Welcome to Prairie Place CBRF!

Prairie Place CBRF is licensed by the State of Wisconsin as a 20-bed Community Based Residential Facility (CBRF). It is our desire to provide the highest quality of service in a comfortable and safe environment. If at any time you have questions or concerns please do not hesitate to notify our staff.

February 1, 2013
## Index

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization for Care and Services</td>
<td>3</td>
</tr>
<tr>
<td>Availability of Wisconsin Regulations / Investigation Reports</td>
<td>3</td>
</tr>
<tr>
<td>Apartment/Bed Hold</td>
<td>3</td>
</tr>
<tr>
<td>Disposal of Personal Property</td>
<td>3</td>
</tr>
<tr>
<td>Electrical Appliances</td>
<td>3</td>
</tr>
<tr>
<td>Food</td>
<td>4</td>
</tr>
<tr>
<td>Grievance Procedure</td>
<td>4</td>
</tr>
<tr>
<td>Guests</td>
<td>4</td>
</tr>
<tr>
<td>Involuntary Removal</td>
<td>5</td>
</tr>
<tr>
<td>Life Sustaining Measures</td>
<td>5</td>
</tr>
<tr>
<td>Mail Delivery and Pickup</td>
<td>5</td>
</tr>
<tr>
<td>Medication Administration / Staffing</td>
<td>5</td>
</tr>
<tr>
<td>Notice of Rate Changes</td>
<td>6</td>
</tr>
<tr>
<td>Outside Provider</td>
<td>6</td>
</tr>
<tr>
<td>Payment for Services</td>
<td>6</td>
</tr>
<tr>
<td>Personal Belongings</td>
<td>6</td>
</tr>
<tr>
<td>Pets</td>
<td>7</td>
</tr>
<tr>
<td>Photographs</td>
<td>7</td>
</tr>
<tr>
<td>Pre-admission Documentation and Examinations</td>
<td>7</td>
</tr>
<tr>
<td>Private Property Belonging to Residents</td>
<td>7</td>
</tr>
<tr>
<td>Refunds</td>
<td>7</td>
</tr>
<tr>
<td>Resident Day</td>
<td>7</td>
</tr>
<tr>
<td>Resident Funds and Property</td>
<td>8</td>
</tr>
<tr>
<td>Restraints</td>
<td>8</td>
</tr>
<tr>
<td>Right of Entry</td>
<td>8</td>
</tr>
<tr>
<td>Room/Apartment Changes</td>
<td>8</td>
</tr>
<tr>
<td>Smoking</td>
<td>8</td>
</tr>
<tr>
<td>Source of Payment</td>
<td>9</td>
</tr>
<tr>
<td>Termination of Admission Agreement</td>
<td>9</td>
</tr>
<tr>
<td>Monthly Charges for Room, Board, Support and Services</td>
<td>10</td>
</tr>
<tr>
<td>Covered Services included in Base Rate</td>
<td>10</td>
</tr>
<tr>
<td>Non-Covered Services</td>
<td>11</td>
</tr>
<tr>
<td>Pharmacy Services</td>
<td>12</td>
</tr>
</tbody>
</table>
POLICIES and PROCEDURES

The resident and/or resident’s responsible party agree to abide by Prairie Place Policies and Procedures as outlined in this Admission Agreement. Prairie Place agrees to abide by the Policies and Procedures set forth in this Agreement. Occasionally it becomes necessary to revise facility policies. In the event this occurs, Prairie Place will notify the resident and/or responsible party if the change directly affects the resident.

Authorization for Care and Services

The resident consents to the administration of care and treatment services that are determined by Prairie Place administration, resident’s physician and resident/responsible party to be appropriate to resident’s well-being, health and safety.

Prairie Place agrees to fully inform the resident in advance about care and treatment, of changes in care and treatment, and to involve resident in planning his/her care and treatment program when appropriate.

Availability of Wisconsin Regulations / Investigation Reports

Upon request, the resident / responsible party may review Chapter DHS 83 (Wisconsin Administrative Code regulating Community Based Residential Facilities.) DHS Renewal and Monitoring Visit reports and any DHS Complaint Investigation results are also available.

Apartment/Bed Hold (See Refund Policy)

A resident who will be temporarily absent from the facility due to hospitalization or therapeutic leave may arrange for resident’s bed to be held (bed hold). Prairie Place will determine from the resident or responsible party whether or not the resident intends to return to the facility. If the desire is to return to the facility, Prairie Place will hold a bed for as long as the resident desires to pay for holding the bed. The bed hold rate will be $50.00 per day starting with the 15th day after the resident leaves the facility. The rate per day for the first 14 days will be calculated as follows: (Example: Monthly rate equals $2,200.00. $2,200.00 multiplied by 12 months divided by 365 days = $72.33 per day.)

Disposal of Personal Property

Any personal belongings left at Prairie Place after a resident’s discharge should be picked up as soon as possible. Personal property will become the property of Prairie Place to do with as it so desires, if property is left in the facility in excess of 15 days without permission from the facility administration.

Electrical Appliances

The resident agrees to obtain prior approval from Prairie Place before bringing any electrical
appliances on the premises in order to ensure the safety of all residents in the facility. Electric heating pads and extension cords are not allowed in the CBRF. Prairie Place reserves the right to inspect all electrical appliances and cords to ensure safety.

**Food**

Resident, resident’s family or responsible parties are encouraged to check with staff before bringing any snacks or other food into the resident’s room/apartment. This is to ensure proper storage and consideration of resident diet restrictions.

**Grievance Procedure**

If the resident, responsible party or family member has a grievance, Prairie Place will attempt to find a reasonable solution. If the grievance persists, a meeting may be called including Prairie Place administration, any appropriate staff, the resident, responsible party and/or family members to attempt to resolve the grievance. If the grievance is not resolved, Prairie Place 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 Fond du Lac 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 advocate agencies are as follows:

State Ombudsman
Board on Aging and Long Term Care
1402 Pankratz Street, Suite 111
Madison, WI 53704
Telephone: 1-800-815-0015

State Ombudsman
Board on Aging and Long Term Care
1402 Pankratz Street, Suite 111
Madison, WI 53704
Telephone: 1-800-815-0015

Bureau of Assisted Living
Division of Quality Assurance
1325 S. Broadway St.
DePere, WI 54115
Telephone: 1-920-983-3200

Disability Rights Wisconsin, Inc.
131 W. Wilson Street, Suite 700
Madison, WI 53703

**Guests**

A resident may invite a guest/s to a meal as long as the facility receives a 24 hour notice. Payment for guest meals is the responsibility of the resident and must be paid at the time meal is consumed. Guests may not request special meals.
**Involuntary Removal**

Prairie Place may terminate this Agreement and discharge a resident for any of the following reasons:

A. Non-payment of charges in excess of 45 days.
B. If resident requires care other than that which Prairie Place is licensed to provide.
C. For medical reasons as ordered by a physician.
D. In case of a medical emergency or disaster.
E. For resident’s welfare or the welfare of other residents.
F. If resident needs are not being met by current service plan and resident refuses to negotiate a new agreement.
G. The resident fails to maintain their room/apartment in a clean and sanitary condition thereby threatening the health and safety of other residents.
H. As otherwise permitted by law.

Resident and/or responsible party will be given at least a 30 day notice of removal except in a medical emergency or unless continued presence of resident endangers the health, safety or welfare of the resident or other residents. Prairie Place will give resident and/or responsible party an explanation of the need for or alternatives to the transfer, and will provide referral options if requested.

**Life Sustaining Measures**

It is the policy of Prairie Place to allow each resident to make his/her own health care decisions. No health care will be given to residents over their objection, and necessary health care will not be stopped or withheld.

In all instances Prairie Place staff will provide comfort measures to the terminally ill resident. Cardiopulmonary Resuscitation (CPR) will not be performed by Prairie Place staff. County emergency medical personnel will be called in emergency situations.

**Mail Delivery and Pickup**

The facility will handle all incoming and outgoing mail on behalf of all residents during normal business hours on days that the post office is open for business. There is a mailbox for outgoing mail in the main entryway of the building. Stamps may be purchased at the Prairie Place RCAC business office.

**Medication Administration / Staffing**

It is the policy of Prairie Place that all medications will be administered according to established guidelines for medication administration and according to the facility’s outlined procedures.
The Registered Nurse delegates the administration of medications to unlicensed caregiver staff who have received Medication Administration training through a State of Wisconsin approved course and instructor.

A Registered Nurse or Licensed Practical Nurse are on call at all times and resident assistants are trained and on duty 24 hours per day 7 days per week.

The majority of residents at Prairie Place utilize a common pharmacy service that provides medication sheets, daily delivery, pharmacist consultation, and convenient bubble packing. The resident has the right to utilize another pharmacy of their choice if that pharmacy is able to provide services consistent with DHS 83/89 and Prairie Place medication administration policy.

**Notice of Rate Changes**

Prairie Place will provide at least a 30 day advance written notice to resident and/or their responsible party if base rates or support and service rates change. If resident and/or their responsible party does not terminate this Agreement within 7 days of receipt of the notice, failure to terminate shall result in the continuation of this Admission Agreement in full force and effect at the rate set forth in the written notice.

A 30 day notice will not be given when the service level is changed due to increasing or decreasing care needs of the resident. Any rate adjustments that result because of this change will be effective when a new service is added, or unnecessary services are discontinued.

**Outside Providers**

It is the policy of Prairie Place to comply with all regulations in DHS 83 with regard to outside providers. DHS 83 regulates the services provided in the facility and requires that outside providers comply with all facility standards, policies, and procedures. All arrangements including type, amount, and timing of services arranged with outside providers need to be documented. It is the responsibility of the resident to have proper documentation completed before outside providers begin services.

All outside providers are required to show documentation of appropriate licensure and all applicable certificates including but not limited to certificates of training in Universal Precautions, Dietary and Meal Planning, Fire Safety, First Aid and Client related Training or CNA. If the outside provider will be assisting with medications, then the state approved medication course is required. Outside providers are also required to have a health screening including a TB skin test and a physical exam conducted by an RN or a physician. The State of Wisconsin requires Caregiver Background Checks, Background Information Disclosure, and WI Criminal History Check.

The provider must have a signed non-disclosure agreement. In addition outside providers must comply with all related facility policies. Prairie Place reserves the right to approve any outside providers.

**Payment for Services**

The resident and/or responsible party has an obligation to ensure that Prairie Place is paid in a timely manner for services rendered. Therefore, it is necessary that the monthly invoice be paid within 10 days of receipt of invoice.
**Personal Belongings**

The resident has the right to retain and use personal clothing and possessions. The resident will provide furnishings for the room/apartment. (Exception: CBRF residents may use a facility bed, chair and dresser if desired.) The resident may bring personal appliances and special equipment, provided they meet safety standards. Prairie Place reserves the right to inspect all electrical appliances to ensure safety.

The resident agrees that if the presence of any of his or her personal possessions violates local, state or federal laws, rules or regulations, Prairie Place has the right to require resident to remove them from the facility.

**Pets**

Pets are not allowed to reside in the facility. This policy is in deference to those with allergies to animals and also to those who dislike or are afraid of animals. Guests staying overnight may not have their pets stay in the facility. Pets may be allowed to visit for short periods during the day at the discretion of Prairie Place administration.

**Photographs**

The resident authorizes Prairie Place to take the resident’s photograph upon admission if Prairie Place so desires. Prairie Place will only use the photograph for the purpose of assisting staff in resident identification. In cases of unauthorized absence from the facility, Prairie Place may give this photograph to proper authorities for purposes of identification.

Unless the resident specifies otherwise, photographs of the resident may appear in the facility’s photo album, on the bulletin board, or in the newspaper as the result of an activity or presentation at Prairie Place. The resident may at times be asked for permission to use their photograph for advertising purposes.

**Pre-admission Documentation and Examinations**

Prairie Place requires that a comprehensive assessment be performed prior to admission. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted for clinically apparent communicable disease, including tuberculosis, and document the results of the screening.

**Private Property Belonging to Residents**

The resident is responsible for all personal property within their room. Prairie Place will not be responsible for replacing missing property unless it can be shown beyond doubt that Prairie Place staff were responsible for the loss. Large amounts of cash or items of great value should not be kept on the premises. The resident is responsible to store all their personal property within their room/apartment. No additional storage space is available.
**Refunds** (See Apartment/Bedhold Policy)

Upon the death of a resident, the regular agreed upon rate will cease at midnight of the day of death. Effective with the next day a fee of $50.00 per day will be charged until the room/apartment has been vacated of all personal belongings.

Upon permanent discharge to a home or another care facility, there will be no credits issued for the first 14 days after the last day of occupancy. If the room/apartment has not been vacated of all personal belongings after 14 days, there will be a $50.00 per day charge until room/apartment is vacated.

Any refunds due on prepaid accounts will be refunded to the appropriate party within 30 days.

**Resident Day**

For purposes of the daily rate, the resident day is midnight to midnight.

**Resident Funds and Property**

The resident has a right to manage his/her own personal funds. The resident may delegate, in writing, Prairie Place as manager of those funds, up to a total of $200.00. If the resident delegates Prairie Place as manager, the resident will maintain the right to access those funds during normal day business hours.

The resident’s funds will be co-mingled with the funds of other residents, but not with those belonging to Prairie Place. Prairie Place will legibly and accurately account for resident funds. The accounting will include a record of all disbursements and deposits made on behalf of the resident. Disbursements in excess of $20.00 will be accompanied by documentation of the disbursement. Prairie Place will provide the resident or responsible party a record of the resident's account on a semi-annual basis or upon request.

Within 30 days after permanent discharge of resident, Prairie Place will refund any remaining funds in the account and will provide a final written record of the account.

**Restraints**

The resident has the right to be free from physical restraints or psychoactive drugs administered for the purpose of discipline or convenience, and not required to treat the residents’ medical symptoms. Bed side rails are considered physical restraints.

**Right of Entry**

Prairie Place reserves the right to enter the resident’s room/apartment. This may be necessary for a variety of reasons to insure the safety and well-being of the resident. Whenever possible Prairie Place will request permission from the resident and/or give advance notice of the need to enter the resident’s room/apartment.

**Room/Apartment Changes**
A resident may request a room/apartment change. If the room/apartment requested is unavailable the resident’s name will be put on a waiting list for that room/apartment.

A resident may be requested on rare occasions to change rooms/apartments due to medical needs or other circumstances. The resident’s preference will always be given consideration in these instances. Prairie Place will notify the resident and attempt to notify the responsible party of a potential room change at least 24 hours in advance of such proposed room change and to allow for their input into the prospective change. The resident’s emotional adjustment will be given consideration with all room changes as well as their medical needs. Exceptions may be necessary if the responsible party cannot be reached in advance of the room change or in cases of emergency.

**Smoking**

Smoking is not permitted in Prairie Place due to the varying needs of the residents. Smoking is permitted only outside of the facility.

**Source of Payment**

The expected source of payment is to be from the private funds of the resident. Third party payments will be accepted. The same services shall be available to the resident at the same rate whether paid for privately or by a third party. Payment may be by cash, check, money order, bank draft or direct payment from resident’s bank.

Residents are encouraged to have sufficient funds available to be able to cover the charges if care needs increase.

If the resident's funds become exhausted, the resident may not be eligible for funding from public sources. The resident is responsible for locating any additional funding.

**Termination of Admission Agreement**

This Agreement may be terminated by the resident or responsible party. A 15 day notice for termination is required. Failure to provide a 15 day notice may result in 15 days of daily rate charges from the date of discharge.
## Monthly Charges for Room, Board, Support and Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Price</th>
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<tbody>
<tr>
<td><strong>Base Rate</strong></td>
<td>$2350.00 per month</td>
</tr>
<tr>
<td>Includes Medication Management &amp; three meals daily, Housekeeping &amp; Laundry</td>
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<tr>
<td><strong>Ambulation Assistance - One Person</strong></td>
<td>$200.00 per month</td>
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<tr>
<td><strong>Ambulation Assistance - Two Person</strong></td>
<td>$400.00 per month</td>
</tr>
<tr>
<td><strong>Anti-Embolism Stockings / Wraps</strong></td>
<td>$100.00 per month</td>
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<tr>
<td><strong>Bathing Assistance</strong></td>
<td>$200.00 per month</td>
</tr>
<tr>
<td><strong>Bathing – Extra Baths</strong></td>
<td>$100.00 per bath</td>
</tr>
<tr>
<td><strong>Blood Pressure Checks – MD Ordered (Daily)</strong></td>
<td>$100.00 per month</td>
</tr>
<tr>
<td><strong>Blood Pressure Checks – MD Ordered (Daily)</strong></td>
<td>$50.00 per month</td>
</tr>
<tr>
<td><strong>Catheter Care</strong></td>
<td>$200.00 per month</td>
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<tr>
<td><strong>Challenging Issues</strong></td>
<td>$400.00 per month</td>
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<tr>
<td><strong>Client Supervision</strong></td>
<td>$200.00 per month</td>
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<tr>
<td><strong>Colostomy Care</strong></td>
<td>$200.00 per month</td>
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<tr>
<td><strong>Diabetic Care</strong></td>
<td>$400.00 per month</td>
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<tr>
<td><strong>Dressing Assistance</strong></td>
<td>$200.00 per month</td>
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<tr>
<td><strong>Eating Assistance</strong></td>
<td>$200.00 per month</td>
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<tr>
<td><strong>Grooming Assistance</strong></td>
<td>$200.00 per month</td>
</tr>
<tr>
<td><strong>Incontinence Care / Toileting Assistance</strong></td>
<td>$200.00 per month</td>
</tr>
<tr>
<td><strong>Meals Served in Room</strong></td>
<td>$200.00 per month</td>
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<tr>
<td><strong>Oxygen Maintenance and Monitoring</strong></td>
<td>$200.00 per month</td>
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<tr>
<td><strong>Respite Care</strong></td>
<td>$135.00 per day</td>
</tr>
<tr>
<td><strong>R.O.M. / Exercise</strong></td>
<td>$200.00 per month</td>
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<tr>
<td><strong>Special Diet</strong></td>
<td>$200.00 per month</td>
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<tr>
<td><strong>Transfer Assistance - One Person</strong></td>
<td>$200.00 per month</td>
</tr>
<tr>
<td><strong>Transfer Assistance - Lift: sit-to-stand / full body</strong></td>
<td>$400.00 per month</td>
</tr>
<tr>
<td><strong>Treatments</strong></td>
<td>$200.00 per month</td>
</tr>
<tr>
<td><strong>Other special needs not listed above</strong></td>
<td>$200.00 per month per need</td>
</tr>
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*Covered Services included in Base Rate*
1. Three meals served per day seven days per week. Snacks will also be available.
2. Laundry/Housekeeping services and supply.
3. Linen and bedding if desired.
4. Bed, dresser and chair in room if desired.
5. Activity programming.
6. Medication management.
7. Nurse and pharmacy consulting services.
8. Assistance with referrals.
9. Maintaining resident fund accounts.
10. Satellite television hookup in each room / Satellite television in common area.
11. Use of facility phone if personal phone is not available. (Resident will need to reimburse facility for actual charges related to long-distance phone calls.)

* Prairie Place reserves the right to add or subtract from this list of covered services.

**Non-Covered Services**

**Therapies**
Speech, Occupational and Physical Therapies are the resident’s responsibility.

**Transportation**
Payment for transportation to and from resident initiated outings or appointments are the responsibility of the resident. Prairie Place staff will assist in making arrangements for transportation services. Prairie Place will provide transportation for group or individual activities or outings sponsored by Prairie Place.

**Medical Equipment**
Payment for medical equipment such as wheelchairs, walkers, etc. are the responsibility of the resident.

**Incontinent Supplies**
The daily use of incontinent supplies such as incontinent pads, undergarments, etc. is not provided as a paid service of Prairie Place.

**Medications/Nutritional Supplements**
Payment for over-the-counter medications, prescription medications and physician ordered nutritional supplements are the responsibility of the resident.

**Beautician and Barber Services**
Beautician and barber services are available at several locations throughout the community. Service are also available in the facility on a weekly basis.

**Private Telephone**
Private telephone hookup is available at the resident's request. Installation and monthly service charges are the resident's responsibility.

* Prairie Place reserves the right to add or subtract from this list of covered services.
Pharmacy Services

Why using Ripon Drug is the most appropriate choice for residents of Prairie Place.

In Wisconsin, Community Based Residential Facilities are licensed by the state and required to follow certain regulations. There are a number of regulations in the area of medication administration:

**DHS 83.37 Medications.**

1. **GENERAL REQUIREMENTS.**
   a. **Practitioner’s order.** There shall be a written practitioner’s order in the resident’s record for any prescription medication, over-the-counter medication or dietary supplements administered to a resident.
   b. **Medications.** Prescription medications shall come from a licensed pharmacy or a physician and shall have a label permanently attached to the outside of the container. Over-the-counter medications maintained in the manufacturer’s container shall be labeled with the resident’s name. Over-the-counter medications not maintained in the manufacturer’s container shall be labeled by a pharmacist.
   c. **Packaging.** The CBRF shall develop and implement a policy that identifies the medication packaging system used by the CBRF. Any pharmacy selected by the resident whose medications are administered by CBRF employees shall meet the medication packaging system chosen by the CBRF. This does not apply to residents who self administer medications.
   d. **Documentation.** As required in s. DHS 83.42 (1) (m), when a resident is taking prescription or over-the-counter medications or dietary supplements, the resident’s record shall include a current list of the type and dosage of medications or supplements, directions for use, and any change in the resident’s condition.

When a medication from a retail pharmacy is brought to the CBRF, the staff will not be able to transfer that medication to a convenient delivery system since it must remain in its original container. Medications come in a wide variety of bottle sizes and quantities. We have a potential of 20 residents, each one on different medications. The chance of error increases as the ease of delivery decreases.

Ripon Drug provides its medications in convenient and highly organized packages. This allows unlicensed staff to provide medications without being directly supervised by an RN or Pharmacist. This is very important in a facility that offers assisted living in a residential setting such as a CBRF.

Utilizing Ripon Drug allows the CBRF to maintain an organized method of ordering and delivering medications.

The health condition of residents residing in assisted living facilities changes from time to time, resulting in changes in doctor orders. If medication change orders are faxed to Ripon Drug by mid afternoon seven days per week, they will be received at the CBRF by that evening. Also, Ripon Drug provides after hours emergency service.

Ripon Drug provides medication sheets for each resident, listing the medications and the times to be given. These sheets are used by the staff when administering medications. The medication administration record provides documentation by each staff member delivering medication of the date and time the medication was given. This provides a method of accountability and organization.

Retail pharmacies often do not provide the pharmacy consulting services. Ripon Drug provides this service to ensure our compliance with all regulations.