

# PLEASANT VIEW MANOR

## Admissions Packet



Pleasant View Manor

225 Bunker Hill Rd.

P. O. Box 777

Watertown, CT 06795

860-945-3700 Fax: 860-945-8723

## Application for Admission

### Resident Information:

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

Age: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_

\_\_\_\_\_

Religion: \_\_\_\_\_

\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_

Medicare: \_\_\_\_\_

Title 19#: \_\_\_\_\_

**\*Must attach an up-to-date picture ID and proof of Medicaid acceptance.**

Emergency Contact: \_\_\_\_\_ PH #: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Please list any present illnesses or conditions for which you are being treated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications:

Name:

Dosage:

Frequency:

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Please list any doctors or therapists you are currently seeing:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Special Dietary requirements: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current height: \_\_\_\_\_ Current weight: \_\_\_\_\_

**(Note: The *Medical* and *Psychiatric Diagnosis* sections of this application must be reviewed and signed by the applicant's physician.)**

Is the applicant...

Capable of self- administration of medication with supervision?      Yes    No

Continent of bowel and bladder?      Yes    No

Capable of reasonable understanding and direction?      Yes    No

Capable of using public transportation for medical appointments?      Yes    No

Does the applicant...

Have a past/present history or drug or alcohol abuse?      Yes    No

Have any infectious disease?      Yes    No

Display any inclination to wander?      Yes    No

Have any history of violent or inappropriate behavior?      Yes    No

Pose any danger to themselves or others?      Yes    No

Need assistance with bathing or dressing?      Yes    No

Been diagnosed with a psychiatric illness?      Yes    No

Use this area for explanations to any questions answered

yes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical/ Psychiatric

Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I have reviewed and Medical and Pertinent History portions of this application.**

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party:

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

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

Conservator: \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Amount of:

Soc. Sec. \_\_\_\_\_ S.S.I. \_\_\_\_\_ Other: \_\_\_\_\_

Does the applicant's current resources exceed \$1600.00 \_\_\_\_\_

Does the applicant have a Checking or Savings Account, Trust Fund, Pre-Paid Funeral Contract, Life Insurance Policy, or any Other Assets?

\_\_\_\_\_

Has the applicant transferred or sold any Real Estate, Automobiles or other assets in the previous (36) Months? \_\_\_\_\_

## **Pleasant View Manor House Rules**

We want to make your stay here a wonderful experience and will do everything in our power to assure that you are comfortable. The following rules were designed with the rights of all residents in mind.

1. Residents will treat staff and fellow residents with respect and dignity. Shouting, foul language and slamming of doors is forbidden. Disagreements between people living together occur from time to time. If you have a problem with a fellow resident or staff member, contact the care coordinator or administrator. They will take appropriate action.
2. Residents should take all medications prescribed by their physicians. If there is a question about medication, residents should contact the floor staff that will contact their prescribing physician. Residents must have their medications locked in the medication room. All prescriptions must go through staff for processing. We presently use Hancock Pharmacy for all of our prescriptions. Medication times are posted.
3. Resident's may have visitors between the hours of 10a.m. and 8p.m.
4. Residents must sign out when leaving the property and sign back in when returning. Residents on foot or bicycle must return by dusk.
5. Residents give their permission to the administration staff to open mail from the Department of Social Services or the Social Security Department in order for us to keep track of rent payments and state eligibility for assistance.
6. Any resident stealing or intentionally defacing or destroying other resident's property, staff member's property, or the facility's property is grounds for discharge.
7. Rooms are kept neat and clean with beds made no later than 9:30am. Floors should be cleaned and uncluttered. All clothing should be in proper containers. Food and beverages are to be consumed in designated areas. Meals are served three times a day.
8. All residents must be ambulatory. Any resident who is no longer ambulatory, may be asked to leave to go to a higher care facility.

Initials: \_\_\_\_\_

9. Intoxicating substances such as alcohol and drugs are not permitted on the premises. The only drugs allowed are those prescribed by a physician. If you are suspected of being inebriated, the staff will request that you go to the hospital emergency room for an intoxication test. Abusing alcohol or taking non-physician ordered drugs or abusing physician ordered drugs is grounds for discharge.
10. In regards to having visitors in their room, the Administrator and staff will decide this on an individual basis.
11. Residents agree to pay for room and board. Non-payment for room and board can lead to eviction. All rents should be paid by the 10<sup>th</sup> of every month.
12. Residents will smoke in the designated smoking area and dispose of butts in the proper receptacles. If found smoking in a non-smoking area, I understand that this may be grounds for immediate eviction. If smoking outside, the butts are not to be thrown on the grounds. Butt cans are provided. There is no smoking outside after the doors are locked.
13. Resident will not play loud music.
14. An in-house phone is available for the residents. The business phone is not available for residents.
15. The living room television will be turned off promptly at 11:30pm.
16. All residents should report any questions, concerns or problems to the management.
17. Residents must pay copayment on all medications.

I, \_\_\_\_\_, have received a copy of Pleasant View Manor, LLC house rules.

I have also been informed of the posting of the resident's Bill of Rights, which is posted on the bulletin board.

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

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

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



I, \_\_\_\_\_, give Pleasant View Manor, LLC permission to talk to my doctors, Homecare agencies and other health care providers as well as receive fax information on my behalf. The staff may also make needed appointments on my behalf including but not limited to transportation.

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

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

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

As a resident of Pleasant View Manor LLC, I give the Residential Care Coordinator and Staff permission to assist or administer my prescribed and non-prescribed medications ordered by my doctor.

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

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

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

## Social Security Change of Address Request

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

I, \_\_\_\_\_, request that my Social Security checks be sent to the following new Address.

Pleasant View Manor

225 Bunker Hill Rd.

P. O. Box 777

Watertown, CT 06795

860-945-3700 Fax: 860-945-8723

My Social Security Number: \_\_\_\_\_

My Date of Birth: \_\_\_\_\_

My Mother's Maiden Name: \_\_\_\_\_

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

## Smoking Policy

Pleasant View Manor has a strict no smoking policy anywhere inside the facility.

All smoking must be done outside in a designated area.

Resident's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_