

## **PROCEDURE FOR ADMISSION**

1. Completed Application Form
2. Physical Form completely filled out and signed by Certified Medical Doctor.
3. Financial information completed and signed by applicant, or responsible party of applicant.
4. Completed Advanced Directives Form
5. Personal interview with the Manager and Nurse.
6. Acceptance of Application.

NOTE: Acceptance of Application does not in any way obligate the Board to admit the applicant.

## **PROCESSING**

1. Review by the Manager and Nurse.
2. Notification to applicant of decision.

If applicant is recommended for Admission, he/she will be notified when and if there is a vacancy.

I, \_\_\_\_\_, acknowledge that I have read and understand the above Admissions Agreement and agree to abide by same on admission.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## **OPERATIONAL POLICIES/DISCLOSURE STATEMENT**

Mountbatten House is a non-smoking facility, operated as a Type "A" large, licensed assisted living home, owned by Mountbatten House, Inc., a non-profit charity.

Prospective residents must be:

1. Mobile and physically and mentally capable of evacuating the home unassisted in the event of an emergency.
2. Not require usual and routine attendance during nighttime sleeping hours.
3. Be capable of following directions for taking appropriate action of self-preservation under emergency conditions.

### **ADMISSIONS:**

Admission packages which include: Admission Agreement; Application Form; Hospital Admittance Form; Medical History and Physical Form; Financial Information Form and H.B. 1726; Rights of the Elderly, are obtained from the Manager.

Interested prospective residents and their families are initially invited to visit Mountbatten House informally. Once the completed Application, Financial Information and Medical History are completed and returned to the Manager, an interview is scheduled for the prospective resident with the Admissions Director. Application and Medical History will then be reviewed with the family and prospective resident.

Upon acceptance by the Admissions Director, the new resident is given a three (3) month trial residence at Mountbatten House. During this time, the resident and staff have an opportunity to gauge his/her suitability for communal living.

A deposit of \$500.00 is required at admission for a damage deposit, plus one (1) month's rent. If the new resident moves into the home during the last week of the month, a prorated daily rent for the remainder of the month, plus the next full monthly rent is due upon admission. The damage deposit will be refunded within thirty (30) days of vacating the home if there are no damages. If damage has occurred, deposit will be returned within ninety (90) days.

Mountbatten House Inc. (MBH), is subsidized by donations from the Daughters of the British Empire (DBE), an organization affiliated with Mountbatten House, Inc. which allows MBH to maintain operation of the home. Rents are reviewed annually by the Finance Committee and Board of Directors and adjustments made as necessary to the monthly rent, to help cover operating expenses. Residents, or their responsible parties are given thirty (30) days written notice of any increase in rent. Currently, the monthly rent is \$1700.00 for a single room and \$2400.00 for suite. Rent is due and payable on the 1<sup>st</sup> of each month. Rent paid after the 10<sup>th</sup> of the month is subject to a \$50.00 surcharge.

If the resident's mental and/or physical condition deteriorates to the point where he/she requires a higher level of care than can be provided at Mountbatten House, the resident's physician will be asked for an evaluation and the resident/family will be advised to seek alternative care.

Mountbatten House does not accept Medicare or Medicaid payments.

**Mountbatten House Inc.  
213 Maple St.  
Highlands, TX 77562**

I \_\_\_\_\_

Legal Guardian/Responsible Party for \_\_\_\_\_

(Resident) of Mountbatten House, hereby agree, that upon notice of an Emergency\* situation by the Manager and/or Board Members of Mountbatten House, Inc., to immediately make arrangements to evacuate the above named Resident of Mountbatten House.

I agree to be responsible for said Resident until advised by the Manager or Board of Mountbatten House that it is safe to return to Mountbatten House.

I further agree that I will keep the Management of Mountbatten House advised of any address or telephone number changes so that I may be reached at all times.

\* Such Emergency Situation as defined by the Manager/Board of Mountbatten House

Agreed and Accepted To

By \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Telephone numbers: \_\_\_\_\_

\_\_\_\_\_

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**MOUNTBATTEN HOUSE**

**213 Maple Street  
Highlands, Texas 77562  
(281) 843-2013**

A Residence for both Men and Women

**Admissions Agreement**

**Mountbatten House is a non-smoking facility.**

1. Applicant must be a legal resident of the United State of America and must be a resident or have a close relative/guardian who resides in one of the Southern District States.
2. A probationary period of three (3) months is allowed after admission to Mountbatten House to ensure that:
  - (a) applicant adjusts to new surroundings; and
  - (b) applicant has suitable rapport with other residents.
3. Residents are free to come and go. However, the Manager on duty must be advised of any planned absence from the Home. The Board is not liable for any expenses or liabilities incurred while a resident is away from the Home. Any resident leaving must sign out when leaving and sign in upon return.
4. Applicant must be able to show financial ability to pay the monthly fees stated at the time of application. Applicant agrees to accept any cost-of-living increases which may become necessary. The Board will review fees annually in October and any increase will take effect in February of the following year.
5. The Home is not responsible for medical care or expenses. Applicant must, therefore, show proof of sufficient medical insurance and pre-funeral arrangements.
6. The following services are included in the monthly fee:
  1. weekly activities;
  2. personal laundry service for clothing and bed linens once a week;
  3. cleaning of rooms, bathrooms and communal areas;
  4. three meals per day;

Breakfast	6:00 to 8:00 a.m. (hot)
	To 9:00 a.m. (cold)
Lunch	12 noon
Supper	5:00 p.m.

(Consideration will be given to special diets at no extra cost)

  5. TV and VCR in living room; wifi service in available areas
  6. management and dispensing of prescribed medication in accordance with doctor's instructions;
  7. reasonable assistance with grooming. Resident may have personal care given at their own expense for personal hygiene care.
7. Applicants may have their own television in their rooms. No televisions should be mounted on walls.

8. Applicants will not be allowed to do any cooking in their rooms.
9. Should the applicant desire a private telephone, it will be his/her responsibility to pay the monthly charge and installation fee. The Home accepts no responsibility for any individual telephone service.
10. Wifi is provided free of charge where available. However, if our service is not compatible, applicant may purchase their own.
11. Applicant must pay a security deposit upon admission. The Administrative Agreement may be terminated by either party at any time upon a thirty (30) day written notice. In these circumstances, the security deposit will be refundable within thirty (30) days of vacating the room, less the cost of any necessary refurbishing. Residents will be charged rental for the room if any of their personal effects or furnishings are left behind.  
A late charge of \$50 will be charged for rent paid after the tenth (10<sup>th</sup>) of the month.
12. All outside doors will be locked at 9:00 p.m. Admission after that time will be permitted by the night staff on duty.
13. Applicant, at the time of admission, must be in good health, free from communicable disease, ambulatory, able to bathe unassisted and have sight sufficient to take care of personal needs, such as dressing and eating. After 9:00 a.m., all residents must be fully dressed in public areas. Robes may be worn at breakfast. Applicant must be mentally lucid, emotionally adjusted, well oriented as to surroundings, of good character and reputation, and must be able to adjust to group living in this Home. A signed statement from a medical doctor, certifying the above must be presented prior to admission. If a resident's state of health, either mental or physical, changes, or there is persistent incontinence, his/her condition will be reviewed. In cases of mental or physical deterioration beyond what a Type "A" assisted living facility can service, it will be the responsibility of the resident's family to provide alternative accommodation within a specified timeframe.
14. The Home accepts no liability for resident's personal property. Residents are responsible for all expenses incurred in moving personal possessions into or out of the Home.
15. The Board reserves the right to change a resident's room assignment or seating in the dining room to ensure the smooth running of the Home.

**MOUNTBATTEN HOUSE  
APPLICATION**

**I, the undersigned, respectfully apply for admission as a resident to Mountbatten House at a monthly rate of \$ \_\_\_\_\_**

Name in Full	
Sex ( Male or Female )	
Date of Birth	
Social Security Number	
Place of Birth ( Town & State & Country )	
Present Address	
Telephone Number	

**Resident Information**

Resident in the State of		Resident for how long	
Married	( ) Yes ( ) No	Single	( ) Yes ( ) No
Widowed	( ) Yes ( ) No	Divorced	( ) Yes ( ) No
Full name of spouse		If widowed, date of death of spouse	
If divorced, date and place			

**Citizenship**

Are you a U.S. Citizen	( ) Yes ( ) No
If you are not a U.S. Citizen by birth, give date and place of first entry into the U.S. and Resident Alien Number ( If Applicable):	
If you have become a Naturalized U.S. Citizen, give Naturalization Number:	

**Family Information**

Father's full name and place of birth: (include Town, State and or Country)
Mother's maiden name and place of birth: (include Town, State and or Country)

**Emergency Notification**

Primary Contact	
Address	
City/State/Zip Code	
Phone number	
Alternate Contact	
Address	
City/State/Zip Code	
Phone number	
Next of Kin	
Address	
City/State/Zip Code	
Phone number	

**Affiliation**

Church or Society affiliation, if any:
Occupation during most of working life:

**Personal References**

Name, Address and Telephone No:
Name, Address and Telephone No:

Signature: \_\_\_\_\_

Date:

**MOUNTBATTEN HOUSE  
HOSPITAL ADMITTANCE FORM**

**Patient Information**

Patient name	
Address	
City/State/Zip Code	
Phone number	
Date of Birth	
Any specific details relative to Patient:	
Physician name	
Address	
City/State/Zip Code	
Phone number	
Person responsible for payment	
Address	
City/State/Zip Code	
Phone number	
Insurance Carrier	
Address	
City/State/Zip Code	
Policy Number	
Social Security Number	
Medicare Number	

**Emergency Notification**

Primary Contact	
Address	
City/State/Zip Code	
Phone number	
Alternate Contact	
Address	
City/State/Zip Code	
Phone number	

**Current Medications**


**MOUNTBATTEN HOUSE**

## MEDICAL HISTORY AND PHYSICAL

Patient Information					
Patient Name					
Physician Information					
Examining Physician					
Address					
City/State/Zip Code					
Phone number					
FAX number					
Pertinent Medical History – Please check anything which applies					
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kidney Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CVA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tuberculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surgeries					
Sensitivities					
Disabilities					
Mental Illness					
Physical Examination					
Chief Complaint					
Height		Respiration			
Weight		Pulse			
Temperature		Blood Pressure			
Ambulation					
Mental Condition					
EENT					
Chest					
Abdomen					
Genitourinary					
Extremities					
Diagnosis					
Prognosis					
Required TB Test Results					
Current Medications					

**Patient's suitability for residence in Type "A" Personal Care Home:**

Signature of Examining Physician: \_\_\_\_\_

Date: \_\_\_\_\_



**MOUNTBATTEN HOUSE  
FINANCIAL INFORMATION**

**Please fill out the following information. While this information will not solely determine acceptance into Mountbatten House, it will be helpful in determining acceptance capabilities of paying for the cost of care.**

Name in Full  
Sex ( Male or Female )  
Date of Birth  
Social Security Number  
Place of Birth ( Town & State & Country )  
Present Address  
Telephone Number


**Monthly Income**

Social Security	\$
Other	\$
Total	\$


**Monthly Expenses**

Medication costs	\$
Supplemental Health Insurance	\$
Total	\$


**List person (s) capable of guaranteeing cost of care if your assets were depleted**

Name  
Address  
City/State/Zip Code  
Phone number  
Relationship


Name  
Address  
City/State/Zip Code  
Phone number  
Relationship


**If the bills should be sent to someone other than resident, please identify below**

Name  
Address  
City/State/Zip Code  
Phone number  
Relationship


**Affidavit of Applicant**

I hereby certify that the answers to the foregoing questions are true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **RESIDENT'S HOME RULES**

1. Bullying, intimidation, and verbal abuse of one resident by another will not be tolerated and if such anti social behavior persists, the responsible resident will be asked to find alternative accommodation.
2. No weapons are allowed on the premises.
3. No resident shall enter another resident's room without the express invitation of the other resident.
4. All residents will be appropriately dressed, as determined by the Manager and Board of Directors, at all times in communal areas.
5. Residents are required to cooperate with the staff with regard to their personal hygiene, relinquishing their clothing and linens for laundering when requested and to maintain their rooms free from clutter, as required by the Fire Marshal as this can present a fire hazard. The Home is inspected by the Fire Marshal on a yearly basis.
6. Pull cords are only to be used in an emergency.
7. Members of staff are present to take care of the needs of all residents, not to cater to excessive demands from any individual resident.
8. Please sign out when leaving the premises, and sign in on your return. We value our residents and need to be able to account for them at all times.
9. Before hospital discharge, the Manager must be notified and given sufficient time to schedule an assessment at the hospital/rehabilitation center to ensure the resident still meets the requirements set for residents of a Type "A" facility. A copy of Discharge Papers should also be given to the Manager before the resident will be re-admitted to Mountbatten House. Residents are under our care for 24 hours per day and we need to be aware of their physical condition at all times, and also know of any changes in medication.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family/Guardian Signature

\_\_\_\_\_  
Date

## **NOTIFICATION OF STAFF POLICY REQUIREMENTS**

1. Each resident will be treated with dignity and respect by staff.  
Staff should always remember that each of us may become slow of movement, hard of hearing, slurred of speech and slightly forgetful as we age and deserve to be treated with dignity and respect.
2. Respect the privacy of each resident.  
Staff has been informed not to remove anything from any resident's room, including forbidden food, even if requested by a family member, without the resident's permission. This is the prerogative of their family.
3. Staff shall not accept any gift from a resident unless it is approved by the Manager.
4. Staff will keep each resident's room and bathroom clean and hygienic, also the communal areas, remember, cleanliness is next to Godliness and Board Members will periodically carry out white glove inspections.
5. Staff will be courteous to resident's family members.
6. Staff will spend time with the residents – they love to talk and hear about your own families.
7. Staff on duty over the weekend or evening, when a resident returns from a hospital stay, will ensure they receive a copy of the Discharge Papers before the resident is re-admitted to the Home.
8. Finally, Staff will remember to be pleasant and respectful to each other. They are part of a team.

Other rights of both the residents and the facility are covered by Rights of the Elderly H.B. 1726 and Provider's Bill of Rights.

## RIGHTS OF THE ELDERLY

A resident has all the rights, benefits, responsibilities and privileges granted by the constitution and laws of this state and the United States, except where lawfully restricted. The resident has the right to be free of interference, coercion, discrimination and reprisal in exercising these civil rights.

In addition, each resident in the personal care facility has the right to:

- (a) be free from physical and chemical restraints that are administered for the purpose of discipline or convenience and not required to treat the resident's medical symptoms. A provider may use physical or chemical restraints only if the use is authorized in writing by a physician and the use is necessary in an emergency to protect the resident or others from injury. A physician's written authorization for the use of restraints must specify the circumstances under which the restraints may be used and the duration for which the restraints may be used. Except in an emergency, restraints may only be administered by qualified medical personnel;
- (b) participate in activities of social, religious, or community groups unless the participation interferes with the rights of others;
- (c) practice the religion of the resident's choice;
- (d) if mentally retarded, with a court-appointed guardian of the person, participate in a behavior modification program involving use of restraints, consistent with subparagraph (a) above, or adverse stimuli only with the informed consent of the guardian;
- (e) be treated with respect, consideration and recognition of his or her dignity and individuality, without regard to race, religion, national origin, sex, age, disability, marital status, or source of payment. This means that the resident:
  - (i) has the right to make his/her own choices regarding personal affairs, care, benefits and services;
  - (ii) has the right to be free from abuse, neglect and exploitation; and
  - (iii) if protective measures are required, has the right to designate a guardian or representative to ensure the right to quality stewardship of his/her affairs;
- (f) a safe and decent living environment;
- (g) not be prohibited from communicating in his or her native language with other residents or employees for the purpose of acquiring or providing any type of treatment, care or services;
- (h) complain about the resident's care or treatment. The complaint may be made anonymously or communicated by a person designated by the resident. The provider must promptly respond to resolve the complaint. The provider must not discriminate or take other punitive action against a resident who makes a complaint;
- (i) receive and send unopened mail, and the provider must ensure that the resident's mail is sent and delivered promptly;
- (j) unrestricted communication, including personal visitation with any person of the resident's choice, including family members and representatives of advocacy groups and community service organizations, at any reasonable hour;
- (k) make contacts with the community and to achieve the highest level of independence, autonomy and interaction with the community of which the resident is capable;

- (l) manage his or her financial affairs. The resident may authorize in writing another person to manage his/her money. The resident may choose the manner in which his/her money is managed, including a money management program, a representative payee program, a financial power of attorney, a trust, or a similar method and the resident may choose the least restrictive of these methods. The resident must be given, upon request of the resident or the resident's representative, but at least quarterly, an accounting of financial transactions made on his or her behalf by the facility should the facility accept his or her written delegation of this responsibility to the facility in conformance with state law;
- (m) access the resident's records, which are confidential and may not be released without the resident's consent, except:
  - (i) to another provider, if the resident transfers residence; or
  - (ii) if the release is required by another law;
- (n) choose and retain a personal physician and to be fully informed in advance about treatment or care that may affect the resident's well-being;
- (o) participate in developing his/her individual service plan that describes the resident's medical, nursing and psychological needs and how the needs will be met;
- (p) be given the opportunity to refuse medical treatment or services and the resident:
  - (i) is advised by the person providing services of the possible consequences of refusing treatment or services; and
  - (ii) acknowledges that he/she understands the consequences of refusing treatment or services;
- (q) unaccompanied access to a telephone at a reasonable hour or in case of an emergency or personal crisis;
- (r) privacy, while attending to personal needs and a private place for receiving visitors or associating with other residents, unless providing privacy would infringe on the rights of other residents. This right applies to medical treatment, written communications, telephone conversations, meeting with family and access to resident councils. If a resident is married and the spouse is receiving similar services, the couple may share a room;
- (s) retain and use personal possessions, including clothing and furnishings, as space permits. The number of personal possessions may be limited for the health and safety of other residents;
- (t) determine his or her dress, hair style, or other personal effects according to individual preference, except the resident has the responsibility to maintain personal hygiene;
- (u) retain and use personal property in his or her immediate living quarters and to have an individual locked area (cabinet, closet, drawer, footlocker, etc.) in which to keep personal property;
- (v) refuse to perform services for the facility, except as contracted for by the resident and operator;
- (w) be informed by the provider no later than the 30<sup>th</sup> day after admission:
  - (i) whether the resident is entitled to benefits under Medicare or Medicaid; and
  - (ii) which items and services are covered by these benefits, including items or services for which the resident may not be charged;

- (x) not be transferred or discharged unless;
  - (i) the transfer is for the resident's welfare and the resident's needs cannot be met by the facility;
  - (ii) the resident's health is improved sufficiently so that services are no longer needed;
  - (iii) the resident's health and safety or the health and safety of another resident would be endangered if the transfer or discharge was not made;
  - (iv) the provider ceases to operate or to participate in the program that reimburses for the resident's treatment or care; or
  - (v) the resident fails, after reasonable and appropriate notice, to pay for services;
- (y) not be transferred or discharged, except in an emergency, until the 30<sup>th</sup> day after the date the facility provides written notice to the resident, the resident's legal representative, or a member of the resident's family, stating:
  - (i) that the facility intends to transfer or discharge the resident;
  - (ii) the reason for the transfer or discharge;
  - (iii) the effective date of the transfer or discharge;
  - (iv) if the resident is to be transferred, the location to which the resident will be transferred; and
  - (v) any appeal rights available to the resident;
- (z) leave the facility temporarily or permanently, subject to contractual or financial obligations;
- (aa) have access to the service of a representative of the State Long Term Care Ombudsman Program, Texas Department on Aging; and
- (bb) execute an Advance Directive, under the Natural Death Act (Chapter 672, Health and Safety Code) or Chapter 135, Civil Practice and Remedies Code, or designate a guardian in advance of need to make decisions regarding the resident's healthcare should the resident become incapacitated.

**RIGHTS OF THE ELDERLY**

**HUMAN RESOURCES CODE**

I have seen and received a copy of the Human Resources Code, Chapter 102 (H.B. 1726, Acts of the 68<sup>th</sup> Legislature, Regular Session, 1983).

I have also seen and received a copy of the Providers Bill of Rights.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

## **PROVIDERS BILL OF RIGHTS**

A provider of personal care services has the right to:

- (a) be shown consideration and respect that recognizes the dignity and individuality of the provider and the personal care facility;
- (b) terminate a resident's contract for just cause after a 30-day notice;
- (c) terminate a contract immediately, after notice to the department, if the provider finds that a resident creates a serious or immediate threat to the health, safety, or welfare of other residents of the personal care facility. During evening hours and on weekends or holidays, notice to DHS must be made to 1-800-458-9858;
- (d) present grievances, file complaints, or provide information to state agencies or other persons without threat of reprisal or retaliation;
- (e) refuse to perform services for the resident or the resident's family other than those contracted for by the resident and the provider;
- (f) contract with the community to achieve the highest level of independence, autonomy, interaction and services to residents;
- (g) access patient information concerning a client referred to the facility, which must remain confidential as provided by law;
- (h) refuse a person referred to the facility if the referral is inappropriate;
- (i) maintain an environment free of weapons and illegal drugs; and
- (i) be made aware of a resident's problems, including self abuse, violent behavior, alcoholism, or drug abuse.