



DAUGHTERS OF SARAH NURSING CENTER, INC.

ADMISSION AGREEMENT

This Agreement is made this _____ day of _____, _____ by and between **DAUGHTERS OF SARAH NURSING CENTER, INC.** , a not-for-profit corporation having a principal place of business at 180 Washington Avenue Extension, Albany, New York 12208, (hereafter referred to as the "Center"), and

(Resident Name)

currently having a residence at _____

(hereafter referred to as the "Resident").

The other parties referred to in this Agreement are listed as follows. By signing this Agreement they hereby accept the responsibilities and obligations attributable to them as set forth herein:

Responsible Party (Spouse): _____

Sponsor: _____

Designated Representative: _____

The Sponsor and the Responsible Party are sometimes collectively referred to herein as the "Undersigned".

The Center is duly licensed under New York State law to provide nursing home services. Your physician has determined that you require nursing home services and you agree to the following terms and conditions relating to the admission and provision of services.

THIS FACILITY DOES NOT DISCRIMINATE IN ADMISSION OR RETENTION OR CARE OF ITS RESIDENTS BECAUSE OF RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, BLINDNESS, AGE, SOURCE OF PAYMENT, MARITAL STATUS OR SEXUAL PREFERENCE.

I. IDENTIFICATION OF THE RESIDENT’S AGENTS

A. THE RESPONSIBLE PARTY

The “Responsible Party” is the person, such as a spouse, who is primarily responsible in part or in whole for the financial support of the Resident. (A spouse can serve as both the Responsible Party and as the Resident’s Sponsor.)

B. THE SPONSOR

The “Sponsor” is a person selected by the Resident, such as a Power of Attorney, Guardian, or Conservator, who is responsible to assist the Resident in meeting the Resident’s obligations under this Agreement by insuring that the Resident uses his/her assets and income to pay for the cost of care,, as billed by the Center.

The Sponsor agrees to use both the Resident’s liquid and non-liquid resources, including monthly income, to pay for the cost of care for the Resident and promises continuity of payment from the Resident’s funds and assets, or from third party payors, to meet the Resident’s obligations under this Agreement.

Unless the Sponsor is also the Resident’s spouse, the Sponsor is not obligated to pay for the cost of the Resident’s care from the Sponsor’s own funds.

C. DESIGNATED REPRESENTATIVE

The “Designated Representative” is the Resident’s primary contact person with the Center. This person may be (but does not have to be) the same person who serves as the Responsible Party or Sponsor.

II. AGREEMENT TO PAY FOR SERVICES PROVIDED

A. THE RESIDENT AND RESPONSIBLE PARTY OBLIGATIONS

The Resident and the Responsible Party personally agree:

1. to pay to the Center, after any Medicare Part A coverage has been applied, and unless and until the Resident’s Medicaid eligibility, if applicable, covers such charges, the following items:

- (i) the daily Basic Rate (as identified below),
- (ii) any assessments (hereafter “Assessment”) levied on the Basic Rate (as set forth below), and
- (iii) all charges for ancillary services; and

2. when appropriate, to arrange to have paid for by Medicaid, Medicare or other insurers all services provided by the Center under this Agreement and to pay to the Center the Resident’s monthly income consisting of Social Security

and retirement income when Medicaid is applied for. (The obligations of this subparagraph are discussed further in Section D below.)

If a Medicaid application is delayed or denied, the Resident and Responsible Party agree to continue to pay for services at the Basic Rate (including any applicable Assessment). If Medicaid eligibility is eventually established and covers any period retroactively for which the Basic Rate has been paid, the Center will refund or credit any amount in excess of the Net Available Monthly Income ("NAMI") amount owed during the covered period.

The daily Basic Rate at the outset of this agreement shall be \$_____ per day, and may be modified as provided for herein. In addition to the Basic Rate, a percentage assessment on that rate (the "Assessment") will also be charged as a result of the gross receipts tax on Nursing Homes enacted by the State of New York.

The Basic Rate is subject to change on a thirty (30) day prior written notice given to the Resident, Sponsor, and/or Responsible Party.

If the Resident qualifies for Medicaid, Medicare, or coverage by an insurance carrier with which the Center has negotiated a daily rate, the Center will accept their daily rate in lieu of the Basic Rate for the services and supplies covered by such third-party payors. Charges for additional physician-ordered services are payable directly to the provider of services.

B. THE RESIDENT'S DIRECTION TO HIS/HER AGENTS

The Resident hereby instructs the Responsible Party and the Sponsor, including future appointees, to: (i) ensure that all payment obligations under this Agreement are met from the Resident's assets; (ii) to cooperate in obtaining Medicaid coverage, if necessary; to otherwise meet the Resident's obligations under this Agreement; and (iii) to manage the Resident's assets responsibly, so that the Center is not placed in a position where it cannot receive payment from either the Resident's funds, Medicaid, or the third-party payors.

C. SECURITY DEPOSIT AND ADVANCE PAYMENTS

In the event the Resident has not been approved for Medicaid upon admission to the Center, and/or has thereafter exhausted any available Medicare coverage, the Resident agrees to then deposit with the Center a sum equivalent to three (3) months of the current Basic Rate, such sum representing a two (2) month security deposit (the "Security Deposit") and an advance payment for the first month (the "Monthly Pre-payment"). The Security Deposit shall be held by the Center in a segregated interest bearing account separate and distinct from the Center's general or other special accounts. The Center has sole discretion as to the type and nature of account in which the Security Deposit is held. The Resident agrees to deposit with the Center additional funds to replenish the Security Deposit to a sum equivalent to two (2) months of the current Basic Rate charge upon written notice to the Resident or the Undersigned. The Security Deposit may be waived if it is determined that the entire length of stay will be covered by an alternate insurer. The Center is entitled by law to deduct a fee at the rate of 1% per year from the Security Deposit as an administrative cost.

The Security Deposit may be applied toward any unreimbursed amounts owed to the

Center for the care of the Resident (however, the Center is not obligated to apply the Security Deposit to cover such delinquent charges). The determination as to if and when the Security Deposit will be applied to amounts due shall be made at the sole discretion of the representatives of the Center.

Refund of Security Deposit: Upon the Resident's discharge, the Security Deposit will be applied to pay for any outstanding bills owed to the Center. Thereafter, the balance will be refunded to the Resident or the Resident's appropriate representative. To insure all charges are properly accounted for, such refund will not be made sooner than thirty (30) days after discharge.

Refund of Monthly Pre-payment: If the Resident leaves the Center for reasons beyond the Resident's control, any unused portion of the Monthly Pre-payment will be refunded to the Resident, the Undersigned, or to the person or probate jurisdiction administering the Resident's estate no sooner than thirty (30) days following the Resident's discharge.

D. PAYMENT OBLIGATIONS UNDER MEDICAID AND OTHER THIRD PARTY PAYORS

1. Obligation to Assure Third Party Payment

The Center cannot bill Medicaid for services until the Resident's private insurance benefits and Medicare benefits have been exhausted.

The Resident and the Responsible Party agree to provide prior to admission information pertaining to all potential third-party payers, and agree to either: (i) provide proof that a claim for coverage has been made, or (ii) provide the Center with necessary, information and authorization for the Center to submit the claim.

2. Deductibles and Co-Insurance

Medicare or other insurers may require a deductible and/or co-insurance payment to the Center. The Resident agrees to meet these obligations and understands that the payment obligations under this Agreement include such payments.

3. Medicaid Applications

a. Duty to Arrange for and Provide Information in a Timely Medicaid Application

The Resident and the Undersigned each agree to monitor the Resident's resources to assure uninterrupted payment to the Center by making timely and complete application to Medicaid and Medicaid recertification (and/or other payors), as is necessary.

The Resident and the Undersigned each agree to notify the Center as to:

- (i) the anticipated time when the Resident will have spent his/her resources to the Medicaid resource level; and

(ii) when the Medicaid application will be and is filed.

The Resident and the Undersigned agree to apply for Medicaid before the Resident's liquid resources have been expended.

b. Net Available Monthly Income ("NAMI")

The Resident and the Undersigned understand that if any of them receives monthly income of the Resident's (i.e. retirement benefits, Social Security, Railroad Retirement, interest income, etc.), and the Resident also qualifies for Medicaid, the Department of Social Services will require that all of such income, except for the sum of \$50.00 per month for deposit into the Resident's personal account, (said income is referred to herein as "Resident NAMI") must be paid to the Center as part of the Medicaid rate towards the cost of care of the Resident.

c. Payment Of Resident NAMI

The Resident NAMI is to be paid to the Center once a Medicaid application is filed or should have been filed. In this circumstance, the Resident and the Undersigned guarantee that:

(i) the Resident NAMI will be delivered to the Center on or before the tenth (10th) day of each month; or that it will be sent directly to the Center from the income payor as provided for in Addendum I attached hereto;

(ii) during the period when a Resident's Medicaid application is pending approval by the relevant county, all income of the Resident shall be paid over to the Center, minus \$50.00 per month, and said payment shall be applied to the cost of care of the Resident;

(iii) that if any part of the Resident NAMI amount is disputed, the disputed portion of the Resident NAMI will be paid directly to a mutually agreed upon escrow agent, or the Court, on or before the tenth (10th) day of each month and that the portion of the Resident NAMI which is not in dispute will be paid to the Center by such date. The Parties agree that the funds held in escrow will be released according to the determination made by the reviewing body or by the Court, or by mutual consent of the Resident or the Undersigned and the Center.

E. RELEASE OF MEDICAID INFORMATION TO THE CENTER

Upon application to the Center, the Resident, the Sponsor, and the Responsible Party, agree to provide complete and full disclosure of all of the Resident's financial resources to the Center in the Application for Admission. Included with this, they are required to list all gifts or transfers of the Resident's and/or Resident's spouse's assets made within sixty (60) months prior to the date of admission.

F. PAYMENT FOR ITEMS/SERVICES NOT COVERED BY, OR IN EXCESS OF, MEDICAID, OR MEDICARE BENEFITS

If the Resident qualifies for Medicaid or Medicare coverage, the Center will accept the Medicaid or Medicare rate, plus any deductibles, co-insurance and/or Resident NAMI payments determined to be applicable in payment for care and services covered by such programs; however, when the Resident requests items or services that are more expensive than, or in excess of, the items or services covered by the Medicare or Medicaid programs, the Resident will be charged an amount not to exceed the difference between the customary private charge for such items and the value of the items/services covered by Medicare or Medicaid. The Center agrees to notify the Resident of such additional charges prior to providing the requested items.

III. SERVICES PROVIDED AT THE CENTER

A. SERVICES AND ITEMS INCLUDED AS PART OF THE DAILY BASIC RATE

For Privately Paying, Medicare-Covered and Medicaid-Covered Resident. The services covered by private pay, Medicare and Medicaid rates include:

1. Lodging and board (prepared in compliance with Jewish dietary laws), including therapeutic or modified diets as prescribed by a physician;
2. Twenty-four (24) hour per day nursing care;
3. The use of all equipment, medical supplies and modalities, notwithstanding the quantity, usually used in the everyday care of nursing home residents, including but not limited to catheters, hypodermic needles and syringes, irrigation outfits, dressings and pads and so forth;
4. Fresh linen as required, changed at least twice weekly, including sufficient quantities of necessary bed linen or appropriate substitutes, changed as often as required for incontinent residents;
5. Hospital gowns as required by the clinical condition of the Resident, unless the Resident, the Undersigned or the Resident's family elects to furnish them;
6. Laundry services for washable personal clothing items and hospital gowns;
7. General household medicine cabinet supplies, including but not limited to non-prescription medications, materials for routine skin care, oral hygiene, care of hair and other routine care;
8. Assistance and/or supervision, when required, with activities of daily living, including but not limited to toileting, bathing, feeding, transferring and ambulation assistance;
9. Services in the daily performance of their assigned duties by members of the Center staff who are concerned with resident care;

10. Use of customarily stocked equipment, including but not limited to crutches, walkers, canes and wheelchairs and other supportive equipment, including training in their use when necessary, unless such items are prescribed for regular and sole use by a specific resident;
11. Activities program, including but not limited to a planned schedule of recreational motivational, social and other activities; together with necessary materials and supplies to make the Resident's life more meaningful;
12. Social services as needed;
13. Arrangements for opportunities for religious worship and religious counseling for residents requesting such services;
14. Oral hygiene care and routine and twenty-four (24) hours emergency dental care;
15. Dental services administered by, or under the direct supervision of the Center's contracted dental provider;
16. When requested in writing, the Center provides the service of holding Resident moneys for incidental expenses. Funds in excess of \$50.00, or as required by regulation, will be held in an interest-bearing account.

For Medicaid-covered residents only. The Medicaid rate also covers the following services: *(While the following items are not billed directly to a Medicaid covered resident, the Center or the providing vendor may have the right to bill a third party for the service or supply.)*

17. Physical therapy services;
18. Occupational therapy services;
19. Speech pathology services;
20. Hearing aid devices as prescribed by the Resident's attending physician and approved by Medicaid;
21. Pharmaceutical services;
22. Ambulette services to and from medical appointments as ordered by the Resident's attending physician;
23. Contact lenses, eyeglasses, hearing aides, orthopedic braces, prosthetics and any other physician ordered medical device procured from the Center's contracted provider, if any..

B. PHYSICIAN AND ADDITIONAL SERVICES PROVIDED ON A FEE FOR SERVICE BASIS

Charges for physician visits, and physician-ordered ancillary services, are not included in the Basic Rate. These additional charges may be billed by the Center or directly by the provider of the service. The Resident is not obligated to pay for services paid for by Medicaid, Medicare or other third party payors who have negotiated a rate with the Center, except for deductibles and co-payments.

The Center will arrange for physician and/or physician extender visits, as authorized under this Agreement, and as otherwise required, and for the ancillary services listed below to be available to the Resident when prescribed by a physician. These services will be administered or supervised by practitioners affiliated with and/or approved by the Center who meet the applicable New York State licensing, registration and certification requirements. (If the Resident is enrolled in a managed care plan, the Resident must designate the Center's attending physician for the Resident's unit as the Resident's primary care physician in accordance with the managed care plan's requirements. Further, the Resident agrees to use only providers participating under the plan for services.)

The services listed below may or may not be covered by Medicare, Medicaid, or other insurance depending upon medical review and upon terms and conditions of insurance contracts. The services listed below are not exclusive; other physician-ordered services may be available:

1. Physical therapy services, occupational therapy services, and speech pathology services as prescribed by a physician, administered by or under the direct supervision of a qualified therapist;
2. Pharmaceutical services and supplies as prescribed by the resident's attending physician (this is also subject to the New York State gross receipts assessment);
3. Taxi, ambulance and ambulette services, including the cost of having a staff member accompany the Resident on a medical visit outside of the Center if not otherwise covered by Medicaid or Medicare;
4. Private physician services and medical consultant;
5. Podiatry and optometry services;
6. Contact lenses, eyeglasses, hearing aides, orthopedic braces, prosthetics and any other physician ordered medical device;
7. Specially ordered personal care, nursing or communication devices not considered routine;
8. Specialty equipment including but not limited to walkers, wheelchairs specialty recliners, specialty beds and mattresses which are not customarily stocked when these are prescribed for the regular and sole use of the specific Resident;
9. Laboratory, radiological and EKG services or professional fees for same.

C. **ITEMS AND SERVICES NOT COVERED IN THE BASIC RATE, MEDICAID RATE, MEDICARE RATE OR BY INSURANCE**

Certain items and services, such as those listed below, may not be covered under the Basic Rate, nor are they paid for by Medicaid or Medicare or insurance carriers. Such items are made available, but must be paid for or charged against the Resident's account when the cost is incurred.

1. Beauty & Barber Shop.
2. Personal telephone.
3. Private television.
4. Cable television reception.
5. Newspapers and other personal reading matter.
6. Personal dry cleaning.
7. Transportation for personal use, including the cost of having a staff member accompany the Resident on a personal trip outside of the Center.
8. Personal comfort items including but not limited to smoking materials, notions and novelties and confections.
9. Flowers and plants.
10. Social events and entertainment offered off premises and outside the scope of the activities program as required under applicable Department of Health Regulations.
11. Specially prepared catered or alternate food ordered or requested and outside the scope of the dietary department's regular meal and food service.

The Undersigned agree to assist the Resident to the best of their ability in obtaining necessary personal items, clothing and effects which are not otherwise provided under the Basic Rate, or Medicaid or Medicare. Individual purchase amounts are usually deducted from the Resident Fund Account. In the event the Resident is unable to authorize expenditures, the Undersigned agree to cooperate in authorizing such expenditures, as needed.

D. **RESIDENT PERSONAL ACCOUNTS**

An initial deposit of \$50 shall be made upon admission to the Resident's Personal Account in the Business Office to cover incidental expenses. Additional deposits to the account shall be made as needed. The Center is required to hold amounts over \$50.00 in an interest bearing bank account. Account records and quarterly statements will be available upon request.

Refunds for the balance in the personal account, less any funds owed to the Center,

will be made to the Resident, or the Resident's estate on the Resident's behalf, not sooner than thirty (30) days after discharge.

In the event of the Resident's death, refunds will be made not sooner than thirty (30) days after the probate jurisdiction administering the Resident's estate appoints an estate representative to formally request the refund; except that, in the case of a Medicaid recipient, such refunds cannot be made until at least six (6) months pass from the date of the Resident's death to enable the Department of Social Services to file any claims.

If the Department of Social Services claims funds from a deceased Resident's personal account as partial refund of Medicaid funds owed, the Center is required by law to deliver these funds to the Department of Social Services.

The Resident, and the Undersigned on the Resident's behalf, consents to the Center's withdrawal of amounts owed to the Center from the personal account prior to returning the balance to the person administering the Resident's estate or to the Department of Social Services.

IV. THE SPONSOR'S AND THE RESPONSIBLE PARTY'S PERSONAL AND INDEPENDENT OBLIGATIONS TO THE CENTER

A. TO MEET PAYMENT OBLIGATIONS

In consideration of the fact that neither the Sponsor nor the Responsible Party can provide skilled nursing care to the Resident and that they wish to facilitate the Resident's admission to the Center, the Undersigned personally guarantee continuity of payment to the Center for the cost of the Resident's care. However, *unless the Undersigned are otherwise obligated by law to pay for the Resident's care (as the Resident's spouse may be) they are not required to pay for the Resident's care from their own personal funds.*

The Undersigned do each personally guarantee to use the Resident's own funds and assets for payment of the Basic Rate (including any applicable Assessment) to the Center (where Medicare Part A coverage is not available) until the month in which the Resident's Medicaid eligibility covers such charges.

B. MEDICAID OBLIGATIONS

As the obligations under this Agreement include the duty to arrange for timely and continued Medicaid coverage, if such coverage becomes necessary to satisfy the Resident's payment obligations under this Agreement, the Undersigned each agree to be personally and independently responsible for the following:

1. To Make Timely Medicaid Application and Provide Information

The Undersigned each personally agree to monitor the Resident's resources to assure uninterrupted payment to the Center by making timely and complete application to Medicaid and Medicaid recertification (and/or other payors) by:

- (a) providing full and complete disclosure in the Admissions Application of

all of the Resident's assets, all monthly income, and all gifts made from the Residents assets or the Resident's spouse's assets within sixty (60) months prior to admission;

- (b) by notifying the Center as to the anticipated time when the Resident will have spent his/her resources down to the Medicaid resource level;
- (c) by timely filing the Resident's Medicaid application to ensure uninterrupted payments to the Center and by notifying the Center of the filing date; and,
- (d) by providing complete information and documentation to the appropriate County Department of Social Services within the time frame required for such application.

2. To Pay Over Monthly Income of Medicaid Covered Residents

Once the Resident's Medicaid application is pending, and the Resident's assets are depleted, or are not currently available, the Undersigned each personally agree to guarantee payment to the Center of the Resident's monthly income as partial payment for the Basic Rate owed.

Once Medicaid eligibility is established, the Undersigned shall either: (i) personally guarantee to see to the payment of the monthly Resident NAMI to the Center as directed by the Department of Social Services, or (ii) agree to arrange to have such income deposited directly with the Center.. If the Resident NAMI amount is disputed, the Undersigned agree to place the disputed amount in escrow, as described above.

3. To Provide For and Obtain Annual Medicaid Recertification

If the Resident becomes Medicaid eligible, the Undersigned personally agree to ensure the Resident's timely annual Medicaid recertification by providing information regarding the Resident's assets to the Department of Social Services within the time frame of its request.

V. TRUTHFUL AND COMPLETE INFORMATION PROVIDED ON ADMISSTONS APPLICATION AND FOR MEDICAID

The Resident and the Undersigned each separately warrant that the financial information submitted to the Center in the Admissions Application and any other applicable document concerning the Resident's finances is true, correct, complete and accurate in all material respects and that there are no material omissions. Further, the Resident and the Undersigned each separately warrant that the financial information at the time of Medicaid application will be truthful, complete and submitted in a timely manner.

VI. FINANCIAL MATTERS

A. LATE CHARGES

The Center reserves the right to compute a late charge in the event of late payment

of any sums due from the Resident or the Undersigned under this Agreement. A fee computed at the rate of sixteen per cent (16%) per annum of said amount or the maximum amount allowed by law, whichever is less, may be assessed on all accounts overdue more than thirty (30) days.

B. COLLECTION COSTS, INTEREST, AND ATTORNEY FEES

In the case of nonpayment of any sum due under the terms of this Agreement, the Resident and Undersigned each agree to pay interest as set forth above on any sum due from them together with reasonable collection fees, including but not limited to attorney's fees and other costs incurred by the Center in enforcing the terms of this Agreement.

C. DAMAGES

If any of the Undersigned breach their personal obligations to the Center, and/or if the Resident's Medicaid eligibility is delayed or denied due to the Undersigned's failure to make timely or complete Medicaid application or recertification as set forth above, the Undersigned each personally and independently agree to pay the damages caused by their own such failure, including reasonable attorney fees and other costs incurred in enforcing terms of this Agreement against them.

D. OTHER CHARGES

When applicable, the Center may charge the following supplemental charges:

Returned Check fee –	\$30
Copying Charge --	\$0.75 per page

VII. RETENTION AND DISCHARGE

A. NOTICE TO CENTER OF NON-EMERGENCY TRANSFER OR DISCHARGE

If the Resident wishes to leave the Center for reasons within his/her control, the Resident, the Undersigned, or other appropriate family members agree to give the Center fifteen (15) days advance notice in writing, unless waived in writing by the Center. For privately paying Residents, if such notice is not received, the Resident agrees to pay the Basic Rate (including any applicable Assessment) for one (1) day beyond the discharge date.

B. INVOLUNTARY DISCHARGE

a. Discharge for Nonpayment

The Center may discharge a Resident for nonpayment. Nonpayment occurs when there is a failure to pay privately for the Resident's stay or to have it paid for. Nonpayment also occurs when the applicable Resident NAMI is not delivered to the Center. The Resident may be discharged where the fact that the charge is owed is not in dispute or funds are actually available or would be available to the Resident and the Resident and/or the Undersigned refuse to cooperate. Such discharge will comply with Federal rules as contained in 42 CFR 483.12 and New York rules pursuant to 10 N.Y.C.R.R. Section 415.3.

b. Other Reasons for Involuntary Discharge

The Center may transfer or discharge the Resident involuntarily: (i) because of care needs or behavioral difficulties, which cannot be reasonably accommodated; (ii) because the Resident's health has improved and he/she no longer needs the Center's services; or (iii) because the Resident's health needs can no longer be met in the Center.

Such discharge will comply with Federal rules as contained in 42 CFR 483.12 and New York rules pursuant to 10 N.Y.C.R.R. Section 415.3.

c. Notice of Discharge

The Center will give the Resident, the Undersigned and the Designated Representative (if different from the Undersigned) thirty (30) days notice prior to involuntary discharge of the Resident unless: (i) the health or safety of others in the Center is jeopardized; or (ii) the Resident's urgent medical needs necessitate a prior transfer or discharge. In the latter cases, appropriate notice will be given us soon as practicable.

C. ROOM TRANSFERS

After consultation with the Resident, the Undersigned, and/or the Designated Representative, the Center may make a room transfer within the facility. The Center will provide sufficient notice as set forth by regulatory requirements.

VIII. BED-HOLD POLICY

Provided that a Resident's account with the Center is current in all respects, in the event a Resident is admitted to a hospital, the Resident or the Undersigned may retain the Resident's right to the bed in accordance with the Bed-Hold policies set forth in Addendum I and made a part hereof..

Private pay residents hereby agree to pay the then current Basic Rate (including any applicable Assessment) for each day the bed is held.

IX. RESIDENT'S PERSONAL PROPERTY

The Center has appropriate policies and procedures to provide reasonable security for the Resident's personal property. Further, the Resident may request to have locked storage space in his/her room.

The Center can only ensure against the loss of valuable items (such as jewelry or money) if they are deposited with the management for safekeeping. The Resident will be given a receipt for items held by the Center. The Center will not be liable for the loss of such valuable items if the Resident refuses to keep valuables with the management for safekeeping.

It is the obligation of the Resident and the Undersigned to pack up and arrange for disposition of the Resident's property upon discharge. The Center may dispose of property left more than ten (10) days after discharge, and will assess a packing and/or disposal fee

of at least \$50.

X. AUTHORIZATIONS

A. FOR PHYSICIAN VISITS

The Resident, or the Undersigned if the Resident lacks capacity to consent, agrees:

1. That a physician and/or physician's extender may visit the Resident in the Center at least as often as required by New York regulations or as often as necessary to address the Resident's medical care needs; and
2. That the Center may arrange for another physician to see the Resident if or when the Resident's personal, alternate or staff physician is delinquent in visitation or is unable to see the Resident when medically necessary.

B. FOR RESIDENT PHOTOGRAPH

The Resident, or the Undersigned if the Resident lacks capacity, authorizes the taking of a facial photograph of the Resident for identification purposes. This photograph will become part of the Resident's confidential record and may be utilized by police, Protective Services and other agencies, which are part of the process for the protection of the Resident.

C. FOR MEDICARE PART D ENROLLMENT

If the Resident is or becomes a recipient of Medicaid, the Resident, or the Undersigned if the Resident lacks capacity, authorizes the Center to enroll or change the enrollment of the Resident in an appropriate Medicare Part D plan when, given the pharmaceutical regime of the Resident, such enrollment or change of enrollment is in the best interests of the Resident.

D. FOR OPENING MAIL

The Resident, or the Undersigned if the Resident lacks capacity, authorizes the Center's Business Office to open business mail addressed to the Resident, and to deliver such mail to the appropriate staff to be dealt with. Such mail may include, without limitation, items from: Social Security, Medicare, Medicaid, Department of Social Services, Veterans Administration, Physicians, and Hospitals.

E. FOR SOCIAL SECURITY REPRESENTATIVE PAYEE STATUS

In the event that the Resident submits a Medicaid application to the Department of Social Services, the Resident, or the Undersigned if the Resident lacks capacity, authorizes the Center to be designated by the Social Security Administration as a Representative Payee to receive the Resident's Social Security payments, which shall be applied to the Resident's obligations in accordance with this Agreement.

XI. ARRANGEMENTS IN EVENT OF DEATH

A. NOTIFICATION.

In the event of the Residents' death, the Center will immediately notify the Designated Representative or, if not reachable, the Responsible Party or other family members.

B. BURIAL ARRANGEMENTS.

The family is expected to provide promptly for Resident's burial. Unless a specific prior arrangement has been entered, all funeral expenses are to be paid from the estate of the Resident or by relatives legally responsible therefore or by funds made available by law.

The Resident and the Undersigned hereby authorize the Center to make funeral arrangements on their behalf if there is no family or next of kin, or no funeral arrangements have been made within 24 hours of death. The expenses for such arrangements shall be paid by the estate of the Resident or from funds made available by law for that purpose, without any further liability by the Center for the exercise of such authority.

C. RETURN OF RESIDENT'S PROPERTY.

All funds not applied to the cost of services provided shall be returned as provided for herein to the person or probate jurisdiction administering the Resident's estate, or according to a small estate affidavit, unless funds are properly claimed by the County to recoup Medicaid payments.

XII. OBLIGATION TO ABIDE BY FACILITY RULES AND REGULATIONS

The Resident and the Undersigned agree to abide by the Center's Rules and Regulations, and to respect the personal rights and private property of all residents and staff.

XIII. GENERAL PROVISIONS RELATING TO THIS AGREEMENT

A. WHO IS COVERED BY THE AGREEMENT

In addition to the parties signing this Agreement, the Agreement shall be binding on their heirs, executors, administrators, distributees, successors, and the assigns of said parties.

B. MODIFICATIONS TO BE IN WRITING

This Agreement may not be amended or modified except in writing, signed by Center and the Resident and/or the Undersigned, except with respect to increases in charges as set forth in this Agreement and modifications required by changes in the law. Modifications to this Agreement necessitated by changes in statutory or

regulatory requirements or their interpretations are deemed to become part of this Agreement.

C. WAIVER OF RIGHTS UNDER THIS AGREEMENT

The failure of any party to enforce any term of this Agreement or the waiver by any party of any breach of this Agreement will not prevent the subsequent enforcement of such term, and no party will be deemed to have waived the right to subsequent enforcement of this Agreement.

D. SEVERABILITY OF CERTAIN PROVISIONS

If any provision in this Agreement is determined to be illegal or unenforceable, then such provision will be deemed amended so as to render it legal and enforceable and to give effect to the intent of the provision; however, if any provision cannot be so amended, it shall be deemed deleted from this Agreement without affecting or impairing any other part of this Agreement.

E. ENTIRE AGREEMENT

This Agreement with all Addenda (which are hereby incorporated herein) constitutes the entire agreement between the parties with respect to the Resident's admission to the Center and is intended to be an integration of all prior and contemporaneous agreements, conditions or undertakings between the parties on this subject.

F. GOVERNING LAW/SUBMISSION TO JURISDICTION

This Agreement shall be governed by and construed in accordance with the laws of the State of New York.

Any action arising out of or related to this Agreement shall be brought in, and the parties agree to jurisdiction of, the Supreme Court located in Albany County, State of New York. If the matter is brought in Federal Court, the parties hereby agree to the laying of venue in the Northern District of New York.

G. COUNTERPARTS

This Agreement may be signed in any number of counterparts, each of which shall be considered an original for all purposes hereunder.

The remainder of this page is intentionally left blank. The signature page follows.

WE, THE UNDERSIGNED, HAVE READ, HAVE BEEN ADVISED OF, UNDERSTAND AND AGREE TO BE LEGALLY BOUND BY THE TERMS AND CONDITIONS SET FORTH HEREIN.

In addition, we have received copies of, have reviewed and understand the following

1. The Statement of Resident's Rights and Responsibilities
2. Physician's Name, Address and Telephone Number
3. New York State Department of Health "Hot Line" Telephone Number
4. New York State Office of the Aging Ombudsman Program Telephone Number
5. Information on Advanced Directives
6. Information about Medicaid and Medicare Eligibility

ACCEPTED:

DATE

SIGNATURE OR MARK OF RESIDENT

DATE

SIGNATURE OF RESPONSIBLE PARTY (e.g. SPOUSE)*

DATE

SIGNATURE OF SPONSOR*

DAUGHTERS OF SARAH NURSING CENTER, INC.

DATE

BY: _____
SIGNATURE FOR CENTER

**If Spouse is to serve as the Responsible Party, sign as both Sponsor and Responsible Party.*

ADDENDUM I

BED HOLD RESERVATION POLICY

BED HOLD FOR PRIVATE PAYING RESIDENTS, INCLUDING THOSE RECEIVING MEDICARE BENEFITS

Private paying residents and those non-Medicaid residents covered by Medicare and/or their sponsors and agents may hold a Resident's bed at the prevailing daily Basic Rate for as long as they wish, if it is expected that the Resident will return to the Center from the hospital or from a leave of absence and if the Resident's payment obligations under this Agreement are not in arrears. The Center requires prior written authorization for such bed reservation. During the Resident's absence from the Center, the daily Basic Rate remains payable under this Agreement until the reservation is canceled by the Resident or the Resident's agent.

Subject to the above conditions, the Resident or the Undersigned and/or a Responsible Party hereby authorizes a three (3) day bed reservation in the event of hospitalization, to be billed at the daily Basic Rate (including any applicable Assessment), with the understanding that during such three-day period, the reservation may be continued for as long as needed. If any such reservation is cancelled by 11:00 AM, the Resident will not be liable for charges for the day of cancellation.

BED HOLD FOR MEDICAID-COVERED RESIDENTS

The Medicaid Program will pay for a bed reservation under the following conditions:

Where the Center has a vacancy rate of no more than 5% or has no more than 15 vacant beds (whichever is less) and the Medicaid-covered Resident has resided in the Center for at least thirty days (30) days, the Center will reserve a bed for any Medicaid Resident who requires hospitalization that the treating physician estimates will last no longer than 15 days. At no time will Medicaid pay for a bed retention period that exceeds twenty (20) days.

If the Resident remains in a hospital for more than twenty (20) days, he/she will be officially discharged from the Center and his/her bed will be made available to someone else.

If the Medicaid-sponsored Resident leaves the Center overnight for other than hospitalization (a leave of absence), the Resident's bed will be reserved if, on the day of the Resident's departure, the Center has less than a 5% vacancy rate, and if the Resident has been in the Center at least thirty (30) days. The Resident's bed may be reserved for up to eighteen (18) days in any twelve (12) month period while the Resident is on a therapeutic or personal leave from the Center. The Resident and the Undersigned agree to pay promptly all amounts due to the Center during this period.

PRIVACY ACT STATEMENT . HEALTH CARE RECORDS

THIS FORM PROVIDES YOU THE ADVICE REQUIRED BY THE PRIVACY ACT OF 1974. THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU

1. AUTHORITY FOR COLLECTION OF INFORMATION, INCLUDING SOCIAL SECURITY NUMBER AND WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY.

Sections 1819(f), 1919(f), 1919(b)(3)(A), 1819(b)(3)(A), and 1864 of the Social Security Act.

Medicare and Medicaid participating long term care facilities are required to conduct comprehensive, accurate, standardized and reproducible assessments of each resident's functional capacity and health status. To implement this requirement, the facility must obtain information from every resident. This information also issued by the Federal Health Care Financing Administration (HCFA) to ensure that the facility meets quality standards and provides appropriate care to all residents. For this purpose, as of June 22, 1998, all such facilities are required to establish a database of resident assessment information, and to electronically transmit this information to the HCFA contractor in the State government, which in turn transmits the information to HCFA.

Because the law requires disclosure of this information to Federal and State sources as discussed above, a resident does not have the right to refuse consent to these disclosures.

These data are protected under the requirements of the Federal Privacy Act of 1974 and the MDS Long Term Care System of Records.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED.

The information will be used to track changes in health and functional status over time for purposes of evaluating and improving the quality of care provided by nursing homes that participate in Medicare or Medicaid. Submission of MDS information may also be necessary for the nursing homes to receive reimbursement for Medicare services.

3. ROUTINE USES

The primary use of this information is to aid in the administration of the survey and certification of Medicare/Medicaid long term care facilities and to improve the effectiveness and quality of care given in those facilities. This system will also support regulatory, reimbursement, policy, and research functions. This system will collect the minimum amount of personal data needed to accomplish its stated purpose.

The information collected will be entered into the Long Term Care Minimum Data Set (LTC MDS) system of records, System No. 09-70-15 16. Information from this system may be disclosed, under specific circumstances to: (1) a congressional office from the record of an individual in response to an inquiry from the congressional made at the request of that individual; (2) the Federal Bureau of Census; (3) the Federal Department of Justice; (4) an individual or organization for a research, evaluation or epidemiological project related to the prevention of disease of disability, or the restoration of health; (5) contractors working for HCFA to carry out Medicare/Medicaid functions, collating or analyzing data, or to detect fraud or abuse; (6) an agency of a State government for purposes of determining, evaluating and/or assessing overall or aggregate cost, effectiveness, and/or quality of health care services provided in the State; (7) another Federal agency to fulfill a requirement of a Federal statute that implements a health benefits program funded in whole or in part with Federal funds or to detect fraud or abuse; (8) Peer Review Organizations to perform Title XI or Title XVIII functions; (9) another entity that makes payment for or oversees administration of health care services for preventing fraud or abuse under specific conditions.

4. EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

The information contained in the Long Term Car Minimum Data Set is generally necessary for the facility to provide appropriate and effective care to each resident. If a resident fails to provide such information, for example on medical history, inappropriate and potentially harmful care may result. Moreover, payment for such services by third parties, including Medicare and Medicaid, may not be available unless the facility has sufficient information to identify the individual and support a claim for payment.

NOTE: Providers may request to have the Resident or his or her Representative sign a copy of this notice as a means to document that notice was provided. Signature is NOT required. If the Resident or his or her Representative agrees to sign the form it merely acknowledges that they have been advised of the foregoing information. Residents or their Representative must be supplied with a copy of the notice. This notice may be included in the admission packet for all new nursing home admissions.