



## RESIDENT SERVICE AGREEMENT

### PARTIES

1. This agreement is between Country Care LLC BONDSFOREST AND
2. \_\_\_\_\_.

### LEVEL OF CARE

3. Country Care LLC BONDSFOREST is licensed for level 3 care.
4. Based on information provided by your doctor and an assessment performed by this facility, you require a \_\_\_\_\_ level of care. If your care needs change and you need a higher level of care which this facility is not licensed to provide, we may request a level of care waiver from the MDHMH in order for you to remain here. If the waiver request is not granted, we will give you ample notice that you will be discharged, and will assist you in finding an appropriate facility. If the waiver request is granted an additional fee will be assessed when agreed upon by both parties.

### FEES

The monthly fee for your care at Bonds Forest Assisted Living is:  
\$2,990.00

Admission assessment and administrative fee -	\$ 300.00
Transportation charges: (visits 1 hour or less)	
Carroll County	\$30.00
Baltimore County	\$50.00
Baltimore City	\$60.00

Level 3 fee/ Incontinence fee \$35 0.00 per month.

This fee does not include:

Window treatments – curtains.  
Blankets and comforter.  
Doctors Visits.  
Prescription and over the counter medication.  
All medical and nursing supplies used by resident.  
Incontinence services and supplies – must be provided by caregiver.  
Personal items such as toothbrush, toothpaste, deodorant etc.  
In room telephone  
Private health care visits.  
Repairs for damages caused by resident, i.e. wall repair, carpet replacement, or cleaning, etc.  
Dry-cleaning.  
Transportation to doctors or any other appointments.  
45 DAY ASSESSMENT- \$45.00 ADDITIONAL FEE

### **SERVICES**

5. In consideration of your monthly payment, the facility agrees to provide the following services:
  - a. A private room which includes a bed, bedside table, and lamp, chair, dresser, bath linens, bed linens and blinds;
  - b. Meals which include three meals a day and additional snacks;
  - c. Personal care services which include assistance with eating, personal hygiene, transferring, toileting and dressing;
  - d. Laundry and housekeeping services;
  - e. Assistance with access to health care, social services, and
  - f. social activities; and
  - g. Reminders or physical assistance to residents who can self-administer medications (and/or administration of medications.)

### **OCCUPANCY PROVISIONS**

6. You are assigned to bedroom # \_\_\_\_\_.
7. If it becomes necessary because of health, safety or other considerations to move your bedroom or bed assignment, the facility will give you at least 5 days advance notice. The facility will provide all labor for moving in this circumstance.

- a. If the resident desires to move to a different room and the facility can provide this room, the resident must pay for the move.
8. If your care needs become greater than the facility can safely handle, it may become necessary to transfer you to another facility. Communicable illness, inability to transfer, lack of ability to feed self, full time nursing needs.
9. Locks are available for your use in securing personal belongings.
10. This facility follows the following security provisions to ensure your safety and wellbeing:
  - a. Lock box in each room.
  - b. Alarmed entry and exits.
  - c. Requirement to notify staff when leaving facility and length of absence.
  - d. Locks on resident's room doors.
11. Residents have full use of their own rooms, and the common areas of the facility.
12. To ensure your safety and well being, the staff has the right to enter your room; however, the staff will make every effort to be respectful of your privacy and will always knock before entering.
13. In the event you are on a leave of absence from the facility for a hospitalization, vacation or other reason, the facility will hold your bed until you give written notice you will be vacating permanently.
14. In the event of an emergency situation which could make it un-safe or unhealthy to continue to provide services at the facility, the facility will make arrangements to temporarily relocate you to 2554 Birdview Road, Westminster 21157.
15. Monthly rents are non-refundable upon payment.
16. Residents Rules:

By signing this agreement, you have indicated acknowledgement and receipt of the resident rules and agree to abide by these rules.

#### ADMISSION & DISCHARGE POLICIES

17. You may be discharged from the facility for the following reasons:
  - a. The resident requires care of services that the provider is not licensed to provide pursuant to the applicable laws or regulations;

- b. The provider has determined that the resident has a physical, psychological or psychiatric condition that requires skilled observation or treatment by a licensed professional that the provider cannot monitor between visits by the licensed professional;
- c. The resident suffers from a mental condition that may cause danger to himself/herself or others.
- d. The resident has health or personal needs that the provider cannot meet; the resident is regularly disruptive, causes unsafe conditions, or physically or verbally abuses residents or staff, or refuses to cooperate with the provider's procedures for resolving such matters.
- e. The resident fails to pay charges when due and owing, or breaches any representation, covenant, agreement or obligation of this agreement, including any special attachments added to this agreement at the time of admittance.
- f. The resident has, for health reasons, been transferred to a skilled nursing facility or hospital, has remained in such facility or facility for at least thirty (30) days and the provider determines that the resident's absence will be of a prolonged or permanent nature, the provider may determine that resident has been permanently transferred to such other facility.
- g. The resident displays physical or verbal threats to other residents or staff.
- h. The resident becomes infected with a communicable illness.

18. In the event the facility decides to discharge you, you will be given at least 30 day Advance notice prior to the date of discharge. In the event you are discharged because of a health emergency; the facility may not be able to give you 30 days notice.

19. If you wish to leave the facility, you are required to give 30 days prior written notice of the date you wish to terminate this agreement; however, if you are leaving because of a health emergency, 30 days advance notice is not required, although your intentions must be received in writing.

20. Rents will not be pro-rated or refunded.

#### COMPLAINT AND GRIEVANCE PROCEDURES

- 21. A copy of the resident's rights is attached and incorporated by reference into the agreement. This facility will honor and respect your rights.
- 22. You have the right to make suggestions, register complaints or present grievances about the care or services you or another resident receives here. You may address these concerns to Jim Prodoehl; Assisted Living Program Manger or you may contact the Assisted Living Complaint Unit at 410-402-8217 or toll free 800-877-402-8220.

23. If your concern is directed to the ALP manager, you will receive a response to your concern within 5 days. If you are not satisfied with that response or if the ALP manager does not respond to you, you may contact the Assisted Living Complaint Unit at 410-402-8217 or toll free 800-877-402-8220.

MISCELLANEOUS PROVISIONS

- 24. Country Care Manor is responsible for arranging for or overseeing your care and for contracting for services including equipment and supplies not provided by the facility. Payment for said services and equipment are resident responsibility.
- 25. Country Care Manor is responsible for monitoring your health status.
- 26. The facility will not handle your finances for you if you are unable.
- 27. Payments of all fees are the responsibility of the resident.
- 28. We recommend you have your attorney review this agreement thoroughly.

IN WITNESS WHEREOF, THE PARTIES HAVE EXECUTED THIS AGREEMENT on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

WITNESS:

COUNTRY CARE LLC

\_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_  
(SIGNATURE)

Name: \_\_\_\_\_  
(PRINTED NAME)

WITNESS:

RESIDENT or RESPONSIBLE PARTY

\_\_\_\_\_

\_\_\_\_\_

The following confirms that I have received a copy  
Of the residents rights

And, the residents rules

BY: \_\_\_\_\_  
(SIGNATURE)

NAME: \_\_\_\_\_  
(PRINTED NAME)

Country Care is a non-smoking facility.

Addendum to Resident Service Agreement  
Dated December 5, 2000

1. This contract is in effect for a period of twelve months from the date of residency at Country Care.
2. If the resident changes room location this contract is void and both parties will agree upon a new contract.