

RESIDENT ADMISSION AGREEMENT

This document is a binding legal contract. Please read it carefully to make sure you fully understand its terms and the obligations you are assuming.

1. The main body of the Agreement (which is bound in this folder) explains the services, charges, rules, and regulations understood and agreed upon by the Nursing Facility, Resident and any other parties involved.
2. An Acknowledgement Sheet (which must be signed) and Attachments are provided in the back pocket of this folder. All applicable Attachments are hereby incorporated into this Agreement.
3. Depending on payors involved in providing full or partial reimbursement for the Facility's services, you may be asked to sign additional Attachments. These might include, but are not limited to: Medicare, Medicaid, Veteran's Administration, Private Insurance or Managed Care Organizations.

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SECTION 1: DEFINITIONS

Nursing Facility

"Facility" or "Nursing Facility" means the health care facility to which the Resident is being or has been admitted and shall include all agents, employees, consultants, experts, attorneys and other persons acting or purporting to act on behalf of the Facility. The Facility's name appears on the Resident Admission Agreement Acknowledgement sheet located in the back pocket of this folder.

Resident

“Resident” means the individual being admitted for care, room and board in the Facility.

Legal Representative

“Legal Representative” means the following:

- a. **For a Medicaid Resident:** the individual with access to the Resident’s income and assets, who shall be responsible for ensuring the Resident’s income and assets are used to pay for the Resident’s financial obligations to the Facility. This term may include a court-appointed Guardian, Power of Attorney, Attorney-In-Fact or Durable Power of Attorney. The Facility may hold the Legal Representative of a Medicaid Resident personally liable up to the value of the Resident’s income and assets that the Legal Representative does not use to pay the Facility for the Resident’s long-term care and, by signing this Agreement, the Legal Representative agrees to be personally liable if he/she does not use the Resident’s income and assets to pay the Facility for the care provided to the Resident. By signing this Agreement, the Legal Representative under this subsection acknowledges that the facility is not requiring a third-party guarantee of payment by the Legal Representative as a condition of admission.

- b. **For all other Residents:** the individual, along with the Resident, who is personally liable to satisfy from the Resident’s income and assets any and all charges for services provided by the Facility to the Resident, beginning on the date of admission and ending on the date of discharge. This includes, but is not limited to, the Facility’s charges incurred due to: (1) any denial and/or delay of the Resident’s application to participate in the Medicaid program; (2) Medicare co-insurance and Medicare non-covered services; (3) third-party payer source denial of coverage; and (4) the Resident/Legal Representative’s failure to apply for Medicaid eligibility or to cooperate in establishing the Resident’s eligibility. By signing this Agreement the Legal Representative agrees to be personally liable if he/she does not use the Resident’s income and assets to pay the Facility for the care provided to the Resident. By signing this Agreement, the Legal Representative, under this subsection, acknowledges that the facility is not requiring the third-party guarantee of payment by the Legal Representative as a condition of admission.

Physician

“Physician” means the Resident’s primary care physician or his/her designee, the Facility’s Medical Director or any other physician approved by the primary care physician, Medical Director or the Resident/Legal Representative.

Medicaid

“Medicaid” means any applicable state Title XIX financial assistance program.

Daily/Basic Rate

“Daily Rate” means the daily charge for routine services rendered to a Resident by the Facility under the terms of this Agreement. The Daily Rate is subject to change from time to time.

Agreement

“Agreement” or “Admission Agreement” means this Resident Admission Agreement and any attachments thereto.

Facility Standards

“Facility Standards” means the Rules and Regulations of the applicable state and federal laws.

Plan of Care

“Plan of Care” means a care plan for nursing care, activities, restorative and rehabilitative services and psychosocial care, offered by the Facility, as identified in the Resident’s Plan of Care established by the Facility.

Resident Paying Privately

“Resident Paying Privately” is a Resident for whom the Facility does not receive payment from Medicaid or from the Veteran’s Administration. A Resident Paying Privately may be covered by Medicare and/or another third-party payor.

SECTION 2: RESIDENT'S RIGHTS AND OBLIGATIONS**1. Acknowledgement**

(a) Attachments. The Resident/Legal Representative acknowledges receipt of the written items identified in this Agreement and acknowledges that each item has been explained in a language that the Resident/Legal Representative understands. All Attachments provided to or signed by the Resident/Legal Representative are incorporated into this Agreement.

(b) Resident Handbook and Facility Orientation Booklet. The Resident/Legal Representative acknowledges receipt of the Resident Handbook and the Facility Orientation Booklet. By signing this Agreement the Resident/Legal Representative acknowledges that he/she had an opportunity to review and ask questions about all policies contained therein. The Resident/Legal Representative agrees to become familiar and adhere to these policies and understands that non-compliance with Facility’s policies may result in Resident’s discharge from the Facility.

(1) The Resident/Legal Representative specifically agrees to adhere to the following policies:

- a. Smoking Policy
- b. Theft Liability/Personal Property Clause
- c. Abuse Prevention and Reporting Policy

(2) The Resident will abide by all rules and regulations of the Facility and will cooperate in carrying out the Resident’s Plan of Care.

(c) Finances. Resident/Legal Representative has the right to manage Resident’s financial affairs and need not deposit personal funds with the Facility. The Resident/Legal Representative

will provide his or her own spending money for the Resident. Upon the Resident/Legal Representative's written authorization, the Facility will hold the Resident's personal funds in a Trust Account as further described in the "Resident Trust Fund Policy Notification and Authorization," **Attachment #1**.

(d) Outside Providers/Services. The Facility may, at Resident's cost, use certain outside services and providers recommended by the Facility. The service providers may include, but are not limited to the following: pharmacist, laboratory, dentist, audiologist, optometrist and podiatrist. If the Resident/Legal Representative prefers to use a provider other than those recommended by the facility, it will be at the Resident's cost. To compensate the facility for costs of monitoring such services, the Resident will pay the facility an amount set by the facility not to exceed \$75.00 per month, for each service utilized within a given month.

(e) Miscellaneous.

(1) No food, liquids, medicines, tobacco or smoking materials will be brought into the Facility without permission of the Administrator or nurse in charge. Food must be sealed in containers. No medication will be kept in the Resident's room or possession unless in accordance with a Plan of Care.

(2) The Facility is not responsible for money, valuables, or personal effects of the Resident unless delivered to the Administrator for safekeeping.

SECTION 3: FACILITY AGREEMENT

1. The Facility shall offer personal care, room, board, dietary services and laundry services (there may be a charge for personal laundry services). The Facility will also offer nursing care, activities, restorative and rehabilitative services and psychosocial care as identified in the Resident's Plan of Care established by the Facility and the Resident's Physician to the extent required by the Facility Standards and in accordance with the policies of the Facility.
2. Medicines, treatments or special diets will be offered to the Resident if ordered by the Resident's Physician.
3. The Facility will offer equipment required under Facility Standards. If any Physician orders special equipment not required under Facility Standards, it will be offered at the Resident's expense. Resident/Legal Representative must have consent of the Facility to bring special equipment; use of such equipment is at the Resident/Legal Representative's own risk. The Facility is not responsible for loss or damage to Resident or equipment.
4. The Facility will exercise reasonable care toward the Resident. However, the Facility is not an insurer of the Resident's welfare or safety and assumes no such liability.
5. The Facility may change the Resident's roommate or move the Resident. The Facility will notify the Resident before such change is made and will try to accommodate the Resident's preferences.

SECTION 4: FINANCIAL AGREEMENT

1. Charges for Services

In consideration of payment of the Daily Rate and in compliance with all terms and conditions set forth in this Agreement by the Resident/Legal Representative, the Facility agrees to provide the Resident with personal care, laundry, room, board and nursing care as required by Facility Standards. In return, therefore, the Resident/Legal Representative agrees to comply with the terms of this Agreement, including the obligation to pay the Facility the Daily Rate and the cost of any additional services. The Resident/Legal Representative is liable for any and all payments hereunder from the Resident's funds. The Resident/Legal Representative is liable for payment of all charges not paid by third-party payors in accordance with applicable third-party contracts. The Resident/Legal Representative is also liable for third-party insurance funds paid for the services rendered by the facility, but not received by the Facility.

(a) Daily Rate. The Daily Rate currently in effect is noted on the Resident Admission Agreement in **Attachment #2**, located in the back pocket of this folder. This amount and/or charges for additional services and supplies may be increased or changed by the Facility at any time after thirty (30) days written notice is given to the Resident/Legal Representative (or following any notification period required by applicable law, if greater than thirty (30) days).

The following services are included in the Daily rate:

- 24-hour nursing care and supervision
- Routine nursing programs
- Pharmacist's review of medication administration
- In-house recreational activity programs
- Social Service assistance and counseling
- Discharge assistance and planning services
- Monthly Resident Council meetings
- Family meetings: educational and social
- Meals and snacks in the dining room or at the bedside, as required
- Therapeutic diets, not including enteral feeding or supplemental formula (additional restrictions may apply)
- Daily housekeeping
- Laundry, excluding personal laundry where applicable
- Applicable Medicare, Medicaid, supplemental and long-term care insurance and managed care insurance billing
- Personal services as may be determined to be legally and reasonably required for health and safety of the Resident
- On-going assessment and development of a multidisciplinary comprehensive Plan of Care

Routine nursing services and supplies include routine care and treatment conducted by the nursing staff in compliance with orders of the Resident's Physician.

(b) Costs for Specified Supplemental Services and Products. The Resident/Legal Representative may also be charged for services and supplies not included in the Daily Rate. The following are examples of common charges that may be incurred during a stay at the Facility, but not included in the Facility's Daily Rate. The Resident will be charged for the following, if not covered by a third-party payor source(s).

- Special duty nursing care
- Special equipment/supplies
- Charges for medications or pharmacy services
- Physical, Occupational and Respiratory Therapy
- Speech and/or Language Pathology
- Clothing, shoes, cigarettes
- Beautician or Barber Services
- Special outings (field trips)
- Dental and Optical Care, including dentures and eye glasses
- Hearing aids
- Podiatric care not covered under Medicare Part B
- Hospice services not covered under Medicare Part A
- Laboratory and Physician services
- Radiological (X-Ray) services
- Ambulance services
- Oxygen tank usage and oxygen concentrator rental
- Medical supplies
- Isolation care
- Tracheostomy care and supplies
- Incontinence care and supplies
- Other billable items per facility policy

Actual rates for the above-mentioned supplies and services cannot be given because of market fluctuations and/or until the nature of the services is known.

The Resident/Legal Representative may request and the Facility may provide non-routine services and/or supplies. However, the Resident/Legal Representative is financially responsible for any charges not covered by a third party payor (e.g. Medicare, Medicaid, Insurance, *etc.*). **Attachment #3**, located at the end of this Agreement, lists Vendors used by the Facility and allows the Resident/Legal Representative to choose a vendor should the Resident require purchase of Special Equipment/Supplies.

(c) Additional Costs. The Resident/Legal Representative is liable for any special treatment, services or supplies ordered by any Physician or requested by the Resident/Legal Representative. These costs cannot be determined in advance.

(d) Changes in Charges. The above charges may be changed at any time subject to notice under this section.

2. Residents Paying Privately

(a) Agreement and Undertaking. The Resident paying privately represents to the Facility that charges incurred by or on behalf of the Resident will be paid timely from all available income, assets, benefits, or other resources. The Resident/Legal Representative specifically agrees to and acknowledges that he/she has access to the Resident's income and resources and will use it to pay for the care provided by the Facility as follows: (1) Resident/Legal Representative shall pay such income and resources of the Resident or funds he/she receives from the Resident to the Facility when and to the extent needed for payment of the Resident's care at the Facility; (2) Resident/Legal Representative shall not use such income and resources for any purposes other than the foregoing; (3) Resident/Legal Representative shall assign such income and resources to the Facility at the Facility's request to the extent necessary to pay for Resident's care. Persons with access to Resident resources must complete **Attachment #4: Financial Worksheet.**

(b) Billing. On or before admission to the Facility, each private-pay Resident/Legal Representative must pay Facility an amount equal to one month of daily rate charges (example: daily rate times thirty (30) days). This payment is not a deposit, but rather an advance payment, which applies to the first thirty (30) days of care. Each month thereafter, the Resident/Legal Representative agrees to pay the next month's daily rate charges and any ancillary charges from the previous month, no later than the tenth (10th) day of the current month. Upon discharge of the Resident and/or termination of the Agreement for any reason, the advance payment shall be refunded by the sixtieth (60th) day following such discharge or termination, or as soon as reasonably possible, and after deduction of such charges that are applicable to the Resident's care as of the date of such discharge or termination. If discharge occurs within ten (10) days of admission a minimum charge equal to the daily rate of ten (10) days' stay shall be deducted, in addition to other charges incurred by a Resident during his/her stay at the facility.

(c) Medicaid Pending Applicants. If the Resident applies for Medicaid benefits, the Resident/Legal Representative will be responsible to pay all charges prior to the date Medicaid authorizes payment for long-term care services. It is the policy of this Facility to require a deposit from a Medicaid Pending Resident. The Medicaid Reimbursement Notice indicates the date and amount that Medicaid will begin paying the Facility for the care of the Resident and the Resident's liability. Once the Medicaid Reimbursement Notice is received, the Resident's monthly bill will be adjusted to reflect the Medicaid reimbursement decision and any overpayment will be distributed to the appropriate party(s) within approximately sixty (60) days or as soon as reasonably possible. In the event Medicaid is denied, a spenddown of assets is declared, or monthly income has been withheld, the deposit will be applied to the resident's cost of care before a refund, if any, is issued. In the event Medicaid is denied, the Resident/Legal Representative understands he/she will be charged as a Resident Paying Privately.

3. Residents Receiving Public Assistance

(a) Billing. The Facility will bill Medicaid for Medicaid-covered services and supplies provided to a Resident who is a Medicaid beneficiary (or recipient of Medicaid benefits).

(b) Eligibility. The Facility accepts Medicaid recipients, limited to Medicaid bed availability. Making application for Medicaid or Veteran's benefits and appeals of any decision are solely the Resident/Legal Representative's responsibility. The Facility may, but is not obligated to, assist the Resident/Legal Representative in this process when possible, but the Facility does not guarantee that Medicaid Coverage will be made available on the Resident's behalf. It is the responsibility of the Resident/Legal Representative to provide full cooperation with application for Medicaid or Veteran's coverage. Failure to cooperate may result in Resident's discharge from the Facility.

(c) Resident's Share of Costs. If the Resident is a Medicaid recipient, payment shall be in accordance with Medicaid regulations. It is understood that at admission the Medicaid/Medicaid Pending Resident's total monthly income (social security, pension, disability, etc.), less the state approved personal needs allowance and other state approved deductions, is to be turned over to the nursing home by the 10th day of each month to be applied toward the cost of care. In cases where the Spousal Impoverishment Act applies, the "Available Income" will be determined as set forth by the guidelines of the applicable State Department. Furthermore, the Resident/Legal Representative agrees to pay for any additional services or supplies provided by the Facility, but not covered by Medicaid. If long-term care eligibility for Medicaid reimbursement is terminated, the Resident/Legal Representative shall pay all charges thereafter as a Resident Paying Privately.

(d) Resident's Responsibilities. If the source of payment for Resident's care changes from Public to Private, or if the consent for Resident's Veteran Administration funded care is terminated, the Resident/Legal Representative will pay all charges as a Resident Paying Privately and all other terms of this Agreement shall remain in effect.

(e) Notification of Benefits. The Resident/Legal Representative hereby acknowledges that he/she received, reviewed and had an opportunity to ask questions about Benefit Rights and Eligibility Under Medicaid, contained in Resident Handbook.

4. Medicare Beneficiaries

(a) Billing. The Facility will bill Medicare for those Medicare-covered services and supplies provided to a Resident who is a Medicare beneficiary and meets the criteria for reimbursement for the current stay in the Facility.

(b) Eligibility. The Resident/Legal Representative understands that Medicare coverage is established by Federal guidelines and eligibility for Medicare benefits may change from time to time by actions of the Federal government. The Facility may, but is not obligated to, assist Resident/Legal Representative in applying for Medicare coverage. However, the Facility does not guarantee either Medicare eligibility or Medicare coverage of services during the Resident's stay.

(c) Resident's Share of Costs. The Resident/Legal Representative agrees to pay the Facility any required coinsurance charges, as determined by Medicare, and not covered by a third-party

payor. In addition, the Resident/Legal Representative agrees to pay the Facility for any additional services or supplies provided by the Facility, but not covered by Medicare.

(d) Notification of Benefits. The Resident/Legal Representative hereby acknowledges that he/she received, reviewed and had an opportunity to ask questions about Benefit Rights Under Medicare, contained in Resident Handbook.

5. **Changes in the Source of Payment**

(a) General. If the source of payment for Resident's care changes from Private to Public or Public to Private funds, or if the consent for Resident's Veteran's Administration funded care is terminated, the terms of the existing contract will change with regard to the source of payment only, all other terms of the Agreement shall remain in effect. If the change is to Private funds, the Resident/Legal Representative will pay all charges as a Resident Paying Privately after the change and all other terms of this Agreement shall remain in effect.

(b) Refunds. If the Resident is private pay and subsequently becomes eligible for Medicaid benefits, the Facility will, in accordance with applicable law, refund any payment made by the Resident/Legal Representative after the effective date of Medicaid and receipt of Medicaid Reimbursement Notice, in excess of the Resident's Medicaid liability/co-payment.

6. **Failure to Pay**

The Resident/Legal Representative understands and agrees that the Resident may be discharged from the Facility if the Resident/Legal Representative fails to make a required payment by its due date, as defined herein. Prior to discharge the Facility will give the Resident/Legal Representative written notice of the intended date of discharge. The Resident/Legal Representative agrees that if the overdue charges are not paid to the Facility by the discharge date, the Resident must vacate the Facility on the date specified in the discharge notice. After discharge, the Resident/Legal Representative will continue to be financially responsible for all costs of relocation, as well as any charges incurred for the care received, up to and including the date of discharge.

All amounts billed for services rendered to the Resident shall be paid promptly, no later than the tenth (10th) day of the current month. The Facility may treat a failure to make full payment when due as grounds for termination of this Agreement. The Resident/Legal Representative agrees to pay interest at the rate of 1.5% per month (18% annual), or at the maximum rate allowed by law, on the unpaid balance. In the event of failure or refusal to pay amounts charged under the terms of this Agreement, the Resident/Legal Representative agrees to pay all charges and expenses incurred in the collection of this balance including, but not limited to, court costs and attorney fees.

If the Resident's liability/co-insurance, as determined by State Medicaid Program, is not paid by the tenth (10th) day of the current month, the Resident/Legal Representative hereby grants the Facility the right to pursue all responsible parties, in the Resident's stead, to recover any and all amounts which were not remitted.

SECTION 5: TRANSFER AND DISCHARGE

The Facility may transfer or discharge the Resident in compliance with Facility Standards:

1. If necessary for the Resident's health, safety, welfare or if the safety or health of other individuals at the Facility would otherwise be endangered.
2. If the Resident's health has improved sufficiently and the Resident no longer needs the Facility's services.
3. If the Resident fails to pay any charges when due.
4. Any other reason acceptable under Facility Standards.

SECTION 6: TERM AND TERMINATION

1. This Agreement shall initiate on the day of the admission and will stay in effect until Resident's discharge from the Facility unless terminated by one or both parties. The Resident/Legal Representative may terminate this Agreement upon seventy-two (72) hours written notice to the Facility. A termination under this provision shall not affect any outstanding obligations to the Facility. This Agreement shall terminate upon the Resident's death, except the Facility's right to collect unpaid account balances, interest, court costs and reasonable attorney fees. The Resident's death shall not affect any outstanding obligations to the Facility. The Facility may terminate this Agreement and transfer or discharge the Resident after giving thirty (30) days written notice or such notice as is reasonable under the circumstances, to the Resident/Legal Representative as set forth below. In the event of an involuntary discharge or transfer, the Resident will be accorded all rights provided by State and Federal law.
2. At the time of discharge, for whatever reasons, all outstanding accounts shall be paid in full. If this Agreement is terminated by the Facility, a thirty (30) day written notice prior to the date of discharge or transfer must take place. If the Resident is not removed from the Facility on or before the expiration of the thirty (30) day period, and subject to other applicable Federal, State and Local regulations, the Facility shall be authorized to transport the Resident to the Resident's or Legal Representative's address as indicated herein, or to a location selected by the Resident/Legal Representative, at the expense of the Resident/Legal Representative.
3. The Facility reserves the right to terminate or unilaterally amend this Agreement, without liability, to comply with any legal order, rule, regulation, standard, or interpretation issued, enacted or promulgated by a Federal, State or Local Department, Agency or Commission that invalidates or is inconsistent with the terms of this Agreement or that would cause one of the parties to be in violation of the law. If the Facility deems it necessary to amend this Agreement, as provided for in this paragraph, and the amendment is unacceptable, the Resident/Legal Representative may choose to terminate this Agreement.

Any termination under this Agreement shall result in charges being prorated as of the date on which this Agreement is terminated or the date the Resident vacates the Facility, whichever is later. If the Resident/Legal Representative made any payments in advance, any positive account balance shall be refunded to the Resident. All financial obligations accrued under this Agreement shall survive the termination of the Agreement.

SECTION 7: DISPUTE RESOLUTION BY ARBITRATION

Any dispute between the Facility and Resident/Legal Representative or Resident's estate and any dispute relating to services rendered for any condition, and any dispute arising out of the diagnosis, treatment, or care of the Resident, including the scope of this arbitration clause and the arbitrability of any claim or dispute, against whoever made (including, to the full extent permitted by applicable law, third parties who are not signatories to this Agreement) shall be resolved by binding arbitration by the National Arbitration Forum, under the Code of Procedure then in effect. This Agreement shall be governed by and interpreted under the Federal Arbitration Act, 9 U.S.C. Sections 1-16.

The undersigned Resident/Legal Representative understands that the result of this arbitration provision is that claims, including malpractice claims that Resident/Legal Representative or Resident's estate may have against the Facility or its employees cannot be brought in court before a judge or jury, and agrees that all such claims will be resolved as described in this section.

SECTION 8: GENERAL PROVISIONS

1. If any clause, word, term or condition of this Agreement should be ruled invalid by a court of competent jurisdictions or is a violation of any Local, State or Federal law, then such clause, word, term or condition shall be considered deleted from this Agreement and the balance of this Agreement shall be continued in full force and effect.
2. Nothing in this Agreement shall be construed as creating any continuing obligations for the rendering of nursing services on any basis other than that set forth in this Agreement or required by applicable law. The Facility accepts no obligation to continue providing services to any resident whose status coverage classification or eligibility changes from that set forth in this Agreement.
3. If any law hereafter requires changes or additions to this Agreement, such changes or additions shall be part hereof from the effective date.
4. This Agreement may be assigned by the Facility to any successor in ownership or operation of the Facility without prior consent by Resident/Legal Representative.
5. By signing this Agreement Resident/Legal Representative expressly authorizes the Facility to perform a criminal background check on the Resident.
6. The Resident/Legal Representative has received a copy and has read and agrees with the terms and conditions of this Agreement.
7. No changes shall be made to this Agreement without express written authorization from the Facility's Attorney. Any changes to this Agreement made without express written authorization from the Facility's Attorney are hereby declared null and void.

8. Information about the recent survey(s) conducted by Federal or State surveyors and any approved plans of correction are available at the Facility.
9. Resident/Legal Representative agrees to cooperate and assist the Facility with its efforts to process resident's Medicaid, Medicare and/or Veteran's benefits documentation.
10. This Agreement shall be construed and governed by the laws of the State of Illinois.
11. Resident/Legal Representative acknowledges that the Resident must have an attending physician while the Resident is at the Facility. The Resident/Legal Representative further acknowledges that if the Resident does not have an attending physician, the Facility will assist in finding one for the Resident. Such assistance may include, among other things, providing a list of physicians who see residents in the Facility, or providing a name of a physician who sees residents in the Facility. Notwithstanding such assistance, the Resident/Legal Representative acknowledges that physicians providing care to the Resident are not employees or agents of the Facility, they are independent contractors employed by the Resident/Legal Representative. Resident/Legal Representative further acknowledge that in certain instances where the Resident's attending physician fails to timely communicate to the Facility staff regarding the Resident's condition, the Facility will contact other doctors who are not employees or agents of the facility and that any care or treatment rendered by such physicians will be in that physician's role as the Resident's attending physician and not as an employee or agent of the Facility.

SECTION 9: STATE AND FEDERAL NOTIFICATION REQUIREMENTS

- a. Resident/Legal Representative hereby acknowledges receipt of the following information, as required by State and Federal Notification Requirements.
- b. Contact information for the following State and Federal Agencies: Department of Public Health, State Ombudsman, Equip for Equality, Medicaid Fraud Control Unit, Social Security Office, Department of Health and Human Services.
- c. Notification of Federal MDS Electronic Data Transfer and Health Care Records Privacy Act Statement contained in the Resident Handbook, contact information for Identified Offender Notification.

Please sign the Resident Admission Agreement Acknowledgement Sheet
(Contained in the back pocket of this folder)