

# PICKERING MANOR HOME

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## POLICY AND PROCEDURES

Revised June 7, 2017

### ADMISSION POLICIES

Pickering Manor was established to serve and support the elderly residents and does not discriminate against applicants for admission on the basis of source of payment, religious affiliation, race, national origin, and sexual preference or otherwise

It is our mission to enhance our residents' quality of life by assuring independence and dignity through a variety of residential, personal care, health and other quality services. To do so, however, Pickering Manor can accept and retain only those residents for whom we can provide adequate and appropriate care.

The following criteria, although not all inclusive, are considered in accepting residents for admission and retaining them after admission:

1. Pickering Manor accepts applications from men, women or married couples regardless of age, race, color, creed, national origin, sexual preference, disability, or sponsor.
2. The following will not be admitted to Pickering Manor: a) persons who exhibit a behavioral or emotional disorder indicating that they may be a danger to themselves or others; b) persons who exhibit an alcohol or drug addiction, or have demonstrated a history of domestic violence or sexual offense; c) persons who are known or suspected carriers of a communicable disease unless cleared by the Medical Director and/or Infection Control Committee; d) persons who require services beyond those which Pickering Manor is licensed or has the functional ability to provide.
3. All applicants must submit both a completed admission application and supporting documentations to initiate the admission process. Applications will not be considered complete unless a full disclosure of the applicant's (and the applicant's spouse's) financial resources,

any trusts established, and any gifts or other asset transfers made within five (5) years of application is supplied.

4. Pickering Manor is a Medicare/ Medicaid Certified facility. Pickering Manor accepts assignment for Medicare Part A and B services. We bill Medicare for Part A and Part B services. If a resident does not have traditional Medicare part A and B, Blue Cross HMO/Managed Care, or Aetna HMO/Managed Care coverage as primary payor source, the Resident/Responsible Party will be billed for any denied or non-covered services. Payments for these charges are due by the 10th of the month for which the bill was sent. It is the sole responsibility of the Resident/Responsible Party to obtain reimbursement from any other sources.
5. Pickering Manor will admit only those persons having a proven source of payment, including those who have been approved for Medicaid.
6. Pickering Manor reserves the right to limit the admission of persons whose needs are too great to be managed by the staffing ratio at the time of admission unless agreed prior to admission that one-on-one care will be provided by family and their resources.
7. Pickering Manor reserves the right to give preference for admission to former residents discharged to the hospital or community, as well as other residents of the Pickering Manor Community.
8. Pickering Manor reserves the right to admit applicants for placement in the environment best suited for the resident as evaluated by the Admissions Committee. Admissions may not necessarily occur in chronological order by date of application.
9. Pickering Manor strives to serve as a model of high quality of life, presented in an environment which promotes human dignity. In an effort to maintain an optimal quality of life for our residents, and to preserve their dignity, Pickering Manor strives to be restraint-free. A family wanting a resident restrained to prevent falling will need to seek placement for their loved one in another nursing facility.
10. Routine Cancer Screening Tests, such as Chest X-Rays, Mammograms, Colonoscopy, Pap Smears, Prostate and Stool exams, are done only at the discretion of the Attending Physician.

My signature below indicates that I have read and understand the above.

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

(Please return this form to the Admissions Office with the Application)



## FINANCIAL DOCUMENTATION NEEDED

1. \_\_\_ Copies of most recent bank statements
2. \_\_\_ Copies of most recent portfolio statements
3. \_\_\_ Copy of Medicare card (must have part A & B)
4. \_\_\_ Copy of Secondary Health Insurance Card/Prescription card
5. \_\_\_ Copy of Social Security Card
6. \_\_\_ Copy of Long Term Care Insurance Policy (if applicable)



# Admission Application

Please complete this form and mail, fax or email to contact info below.

	<b>OFFICE USE ONLY</b>
	Date Received ___/___/___
	Date of Admission / /

Name of Applicant \_\_\_\_\_ - -

(Last) (First) (Middle) Social Security #

Name of Co-Applicant \_\_\_\_\_ - -

(Last) (First) (Middle) Social Security #

Address \_\_\_\_\_

Applicant Date of Birth \_\_\_/\_\_\_/\_\_\_ Phone \_\_\_\_\_

Co-Applicant Date of Birth \_\_\_/\_\_\_/\_\_\_ Email \_\_\_\_\_

Marital Status     Married    Single    Widow    Divorced    Separated

Religion \_\_\_\_\_    Are you a Veteran?     Yes     No

Power of Attorney(s) Name _____			
Phone Number _____		Email _____	
Do you have a Living Will? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have end of life arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, who should we contact? _____			
_____			
Medical and Financial Power of Attorney			
_____			
_____			
List of Living Relatives (children, brothers, sisters, other)			
Name	Address	Relationship	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pickering Manor 226 N. Lincoln Ave Newtown, PA 18940  
(P) 215-968-3878 (F) 267.364.6274  
info@pickeringmanor.org

PRIMARY INSURANCE: Check One  Medicare  Other  
If Other, Name \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ Subscriber \_\_\_\_\_

SECONDARY INSURANCE: Check One  Medicare  Other  
  
List Hobbies, Activities and Social Interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State any serious illness you have had within the last five years  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of Physician who last attended you and the dates?  
  
Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

Have you been a resident in any other facility?  YES  NO  
  
Name of Facility: \_\_\_\_\_ Date of Admission: \_\_\_/\_\_\_/\_\_\_

Did Medicare cover your stay?  YES  NO  
  
Reason for Leaving \_\_\_\_\_

With whom are you now living and under what arrangement?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long can this continue?  
\_\_\_\_\_

What are your reasons for desiring admission to Pickering Manor Home?  
\_\_\_\_\_  
\_\_\_\_\_

# Financial Fact Sheet

## 1. Source of MONTHLY Income:

Social Security \$ \_\_\_\_\_  
Pension (Describe) \$ \_\_\_\_\_  
Annuity \$ \_\_\_\_\_  
Interest \$ \_\_\_\_\_  
Dividends \$ \_\_\_\_\_  
Rental Income \$ \_\_\_\_\_  
Other (Describe) \_\_\_\_\_ \$ \_\_\_\_\_  
Value of Home? \_\_\_\_\_

## 2. Residence:

Do you rent?  YES  NO

Do you own your home?  YES  NO

If you own your home what is the balance due on the mortgage? \$ \_\_\_\_\_

Do you have a reverse Mortgage? \_\_\_\_\_

Whose name(s) are on the deed? \_\_\_\_\_

What is their relationship to you? \_\_\_\_\_

Liabilities:  Credit Cards  Loans  Other Describe: \_\_\_\_\_

## 3. Capital Assets:

Other Real Estate (Net Value)

Cash Accounts:	Amount	Joint Owned with:	Relationship
Checking	\$ _____	_____	_____
Savings \$ _____		_____	_____
Certificates \$ _____		_____	_____
*Bonds (face Value) \$ _____		_____	_____
*Stocks (Last Statement) \$ _____		_____	_____
Trust Fund \$ _____		_____	_____
Other (Describe)		_____	_____

Will the above stated resources be available for payment for the care of this applicant?

YES  NO

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I hereby attest that the information on the foregoing Financial Fact Sheet is true and correct to the best of my knowledge, and understand that any false statements therein shall void my acceptability as a resident at Pickering Manor Home. I further understand and agree that all items listed as income and Capital Assets (other than the Sale Value of the home) must be verified by written documentation immediately prior to my admission to Pickering Manor Home.

Finally, based upon the assurance of confidentiality hereby grant permission to the management of Pickering Manor Home to investigate and verify all information provided on this financial fact sheet, and for the applicable financial institutions to release said information to Pickering Manor Home and the applicable financial institution from any and all liability resulting from said investigations.

Type of Residency Requested at Pickering Manor Home:

- |   |  |
|---|--|
| <input type="checkbox"/> 1 Bedroom Cottage                | <input type="checkbox"/> 1 Bedroom Apartment   |
| <input type="checkbox"/> 2 Bedroom Cottage                | <input type="checkbox"/> 2 Bedroom Apartment   |
| <input type="checkbox"/> Skilled Nursing (Long term care) | Please check which floor <input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor            |
|   | <input type="checkbox"/> Personal Care <input type="checkbox"/> Small Unit <input type="checkbox"/> Large Unit |

Applicant(s) (please print)

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Responsible Party/POA (please print)

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

How did you hear about us?

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Website           | <input type="checkbox"/> Physician Referral | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Telephone Book    | <input type="checkbox"/> Community Event    | <input type="checkbox"/> Friend    |
| <input type="checkbox"/> Hospital Referral | <input type="checkbox"/> Other: _____       |                                    |