



## MOVE-IN APPLICATION PACKET

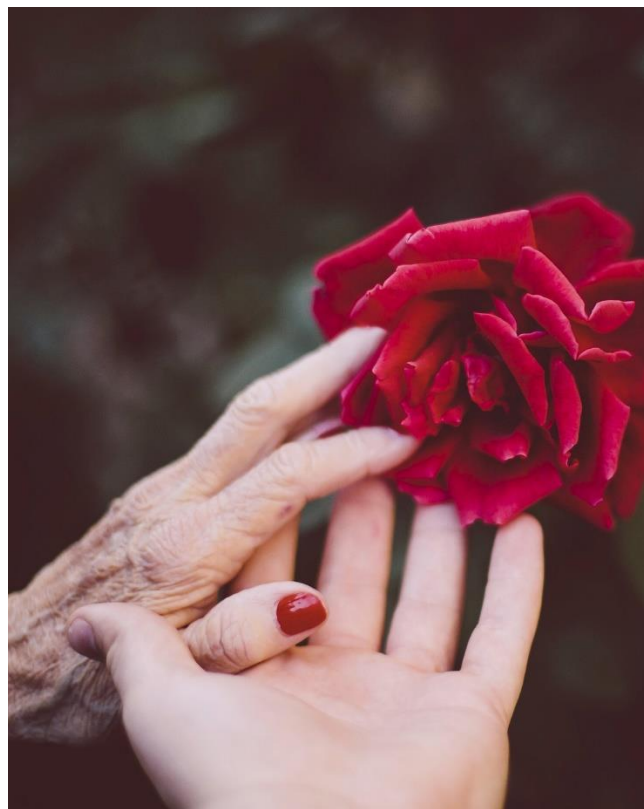
Elegant, Personal Care at an Affordable Price

(412) 257-1137

[www.rosewoodofthesouthhills.com](http://www.rosewoodofthesouthhills.com)

[info@rosewoodofthesouthhills.com](mailto:info@rosewoodofthesouthhills.com)

51 Dewey Avenue  
Bridgeville, PA 15017



## ADMITTING RECORD DEMOGRAPHIC DATA

Room #  Admission #  Level:  Adm. Date:

Name:

(Last)

(First)

(Middle Initial)

Home Address:

Original Adm. Date:  Date of Birth:  Religion:

Sex:  Marital Status:  Age:  Social Security #:

### INSURANCE INFO:

Medicare #:

Pace #:

Other Ins:

ID#:

GP#:

### INFORMATION:

Hospital Preferred:

Funeral Home:

City:

Referral Source:

Attending Physician:

Phone:

Fax:

### RESPONSIBLE PARTY:

Name:

Home:

Relationship:

Cell:

Address:

### EMERGENCY CONTACT:

Name:

Home:

Relationship:

Cell:

Address:

# NOTICE OF ADMITTANCE

Date of Admission: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Admitted From: \_\_\_\_\_ Admit to Room: \_\_\_\_\_

Resident's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

## CABLE HOOK-UP:

Yes: \_\_\_\_\_

No: \_\_\_\_\_

## LAUNDRY:

Facility: \_\_\_\_\_

Family: \_\_\_\_\_

## HAIR CARE:

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Frequency: \_\_\_\_\_

Glasses: Yes No

Hearing Aid: Yes No Right Left

Dentures: Yes No Upper Lower Both

Mobility Device: \_\_\_\_\_

Diet: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

## RESIDENT PREFERENCES:

Shower: \_\_\_\_\_ or Bath: \_\_\_\_\_ Shower or Bath Time: (circle one) AM or PM

Time to get up in morning: \_\_\_\_\_ Time to go to bed: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

TV Shows: \_\_\_\_\_

Food Likes:

\_\_\_\_\_

Food Dislikes:

\_\_\_\_\_

## CRITERIA FOR PHARMACY SERVICES

### PROCEDURE:

The resident has a choice:

- To use the facility designated pharmacy or
- To use their own preferred pharmacy

The facility will only utilize a pharmacy that:

- Complies with the facility policy regarding receiving, packaging and labeling of pharmaceutical products unless contrary to state and federal laws and rules on pharmacy practices;
- Provides prescribed drugs including the availability of a twenty-four (24) hour prescription service on a prompt and timely basis; and
- Refills prescription drugs when needed in order to prevent interruption of drug regimens.

Requirements for contracted pharmacy will include:

- Provide 24 hour – 7 day coverage with arrangements for a back up pharmacy.
- Medication packaging in an agreed upon unit or multi dose system.
- Provide MAR's and Physician Order forms.
- Handle physician orders directly with the physician.
- Review resident medications at time of move in and quarterly.
- Bill the resident or family directly.

#### A. Own Preferred Pharmacy:

Residents selecting their own pharmacy must ensure the provider complies with the following guidelines:

- Medications will be delivered to the resident by her/her local pharmacy, family or friend. These medications must be in the facility at least 24 hours prior to their start time.
  1. The resident, family or friend will be responsible for reordering medications and any other need for prescriptions.
  2. Rosewood of the South Hills will not be responsible for notifying the resident, family or friend when medications need to be ordered.

3. In the future, if the medications are not here they will be ordered from our contracted pharmacy (\_\_\_\_\_).
4. State regulations mandate all prescribed medications must be in the facility for administration \_\_\_\_\_.

- The pharmacist must review the resident's medications and will consult with the PCH as necessary.
- The HPC will consult with the pharmacist as needed.
- The pharmacist will bill the resident directly.
- The pharmacist must be able to service the resident 24 hours a day or will have a back-up pharmacy who will follow Rosewood of the South Hills policies and procedures.
- The pharmacist will deal directly with the resident's physician. The PCH will fax orders to the pharmacist when necessary.

B. While residents will always have a choice of pharmacy, the pharmacy selected by a resident and family must follow Rosewood of the South Hills policies and procedures.

\_\_\_\_\_

Resident Signature

\_\_\_\_\_

Date

## ROOM RATES

Rosewood of South Hills	Personal Care Monthly Rate
Private Room with Private Bath	\$5200.00
Private Room (with Jack and Jill Bath)	\$4900.00
Deluxe -Semi Private with Private Bath	\$4200.00
Deluxe Semi-Private with a Jack -and-Jill Bath	\$4000.00
Semi-Private with Private Bath	\$3500.00
Semi Private with Jack and Jill Bath	\$3300.00
Semi-Private Converted to Private	Double Semi Private Rate
A Non -Refundable Community Fee	\$1500.00

## ROOM RATES

The daily rate of \_\_\_\_\_ includes the following services:

1. Room.
2. Board including three (3) meals daily.
3. Personal care services consisting of assistance or supervision with dressing, grooming, bathing, hygiene and medication management.
4. Housekeeping services of cleaning resident rooms and providing laundered bed linens once weekly.
5. Furnishing of resident rooms may include night stand, chest of drawers, mirror, chair, closet, lamp, bedspread, sheets, towels, soap dispenser, toilet paper, trash container with lid and curtains as indicated.
6. Utilities shall include water, light, heat, electricity and emergency call system.
7. Routine maintenance of property and equipment owned by the facility.
8. Social and recreational activities. (Some activities may include additional charges).
9. 24-hour staffing.
10. Meal delivery services due to temporary illness when medically indicated.
11. Mail delivery.
12. Use of the washer/dryer in the personal laundry room.
13. Assistance with arranging for outside services and appointments and transportation to appropriate medical, dental, nursing or mental health service as necessary.
14. There is a \$25.00 a day additional charge for respite admissions.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

## ADDITIONAL CHARGES

1. Personal laundry and cable television included in rent
2. Meal delivery service – if other than medically necessary: \$ 5.00 per meal
3. Guest meals: \$5.00 per meal
4. Medical supplies and convenience store items - items are subject to change as suppliers cost varies.
5. Cable: Included in monthly price
6. Companion/Attendant care: \$20.00 per hour
7. Staff accompaniment doctor's appointments: \$20.00 per hour
8. Service/supplier of other providers (such as medical supplies, laboratory, x-ray, physical therapy, occupational therapy, speech pathology, podiatry, optometry, hearing aid repair, pharmacy, nursing agencies, newspapers) will be billed directly to the resident or third-party payer, if applicable
9. Beauty/Barber:

### LADIES

- Shampoo/Blow Dry only: \$10 .00
- Color Rinse: \$ 2.00
- Shampoo & Set: \$24.00
- Condition: \$ 2.00
- Haircut: \$18.00
- Beard Cut \$22.00
- Oil Treatment: \$5.00
- Permanent: \$65.00
- Shampoo, Cut & Set: \$35.00
- Coloring: \$30.00
- Re-comb: \$6.00
- Color/ Cut and Set \$55.00
- Color/Cut/Hilite and set \$ 60.00
- Hilite/Cut and set \$50.00
- Wax Eyebrows and Lips \$12.00
- Wax Eyebrows \$6.00
- Wax Lip \$6.00



## GUARANTY AND SURETYSHIP AGREEMENT

This agreement, made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by and between \_\_\_\_\_, (herein called the “Guarantor”) and Rosewood of the South Hills, (herein called the “Facility”), to secure the financial obligations of \_\_\_\_\_, (herein called the “Resident”).

Recitals:

WHEREAS, Facility has agreed to admit Resident, pursuant to the terms and conditions of a certain “Rosewood of the South Hills Admission Agreement” date \_\_\_\_\_, (herein called the “Admission Agreement”) to Facility for purposes of providing room, board and other care services to Resident: and

WHEREAS, the Guarantor, desires to make and execute this Guaranty and Surety-ship Agreement (herein called “Agreement”), and inducement for the admission to, and continued stay of Resident in the Facility.

NOW, THEREFORE, the Guarantor, in consideration of these premises and the covenants hereinafter contained, and for other good, valuable and sufficient consideration, the receipt whereof is hereby acknowledged, and intending to legally bound, does hereby covenant and agree as follows:

1. In order to secure the admission of the Resident to the Facility, the Guarantor, jointly and everally, hereby irrevocably and unconditionally guarantees and becomes surety to Facility for, the due and punctual payment of all the financial obligations (such obligations hereinafter are referred to individually as “Obligation” and collectively as “Obligations”) of Resident, now existing or hereafter at any time or times incurred under the Admission Agreement or and renewals, extensions or modifications thereof.
2. If any Obligation is not paid or performed by Resident punctually when due, Guarantor shall, upon Facility’s demand, immediately pay such Obligation in full. Guarantor shall pay to Facility upon its demand all costs and expenses including, without limitation, attorney’s fees, which may be incurred by Facility in the collection

or enforcement of the Obligations or of Guarantor's Obligations under this Agreement.

3. Guarantor hereby waives notice of acceptance of this Agreement and any notice of default by Resident with respect to the Obligations, and consents and agrees that Facility may at any time, and from time to time, in its sole discretion: (a) extend or change the time of payment, manner, place or terms of payment, performance of any or all part of the Obligations, (b) settle or compromise with Resident or others liable for all or any part of the Obligations, and (c) take or refrain from taking such action as Facility may, in its sole discretion, deem to be in its best interests with respect to the Obligations, all in such manner and upon such terms as Facility may deem fit, without notice to or further assent from Guarantor, who hereby agrees to be and remain bound upon this Agreement and the Obligations, notwithstanding any extension, change, settlement, compromise, surrender, release, renewal, or other action.
4. Guarantor agrees that no promises, representations, agreements, conditions or covenants have been made relating to this Agreement other than those contained herein, and that no modification of the terms hereof shall be binding on the Facility unless contained in writing signed by Facility.
5. Guarantor will provide to the Facility promptly such information pertaining to Guarantor's financial condition as may reasonably be requested by Facility from time to time.
6. This Agreement shall bind Guarantor and Guarantor's executors, heirs, administrators and assigns, and the benefits hereof shall inure to Facility, its successors and assigns.
7. If more than one Guarantor shall execute this Agreement, the obligation and liability of each such person under this Agreement are and shall be joint and several, and shall not be revoked or impaired as to one by the death or bankruptcy of any other person or by the revocation or release from any obligations of any one Guarantor or other person.
8. This Agreement is an instrument of surety-ship and not merely a guaranty. Should Resident at any time fail to perform any Obligation under this Admission Agreement, Facility may proceed directly and immediately under this Agreement against the Guarantor, jointly and severally, to the full extent of the amount of such Obligation,

and the obligation of Guarantor here under, without first being required to proceed against Resident or any other person or entity, (including any other Guarantor here under), or against any other security for Resident's Obligations to Facility.

9. The Guaranty and Surety contained in this Agreement is absolute and unconditional, primary, direct and immediate and shall be valid and binding upon Guarantor regardless of any invalidity, Agreement, or any action or inaction by Facility, or any other circumstance which might otherwise constitute a defense available to, or a discharge or release of, Resident, or a Guarantor, by operation of law.
10. If any provision of this Agreement is found by a court of competent jurisdiction to be prohibited or unenforceable, such prohibition or enforceability, and such prohibition or unenforceable shall not invalidate the balance of this Agreement.
11. This Agreement shall be governed by the laws of the Commonwealth of Pennsylvania.

IN WITNESS WHEREOF, the Guarantor, with full understanding of financial obligations undertaken herein, has signed this Agreement the day and year first above written.

\_\_\_\_\_

Witness

\_\_\_\_\_

Date

\_\_\_\_\_

Guarantor

\_\_\_\_\_

Date

### CLOTHING IDENTIFICATION

Upon admission, resident's name must be marked on all clothing articles with a permanent marker. It is also suggested that any personal items be marked. This will ensure easy recognition and identification should anything be misplaced.

## VALUABLES

For security reasons we do advise our residents to keep a minimum of spending money at their disposal. Please utilize top locked dresser drawer for any valuables. Money can be kept in our safe and dispensed as needed. Please see the receptionist at the front desk.

## ROOM REPAIR

The cost to remedy the damage, abusive wear, etc. (i.e. replace/repair door, door stopper, repair light fixtures, replace window screens, broken or cracked glass, replace curtain rod, damage to ceramic, carpet repair, floor repair, carpet replaced, heat/cool unit damage, painting, general cleaning, heavy duty cleaning, replace/repair furniture, replace/repair bathroom fixtures, etc.) will be charged at the Facility's direct cost and labor subcontractor.

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Resident Signature

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Date

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Responsible Party Signature

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Date

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Facility Representative Signature

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Date

## FIRE DRILL PROCEDURE

The thought of a fire in our building is extremely fearful to us all. This is the purpose of conducting routine fire drills in accordance with BHS Regulations.

Please keep the following in mind when you hear the fire bells ring:

1. Before leaving your room, feel the door to see if it is hot. A hot door would indicate fire in the hallway outside your door. Opening the door would allow fire and smoke to spread

inside your room. If you feel heat on the door surface and try to exit your room, you are likely to step into the fire itself.

2. Do not attempt to use the elevator. As soon as the alarm system is activated, the elevators automatically return to the lobby level. This prevents people from being trapped in the elevator during a fire.
3. Proceed immediately to the entrance hall for further instructions.
4. If complete evacuation of the building is necessary, you will receive directions from the fire department personnel and/or **Rosewood of the South Hills** personnel.

Fire drills are practiced monthly by the facility and it is mandatory that all residents participate.

\_\_\_\_\_

Resident Signature

\_\_\_\_\_

Date

## NONDISCRIMINATION IN SERVICES

Admissions, the provision of services and referrals of residents shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age or sex.

Program services shall be made accessible to eligible individuals with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any resident/client/student (and/or their guardian) who believes they have been discriminated against may file a complaint of discrimination with any of the following:

**Rosewood of the South Hills**

51 Dewy Avenue  
Bridgeville, PA 15017

**Pennsylvania Human Relations Commission**

Pittsburgh Regional Office  
301 Fifth Avenue Suite 309 Piatt Place  
Pittsburgh, PA 15222

**Department of Public Welfare**

Bureau of Equal Opportunity  
Room 223 Health and Welfare Bldg.  
PO Box 2675  
Harrisburg, PA 17105

**Bureau of Equal Opportunity**

Western Regional Office  
Room 702 Pittsburgh State Office Bldg.  
300 Liberty Avenue  
Pittsburgh, PA 15222

**Office of Civil Rights**

Department of Health and Human  
Resources  
Office for Civil Rights Region III  
Suite 372, Public Ledger Bldg.  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

**RESIDENT PHOTOGRAPHY, VIDEO TAPING AND OTHER IMAGING CONSENT**

Circumstance under which resident photography is permitted and authorization is not required:

- Purpose of identification
- Resident care issues; to document progress of skin condition or injuries
- To document abuse or neglect

The resident or his/her legal representative should give written consent before photography is done by anyone other than a friend or family member of the residents.

- |                               |                                   |  |
|-------------------------------|-----------------------------------|--|
| <input type="checkbox"/> I do | <input type="checkbox"/> I do not | Give the facility consent to photograph or videotape the resident in facility activities, including therapy sessions and activities.   |
| <input type="checkbox"/> I do | <input type="checkbox"/> I do not | Give the facility my consent to display photographs of resident participating in facility activities in public displays within the facility including therapy sessions and activities. |
| <input type="checkbox"/> I do | <input type="checkbox"/> I do not | Give the facility my consent to release photographs in monthly   |

newsletter or other informative publications by the facility including therapy sessions and activities.

- I do       I do not      Give the facility my consent to release photographs, videos, or other images for the Rosewood of the South Hills websites or Facebook page.
  
- I do       I do not      Give the facility my consent to release photographs, videos, or other images to outside requesters.
  
- I do       I do not      Give the facility consent to release photographs when representative from the news media or law enforcement agencies ask to photograph a resident, permission must also be obtained from the resident's physician.


I request the following restrictions to photographs, videotapes, or other images:


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Resident Signature

  
Date

  
Responsible Party Signature

  
Date

## CONSENT TO MEDICAL TREATMENT

In the event that \_\_\_\_\_ becomes ill and requires further care and evaluation and the next of kin or legal guardian cannot be notified, I/we give permission for \_\_\_\_\_ to be transported to the hospital and give consent for treatment.

\_\_\_\_\_

Resident Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Responsible Party Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Facility Representative Signature

\_\_\_\_\_

Date







## RESIDENT RIGHTS

State law provides that each Resident shall have the following rights while residing in the facility:

- A resident may not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, sexual orientation, national origin, age or sex.
- A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.
- A resident shall be treated with dignity and respect.
- A resident shall be informed of the rules of the home and given 30 days written notice prior to the effective date of a new home rule.
- A resident shall have access to a telephone in the home to make calls in privacy. Non-toll calls shall be without charge to the resident.
- A resident has the right to receive and send mail.
- Outgoing mail may not be opened or read by staff persons unless the resident requests.
- Incoming mail may not be opened or read by staff persons unless upon the request of the resident or the resident's designated person.
- A resident has the right to practice the religion of the resident's choice, or not to practice any religion or faith.
- A resident shall receive assistance in accessing health services.
- A resident shall receive assistance in obtaining and keeping clean, seasonal clothing.
- A resident has the right to access, review and request corrections to the resident's record.
- A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.
- A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.
- A resident has the right to relocate and to request and receive assistance, from the home, in relocating to another facility.

- A resident has the right to freely associate, organize and communicate with others privately.
- A resident shall be free from restraints.
- A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.
- A resident has the right to privacy of self and possessions.
- A resident has the right to remain in the home as long as it is operating with a license.
- A resident has the right to use both the home's procedures and external procedures to appeal involuntary discharge
- A resident has the right to a system to safe guard a resident's money and property.
- A resident has the right to choose his own health care.

\_\_\_\_\_

Resident Signature

\_\_\_\_\_

Date

## RESIDENT COMPLAINT PROCEDURE

Rosewood of the South Hills permits and will response to oral and written complaints. Prior to admission, Rosewood of the South Hills will inform the resident and the resident's designated person of the right to file a complaint and the procedures for doing so.

The complaint process is as follows:



The resident, staff, family, or friends of the resident, community and religious leaders may file a written or oral complaint regarding an alleged violation of resident's rights, quality of care, or other matter without retaliation or the threat of retaliation.



- Rosewood of the South Hills will ask if the person would like to put the complaint in writing; a log of all complaints will be kept.

- If a resident indicates that they wish to make a written complaint, but needs assistance in reducing the complaint to writing, Rosewood of the South Hills will assist the resident in writing the complaint.
- Rosewood of the South Hills will ensure an investigation and resolution of all complaints.
- Rosewood of the South Hills has designated the administrator to be responsible for receiving complaints and determining the outcome of the complaint.
- Within two (2) business days of receiving a written complaint, a status report will be issued to the complainant. If the complainant is not a resident, the resident and their designated party will receive the status report unless contraindicated.
- The status report will include the action Rosewood of the South Hills is taking to investigate and address the complaint.
- Within seven (7) business days of receiving the complaint, the home shall give the complaint and if applicable, the designated person, a written decision on the investigation findings and the action necessary to resolve the complaint.

*If the issue is not resolved, the complainant may contact:*

- |  |                |
|--|----------------|
| · Personal Care Homes Licensing Western Region | 1-888-322-3664 |
| · Area Office on Aging Ombudsman               | 724-728-7707   |
| · Pennsylvania Protection and Advocacy         | 1-800-692-7443 |
| · Personal Care Home Complaint Line            | 1-877-401-8835 |
| · Commonwealth Information Center              | 1-800-932-0784 |
| · Local Law Enforcement                        | 911            |

	
Resident Signature	Date

	
Responsible Party Signature	Date