



1931 Preuss Rd. Los Angeles, CA 90034 | Tel: 818-390-0799 Fax: 323-544-6493 bshalomrcfe@gmail.com |
www.beitshalomgroup.com | Lic# 197609316

Admission Agreement

Paradise is a non-medical care facility licensed by the California State Department of Social Services. Beit Shalom is not licensed to provide 24-hour skilled nursing care.

_____	_____	_____
Name of Client	Social (Optional)	Date of Birth

Date of Admission		

_____	_____	_____
Responsible party	Relationship to Client	Telephone

_____		_____
Address		Email

Basic Services

These following are available to all clients. The services actually provided will be those requested or needed by the client, based on the pre-admission appraisal, and the Needs and Services Plan.

Food Services:

- Three meals daily and snacks
- Special diet (prescribed by a physician)

Hygiene items of general use such as soap, toothpaste, and toothbrush Laundering of personal clothing

Fresh bed and bath linens weekly (or more often if necessary)

Comfortable and appropriate bed and bedroom furniture

Cleaning of client's room

A planned activity program including arrangement for utilization of available community resources.

Assistance in meeting necessary medical and dental needs.



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Plan and arrange transportation to medical and dental appointments (transportation paid by client)
Ongoing care, supervision, and observation for changes in physical, mental, emotional, and social functioning.

Notification to client's family, physician, and other appropriate person/agency of client's needs Assistance with bathing, dressing, toileting, grooming, and eating

Assistance with taking prescribed medications in accordance with client physician's instructions, unless prohibited by law or regulation.

Bedside assistance and tray service (during temporary illnesses or while recovering from surgery)

Rate for Basic Services

The agreed monthly rate for basic services will be \$_____. Due on the _____ of each month.
Funding Source: ____ SSI/SSP ____ Private ____ Other/Refuse to disclose

Notice to SSI/SSP beneficiaries and their responsible parties: If the client is an SSI/SSP recipient, basic services shall be provided at the SSI/SSP rate at no additional charge to the client. It is a violation of law for the licensee to purposefully obtain an SSI/SSP beneficiary's personal and incidental needs allowance pay for basic services, including care and supervision. To enable verification that this law is being properly observed/, the State Department of Social Services recommends that clients voluntarily disclose in this admission agreement whether the rate paid to the facility includes SSI/SSP benefits.

Optional Services

Paradise will provide the following optional services desired by the **private pay client** for an additional monthly fee. Please check all that apply and initial in the corresponding column.



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Service	Frequency	Rate for Service	Accept/Decline (Initial One)
Briefs and Related Supplies	Monthly	\$.	____ Accept ____ Decline
Incontinent Services	Monthly	\$.	____ Accept ____ Decline
Nutritional Supplements	Monthly	Market Price	____ Accept ____ Decline
Personal Escort to/from Appointments (Medical or Otherwise)	Monthly	\$25.00 Per Hour	____ Accept ____ Decline

Any additional services that become available will be presented to the resident or client's responsible party in the form of an addendum. The addendum will include a comprehensive list of the additional services available and charges. The addendum must be signed and dated and clearly indicate acceptance or refusal of the additional services.

Total monthly rate for all services (basic and optional) is \$_____, paid in advance. Due on the _____ of each month. A late fee of **\$100** will be charged for rent paid after the tenth of the month. A monthly statement of itemized charges agreed to in this document will be presented before the first of each month. Interest will be charged for any unpaid balance at a rate of 10% annually.

Monthly rate will be paid by: _____
 Agreed to by: _____



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Date

Signature

Third Party Services

Paradise allows the use of outside services and agencies to supplement care given by the facility under the following conditions.

1. The service provider is licensed by the appropriate government agency to provide such service.
2. The service provider is covered by the appropriate insurance for its employees and for the type of service it provides.
3. The service provider's staff has a criminal background clearance and health screening clearance if that particular service provider is regulated to have such clearance for its employees by their overseeing agencies.
4. All service provider staff will sign in when entering the facility and report to the administrator to describe the type of service to be provided, sign out when leaving the facility providing duration of the visit.
5. Provide the facility with any and all notes regarding any services and or treatments being provided for the client consistent with those required by our licensing agency.

The client understands that the client's insurance, or the client's responsible person is financially responsible for the payment of third party services. **Paradise** reserves the right to request a change of service provider and/or provider's staff if any of the above requirements are not met.

Transportation for Private Pay Clients

Basic transportation to and from medical and dental appointments is included within a radius of ten miles on designated days (Tuesdays and Thursdays). This will include regular weekly shopping trips on a designated day (Wednesday) as well. A regular schedule of when transportation is offered for designated days will be posted and given to the client at the time of move in. Transportation will be arranged by the staff and will be billed to client or client's responsible party. All transportation for activities offered by the facility as part of our planned activities program is included at no extra charge. There is no charge for SSI recipients under any circumstances.



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Notice of Rate Change

If the facility rate for services increases because of the client's level of care services change, the client and/or responsible person will receive a written two-day notice of such a fee change with a detailed explanation and description of the new services, and will be accompanied by a new itemized bill including the detailed explanation of additional services. If the rate change reflects a government fund increase, written notice is required from the licensee as soon as **Paradise** is notified. The rate change will take effect on the operative date of the government fund increase. For all rate increases due to general facility operational increases, a sixty-day written notice from **Paradise** will be given.

Refund/Proration Policy

All charges will be refunded on a prorated basis upon notice that the client's medical condition will not allow a return to the facility when the client's belongings are removed completely from the facility. If the client leaves the facility for a reason other than a medical condition, a thirty-day notice to the facility is required. If the notice has not been given, the full month's rent is due. If a client wishes to hold a room for any reason (medical or otherwise) the rate will not change. To hold a room for any portion of the month, the entire month's rent must be paid.

When the department orders relocation of a client under the provision of section 87637(a), the client shall not be held responsible for meeting any advance notice requirement imposed by the licensee in the admission agreement. The licensee shall refund any money to which the client would have been entitled had the notice been given as required by the admission agreement.

Telephone Services

The licensee is required to provide a Telecommunications Device Form (LIC 9158) with every admission agreement. _____ The signed and dated form is attached.

Other Communication

Mail is distributed to the clients as it is received from the post office. The facility telephone is available to the clients in the event that they do not have their own to place and receive local calls. Long distance calls will be billed to resident at the rate charged to the facility.



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House Rules

House rules may be amended with prior approval from community care licensing if unique situations arise. The client will receive a 30-day notice of such changes. The management of **Paradise** will enlist the assistance and input of its clients when considering any changes in its house rules. The following house rules are for the purpose of making it possible for clients to live together in a healthy environment.

1. Follow all of the facility's safety and posted guidelines.
2. Be considerate and respectful of all facility personnel and their clients.
3. Cooperate with all staff.
4. Do not direct and verbal or physical abuse towards staff or other clients.
5. Do not willfully destroy any facility property or property of other clients.
6. Clients may bring their own furniture. **Paradise** will inventory if acceptable and provide the client with a copy of the inventory. Each client must inform **Paradise** when inventoried items are removed from the premises.
7. Clients may not bring in any medications, special foods, or beverages into the facility without prior knowledge of and permission from the administrator.
8. Clients may only store prescribed and over the counter medications with the primary physician's written order, and if it is stored in a secured, locked location to prevent any unauthorized usage.
9. **Clients must sign out when leaving the facility, sign in upon return, and inform the staff on duty that they have returned**
10. Television radio and other appliances must be lowered after 5pm.
11. **Paradise** is a non smoking facility.

Visiting Hours

Visiting hours are from 10AM to 5PM daily. The visiting policy for **Paradise** is designed to encourage family involvement and participation. Visitors shall be expected to respect the rights of all clients and not to interfere with care scheduled and established activities.

Communication with Responsible Persons

Paradise will communicate the needs the client as well as any unusual incidents to the client's responsible person immediately following incident or as the need arises.



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Theft and Loss Prevention

Paradise is required by law to notify new clients, upon admission, of our written policies and procedures regarding theft and loss. The law is set forth in the Health and Safety Code, sections 1569.152 through 1569.154

Paradise is not responsible for valuables. We strongly discourage bringing valuable items.

Residents's Bill of Rights

Paradise is required to advise all clients or responsible persons, and provide a copy of, the Residents Bill of Rights as required by California Code of Regulations, section 87468 as well as the Health and Safety Code per assembly bill 2044. These rights are herewith attached. All agency contact numbers are posted for client complaints or concerns.

Rights of Resident Council

Per Assembly Bill 1572, the licensee or administrator shall inform clients, family members, as responsible persons of the right to inform a resident council and shall assist in the formation of said council. The text of Health and Safety Code section 1569.157. Rights of Resident Council will be posted in a prominent place in the facility where it is accessible to the residents, families, and resident representatives.

Complaints and Concerns

Clients are encouraged to directly contact administrator to discuss any concerns so the facility may have an opportunity to resolve any situations that arise. This policy will be discussed upon admission to the facility and will be furnished to each client or the client's responsible person upon request. **Paradise** will post in a prominent place contact number for the appropriate agencies to voice any concerns or complaints regarding facility operation.

- California Department of Social Services, Community Care Licensing Division 323-980-4934
CCLD 1000 Corporate Center Dr. #5000 91754
- Long Term Ombudsman, Los Angeles County 800-834-9473 & 800-231-4024



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Advanced Health Care Directive

Paradise provides written information to clients upon admission regarding the right to make decisions concerning medical care. Including the right to accept or reject treatment, and the right, under state law, to formulate an advance health directive.

I have received a copy of the brochure entitled Your Right to Make Decisions About Medical treatment.
Initial_____ Date_____



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Right to Inspect

As per section 87755 of the California Code of Regulations, the licensing agency has the right to perform facility inspections and examine client records at any time.

Termination of Agreement

this agreement will be automatically terminated upon the death of the client. The client's relatives and/or responsible person will not be liable to any payment beyond what is due at the date of death unless agreed to in writing or ordered by the court. Within three days of becoming aware of a client's death, a written notice is provided to the deceased client's authorized responsible person regarding contract termination at death and conditions of any refunds at death. After all belongings of the deceased are removed, all monies due as of that day will be returned to the responsible person within 15 days.

I acknowledge that the licensing agency has the authority to order my relocation for any of the following reasons:

1. My health condition is beyond the scope of the limits of the licensee.
2. I require inpatient care in a health facility.
3. My mental or physical condition requires immediate transfer to protect my safety.
4. I have a prohibited health condition.

If my (client) ambulatory status changes during my residence at **Paradise**, I acknowledge that the official fire clearance of the building mandates that I must reside in an approved room for my current status.

Eviction Procedures

A) A written notice including specific facts concerning the date, place witnesses, and circumstances for eviction will be provided to the client and/or responsible person.

B) The licensee/administrator of **Paradise** may, upon thirty days written notice to the client, evict the client for one or more of the following reasons:



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1. Nonpayment of the rate for basic services within ten days of the due date
2. Failure of the client to comply with state or local law after receiving written notice of the alleged violation.
3. Failure of the client to comply with the general policies of the facility. Said general policies must be in writing, must be for the purpose of making it possible for the clients to live together and must part of the admission agreement.
4. If, after admission it is determined that the client has a need not previously identified and a reappraisal has been conducted pursuant to section 87463, and the licensee and the person who performs the reappraisal both believe that the is not appropriate for the client.
5. Change of use of the facility.

C) The licensee and/or administrator of **Paradise** may give a three-day written notice to evict, provided 6

written approval is obtained from the Department of Social Services. The department may grant approval for the eviction upon finding good cause.

The licensee/administrator of **Paradise** shall, in addition to either serving a thirty-day notice or seeking approval from the department and service a three-day notice to the client, notify and mail a copy of the notice to the client's responsible person, if any. **Paradise** will forward a written report of any eviction to the licensing agency within five days.

In order to evict a client who remains in **Paradise** after the effective date of termination, **Paradise** must file an unlawful detainer action in a superior court and receive a written judgment signed by the judge. If **Paradise** pursues an unlawful detainer action, you must be served a summons and complaint. You have the right to

contest the eviction in writing and through a hearing. In addition, you may request that the Department of social Services investigate the reasons given for an eviction notice.

D) The client may appeal this action to the appropriate agencies. If, after investigation by said agencies the eviction is upheld, **Paradise** will offer relocation assistance in the form of phone calls to other facilities or placement agencies. **Paradise** staff will, if

requested by the client or client's responsible person, assist in packing up the client's personal belongings.



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Statements

1. **Paradise** shall not enter into any continuing care contract with client without prior approval by the Department of Social Services in accordance with Health and Safety Code, chapter 10, division 2.
2. This agreement shall not include any ground for involuntary transfer or eviction unless those grounds are specified under state law or regulation. The client must receive a written notice prior to any involuntary transfer. The client has the right to appeal any relocation order to the proper agency.
3. **Paradise** reserves the right to transfer a client to another room in the event that the current room requires repairs and maintenance that would make the room uninhabitable.
4. This agreement in part or whole does not release **Paradise** from the responsibility of providing safe and healthful facilities, equipment, and accommodations.

Acknowledgement of Provisions

The client and responsible person agree to cooperate with all house rules set forth by **Paradise** and to pay for the basic services as well as any optional services purchased, by the due date set forth in this agreement. The signature of the client and responsible person below indicates the he or she has read, or has been read to and explained, the provisions of this agreement and accepts all provisions willingly and voluntarily.



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Parties to this agreement:

Client Date

Responsible Person Date Date

Administrator or Designee Date