

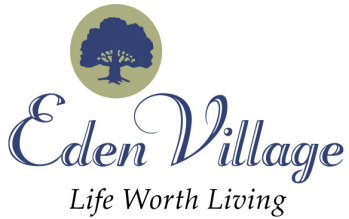
SKILLED CARE CENTER ADMISSION PROCEDURES

INQUIRY RECORD AND PLACEMENT APPLICATION

All prospective residents must complete an Eden Village Inquiry Record and Placement Application which are provided for you in this brochure.

DOCUMENTATION

1. Copies of the following documents must be provided prior to or at the time of admission:
 - √ Social security, Medicare, Medicaid and/or insurance cards.
 - √ Documentation related to guardianship, powers of attorney and/or advance directives such as a living will, DNR, etc.
 - √ Physician documented history and physical if admitted from home.
2. The medical diagnosis, prognosis and care needs will be evaluated by Eden Village staff prior to making an admission decision to make sure that service needs can be met in this setting.
3. The prospective resident must make arrangements to be seen by an attending physician who will remain in compliance with State of Illinois and federal regulations. A list of physicians who regularly visit Eden Village is also provided for you in this brochure.
4. Eden Village must be assured that the payer source, whether private or third party insurance, will meet payment obligations.
5. At the time of admission, a two thousand dollar (\$2,000) deposit will be required unless the applicant is covered by Medicare, Medicaid, third party insurance, or long term care insurance.
6. A bed-hold arrangement can be made when the admission is approved to assure availability.



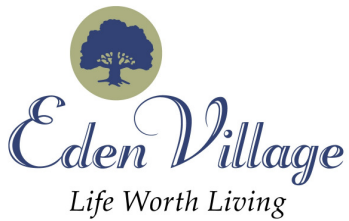
ATTENDING PHYSICIAN

The following is a listing of the physicians who regularly visit patients at Eden Village:

| | |
|----------------------|----------------------|
| Dr. Robert Ayres | Dr. Anthony Malench |
| Dr. K. Max Eakin | Dr. Mettisa McLeod |
| Dr. Kevin Garner | Dr. Michael Mulligan |
| Dr. Micahel Mandis | Dr. Mark Napier |
| Dr. Deatrice Kellogg | Dr. Raymond Weber |

All of the physicians are licensed in the State of Illinois and make routine visits to Eden Village. If a Resident wishes to retain an attending physician who is not on this list, he or she must be physically able to make the trip out to see this physician for regular visits as legally required.

We also have a podiatrist, a dentist and an ophthalmologist who make regular visits. These visits can be arranged by the nursing or social service departments.



SKILLED CARE CENTER
ADMISSIONS APPLICATION
CONFIDENTIAL

APPLICANT INFORMATION

Name: _____
Address: _____
Telephone: _____
Medicare #: _____
Medicaid #: _____
Social security #: _____

APPLICANT INSURANCE INFORMATION

Medicare Supplement

Company: _____
Claim#: _____

Long-term Care Insurance

Company: _____
Claim #: _____

Previous Hospitalizations or Rehab Facility Admissions This Year

Hospital name: _____
From: _____ To: _____
Diagnosis: _____
(Use back of page for additional information.)

Previous Skilled Nursing Stay This Year

Nursing home name: _____
From: _____ To: _____
Diagnosis: _____
(Use back of page for additional information.)

APPLICANT'S FINANCIAL INFORMATION

Social security income: _____
VA benefits: _____
Pension: _____
Rental income: _____
Investment income: _____
RR retirement: _____
Other income: _____

APPLICANT'S ASSETS

Savings

Institution: _____
Amount: _____

(Use back of page for additional information.)

Checking

Institution: _____
Amount: _____

(Use back of page for additional information.)

Certificates of Deposit

Institution: _____
Amount: _____

(Use back of page for additional information.)

Trust Funds: _____

Home Value: _____ **Balance:** _____

Other Assets

(Use back of page for additional information.)

ADMISSION REQUIREMENTS

Eden Village requires execution of a Contract for Admissions to be signed by the resident or the resident's representative on or before admissions.

The applicant must provide the facility with a current physician's history and physical form prior to admission approval.

The Resident and/or Resident Representatives will be provided information related to advance directives and the proper forms for execution. Resident and/or Resident Representative must complete the "Do Not Resuscitate" form indicating whether or not the resident wishes to have cardiopulmonary resuscitation during episodes of acute emergency.

Any deliberate misrepresentation of physical or financial information on any documentation provided to Eden Village may constitute grounds for discharge.

I/we acknowledge that I/we have read and understand the information included in this Admissions Application.

I/We further authorize representatives from Eden Village to obtain information from financial institutions indicated on this form to validate financial information given by the prospective resident and/or resident representative.

Resident or Resident Representative

Date

If signed by the Resident Representative:

Telephone Number

Home: _____

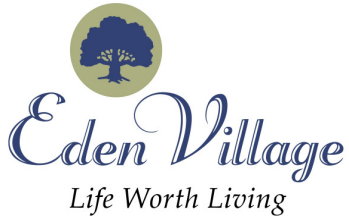
Work: _____

Cell: _____

Address

City State zip

(Use this space for additional information.)



CLOTHING & PERSONAL ITEMS

CLOTHING

Residents should have comfortable clothing that they are used to wearing and made of materials that can tolerate washing and drying without damage. Due to space limitations, out-of-season clothing must be kept at an alternate location and brought to the resident as needed.

LAUNDRY SERVICE

Oftentimes, families may choose to do the laundry themselves, However, if you would like us to do it, please provide us with a small clothing container and clearly mark all items with the resident's name.

ELECTRICAL ITEMS

Electrical items such as razors, radios, televisions, lamps, etc., must be inspected for safety by our Maintenance Department prior to being placed in the room. Please mark all personal items with the resident's name.

PICTURES AND FURNITURE

All framed photographs must have the glass removed or is non-breakable. Furniture may be brought from home as long as it fits in the room without violating the resident's safety. Chairs should be upholstered in vinyl for cleanliness.

MISSING ITEMS

Although we cannot be responsible for missing items, we will do our best to search for missing items as needed. Any items left beyond two weeks of discharge will be disposed of appropriately or donated to charitable organizations.

MEDICATIONS

Due to Illinois Department of Public Health regulations, no medicines, prescriptions or over-the-counter medications may be brought from home and left in the resident's room. These items would include but not be limited to cough drops, antacids, aspirin, etc.

FOOD

All food items brought into the facility must be in tightly sealed containers and marked with the date and name of the resident. Food items not tightly sealed and appropriately marked will be disposed of for sanitation reasons.

For additional information related to clothing and personal items, please call 618-205-4604.



BASIC CHARGES

Rates are based on a daily rate and charged monthly in advance. Ancillary charges are included with the exception of the Optional Chargeable Services listed below.

| | Skilled Care | Dementia Care |
|--------------------------|---------------------|----------------------|
| Semi-Private Room | \$164 | \$169 |
| Private Room | \$246 | \$253 |

Bed-hold rates for temporary absence are \$100 a day.

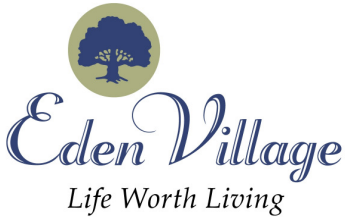
Medicare, Part A

Days 1 through 20: No Charge

Days 21 through 100: \$137.50 co-pay (usually covered by supplemental insurance policies.)

***Optional Chargeable Services**

- Gym Membership to Seniors N Motion
- Beauty Shop
- Therapy
- Specialty Rentals
- Eden Supplied Incontinent Products
- Transportation Escort
- Guest Meals



PERSONAL RECORD

Resident's Name: _____ Prefers to be called: _____
Date of birth: _____ Location: _____
Place of birth: _____ Gender: Female Male
Previous occupation: _____
Education: Grade school High school College graduate Veteran: Yes No

Marital status: _____
Spouse's name: _____ Living Deceased
Mother's name: _____ Father's name: _____
Maiden name: _____
Number of siblings: _____ Number of children: _____
Number of grandchildren: _____ Number of great grandchildren: _____

Name of attending physician: _____
Names of other medical resources (dentist, podiatrist, psychiatrist, etc.): _____

Hospital preference: _____
Ambulance preference: _____
Funeral home preference: _____ Location: _____

Religious preference: _____ Church of choice: _____
Location: _____

Do you have the following?
Living will: Yes No
POA for healthcare: Yes No
POA for finance: Yes No
Guardian: Yes No

If you answered yes to any of the above questions, please provide Eden Village with appropriate documentation and any other specific instructions.

Closest living relative (if different than the Resident Representative):
Name: _____
Home phone: _____ Work: _____

Anticipated date of admission: _____ From: _____

Current diagnoses: _____

If currently in the hospital, what precipitated admission? _____

Continence/incontinence issues: _____

Transfer issues: _____

Mobility issues: _____

Nutritional issues: _____

Is resident oriented to: Person Place Time

Height: _____ Weight: _____

Current Medications: _____

Past medical history: _____

Activities and interests: _____

Additional Information: _____

Referred to Eden Village by: _____