

# VIENNA VILLAGE, INC.

*Concerned, Competent Care*

## REQUIRED ADMISSION FORMS TRANSFERRING FROM HOSPITAL

**Before anyone may become a resident of Vienna Village, the prospective resident or a family member must provide certain information to Vienna Village. To accomplish this, the following three forms (which are attached) must be completed and returned to us on or before the day of admission:**

- 1) ***Vienna Village Policy Statement*** signed by the prospective resident or a family member.
- 2) ***Resident Information*** form completed and signed by the prospective resident or a family member.
- 3) ***Review of Policies*** signed by the prospective resident or by a family member.
- 4) ***Resident Register*** - Completed as appropriate and signed by the prospective resident or a family member.

**In addition, a social worker at the hospital, from which the prospective resident is being discharged, will assist in collecting further information on the following forms (which you must bring to Vienna Village on the day of admission):**

- 1) Admission Medical Form (FL-2), signed by the physician, indicating that Domiciliary Home Care is appropriate, listing all the person's current medications [both prescription medications and over the counter meds]
- 2) Written Prescriptions, signed by a physician, for all the prospective resident's current legend medications.
- 3) Hospital Discharge Summary for the present hospitalization.

**On the day of admission, the following will need to be done:**

- 1) Vienna Village will provide copies of the North Carolina Adult Care Home Bill of Rights to the resident and to a family member or person having a power-of-attorney and will get signed receipts showing that these copies have been received.
- 2) If Vienna Village is to maintain a petty cash account for the resident's spending money, a Request to handle Personal Funds Form will need to be signed by the prospective resident or a family member.
- 3) Vienna Village will receive advance payment for the resident's first month's rent.

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## POLICY STATEMENT

### **VIENNA VILLAGE, INC. agrees to provide for each resident:**

1) Furnished bedroom space, 2) Board (diet as recommended by a physician), 3) Personal care as needed, 4) Housekeeping service, 5) Hair care to include weekly shampoos, sets or blow drying; cuts as requested, 6) Laundering of all labeled washable clothing, 7) Supervision of medication, both legend and non-legend, which will be dispensed to the resident according to physician's orders, 8) Arrangements for a local physician to see resident, if desired, during their stay at Vienna Village, 9) Access in parlors to telephones for local calls, 10) Pillows, linens, towels, washcloths, soap, paper towels, and toilet tissue, 11) Periodic inventory and reorder of medicine refills from local pharmacy for delivery, 12) Storage and record keeping of resident's petty cash funds upon written request by the resident or family, 13) Planned activity program, 14) Arrangements for transportation, if not otherwise available, to necessary community services, 15) Services in compliance with the North Carolina Domiciliary Home Bill of Rights (a copy of which is given to each resident).

### **VIENNA VILLAGE, INC. reserves the right to:**

1) Transfer any resident to another room after discussing with or informing family, 2) Assume no responsibility for any misplaced clothing, 3) Charge a rate per month based on the room occupied and the care required, 4) Require monthly payment in advance upon date of admission and at each monthly anniversary of the date of admission, 5) Notify resident or family of any change in monthly rate at least seven (7) days prior to the due date of that monthly payment, 6) During the first month of occupancy, withhold any refund if resident leaves before the end of the first prepaid month, 7) After the first month's occupancy and except for emergency cases, continue to charge for at least 14 days after Vienna Village has received written notice of intent to relocate a resident and thereafter until resident's belongings are removed; after the 14 days notice-period and after the resident's belongings are removed, a pro rata refund will be made for any remaining days of any prepaid 30 day period, 8) In emergency transfers, after the first month's occupancy, make a pro rata refund after removal of resident's belonging for any remaining days in the prepaid 30 day period, 9) Discharge a resident if the resident is a danger to themselves and/or others.

### **THE RESIDENT or Resident's Responsible Person agrees to do the following:**

1) Pay to Vienna Village, Inc., in advance, the monthly fee upon day of admission and thereafter, before the anniversary of that day of admission, 2) Continue to pay at the regular monthly rate to reserve the resident's room during an absence of fewer than eight (8) days; for longer absences, to reserve the resident's room, pay at sixty-percent (60%) of the regular pro-rated amount that would be due during the period of absence, 3) Pay directly to the physician for any physician's services while resident is at Vienna Village, 4) Pay directly to the pharmacy for any medication, or medication refills, or toiletry items ordered by Vienna Village for the resident, 5) Pay any licensed beautician directly for giving a permanent wave to the resident while at the facility, 6) Pay directly to the appropriate agency any ambulance fees, any medical expenses, any expenditures for personal supplies, or any dry cleaning charges encountered while a resident, 7) Read and sign a Vienna Village Policy Statement, 8) Sign-out the resident when briefly away from Vienna Village and be responsible for resident's welfare during sign-out, 9) Allow resident to participate in any or all planned activities (including field trips) conducted by Vienna Village.

### **THE RESIDENT or Resident's Responsible Person agrees to provide the following:**

1) One day prior to admission, an FL-2 form completed by the physician who has specified Adult Care Home for the resident, 2) A written notice of resident's intent to leave Vienna Village at least two weeks prior to such departure except for emergency situations when no notice is required, 3) Help with transportation whenever possible 4) Resident's clothing which must be labeled with resident's last name prior to being brought into facility, 5) Toiletries and miscellaneous supplies (such as toothbrush, comb, facial tissue, brushes, hand mirror, denture cups, etc.)

### **I have read, understood, and agree to abide by the above policies of VIENNA VILLAGE, INC:**

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Signature of resident or responsible person

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Signature of Vienna Village, Inc.

admit packet

**VIENNA VILLAGE, INC.**

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**RESIDENT INFORMATION**

Resident's Name: \_\_\_\_\_

If an emergency, list below whom to call first, second, and third:

Call First: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Call Second: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Call Third: \_\_\_\_\_ Telephone #: \_\_\_\_\_

If the resident needs to be hospitalized, please list below the name of the local hospital that you prefer: \_\_\_\_\_

For medicine and incidental purchases:

Pharmacy where account is established: \_\_\_\_\_

Check one:     Emergency only  
                   For all purchases

If you checked emergency only, will you regularly check on our inventory of medication/supplies and then make deliveries of needed items before we are completely out of stock?

To whom should the physician, pharmacy, etc. send statements?

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

Can resident have annual flu shot?     Yes     No

Can resident receive bi-monthly podiatry treatment if needed?     Yes     No

Each resident must have an annual physical exam. Is this OK?     Yes     No

When did resident last have a Tetanus booster injection? \_\_\_\_\_

If there are family members who can help with the resident's transportation needs, please list:

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

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

Who referred you to Vienna Village? \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# Vienna Village



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## ADMISSION CRITERIA

At the time of admission, a potential resident must meet the following criteria:

1. Be mobile without staff help  
     -- or --  
     Have reasonable expectations of regaining (within the following two months) the ability to be mobile without staff help.
2. Be in stable physical and mental health since this level of care is intended to provide extensive personal care but only routine medical services.
3. Be sufficiently well oriented that they would . . .
  - Not obsessively wander away from the grounds.
  - Not disturb others by shouting or vociferous outbursts.
  - Not pilfer in others' rooms.
4. Have sufficient private resources to cover our monthly fees since we do not participate in either Medicaid or Medicare Programs.

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### MONTHLY FEE

For \_\_\_\_\_, the fee for the first month will be

\$\_\_\_\_\_ for occupancy in a room and will be due on \_\_\_\_\_.

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Signature