

## **ADMISSION AGREEMENT & RESPONSIBILITIES**

**Name of Resident:** \_\_\_\_\_

**Date of Admission:** \_\_\_\_\_

The Breath of Kindness Nursing Home takes great pride in giving our residents the highest quality care possible. We thank you for choosing this noble institution to provide superior service on the basis of a continuum of care in which residents can live, learn and flourish.

The facility currently offers clean, safe, healthy, spacious and enjoyable rooms and environs from a professional, courteous and reliable team. We provide a gym/workout facility for our residents and facilitate visitors between the hours of 10am and 6pm daily.

Our institution is committed to providing the following services for the care of your loved one:

- \* 24-hour emergency care
- \* Personal care (including dressing, bathing and toilet assistance)
  - \* Three (3) balanced meals per day
  - \* Laundry services
- \* Monitoring of vital signs and medication
- \* Reporting of health conditions to relatives/clients
  - \* Devotional exercises
- \* Coordinated social and recreational activities

Listed below are several responsibilities that are expected of you during the resident's tenure at the institution to facilitate us delivering the best care possible and to ensure the maximum comfort for your relatives and loved ones.

**Relatives/clients are responsible for providing:**

- \* Personal care items - including but not limited to toothpaste, toothbrush, rags, soap, lotion, clothing and other toiletries.
- \* Additional food items including snacks, fruits, juices etc.
- \* Adult diapers (where applicable)
- \* Mobility aids - wheelchairs, walkers, etc (where applicable)
- \* Appropriate clothing

**Relatives/clients are also responsible for:**

- \* Doctors' fees
- \* Transportation costs
- \* Pharmaceutical purchases
- \* Insurance fees
- \* All other medical expenses

Relatives/clients are encouraged to accompany their loved ones to their medical appointments as much as is possible.

This agreement should be signed on or before admission. Where this is not possible, it must be in place within five working days of the date of admission. For residents admitted to the home on an unplanned basis, the agreement must be signed within two weeks of admission.

The minimum period of notice for any change to the agreement is 90 days and is given together with a statement settling out the rationale for such change. Any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any change in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.

Termination of contract for reasons other than death requires a minimum period of notice of 90 days by either party.

I, the undersigned, hereby acknowledge that I have read, understood and is in agreement with the terms stated above regarding the care of my relative/loved one.

Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by B.O.K. Representative: \_\_\_\_\_