

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

Ridgewood Active Retirement Community
MEETS STATUTORY REQUIREMENTS AS AN
Assisted Living Facility
LIC #ALF331

Services:

Alzheimer's Memory Care Endorsement
Aged/Disabled Med Wvr

EXPIRES:

April 30, 2017



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

Cut on heavy line and place on license

FACILITY NAME: Ridgewood Active Retirement Community
ADDRESS: 12301 North 149th Circle, Bennington, NE 68007

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 4, 2016

Sarah Stoakes, Administrator
Ridgewood Active Retirement Community
12301 North 149th Circle
Bennington, NE 68007

Dear Ms. Stoakes:

This is to acknowledge that Ridgewood Active Retirement Community, Assisted-Living Facility License #ALF331, 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:	9/2/16
License number:	
License expiration date:	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 # _____

Change of ownership

3. Facility information

Name of facility: Ridgewood Active Retirement Community
(Doing Business As (DBA) name registered with Secretary of State)

Facilit
y E- ridgewood@ridgewoodseniorcommun
mail: ity.com

Phone: 4028847644 FAX: 525 4028847

Street address: 12301 N 149th Circle

City, State, ZIP: Bennington, NE 68007 Cou
nty: Douglas

Mailing address: _____

Administrator: Sarah Stoakes

Maximum endorsed capacity: 88 beds

4. Applicant information

Owner (licensee) Management

Name of legal owning entity: GAHC3 Bennington NE ALF TRS SUB, LLC
(Exactly as registered with the Secretary of State)

Contact name: Brian Voss

Phone: _____ FAX: _____ E-
mail: _____

Street address: 18191 Von Karman Avenue, Ste 3

City, State, ZIP: Irvine, CA 92612

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.

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

Criteria for discharge:

- 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
- k. The transfer is necessary for the tenant's/resident's welfare and the tenant's needs cannot be met in the community.
- l. The safety of individuals in the community is endangered.
- m. The health of individuals in the community would otherwise be endangered.
- n. The tenant/resident has failed, after reasonable and appropriate notice, to pay for a stay at the community.
- o. An immediate transfer or discharge is required by the tenant's/resident's urgent medical needs.

The tenant/resident is transferred for other than medical reasons.

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

Plan of care is updated as needed due to change in status and/or annually.

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.

1) Family support program:

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.

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 caregiver. The person with dementia is moving to a new home with new faces. And, the 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 your loved one's needs, you may either need to visit more frequently or give your loved one their own space to adjust. As the adjustment period eases, you can settle into the visiting pattern that is best for both of you.

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

- Onsite dementia support group for family members, caregivers, friends on a monthly basis
- 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.

J) Cost/Fees of care:

Monthly fees include a base monthly rent in the amount of \$5195, in addition to Level of Care fees based on the care and services received by each individual resident.

Monthly Fee Includes:

- Three meals daily and snacks as desired
- Weekly housekeeping and laundry services
- Daily bed making
- Specifically tailored individualized and group activities
- Cueing and reminders
- 24 hour specially trained staff on site
- Registered Nurse oversight and on-call 24 hours per day
- Nurse coordination of laboratory requests
- Escort to and from the dining room and activities
- Utilities (gas, electric, water and basic cable service)
- Transportation to medically related appointments

Monthly Care Levels			
0-30	Pts	NO CHARGE	
31-38	Pts	\$165	/Mo
39-45	Pts	\$220	/Mo
46-53	Pts	\$275	/Mo
54-60	Pts	\$330	/Mo
61-67	Pts	\$385	/Mo
68-75	Pts	\$440	/Mo
76-85	Pts	\$495	/Mo
86-94	Pts	\$550	/Mo
95+	Pts	\$750	/Mo

[Empty box for stamp or additional information]

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.

SARA S. STOKES
(Print Name of authorized representative)

8/31/16
(Date)


(Signature)

8/31/16
(Date)

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.

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

KDL/S
5/10/16

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

RIDGEWOOD ACTIVE RETIREMENT COMMUNITY
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services ALZHEIMERS UNIT Lic # ALF331
AGED/DISABLED MED WVR

EXPIRES
04/30/2017

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

Cut on heavy line and place on license.

FACILITY NAME: RIDGEWOOD ACTIVE RETIREMENT COMMUNITY
ADDRESS: 12301 NORTH 149TH CIRCLE, BENNINGTON, NE 68007

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.

2-19-15

LICENSURE UNIT

MAR 21 2016



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

RECEIVED

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:
RIDGWOOD ACTIVE RETIREMENT COMMUNITY
12301 NORTH 149TH CIRCLE
BENNINGTON, NE 68007

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF331
TELEPHONE NUMBER: (402) 214-7359
FAX NUMBER: (402) 884-7525
ADMINISTRATOR: SARAH STOAKES
EMAIL: Ridgewood@RidgewoodSeniorCommunity.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 88

5. SPECIFY SPECIAL POPULATIONS: (Please check)

- Special Care Unit for Alzheimer's or Dementia or Related Disorders _____ 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: _____

2016 MAR 25 A 11:01
REC'D DHSS ACCOUNTING

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: GAHC3 BENNINGTON NE ALF TRS SUB, LLC
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 18191 VON KARMAN AVENUE, SUITE 3
IRVINE, CA 92612

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.

Danny Prosky
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Jeffrey Hanson
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

2/17/16
DATE

2/17/16
DATE

Ridgewood Senior Living

Date: March 25, 2016

Re: GAHC3 Bennington NE ALF TRS Sub, LLC

Current Member:

GAHC3 TRS Rotary Holdings, LLC 100%

Consisting of (owning 5% or more):

Griffin-American Healthcare REIT III Holdings, LP 100%

Danny Prosky, Member

Jeffery Hanson, Member

GAHC3 TRS Rotary Holdings LLC its members are located at:

18191 Von Karman Ave

Suite #300

Irvine, CA 92612-7106

(949) 270-9252

Ridgewood Senior Living

Date: March 25, 2016

Re: GAHC3 Bennington NE ALF TRS Sub, LLC

Current Member:

GAHC3 TRS Rotary Holdings, LLC 100%

Consisting of (owning 5% or more):

Griffin-American Healthcare REIT III Holdings, LP 100%

GAHC3 TRS Rotary Holdings LLC its members are located at:

18191 Von Karman Ave

Suite #300

Irvine, CA 92612-7106

(949) 270-9252



Ridgewood Assisted Living and Special Memory Care Licensure Renewal

2. Ownership/Control

GAHC3 Bennington NE ALF TRS SUB, LLC

18191 Von Karman Avenue

Suite 3

Irvine, CA 92612

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 402919

Name of Facility: **Ridgewood Active Retirement Community**
Type of Facility: **Assisted Living**
Location: **12301 N 149th Circle, Bennington**
Maximum Occupancy: **88 Beds**
Date Issued: **2/19/2015**

Approved By:

Inspected By: **8740 Gary German**
Deputy State Fire Marshal


State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.



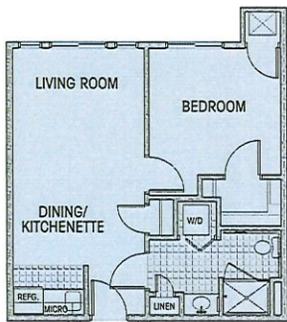
Ridgewood

SENIOR LIVING COMMUNITY
ASSISTED LIVING

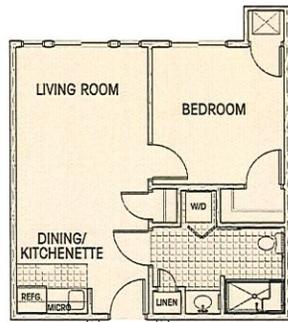
1ST FLOOR = 24 BEDS
 2ND FLOOR = 24 BEDS
 3RD FLOOR = 24 BEDS

 72 BEDS
 ASSISTED
 MEMORY CARE = 16 BEDS

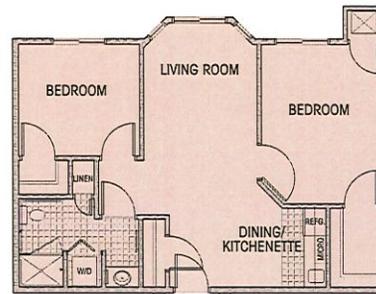
 88 BEDS
 TOTAL



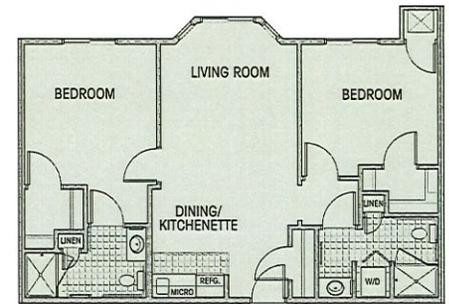
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579 SQ. FT.



Bhc Arbor Rose
579 SQ. FT.



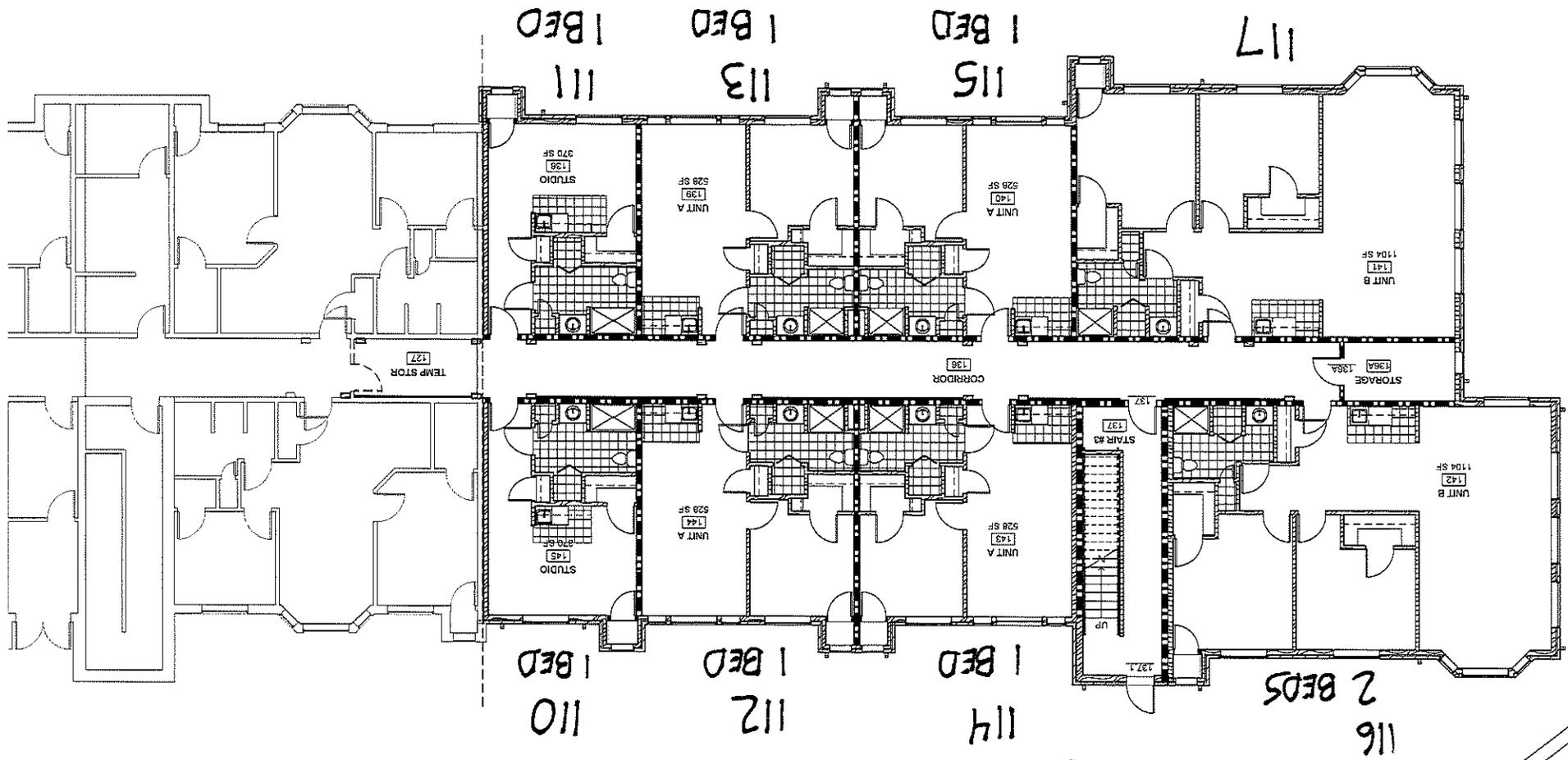
B Biltmore
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C Continental
943 SQ. FT.



M1
01 LEVEL
1/8" = 1'-0"



2 BEDS

117

1 BED

115

1 BED

113

1 BED

111

2 BEDS

116

1 BED

114

1 BED

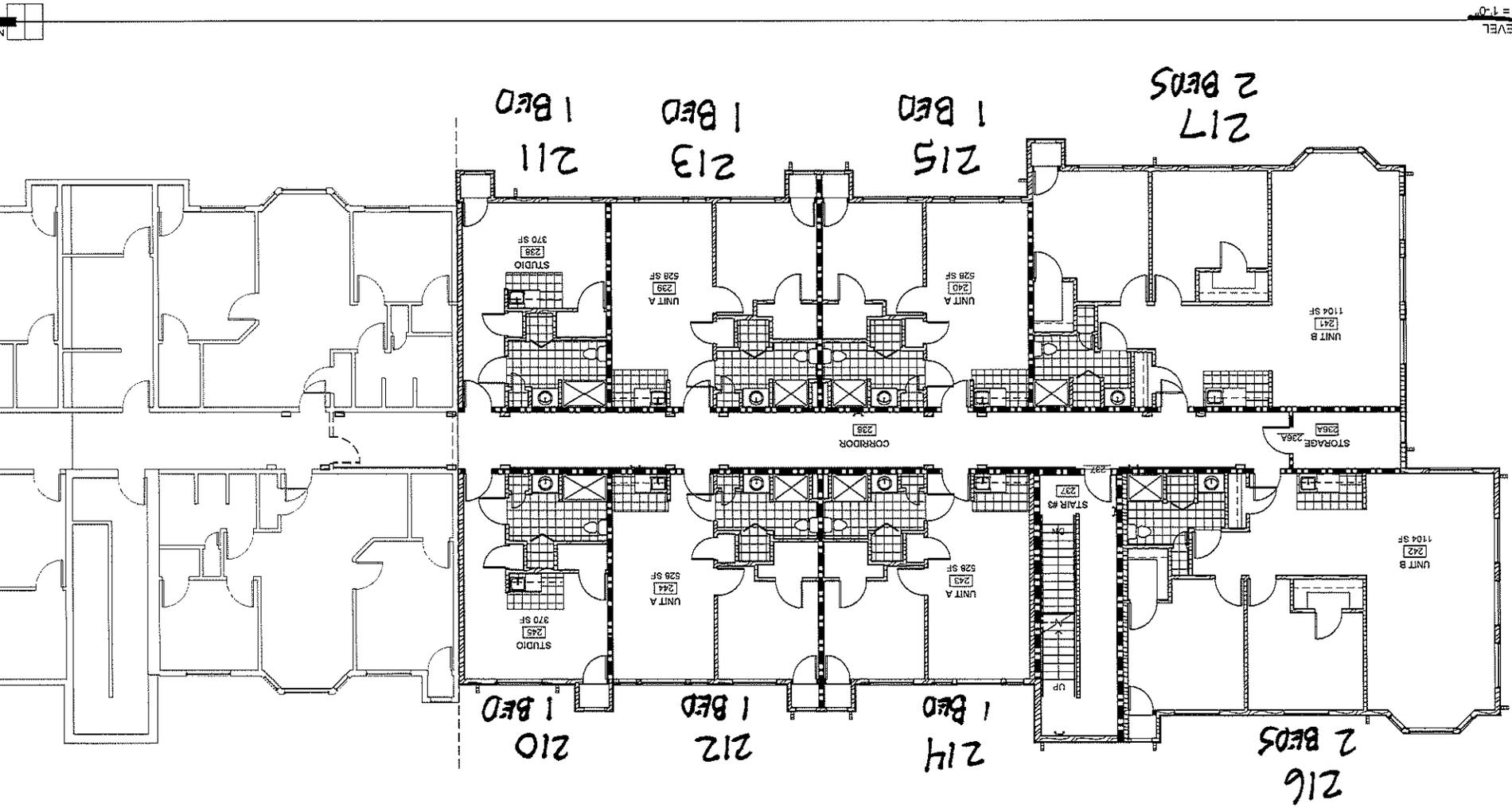
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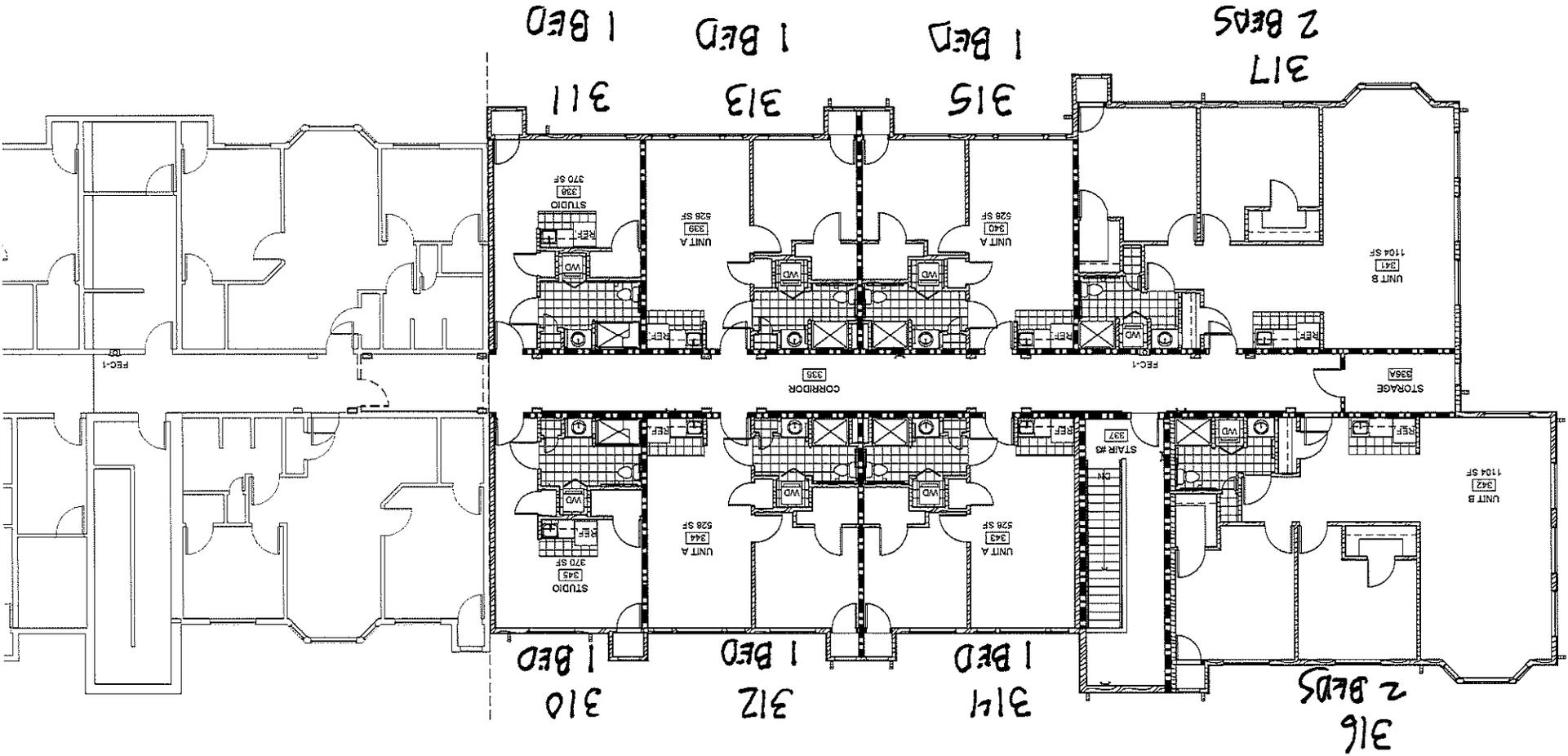
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110



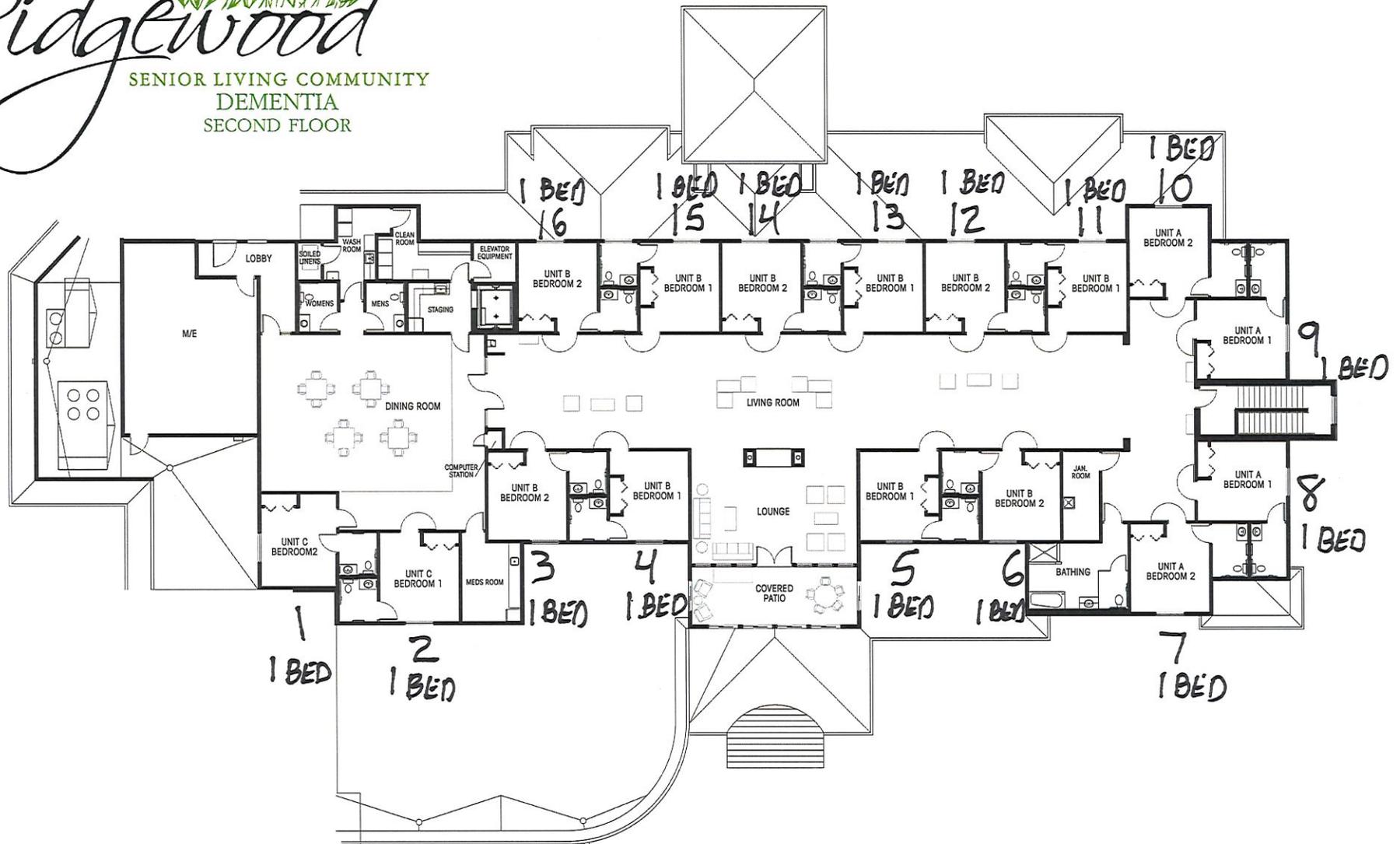
SENIOR LIVING COMMUNITY
ASSISTED LIVING





Ridgewood

SENIOR LIVING COMMUNITY
 DEMENTIA
 SECOND FLOOR





Ridgewood Memory Care

Mission Statement

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 caregiving 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

Ridgewood 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. 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 easy 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 their loved ones. 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

The Ridgewood Memory Care Team members are chosen specifically for their heart to 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.

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 a unique life history, interests and experiences. We can only care for a person if we truly know them.

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.

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 & functional evaluation and cognitive evaluation.
 - 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. Upon admission a clinical note will be made to include date and time of admission along with other pertinent admission information.
3. 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.
4. In addition to previous identified documentation, any unusual event or occurrence is documented in the record.

ADMISSION AND RETENTION POLICY AND PROCEDURE

Policy:

The community will evaluate each prospective tenant's/resident's health & functional capacity and cognitive 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 & functional capacity and cognitive 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

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 and pharmacy 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.

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 and/or Advance Directives
 - 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.

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.
 - c. The location to which the tenant/resident is being transferred or discharged as applicable
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.

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 health & functional capacity, and cognitive 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 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.
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 evaluate 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.

Resident Name: _____

Ambulation: 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: _____
Implement Fall Precautions YES ___ NO ___

Communication: (Health/Functional)

Vision:

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

Hearing:

Adequate ___ Poor ___ Deaf ___ Hearing Aide(s) ___ (Right/Left/Both)
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 Assistance ___
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 _____
Donning/Removing Braces (specify) _____ Shoes/socks _____
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 _____
Insulin _____ Scheduled/Sliding Scale Accu Checks _____
Supply Ordering: Independent _____ Family _____ Staff _____
Oxygen _____ Management of Equipment: Independent _____ Staff _____
Breathing Tx's _____ 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 _____

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 1. What day of the week is it?

1 2. What is the year?

1 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.

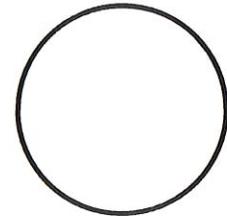
8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say 42, you would say 24.

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 10. 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

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 _____

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 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

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.



Resident Agreement

Memory Care

This Residency Agreement is entered this ____ day of _____, 20____, by and between **GAHC3 BENNINGTON NE ALF, LLC**, a Delaware limited liability company, Owner of Ridgewood Memory Care ("Ridgewood"), and _____ ("Resident") to occupy Apartment number _____ at Ridgewood Memory Care.

Recitals

- A. **GAHC3 BENNINGTON NE ALF, LLC**, a Delaware limited liability company, owns and operates an Assisted Living Community located at 12301 N 149th Circle, Bennington, NE 68007.
- B. Resident has made application for admission to residency in Ridgewood, and Ridgewood has accepted the Resident's application.
- C. Before a Tenant occupies an apartment at the Facility, he/she agrees to obtain, at his/her own expense, a physician's medical report. The Tenant must meet the health requirements of the Facility that will be determined by management, in consultation with the Tenant's physician, and in compliance with State Regulations. The Tenant agrees to obtain additional physician examinations and reports if requested by the Facility.

Now therefore, in consideration of the payments set forth in this Agreement and the covenants and conditions contained within this Agreement, the parties agree as follows:

1. Occupancy by Resident

1.1 General. Ridgewood provides accommodation, board and personal assistance with specified essential activities of daily living to its residents. Services provided at Ridgewood are limited to those set forth in this Agreement. Ridgewood is not equipped to, and does not provide, services generally provided by hospitals or skilled nursing facilities.

1.2 Occupancy. Ridgewood agrees that Resident may occupy the Apartment so long as Resident is not in breach of any of the terms or conditions of this Agreement and is not a threat to any property or the health, safety or peaceful lodging of the Resident or other Residents. The term of the occupancy shall be for a period of one (1) month and shall continue from month to month thereafter unless terminated in accordance with the provisions of this Agreement.

2. Payment of Fees and Duties of Resident

Fees: The tenant agrees to pay to Ridgewood the following fees during the term of this Agreement:

2.1 Monthly Service Fee. Resident agrees to pay a monthly service fee of \$_____ per month plus \$_____ for a second person (if applicable) for a total of \$_____ per month, or such other amount in accordance with Ridgewood's published fee schedule as may be determined from time to time. Resident shall make payment to Ridgewood of the monthly service fee in advance by the fifth (5th) day of each month during the time that this Agreement remains in force. A late charge not exceeding ten percent may be assessed for any payment received after the fifth (5th) day of the month. Ridgewood will provide thirty (30) days written notice to Resident of any increase in the monthly service fee before such increase becomes effective. Notwithstanding any other provisions contained in the Agreement to the contrary, the failure to pay any such fees in the time period specified shall be considered a breach subjecting this Agreement to termination at any time by Ridgewood in its sole discretion.

2.2 Community Fee: A one-time fee of \$__1500_____ will be assessed to a member of the Ridgewood Active Retirement Community. Fee is non-refundable after occupancy has begun.

2.3 Restoration/Cleaning Fee: The Tenant agrees to deposit with Ridgewood a restoration and cleaning fee equal to \$1.25 per square foot. Restoration and cleaning fee is non-refundable upon move in. Tenant may be responsible for damages beyond normal wear and tear and any unpaid rent due, any monies due and owing Ridgewood for, including but not limited to, a replacement fee of \$150 will be assessed for any pendent replacements.

2.4 Medical Services. Resident shall retain the services of his/her personal physician at Resident's expense. Resident shall also be responsible to arrange for and pay for the cost of all medical treatment, medicine, equipment, prescribed therapy and other medical services required by Resident. Resident agrees that in the event of an emergency, if the Resident's personal physician is unable to attend the Resident, Ridgewood may engage, at Resident's expense, any licensed physician to attend to the Resident. Resident further authorizes any such physician to render medical treatment to Resident, as the physician deems necessary.

2.5 Admissions. Resident understands that age, application forms, health history and medical reports, personal interviews, emergency information records, and any statement of finances are a part of the Agreement. Any material misrepresentation or omission made by Resident on any of the foregoing documents shall render this Agreement voidable at the option of Ridgewood.

2.6 Advance Directives. It is Ridgewood's policy to ask all residents whether they have executed any advance directives, including health care powers of attorney and living wills. If Resident has executed any such documents or does so in the future, it is Resident's obligation to provide Ridgewood with a copy of such document(s) in order for Ridgewood to assist Resident in making copies of such documents available on an emergency basis to care providers for Resident.

2.7 Rules and Regulations. If Resident's continued occupancy of the Apartment and/or continued use of the facilities and services of Ridgewood is or becomes a direct threat to the health or safety of Resident or others, or would result in physical damages to Ridgewood property or the property of others, Resident shall make other arrangements or eliminate the threat or danger as soon as reasonably possible.

2.8 Illness of Resident. If Resident becomes acutely or chronically ill, necessitating services which are not provided by Ridgewood pursuant to the terms of this Agreement, the Resident shall make arrangements to obtain the necessary staff or services or to be transferred to an appropriate facility, at Resident's expense. Any services provided to Resident at Ridgewood by third parties shall comply with the terms of this Agreement.

2.9 Health Records. Ridgewood maintains a separate resident record on each resident that may contain protected health information. All such records are confidential and are not released without the written consent or authorization of Resident or Resident's authorized legal representative, unless otherwise required by law. If Resident is transferred to another health care facility, a copy of all or a portion of Resident's record may be sent with Resident in accordance with applicable law. Resident has the right to review Resident's record. Resident agrees to submit to Ridgewood updated medical information as it becomes available.

2.10 Pets. Resident shall not keep, temporarily or permanently, any pets or animals, except for (1) fish or small birds (in appropriate containers) or (2) approved cats/dogs within the Apartment on any floor, provided Resident pays a non-refundable pet fee of \$500 and enters into a Pet Agreement with Ridgewood. Resident must obtain prior approval for all pets brought into Ridgewood. The non-refundable pet fee shall be waived for those Residents with legitimate service animals; provided, however, Resident shall remain liable for any damages done by such service animal(s).

2.11 Transfer or Assignment. Resident may not assign or transfer his/her rights under this Agreement. No person other than Resident may occupy the Apartment without Ridgewood's

written approval. In the event Ridgewood gives written approval, such third person shall have no rights under this Agreement but shall be obligated to comply with all policies and rules of Ridgewood.

2.12 Smoking. The Apartments and Common Areas are smoke-free. Any resident smoking shall be issued one warning to immediately cease and desist any smoking in the Apartments or Common Areas. Any subsequent violation shall be cause for immediate eviction, subject to applicable law. Resident will use designated "Smoking Areas" outside the building, if needed.

3. Duties of Ridgewood

3.1 Services. Ridgewood agrees to provide the following services:

- A. Three (3) daily meals served in the dining room
- B. Weekly housekeeping services, which includes laundering of linens, daily bed making (if requested) and trash removal.
- C. Scheduled transportation service to grocery store and shopping (upon availability)
- D. Transportation to medical and dental appointments
- E. Routine and regular maintenance for the Apartment
- F. Emergency call system in each Apartment
- G. Use of common areas and amenities
- H. Security access to the building
- I. Priority access to Ridgewood Assisted Living
- J. Activities Program
- K. Wellness Program
- L. Health care services will be provided under the direction of a Licensed Nurse.

Monthly fees will be based on services provided, as listed on Addendum. Included as part of this Occupancy Agreements 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 Tenant and/or Tenant'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 Tenant and/or Tenant's Responsible Party.

Now therefore it is agreed: The Facility will offer all of the services so long as Tenant remains in accommodations provided by the Facility and carries out his/her obligation under this Agreement.

3.2 Utility Services. Ridgewood will provide all utilities including water, electricity, heat / air conditioning, and basic cable television (Telephone, hi-speed internet, and premium cable television is the responsibility of the Resident). Ridgewood is not responsible for interruptions in utility services resulting from causes beyond the control of Ridgewood.

4. Termination.

4.1 Termination Prior to Occupancy. After the execution of this Agreement, but prior to occupancy of the Apartment, Resident may terminate this Agreement by written notice to Ridgewood. The security deposit paid to Ridgewood will be refunded, less a \$350-administrative fee (and , less any damages that may have been caused by personal possessions or traffic).

Once Ridgewood has received written notice to terminate by Resident, this Agreement shall be of no further force and effect. Resident will pay any amounts owed to Ridgewood for services furnished or costs and expenses incurred pursuant to Resident's expected occupancy including, but not limited to, any costs and expense owed to Ridgewood under Section 4.3.

4.2 Termination After Occupancy. After the Resident has taken up occupancy of the Apartment, Resident may terminate this Agreement at any time by providing written notice at least thirty (30) days in advance to Ridgewood. A 30 day notice is not required for Residents that transfer to Ridgewood Assisted Living. The monthly service fee shall be paid for the full subsequent month from the notice of termination. In the case of Resident's death or transfer to Ridgewood Assisted Living, the monthly service charge shall be prorated to and include the date the Resident's Apartment has been fully vacated. Unless otherwise provided herein to the contrary, Ridgewood may terminate this Agreement at any time by providing written notice at least thirty (30) days in advance to Resident. Upon termination by Ridgewood for any reason, Resident shall continue to pay the monthly service fee until the last day specified in the notice of termination. However, if a Resident wishes to transfer from Ridgewood Independent Living to Ridgewood Assisted Living, a thirty day notice is not required. In the case of Resident's death or transfer to Ridgewood Assisted Living, the monthly service charge shall be prorated to and include the date of the Resident's Apartment has been fully vacated and keys returned to management. Unless otherwise provided herein to the contrary, Ridgewood, may terminate this Agreement at any time by providing written notice at least thirty (30) days in advance to Resident. Upon termination by Ridgewood for any reason, Resident shall continue to pay the monthly service fee until the last day specified in the notice of termination.

4.3 Customizing and Restoration Charges. If the Resident has customized the Apartment, there may be a charge made by Ridgewood for such customizing and to return the Apartment to its original condition. The cost of customizing the Apartment and returning the Apartment to its original condition may be directly charged to the Resident or his/her estate.

4.4 Removal and Storage of Property. Ridgewood shall have the right to remove and store property from an apartment, which has been released for occupancy, or on which the

Agreement has been terminated and the Resident or his/her estate shall be liable to Ridgewood for the costs and expense of such storage and/or moving. Prior to such removal and storage, Ridgewood shall provide Resident with seven (7) days notice to retrieve the property.

4.5 Remaining Occupant. When an Apartment is occupied by more than one Resident, both of whom have signed this Agreement, and one Resident vacates the Apartment for any reason, the remaining Resident shall have the option of:

- a. Retaining the same Apartment and reducing the monthly fee to the rate of single occupancy;
- b. Moving to a smaller Apartment (when available) and paying the applicable monthly fee.

4.6 Transfer/Discharge. If a tenant's level of care exceeds that of State/Federal regulations, or requires a type of service for which the Facility is not licensed, staff, and/or certified, the tenant must be transferred to a program that can better meet the tenant's needs. Notification of transfer/discharge will be given to the tenant and/or tenant's responsible party. For safety and well-being of the tenant, transfer and/or discharge may be immediate. A tenant 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.

4.7 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 to discharge of any Tenant, except in an emergency. Prior arrangements shall be made by the Facility for the welfare of the Tenant prior to the transfer or discharge in the event of emergency or inability to reach the next the next of kin or legal representative.

The Facility shall not involuntarily transfer or discharge a Tenant except for 1) medical reasons; 2) the Tenant'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 Tenant prior notice of transfer or discharge as required by law.

The Tenant/Tenant's legal representative or family member shall have the right at all times to voluntarily discharge the Tenant 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 Tenant may be charged for such days.

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

5. Miscellaneous.

5.1 Access to the Apartment. Ridgewood staff may enter the Apartment at reasonable times and for reasonable purposes, including inspection, maintenance, housekeeping and other services described in this Agreement. Every effort will be made to notify a Resident that a Ridgewood employee will enter or has entered the Apartment for non-routine events.

5.2 Incompetency. In the event the Resident becomes legally incompetent or is unable to properly care for him/herself or property, and in the event the Resident has made no designation of a legal representative, Ridgewood has the authority, under this Agreement and in its sole discretion, to apply to a court of competent jurisdiction for an appointment of a guardian or conservator.

5.3 Sharps Containers. All residents must have access to and must use sharps containers when appropriate and Ridgewood must make sharps containers available to all residents.

5.4 Emergencies. Ridgewood staff is expressly authorized to obtain help in the case of a resident emergency (i.e. call 911).

5.5 Oxygen Use. All residents must report oxygen use to Ridgewood staff and a notice must be posted on the resident's door of such use.

5.6 Resident Transition. Depending upon availability, Resident may transition to an AL/MC unit at Ridgewood if the Resident is in need of the level of care provided at such AL/MC facility.

5.7 Addition of Another Person. Only two individuals may occupy an appropriate apartment. If only one Tenant has signed this Agreement, the Tenant 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 Tenant 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 Tenant will be responsible for their Lifestyle Care Points/Fees and other applicable fees. If the first Tenant vacates the apartment, the second Tenant will be responsible for the Monthly Rent Fee.

5.8 Guests. Guest will not occupy the Tenant's apartment for more than fourteen (14) consecutive days, except by written approval by the Facility. The Tenant 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 Tenant is responsible for payment of any charges incurred by the Tenant's guest, including their meals.

5.9 Medicaid Waiver. Ridgewood 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. 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 utilization Medicaid Waiver at Ridgewood is that a resident must have been paying, privately, for Assisted Living Occupancy at Ridgewood for at least 36 months before the first month of Medicaid Waiver Assistance.

5.10 Required Personal Items. The Tenant is responsible for supplying their own personal care items. If supplies are not available, Ridgewood staff will order supplies from our provider and the Tenant 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 tenet is incontinent, a mattress cover is required as are appropriate adult undergarments, wet wipes and non latex gloves.

5.11 Indemnification. Ridgewood 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 Ridgewood activity, whether on or off Ridgewood premises. The personal property referenced in this section shall include but not be limited to, clothing, monies, jewelry, books, documents, household goods and furnishings, glasses, medical aids or any other property on Resident's person, in Resident's Apartment or in Resident's vehicle. Further, any loss or damage to Ridgewood'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 Ridgewood for any loss or damage suffered by Ridgewood as a result of the negligent acts or omissions or misconduct of Resident or Resident's guests. Resident releases Ridgewood 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.

5.12 No Tenancy, Ownership Interest or Management Rights. This Agreement gives the Resident the right to live at Ridgewood. However, Resident's rights are limited solely to the rights and privileges expressly provided in this agreement and does not include any proprietary interest in the Apartment, Ridgewood or any assets of Ridgewood and does not give Resident any rights as a "tenant" as defined under Nebraska law. Ridgewood reserves the right to provide management of Ridgewood, consistent with Nebraska law.

5.13 Subordination. Pursuant to the requirements of any bona fide lender of Ridgewood, the Resident agrees that all of his rights, privileges and benefits under this Agreement are and shall

be at all times subject to and subordinate to the lien and rights of the lender under any mortgage, deed of trust or other financing agreement now or hereafter executed by Ridgewood, pertaining to the property of Ridgewood.

5.14 Waiver of Subrogation. Each party hereto waives all claims for recovery from the other party for any loss or damage to any of its property insured under valid and collectable insurance policies to the extent of any recovery collectable under such insurance policies, subject to the limitation that this waiver shall apply only when permitted by the applicable policy of insurance.

5.15 Assignment. This Agreement shall bind and inure to the benefit of the successors and assigns of Ridgewood and the permitted assigns, successors, heirs, and personal representatives of Resident.

5.16 Severability. If a portion of the Agreement shall be determined to be illegal or not in conformity with appropriate laws and regulations, it shall not invalidate or affect the validity of the remainder of this Agreement.

5.17 Headings. The headings of the various sections of this Agreement are inserted merely for the purpose of convenience and do not expressly or by implication literally define the extent of the specific terms of the section so designated.

5.18 Amendments. Ridgewood, from time to time, may modify the terms, duties, policies and provisions of this Agreement. Such modification shall be effected by Ridgewood 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 Ridgewood. 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 Ridgewood and the Resident.

5.19 Admission and Retention Standards. Ridgewood will ensure that its resident admission and retention practices conform to the following:

- a. Eligibility: To be eligible for admission to Ridgewood, any person(s) shall be in need of or wish to have available room and board.
- b. Restrictions on Eligibility Criteria: Any residents requiring complex nursing interventions or whose conditions are not stable or predictable shall not be admitted or readmitted or retained by Ridgewood unless the resident's care does not compromise Ridgewood's operations or create a danger to others at Ridgewood.

- c. Residents are expected to treat other residents, the staff, and visitors of Ridgewood with the appropriate level of professionalism and courtesy. Management staff of Ridgewood will not tolerate bullying, harassment, slander, vulgar language, inappropriate conduct, or other types of inappropriate behavior. A Resident that is recognized as impeding the enjoyment of the Retirement Community or whose behavior is deemed detrimental to the operations of the Retirement Community will be counseled. If the behaviors continue after counseling, Ridgewood reserves the right to provide notice of termination of the Occupancy Agreement.

5.20 Interruption of Occupancy. Resident shall remain liable for the full amount of rent when not occupying the apartment. As it relates to a Second Resident, the fees for the Second Resident will also remain in force when this individual is not occupying the apartment.

If a tenant, first or second, does not occupy the apartment home at Ridgewood for at least 30 consecutive days, the community will provide a concession, upon tenant request, as indicated below:

If dual occupancy and one resident is absent from the apartment for at least 30 consecutive days, the concession will be in the amount of \$5 per day.

If dual occupancy and both residents are absent from the apartment for at least 30 consecutive days, the concession will be in the amount of \$15 per day.

If single occupancy and the resident is absent from the Apartment for at least 30 consecutive days, the concession will be in the amount of \$10 per day.

The maximum amount of time allowed for the concession is 90 days. (Thus, concessions may be allowed between the 31st and 120th consecutive days of absence from the Apartment home). All requests for the concession must be made, in writing, to the Executive Director prior to the 31st consecutive day of absence from the Apartment home by the Resident(s).

5.21 Amenities and Ancillary Charges Summary. See Addendum A for a full description.

5.22 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 of Ridgewood.

5.23 Landlord Law. The Tenant landlord Law applies to all Assisted Living Programs.

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

DATED this _____ day of _____, 20__.

THIS IS A LEGAL AND BINDING AGREEMENT BETWEEN YOU AND RIDGEWOOD INDEPENDENT LIVING. YOU SHOULD CONSULT A LEGAL OR FINANCIAL ADVISOR BEFORE SIGNING THIS AGREEMENT.

The use of the terms "Resident" and/or "Tenant" refer to the same individual that is a party to this agreement.

**GAHC3 BENNINGTON NE ALF, LLC,
a Delaware limited liability company**

RESIDENT/RESPONSIBLE PARTY

By: _____

Resident/Responsible Party Name – 1

**Title: Executive Director of Ridgewood
Independent Living**

Resident/Responsible Party Signature - 1

Printed Name

Resident/Responsible Party Name - 2

Resident/Responsible Party Signature – 2

Addendum A to Resident Agreement

Amenities and Ancillary Charges Summary

Ridgewood is pleased to inform you of additional services that are available to Resident. Because of the nature of our business and the many responsibilities of staff, some additional services are offered at no cost and others entail a fee. Please know that any services that are rendered by our staff (or vendors under the direction of our staff) to Ridgewood that is not operating correctly, will be at the expense of Ridgewood. Ridgewood does reserve the right to charge the Resident (via the monthly billing statement or against the security deposit) for any damages or fees that may result from situations that do not fall within our scope of responsibility.

Housekeeping Services (bi-weekly)

-Free

Deep Cleaning of Apartment

-Available once annually, upon request

-Free

Light Bulb Replacement

-Free if a lighting device owned by Ridgewood

Thermostat Battery Replacement

-Free

Arial Emergency Wall Unit/Pendant Battery Replacement

-Free

Have Unit Filter Replacement/Cleaning

-Free every three months

MORE OFTEN THAN EVERY THREE MONTHS:

-Cleaning (if possible) at \$15, upon request

-Replacement (if possible) at \$15, plus materials fee

Carpet Replacement

-Available after ten years occupancy, in same apartment, upon request

-Free

Carpet Cleaning

-Subject to vendor pricing

Upholstery Cleaning

-Subject to vendor pricing

Setting HVAC Unit

-Free if done twice annually (once in Spring and once in Fall)
-Maintenance Staff Services fee may apply for additional services

Housekeeping Services

-If in addition to normal bi-weekly, services provided;
-Includes services such as laundry, bed making, window washing, deck cleaning, bird nest removal, cobweb removal, bird dropping removal, general cleaning, etc.
-30 minute minimum
-\$30 per hour

Maintenance Staff Services

-30 minute minimum
\$40 per hour

Personal Services

-Such services as hanging pictures, moving furniture, hooking up television, replacing personal light bulbs, troubleshooting involved with any personal possessions, etc.
-Subject to Maintenance Staff Services Fee

Grab Bar Installation

-Materials Fee, plus Maintenance Staff Services Fee

Apartment Shelving Modifications

-Materials fee, plus Maintenance Staff Services Fee

Unclogging Toilet or Sink/Disposal*

-\$25 with our staff or \$50 per hour (30 Minute minimum), whoever is less
-Subject to vendor pricing, if needed

Repairing Blinds*

-Materials fee, plus Maintenance Staff Services Fee

Frozen AC Unit*

-Materials fee, plus Maintenance Staff Services Fee

Defrosting Frig/Freezer*

-Materials fee, plus Maintenance Staff Services Fee

Opening/Closing Windows

-Subject to Maintenance Staff Services Fee

Unlocking of Tenant Storage Unit

-\$15

Cleaning of Bodily Fluid or Fecal Matter

-\$40 minimum charge; Subject to vendor pricing, if needed

Touch Up Painting

-Materials fee, plus Maintenance Staff Services Fee

Operation of Appliances*

-Free upon orientation within one week of beginning of lease

-Subject to Maintenance Staff Services Fee if after one week of lease beginning date

Dog Waste Removal

-\$50 per month

Periodic Safety Checks

-Ridgewood staff to check on Resident to ensure their safety

-See Executive Director for details

Escorting of Resident to Meals or Onsite Activities

-See Executive Director for details

Meal Delivery Fee

-Room Service available upon request

-\$5.00 delivery fee

-Meal delivered in "to go" container

*Fees for damages/repairs are charged if determination is made that it was user error and not faulty equipment.

HVAC thermostats should never be set below 67 degrees. Also, windows and/or patio doors should never be open while the air condition is operating. Not abiding by the aforementioned, will likely cause the HVAC unit to "freeze."

The aforementioned list of services is likely not all inclusive. Ridgewood reserved the ability to charge fees they deem appropriate for anything not noted within this document.

Ridgewood reserves the right to bill for services via the monthly statement or to file bills throughout period of Occupancy Agreement and charge all fees against security deposit at time of Occupancy Agreement termination.

Addendum B to Resident Agreement

Medication Administration

Applicable if resident is receiving Medication Administration, Management and Supervision via Ridgewood Staff, per the Assisted Living Occupancy Agreement.

If a dose of medication is reordered from the pharmacy by Ridgewood 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 Ridgewood for the reorder and Ridgewood, 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 resident at Ridgewood. Billing will occur as quickly as possible, based on receiving the date from the pharmacy.

Addendum C to Resident Agreement

Level of Care

Memory Care Levels:			
0-30	Pts	NO CHARGE	
31-38	Pts	\$165	/Mo
39-45	Pts	\$220	/Mo
46-53	Pts	\$275	/Mo
54-60	Pts	\$330	/Mo
61-67	Pts	\$385	/Mo
68-75	Pts	\$440	/Mo
76-85	Pts	\$495	/Mo
86-94	Pts	\$550	/Mo
95+	Pts	\$750	/Mo

Addendum D to Resident Agreement

Tenant shall remain liable for the full amount of rent, including level of care for up to 30 days the Tenant is not occupying the apartment. After 30 days, Tenant will be charged the base level prorated until Tenant resumes occupancy.

Ridgewood Special Memory Care:

Monthly Service Fee: \$5195 Plus Level of Care

Second Occupant Fee: \$1000 for an additional person in any size room if no additional care is required.

Residents pay directly for cost of their telephone and personal contents insurance

Addendum E

Eligibility and Discharge Criteria

This addendum is intended to provide more specific information related to the second bullet point within the “Recitals” of the Occupancy Agreement. The following criteria relate to the admission and retention of residents and follow the guidelines of the Department of Health and Human Services

1. No resident shall be admitted or retained who:

- Requires routine two-person assistance with standing, transfers, and/or evacuation.
- Who is bed bound, with exception of Hospice residents.
- Is unable to physically or cognitively participate in the management of incontinence.
- Requires more than part-time intermittent health-related care.
- Requires a type of service for which the facility is not licensed staffed, and/or certified, unless this service can be provided by an outside agency.
- Requires skilled, invasive or sterile procedures, unless this service can be provided by an outside agency.
- Whose medical or physical condition creates a situation beyond the level of fire safety provided by the facility.
- Is violent or a danger to himself/herself or others.
- 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 TB
- Who is under the age of 18.
- Anyone in an acute state of drug addiction, mental illness, or alcoholism.
- Any resident requiring a special diet (puree, tube feeding, etc.) or any resident who needs to be completely fed by staff (unless under Hospice services).

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.

RECORD KEEPING POLICY AND PROCEDURE

Policy:

This community will maintain a record of all assisted living services established for each of its tenants/residents. The community must maintain and preserve all tenant/resident records in original, microfilm, electronic, or other similar form, for a period of at least five years from date of tenant's/resident's discharge.

Procedure:

1. The clinical record will be initiated upon admission of a tenant/resident.
2. A face sheet will be initiated on admission to include but not limited to: date of admission, name of tenant/resident, gender, date of birth, medical history, allergies, emergency contact, and primary physician.
3. Entries will be made in the record for assessments, nurses' notes, service plans, nurse review, monthly summaries, and medication administration record. All information will be maintained and will be dated, legible, and indelibly verified.
4. If a tenant/resident transfers to another licensed community, a copy of the record or abstract (completed transfer information) will be sent with the tenant/resident to maintain continuity of care.
5. Tenant/resident records will be kept confidential in accordance with HIPAA.
6. The electronic charting system (ECS) follows HIPAA standards, whereby all tenant/resident information is confidential and the security of the ECS system is secured by use of individualized passwords, security of screen, and enhanced training to user responsibilities of ECS.
7. Tenant/resident information and records will be released only with consent of the tenant/resident or responsible party, if applicable, or as permitted by law.
8. All records must be available for examination by responsible party of the state licensing agency.



Resident Rights

As a resident of Ridgewood Assisted Living Community, you have the right to be treated with dignity and respect, while maintaining the level of privacy you desire. You have the right:

1. To be treated with dignity and provided care by a competent staff.
2. To be an equal partner in the development of the Resident Service Agreement and Individual Care Plan, while retaining final decision making authority.
3. To 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. To be informed in writing of the pricing structure and/or rates of all facility services.
5. To self-direct activities, participate in decisions, which incorporate independence, individuality, privacy, and dignity and make decisions regarding care and treatment.
6. To choose a personal attending physician.
7. To voice complaints and grievances without discrimination or reprisal and have those complaints/grievances addressed.
8. To examine the results of the most recent survey of the facility conducted by representatives of the department, located in the offices of the facility.
9. To refuse to perform services for the facility.
10. To refuse to participate in activities.
11. To have privacy in written communication including sending and receiving mail.
12. To receive visitors as long as it does not infringe on the rights and safety of other residents in the facility and to have privacy during meetings of family and resident groups.
13. To have access to the use of a telephone with auxiliary aides where calls can be made without being overheard.
14. To have access to the use of a telephone in your room at your expense.

15. To 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 residents.
16. To share a room with a person of his/her choice upon consent of that person.
17. To self-administer medications if it is safe to do so.
18. To be free of chemical and physical restraints.
19. To exercise his/her rights as a resident of the facility and as a citizen or resident of the United States.
20. To form and participate in an organized resident group that functions to address facility issues.
21. To review and receive a copy, within two working days, of the permanent record, as referred to in 175 NAC 4-006.12.
22. To be free from abuse and neglect and misappropriation of their money and personal property and to manage their personal financial affairs.
23. To 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, other residents or staff.

The above list of Resident Rights has been discussed orally with me and I have been given a copy to keep. I also know that if I have a complaint about my assisted living services I am to report the complaint to any staff member who will then begin the procedure regarding complaints established by this facility. I can also present the complaint verbally or in writing to the administration of this facility. If I suspect that I, or someone else in this facility is being abused, neglected, or personal property is being misused, I know that I can report my complaint directly to the state survey agency.

Resident Name

Resident Signature

Date

Resident Name

Resident Signature

Date

Facility Representative Signature

Date

NEGOTIATED RISK POLICY AND PROCEDURE

Policy:

To ensure the least amount of mental and/or physical risk to each tenant/resident by developing and monitoring a plan to minimize possible harm to themselves and/or others. The Negotiated Risk policy acknowledges that there is to be shared responsibility for identifying and meeting the needs of the tenant/resident and developing the process of managing risk while upholding tenant/resident autonomy when tenant/resident decision-making results in poor outcomes for the tenant/resident or others.

Procedure:

1. Mental and/or physical risk to a tenant/resident must be addressed and managed by the community staff, tenant/resident, tenant's/resident's responsible party and family, if indicated.
2. An assisted living program cannot guarantee to protect a tenant/resident from potentially negative consequences of his/her own decisions.
3. In the event of a need for implementing the Negotiated Risk Agreement, the community staff and the tenant/resident will participate in the process.
4. The Negotiated Risk Agreement will be used for documenting if the tenant/resident has a negative outcome that results in the need for a negotiated risk.
5. The Negotiated Risk is identified on the service plan to include a plan of action for the risk identified.
6. The Negotiated Risk agreement will be updated when significant changes occur and/or when compliance with the plan of care is achieved.
7. A Dementia Assisted Living Program cannot guarantee to protect a tenant/resident from potentially negative consequences of his/her/her own decisions. Any negative outcomes will be discussed and interventions implemented. Negotiated Risk Agreements will not be utilized when a tenant/resident has a GDS 5; however, a tenant's/resident's Power of Attorney can enter a Negotiated Risk Agreement on the tenant's/resident's behalf.
8. Negotiated Risk is maintained in the tenant's/resident's file.

Managed/Negotiated Risk Agreement

Resident Name: _____ DOB: _____ Date: _____

1. Identify the cause for concern: _____

2. Identify the probable consequences of the tenant's/resident's choice: _____

3. Make clear what the tenant/resident wants: _____

4. Describe possible alternatives: _____

5. Final agreement: _____

6. Follow-up plan with dates: _____

Tenant/Resident or Legal Representative Signature

Date: _____

Witness Signature

Date: _____

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.

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.
4. 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

Welcome Home to Ridgewood Active Retirement Community!

Overlooking miles of country side, Ridgewood Active Retirement Community includes Villa Homes, Independent Living Apartments, Assisted Living Apartments, Memory Care Suites and a beautiful Clubhouse.

Ridgewood Active Retirement Community is located at 149th & Highway 36 in Bennington, Nebraska. The Ridgewood Community is just minutes away from shopping, medical offices, banks, hospitals, golf courses and parks.

Our community is designed to provide a beautiful home for our residents, while offering an elegant environment and services needed to maintain an active, quality lifestyle. Our home atmosphere allows residents to enjoy the advantages of retirement living without compromising ones individuality, privacy and choice.

Ridgewood Active Retirement Community is professionally managed by Dial Retirement Communities (DRC) located in Omaha, Nebraska. The goal of DRC is to develop and manage exceptional retirement communities with the highest quality of care, services, and amenities for our residents. Committed to the goal of DRCI, the staff of Ridgewood strives to provide the highest quality of living and personal attention, while understanding and respecting the residents' individual dignity and right to personal choice.

Attached to Ridgewood Retirement Community, is a majestic 17,000 square foot Clubhouse. The Clubhouse boasts an exquisite view of the countryside and numerous amenities. All residents of Ridgewood Retirement Community are encouraged to utilize the Clubhouse and enjoy the atmosphere and services, which include:

- Movie Theatre
- Fine Dining Restaurant
- Patio Dining Area
- Bar and Lounge
- Conference Room
- Billiards Room
- Health and Fitness Facilities
- Beauty and Barber Salon
- Crafts Room
- Massage Room
- Banking Services
- Physical Therapy
- General Store Operated by Kohll's Pharmacy
- Chapel
- On site weekly visits by Nurse Practitioners
- On site visits by Podiatrist

Special Memory Care

Ridgewood Special Memory Care is a beautiful area within our Community designed specifically for persons with Dementia, Alzheimer's Disease, and other related memory disorders. The Special Memory Care offers all of the quality amenities and service of Ridgewood Assisted Living, along with the additional comfort and assurance which comes with knowing your loved one is safe within a secure community.

Our goal at **Ridgewood Special Memory Care** is to help our residents find many moments of joy in each day. Specially trained caregivers are on staff round-the-clock to help with daily activities such as bathing, dressing, grooming, eating and managing medications. They strive to help your loved one get the most enjoyment out of each day with games, music, crafts, and a wide variety of activities designed for those with special memory care needs. With a high staff to resident ratio, you are assured of quality care as well as peace of mind for yourself and your family.

Ridgewood Special Memory Care is an assisted living facility for individuals with dementia related disorders. We offer our residents a quality lifestyle, utilizing new concepts in programming from a staff specifically trained to handle the care and needs of persons with memory related disorders. Each and every staff member is trained in understanding the behaviors of individuals affected with memory impairments. Our program involves regular, ongoing training within the community so that we can provide the best possible care and treatment for the individuals who call Ridgewood their home.

Ridgewood Special Memory Care:

Monthly Service Fee: \$5195 Plus Level of Care

Monthly Fee Includes:

- Three meals daily and snacks as desired
- Weekly housekeeping and laundry services
- Daily bed making
- Specifically tailored individualized and group activities
- Cueing and reminders
- 24 hour specially trained staff on site
- Registered Nurse oversight and on-call 24 hours per day
- Nurse coordination of laboratory requests
- Escort to and from the dining room and activities
- Utilities (gas, electric, water and basic cable service)
- Transportation to medically related appointments

A deposit of \$500 will hold the room of your choice; this deposit can be applied to your first month rent. Upon move-in, A \$1.25 per sq. ft. cleaning fee will be retained along with a \$1500 community fee.

Ridgewood Special Memory Care provides an atmosphere designed to maintain and/or enhance the current level of functioning for each resident. Prospective residents will be evaluated prior to admission in order to ensure that the proper care can be provided for each resident.

No resident shall be admitted or retained at Ridgewood Special Memory Care who:

- Requires more than one-to-one contact guard or stand-by assist with transfers
- Is bed bound
- Requires a type of service for which the facility is not licensed, staffed and/or certified.
- Requires skilled, invasive, or sterile procedures
- Requires more than part-time or intermittent healthcare
- Has single or multiple health care needs that include the continuing involvement of technical or professional personnel to appropriate evaluate, plan and deliver resident care.
- Possess a medical or physical condition that creates a situation beyond the level of fire safety provided by the facility
- Is Violent or a danger to himself/herself or others.

Ridgewood Special Memory Care Daily Programming

One of the most important aspects of caring for our residents is providing life-enriching opportunities for activity and social interaction throughout the day. Based on the resident's own unique lifestyle and choices, our staff strives to provide many moments of joy for our residents every day!

Sample Daily Programming:

<u>Time</u>	<u>Activity</u>
7am-8am	Personal Cares
8am-8:45am	Breakfast
8:45am-9am	Breakfast Clean Up
9am-10am	Calendar Time; Followed by Discussion or Sensory Group
10am-11am	Activity Department Visit (Monday thru Sunday)
11am-12pm	Montessori Time
12pm-12:45pm	Lunch
12:45pm-1pm	Lunch Clean Up and Productive Activities
1pm-1:30pm	Activity Department Visit (Monday thru Sunday)
1:30pm-2pm	Spiritual Readings
2pm-3pm	Rest and Relaxation (Nature Video or Relaxing Music in Common Area)
3pm-3:30pm	Snack and Beverage
3:30pm-4:15pm	Exercise
4:15pm-5pm	Music Therapy
5pm-5:45pm	Dinner
5:45pm-6pm	Dinner Clean Up
6pm-7pm	See Activity Calendar
7-7:30pm	Story Time
7:30pm-7:45pm	Snack and Beverage
7:45pm-9pm	Personal Cares/Bedtime Rituals/ With Classic Movie

Care Lifestyle Program

MEDICATIONS	
Staff Manage & Admin:	
-Low Volume (1-2 per day)	12
-Medium Volume (3-8 daily)	20
-High Volume (9+ daily)	26
Narc Inventory/Storage	3
Med order changes:	
-Low Volume (1-2)	2
-Medium Volume (3-6)	4
-High Volume (6+)	6
Manual Entry on MAR	4

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

COUMADIN THERAPY	
	4

BREATHING TREATMENTS	
1-2 Daily	2
2+ Daily	4

OXYGEN	
Cue to Manage	2
Staff fill tank	3
Clean/Manage Equip	5

HEALTH MONITOR	
Reminders & Scheduling of Appointments	2

LAB DRAWS / UA	
	1

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

BATHING	
Minimal Assistance In-Home	4
Extensive Assistance In-Home	6
Whirlpool Bathing Min Assist	6
Whirlpool Bathing Ext Assist	8

HYGIENE/GROOMING	
Shaving Assist	3
Hair styled	3
Fingernails clipped	2
Fingernails filed	1
Toenails clipped	3
Nail Polish	1
Foot Soaks	2
Make up Application	1
Oral Brushing:	
-Set Up	1
-Assist	3

SKIN TREAT/CARE	
Low Assist	2
Medium Assist	4
High Assist	6

HEALTH SERVICES	
Home Health Svcs	2
Hospice Svcs	2
Limited Physician Communication (4-5)	1
Moderate Phys Communication (6-8)	3
Extensive Phys Communication (8+)	5
Limited Family Communication	1
Moderate Family Communication	3
Extensive Family Communication	5
LTC Insurance Admin	3

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

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

EATING	
Set-up Assistance	1
Thickening Liquid	2
Cutting Food	2
Verbal Cueing	2
Assistance with eating	4
Total Assistance w eating	8
Continuous Supervision	6
Supplements	2

DRESSING	
Verbal Cueing	2
Assist with 1-2 Items	2
1 Assistance	4
2 Assist	8
Soiled clothing care	2
Donning Ted Hose	2
Removing Ted Hose	2
Donning Braces	2
Removing Braces	2
Resistance changing	3

COMMUNICATION	
Visual:	
Assist/Cue with glasses	2
Hearing Aides:	
Assist/Cue H Aide/Batt	2
Assistive Tools/Devices	2
Telephone:	
Assist/Cue with Phone	2
Assist/Cue with Email	2

MOBILITY	
Transport to Dining/Activities	2
Limited stand-by	4
1 person assist	6
Two person Assist	12
Assist/Prep with Walker	2
Gait Belt support	4
Assist/Prep Prosthesis	2
Assist/Prep Wheelchair	3
Assist/Prep Motorized Chair	4
Assist/Prep with Cane	1

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

SALON ACCOMPANY	
Low Assist to Transfer	2
Med Assist to Transfer	4
High Assist to Transfer	6

SUPPLY ASSISTANCE	
Stocking supplies	2
Ordering supplies	3

ASSISTIVE DEVICES	
Assistive Utensils/Tableware	1
Assistive Plates	1
Assistive Cups	1

LIFESTYLE / ACTIVITIES	
1 Person Assist	2
1:1 Activity Assist	6
2 Person Assist	8

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

ARIAL USAGE	
1-30 monthly	0
31-60 monthly	3
61-90 monthly	7
91-120 monthly	12
121-150 monthly	18
151-180 monthly	25
181-210 monthly	33
211 + Monthly	45

PETS	
Resident Manages	1
Low Staff Assist (1 per day)	4
Med Staff Assist (2 per day)	6
High Staff Assist (2+ per day)	10
Litter Box Maintenance	10

EXTRA MISC	
Additional Med Admin Time	2
Extra Med or Insulin Setup	2
B-12 Injections	3

Point Value Summaries

Assisted Living Levels:			
0-7	Pts	NO CHARGE	
8 to 15	Pts	\$320 /Mo	
16-24	Pts	\$448 /Mo	
25-31	Pts	\$605 /Mo	
32-38	Pts	\$770 /Mo	
39-45	Pts	\$875 /Mo	
46-51	Pts	\$990 /Mo	
52-57	Pts	\$1,110 /Mo	
58-63	Pts	\$1,225 /Mo	
64-70	Pts	\$1,335 /Mo	
71+	Pts	\$1,575 /Mo	

Memory Care Levels:			
0-30	Pts	NO CHARGE	
31-38	Pts	\$165 /Mo	
39-45	Pts	\$220 /Mo	
46-53	Pts	\$275 /Mo	
54-60	Pts	\$330 /Mo	
61-67	Pts	\$385 /Mo	
68-75	Pts	\$440 /Mo	
76-85	Pts	\$495 /Mo	
86-94	Pts	\$550 /Mo	
95+	Pts	\$750 /Mo	