

# **WILLOW MANOR**

68290 District  
Iron River, WI 54847  
715/372-5005

## **Admission Agreement**

### **Assessment, Individual Service Plan and Evaluations:**

Willow Manor will assess each resident's needs, abilities, and physical and mental condition before admitting the resident. Willow Manor will base the assessment on the current diagnostic, medical and social history obtained from the person's health care providers, case manager and other service providers. The administrator or designee will hold a face- to- face interview with the person or person's legal representative, and family members, as appropriate, to determine what the person views as his or her needs, abilities, interest and expectations. For emergency admissions, Willow Manor will conduct the assessment within 5 days after admission.

### **Rights and Responsibilities:**

Resident agrees to abide by Willow Manor Rights and Responsibilities. A copy is included in this Admission Packet.

Willow Manor agrees to abide by Policies and Regulations included in the Admission Packet. Willow Manor agrees to notify Resident orally and in writing of any major changes as soon as possible.

### **Financial Agreement:**

Willow Manor will accept Medicaid, Private Insurance or Private Pay Residents. The resident rate is determined by a daily rate including amenities (meal etc). The rate is subject to change. Willow Manor agrees to provide thirty (30) days advance written notice to residents' if the rate changes. If the resident does not terminate this contract within seven (7) days of receipt of the notice, resident's failure to terminate will constitute agreement to continue this contract in full force and affect at the rate set forth in the written notice. The resident has an obligation to ensure that Willow Manor is paid monthly in a timely fashion. Your daily rate will be \_\_\_\_\_ per day.

### **Medications:**

There needs to be a written practitioner's order in the resident's record for any prescription medication, over-the-counter medication or dietary supplements administered to a resident. The Prescription will come from a licensed pharmacy or a physician and will have a label permanently attached to the outside of the container. Over-the-counter medications maintained in the manufacturer's container will be labeled with the resident's name. Over-the-counter medications not maintained in the manufacturer's container will be labeled by a pharmacist. The resident's record must include type and dosage of medications or supplements, directions for use and any change in condition if the resident does not self-administer his/her own. When an employee of Willow Manor administers a resident's medication, Willow Manor will provide a list of current medications to their physicians. When a resident self-administers medications Willow Manor will provide a list for the resident to provide to all the practitioners.

**ID Photo:**

A Photo will be taken upon admission. Willow Manor will only use the photo for the purpose of assisting staff or others in identifying residents. In cases of absence without prior notice the photo would be given to proper authorities for purposes of identification.

Willow Manor will not use any photo of residents for promotional or informational use without a written consent signed by the resident or the resident's legal representative.

**Sign-In/Sign-Out:**

1. Residents are asked to sign out when leaving the facility. The person accompanying the resident will be identified as well as the time.
2. Residents may not be required to disclose their destination. However, for safety purposes the resident's destination may be recorded if it is voluntarily disclosed.
3. Residents leaving for extended periods should notify the front desk.
4. If residents are out during meal time, it is requested that staff be notified that the Resident will be out.
5. Upon returning to the community, resident or staff may sign them in.

**Personal Belongings:**

Residents will be responsible for all personal belongings. Resident agrees that if the presence of any of his/her personal possessions violates local, state, or federal laws, rules or regulations, Willow Manor has the right to require resident to remove them from the facility.

**Firearms:**

To ensure the safety of residents and staff firearms and ammunition are not permitted within any part of the community.

**Smoking:**

Willow Manor is a smoke free campus!!!

**Pets:**

You may have your family or friends bring your dog or cat on a leash or properly caged to visit you. Dogs or cats are not allowed to stay overnight. It is up to owner or person who brought the dog or cat to be responsible for any clean-up inside or out.

**Discharge or Transfer:**

If the condition or action of the resident requires an emergency transfer to another facility for treatment not available thru Willow Manor, Willow Manor may not involuntarily discharge the resident unless (a) discharge or transfer is initiated by resident (that is competent) (b) If resident is incompetent, the licensee or designee will notify the legal representative and the county protective services agency to determine the discharge. (c) Before Willow Manor involuntarily discharges a resident, the licensee will give the resident or legal representative a 30 day written notice. The notice will explain the need for and possible alternatives to the discharge. (d) Willow Manor will provide assistance with relocation.

**Voluntary Termination:**

Resident must provide Willow Manor at least a thirty (30) days written notice of his/her intention to terminate this agreement. Private pay residents are liable for at least thirty (30) days of daily rate charges from the date of the notice of termination.

**Involuntary Termination:**

Willow Manor may not involuntarily discharge a resident except for (a) Nonpayment of charges, following reasonable opportunity to pay. (b) Care is required beyond Willow Manor's license classification. (c) Care is required that is inconsistent with Willow Manor's program and beyond that which is required. (d) Medical care is required that Willow Manor cannot provide. (e) There is imminent risk of serious harm to the health or safety of the resident, or other residents or employees (must show documentation).

Involuntary discharge must be in writing to the resident or resident's legal representative including the reason, justification, right to request a review of the discharge by the Department of Human Services (within 10 days) and the name, address and telephone number of the regional director, the regional office of the board on aging and long term care's ombudsman program.

**Bed Hold:**

In the event that a resident is temporarily absent from the facility for a hospital stay or temporary therapeutic leave Willow Manor will agree to hold the resident's room for up to thirty (30) days commencing on the first (1<sup>st</sup>) of the following month. This may be negotiated if needed. Residents will need to pay a full daily rate during their absence, less the meals or (\$11.00 per day).

**Removal or Disposal of Resident's Belongings:**

If a resident or resident's representative does not remove the resident's belongings within 30 days after discharge, Willow Manor may dispose of the belongings.

**Electrical Appliances:**

The resident agrees to obtain Willow Manor's prior approval before bringing any electrical appliances on the premises in order to ensure safety to all residents and employees of the facility. Allowed appliances will include Televisions, Radios, Fans, Hairdryers, Curling Irons, and Shavers. All Televisions and Radios must have the volume set at a reasonable setting as not to disturb other residents.

**Refund Policy:**

Upon transfer, discharge, or death of a Resident, Willow Manor will, within thirty (30) days, refund any prepaid amounts for services not rendered. However, Willow Manor will not refund any amounts for Bed hold days unless the resident or resident's legal representative had requested that the Bed hold be discontinued.

**Grievance Procedure:**

A resident or any individual on behalf of the resident may file a grievance with Willow Manor, the department, the resident's case manager, if any, the board on aging and long term care. Disability Rights Wisconsin, Inc., or any other organization providing advocacy assistance. The resident or the resident's legal representative will have the right to advocate throughout the

grievance procedure. The written grievance procedure will include the name, address and phone number of organizations providing advocacy for the client groups served, and the name, address and phone number of the department's regional office that licenses Willow Manor.

Christy Daley, Reg. Ombudsman  
P.O. Box 207  
Phillips, WI 54555-0207  
TELEPHONE: (715) 339-6477

Division of Quality Assurance  
Western Regional Office  
610 Gibson Street  
Eau Claire, WI 54701  
715-836-4752

Bureau of Quality Assurance, P.O. Box 309  
Madison, WI 53701 PHONE: (608) 266-8847  
<http://dhfs.wisconsin.gov/bqaconsumer/HealthCareComplaints.htm>

Any person investigating the facts associated with a grievance will not have had any involvement in the issue leading to the grievance.

Any form of coercion to discourage or prevent any individual from filing a grievance or in retaliation for having filed a grievance is prohibited.

Willow Manor will provide a written summary of the grievance, the findings and the conclusions and any action taken to the resident or the resident's legal representative and the resident's case manager. Willow Manor will maintain a copy of the grievance.

Willow Manor will follow the grievance procedure under s.DHS 94.40 for any resident placed or funded by a county department of social services under s. 46.21 or 46.22, Stats., a county department of human services under s. 46.23, Stats., a county department of community programs, under s. 51.42, Stats., a county department of developmental disabilities services under s. 51.437, Stats., or for any resident who is receiving protective services or protective placement under sh.55, Stats.

Willow Manor will assist residents with grievance procedures as required under this section.

Willow Manor will post in a conspicuous location in Willow Manor a poster provided by the board on aging and long term care ombudsman program, concerning the long-term care ombudsman program under s. 16.009 (2), Stats. The poster will include the name, address and telephone number of the ombudsman's office.

## **RESIDENT RESPONSIBILITIES**

To provide to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, or other matters relating to his/her health and illness, including information needed to complete the Admission assessment.

To report unexpected changes in his/her condition to the staff.

To make it known whether he/she clearly understands a course of action and what is expected of him/her.

For the consequences if treatment is refused or if the plan of care is not followed.

To contact the resident office with questions, complaints or changes in scheduled service.

To furnish a copy of all signed advance directives to Willow Manor, and to inform them if any new document signed due to any change.

For participating in your own health care with the health care providers and to be under medical supervision of a physician.

For providing the agency with accurate, honest and complete information about demographic data, medical history, and medication used, previous treatment, physicians consulted and all facts pertinent to establishing a realistic treatment plan, as determined by a physician.

To assure that the financial obligations of his/her rent payments and other services are paid promptly either by the resident or by the person (s) designated to be responsible for the resident's finances.

To be reasonably considerate and cooperative with all resident personnel and other patients residing in Willow Manor, and to avoid discrimination against health workers because of race, religion, sex, national or ethnic origin.

## **Program Services**

Willow Manor will teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. Willow Manor will provide or arrange services adequate to meet the needs of the residents in the following areas.

- (a) Personal care services will allow a resident to increase or maintain independence.
- (b) Supervision will be appropriate to the resident's needs.
- (c) A daily activity schedule will be posted and participation will be encouraged.
- (d) A schedule of community activities will be posted, along with the cost.
- (e) We will assist in maintaining family and social contacts.
- (f) We will provide services to meet the resident's communication needs.
- (g) Willow Manor will monitor resident's health (physical, oral and mental) unless other arrangements have been made by the resident. Each resident will have an annual physical completed by a physician, unless seen by a physician more frequently.

### **Amenities:**

The following items are included in the monthly rate:

- (a) Nursing Services (limited up to three (3) hours of nursing care per week)
- (b) Daily grooming and Hygiene Care
- (c) Dietary services
- (d) Resident activities
- (e) Each resident's room has a private bathroom (toilet and sink)
- (f) Housekeeping Services – Will keep the environment clean and comfortable
- (g) Laundry Services – Residents' may request to have 2 loads of laundry per week and in some cases it may be necessary to have laundry done more often. Facility will provide one type of detergent. If another type is preferred it is up to the Resident or their personal representative or family to make sure they have a supply.
- (h) Maintenance Services
- (i) Business Office Services
- (j) A telephone will be available for resident use. (There is also a jack in all resident rooms in case the resident wishes to purchase private phone service).
- (k) Each room is wired and ready for residents to bring their own TV's and purchase the service.
- (l) Toilet paper will be provided but again if a resident prefers another brand, it is up to the resident, personal representative or family to make sure a supply is available.

### **BEAUTY SALON:**

The salon will be open one (1) day per week by appointment only. This will be a private pay item.

### **BULLETIN BOARDS:**

Bulletin boards are furnished in each room. Pictures or other wall hangings will be hung by Willow Manor's maintenance personnel per individual request of residents.

**SERVICES NOT INCLUDED IN DAILY RATE:**

Barber & Beautician Services

Private Telephone

Television Service

Transportation, whether medical or non-medical

Newspapers

Stamps

Nutritional supplements such as Boost or Ensure

Incontinence and personal hygiene items

Computer

**ADMISSION AGREEMENT**

**Resident Name** \_\_\_\_\_  
                                    **(First)**                                    **(Middle)**                                    **(Last)**

**Legal Representative (POA)** \_\_\_\_\_  
  **(First)**                                    **(Middle)**                                    **(Last)**

**Resident Pay Status:**

\_\_\_\_\_ **Private Pay**                                    \_\_\_\_\_ **Managed Care Organization**

\_\_\_\_\_ **Other (Specify)** \_\_\_\_\_

**Private Pay Daily Rate:** \_\_\_\_\_

**The Resident or Legal Representative (POA) listed above, agrees that Willow Manor will provide the nursing care and other services specified in the attachments from the date of admission until the Resident's discharge.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Resident's Name Printed**

**OR**

\_\_\_\_\_  
**(POA's) Signature**

\_\_\_\_\_  
**POA's Name Printed**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Willow Manor Representative**

\_\_\_\_\_  
**Date**