

ADMISSION AGREEMENT



Kitty Rhoades Memorial Memory Care Center

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RESIDENT ADMISSION AGREEMENT

This Resident Admission Agreement (“Agreement”) entered into between Kitty Rhoades Memorial Memory Care Center (“Community”); and _____, (“Resident”); and, when applicable, Resident’s Representative and Financially Responsible Party. (The term “Resident” as used in this Agreement shall be construed to mean Resident, Resident’s Representative and Responsible Party, unless the context does not so permit.)

INTRODUCTION AND RECITALS

St. Croix operates a Community-Based Residential Facility (“CBRF”), licensed by the State of Wisconsin, following the provisions of Wisconsin Administrative Code Ch. DHS 83. Community operates on a nondiscriminatory basis and affords equal treatment and access to services to eligible persons regardless of race, color, religion, sex, national origin, ancestry, sexual orientation, or any other status that is protected by Federal, State or Local law.

Resident has provided Community with the information and documentation required for admission into Community. Community desires to admit Resident and Resident desires to be admitted to Community, pursuant to the terms and conditions of this Agreement. Therefore, in consideration of the mutual promises contained in this Agreement, the parties agree to the terms of the Agreement as Follows.

I. PARTIES

- A. **Resident.** The individual person who is being admitted to Community.
- B. **Resident’s Representative.** If, due to Resident’s inability, the person signing this Agreement is not the Resident, Community both requires and relies upon the representation by the person that signs this Agreement as Resident’s Representative, that he or she has been designated or authorized by the Resident or the Court (e.g. guardian, agent, legal representative, designated representative, attorney in fact, health care agent, durable power of attorney, or otherwise authorized by the Resident) to admit Resident to the Community.
- C. **Financially Responsible Party.** A person who executes this Agreement as the “Financially Responsible Party” is, to the extent permitted by law, responsible for making payment, from Resident’s income or resources, under the terms of this Agreement and obtaining and maintaining Medical Assistance, or other applicable third-party payer in a timely manner. While not a guarantor, the Financially Responsible Party may become liable to Community for failure to make Resident’s payments in accordance with the terms of this Agreement, and/or by breaching the Agreement by failure to comply with the terms, including but not limited to the obligation for making timely application or completion of paperwork necessary to attain or maintain for Medicaid eligibility through the contracted Family Care Managed Care Organization.

II. ADMISSION

- A. **Admission Date.** Beginning on _____, 20____ (“Admission Date”), Community agrees to admit Resident and to provide the accommodations and services provided by this Agreement to Resident, subject to the terms, limitations and conditions contained in this Agreement.
- B. **Documentation Pre-Acceptance Requirements:** Prior to admission to Community, the following documentation and procedures will need to be completed:
1. A health screening, pursuant to Wis. Admin. Code DHS § 83.28(4) within ninety (90) days before or seven (7) days after admission, to screen for clinically apparent communicable disease, including tuberculosis, and document the results of the screening; need to be medically cleared to be admitted; and
 2. Participation in and completion of a Comprehensive Assessment, which will be conducted by the staff of Community, to create an Individualized Service Plan (ISP).
- C. **Terms of the Agreement.** This Agreement shall be in effect on a month to month basis beginning with the Admission Date. The Resident agrees that Community and the Resident will review annually the terms of the Resident’s Comprehensive Assessment and Individual Service Plan and make any necessary adjustment in accordance with the Resident’s needs and preferences at that time. The Resident understands that the right to occupy and use the apartment and to receive services at Community is contingent upon the timely payment of the monthly fee and all other applicable charges and fees under this Agreement.

III. FEES AND SERVICES

Community’s schedule of fees and services in effect on the date of this Agreement are included in the Agreement as Attachments A-1 and B. Such schedule and all amendments to the schedules shall consist part of the Agreement and are incorporated herein by reference.

- A. **MONTHLY CHARGE.** The Resident agrees to pay the sum of \$650.00 per day for the room and board (“Monthly Fee”). The Monthly Fee shall include the Basic Services and Amenities as listed in Attachment A-1. The Basic Services and Amenities may be expanded from time to time by Community. These services may be reduced or discontinued by Community in the event of general disuse or substantial change in conditions. The Resident will be given thirty (30) days advance written notice of any changes to these services. Together, the Monthly Fee and Monthly Service Plan charge shall be referred to as the “Monthly Charge”.

- B. OPTIONAL SERVICES.** The Resident agrees to pay all additional charges for Optional Services selected by the Resident and provided by Community. Optional Services and charges for any services not included in the Monthly Fee are identified in Community's Optional Services Fee Schedule (Attachment B).
- C. ACTIVITIES.** Community will assist interested Residents in planning social and recreational activities, both at Community and away from Community. The Resident is welcome to participate in all activities as desired.
- D. LIMITATION ON TYPES OF SERVICES OFFERED.** The Resident may receive only those services that are offered and covered under this Agreement. Community, at its discretion, may decline to provide services that are beyond the scope of this Agreement and the capacity of Community. Community shall not be responsible for furnishing or paying for any health care items or services not expressly included in the Agreement, including but not limited to, physician's services, contracted nursing care, health insurance policies, surgery, hospital care, treatment or examination of eyes or teeth, medications, vitamins, nutritional supplements, eyeglasses, contact lenses, hearing aids, orthopedic appliance, prosthetic devices, laboratory tests, x-ray services, toiletries, and personal supplies, unless otherwise provided by law.
- E. INDIVIDUAL SERVICE PLAN.** A pre-admission Comprehensive Assessment will be completed by Community Director or Designee in order to establish the Resident's Individual Service Plan. A beginning level of service will be determined at this time. During the first thirty (30) days of tenancy, Community staff will continue to assess the Resident, allowing for an adjustment period of the Resident. The Resident may choose to adjust his/her Individual Service Plan, according to his/her needs and desires. The Resident is free to arrange for changes in the supportive, personal, and nursing services provided the Resident and Community will modify the Resident's Individual Service Plan to reflect the changes. In consideration of the Resident's Monthly Fee and charges for selected Optional Services, and in accordance with the Resident's Comprehensive Assessment, Community agrees to provide the Resident with the supportive, personal, and nursing services detailed in his/her Individual Service Plan.
- F. UNSCHEDULED CARE NEEDS AND EMERGENCY ASSISTANCE.** Community agrees to meet the unscheduled care needs of the Resident within the scope of Community's available services under this Agreement and the capacity of Community. Community's provision for meeting the Resident's unscheduled care needs is set forth in the Resident's Individual Service Plan. If the Resident's unscheduled care needs become ongoing, the Resident agrees to revise the applicable sections of the Resident's Individual Service Plan to reflect the additional services being provided and to address any added risks and unmet needs associated with any changes. In the event of sudden serious illness or injury, Community personnel are limited to providing basic first aid, and will summon EMS personnel via 911 if Resident requires care beyond basic first aid. Resident acknowledges that Community does not provide CPR or related resuscitation in the event Resident experiences cardiac and/or pulmonary arrest, and that EMS personnel will be summoned via 911.
- G. FEE ADJUSTMENTS.** Community reserves the right to increase rates for the Monthly Fee and Optional Services. Notification of rate increases generally will be given to the Resident in writing thirty (30) days in advance of the date of increase. In the event of an illness or injury of sudden onset and longer duration that may result in a significant increase in hours of service or change of condition,

the rate increase may be implemented with less than thirty (30) days advance notice, or as otherwise provided by law.

- H. TIMING OF PAYMENTS.** Community issues bills for the Monthly Fee and Optional Services on a monthly basis, on or before the first (1st) day of each month. The bill will include the Monthly Fee for the coming month and the charges for any Optional Services provided during the prior month. The Resident must pay the total charge to Community by the tenth (10th) of the month in which the bill was received.
- I. EXHAUSTION OF FUNDS.** If Resident's ability to pay for the cost of care becomes exhausted, Resident may not be eligible for funding from public sources. If this occurs, Resident may be asked to secure alternative placement outside of Community. Further, Resident understands that if he/she become eligible for public funding, that Community is not required and does not guarantee continued placement at Community.
- J. REFUNDS.** Community shall return all funds due a Resident under the terms of this Agreement within thirty (30) days after the date of discharge. During the first six (6) months following the date of admission, Community shall refund any entrance fees in the event of a discharge or when the Resident meets the terms for notification to Community of voluntary discharge.
- K. BED HOLD AND DISCHARGE.** In the event of a bed hold, the Resident remains responsible for the Monthly Fee. Resident shall, however, be relieved of fees for services not provided due to the absence and fees for services shall be prorated based on the days receiving services that month.

1. Discharge by Community: Community shall provide Resident or the Resident's guardian, designated representative or agent with a thirty (30) day written advance notice of discharge of Resident. Community will arrange a discharge planning conference before the move of any Resident to discuss the need for or possible alternatives to the discharge and will provide relocation assistance. Community may involuntarily discharge Resident for the following reasons permitted by law:

- i. Non-payment of fees/charges after Resident has a reasonable opportunity to pay the deficiency.
- ii. Resident requires care that Community is not licensed to provide.
- iii. Resident requires care which is inconsistent with Community's program statement and which Community is not required to provide under chapter HFS 83.
- iv. Discharge for medical reasons as ordered by a physician.
- v. Discharge for medical emergency or disaster.
- vi. There is imminent risk of serious harm to the safety or health of Resident or the safety or health of the staff or other Residents.
- vii. Resident no longer will benefit from remaining at the CBRF.
- viii. The short-term care period for which Resident was admitted has ended.
- ix. As otherwise permitted by law.

2. Termination by Resident: This Agreement may be terminated by Resident by giving a written thirty (30) day notice of termination to Community. Upon the discharge or death of Resident, the current month's fee shall be prorated based on the number of days Resident was in Community and returned within ten (10) business days after date of discharge or death

IV. RESIDENT RESOURCES

- A. **House Rules And Regulations.** While the Community stresses Resident independence, to the extent of their abilities and preferences, there are certain house rules that are intended to allow all Residents the ability to exercise their rights. The Resident agrees to abide by the rules and regulations established by Community in Attachment C. The Resident understands and acknowledges that Community may modify these rules and regulations from time to time. Community will promptly provide the Resident with written notice of any modifications to the House Rules and Regulations.
- B. **Residents Rights.** The Resident shall have all the right listed in Attachment D. These rights in no way limit or restrict any other rights of an individual under the U.S. Constitution, civil rights legislation, or any other applicable statute, rule or regulation.
- C. **Grievances.** The Resident has the right to file complaints with the State of Wisconsin Department of Health Services. Community has a written internal grievance procedure, including the address and telephone number of the Department of Health Services and procedure for filing a complaint. The grievance procedure currently in effect is included as Attachment E. Community will provide the Resident with a copy of any amendment to the grievance procedure promptly following their adoption.
- D. **Survey.** Upon request to the Administrator of the Community, the results of all department license renewal visits, monitoring visits and complaint investigations, if any, for the period of twelve (12) months preceding the request and a copy of Wis. Admin. Code DHS Chapter 83 are available for review.
- E. **Accuracy Of Application.** Each Resident must file a complete Application Packet with Community. Resident warrants that all statements in the Application Packet are correct and understands that Community is entitled to rely on them and may terminate this Agreement if the Resident provides false or misleading information in the Application Packet.
- F. **Release From Obligations.** Any termination of this Agreement shall terminate the obligation of Community to the Resident to furnish accommodations and services and upon payment of any refund provided for above, Community shall be discharged from any further obligations under this Agreement.
- G. **Check-In / Check-Out System.** To ensure the safety of all Residents, Community requires each Resident to sign out when leaving the building and to sign in upon their return to the building. A sign out/sign in book is in the front lobby.

V. MISCELLANEOUS

- A. **Notices.** All notices or communications which may be or are required to be given shall be in writing and mailed by registered or certified mail, return receipt requested, or delivered in person to the last known address of such party.
- B. **Counterparts.** This Agreement may be executed in two or more counterparts, each of which is an original, all of which together shall be deemed to be one and the same instrument.

- C. **Complete Agreement.** This Agreement, including all Attachments, Resident's application, and any other document incorporated by reference herein, represents the entire agreement between Resident and Community. This Agreement supersedes any and all prior agreements, oral or written, between Resident and Community. Except for the right of Community to modify fees and charges, amend services provided and establish reasonable operating procedures and rules for the general welfare and safety of Residents of Community, this Agreement may only be amended in writing signed by all parties to the Agreement or their successors.
- D. **Severability.** Any clause, term, phrase, provision or part thereof contained in this Agreement is severable, and in the event any of them shall be found to be invalid for any reason, this Agreement shall be interpreted as if such invalid clause, term phrase, provision or part thereof were not contained herein, and the remaining clauses, terms, phrases, provision or parts thereof, of this Agreement shall not be affected by such determination and shall remain in full force and effect. This Agreement shall not fail because any clause, term, phrase, provision, or part thereof shall be found void, invalid, or unenforceable.
- E. **Waiver of One Breach Not a Waiver of Any Other.** The failure of any party in one or more instances, to insist upon strict compliance with any of the term, covenants, or conditions of this Agreement is not a waiver by the party of his/her/its right to insist upon strict compliance with the terms, covenants, and conditions of this Agreement.
- F. **Additional Documents.** By signing this Agreement, Resident acknowledges that he/she has received the following additional documents, which are attached to and incorporated into this Agreement:

Attachment A-1	Service Amenities
Attachment A-2	Monthly Rates
Attachment B	Optional Services Available – Fee Schedule
Attachment C	House Rules
Attachment D	Resident's Rights
Attachment E	Grievance Procedure & Report

[SIGNATURE PAGE TO FOLLOW]

VI. EXECUTION OF AGREEMENT

THE UNDERSIGNED, HAVING READ AND UNDERSTOOD THE TERMS OF THIS AGREEMENT, TOGETHER WITH ALL APPENDICES, AND HAVING THE OPPORTUNITY TO ASK QUESTIONS AND CONSULT INDEPENDENT LEGAL COUNSEL, HEREBY VOLUNTARILY AGREE(S) TO ABIDE BY THE TERMS HEREIN.

Resident/ Resident's Representative:	Financially Responsible Party:
In addition to understanding the terms of this Agreement, I hereby represent that I have the legal authority to make health care decisions on behalf of Resident, that documents supporting such authority have been delivered to Community, and that I hereby consent on Resident's behalf to the terms described herein.	In addition to understanding the terms of this Agreement, I acknowledge that I have legal access to the income and/or financial resources of Resident. I understand Resident is obligated to make monthly payments to Community for his/her care. As Resident's Legal Representative, I understand I am required by law to make these payments and I may be liable to Community if I fail to make these payments. I understand that this Agreement does not require me to use my personal funds to pay for Resident's care.
_____ DATE	_____ DATE
_____ PRINTED NAME	_____ PRINTED NAME
_____ SIGNATURE OF RESIDENT/RESIDENT'S REPRESENTATIVE*	_____ SIGNATURE OF FINANCIALLY RESPONSIBLE PARTY IN HIS/HER REPRESENTATIVE CAPACITY
* RESIDENT'S REPRESENTATIVE <u>UNDERSTANDS</u> AND <u>AGREES</u> THAT BY SIGNING THIS AGREEMENT HE/SHE IS SIGNING IN BOTH A <u>REPRESENTATIVE AND INDIVIDUAL CAPACITY.</u>	
Community Representative:	
_____ SIGNATURE OF COMMUNITY REPRESENTATIVE **	
DATE	
**THIS INDIVIDUAL IS AUTHORIZED TO SIGN THIS AGREEMENT ON BEHALF OF COMMUNITY	

ATTACHMENT A-1

Service Amenities

Community includes the following in the Monthly Fee:

- All utilities, i.e. gas, electric, water, and sewer
- Private bathrooms
- Weekly light housekeeping service (includes carpet vacuuming, tile floor mopping, light surface dusting, full bathroom cleaning, and bed linen changing)
- Maintenance of the building, grounds, and furnished appliances
- RN wellness check
- 3 meals per day plus snacks
- Community Room & Lounge
- 32 inch wall mounted TV with basic Cable Service
- Assistance with MD appointments and lab set ups (on-site lab services)
- Religious services in the chapel
- Apartments equipped with full sprinkler system
- Onsite parking availability
- Weekly garbage pick-up
- Call light system
- Full access to all on-site activities and recreation
- Trained staff on premise 24 hours per day for emergencies and daily observation
- Washer & Dryer
- Laundry 2 loads per week
- Activities including periodic outings
- Assistance with transportation arrangements
- Toilet paper, Kleenex, paper towels, and small garbage bags supplied

ATTACHMENT A-2

Monthly Service Rate for Personal Care Based on Needs

Added onto rate for stays longer than 28 days

Level	Monthly Fee
I Personal Care	\$1850 (minimum required monthly fee)
II Personal Care	\$2350
III Personal Care	\$3850
IV Dementia Crisis Stabilization	\$650.00 per day____

Personal Care for all Levels include the following services

- Assistance to activities and meals including redirection and reminders.
- Scheduled Nursing hours and on-call staff Available 24 hours a day 7 days per week
- Initial Licensed Nursing Assessment
- Nurse consultation with health care professionals as needed.
- Health and services review a minimum of twice yearly.
- Aromatherapy

Level I personal Care \$1850 per month-required in Memory Care

- Assistance with showers 1-3 times a week
- Simple prompts with Dressing, grooming and bathroom assistance
- Behavior monitoring
- Dining setup and monitoring
- Medication management, set up and administration, no injections

Level II Personal Care \$2350 per month

- Simple or one person assist with dressing and grooming
- Bathroom assistance
- Shower assistance 4-5 times a week
- Dining setup and monitoring
- Diabetic management of blood sugars
- Oxygen management
- Simple redirector of behaviors
- 1 assist pivot transfers

Level III Personal Care \$3850 per month

- Extensive assistance with dressing bathing and grooming
- Assistance with dining setup, monitoring and prompts
- Scheduled bathroom assistance, extensive assistance required
- Extensive assistance with bathing 6 or more times per week
- Oxygen management
- Complex diabetic management including blood sugar monitoring and insulin injections including sliding scale management
- Frequent assistance with behavior, redirection and monitoring

Dementia Crisis Stabilization \$650 per day

- Intensive monitoring of behavior
- Companionship required to monitor behavior.
- Nurse involvement and Psychiatrist review
- Aromatherapy, Hand message therapy Music therapy needed for behavior reduction.
- Quiet room visits for reduced stimulation

ATTACHMENT B
Optional Services Available – Fee Schedule

Other Fees

Respite Daily Rate	\$200.00

Ancillary charges (charges based on ISP)

Transportation New Richmond	\$25.00 Round Trip All other destination costs are based on staff time and mileage
Laundry 2 included in base- For Additional Loads	\$7.50 per load
Guest Meals	\$6.50 per meal
Hair Styling Salon	Current rates posted
Physical/Occupational/Speech Therapy	Current rates available from Director

***All state and local taxes, if applicable, are included in the cost of services.**

SERVICES TO BE ARRANGED BY RESIDENT

- | | |
|---------------------|--|
| *Newspaper | *Pharmacy |
| *Medical equipment | *Repair of personal furnishings and/or equipment |
| *Dry cleaning | *Physician |
| *Personal Telephone | |

ATTACHMENT B

Optional Services Preferred

Fee

I have requested the above optional services and have agreed upon the above optional service fees.

RESIDENT/

RESIDENT'S REPRESENTATIVE:

FINANCIALLY RESPONSIBLE PARTY:

Date

Date

Printed Name

Printed Name

**Signature of Resident/
Resident's Representative***

Signature of Financially Responsible Party
his/her Representative capacity

*Resident's Representative understands and agrees that by signing this Agreement he/she is signing in both a representative and individual capacity.

COMMUNITY REPRESENTATIVE:

Signature of Community Representative**

Date

**This individual is authorized to sign this Agreement on behalf of Community

ATTACHMENT C

House Rules

We welcome you to the Community. We want your stay to be as comfortable as possible. Therefore, we ask that you be attentive to the following House Rules:

1. All Residents shall be respectful of the privacy of others.
2. Community is a smoke-free property. No smoking or use of tobacco products, i.e. chewing tobacco, etc. or e-cigarettes/vaping is permitted in any apartment or any other indoor or outdoor common areas of Community by the Resident or Resident's visitors.
3. Visitation away from the Community is encouraged; however, it is vital that all outings are reported to the Nurse Manager of the staff on duty at the time of your departure and return.
4. Certain guidelines are necessary for room furnishings and personal property.
 - a. No Nails or other hanging devices may be installed by the resident without prior approval by the Administrator.
 - b. All furnishings must be approved through the Administrator for fire safety purposes.
 - c. Extension cords are not permitted
 - d. Clothing shall be labeled to aid with personal identification.
 - e. Areas under the beds and near heaters must remain clear and must not be used for storage, including storage of plastic bags and boxes of belongings.
5. No articles of significant value should accompany the resident, including jewelry and cash. Arrangements may be made with the Administrator for keeping of money and other valuables.
6. TVs and Radios should be played at reasonable sound levels to avoid disturbing other residents.
7. Residents must be clothed when in common areas.
8. All electrical equipment must be checked and approved by maintenance prior to use in the Community.
9. Community has safety and cleanliness expectations of its Residents. These include good personal hygiene, regular bathing, appropriate clothing in common areas, and a properly maintained personal apartment including no garbage build up and no excessive storage of items within the apartment.
10. Weapons or other potentially harmful substances are not allowed on the premises, subject to state and federal law.
11. No candle or open flames are allowed in the building.
12. Behaviors that are disruptive or dangerous to self or others are not allowed.
13. The rights of all Residents must be considered and cannot be compromised to grant the wishes of another individual.
14. Overnight guests must be registered with the Nurse Manager or designee. (Max 2 week stay)
15. Pets are allowed for visiting

ATTACHMENT D

Resident's Rights

Individuals have basic rights, which they do not lose when they enter a CBRF (community-based residential facility). The Kitty Rhoades Memorial Memory Care Center, a CBRF operated by St. Croix County, prohibits any form of coercion to discourage or prevent you (the resident), your guardian, representative, or other interested party from exercising any of the following rights. Facility further prohibits any retaliation in response to the rights being exercised in good faith.

Copies of Resident Rights and the House Rules. To receive, and have all your representatives receive, a copy of the Resident Rights and the House Rules from Community before admission.

Mail. To receive and send sealed, unopened mail, which Community will hold securely for you if necessary.

Telephone calls. To make and receive telephone calls within reasonable limits and in privacy.

Visits. To have private visitors and adequate time and private space for visits.

Financial affairs. To manage your own financial affairs.

Service charges. To be fully informed in writing of all services and charges for the services, before or at the time of admission, as well as when changes are made during your residency.

Fair treatment. To be treated with courtesy, respect, and full recognition of your dignity and individuality by all staff.

Privacy. To have physical and emotional privacy in treatment, living arrangements, and in caring for your personal needs. An exception is made for Community representatives to search your room without your permission if we have reasonable cause to believe your room contains items prohibited from the premises or that threaten the health, safety, or welfare of yourself or other individuals in the building. You have the right to be present for such a room search.

Confidentiality. To have all treatment records kept confidential. Community has provided you with a copy of our Notice of Privacy Practices.

Labor. To not be required by Community to perform labor that is of any financial benefit to Community. Personal housekeeping is an exception (see House Rules).

Activities, including religious activities. To participate in social, religious, and community activities at your discretion. To receive visits from a clergy person or lay representative and have help from staff, if needed, to contact such clergy person or lay representative. No resident is required to engage in any religious activities.

Continued on the following page

Clothing and possessions. To retain and use personal clothing and effects and to retain, as space permits, other personal possessions. See House Rules regarding possession of valuables.

Abuse. To be free from physical, sexual, and mental abuse and neglect, and from financial exploitation and misappropriation of property.

Seclusion, restraints. To be free from “seclusion,” meaning your separation by staff from others, except as permitted by law to protect the health, safety, or welfare of yourself or others. To be free from all “chemical restraints,” meaning drugs that does not treat medical symptoms. To be free from physical restraints, except upon prior review and approval by the Wisconsin Department of Health Services and upon written authorization from your primary care provider.

Medication. To receive medications as prescribed. You have the right to refuse medication, unless a court has deemed you to be incompetent and a valid court order exists to administer medications.

Prompt and adequate treatment. To receive prompt and adequate treatment appropriate to your needs.

Choice of providers. To exercise complete choice of providers of physical and mental health care, and of pharmacist.

Treatment choice. To receive all treatments prescribed by your medical provider, and to refuse any form of treatment, unless a valid court order exists to administer the treatment.

Incompetency. To not be treated as mentally incompetent, unless a court has deemed you incompetent under chapter Wisconsin Statute Ch. 54. In such circumstances, Community will keep your guardian informed and involved, as required by the guardianship documents issued by the court.

Least restrictive conditions. To have the least restrictive conditions necessary to achieve the purposes of your admission to Community.

Recording, filming, photographing. To not be recorded, filmed, or photographed for promotional or advertising purposes without your written informed consent. A photograph of you may be taken for identification purposes.

Safe environment. To live in a safe environment.

ATTACHMENT E

Grievance Procedure

If you, your guardian, representative, or other interested person has a complaint or concern about the Community, that individual may file a grievance. The Community will attempt to find a reasonable solution.

To file a grievance with the Community, submit it in writing, if possible, to the Nurse consultant using our Grievance/Concern form. (You may also file a grievance verbally).

Each grievance submitted to Community will be investigated by the Nurse consultant. Any person investigating the grievance will not have had any involvement with the issues leading to the grievance. The investigator will provide you, and your designated representatives, with a written summary of the grievance, the findings, and any action taken. A copy of the summary will be placed in your resident file.

If the grievance/concern persists, a meeting may be called including administration, any appropriate staff, the resident, responsible party and/or family members to attempt to resolve the grievance. If the grievance is not resolved, the Community representatives will assist, if desired, the resident, responsible party and/or family to contact the state ombudsman.

In cases of alleged caregiver misconduct, abuse, neglect or misappropriation of property, the resident, responsible party, family member, and/or case manager may report such allegations to the administrator or any other staff at any time. The resident may also report to St. Croix County Adult Protective Services. The facility will conduct an internal investigation and report substantiated allegations to the Wisconsin Bureau of Assisted Living as required by state regulations.

Addresses and telephone numbers for resident advocacy agencies are as follows:

Ombudsman
1402 Pankratz Street #111
Madison WI 54704
800-815-0015 Toll Free
608-246-7001 Fax

Bureau of Assisted Living
Division of Quality Assurance
610 Gibson St., Suite 1
Eau Claire, WI 54701-3687
Telephone: 715-836-4790
dhsdqabalwro@dhs.wisconsin.gov

Disability Rights Wisconsin, Inc.
1502 Broadway
Madison, WI 53713
800-928-8778
Info@drwi.org

Division OF QUALITY ASSURANCE
Attn: Bureau of Assisted Living
P.O. Box 2969
Madison, WI 53701
608-266-5494
dhsdqabalcentral@dhs.wisconsin.gov

This contact information is subject to change; please visit the DHFS website to verify it or request assistance from the Community staff if necessary.