

CNBA RESIDENTIAL CARE FACILITIES

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ADMISSION AGREEMENT LICENSED ADULT RESIDENTIAL FACILITY (24 HOUR NON MEDICAL CARE)

CNBA Care Facility is an adult residential facility licensed by State Department of Social Services/Community Care Licensing. The facility is a non-medical care home that is not allowed to provide medical or nursing care. This facility will be open 24 hours a day, 7 days a week, and 365 days a year with adequate staffing on duty at all times.

BASIC SERVICE

CNBA Care Facility shall provide the following basic service for:

_____	_____	_____
Name of Client	Date of Birth	Social Security

1. BASIC GENERAL SERVICES

- a. Lodging: single room _____ double room _____
- b. Food services: Three nutritious meal daily and between meal nourishment special diets if
Prescribed by doctor
- c. Laundry service
- d. Cleaning of the resident's room
- e. Comfortable and suitable bed, including fresh linen weekly or more often if necessary.
- f. Plan, arrange and/or provide for transportation to medical and dental appointments within specific radius
- g. A planned activity program.

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2. **BASIC PERSONAL SERVICES**

- a. Continuous observation, care and supervision, as required.
- b. Assistance with bathing and personal needs, as required
- c. Assistance in meeting necessary medical and dental needs
- d. Assistance, as needed, with taking prescribed medications in accordance with Physician's instructions unless prohibited by law or regulation
- e. Bedside care for minor temporary illnesses.
- f. Maintenance or supervision of client/resident cash resources or property, if Necessary

The monthly rate for basic services is: \$ _____ or _____

3. **OPTIONAL SERVICES:**

Will provide the following optional services:

SERVICE	TIME/INTERVALS	RATE
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Total monthly rate for optional services is \$ _____

Total monthly rate (Basic & optional services) is \$ _____

a. Individual transportation provided by the facility to clients home when requested. The monthly rate for basic services for residents will be based on the rate allocated by the state and the placement Agencies.

b. Change of rate by the person who is providing the service. Optional services are to be Paid for at time they are received. The total monthly rate for basic services will be determined by the State.

4. **EVICITION PROCEDURES:**

- 1. The Licensee/Administrator can evict the residents within thirty (30) days notice to the resident his conservator and Authorized Placement Representative. This time can be reduced if it is determined that the resident's health and welfare would be endangered if the resident remained in the facility. A thirty-(30) day eviction could be for any of the following reasons:
 - Nonpayment of fees equitable to the level of care should the resident require more care after being admitted to the facility.
 - Failure of the resident to comply with the state or local law after receiving written notification of violation.
 - A health condition arises that requires more medical attention than is allowed by regulations to be taken care of in this type of facility.

- Inability of the facility to meet the needs of the resident.
- Change of, use of the facility
- Eviction is not limited to these reasons only, this is subject to change.
- If resident is threatening his/her safety, or the safety of others. The licensee will seek and obtain the approval of the placement agency and the Community Care Licensing to evict within three (3) days and a copy of the eviction will be send to CCL within five day of the eviction.

1. The Licensee/Administrator of the facility, shall in addition to either serving thirty days notice or seeking approval from the CCL and serving 3 days written notice on the resident, notify or mail a copy of the notice to quit to the resident authorized representative, if any. Additionally, a written report of any eviction shall be sent to the licensing agency within five days. The licensee of the facility shall set forth in the notice to quit the reasons relied upon for the eviction with specific facts to permit determination of the date, place, witnesses and circumstances. All said notices will also be forward to the placement agency and the facility will cooperate with them in relocation of the resident.

FACILITY VISITING POLICY:

- CNBA encourages clients to entertain relatives and friends as long as this does not infringe on the rights of other residents. Guests in the facility are expected to be responsible and demonstrate good conduct. Clients are responsible for guests in the home at their invitation. Staff will assist as needed and encourage visitors in the right part of good conduct.
- Visitation activities are seen as part of the over all treatment and rehabilitation program of the client, as well as the right of every client.
- **RELATIVES:** Shall be permitted to visit at any reasonable hour without prior notices unless contraindicated by client's needs. Parents shall be permitted to visit all parts of the facility except when the right and privacy of other clients are infringed upon by their presence. Client and family are expected to cooperate with the facility system by which the location of clients is known at all times. A log will be kept documenting all visitation.
- **OTHER VISITORS:** Shall be permitted to visit between 12:00pm to 6:00pm. Program requirements may necessitate careful scheduling of visits.
- **MEALTIME GUESTS:** Arrangements shall be made with the staff at least two days in advance.
- **SIGN-IN BOOK:** Sign in book will be provided for all guests to use.

- **VISITING:** in any other area will have to be by special permission of the facility manager.
- **CONDUCT:** Clients and visitors will use courtesy in sharing the visitation space with other peers.
- **VISITING AREAS:** Visiting areas are the common living areas such as living room, family room, patios, and dining rooms.

OVERNIGHT OR EXTENDED VISITS: -

- Overnight or extended visits are recognized as essential and desirable. Generally, overnight visits are encouraged on the weekends in order not to interfere with weekday program activities and may need to be limited to one weekend per month.
- Extended visits (vacation) should be discussed and planned at the annual or semiannual review. Clients who will be away from the home overnight are required to communicate with the staff that will assist with the preparation if needed. There will be physical inspection of the clients before leaving the facility and upon return

SHORT VISITATION:-

1. Clients, who will be away from the facility on activity for a few hours, usually five hours or less require the completion of the authorized absence form. The program supervisor must be consulted about short visits. All such visits must be arranged with departure and arrival times, which should not disturb normal activities of the home.

DISCHARGE PLANS:

- The licensee in conjunction with the placement agency is responsible for the resident's discharge.
- Client may be discharged from program if a different level of care is needed for medical reasons. Physician must determine and document needed level of care with daily reimbursement rate being adjusted in accordance with facility policy.
- Other Discharges **Based on non-payment or the client being in danger to self or others.** Require CNBA Care facility program supervisor informing the case-manager and initiating appropriate planning. 30 days notice will be given to clients, case-manager and family/guardian before the discharge date.
 - A 3 days notice will be given to clients, if his/her own welfare or that of other clients or staffs is threatened. Such determination is to be made by the program supervisor and facility administrator, after consultation with CCL.
 - Non-Payment Client may be discharged from program for non-payment, except as prohibited by case-manager.
 - Clients are on leave from the hospital for 6 months to see if they can adjust to community living. Should the client need to return to the hospital or some other treatment program, the entire agency team will coordinate discharge plans.

- Case-manager will counsel with family or clients wishing to leave program against staff advice.

RATES: -

- The rate of charge for services in this facility shall be CCL approved rate. The facility's rate will change effective on the operative date of any rate change in that program.

NOTICE OF RATE CHANGE: -

- Rate change will be determined by the placement agency, but may be requested by the licensee when needs of the client changes and requiring additional care and supervision and a 30 days notice to change rate will be give to the placement agency.

MONTHLY RATE: -

- The monthly rate determined by the placement agency will be prorated on a daily basis upon the client's admission or departure from the facility.

REFUND POLICY: -

- Refund rate will be prorated on a daily basis when clients are discharged.
- If the client leaves the facility for temporary reasons, his room will be held for him.
- The Licensee/Administrator will handle the client's personal and incidental funds as well as personal items that will be entrusted to the facility.

REFUNDS: -

Agency will refund payment for housing/care on a prorated basis when one of the following occurs: -

One month or more notice of intent to move out is given to agency in writing.

- Death.
- Eviction.
- Hospitalization.

NO REFUNDS: -

Agency will not refund money when the following occurs: -

- A request to hold the bed will be made in writing by client, conservator or other designated representative for the time of absence.
- Client moves out without giving one-month notice in writing.
- Refunds will be made within ten working days.

FEES: -

There are no other fees imposed for any services provided by the facility. Outside consultant services, if contracted for by the agency, will be paid by the agency. Consultant's services contracted by another referral source, such as the physician, dentist, or case manager, will be paid by medic-cal or the referring agency.

The client/guardian will agree to the following: -

- Will pay the monthly rate _____ in advance _____ in arrears.
- Will _____ & will not _____ purchase optional services.
- Cooperate with facility policies.
- Not bring medications, special foods or beverages into the facility without informing the licensee.
- Not be destructive of any property.
- Inform licensee thirty days notice to exit the facility.
- Not leave/take the resident from the facility without notifying the licensee/staff.
- Not abuse nor permit any type of abuse to the resident in any manner, physically, mentally, emotionally or verbally.
- Will permit all personal records to be submitted to the placement agency or Community Care Licensing upon request.

CHARGES: -

There are no additional charges for any basic services provided by the agency. Optional services are to be paid for at time they are received, or reimbursement will be requested for personal need items purchased at the request of the client or guardian.

We have read and agree To CNBA Care Facility Admission Agreement.

_____/_____/_____ / _____
 Resident / Conservator Date

 Licensee/Administrator Date

 INDICATE YOUR NEXT ADDRESS.