
Greystone Retirement Home

ASSISTED LIVING WITH
Care...Comfort...Companionship

Material for Residency Application

*44 High Street...Post Office Box 499
Portland, Connecticut 06480-0499...Telephone: (860) 342-2509*

Greystone Retirement Home

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Portland, Connecticut

AGREEMENT FOR ADMISSION TO RESIDENCY

I DISCLOSURE OF MANAGEMENT AND OWNERSHIP PHILOSOPHY:

Greystone Retirement Home does not discriminate against any resident before, during, or after admission into the facility, on the basis of race, color, creed, age, handicap, sex, sexual preference or national origin.

This facility is desirous of conforming with all applicable State and Local regulations and statutes regarding the health, welfare, and safety of all of its residents.

Greystone Retirement Home is licensed to provide supportive care to its residents. It is not a nursing home. The basic difference between Greystone Retirement Home and nursing homes is the degree to which they attend to one's health and independence. Nursing homes take care of people who are ill and who are dependent on others to handle their medical care problems, health care problems and daily living needs. The patients in nursing homes have limited ability to walk and to care for themselves.

The people at Greystone Retirement Home are residents, not patients. They are not ill. They live here. They have chosen Greystone as their home. The residents are able to take care of their basic needs. At times, if needed, they may receive some assistance with medications, dressing, or showers. Even though there may be some assistance with their daily living needs, they all get to their attractive dining room for home cooked meals three times a day. Some go shopping in town by themselves or with others. For the exercise, some residents participate in our exercise program or walk the wooded grounds of Greystone. Some own and drive their own cars and independently come and go to the degree they are able to do so. It is a requirement of the State of Connecticut that if a resident's condition or level of care should change, the resident must be moved to a more appropriate facility.

II AGREEMENT OF Greystone Retirement Home:

Greystone Retirement Home shall provide room, board and other personal services pertaining to the care, safety, good grooming, and well-being of residents as defined previously in the above philosophy.

III AGREEMENT OF RESIDENT AND OTHER RESPONSIBLE PARTY:

The resident and other responsible party agree to the following:

1. To pay one month in advance upon admission to residency at Greystone Retirement Home.
2. To arrange at their expense for the resident to be visited by a physician of choice if medically indicated.
3. The resident is under the control of his attending physician who is solely responsible for issuing orders for medications, diet, and other items affecting the resident's care and welfare.
4. To authorize the resident's transfer to a hospital or other appropriate health care facility when the resident's physician prescribes diagnostic study, medical care, or treatment of a level and nature that cannot be performed at Greystone Retirement Home.
5. To assume responsibility for all transportation charges of the resident to hospital, clinic, home, or physician offices unless otherwise agreed to and noted.
6. To provide for the resident's immediate discharge and transfer upon notice to the Sponsor where Greystone Retirement Home finds that the Resident is harmful to self or to others, or where behavior is so disturbing as to interfere with the care, comfort, safety or personal security of other residents; to not solicit, in any way, staff members, family or friends of staff members, residents or family or friends of residents; to obligate the responsible party to accept physical custody of the Resident; and to relieve Greystone from continuing any obligation or responsibility for the resident.
7. To consent to the exercise of the right of Greystone Retirement Home to change the room assignment of the resident to another of the same rate at the discretion of Greystone Retirement Home when necessary for efficient and practical management.
8. To promptly pay all charges due and owing when bills are rendered. Partial payments are not acceptable nor does Greystone Retirement Home extend credit.
9. To pay all collection agency charges, expenses, reasonable attorney's fees and court costs if it is necessary to place the account in the hands of a collection agency and/or attorney for collection. The resident and the sponsor also agree that all unpaid charges shall accrue interest at the rate of ten percent per year.
10. To provide a written, two-week notification to the administrator if the resident is to be moved from Greystone. If the resident is to be permanently removed, all charges must be paid in full before the resident is released.
11. To abide by all rules and regulations established in connection with the operation and maintenance of Greystone Retirement Home.

IV AGREEMENT OF ALL PARTIES:

All parties to this contract agree that it may be modified only:

- a. Upon express written approval and authority of the resident and/or sponsor, and Greystone Retirement Home.
- b. When Greystone Retirement Home, with reasonable notice, presents the resident and/or sponsor with changes in the terms or conditions of residency.

V MISCELLANEOUS PROVISIONS

- A. **Valuables:** The resident and sponsor acknowledge that Greystone Retirement Home, maintains facilities for the safekeeping of money and valuables. Greystone Retirement Home shall not be responsible for monies or valuables unless delivered to the Administrator for safekeeping.
- B. **Duties of Sponsor:** The sponsor hereby acknowledges, understands, and accepted the duties of sponsorship, i.e., to act for and in behalf of the best interests of the resident at all times. In addition the sponsor hereby unconditionally guarantees to Greystone Retirement Home all the obligations of the resident hereunder.
- C. **Notices:** All notices required to be served upon the Sponsor in accordance with this agreement shall be deemed sufficiently served if mailed to the sponsor by certified mail, return receipt requested, at the address set forth below.

D. Disclosure: By virtue of this document, Greystone Retirement Home has attempted to accurately and fully disclose the terms and conditions under which residency at Greystone Retirement Home is established, and requests and requires the same full and accurate disclosure on the part of the resident and sponsor, prior to admission, concerning the resident's medical, physical, social, mental, emotional condition, and the resident's financial ability to pay for services.

Resident

Sponsor

Number and Street

Number and Street

City, State and Zip Code

City, State and Zip Code

Telephone Number

Telephone Number

For Greystone Retirement Home

Date of Agreement

DISCLOSE

Overall Greystone Policies for Residents: Include the following policies but not limited to:

- 1) I, _____, approve that Greystone can keep and assist with my medications.
- 2) No smoking inside the facility only in designated areas outside the building. If a resident is caught smoking inside Greystone we reserve the right to ask the resident to leave as soon as possible.
- 3) No swearing, aggressive behavior, or physical contact against other residents or staff.
- 4) Certain snacks are allowed in a closed container in residents room.
- 5) No microwaves, mini refrigerators, irons, air conditioners, extension cords, power strips or plug in adaptors are allowed. This is against state law.
- 6) Any extra furniture brought into a residents room must be approved by housekeeping.
- 7) No boxes are allowed to be stored underneath the bed or on top of the wardrobe per state law.
- 8) Scooters are allowed only on Greystone property; not out on the roads.
- 9) All doors are locked by 11pm.
- 10) No alcoholic beverages are allowed at Greystone unless approved by a doctor's note. Anyone thought to be under the influence of drug's or alcohol will be immediately sent to the ER for evaluation.
- 11) Upon leaving GRH you must take all of your belongings, anything left behind you have 2 weeks to come and get after this time period of 2 weeks GRH then owns the belongings and we will do what we wish.

Signature of Resident

Date

Signature of Responsible Party
POA, Conservator, Person in Charge
or Family Member

Date

Greystone Retirement Home

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Portland, Connecticut

APPLICATION FOR RESIDENCY

These forms must be completed and returned to Greystone Retirement Home before you can begin your residency. Mail the APPLICATION FOR RESIDENCY sealed in the envelope provided, or personally return it, sealed in the envelope provided, to Lucille I. Swanson, Administrator, Greystone Retirement Home. Information in your application will be treated confidentially.

Name: _____ Veteran: _____ Spouse of Veteran: _____

Address: Number and Street _____

City _____ State _____

Zip Code _____ Telephone _____ Date of Birth _____

Place of Birth _____ Social Security Number _____

Medicare Number _____ State Identification Number _____

Health Insurance Company and Number _____

Address _____ Telephone _____

Religious Denomination _____

Name and Location of Church _____

Funeral Home _____

I. HEALTH INFORMATION

Present Physician or Physician who will perform your preresidency physical examination:

Name _____ Street _____

City _____ State _____ Zip Code _____

Describe any physical handicaps you have:

Do you ever use walking aids such as a cane, a walker? _____ If yes, What? _____

List any illnesses or ailments, including emotional and psychological, you now have or for which you have been treated in the past two years:

Date of last hospitalization _____ Reason _____

Have you ever had psychiatric treatment or counseling? _____

Have you been in a nursing home in the last six months? _____ Where? _____

Do you have a Living Will? _____ If yes, please provide a copy to Greystone Retirement Home.

II. FAMILY AND FRIENDS

Next of kin (Please list two):	1	2
Name	_____	_____
Relationship	_____	_____
Number and Street	_____	_____
City	_____	_____
Zip Code	_____	_____
Telephone	_____	_____

III. FINANCIAL INFORMATION

Please answer all questions as completely and accurately as possible.

A. WHO HANDLES YOUR FINANCIAL AFFAIRS?

Name, if not you _____

Number and Street _____

City _____ State _____ Zip Code _____

B. CASH ASSETS

Bank _____

Checking Account Number _____ Balance in Account \$ _____

Certificates of Deposit Yes No If Yes, What Bank? _____

C. REAL ESTATE ASSETS

Do you own your home? Yes No If Yes, What is its value? _____

Do you own other property? Yes No If Yes, please describe it, give its location and value _____

Do you receive rental income? Yes No If Yes, amount per year \$ _____

D. LIFE INSURANCE CASH VALUE

Do you have life insurance policies with cash value? Yes No

Name of Life Insurance Company: _____ Value: \$ _____

Name of Agent: _____ Telephone Number: _____

E. SECURITIES

Do you have stocks and bonds? Yes No

Approximate value of securities: \$ _____

Agent handling securities: Name _____
Number and Street _____
City _____ State _____ Zip Code _____

F. OTHER INCOME

Social Security Check: \$ _____ Annuity: \$ _____
Disability Check: \$ _____ Other: \$ _____
Pension: \$ _____

G. TOTAL VALUE OF ASSETS: \$ _____

IV. AUTHORIZATION

Everything I have stated in this application is true and correct:

Applicant's signature: _____
Applicant's name printed: _____
Other responsible party's signature: _____
Other responsible party's name printed: _____
Witness: _____ Date: _____

These forms must be completed and returned to Greystone Retirement Home before you can begin your residency. Mail the APPLICATION FOR RESIDENCY sealed in the envelope provided or personally return it sealed in the envelope provided, to Lucille I. Swanson, Administrator, Greystone Retirement Home. Information in your application will be treated confidentially.

QUALIFICATION (TO BE COMPLETED BY THE ADMINISTRATOR)

Applicant qualifies medically	___ Yes ___ No	Date _____
Applicant qualifies physically	___ Yes ___ No	Date _____
Applicant qualifies socially	___ Yes ___ No	Date _____
Applicant qualifies mentally	___ Yes ___ No	Date _____
Applicant qualifies emotionally	___ Yes ___ No	Date _____
Applicant qualifies financially	___ Yes ___ No	Date _____

COMMENTS

If you have a court appointed conservator please provide the following information.

Name of Conservator

Name of Judge who Appointed

Town where Appointed

Alternative contact person and phone number for when the Conservator is away, a person who can make decisions for the resident in your absence.

Name

Phone #

We need the Signature of a Responsible Party for payment if the Resident gets denied by the State of Connecticut for Assistance.

Name

Signature

GRH Policies

Greystone Retirement Home

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Duties of Sponsorship:

I acknowledge that Alzheimer's/Dementia and the like is inherently a progressively worsening disease. I fully realize the dangers for my loved one/resident at Greystone if and when her condition worsens, such as wandering off the Greystone site, the potential for her to be lost within the Greystone facility, and erratic behavior that may come with memory loss and confusion. As legal guardian for the resident or as her sponsor in this facility or with full power of attorney, I FULLY ASSUME THE RISK associated with this medical condition and actions that may then occur. I hereby promise that I will have regular contact with the resident and monitor his/her condition and notify you if there is any change. I further promise that I will change his/her residence if he/she is no longer able to function in a Residential Care home and needs assistance greater than Greystone can provide for him/her. I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND PROMISE NOT TO SUE Greystone or any employee acting on behalf of Greystone from incidents arising from his/her disease.

We, at Greystone Reserve the Right to Discharge a Resident Immediately if we deem they are a danger to themselves or others.

Resident's Name

Date

Sponsor's name

Date

44 High Street...Post Office Box 499
Portland, Connecticut 06480-0499...Telephone: 860-342-2509

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PRERESIDENCY HISTORY

Dear Doctor:

Before the person named below can reside at Greystone Retirement Home, it is necessary for us to have the following information. When you complete this form please mail it to Greystone Retirement Home, 44 High Street, Post Office Box 499, Portland, CT 06480-0499, or by facsimile to 860-342-1210. The telephone number is 860-342-2509.

Thank you,

Lucille I. Swanson

Lucille I. Swanson, Administrator
Greystone Retirement Home

Name of Applicant: _____ Height: _____ Weight: _____

Date of Last Physical Exam: _____ Blood Pressure: _____ Pulse: _____ Rhythm: _____

Medical History: _____

Surgical History: _____

Psychiatric History: _____

Current Diagnosis and Chief Complaints: _____

Physical Examination:

Head _____ Teeth: _____

Eyes _____ Vision: Adequate _____ Poor _____

Ears _____ Hearing: Adequate _____ Poor _____

Neck _____ Abdomen _____

Breasts _____ Genitalia _____

Heart _____ Extremities _____

Lungs _____ Mental Status _____

Physical Ability _____

Continence: Urine _____ Continent _____ Incontinent _____

Feces _____ Continent _____ Incontinent _____

Present Medications: _____

Allergies: _____

PPD : _____ Date: _____ Results: _____

Physician's Orders: _____

Physician's Signature: _____ Date: _____

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Greystone Retirement Home

Family owned since 1953

A pleasant home alternative in Residential Care
and Assisted Living for the Elderly with
Care... Comfort... Companionship

STANDARD ORDERS


Dear Doctor:

To assist you in the care of your patients, Greystone has established, for all current residents and new admissions, the following standard orders unless otherwise ordered by you. Please make any changes you desire for your patient, and return this form with the PRERESIDENCY HISTORY FORM.

Tylenol 650mg po q4h prn pain
Robitussin DM 2 tsp po q4h prn cough
Maalox 15cc po q4h prn indigestion
MOM 30cc po qhs prn constipation
Loperamide AD 2mg 2 tablets po after 1st loose BM and 1 tablet after each subsequent loose BM up to 4 tabs/24h

If Diabetic - FBS + Glycohemoglobin q3mos, unless on Accuchecks
If on Digoxin - electrolytes + digoxin level q6mos
If on a diuretic - electrolytes, BUN + creatinine q3mos
If on lithium - lithium level q3mos
If on Dilantin - Dilantin level q3mos
If on Tegretol - CBC, BUN, creatinine + tegretol level q3mos
If on Quinidine - Quinidine level q3mos
If on Coumadin - Protime qmo
If on Synthroid - T₃, T₄, T₇ and TSH q6mos

Sincerely,


Administrator

Resident's Name: _____

Physician's Signature: _____ Date: _____

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FORMSSTNDORDE

COMMENTS

CHECKLIST FOR RESIDENT

- ___ The APPLICATION FOR RESIDENCY has been fully completed.
- ___ Two recent PHOTOGRAPHS of me accompany this application.
- ___ A copy of my LIVING WILL accompanies this application.
- ___ The PRERESIDENCY HISTORY has been completed by my physician and received by Greystone Retirement Home.
- ___ Admission time is 10:00 o'clock AM, Monday through Friday.

* * * * *

To be signed at the time residency begins:

I have received a copy of the RESIDENTS' BILL OF RIGHTS

Signature

Date

resiapli