

PICKERING MANOR HOME

POLICY AND PROCEDURES

Revised November 7, 2024

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.
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.

	OFFICE USE ONLY
	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: _____ | |