If a tenant/resident or tenant/resident's responsible party refuses a service that the Executive Director, the Director of Nursing, the tenant's/resident's medical care provider, or the case manager believes is necessary for the tenant's/resident's health and safety, the Service Plan shall include the following:
 - a. The service or services refused;
 - b. Identification of any potential negative outcomes for the tenant/resident if the service(s) are not provided;
 - c. Evidence of the provision of education to the tenant/resident or tenant/resident's responsible party of the potential risk of any negative outcomes if the service(s) are not provided;
 - d. An indication of acceptance of the risk by the tenant/resident or the tenant's/resident's responsible party of the risk is evidence by all parties signing a Negotiated Risk Agreement. *See Negotiated Risk policy.
6. The tenant/resident Service Plan will be secured as other medical records.

Elk Ridge Village Assisted Living provides an inviting environment for those individuals who need some assistance with activities of daily living. Apartments include large private bathrooms and convenient kitchenette areas. Our assisted living is thoughtfully designed to provide comfort, high standard services and beautiful surroundings. Services and amenities are available to enhance day to day living, as well as provide the assistance necessary to make each resident feel comfortable and secure.

Apartments Include:

- Kitchenettes, including full size refrigerator/freezer and microwave
- Large bathrooms with grab bars and walk-in showers
- 24 hour Emergency Response System and pendants
- Individually controlled heating and air units
- Window Treatments
- Smoke/fire detectors and sprinkler system
- Utilities (gas, electric, water, expanded basic cable)

Services Include:

- Full-service, restaurant-style dining serving three daily meals
- Weekly housekeeping and laundry services
- Planned activities and outings
- Emergency Response System 24 hours a day, 7 days a week
- 24 hour certified staff with Registered Nurse oversight
 - Individualized levels of personal care, based on the resident's needs. Services are based on assessments completed prior to admission and continuously thereafter. Types of services include assistance with bathing, dressing, medication management, orientation, incontinence management and reassurance.
 - Transportation to medically related appointments
 - Library, Movie Theater and Fitness Room
 - Beauty Salon/Barber Shop
 - Whirlpool Bath



"The transition from the "family home" was extremely difficult. Elk Ridge Welcomed my mother. The staff lifted the anxiety from my Mother as well the rest of the Family. How fortunate we were to find "safe harbor" in what was quite a storm for our family."
-Son of Assisted Living Resident



Assisted Living

Pricing Information

One Bedroom

Regal 533 sq ft \$3,900 to \$4,300

Two Bedroom

Amherst 762 sq ft \$4,200 to 4,500

Amherst Bay 789 sq ft \$4,300 to 4,600

Hawthorne 851 sq ft \$4,700 to 5,000

Hawthorne Bay 878 sq ft \$4,800 to \$5,100

Victorian 930 sq ft \$5,100 to 5,400

Additional Charges Include:

- Security Deposit: Upon move-in, an amount equal to one month's rent will be collected as a security (damage/cleaning) deposit**
- Pet Deposit: \$500 nonrefundable, \$30 monthly fee
- Second Occupant Fee: \$1185 per month plus any additional Care Lifestyle Levels, if applicable
- Elk Ridge Village is proud to provide a smoke free environment

**The security deposit is refundable thirty days after lease ending, less any damages and other fees withheld.

Our Assisted Living is designed to help our residents maintain their independence and individuality. Prospective residents will be assessed by our nursing staff prior to admission and a monthly Lifestyle Care Level will be determined based on each resident's own unique needs and preferences. Types of services in the Care Lifestyle Levels include but are not limited to assistance with bathing, dressing, medication, orientation, cueing and reminders for activities and dining, incontinence management and reassurance.



"My experiences as a resident at Elk Ridge have far exceeded my expectations! I find it a delightful place to live! The location is ideal - quiet, secluded, yet close to shopping, medical facilities and entertainment with transportation available if needed."
-Assisted Living Resident

Assisted Living

Elk Ridge Village Memory Care is a beautiful area within our Assisted Living community designed specifically for persons with Alzheimer's Disease, Dementia and other memory related difficulties. The Memory Care Suites offer all of the quality amenities and services of our Assisted Living, along with the additional comfort and assurance that comes with knowing your loved one is safe within a secured community.

It is our goal to help residents find moments of joy in each day. Specially trained caregivers are on staff around the clock to help with daily activities such as bathing, dressing, grooming, eating and medication management. They strive to help your loved one get enjoyment out of each day with games, music, crafts and a wide variety of activities designed for those with memory care needs. With high staff to resident ratio, you are assured quality of care and peace of mind.

Monthly Service Fee of \$4,950 Includes:

- Three meals daily and snacks as desired
- Weekly housekeeping and laundry services
- Planned activities and outings
- 24 hour certified and specially trained staff with Registered Nurse oversight
- Individualized levels of personal care, based on the individual resident's needs. Services are based on assessments completed prior to admission and continuously thereafter.
 - All Memory Care Suites are private occupancy
 - Library, Movie Theater and Fitness Room
 - Beauty Salon/Barber Shop
 - Whirlpool Bath
 - Daily bed making
 - Tailored individualized & group activities
 - Utilities (gas, electric, water, expanded basic cable)



Elk Ridge Village is the place to be, I wish you would just come out and see! The folks are friendly, the food is good, you'd love this place, I know you would!

-Written by an Assisted Living Resident



Memory Care

Care Lifestyle Program - Addendu

"E" Of Resident Service Agreement

MEDICATIONS via Preferred Vendor	
Staff Manage & Admin:	12
-Low Volume (1-2 per day)	20
-Medium Volume (3-8 daily)	26
-High Volume (9+ daily)	3
Narc Inventory/Storage	3
Med order changes	3

MISCELLANEOUS	
Additional Med Admin Time	2
Extra Med or Insulin Setup	2
B-12 Injections	3
Extensive Physician Communication	5
Extensive Family Communication	5

TOILETING	
Cues/reminders	2
Limited Assistance	3
1 Person assistance	4
2 Person Assistance	8
<i>Toilet Schedule:</i>	
-every 2 hours	5
-every 3 hours	4
-every 4 hours	3
Foley Care	7
Pericare	4
Ileostomy Assist	4
Urostomy Assist	4
Colostomy Assist	4
Assist Incont. Prod.	2
Other Catheter care	5

MEDICATIONS via Non-Preferred Vendor	
Staff Manage & Admin:	16
-Low Volume (1-2 per day)	27
-Medium Volume (3-8 daily)	35
-High Volume (9+ daily)	7
Narc Inventory/Storage	7
Med order changes	7

BP / VITAL CHECKS	
Monthly	0
Weekly	1
Daily	5
- 2x daily	6
- 3x daily	7
- 4+x daily	8

OXYGEN	
Cue to Manage	2
Clean/Manage Equip	5

ACCU CHECKS	
1-2 Times Daily	3
3-4 Times Daily	5
5 + Times Daily	7

BREATHING TREATMENTS	
1-2 Daily	2
3-4 Daily	4
5-6 Daily	6

LAB DRAWS / UA (per occurrence)	
	1

HYGIENE/GROOMING	
Shaving Assist	3
Hair Styled	3
<i>Oral Brushing:</i>	
-Set Up	1
-Assist	3

PACEMAKER CHECKS (per occurrence)	
	1

HEALTH SERVICES	
Home Health / Hospice Svcs with Preferred Vendor	2
with Non-Preferred Vendor	15

SKIN TREAT/CARE	
	4

MOBILITY	
Supervision/cueing	2
Limited stand-by	4
1 person assist	6
Two person Assist	12
Aide w/Assistance Device	3
Aide with Gait Belt	4
Aide with Prosthesis	6

BATHING - Minimal Assistance	
4 Per Month	0
Each Additional Per Month	Add 1 pt.

BATHING - Extensive Assistance	
4 Per Month	0
Each Additional Per Month	Add 2 pts.

Point Value Summaries For	
Assisted Living Levels:	
0-5 Pts	NO CHARGE
6-15 Pts	\$285 /Mo
16-22 Pts	\$517 /Mo
23-29 Pts	\$708 /Mo
30-35 Pts	\$885 /Mo
36-40 Pts	\$1,035 /Mo
41-45 Pts	\$1,171 /Mo
46-50 Pts	\$1,306 /Mo
51-55 Pts	\$1,443 /Mo
56-60 Pts	\$1,579 /Mo
61+ Pts	See Below
Each incremental point at a charge of \$28 each.	

SAFETY CHECKS	
<i>Daytime</i>	
-every one hour	7
-every two hours	6
-every three hours	5
-every four hours	4
<i>Overnight</i>	
-every one hour	7
-every two hours	6
-every three hours	5
-every four hours	4

EATING	
Set-up Assistance	1
Thickening Liquid	2
Cutting Food	2
Verbal Cueing	2
Assistance with eating	4
Assistive Device(s)	1

PENDANT EMERGENCY ALARM USAGE	
1-60 monthly	0
61-90 monthly	12
91-120 monthly	16
121-150 monthly	20
151-180 monthly	25
18+ monthly - See Below	
Each incremental usage will be at rate of 0.15 points each.	

SUPPLY ASSISTANCE	
Stock / Order	2

COMMUNICATION	
<i>Visual:</i>	
Assist/Cue with glasses	2
<i>Hearing Aides:</i>	
Assist/Cue with device	2

DRESSING	
Verbal Cueing	2
1 Assistance	4
2 Assist	8
Ted Hose / Brace(s)	4

LAUNDRY	
See Addendum To	
Occupancy Agreement	
- Special Soap Needed	3
- Extensive Stains	3

BEHAVIOR/MOOD	
Minor Cognitive Cueing	2
Medium Cognitive Cueing	4
High Cognitive Cueing	6
Difficult Behaviors	8

Point Value Summaries For	
Memory Care Levels:	
0-18 Pts	NO CHARGE
19-25 Pts	\$234 /Mo
26-32 Pts	\$361 /Mo
33-39 Pts	\$486 /Mo
40-46 Pts	\$558 /Mo
47-53 Pts	\$737 /Mo
54-60 Pts	\$864 /Mo
61+ Pts	See Below
Each incremental point at a charge of \$16 each.	

Other Charges:

Apartment or Common Area Incontinence Clean-Up - Minimum of \$70; Charges beyond \$70 based on severity.
 Difficult Behaviors will result in noted points and could also result in additional fees/charges based on severity.
 Elk Ridge Village reserves the right to charge additional fees for services that may be outside the scope of the above chart.

Companion Care

Comfort Keepers
Faith & Hope Caregiving
First Light Home Care

ADDENDUM "E" – Care Fees and Points

See Attached Document.

ENTIRE AGREEMENT

This Agreement constitutes the entire Agreement between The Facility and the Resident. The Facility is not liable for nor bound in any manner by any statements, representations or promises made by any person representing or proposing to represent The Facility unless such statements or promises are specifically set forth in this Agreement.

SIGNATURE SECTION

Resident Signature _____
Date

Resident's Responsible Party Signature (if applicable) _____
Date

Party Responsible for Fees _____
Date

Responsible Party's Complete Address

_____ _____ _____
Home Phone Work Phone Cell Phone

Email Address of Party Responsible for Fees

Facility Representative/Title _____
Date

3.1.2016 update

ELK RIDGE VILLAGE

On The Lake

19400 Elk Ridge Drive
Elkhorn, NE 68022
(402) 763-8692

Involvement of Families & Family Support Programs

Elk Ridge Village provides a Family Support Program for Alzheimer's Care through the Midlands Chapter of the Alzheimer's Association. This Chapter of the Alzheimer's Association has many support group meeting throughout the metropolitan area – one is located at Elk Ridge Village on a periodic basis.

The Midlands Chapter of the Alzheimer's Association can be reached at (402) 502-4300 or 1-800-272-3900. Also, they have a wonderful website with support information at <http://www.midlandsalz.org/supportgroups.htm>.



RESIDENT SERVICE AGREEMENT

Assisted Living & Special Memory Care Campus

The Resident Service Agreement is entered into as of this _____ day of _____, _____, by and between Silvercrest - Elk Ridge Assisted Living, LLC (the "Facility"), and

_____ (Resident)

to occupy Apartment Number _____ at the Facility.

The Facility provides an atmosphere that supports and encourages independent living. With the cooperative effort of the Resident, family, and physician, the Resident can achieve this goal. The purpose of assisted living is to supply what is needed to accomplish the goal of independence.

Qualifying persons are someone who:

1. Shows a desire to maintain control of their own life;
2. Wants to keep their independence, requiring only supplementary help; and
3. Shows a cognitive function by being aware of, perceiving, and comprehending ideas and situations.

RECITALS:

Before a Resident occupies an apartment at The Facility, he/she agrees to obtain, at his/her own expense, a physician's medical report. The Resident must meet the health requirements of The Facility that will be determined by management, in consultation with the Resident's physician, and in compliance with State Regulations. The Resident agrees to obtain additional physical examinations and reports if requested by The Facility.

The following admission and retention requirements must be followed in The Facility:

1. Eligibility Criteria: To be eligible for admission to The Facility, a person must be in need of or wish to have available shelter, food, assistance with or provision of personal care, activities of daily living, or health maintenance activities or supervision due to age, illness, or physical disability. The administrator has the discretion regarding admission or retention of residents subject to the assisted living facility act and rules and regulations adopted and promulgated under the act.
2. Residents requiring complex nursing interventions or whose conditions are not stable or predictable must not be admitted, readmitted, or retained by the assisted-living facility unless (Please see Addendum D for specific information):
 - a. The resident (if the resident has sufficient mental ability to understand the situation and make rational decision as to his or her needs or care and is not a minor) or the

- resident's authorized representative, and the resident's physician or the registered nurse agree that admission or retention of the resident is appropriate;
- b. The resident or his or her authorized representative assumes responsibility for arranging for the resident's care through appropriate private duty personnel, a licensed home health agency, or a licensed hospice agency; and
 - c. The resident's care does not compromise the assisted living facility operations or create a danger to others in the facility.

RANGE OF SERVICES:

The facility will arrange or coordinate a range of services, including:

1. Three (3) daily meals served in the dining room.
2. Weekly housekeeping services, which includes laundering of linens, daily bed making (if requested) and trash removal.
3. Routine maintenance and repairs of Resident apartments and common areas inside the facility and grounds of the facility.
4. Planned group activities that meet the needs and interests of the Resident.
5. Transportation to medically related appointments, per The Facility scheduled timeframes, as published in resident handbook. The Facility reserves the right to decline transportation if the resident is cognitively impaired and may pose a danger.
6. Emergency response pendants given to Residents at the time of admission, if requested, and monitored 24 hours a day by the facility staff.
7. Health care services will be provided under the direction of a licensed nurse. The services included in the monthly fee, set forth on Addendum.

Monthly fees will be based on services provided, as listed on Addendum. Included as part of this Resident Service Agreement is an Addendum specific to individual services provided at each care level. Additional services may be contracted for an additional charge.

All Addenda may be updated upon thirty (30) days' prior written notice to Resident.

The cost of the medication and delivery will be the responsibility of the Resident and/or Resident's Responsible Party. The pharmacy will be responsible for billing and delivery. If a medical visit is required prior to obtaining a medical refill, director of nursing will contact the Resident and/or Resident's responsible party.

NOW THEREFORE IT IS AGREED: The Facility will offer all of the services so long as Resident remains in accommodations provided by The Facility and carries out his/her obligation under this Agreement.

GENERAL RESIDENT PROVISIONS:

Admission: The program will evaluate each proposed Resident's functional, cognitive and health status prior to the Resident's signing the Resident Service Agreement and taking occupancy in order to determine the Resident's eligibility for the program including whether services needed can be provided. Residents must be 18 years of age or older and must be able to manage his/her own activities of daily living independently or with the assistance provided.

Staffing: The Facility will be staffed 24 hours a day. As census may fluctuate, staffing may be adapted to meeting changing Resident needs. This will be done by the addition of staff and/or a change in schedule.

Meals: Three meals will be served daily in the dining room. Three meals per day are included in the monthly rent of all Residents. There is a delivery fee, per meal, for any meals delivered to the room, as set forth in Addendum A.

Lodging: Living accommodations will be provided to the Resident. The living accommodations provided with the apartment will include the right to use the community areas in common with the other Residents of The Facility. The term of occupancy shall be for a period of one month, and shall continue month to month thereafter, unless terminated in accordance with the provisions of the Agreement.

Guest Rooms: Guest rooms may be available and can be reserved according to availability. A daily fee will be assessed.

Utilities: Water, air conditioning, electricity and heat will be included in the monthly rent payment. (Phone services, computer internet services, and premium television programming is the responsibility of the Resident.) The Facility will not be responsible for interruptions in utility services resulting from causes beyond The Facility's control.

Furnishings: The apartment will be furnished with refrigerator, microwave, floor coverings and blinds. The Facility reserves the right to limit the personal effects of the Resident brought to the Facility.

Housekeeping: The Resident agrees to maintain the apartment in a clean, sanitary and orderly condition. The Facility agrees to perform light housekeeping on a weekly basis. Housekeeping may include vacuuming, cleaning the floors and cleaning the bathroom and kitchen areas and trash removal. Housekeeping will also include cleaning and maintaining the public/common areas of the Facility.

Laundry: Laundry services will be provided for all bed linens, towels, and personal laundry. The linens and towels are to be furnished by the Resident. Laundry services will include washing, drying, folding and returning clothing and other items to the Resident's living unit. Additional charges may apply for multiple loads, as included in the Agreement. The Facility is unable to exercise complete control over the Resident's personal effects and therefore The Facility shall not be responsible for loss or damage to said personal effects not occasioned by the negligence of The Facility.

Equipment Maintenance: The Facility will provide service and repairs for the entire kitchen, plumbing and electrical items furnished with the apartment. The Resident will be responsible for service and repair of all personal appliances, equipment and property placed in the apartment by Resident.

Social and Recreational Activities: The Facility will provide or coordinate structured social, recreational, educational activities and/or cultural opportunities. All activities will be geared toward the abilities and interests of the Facility Residents. Residents will be encouraged to participate, but will be free to decline.

Property Tax Payments: Any property taxes, including any installments of special assessments, will be paid by The Facility.

Transfer/Discharge: If a Resident's level of care exceeds that of state/federal regulations, or requires a type of service for which the facility is not licensed, staffed, and/or certified, the Resident must be transferred to a program that can better meet the Resident's needs. Notification of transfer/discharge will be given to the Resident and/or Resident's responsible party. For safety and well-being of the Resident, transfer and/or discharge may be immediate. A Resident who is subject to an involuntary transfer shall have the right to an internal appeal of the transfer before the transfer occurs, pursuant to the state regulations.

Smoking: The Facility is a smoke-free facility. Any resident smoking shall be issued one warning to immediately cease and desist any smoking in the Facility. Any subsequent violation shall be cause for immediate eviction, subject to applicable law.

DEPOSITS/FEES:

The Resident agrees to pay to The Facility the following fees during the term of this Agreement:

1. Security Deposit: The Resident agrees to deposit with The Facility a security deposit in the amount equal to one month's rent when both the Resident and The Facility sign this Agreement. Upon termination of this Agreement, the security deposit will be refunded less any unpaid fees for services, deduction for repair due to damages (could include apartment re-carpeting if stains are present and can not be removed or if there is evidence of bodily fluids identified via ultra-violet lighting) caused by the Resident beyond normal wear and tear and any unpaid rent due, any monies due and owing The Facility for, including but not limited to, a replacement fee of \$150 will be assessed for any pendant replacements.

2. Restoration/Common Area Improvement Fee: A \$1.75 per square foot restoration/common area improvement fee is due at the time of signing this agreement. Fee is non-refundable after occupancy has begun.

3. Community Fee: A one-time fee of \$_____ will be assessed to a member of The Facility. Fee is non-refundable after occupancy has begun.

4. Rent: Rent shall include any cost, charge, or fee for occupancy of the premises and all services provided. Rent will be pro-rated and paid in advance for the first month, if initial occupancy is not on the first of the month. Resident shall pay rent in the amount of \$_____ per month. This rent will be subject to change based on the "Care Lifestyle Points/Fees" which a Resident is deemed at the time of move-in through a thorough review of the Resident's needs and services requested (see Addendum E). Care Lifestyle Points/Fees for the first month will also be pro-rated and will be based upon the nursing assessment determination of services to be provided by staff.

Monthly apartment rent in the second month, and thereafter, will be charged in advance. Care Lifestyle Points/Fees for the second month, and thereafter, will be charged based upon prior services provided. {This is determined by evaluating services provided between the 16th day of the preceeding month and the 15th day of the current month – one month timeframe. Based upon services provided for that timeframe, the applicable charges will be applied to the rent for the upcoming month.}

The rent is payable in advance on the first of every month and is subject to a late fee after the 5th of the month. A late charge not exceeding ten percent may be assessed for any payment received after the fifth of the month. Third party payments will be accepted and individual arrangements will be made with each Resident.

4. Increase in Rent Fees: The Facility will implement cost control measures consistent with sound financial practices and continued quality of the services to be provided under this Agreement. The Resident acknowledges that The Facility may, from time to time, change the monthly rent and other fees. If any such increase occurs, the Resident will receive 30 days written notice of such changes, which shall be delivered to the Resident. Care Lifestyle Points/Fees may change each month to reflect services provided that month. Thirty days notice does not apply to the Care Lifestyle Points/Fees to be charged.

APARTMENT TRANSFERS:

Conditions: All apartment transfers within the community require The Facility's prior consent, which will not be unreasonably withheld or denied. The Resident agrees to pay all moving costs and restoration fees required to restore the apartment being vacated to its original condition; reasonable wear and tear expected. The parties hereto shall execute an appropriate amendment to this Agreement, which shall include identifying the new apartment and establishing the monthly fee per Addendum at the current market rate for the apartment. All rent charges will be pro-rated for the purposes of a move within the Facility.

TERMINATION OF CONTRACT:

1. Termination upon failure to meet The Facility qualification requirements: In the event that prior to the date of occupancy of the apartment by the Resident, the Resident dies, fails to meet Facility medical, financial or other requirements for entry into The Facility, or determines not to reside at The Facility, this Agreement will automatically terminate and the security deposit paid to The Facility will be refunded - less a \$750 administrative fee (and, less any damages that may have been caused by personal possessions or traffic).

In the event that this Agreement was signed by two Residents intending to live together in the apartment, and prior to occupancy, one Resident dies or fails to meet such requirements, or determines not to reside at The Facility, this Agreement will automatically terminate and the security deposit paid to The Facility will be refunded - less a \$750 administrative fee (and, less any damages that may have been caused by personal possessions or traffic), provided, however, that the remaining Resident will have the option to reinstate the Agreement for single occupancy upon repayment to The Facility of all amounts refunded within 30 days of the date of such death or notice from The Facility of such failure to qualify.

2. Termination by either party: Either party may terminate this Agreement at any time by delivering a thirty (30) day prior written notice to the other party. The Resident will be charged rent and any other applicable fees (such as Care Lifestyle Points/Fees) for thirty (30) days from the receipt of the written notice or upon removal of the Resident's personal belongings from the premises, whichever is longer. Any refund of the security deposit will be made accordingly.

Non-payment of fees is considered termination of contract by Resident, and transfer arrangements will be made with all necessary costs paid by the Resident or legal representative.

3. Termination by the Facility: State and other regulatory agencies govern the level of services that the Facility may provide. When an emergency or a significant change in the Resident's condition results in the need for the provision of services that exceed the type or level of services included in the occupancy agreement and the necessary services cannot be safely provided by the assisted living program, including when the Resident refuses to consent to relocation, the Resident must be

transferred without 30 days notice to a program that can better meet the Resident's needs.

If it is determined, within reasonable judgment by the Facility, that a thirty (30) day prior notice period would be dangerous or detrimental to the health, welfare, safety, comfort and/or well-being of the Resident, including when the Resident refuses to consent to relocations, or other Residents, the Resident may be required to vacate the premises immediately. Rent will be charged until Resident's personal belongings are removed from the apartment.

4. Condition of the Apartment upon Termination: If the Resident has occupied the apartment, termination of this Agreement will not be effective and money will not be refunded until all belongings are removed and Resident(s) have vacated the apartment.

5. Appeals Process: In the case of involuntary transfer, the Resident or legal representative has the right to an internal appeal, pursuant to state regulations.

RESPONSIBILITY FOR PROPERTY:

1. The Resident agrees to reimburse The Facility for any loss or damage suffered by The Facility as a result of the negligence of the Resident or the Resident's guests.

2. The Facility will not be responsible for the loss or damage to any of the Resident's personal property due to theft, fire, water or any other cause. Each Resident is encouraged to secure appropriate insurance to cover personal property.

3. In the event of the Resident's death, or in the event of the abandonment or apparent abandonment by the Resident of any of the Resident's property in the apartment, The Facility will take appropriate steps to safeguard the Resident's property until it can give it to those persons who the Facility believes are entitled to receive such property. The Facility may remove and store the Resident's property in a commercial warehouse, and the Resident or the Resident's estate will pay the costs of such removal and storage. If the Resident's property remains unclaimed for ninety (90) days after The Facility has put it in storage, the Facility may donate, sell or authorize sale of such unclaimed property and the proceeds of such sale may be applied toward payment of all costs for removal, storage, and sale, with the balance, if any, paid to the Resident or Resident's designee.

In the event of the Resident's death, a thirty day notice of cancellation of the Occupancy Agreement is not required (if a second Resident is not residing in the apartment). The date the apartment is fully vacated of personal possessions and the apartment keys (and other The Facility property) are returned to an The Facility management staff member will be the last date of occupancy used in calculating fees (rent, care lifestyle points/fees, etc.) due The Facility.

CONFIDENTIALITY:

Resident information will be kept confidential according to state and federal laws.

RIGHT OF ENTRY:

The Resident agrees to allow The Facility authorized employees and agents to enter the Resident's apartment for inspection, maintenance, housekeeping, activities, health and safety reasons. All employees will knock and announce themselves before entering a Resident's room. In the event Resident fails to respond, The Facility authorized employees and agents may enter the room. For the Resident's safety in cases of emergency, the Resident will not use locks or locking devices other than those provided with the apartment.

HOLD HARMLESS:

The Facility assumes no responsibility for any injury or illness resulting from Resident's negligence or misconduct. The Resident has the right to take actions which may result in a fall or injury to oneself. Resident agrees to hold The Facility harmless and to pay or reimburse the Facility for any loss or damaged suffered by The Facility as the result of the negligence or misconduct of the Resident. The Facility shall not be responsible for any injury or illness which may befall the Resident while engaging in any Facility activity.

The Facility shall not be responsible for the Resident when he or she is away from the facility and not under the supervision of The Facility.

The Facility shall not be liable for, and the Resident agrees to indemnify, defend and hold the Facility harmless from claims, damages, and expenses, resulting from any injury or death to persons, and any damage to property not occasioned by the negligence of the Facility caused by, resulting from, attributable to, or in any way connected with the Resident's negligence or intentional act or omission.

In the event the Resident refuses to permit the use of protective devices when use has been directed by the attending physician, the Director of Nursing, or Executive Director, and the Facility, shall not be responsible for injury as a result of such refusal not occasioned by the negligence of the Facility.

EMERGENCY RESPONSE POLICY:

In order to ensure efficient and expedient treatment of emergency needs of the Residents, there will be a certified staff member available 24 hours per day within the facility or on campus, to respond to incidents of resident emergencies of any kind. Each Resident will have access to a one-touch emergency device which is monitored 24 hours per day by the on-site staff. In the case of an accident or emergency, additional on-call staff may be called into the facility to assist in resident care.

When serving Residents with cognitive disorder or dementia, the facility will follow a system, program, and/or written staff procedures in lieu of a Personal Emergency Response System that addresses how the program will respond to emergency needs of the Resident. The procedure will be individualized for each Resident as needed.

ADDITION OF ANOTHER PERSON:

Only two individuals may occupy an appropriate apartment. If only one Resident has signed this Agreement, the Resident may bring another person into the apartment resulting in the double occupancy of the apartment, upon notice to, assessment of, and approval by The Facility. The second Resident will be required to sign an Agreement. In such event, the second occupant of the apartment will not be required to pay an additional security deposit while this Agreement remains in effect, but the monthly rent fee per addendum will be adjusted to double occupancy. Also, the second Resident will be responsible for their Lifestyle Care Points/Fees and other applicable fees. If the first Resident vacates the apartment, the second Resident will be responsible for the Monthly Rent Fee.

APARTMENT CHANGES:

The Resident may not make any structural or physical changes in the apartment without first obtaining written consent, which may be withheld or denied at the sole discretion of The Facility. The Resident will pay all costs of such changes and redecorating costs required to restore the apartment to its original condition. Flat screen (or other) televisions can not be hung on walls without the prior consent of the Maintenance Director or Executive Director.

RULES AND REGULATIONS:

The Facility will have the right to adopt and amend rules and regulations consistent with this Agreement that the Facility may deem desirable for the general comfort and welfare of the Facility occupants. It is part of The Facility's philosophy to seek the input of the Facility occupants as part of this process whenever practical. The Resident agrees that the Resident's guests will abide by such rules and regulations.

GUESTS:

Guests will not occupy the Resident's apartment for more than fourteen (14) consecutive days, except by written approval of The Facility. The Resident agrees that guests will conform to all facility rules and regulations. There may be additional charges for any guest length of stay beyond fourteen (14) days. The Resident is responsible for payment of any charges incurred by the Resident's guests, including their meals.

DISCLAIMER:

The Resident has read and understands this Agreement. No person, entity, or organization other than The Facility will be responsible for covenants and obligations under this Agreement. This Agreement may only be changed by written documentation signed by both the Resident and The Facility.

The Resident acknowledges that the Resident does not by this Agreement, invest in or obtain an equity or other interest in any appreciation in the value of the apartment, this Agreement, or Facility, and that this Agreement has not been presented to the Resident as an investment or investment opportunity.

CANCELLATION BY FACILITY:

If The Facility is unable to conduct the business described in the first paragraph of this Agreement for any cause beyond its reasonable control, the Facility may cancel this Agreement by giving written notice of such cancellation to the Resident and by refunding the security deposit paid by the Resident.

INTERRUPTION OF OCCUPANCY:

Resident shall remain liable for the full amount of rent, including Care Lifestyle Points/Fees for up to 10 consecutive days the Resident is not occupying the apartment. (The Care Lifestyle Points/Fees will be equivalent to the amount charged the month prior to absence from Facility.) After 10 consecutive days, Resident will be charged the base level rent prorated until Resident resumes occupancy. Also, a second Resident will be responsible for payment of the second Resident rent fees and the Care Lifestyle Points/Fees for the first 10 consecutive days they are not occupying the apartment. The Resident will be required to pay the basic monthly rent fee for the apartment during any period in which The Facility is unable for any reason beyond its reasonable control to make the apartment available for the Resident's occupancy. The Resident will be responsible for rent not to exceed the amount paid prior to the interruption of occupancy.

INTERRUPTION OF SERVICE:

The Facility will have no liability for the failure to furnish any service under this Agreement if such failure was caused by reasons beyond the control of The Facility.

NOTICES:

Notices to the Residents may be properly given, for all purposes under this Agreement, by delivering a

copy of such notice at the Resident's apartment (or the responsible party of the Resident) addressed to all Residents generally or addressed to the Resident individually. Notice to the Resident required hereof may be properly given by posting such notice in a conspicuous location at The Facility.

Residents will be given a thirty (30) day written notice of any changes in the Resident Occupancy Agreement, including, but not limited to notice of change in rent rates, except when the facility cannot safely provide services to the Resident due to health status or condition change, as noted in the "Termination by Facility" section of this occupancy agreement.

AMENDMENTS:

The Facility, from time to time, may modify the terms, duties, policies and provisions of this Agreement. Such modification shall be effected by The Facility giving written notice at least thirty (30) days in advance of any change in the terms, duties, policies and provisions of the Agreement or any increase in the monthly service fees instituted by The Facility. The effective date of any amendment of the terms duties, policies and provisions of the Agreement shall be at the beginning of the term following the end of the notice period, unless otherwise stated in the notice to be a later date. If Resident continues to occupy his/her Apartment after the effective date of such proposed amendment, Resident shall be conclusively deemed to have accepted the amendment to such terms, duties, policies and provisions of the Agreement or any increase in the monthly service fees contained in the notification to Resident. In addition to the foregoing, any of the provisions of this Agreement may also be modified by a written agreement between The Facility and the Resident.

INDEMNIFICATION

Elk Ridge Village assumes no responsibility for any loss or damage to any of the Resident's personal property or any injury or illness of Resident resulting from any negligent acts or omissions or intentional or unintentional misconduct of any party, including but not limited to, any accidents or illnesses that may befall Resident while engaging in any Elk Ridge Village activity, whether on or off Elk Ridge Village premises. {In this section, Resident will also include Resident Guests/Visitors.} The personal property referenced in this section shall include but not be limited to, clothing, monies, jewelry, books, documents, household goods and furnishings, automobiles, décor, glasses, medical aids (hearing, visual, ambulatory, etc.) or any other property on resident's person, in Resident's Apartment, parked at Elk Ridge Village, or in Resident's vehicle. Further, any loss or damage to Elk Ridge Village's property caused by Resident or any of Resident's guests shall be paid for by Resident and Resident agrees to indemnify, hold harmless and pay Elk Ridge Village for any loss or damage suffered by Elk Ridge Village as a result of the negligent acts or omissions or misconduct of Resident or Resident's guests. Resident releases Elk Ridge Village and its employees from any and all claims for injury or damage to Resident or Resident's property. Resident is advised to obtain and carry insurance, at Resident's expense, to protect Resident from any such claims, losses or injuries.

COMPLAINTS:

Any Resident and/or family member with concerns regarding the operations and service delivery of the assisted living program may submit a verbal or written complaint with the Executive Director, and/or the State Regulatory Division at 402-471-0316. Appeals or grievances may also be submitted to the State Long Term Care Ombudsman's Office at 1-800-942-7830.

RETALIATION:

The Facility shall not discriminate or retaliate in any way against a Resident, Resident's family, or employee who has initiated or participated in any proceeding related to grievances or the complain process.

BINDING AGREEMENT, ASSIGNMENT:

The Resident's rights under this Agreement are personal to the Resident and may not be assigned, transferred, or pledged by the Resident.

PREVIOUS CONTRACTS:

The Agreement supersedes and replaces any and all Agreements between the parties as of the date first written above.

INCORPORATION OF OTHER DOCUMENTS:

The Resident acknowledges receipt of resident rights, managed risk agreement, medical forms and all documents the Resident has been given by The Facility.

MEDICAL CONSENT:

The Resident hereby authorizes The Facility to contact the physician(s) provided to the licensed nurse on behalf of the Resident in the event the services of a physician are required. The Resident hereby authorizes The Facility to obtain emergency or alternative health services whenever the facility determines such services are required for the health, safety and well-being of the Resident, with the understanding that all associated costs are the sole responsibility of the Resident. The Resident agrees that The Facility is not responsible for any act or omission regarding emergency or health care services, including those services provided by physicians. The Facility may release any medical information regarding the Resident to the staff, physicians, dentists, pharmacists, and other consultants providing professional services to the Resident.

TRANSFER OR DISCHARGE TO LONG TERM CARE:

Prior notification shall be made to the next of kin, legal representative, attending physician, if any, prior to transfer or discharge of any Resident, except in an emergency. Proper arrangements shall be made by The Facility for the welfare of the Resident prior to the transfer or discharge in the event of emergency or inability to reach the next of kin or legal representative.

The Facility shall not involuntarily transfer or discharge a Resident except for 1) medical reasons; 2) the Resident's welfare or the health or safety of other individuals in the Facility; 3) non-payment of the rates due pursuant to this Agreement, or 4) if the Facility ceases to operate. The Facility shall provide the Resident prior notice of transfer or discharge as required by law.

The Resident/Resident's legal representative or family member shall have the right at all times to voluntarily discharge the Resident from the Facility provided that the Executive Director of the Facility is given prior notification in order that a proper transfer or discharge can be made. The Facility requires thirty (30) days' advance written notice of a planned discharge or transfer and the Resident may be charged for such days.

The Facility will automatically arrange transfer to a long-term care facility if the Resident requires or requests nursing home care. The Resident shall be responsible for all charges associated with nursing care at the Facility that the Resident has chosen.

RESPONSIBLE PARTY:

In consideration for The Facility obligations set forth herein, the individual executing this Agreement as the Resident's Responsible Party hereby guarantees payment of all amounts due from Resident hereunder and promises to perform all obligations of the Resident set forth herein, and to take

responsibility for the Resident upon termination of this Agreement for any reason.

MEDICAID WAIVER:

The Facility is a Medicaid Waiver certified community. We have a few one bedroom apartment homes available for those who meet the requirements of Medicaid financial support. The apartments are available on a first come, first served, basis. {Note: Apartments for Medicaid Waiver are NOT available in the Special Memory Care / Alzheimer's Care Suites portion of Elk Ridge Village Assisted Living.} Due to Medicaid Waiver requirements and the paperwork required via the assistance agencies, please provide the Executive Director with at least 6 months notice (in writing) of your desire to seek Medicaid Waiver accommodations. The policy for utilizing Medicaid Waiver at The Facility is that a resident must have been paying, privately, for assisted living occupancy at The Facility for at least 36 months before the first month of Medicaid Waiver assistance.

GUN STORAGE

Management must pre-approve the storage of any gun in resident apartment homes. In order to store a gun in an apartment home, it must have a trigger lock mechanism installed and, ideally, should also be stored inside a lockable case or on a lockable rack. The keys to the trigger lock(s) and the lockable case(s) must not be in the possession of the resident, but must be in the possession of a family member or personal representative of the resident. All locking mechanisms must be approved by the Executive Director and/or Maintenance Director of The Facility.

MOVING & DAMAGES

Resident assumes responsibility for all damages that may be caused in moving items to/from The Facility by a contractor or others.

MANAGED RISK AGREEMENT:

The goal of the Facility is to maximize the Resident's self-control through the acknowledgement of having a shared responsibility for identifying and meeting the needs of the resident and the process for managing risk and for upholding resident autonomy when resident decision-making results in poor outcomes for the resident and others. We cannot guarantee to protect the resident's negative consequences of his/her own actions. We provide services that are designed to enhance autonomy in ways that reflect dignity, privacy, independence and individuality. The resident's apartment home is his/her private space. Staff will not enter the resident's apartment home unless by invitation, to provide cares, to ensure resident safety, or in case of an emergency. Those individuals with problems of confusion or memory loss may be updated on their service plan and a higher degree of monitoring may be needed. If staff becomes aware of a resident's actions that are detrimental to his/her own health or well-being, they will discuss the consequences of that behavior with the resident and/or responsible party. If the behavior continues, a consensus-based process will be conducted to address specific risk situations. The appropriate staff and the resident/resident's responsible party shall participate in the process. The result of the consensus-based process may be a Managed Risk Agreement.

SELF MEDICATING RESIDENTS

Residents that manage their own medications are inherently responsible for ensuring that their medications are properly stored in their apartment homes. Proper storage, according to the Nebraska Department of Health & Human Services (DHHS), means that the medications must always be locked and not available to public access. Locking of medications can be done in one of (or both of) two fashions:

- 1- Resident apartment door always locked – whether resident is home or away.
- 2- Medications are stored in the apartment in a locked storage device.

If the medications are not properly locked/stored, The Facility reserves the right to require that our staff take over medication management and dispensing or, as a last resort, cancel the Resident Service Agreement if the medication storage issue is not resolved to our requirements and that of the State of Nebraska DHHS.

RESIDENTS RECEIVING MEDICATION MANAGEMENT BY THE FACILITY

For residents that are provided medication and medication management by The Facility: It is a violation of The Facility policy for a resident or resident caregiver to utilize medications or to have medications in the resident apartment home that are not provided/managed by The Facility staff and documented in the The Facility "Medication Administration Records – MAR". The medications noted above all are encompassing and include prescription and non-prescription items such as: vitamins, laxatives, cough suppressant, herbal supplements, aspirin, Tylenol, etc. All medications (including 'over the counter' medications) must be prescribed by a physician, filled by the pharmacy and placed in an approved container ('bubble pack') and administered by only The Facility staff. The policy is intended to protect and guard against injury to residents. Violation of the aforementioned policy will result in The Facility providing notification of immediate discharge and termination of the Resident Service Agreement.

REQUIRED PERSONAL ITEMS

The Resident is responsible for supplying his/her own personal care items. If supplies are not available, The Facility staff will order supplies from our provider and the Resident will be billed. Please remember to inventory your items on a regular basis. Required items include the following: toothbrush; toothpaste; shampoo; deodorant; soap; shaving supplies; toilet paper; facial tissues; hand/bath towels; linens (two sets); non latex gloves (medium size); wet wipes; shower chair (if desired); laundry basket; trash bags and trash can. If Resident is incontinent, a plastic mattress cover is required as are appropriate adult undergarments, wet wipes and non latex gloves.

LANDLORD LAW

The resident landlord law applies to all assisted living programs.

ADDENDUM "A"

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|---|---------------------|
| <ol style="list-style-type: none"> 1. Additional personal laundry <p>We will provide laundry services at no charge for three loads weekly for a single occupant; five loads weekly for a double occupancy. Additional loads will be at the rate noted above.</p> | <p>\$8/load</p> |
| <ol style="list-style-type: none"> 2. Tray services | <p>\$8 per tray</p> |
| <ol style="list-style-type: none"> 3. Additional bathing fees <p>We will provide one whirlpool bath or shower per week, no charge. Consult Addendum "E" for additional bathing fees.</p> | |

4. Transportation Services

-Free scheduled transportation to medical/dental appointments is available on days/times as indicated in Resident Handbook.

-Paid transportation services are available as indicated in Resident Handbook and this agreement.

5. Long Term Care Insurance paperwork

- If The Facility to fax/send monthly statement to insurance company. \$10/month

(Fee can be avoided by family taking on this task.)

- If The Facility must sign/complete paperwork for submission. \$25/month

6. Supplies

- The Facility relies upon the resident or the resident representative to provide many of the supplies; such as disposable briefs, cleansing wipes, and exam gloves. If the aforementioned items are needed for a resident, but not available, The Facility may either order them from the Pharmacy or provide the items from our own inventory. In either case, the supplies will be billed to the resident. If purchased from The Facility, please consult a nursing manager for pricing. Also, you can contact the Pharmacy for their pricing.

Guest Meals

Please consult the Resident Handbook for pricing details.

ADDENDUM "B"

Applicable if resident is receiving Medication Administration, Management and Supervision via The Facility staff, per the Assisted Living Occupancy Agreement.

If a dose of medication is reordered from the pharmacy by The Facility staff, due to it being rendered non-edible or non-usable (dropped, spit out, refused, etc.) the fees associated with the medication reorder will be billed to the resident or resident POA. Reorders are required in order to provide the appropriate amount of medications, as dictated by the physician orders. The pharmacy will bill The Facility for the reorder and The Facility, in turn, will bill the resident or resident POA.

Billing for medication reorders will be posted to the account statement along with rent and extra charges associated with residency at The Facility. Billing will occur as quickly as possible, based on receiving the data from the pharmacy.

ADDENDUM "C" – Eligibility & Discharge Criteria

This addendum is intended to provide more specific information related to the second bullet point within the "RECITALS" of the Resident Service Agreement. The following criteria relate to the admission and retention of residents and follow the guidelines of the Department of Health & Human Services.

1. The program will not knowingly admit or retain a tenant/resident who is not stable or predictable or when a tenant/resident presents with the following:

- Whose medical or physical condition creates a situation beyond the level of care that can be provided by the community and/or supportive services
- Who is bed bound unless appropriate support services are in place
- Requires more than part-time intermittent health-related care unless appropriate support services are in place
- Has unmanageable incontinence on a routine basis despite an individualized toileting program.
- Is violent or a danger to himself/herself or others.
- Tenant/resident has failed after reasonable and appropriate notice to pay for a stay at the community
- Who despite intervention chronically wanders into danger, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression.
- Has a diagnosis of an active-stage contagious disease such as Tuberculosis
- Anyone in an acute state of drug addiction, mental illness, or alcoholism.
- The community ceases to operate

2. When criteria for discharge is met:

- A letter will be sent to the resident and the resident's legal representative if applicable, informing them of the need for discharge, and a copy of the letter will be placed in the resident's file.
- The resident will be given 30 days from the date of the letter to find alternate placement.

If it is determined, within reasonable judgment by the facility, that immediate transfer is required each case will be handled individually depending on the circumstance.

ADDENDUM "D"

Applicable for residents who utilize a third party provider for home health, hospice, or companionship related services.

Residents who desire home health care, hospice, or companionship services understand that the preferred and recommend organizations are listed below:

Home Health

CHI (Alegent)
Gentiva
Physmed Home Health Care

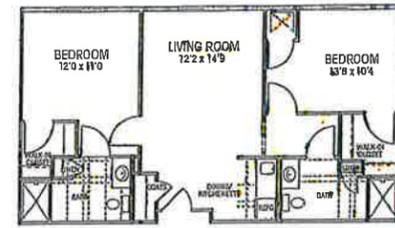
Hospice

CHI (Alegent)
Gentiva
Methodist Hospice
Pathways to Compassion Hospice
Serene Care Hospice

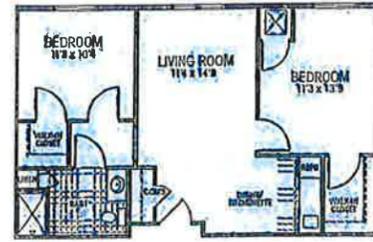
ELK RIDGE



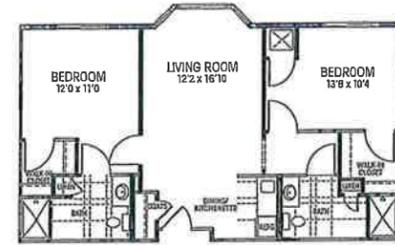

Regal
533 SQ. FT.



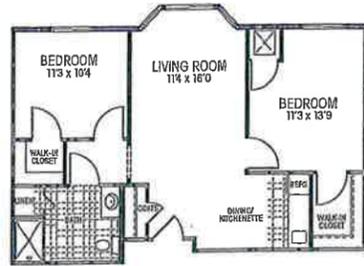
Hawthorne
851 SQ. FT.



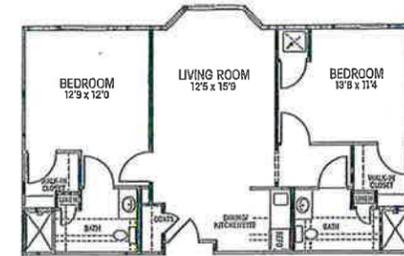
Amherst
762 SQ. FT.



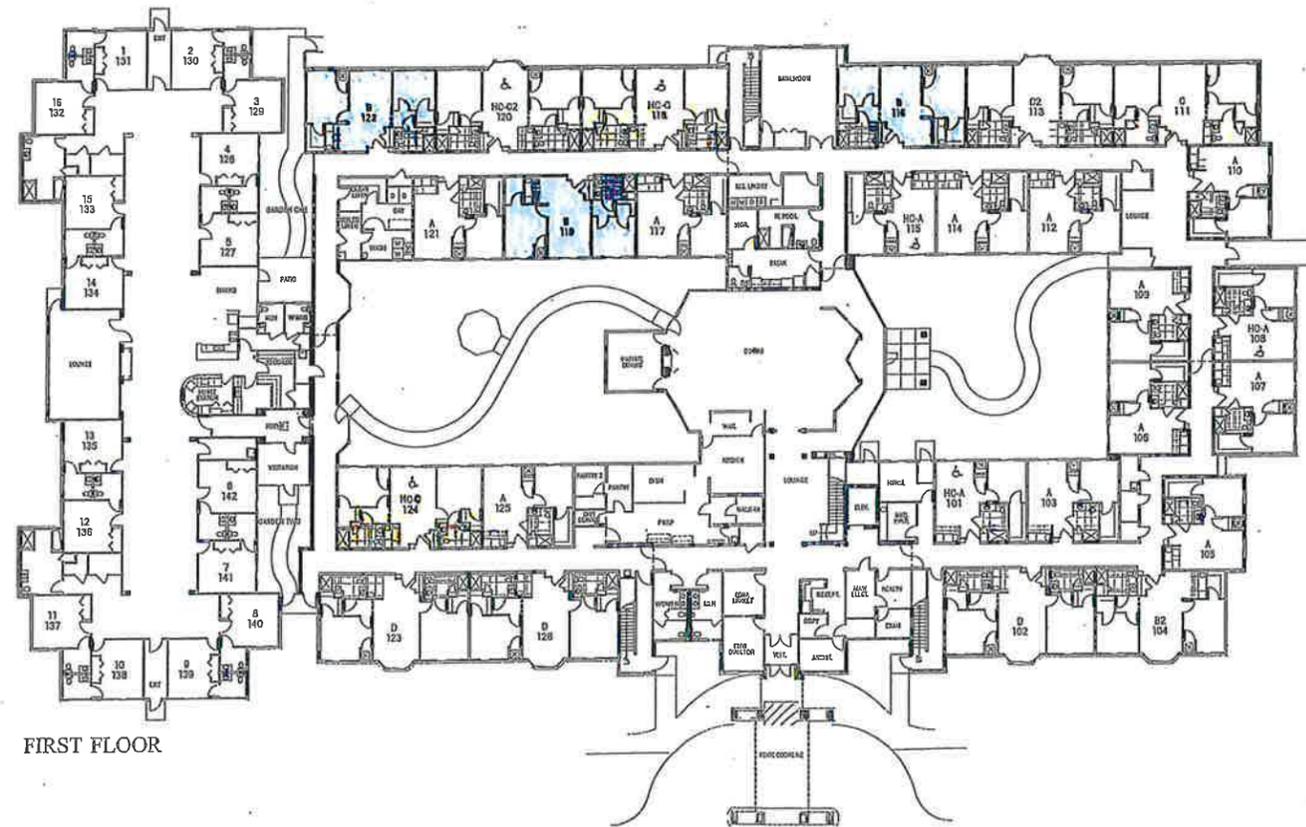
Hawthorne-bay
878 SQ. FT.



Amherst-bay
789 SQ. FT.



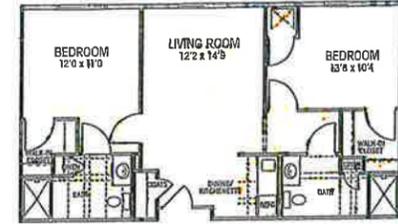
Victorian
930 SQ. FT.



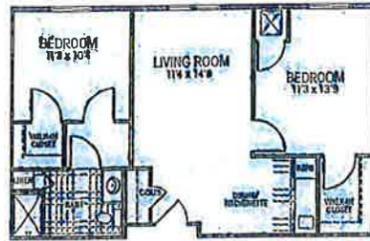
ELK RIDGE



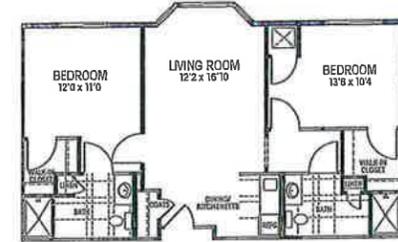

Regal
533 SQ. FT.



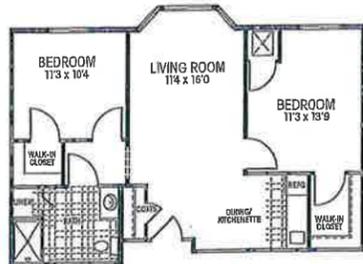
Hawthorne
851 SQ. FT.



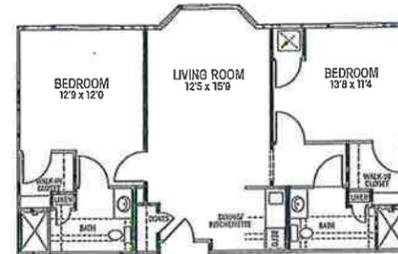
Amherst
762 SQ. FT.



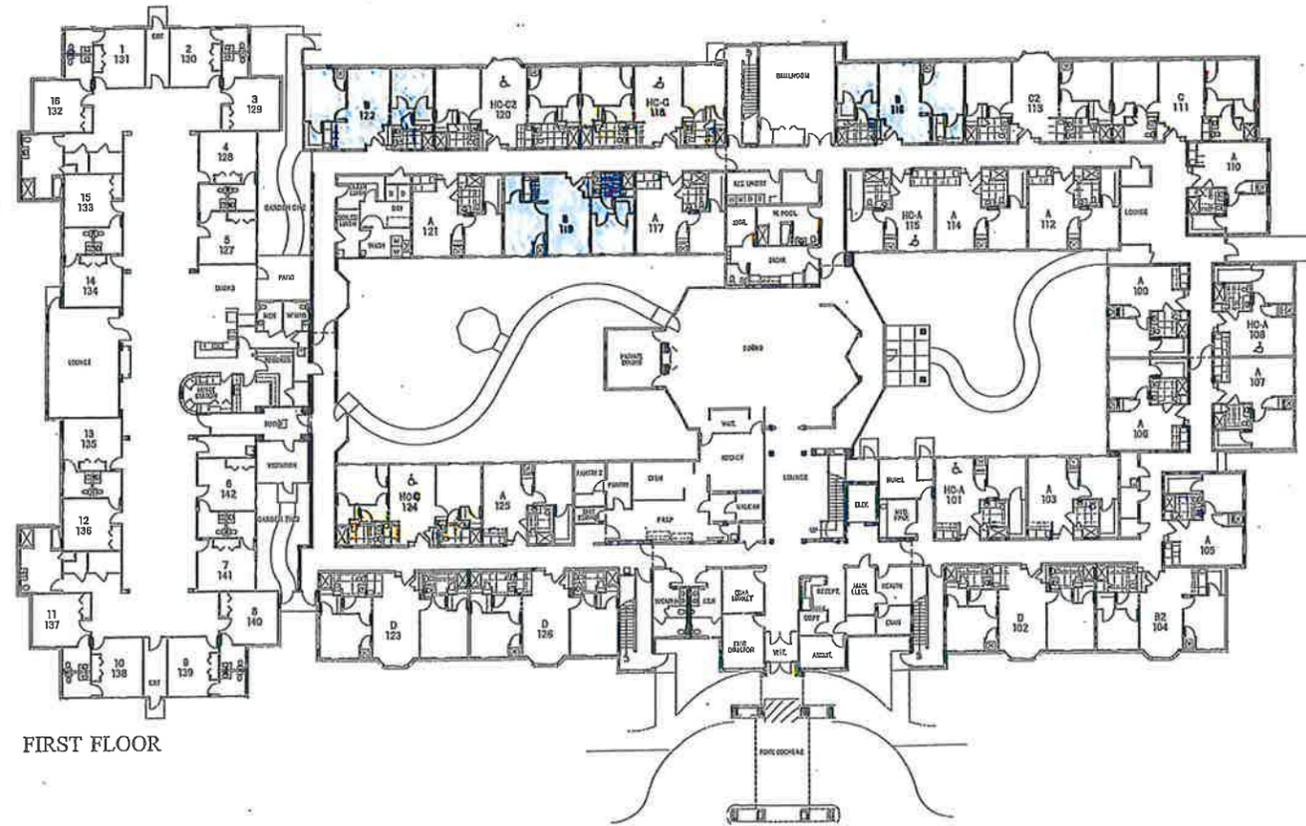
Hawthorne-bay
878 SQ. FT.



Amherst-bay
789 SQ. FT.



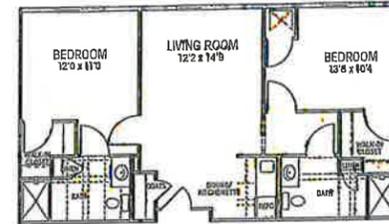
Victorian
930 SQ. FT.



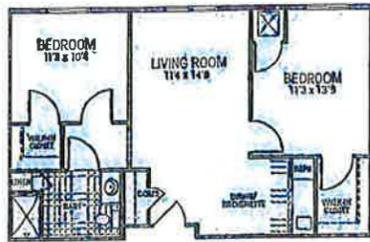
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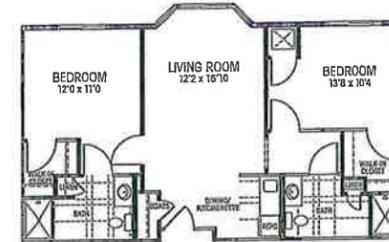

Regal
533 SQ. FT.



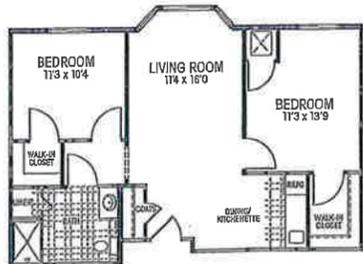
Hawthorne
851 SQ. FT.



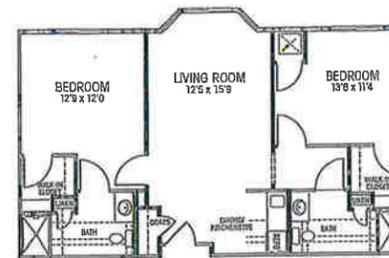
Amherst
762 SQ. FT.



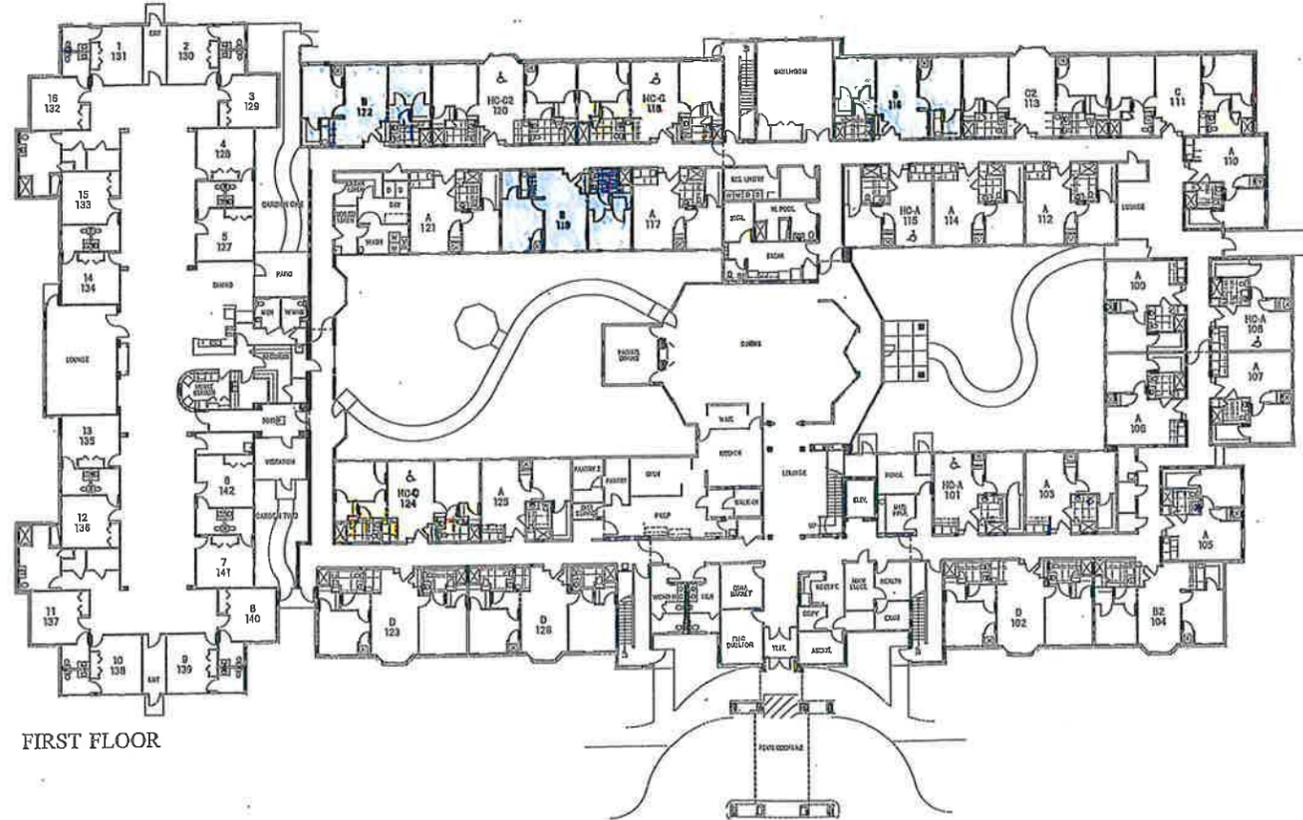
Hawthorne-bay
878 SQ. FT.



Amherst-bay
789 SQ. FT.



Victorian
930 SQ. FT.





Love
THE WAY YOU
Live

Special Memory Care



Activities are
subject to change.

FEBRUARY ACTIVITY CALENDAR

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>If you would like spiritual counseling, call Deacon Paul Rooney at 402-616-0712 or Pastor Sandy Webster at 402-650-6950 to make an appointment.</p> 	<p>1 9:00 Walking Club 10:00 Range of Motion 10:45 Categories 1:15 Scenic Drive 3:00 Card Game: UNO</p>	<p>2 Groundhog Day Wear your brightest colored clothes as we wish for an early spring. 10:00 Yoga 10:00 Podiatrist 10:00 Tractor Construction 1:00 Reading Aloud 2:00 Protestant Service with Pastor Pearson 2:30 Board Game: Connect 4 3:30 Bingo</p> 	<p>3 9:15 Range of Motion 10:00 Baking 10:30 Dress up 11:00 Custom Hearing Solutions 1:00 Rosary with Jenny Holtz 2:00 Protestant Services with Pastor Mike 2:00 Puzzles 3:00 Blackjack 4:00 Word Find Salon Hours: 8:30-12:00</p> 	<p>4 9:15 Walking Club 10:00 Bingo 11:00 Sing Along 1:15 Pokeno 2:15 Hang Man 3:30 Catholic Communion with Deacon Ricketts 4:00 Basketball Salon Hours: 8:30-3:00</p>	<p>5 9:15 Range of Motion 10:00 Spa Day: Facials and Hand Massages 11:00 Dominos 1:00 Sing Along 2:00 Entertainment & Happy Hour: Derek Ventura 3:30 Card Game: Kings in the Corner Salon Hours 8:30-12:30 Wear Red today!</p> 	<p>6 10:30 Bible Study 1:30 Bingo 6:00 Lawrence Welk CH 12</p>
<p>7 Offsite Services Televised Services 1:00 All Faith Service with Deacon Rooney 3:00 Sunday Matinee "Lincoln" per Bowl 50 Denver Bronco vs. Carolina Panthers KMTV (CBS) channel 5 6:30</p> 	<p>8 Chinese New Year: The Year of the Monkey 9:00 Walking Club 10:00 Range of Motion 10:45 Trivia 1:15 Scenic Drive: Downtown Omaha 3:30 Dominos</p> 	<p>9 Mardi Gras Wear you purple, green or gold clothing. 9:30 Yoga 10:00 Parachute 10:30 Balloon Volleyball 11:00 Coffee Social 1:00 Trivia 2:00 Penny Pitch 2:30 Puzzles 3:30 Pokeno</p> 	<p>10 Ash Wednesday 9:15 Range of Motion 10:00 Methodist Health System Balance Program 11:00 Craft: Valentine's Day Decorations 1:00 Rosary with Jenny Holtz 2:00 Clipping Coupons 3:00 Blackjack 4:00 Ring Toss Salon Hours: 8:30-12:00</p> 	<p>11 9:15 Walking Club 10:00 Bingo 11:00 Tic Tac Toe 1:15 Craft: Jewelry 2:15 Baby Care 3:15 Nuts & Bolts Assembly Salon Hours: 8:30-3:00</p>	<p>12 9:15 Range of Motion 10:00 Spa Day: Facials and Hand Massage 11:00 Bowling 1:00 Checkers 2:00 Valentine's Day Party 3:00 Entertainment: George and the Juniors Salon Hours: 8:30-12:30 Wear red or pink to help us celebrate Valentine's Day early.</p>	<p>13 10:30 Bible Study 1:30 Pokeno 3:00 Baking: Cookies for Valentine's Day 6:00 Lawrence Welk CH 12</p>

