

Corner Stone Personal Care Home

FINANCIAL AGREEMENT

THIS FINANCIAL AGREEMENT is made as of the ___ day of _____, 2015___, between “Corner Stone Personal Care Home” and Resident as identified below. The Community hereby agrees to lease to Resident the designated Apartment and provide additional services, as indicated, upon the following terms and conditions. Please read this Agreement carefully.

BASIC INFORMATION:

RESIDENT:

ADDRESS: _____ **2083 Bethsaida Road, Riverdale GA 30296**

Room _____ **NO. PERSONS OCCUPYING Room:** _____

**MONTHLY LEASE RATE :___ (monthly lease rate includes rent and all additional service fees
subject to change/increase upon thirty (30) day written notice to occupant/sponsor)**

COMMENCEMENT DATE: _____ **RENEWAL DATE:** _____

The Community Agrees:

1. To provide personal services as may be necessary for assistance with activities of daily living, good grooming, personal hygiene, safety *assistance/administration* of medications and the general well-being of the Resident.
2. To arrange for the transfer of the Resident to a hospital or other medical setting when attending physician so orders and to notify the sponsor of the transfer as soon as possible.
3. To assist with securing health care if deemed necessary and/or requested.

The Resident Agrees:

1. The Resident shall, at all times, comply with the rules and regulations of the Community and reasonable requests and instructions of the Community’s personnel.
2. Neither Resident nor his/her family, guests or visitors shall disturb other Residents or occupants of the building.
3. No structural alterations, lock changes, additions of improvements shall be made on the premises without consent of the Administrator.
4. Resident shall permit management to enter his/her room or suite and to view the condition of same at all reasonable times and make such repairs, additions or alterations as management may deem necessary for the safety and well-being of the resident.
5. It is understood and agreed that other living or care arrangements must be made, if the resident becomes physically or mentally handicapped and can no longer function with the assistance offered by Community. Refer to the *Care/Services Beyond The Community’s Capability*
6. **This Community is NOT a nursing home.**

Monthly Lease Rate :(Revised)

The monthly lease rate is payable/due by the fifth (5th) day of each month. The Community may assess Resident a late charge for delinquent payment of five (5%) percent of the amount due for each payment due after the 5th of the month. A 10% late fee will be assessed after the 10th of the month. A 20% late fee will be assessed after the 20th of the month. A 30% late fee will be assessed after the 30th of the month. The monthly fees are what Corner Stone use to care for our clients. The late fees will be added to account and billed and assessed accordingly and will remain a part of the balance until paid in full. Residents or sponsors will be provided a written thirty (30) day notice of any rate change.

List of Basic Services and Charges:

In addition to use and possession of the Room, Resident will be provided with the following services and amenities:

Utilities

Three meals daily in the main dining room

Weekly linen services

Scheduled local transportation

Weekly housekeeping services

Medication Management

Other Services and Charges:

List of services not covered under basic charges and for which additional charges will be billed.

Example:

- ***Beauty Shop***
- ***Depend***
- ***Medication Refills***

Expenses such as beauty and barbershop are assessed each month and billed accordingly. Additional services may be requested by Resident on a fee basis in accordance with the fee schedule provided to each Resident. Fees for additional services will be billed monthly and are due within ten (10) days after billing. In the event that Resident requires additional services after the execution of this agreement, said services and costs will be identified and attached to this agreement by addendum. Requirement for additional services will be evaluated on a thirty (30) day schedule. Fee schedule for additional services is subject to change upon a thirty (30) day written notice by the Community.

Care/Services beyond the Community's Capability:

Whenever a resident requires hospitalization, medical, nursing, or other care beyond the capabilities of the Community, arrangements shall be made to discharge Resident to an appropriate setting, or to transfer Resident promptly to a hospital or other health care facility able to provide the appropriate level of care.

If Resident already resides in the Community, and because of an injury or acute condition requires medical care, or skilled nursing care that would ordinarily be expected to be needed for not longer than ninety days, or if such resident has been admitted to a properly licensed and certified hospice program, then the Community may permit Resident to remain in the Community by arranging for such care to be delivered by properly licensed individuals. If an outside provider provides the care, the Community shall maintain a copy of the provider's plan of care in the Community. The Community would in all cases remain responsible for the appropriate delivery of such care and must take all necessary steps to ensure that care needed by Resident is delivered to Resident. The Resident shall not have symptoms that infringe on the rights or safety of other residents currently in the Community.

If Resident, because of an injury or acute condition requires medical care, or skilled nursing care that would ordinarily be expected to be needed for greater than ninety days, then the Community shall promptly make arrangements to discharge or transfer Resident to a safe and appropriate placement in accordance with the discharge procedures and prearranged plan required by these rules for assisted living facilities. *Refer to the Transfer/Discharge Plan on the Resident's Medical Exam & Plan of Care.*

Residents who are combative, violent, suicidal, or homicidal shall neither be admitted to nor retained in the Community.

Bed Hold Policy:

If Resident requires temporary hospitalization or care outside this facility, the Community will hold his/her room as long as Resident continues to fulfill his/her financial obligations to this Community. Resident must continue to pay in full his/her monthly lease rate in accordance to this agreement for this Bed Hold Policy to apply.

Refund Policy:

In the event the Resident does not remain in this Community the entire month, a prorated daily refund will be given when the premises are vacated, **provided a thirty (30) day notice is given.**

Termination:

In the event Resident fails to abide by the terms of this Agreement or fails to abide by the guidelines set out in the policies and procedures, fails to pay any fees due to the Community or requires services not provided by the Community, the Community shall have the right to terminate this Agreement prior to the Renewal Date of the Lease Term upon a ten (10) day written notice to Resident. Resident shall have the right to terminate this Agreement upon thirty (30) days prior written notice to the Community. In the event of any termination of this Agreement, Resident agrees to remove all personal belongings within thirty (30) days of receiving notice of termination. A pro-rated amount will be charged for days less than one (1) month. On the day of the move-out a prorated amount will be charged unless the Apartment is completely vacated before 12:00 Noon.

Local Ombudsman:

The Resident and/or Sponsor may contact the local Ombudsman if the Resident/Sponsor needs assistance in resolving a dispute between the Resident/Sponsor and the facility about payment of fees or monies owed.

Resident/ Sponsor Signature

Administrator/Designee:

By: _____

by: _____

Date: _____

Date: _____