

ADMISSION AGREEMENT

This Facility provides residential and assisted living care services. We provide care and supervision as allowed by law. We are not a skilled nursing Facility nor, do we provide any skilled nursing services. This Facility maintains a non-discrimination policy and admits residents with out regard to race, creed, color, religion, familial status, sex, or national origin of the resident.

CONTRACT SERVICES:

This is a legal and binding contract; and should be read and sign together by all parties.

This Admission Agreement is between Parvin, Mary ("**Resident**") Arbor Place Assisted Living ("**Facility**").

For the purpose of this agreement, Tiffany Anderson shall be considered the "**Authorized Representative**" who agrees to adhere to these admission agreement provisions and voluntarily enters into this agreement with Facility.

This agreement is entered into subject to the following terms and conditions:

1. Facility is located at: **17 Louie Ave, Lodi, CA 95242**. This is a Residential Care Facility for the Elderly, licensed by the Department of Social Services of the State of California.
2. This Facility is not a Skilled Nursing Facility.
3. Resident desires to receive the authorized services provided by the Facility as authorized by its license.
4. Facility shall provide information on optional services, if any, as specified in the attachment to this admission agreement.
5. A one time non-refundable admission fee of five hundred (\$500.00) dollars shall be paid.

The resident is admitted to the Facility on (date) 6/27/14. Subject to the terms and conditions of the admission agreement.

The monthly rate (*pro-rated on a daily basis*) is subject to immediate change if the Resident needs a higher or lower level of care.

The monthly cost of the services to be provided to the Resident is the sum of \$ _____, for a Level _____.

This rate: includes SSI/SSP funds does not included SSI/SSP funds

The monthly cost for any portion of a month shall be pro-rated at \$ _____, per day, per thirty (30) days.

Payment of the monthly cost for the basic services shall be paid to Arbor Place Assited Living by the first (*1st*) day of each month, and is delinquent of not paid by the tenth (*10th*) day of the month. A twenty-five (\$25.00) dollar late fee shall be incurred if payment is not received by due date, unless other arrangements have been made in advance with the business office.

Levels of Care:

The facility is offering varying levels of care, per Resident need. The levels have an increasing price structure for room rates. Three meals daily, full-scaled planned activities, housekeeping and laundry are included in each level. Monthly rates change related to personal services rendered.

Level I – Basic Services

Lodging: single room double room

- Bedroom furniture (*bed, dresser, & nightstand*)
- Regular 24 hour observation
- Assistance with self-administered medications (*prescribed and over the counter*)
- Standby assist with Activities of Daily Living (*dressing, grooming, bathing & personal hygiene*)
- Special Diets as prescribed by Resident's physician
- Daily changes of bath, hand, and wash towels
- Bedside tray service for temporary illness (*no more than three (3) days*)
- Transportation to medical appointments in a non-emergency situation
- Assistance with arranging incidental medical and dental cares
- Supervision of Resident cash resources (*Resident trust account*)

Level II – also includes Basic Services

- Increased supervision
- Minor assist with Activities of Daily Living (*dressing, grooming, bathing & personal hygiene*)
- Reminders to use the restroom (*every two hour B&B schedule*)
- Escort to dining room (*encouragement to eat when needed*)
- Escort to activities and encouragement when needed

Level III – also includes Basic Services

- Total incontinence care
- Protective supervision due to confusion
- Total assist with Activities of Daily Living (*dressing, grooming, bathing & personal hygiene*)
- Daily bathing if needed due to incontinence
- Standby transfer assist for wheelchair dependent Residents
- Continuous monitoring/or frequent dispensing of medications

Reassessment Provision:

The facility reserves the right to re-assess the Resident if a significant change has occurred. According to Title 22, Division 6, Chapter 8, Article 87587. (a) The pre-admission appraisal shall be updated, in writing as frequently as necessary to note significant changes and to keep the appraisal accurate.

Optional Services:

- | | |
|--|-------------------------|
| 1. Transportation to out of town appts | \$20.00 per appointment |
| 2. Tray service for more than three (3) days | \$ 5.00 per meal |
| 3. Phone Service | Direct bill to family |
| 4. Comcast Cable Service | Direct bill to family |
| 5. Beauty Shop Services (<i>prices posted outside of door</i>) | Billed by Beautician |

All charges for optional services will be added to following month billing cycle. Those charges from outside Sources will bill according to their billing policies.

Resident's Physician Information:

Physician: DR. Edmund Freund Phone# 209-334-8540
 alt. Phy. P.A. House Calls Medical Group Phone# 888-929-4789
 Dentist

Optometrist: _____ Phone# _____

Podiatrist: _____ Phone# _____

Pharmacy: _____ Phone# _____

Agreement Termination:

Either party upon thirty (30) days written notices to the other party may terminate this agreement. The facility may upon thirty (30) day written notices to the Resident, evict the Resident for one or more of the following reasons:

1. Nonpayment of rent within ten (10) days of the due date.
2. Failure of the Resident to comply with state or local law after written notice of alleged violation
3. Inability of the facility to meet the Resident's needs, based upon reassessment of the Resident
4. Change of use of the facility
5. Failure of the Resident to comply with the following written general policy (house rules)

The facility may, upon obtaining written and/or documented telephone approval from the licensing agency, evict the Resident upon three (3) days written notice to quit upon finding good cause. Good cause exists if the Resident is engaging in behavior, which is a threat to the mental and/or physical health or safety of himself/ herself or to others in the facility.

Upon the death of a resident, this agreement is terminated. Daily fees may be assessed while a resident's personal property remains in the facility. Within 3 days of becoming aware of the death of a resident the facility must provide the residents responsible person, in writing, an copy of the admission agreement or the policy and procedure regarding contract termination upon death and refunds.

Facility visiting policy:

Facility visiting hours are Monday through Sunday 8:00am to 8:00pm. This facility does offer special events that do include family participation. Personal invitations will be sent out to family members for these events. Business office hours are Monday through Friday 8:30am to 4:30pm, closed on major holidays.

Notice of Rate Changes:

If the facility rate for basic or optional services changes because the Resident's needed/desired services change, the rate change will occur when the change in service occurs. If the facility rate changes to reflect a government fund increase, written or verbal notice from the facility is required as soon as the facility is notified of the increase; the rate change shall not take effect until the operative date of the government fund increase. For all other rate increases, sixty (60) days written notices from the facility is required.

Refund /Proration Policy:

If the Resident leaves the facility temporarily, the holding rate for his/her room is \$_____ per day. The total monthly rate set forth in the admission agreement will be prorated on a daily basis upon the Resident's admission to a facility for a higher level of care (*skilled nursing*) during the month. The Resident is responsible for room rent as long as Resident's belongings remain in room. Resident's room must be completely cleared out in order to receive a refund. The facility will not store Resident's belongings nor donate belongings on behalf of resident and/ or responsible parties.

Resident Records:

This facility is licensed by the Department of Social Services; therefore the department or licensing agency has the authority to examine Residents' records as a part of their evaluations of the facility.

Facility Policy & Procedures:

Copies of the following policies and procedures have been given to the Resident or authorized representative.

- Theft and Loss Policy & Procedure
- Personal Residents Rights
- House Rules Policies & Procedures
- Missing Resident Policy & Procedure
- Advance Health Care Directives

Acknowledgement of Provisions:

The Resident and/or authorized representative agree to cooperate with the house rules of the facility, and to ensure the rate for basic services (and for any optional services agree to) is paid by the due date. The signature of the Resident and/or authorized representative below indicates that he/ she has read and explained to him/her, the provisions of this agreement.

Parties to this Agreement:

RESIDENT	DATE
RESIDENT'S AUTHORIZED REPRESENTATIVE	DATE
FACILITY REPRESENTATIVE	DATE

PERSONAL RIGHTS RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

EXPLANATION: The California Code of Regulations, Title 22 requires that any person admitted to a facility must be advised of his/her personal rights. Facilities licensed for seven (7) or more are also required to post these rights in areas accessible to the public. Consequently, this form is designed to meet both the needs of persons admitted to facilities and the facility owners who are required to post these rights.

This form describes the personal rights to be afforded each person admitted to a facility. This form also provides the complaint procedures for the resident and the resident's responsible person. The facility staff, resident's responsible person or conservator must explain these rights in a manner appropriate to the resident's ability.

This form is to be reviewed, completed and signed by each resident, and/or responsible person (if any), or conservator upon admission to the facility. The resident and/or responsible person or conservator also has the right to receive a completed copy of the originally signed form. This originally signed copy shall be retained in the resident's file, which is maintained by the facility.

RESIDENT OR CONSERVATOR AND RESPONSIBLE PERSON

Upon satisfactory and full disclosure of the personal rights, complete the following:

I/we have been personally advised and have received a copy of the personal rights contained in the California Code of Regulations, Title 22.

(PRINT THE NAME OF THE FACILITY) ARBOR PLACE ASSISTED LIVING	(PRINT THE ADDRESS OF THE FACILITY) 17 LOUIE AVE. LODI, CA 95240
(PRINT THE NAME OF THE RESIDENT) <i>MARY PARVIN</i>	(DATE)
(SIGNATURE OF THE RESIDENT)	
(SIGNATURE OF THE RESPONSIBLE PERSON OR CONSERVATOR)	
(TITLE OF THE RESPONSIBLE PERSON OR CONSERVATOR)	

THE RESIDENT AND/OR THE RESPONSIBLE PERSON OR CONSERVATOR HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME COMMUNITY CARE LICENSING		
ADDRESS 510 E. MAGNOLIA SUITE 3		
CITY STOCKTON, CA	ZIP CODE 95202	AREA CODE/TELEPHONE NUMBER (209) 948-7344

To report known or suspected elder abuse, contact the Statewide Ombudsman Toll Free 24-hour CRISIS line at 1-800-231-4024. Local Ombudsman's Office Telephone Number (209) 468-3785.

PERSONAL RIGHTS RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

Explanation: Each resident shall have rights which include, but are not limited to, the following:

- (1) To be accorded dignity in his/her personal relationships with staff, residents, and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment.
- (3) To be free from corporal or unusual punishment, humiliation, intimidation, mental abuse, or other actions of a punitive nature, such as withholding of monetary allowances or interfering with daily living functions such as eating or sleeping patterns or elimination.
- (4) To be informed by the licensee of the provisions of law regarding complaints and of procedures to confidentially register complaints, including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency.
- (5) To have the freedom of attending religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis.
- (6) To leave or depart the facility at any time and to not be locked into any room, building, or on facility premises by day or night. This does not prohibit the establishment of house rules, such as the locking of doors at night, for the protection of residents; nor does it prohibit, with permission of the licensing agency, the barring of windows against intruders.
- (7) To visit the facility prior to residence along with his/her family and responsible persons.
- (8) To have his/her family or responsible persons regularly informed by the facility of activities related to his/her care or services including ongoing evaluations, as appropriate to the resident's needs.
- (9) To have communications to the facility from his/her family and responsible persons answered promptly and appropriately.

- (10) To be informed of the facility's policy concerning family visits and other communications with residents. This policy shall encourage regular family involvement and provide ample opportunities for family participation in activities at the facility.
- (11) To have his/her visitors, including ombudspersons and advocacy representatives permitted to visit privately during reasonable hours and without prior notice, provided that the rights of other residents are not infringed upon.
- (12) To wear his/her own clothes; to keep and use his/her own personal possessions, including his/her toilet articles; and to keep and be allowed to spend his/her own money.
- (13) To have access to individual storage space for private use.
- (14) To have reasonable access to telephones, to both make and receive confidential calls. The licensee may require reimbursement for long distance calls.
- (15) To mail and receive unopened correspondence in a prompt manner.
- (16) To receive or reject medical care, or other services.
- (17) To receive assistance in exercising the right to vote.
- (18) To move from the facility.

Reference: California Code of Regulations - Title 22, Section 87572, Residential Care Facilities for the Elderly

ORIGINAL - Client/Client Representative
COPY - Client/Resident File

TELECOMMUNICATIONS DEVICE NOTIFICATION

- | | |
|---|--|
| <input type="checkbox"/> ADULT RESIDENTIAL FACILITY | <input type="checkbox"/> FOSTER FAMILY HOME |
| <input type="checkbox"/> ADULT DAY PROGRAM | <input type="checkbox"/> GROUP HOME |
| <input type="checkbox"/> RESIDENTIAL CARE FACILITY FOR THE
CHRONICALLY ILL | <input type="checkbox"/> SMALL FAMILY HOME |
| <input type="checkbox"/> SOCIAL REHABILITATION FACILITY | <input checked="" type="checkbox"/> RESIDENTIAL CARE FACILITY
FOR THE ELDERLY |

NOTICE

Any deaf or hearing impaired, or otherwise impaired resident of any community care facility is entitled to equipment and service, pursuant to Section 2881 of the California Public Utilities Code, to improve the quality of their telecommunications. Any resident who has a declaration from a licensed professional or a qualified state or federal agency, that he or she is deaf or hearing impaired, or otherwise disabled should contact the California Telephone Access Program at 1-800-806-1191 and ask for assistance in obtaining this equipment and service.

This section shall not be construed to require, in any way, the licensee to provide a separate telephone line for any resident.

CLIENT/RESIDENT SIGNATURE		DATE
CONSERVATOR/RESPONSIBLE PERSON/AUTHORIZED REPRESENTATIVE SIGNATURE (IF ANY)		DATE
FACILITY NAME	FACILITY ADDRESS	
ARBOR PLACE ASSISTED LIVING	17 LOUIE AVE, LODI, CA 95240	
FACILITY REPRESENTATIVE SIGNATURE	DATE	

CALIFORNIA PUBLIC UTILITIES CODE SECTION 2881 (a) and (c)

2881. (a) The commission shall design and implement a program to provide a telecommunications device capable of serving the needs of individuals who are deaf or hearing impaired, together with a single party line, at no charge additional to the basic exchange rate, to any subscriber who is certified as an individual who is deaf or hearing impaired by a licensed physician and surgeon, audiologist, or a qualified state or federal agency, as determined by the commission, and to any subscriber that is an organization representing individuals who are deaf or hearing impaired, as determined and specified by the commission pursuant to subdivision (e). A licensed hearing aid dispenser may certify the need of an individual to participate in the program if that individual has been previously fitted with an amplified device by the dispenser and the dispenser has the individual's hearing records on file prior to certification.

(c) The commission shall also design and implement a program whereby specialized or supplemental telephone communications equipment may be provided to subscribers who are certified to be disabled at no charge additional to the basic exchange rate. The certification, including a statement of visual or medical need for specialized telecommunications equipment, shall be provided by a licensed optometrist or physician and surgeon acting within the scope of practice of his or her license, or by a qualified state or federal agency as determined by the commission.

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Adult and Elderly Residential Facilities

AS THE CLIENT, AUTHORIZED REPRESENTATIVE OR CONSERVATOR, I HEREBY GIVE CONSENT TO
ARBOR PLACE ASSISTED LIVING FACILITY NAME TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE
 PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR
Mary Parvin NAME . THIS CARE MAY BE GIVEN UNDER WHATEVER
 CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE INDIVIDUAL NAMED
 ABOVE.

CLIENT HAS THE FOLLOWING MEDICATION ALLERGIES: SULFA, MORPHINE, LATEX
ANTIBIOTICS

DATE

CLIENT/AUTHORIZED REPRESENTATIVE/CONSERVATOR SIGNATURE
 (CIRCLE APPROPRIATE TITLE)

HOME ADDRESS

HOME PHONE
 ()

WORK PHONE
 ()

Arbor Place Assisted Living

17 Louie Ave. Lodi, CA 95240

Phone: 209 369-8282 Fax 209 369-7638

Advance Health Care Directives

Residents Name: Mary Parvin
DOB: 3-16-1943

87469 ADVANCE HEALTH CARE DIRECTIVES, REQUESTS TO FOREGO RESUSCITATIVE MEASURES, AND DO-NOT-RESUSCITATE FORMS

(a) Upon admission, a facility shall provide each resident, and representative or responsible person, with written information about the right to make decisions concerning medical care. This information shall include, but not limited to the Department's approved brochure entitled,

"Your Right To Make Decisions About Medical Treatment" PUB 325, (1/04) and a copy of sections 87469 (b) and (c) of the regulations.

(b) Residents shall be permitted to have a Request to Forego Resuscitative Measures, an Advance Health Care Directive and/ or a Do-Not-Resuscitate (DNR) Form in their facility file.

(c) If a resident who has a Request to forego Resuscitative Measures, and/ or Advance Health care Directive and/ or a DNR form on file experiences a medical emergency, facility staff shall do one of the following:

(1) Immediately telephone 9-1-1, present the Request to forego resuscitative Measures, Advance Health Care Directive and/ or DNR form to the responding emergency medical personnel and Identify the resident as the person to whom the order refers.

(2) Immediately give the request to Forego Resuscitative measures, and/ or Advance Health Care Directive and/ or DNR form to a physician, registered nurse or licensed vocational nurse if the Physician or nurse is in the resident's presence at the time of the emergency and assumes responsibility.

(3) facilities that employ health care providers, other Home Health Agencies or Hospice Agencies, may comply with Health and Safety Code section 1569.74.

Documents provided to the facility pertaining to Advance Directives and/ or Preferred Intensity of Care:

Yes No Durable Power of Attorney for Health Care
Yes No Natural Death Act Directive/ Advance Declaration
Yes No Legal Documents, Guardian/ Conservator
Yes No Living Will

I have received the brochure Your Right To Make Decisions About Medical Care.

Signature of Resident

Date

Signature of Responsible Party

Date

Signature of Facility Representative

Date

RECORD OF CLIENT'S/RESIDENT'S SAFEGUARDED CASH RESOURCES

Client/resident: Your signature below indicates you have received the following amount of money from the facility on the date indicated.

Facilities that handle client's/resident's cash resources must maintain accurate records of all money received and disbursed.

INSTRUCTIONS:

- 1) The date of the transaction shall be noted under Date.
- 2) Use a separate line for each transaction.
- 3) Supporting receipts for purchases shall be filed in order of dates of purchases.
- 4) The client's/resident's (or client's/resident's representative) signature on this form may serve as a receipt for cash distribution to the client/resident. (Sec. 80026(h)(1)(A) and 87227(g)(1)(A).
- 5) The facility representative's signature is necessary to be able to verify a cash transaction.

NAME OF CLIENT/RESIDENT: <i>Mary Parvin</i>	FACILITY NUMBER: 397004353	YEAR <i>2014</i>
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DATE	DESCRIPTION	AMOUNT RECEIVED	AMOUNT SPENT OR WITHDRAWN	BALANCE	SIGNATURE FOR CASH TRANSACTIONS	
					FACILITY REPRESENTATIVE	CLIENT/RESIDENT OR REPRESENTATIVE

RESIDENTIAL CARE FACILITIES FOR THE ELDERLY ONLY.

Section 1569.152 of the Health and Safety Code:

1569.152. (a) A residential care facility for the elderly, as defined in Section 1569.2, which fails to make reasonable efforts to safeguard resident property shall reimburse a resident for or replace stolen or lost resident property at its then current value. The facility shall be presumed to have made reasonable efforts to safeguard resident property if the facility has shown clear and convincing evidence of its efforts to meet each of the requirements specified in Section 1569.153. The presumption shall be a rebuttable presumption, and the resident or the resident's representative may pursue this matter in any court of competent jurisdiction.

(b) A civil penalty shall be levied if the residential care facility for the elderly has no program in place or if the facility has not shown clear and convincing evidence of its efforts to meet all of the requirements set forth in Section 1569.153. The State Department of Social Services shall issue a deficiency in the event that the manner in which the policies have been implemented is inadequate or the individual facility situation warrants additional theft and loss protections.

(c) The department shall not determine that a facility's program is inadequate based solely on the occasional occurrence of theft or loss in a facility.

SEC. 3. Section 1569.153 of the Health and Safety Code:

1569.153. A theft and loss program shall be implemented by the residential care facilities for the elderly within 90 days after January 1, 1989. The program shall include all of the following:

- (a) Establishment and posting of the facility's policy regarding theft and investigative procedures.
- (b) Orientation to the policies and procedures for all employees within 90 days of employment.
- (c) Documentation of lost and stolen resident property with a value of twenty-five dollars (\$25) or more within 72 hours of the discovery of the loss or theft and, upon request, the documented theft and loss record for the past 12 months shall be made available to the State Department of Social Services, law enforcement agencies and to the office of the State Long-Term Care Ombudsman in response to a specific complaint. The documentation shall include, but not be limited to, the following:
 - (1) A description of the article.
 - (2) Its estimated value.
 - (3) The date and time the theft or loss was discovered.
 - (4) If determinable, the date and time the loss or theft occurred.
 - (5) The action taken.
- (d) A written resident personal property inventory is established upon admission and retained during the resident's stay in the residential care facility for the elderly. Inventories shall be written in ink, witnessed by the facility and the resident or resident's representative, and dated. A copy of the written inventory shall be provided to the resident or the person acting on the resident's behalf. All additions to an inventory shall be made in ink, and shall be witnessed by the facility and the resident or resident's representative, and dated. Subsequent items brought into or removed from the facility shall be added to or deleted from the personal property inventory by the facility at the written request of the resident, the resident's family, a responsible party, or a person acting on behalf of a resident. The facility shall not be liable for items which have not been requested to be included in the inventory or for items which have been deleted from the inventory. A copy of a current inventory shall be made available upon request to the resident, responsible party, or other authorized representative. The resident, resident's family, or a responsible party may list those items which are not subject to addition or deletion from the inventory such as personal clothing or laundry, which are subject to frequent removal from the facility.
- (e) Inventory and surrender of the resident's personal effects and valuables upon discharge to the resident or authorized representative in exchange for a signed receipt.
- (f) Inventory and surrender of personal effects and valuables following the death of a resident to the authorized representative in exchange for a signed receipt. Immediate written notice to the public administrator of the county upon the death of a resident whose heirs are unable or unwilling to claim the property as specified in Chapter 20 (commencing with Section 1140) of Division 3 of the Probate Code.
- (g) Documentation, at least semiannually, of the facility's efforts to control theft and loss, including the review of theft and loss documentation and investigative procedures and results of the investigation by the administrator and, when feasible, the resident council.
- (h) Establishment of a method of marking, to the extent feasible, personal property items for identification purposes upon admission and, as added to the property inventory list, including engraving of dentures and tagging of other prosthetic devices.
- (i) Reports to the local law enforcement agency within 36 hours when the administrator of the facility has reason to believe resident property with a then current value of one hundred dollars (\$100) or more has been stolen. Copies of those reports for the preceding 12 months shall be made available to the State Department of Social Services and law enforcement agencies.
- (j) Maintenance of a secured area for residents' property which is available for safekeeping of resident property upon the request of the resident or the resident's responsible party. Provide a lock for the resident's bedside drawer or cabinet upon request of and at the expense of the resident, the resident's family, or authorized representative. The facility administrator shall have access to the locked areas upon request.
- (k) A copy of this section and Sections 1569.152, 1569.153 and 1569.154 is provided by a facility to all of the residents and their responsible parties, and available upon request, to all of the facility's prospective residents and their responsible parties.
- (l) Notification to all current residents and all new residents, upon admission, of the facility's policies and procedures relating to the facility's theft and loss prevention program.
- (m) Only those residential units in which there are no unrelated residents and where the unit can be secured by the resident or residents are exempt from the requirements of this section.

Section 1569.154 of the Health and Safety Code:

1569.154. No provision of a contract of admission, which includes all documents which a resident or his or her representative is required to sign at the time of, or as a condition of, admission to a residential care facility for the elderly, shall require or imply a lesser standard of responsibility for the personal property of residents than is required by law.

I have received a copy of Health and Safety Code Sections: 1569.152, 1569.153, and 1569.154 and am acquainted with the facilities personal property safeguard procedures.

CLIENT/RESIDENT/RESPONSIBLE PERSON SIGNATURE	TITLE	DATE
LICENSEE OR DESIGNATED REPRESENTATIVE	DATE COMPLETED	

CLIENT/RESIDENT PERSONAL PROPERTY AND VALUABLES

Facilities must safeguard client's/resident's personal property/valuables entrusted to the facility. Licensee/Administrator is responsible for maintaining a record of personal property/valuables entrusted to and removed from the facility. Under "Number", enter the quantity of items entrusted. Under "Description", describe the item (marking articles by names or numbers may aid identification.). Under "Location", enter where items are stored. Licensee/Administrator and client/resident must sign each entry. Explain why, if client/resident does not sign. Provide a copy to the client/resident and maintain a copy in client's/resident's file. As property/valuable is removed, explain the reason for removal, enter the removal date, and ensure form is signed by all required persons specified above.

The reverse side of this form may be completed and retained in Residential Care Facilities for the Elderly to meet the notice requirements of Health and Safety Code Section 1569.153(k).

Name of Client/Resident Mary Parvin	Social Security No. 566-62-7161
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A. PERSONAL PROPERTY/VALUABLES ENTRUSTED TO FACILITY

Number	Description	Date	Location	Signature of Client/Resident (or if "None" explain)
				Signature of Licensee/Administrator

B. PERSONAL PROPERTY/VALUABLES REMOVED

Number	Description	Date	Location	Signature of Client/Resident (or if "None" explain)
				Signature of Licensee/Administrator

Pharmacy Care Concepts, Inc.

7720 Lorraine Ave, Suite 102, Stockton, CA 95210

Phone (209) 957-8787 Fax (209) 951-1457

NOTICE OF PRIVACY PRACTICES

Record or Acknowledgement/Documentation of Good Faith Effort to Obtain Acknowledgement

Client: Mary Parvin

Date: _____

I certify that I have received a copy of Pharmacy Care Concepts Notice of Privacy Practices. I understand this document provides an explanation of ways in which my information may be used by the pharmacy and my rights with respect to my health information.

Client's Signature

Date

Client's Representative Signature if client is unable to sign

Date

TO BE COMPLETED BY PHARMACY IF FORM IS NOT SIGNED

Was the client given a copy of the pharmacy's Notice of Privacy Practices?

YES _____

NO _____

Briefly describe efforts made to obtain client's acknowledgement and why client was unwilling or unable to sign this form _____

Pharmacy Representative Signature

Date