



MINERS' COLFAX MEDICAL CENTER LONG TERM CARE FACILITY ADMISSION AGREEMENT

I _____, the applicant for admission to Miners' Colfax Medical Center Long Term Care Facility, understand and agree to the following conditions of admission:

1. My admission to this facility is voluntary.
2. I give my consent to the medical and nursing staff to administer care and treatment as deemed necessary by my physician and for my health and well-being. Due to staffing constraints, I cannot choose specific nursing caregivers to render my care.
3. I understand that any invasive procedure is not covered by this consent and must be consented to separately by my representative, or me except in life and death situations.
4. I understand that when deemed necessary by the treatment team, I may be transferred from one level of care to another for specific treatment not available at the long-term care facility. I understand that my primary contact person will be notified at the time I am transferred.
5. I have read or have had read to me, and understand the "Resident's Bill of Rights", and also have received information on reporting abuse, neglect, and exploitation and have been given a copy of these documents.
6. I agree to follow all the rules and regulations of the facility to the best of my knowledge and ability.
7. I understand that if I decide to leave this facility against medical advice or without consent of my attending physician, I will sign a "Release of Responsibility" form, which frees the facility and the physician from liability and responsibility after that time.
8. I have been fully informed of the services available at this facility and the amount charged for those services. I am also aware of services which are not provided by this facility, and which will be provided and paid for by family or me.

Costs of Routine Services: Allowable costs shall include all items of expenses that providers incur to provide routine services, known as operating costs. Operating costs include such things as:

- (a) Regular room;
- (b) Dietary and nursing services;
- (c) Medical and surgical supplies (including syringes, catheters, ileostomy and colostomy supplies);
- (d) Use of equipment and facilities;
- (e) General services, including administration of oxygen and related medications, hand feeding, incontinency care, tray service and enemas.
- (f) Items furnished routinely and relatively uniform to all patients, such as patient gowns, water pitchers, basins and bedpans.
- (g) Items stocked at nursing stations or on the floor in gross supply and distributed or used individually in small quantities, such as alcohol and body rubs, applicators, cotton balls, Band-Aids, laxatives and fecal softeners, aspirin, antacids, OTC ointments and tongue depressors;

Resident Initial _____
Facility Initial _____

- (h) Items which are used by individual patients but which are reusable and expected to be available, such as ice bags, bed rails, canes, crutches, walkers, wheelchairs, traction equipment, and other durable equipment.
- (i) Special dietary supplements used for tube feeding or oral feeding even if prescribed by a physician.
- (j) Laundry services including basic personal laundry;

Costs not covered by Miners Colfax Long Term Care: The items listed below are the responsibility of the resident and are not covered at Miners Colfax Long Term Care.

- (a) Physical Therapy
- (b) Speech Therapy
- (c) Occupational Therapy
- (d) Dentist/Dentures
- (e) Opthomologist/Optomistris/ Eye glasses
- (f) Audiologist/ Hearing Aides
- (g) Podiatrist/ Footwear
- (h) TV/Cable
- (i) Phone
- (j) Internet services
- (k) Specialist care, e.g.; cardiologist, urologist, etc.
- (l) Specialized equipment, e.g.; motor scooters, modified walkers or wheelchairs, etc.
- (m) Ambulance services, including portion not paid for by other insurances
- (n) Out of facility oxygen, medications and equipment
- (o) Dialysis or other specialized treatment services
- (p) Physician visits made at the physicians office
- (q) Personal clothing
- (r) Personal toiletries and grooming items e.g.: electric razors, toothbrushes, etc.
- (s) Haircuts, beautician fees
- (t) Transport services out of town for medical purposes
- (u) Transport anywhere for non-medical related purposes that are not a planned activity

9. I have received and signed my Del Norte MCMC LTC Pharmacy Agreement
10. I have received and signed my Financial Agreement with the MCMC Business office Manager.
11. I authorize members of the health care team to contact my relatives and other health providers as necessary to obtain medical or other information to facilitate my care.
12. I authorize members of the health care team to release information as deemed necessary to others for the reimbursement of this facility for my care.
13. I understand that my family or I are responsible for handling of my personal funds. If I do not have family available to handle my own funds, the facility may assist me.
14. If applicable, the resident or resident representative will be informed in writing by the MCMC Business Office Manager of any rate changes 30days in advance.
15. If applicable, if the resident leaves the facility or in the event of the residents death, the MCMC Business Office will refund any overpayment within 30 days, unless the resident received benefits from the Medicaid program, then any remaining funds will be returned in accordance with state and federal regulations.
16. I understand that I am allowed to keep personal possessions of my choice, however large items may require the approval of the facility administrator. We do not provide storage space outside of your room. I also understand that possessions or valuables kept by me at the time of my

Resident Initial_____

Facility Initial_____

admission or acquired during my stay, are my sole responsibility, and that security of valuables and cash of \$50.00 or less may be provided by the facility, if I so request.

17. I understand that I am allotted a total of thirty (30) days overnight leave of absence from the facility annually; thereafter, I will be dismissed. The annual period will be prorated for the first calendar year upon initial admission. The exception will be Medicaid residents; who will follow Medicaid Standards.
18. I understand that the facility is not liable for loss of money, jewelry, legal documents, or other valuables I wish to keep and the facility recommends that all valuable items be kept in the locked drawer provided in the residents' room or be deposited in a bank of choice or returned home with a family member.
19. My initials verify I have received a copy of Miners' Colfax Medical Center "Notice of Privacy Practice" _____ Initials.
20. I grant permission to be photographed with my photo posted on my room door for purposes of identification. Yes No
21. I grant permission to be photographed and have photos of myself publicly displayed in the facility and out of the facility as I participate in the activities and programs provided by the facility.
Yes No
22. Any illicit or illegal activities engaged in by me (the resident) may be grounds for my removal/discharge from the facility.
23. Each resident and/or legal representative is responsible for:
 - a. Providing to the best of their ability, accurate and complete information about present and past illnesses, hospitalizations, medications, and social problems that pertain to the resident's overall quality of life and well-being.
 - b. Reporting unexpected changes in his/her condition to the charge nurse. A resident is responsible for making it known whether he/she clearly understands a contemplated course of action and what is expected of him/her.
 - c. Following the treatment plan recommended by his/her primary physician. If there is any dispute about the course of treatment, the resident or responsible party will inform the charge nurse of such disputes and contact the primary physician about the disputed issue. The resident is responsible for his/her action if he/she refuses treatment, or for not following the physician's instruction
 - d. The resident and responsible party will follow all facility procedures and policies as they relate to the resident and guest conduct in the facility. This includes following the instructions given by nurses and other health professionals as they actively enforce applicable policies and procedures.
 - e. Informing the facility of any changes in telephone numbers or addresses of any contact persons identified as a contact person or next of kin.
 - f. Being considerate of the rights of other residents and facility personnel.
24. I understand that termination of this "Admission Agreement" may occur on for the following reasons:
 - g. failure to make payment for services
 - h. a change in my condition such that the facility cannot provide needed care, including change in level of care
 - i. the facility is no longer licensed to provide needed care

Resident Initial _____

Facility Initial _____

- j. engaging in illicit or illegal activities by the resident
- k. following “due process” as provided by the “Corrective Action Procedure for Long Term Care Residents”.
- l. Placing the health or safety of individuals in danger.

25. I understand that a new “Admission Agreement” will be completed if services to be provided or other terms are changed.

Resident Applicant/Legal Representative

Date

Witness to Signature

Date

If applicant is unable to sign this agreement, a family representative or legal representative may assume the responsibility

Revised: 03/03/11
By: MM, FQ, BB, RB

Resident Initial _____
Facility Initial _____