



Loomis Lakeside at Reeds Landing

# **ASSISTED LIVING RESIDENCE AGREEMENT**

for

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Loomis Senior Living, Inc.  
d/b/a  
Loomis Lakeside at Reeds Landing  
807 Wilbraham Road  
Springfield, MA 01109  
(413) 782-1800

[www.LoomisCommunities.org](http://www.LoomisCommunities.org)



Loomis Lakeside at Reeds Landing  
**SUMMARY SHEET**  
ASSISTED LIVING RESIDENCE AGREEMENT

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Resident's Name: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

Actual Occupancy Date: \_\_\_\_\_

Loomis Lakeside at Reeds Landing Address: \_\_\_\_\_Reeds Landing  
Springfield, MA 01109

|                          | MONTHLY SERVICE FEE |
|--------------------------|---------------------|
| 1 <sup>st</sup> Resident | \$                  |
| 2 <sup>nd</sup> Resident | \$                  |
| TOTAL                    | \$                  |



Loomis Lakeside at Reeds Landing  
**SECTION DIRECTORY**  
**ASSISTED LIVING RESIDENCE AGREEMENT**

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Loomis Lakeside at Reeds Landing  
**ASSISTED LIVING RESIDENCE AGREEMENT**

This Agreement is made this day of \_\_\_\_\_, by and between Loomis Senior Living, Inc., hereinafter referred to as Loomis Lakeside at Reeds Landing, and \_\_\_\_\_, hereinafter referred to individually or jointly as Resident.

This Agreement will be in effect from Actual Occupancy Date until **December 31**, \_\_\_\_\_, which is the end of the fiscal year of Loomis Lakeside at Reeds Landing. It is renewable for a period of one year at any time by execution of an extension and amendment to this Agreement signed by both parties.

If two persons sign this Agreement, the accommodations and services will be for both of them, and the sums stated under Financial Provisions cover both of them. Each will be individually responsible for payments due hereunder. Each must meet the admission requirements for residency at Loomis Lakeside at Reeds Landing.

Loomis Senior Living, Inc. is a not-for-profit 501(c)(3) Massachusetts corporation established exclusively for charitable purposes. It provides equal access and treatment without regard to race, color, sex, religion, sexual orientation, disability, familial status or national origin.. Loomis Lakeside at Reeds Landing will make reasonable accommodations including unit adaptations to address Resident disability.

**I. GENERAL PROVISIONS**

**A. Admission Requirements:**

The following requirements for residency at Loomis Lakeside at Reeds Landing must be met satisfactorily:

1. Resident must be at least 62 years of age on Actual Occupancy Date (as defined in Section I.C.).
2. Resident must provide a completed Application For Residence and a Physician's Statement, on forms provided by Loomis Lakeside at Reeds Landing, which establishes that Resident's health meets the Personal Performance Criteria set forth in the Disclosure of Rights and Services.
3. At least seven (7) days prior to the Actual Occupancy Date, Resident must submit an updated Physician's Statement if original statement is more than three months old and must meet personally with the Loomis

Lakeside at Reeds Landing Health Care Coordinator to review current health status.

If at this time, Resident's health does not meet the Assisted Living Personal Performance Criteria, this Agreement shall automatically terminate and Loomis Lakeside at Reeds Landing will assist in making alternate arrangements at an appropriate level of care.

4. Resident's Financial Disclosure Statement must demonstrate the ability to pay all fees contemplated herein for the duration of this Agreement. A third-party financial guaranty may be requested if Resident's ability to meet financial obligations is uncertain.

- B. **Occupancy Date:** Actual Occupancy Date means the date on which Resident is entitled to all services described herein and on which Resident is responsible for all fees. Prior to Actual Occupancy Date, Resident must meet all admissions requirements, including updated health and financial information.

## II. **ACCOMMODATIONS AND SERVICES**

Subject to the terms and conditions of this Agreement, Resident will have a non-transferable right to reside in the assisted living unit selected. Accommodations and services are as follows:

- A. **Furnishings Provided By Loomis Lakeside at Reeds Landing:** Carpeting and tile, mini blinds, cable TV and phone outlets, emergency/safety response system, a refrigerator/sink unit, stovetop, and cabinets.
- B. **Furnishings Not Provided by Loomis Lakeside at Reeds Landing:** Resident must provide all additional furnishings not provided by Loomis Lakeside at Reeds Landing.
- C. **Utilities Provided by Loomis Lakeside at Reeds Landing:** Electricity, heat, air conditioning, hot water, water and sewer use fees.
- D. **Utilities Not Provided by Loomis Lakeside at Reeds Landing:** Phone and cable TV services, internet connections.
- E. **Changes to Units:**
  1. Resident must receive written approval to make any desired changes to the structure, decorations, equipment, or furnishings owned or supplied



by Loomis Lakeside at Reeds Landing. Changes must be made by installers or workers approved by Loomis Lakeside at Reeds Landing, and the cost of any changes is Resident's responsibility. No reimbursements for alterations will be made. Resident will be responsible for restoring the unit to its original condition upon termination of the Agreement, unless otherwise agreed to in writing.

2. Resident may not alter any common areas or furnishings in these areas, as they are the sole responsibility of Loomis Lakeside at Reeds Landing.

F. **Repair and Replacement:** Loomis Lakeside at Reeds Landing is responsible for ordinary replacement and repair of its furnishings and equipment, as deemed necessary by Administration. Residents who wish to repaint, recarpet or replace flooring in their apartment during occupancy may do so at their own cost, upon approval by the Administration.

G. **Common Areas:** Loomis Lakeside at Reeds Landing reserves the right to change any/all common areas including the right to reconfigure, renovate, add to or reduce the size and purpose of all common areas. Resident may not alter any common areas or furnishings, as they are the sole responsibility of Loomis Lakeside at Reeds Landing. Subject to the Rules and Regulations of Loomis Lakeside at Reeds Landing, common areas include lounges, porches, laundry rooms, storage facilities, library, lobby, dining rooms, private dining room, auditorium, café, hair salon, gift shop, fitness center, stairways, hallways, conference room, and mailroom, as well as all exterior grounds: garden plots, walking paths, and woodshop.

H. **Access to Nursing Care:** All Loomis Lakeside at Reeds Landing Residents have priority access to skilled nursing care at the Loomis Lakeside at Reeds Landing Health Center.

I. **Health Services:** Loomis Lakeside at Reeds Landing has a qualified Director of Health Care Services who will coordinate health care services for the Resident. Loomis Lakeside at Reeds Landing has as a Medical Director a physician licensed to practice medicine in the Commonwealth who is responsible for clinical oversight for those aspects of the health program that Loomis Lakeside at Reeds Landing contracts to provide.

J. **General Services Provided to Residents:**

1. 24-hour emergency response.

2. Maintenance and repair of all buildings, equipment, and appliances owned by Loomis Lakeside at Reeds Landing.
3. Grounds keeping, including lawn and garden care, leaf and snow removal.
4. Periodic exterior window washing.
5. Carpet cleaning as deemed necessary by Administration.
6. Scheduled activity program.
7. Tray service during a short term illness as ordered by the Assisted Living Program Director.
8. Weekly housekeeping, including vacuuming, dusting, bathroom cleaning, kitchenette cleaning, changing of bed linen, and laundering of bed linens and towels.
9. On-site staff 24 hours/day.
10. Van transportation to scheduled medical appointments. Planned transportation to designated local shopping areas, banks, and activities planned by Loomis Lakeside at Reeds Landing Activities.
11. Surface parking for one resident car per unit.
12. Three meals daily.
13. Personal care assistance up to one hour per 24 hour period, including: assistance with bathing, dressing, grooming and other activities of daily living; and self-administered medication assistance.
14. Other services as described in Resident Handbook, distributed to each Resident on Actual Occupancy Date.

**K. Additional Services for Additional Fees:**

1. Personal laundry services.
2. Escort/companion services to doctor's appointment.
3. Extra bed linen changing; extra linens or towels.

4. Therapeutic diets available as ordered by a physician.
5. Other additional services listed in Fees for Additional Services.

#### **L. Limitations of Services**

1. Staff does not perform any procedure which is specifically prohibited in the laws, regulations, codes and professional practice acts of the Commonwealth of Massachusetts.
2. Individuals with a known current history of violent behavior towards self or others are not considered appropriate for admission.
3. The use of physical and chemical restraint will not occur.
4. Activity of Daily Living requiring a two-person assistance are not provided.
5. Assistance with feeding is not provided.
6. Residents who knowingly and willfully are noncompliant with their service plan when such noncompliance is not the result of economic constraints may be discharged.
7. Residents who knowingly and willfully are noncompliant with their service plan when such noncompliance threatens the health or safety of personnel, or other residents or jeopardizes staff to the allegation of negligence or malpractice, may be discharged.
8. Controlled substances must be prescribed according to state regulations and be stored appropriately for the home environment.
9. Protocols for any service not previously provided to residents will only be implemented after review by the Administrator and after adequate staff training for the provision of the specific service.

### **III. FINANCIAL PROVISIONS**

#### **A. Monthly Service Fees:**

The initial monthly service fees will be in accordance with the rates in effect on the Actual Occupancy Date.

1. The monthly service fee is billed on the first of each month and due in full by the 10th of that month. If payment is late, a late charge of one percent per month will also be assessed. The monthly fee includes the services for the current month, any applicable credits, prior month additional fees, and any other amounts due Loomis Lakeside at Reeds Landing. These fees appear on a detailed monthly statement.
  2. Monthly service fees may be adjusted annually by an amendment to this agreement executed by the parties. Notice of such an adjustment will be given 30 days in advance. If the amendment is not executed, it shall be deemed that this agreement is terminated as of the end of the calendar year.
  3. A Resident of an assisted living unit who moves temporarily to the Health Center will continue to pay the monthly service fee, less meal credits, and the daily fee on the Nursing Center room.
  4. The monthly service fee shall be payable until such time as this Agreement is terminated, and Resident vacates the unit as provided in Section VI.
  5. If one of two Residents sharing a unit dies or leaves Loomis Lakeside at Reeds Landing, the monthly service fee shall change from a two-person to a one-person fee.
  6. It is recommended that each Resident maintain insurance coverage for personal possessions. Loomis Lakeside at Reeds Landing is not responsible for loss or damage to any personal possessions.
- B. **Non-Payment:** Non-payment of fees is an event of default for which Loomis Lakeside at Reeds Landing may terminate the Agreement. Resident agrees to pay all legal costs incurred by Loomis Lakeside at Reeds Landing to recover monies owed under this Agreement for non-payment.
- C. **Transfer of Assets:** Resident agrees not to transfer or dispose of assets or income sources for less than full value at any time during residency if doing so would impair the ability to pay current or future fees.
- D. **Addition of Second Person:** It is acceptable for a resident to add a second person to the unit, through marriage or otherwise, provided that the second person meets all admission requirements, executes a Residence Agreement, and pays all second person fees.

- E. **Subsidy Programs:** There are no subsidy programs offered at Loomis Lakeside at Reeds Landing.
- F. **Refundability of Fees, Deposits and/or other charges:** There are no refundable ENTRANCE fees or deposits.

A refund of any service fees billed in advance will be made promptly upon termination of this agreement in accordance with Sections VI, Cancellations and Terminations.

Meal Credits will be provided to residents who are away from the facility for five or more consecutive days upon their written request.

#### IV. HEALTH CARE PROVISIONS

- A. **Health Insurance:** Medicare and Other Required Insurance - The Resident will be required to enroll in the Medicare program, Parts A and B, any future program that may be offered by Medicare, and one supplemental health insurance program covering hospital and other related costs reasonably acceptable to Loomis Lakeside at Reeds Landing to assure the Resident's ability to cover costs of medical treatment, medicine, drugs, therapy and the like. A Resident who is not qualified for Medicare coverage is required to maintain comprehensive health coverage which is satisfactory to Loomis Lakeside at Reeds Landing. The Resident agrees to provide evidence of such insurance upon admission.
- B. **Insurance Claims:** The Resident hereby authorizes Loomis Lakeside at Reeds Landing or a nursing home to make all claims for insurance benefits for Covered Services and agrees to execute all documents necessary to enable Loomis Lakeside at Reeds Landing or a nursing home to enforce such claims. Any benefits received by the Resident from Medicare or the supplemental health insurance required herein, with respect to Covered Services, will be paid by the Resident to Loomis Lakeside at Reeds Landing or a nursing home as payment for the costs incurred by Loomis Lakeside at Reeds Landing providing Covered Services to the Resident.
- C. **Access to Care:** Loomis Lakeside at Reeds Landing Residents have priority access to the Loomis Lakeside at Reeds Landing Health Center.
- D. **Emergency Response:** Each unit is equipped with an emergency response system which is monitored 24 hours/day.

- E. **Transfer to Hospital:** Loomis Lakeside at Reeds Landing will assist Residents in need of transfer to an acute care hospital. All costs for such care, beyond Medicare and insurance coverage, including transportation in either direction, will be the responsibility of Resident.
- F. **Provision of Home Care:** Any Resident receiving home care may have that care provided by a licensed health care provider of his or her choosing at Resident's sole expense, or by an approved provider who meets applicable regulatory requirements. All outside providers of home care must meet the standards and requirements established by Loomis Lakeside at Reeds Landing.
- G. **Provision of Personal Care:** Personal care assistance is provided to each Resident as described in Section II. If Loomis Lakeside at Reeds Landing determines that personal space, personal health, or nutritional needs are not being met by Resident, in accordance with the Personal Performance Criteria set forth in the Disclosure of Rights and Services, Resident agrees to accept and pay for such additional services as Loomis Lakeside at Reeds Landing determines are needed. Residents may contract with any licensed health care provider for necessary health care services in their unit, or in any other space in the residence as may be made available to residents for such purposes to the same extent available to persons residing in private homes.
- H. **Description of Role of Nurse:**  
The Director of Health Care Services and the Assisted Living Program Director are normally scheduled Monday – Friday 8 a.m. – 4 p.m. Licensed nurses perform the following services.
- Holds clinics for consultative health concerns
  - Monitors resident blood pressures and weights monthly
  - Performs initial screening and assessment of residents' health care needs and reviews assessments at least every six months
  - Develops and prepares resident service plans based on the results of assessments
  - Provides wellness education programs
  - Conducts introductory visits
  - Hires, trains, directs and evaluates resident assistants
  - Provides minor first aid to residents
  - Assesses significant changes in the health care needs of residents and refers residents to outside services as appropriate and agreed upon by the resident and/or the resident's family
  - Provides education and instruction on the use of medications to residents and staff

- May act as a liaison between the resident and other health care providers including staff within the facility and external agencies
- Tracks infection rates within the facility
- Oversees the maintenance of resident health and wellness records to assure all records are up to date and include all required documentation in accordance with established policies and procedures
- Participates in the development and implementation of the quality assurance program and gathers data to evaluate the provision of services, the overall outcome of services and planning, and resident satisfaction

- I. **Staffing Levels:** Loomis Lakeside at Reeds Landing schedules the following number of nursing and personal care workers for its assisted living units:

Based on a census of 40: three Personal Care workers (7 a.m. to 3 p.m.); two personal care workers (3 p.m. to 11 p.m.); two personal care workers (11 p.m. to 7 a.m.). One licensed nurse (8 a.m. to 4 p.m., Monday through Friday. Hours may vary).

- J. **Release of Medical Information:** Resident consents to the release of medical information to Loomis Lakeside at Reeds Landing by any physician, hospital, or other health care provider. Resident also agrees to the release of medical information by Loomis Lakeside at Reeds Landing to the providers listed above. Loomis Lakeside at Reeds Landing complies with HIPAA Regulations regarding the privacy of Protected Health Information (PHI) of Residents.
- K. **Additional Health Care Services:** Any health care services not specifically mentioned in this Agreement as being the responsibility of Loomis Lakeside at Reeds Landing are Resident's responsibility. This includes, but is not limited to, medical and health practitioners, hospitalization, skilled nursing care, tests and x-rays, medications, home care, and therapies.

## V. OTHER PROVISIONS

- A. **Guests:** Overnight guests are welcome subject to the terms and conditions established by Loomis Lakeside at Reeds Landing. Overnight guests are expected to follow all rules, policies, and procedures of Loomis Lakeside at Reeds Landing, and Loomis Lakeside at Reeds Landing has the authority to limit or terminate the visit of any guest who violates the rules.

- B. **Privacy:** Loomis Lakeside at Reeds Landing respects the privacy of Residents, but reserves the right to enter a unit whenever deemed necessary to carry out the purposes and intent of this Agreement, including maintenance, routine housekeeping, providing Resident evaluations, meetings, and upon termination of this Agreement. Loomis Lakeside at Reeds Landing will provide reasonable notice, such as knocking, prior to entering an apartment.
- C. **Pets:** Pets are allowed in assisted living units in accordance with the established pet policy of the community. Loomis Lakeside at Reeds Landing shall require the removal of a pet if the policy is violated.
- D. **Locks and Keys:** The Resident will receive keys for the unit and for the mailbox. Resident may not change locks or add locks without written permission. Any added locks become Loomis Lakeside at Reeds Landing property.
- E. **Smoking:** There is no smoking allowed in any of the common areas, individual apartments or assisted living units.
- F. **Business Operations:** No Resident may operate a business out of a unit without written permission of Loomis Lakeside at Reeds Landing and in accordance with land use laws.
- G. **Power of Attorney and Health Care Directive:** Resident is encouraged to provide to Loomis Lakeside at Reeds Landing copies of any Power of Attorney or health care advance directive so that this information will be readily available if a need should arise.
- H. **Subordination of Rights:** All rights, privileges, and benefits granted to Resident shall be subordinate to the debt financing of Loomis Lakeside at Reeds Landing, and to any real estate mortgage and assignment of this Agreement to secure debt financing or other indebtedness for Loomis Senior Living, Inc. Upon request, Resident agrees to execute and deliver a subordination agreement to establish the priority of such obligations as a lien against the property.
- I. **Resident's Relationship to Loomis Lakeside at Reeds Landing:** This Agreement is primarily for the provision of housing and services on a contractual basis, and it does not represent a landlord-tenant relationship except for the purposes of termination of this Agreement, in which case Resident has a right to a summary process. Resident does not have any



ownership interest in Loomis Lakeside at Reeds Landing, its property, or the unit occupied by Resident.

- J. **Non-transferability:** The rights and privileges of Resident under this Agreement are personal to Resident and are not transferable.
- K. **Trustee, Individual, and Related Entity Liability:** Neither Loomis House, Inc., nor Loomis Communities, Inc., nor any trustee, director, or employee of Loomis Lakeside at Reeds Landing, Loomis House, Inc. or Loomis Communities, Inc. shall be liable to Resident under this Agreement.
- L. **Observance of Policies, Rules, and Regulations:** Resident agrees to abide by all Policies, Rules, and Regulations established by Loomis Lakeside at Reeds Landing and amended from time to time, for the safety, comfort, and convenience of all Residents. A copy of the Resident Handbook, which contains existing Policies, Rules, and Regulations, has been provided.
- M. **Grievances and Appeals:** Resident shall present any grievance or appeal any decision of Loomis Lakeside at Reeds Landing made pursuant to this Agreement in accordance with the procedure set forth in the Disclosure of Rights and Services.
- N. **Right of Management:** Loomis Lakeside at Reeds Landing reserves the absolute right of management. Loomis Lakeside at Reeds Landing reserves the right to accept or reject any person for residency. Residents do not have the right to manage or to determine admissions, terms of admission, or transfer of any other Resident.
- O. **Right of Subrogation:** In case of injury to Resident by a third party, Loomis Lakeside at Reeds Landing shall have the right of subrogation, for all of its costs and expenses incurred, and shall have the right, in the name of Resident, to take all necessary steps to enforce payment of same by the person responsible for the injury. Resident agrees to cooperate and assist in recovering said costs.
- P. **Covenant of Compliance with Laws and Regulations:** Loomis Lakeside at Reeds Landing covenants that it meets the requirements of all applicable federal and state laws and regulations including, but not limited to, the state sanitary codes, state building and fire safety codes and laws and regulations governing use and access by persons with disabilities. (See 651 CMR 12.04 (1) (e))

Loomis Lakeside at Reeds Landing complies with applicable Federal and State laws and regulations regarding consumer protection and financial exploitation of the elderly and disabled.

## **VI. CANCELLATIONS AND TERMINATIONS**

A. The Agreement will be terminated when:

1. Resident dies and all belongings are removed from the apartment.
2. Resident moves permanently to the Health Center and all belongings are removed from the apartment.
3. Resident moves permanently to another location outside of Loomis Lakeside at Reeds Landing, after giving 30 days written notice and removing all belongings from the living unit.
4. Either party gives 30 days notice to the other party of such party's intention to terminate without cause; and the resident vacates and removes all belongings from the apartment; or
5. The term of this agreement expires; and all belongings are removed from the apartment.

The remaining Resident in the case of dual occupancy may terminate this Agreement if one of the above situations occurs. However, the death or move of one Resident shall not necessarily affect the continuation of the Agreement for the other.

B. The Agreement may be terminated by Loomis Lakeside at Reeds Landing with 30 days' prior written notice if Resident:

1. fails to make payment of fees promptly;
2. breaches this Agreement;
3. fails to follow Loomis Lakeside at Reeds Landing's policies and procedures;
4. engages in activities or conduct disruptive to the Loomis Lakeside at Reeds Landing community;

5. has care needs which cannot be met by Loomis Lakeside at Reeds Landing staff and the resident refuses to supplement care with an outside provider; or
6. fails to execute an extension and amendment of this Agreement prior to the expiration of the current Agreement.

Such termination shall be in accordance with the provisions of landlord-tenant laws as established in M.G.L.C.186 or M.G.L.C.239. Criteria to be used will include: Personal Performance Criteria, as set forth in the Disclosure of Rights and Services, records of payment, and documentation in the resident's health and wellness file.

Loomis Lakeside at Reeds Landing reserves the right to determine if a Resident's care needs are being met appropriately in the Assisted Living setting. The Resident Care Committee has the authority to make the decision to terminate the Agreement:

- ☒ if the Resident fails to meet the Personal Performance Criteria as described in the Disclosure of Rights and Services;
- ☒ if the Resident's physical or mental condition poses a danger to Resident or others, in the opinion of Loomis Lakeside at Reeds Landing;
- ☒ if the Resident needs skilled nursing services which cannot be provided by a Certified Provider of Ancillary Health Services or by a licensed hospice.

Loomis Lakeside at Reeds Landing reserves the right to transfer a resident temporarily to an appropriate facility immediately in the case of serious threat to the health or safety of Resident or other Residents or employees of Loomis Lakeside at Reeds Landing.

- C. The monthly service fees shall be payable until the later of the end of the period provided above or the removal of all personal property from the unit. If all personal property is not removed within 30 days of the termination of this Agreement, Loomis Lakeside at Reeds Landing has the right to store such property at the expense of Resident or Resident's estate. If the property is stored longer than 90 days, Loomis Lakeside at Reeds Landing has the right to sell the property upon 30 days' notice, and return the proceeds to Resident or the estate, less any costs for storage, sale, or other amounts due Loomis Lakeside at Reeds Landing. In the event Resident fails to vacate the unit upon termination of this Agreement, Loomis Lakeside at Reeds Landing may bring an action for summary possession in accordance with applicable law.

- D. The vacated unit must be left in a condition satisfactory to Loomis Lakeside at Reeds Landing. Loomis Lakeside at Reeds Landing may charge the Resident or Resident's estate for any repair or cleaning, other than normal wear, needed to restore the unit to its former condition.

## **VII. THE RESIDENTS' ASSOCIATION**

- A. There is a Loomis Lakeside at Reeds Landing Residents' Association to which each independent and assisted living Resident belongs. The Residents' Association elects officers and appoints committees as desired to develop and support its interests, which may consult with management.
- B. Loomis Lakeside at Reeds Landing will advise the Association with respect to such matters affecting the Residents as increases in the Monthly Service Fee, additional fees, guest and extra meals, transportation, recreational programs, and adoption or changes of general policies applying to all residents.
- C. The Administrator will provide information necessary for the Association to carry out its responsibilities and will be available to consult with the Association.
- D. Loomis Lakeside at Reeds Landing reserves the right to take any action permitted under this Agreement that Loomis Lakeside at Reeds Landing deems appropriate to assist it in carrying out the goals of Loomis Lakeside at Reeds Landing.

Executed by Loomis Senior Living, Inc., by a duly authorized corporate representative, and by Resident(s) on the \_\_\_\_\_ day of \_\_\_\_\_, -  
\_\_\_\_\_.

**A photocopy or electronic copy of this Agreement shall be deemed an original for all purposes.**

Resident warrants that all statements and documents submitted to Loomis Lakeside at Reeds Landing are true and complete and that he/she shall pay all sums due Loomis Senior Living, Inc. as and when due. Any misrepresentation or willful omission may render this Agreement null and void.

The following documents are a part of this Agreement:

1. Application for Admission
2. Physician's Statement
3. Exhibits to this Agreement as attached, and as listed in the Section Directory
4. Amendments to this Agreement, as they occur.

For Resident(s):

By: \_\_\_\_\_

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

By: \_\_\_\_\_

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

For Loomis Senior Living, Inc.:

By: \_\_\_\_\_

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

Title: \_\_\_\_\_

# FeeSchedule

## ASSISTED LIVING - 2016

| Name               | <b>OPTION #1</b><br>(90% Refundable) |                           | <b>OPTION #2</b><br>(Rental Only) |
|--------------------|--------------------------------------|---------------------------|-----------------------------------|
|                    | Entrance Fee                         | Basic Monthly Service Fee | Basic Monthly Service Fee         |
| Studio             | 17,500                               | 3,995                     | 4,245                             |
| Deluxe Studio      | 19,500                               | 4,300                     | 4,450                             |
| One Bedroom        | 22,500                               | 4,900                     | 5,150                             |
| Deluxe One Bedroom | 24,500                               | 5,175                     | 5,425                             |

**NOTE:** Second Person Monthly Service Fee - \$1,420 additional

Please refer to the Assisted Living Amenities and Services page for a list of items included in the fees.

10/31/15





## FEES for ADDITIONAL SERVICES

As of January 1, 2016

| RESIDENT AND GUEST MEAL CHARGES  |         |
|--|---------|
| Dinner   | \$13.85 |
| Brunch / Holiday   | \$19.75 |
| Twain's prices as posted   |         |
| <b>Meals tax will be added to all guest meals per State and Local authorities.</b> |         |

| MEAL CREDITS   |                 |
|--|-----------------|
| Independent Living   | \$6.60 per day  |
| Assisted Living  | \$11.80 per day |
| <b>Meal credits take effect after ten consecutive days away from campus.</b> |                 |

| MEALS - MONTHLY PLANS                                |                 |
|--|-----------------|
| Life Care Residents in AL and NC (two meals per day) | \$270 per month |
| Dinner (15 additional per month)                     | \$195 per month |
| Dinner (six additional per month)                    | \$75 per month  |

| 20 MEALS PER MONTH OPTIONAL PLAN    |
|-------------------------------------|
| \$75.00 credit per person per month |

| DELIVERY CHARGE  |
|--|
| No charge with Wellness Coordinator's authorization.<br>\$7.75 charge without authorization. |

| FUNCTION ROOM RESERVATION |
|---------------------------|
| \$32.25                   |

**CATERING / FUNCTION**

All Catering/Functions will be priced by the General Manager of Food Service.

**Meals tax will be added to all guest meals per State and Local authorities.**

**GUEST ACCOMMODATIONS**

Guest Room

\$80.00

Cot Charge

\$9.25 for first night;  
\$5.00 each additional night

**All guests checking out AFTER 11:00 a.m. will be charged an additional night.**

**HEALTH SUPPORT SERVICES**

Registered Nurse

\$62.00 per hour

Resident Assistant

\$28.50 per hour

Companion

\$26.50 per hour

Dietitian

\$64.00 per hour

**Services billed in 30-minute increments, with a 30-minute minimum.**

**INDEPENDENT LIVING HOME CARE PROGRAM SERVICE PLANS**

Medication Management

\$7.80 per visit

Care Coordination

\$112 per month

Basic Support

\$290 per month

Basic Plus Support

\$410 per month

Personal Support (Level I)

\$820 per month

Enhanced Personal Support (Level II)

\$1,640 per month

Recuperative (Level III)

\$2,465 per month

**HOUSEKEEPING SERVICES**

\$29.75 per hour

**Services billed in 30-minute increments, with a 30-minute minimum.**



| ASSISTED LIVING ADDITIONAL SUPPORT SERVICE PLANS |                   |
|--|-------------------|
| AL Level 1                                       | \$312 per month   |
| AL Level 2                                       | \$899 per month   |
| AL Level 3                                       | \$1,799 per month |
| Care Coordination                                | \$116 per month   |

| INTERNAL MOVE CHARGE |
|----------------------|
| \$5,400.00           |

| LAUNDRY SERVICES |
|------------------|
| \$14.75 per load |

| MAINTENANCES SERVICES                 |  |
|---------------------------------------|--|
| Maintenance Services<br>After Move-in | First two hours FREE OF CHARGE<br>(to be used within first six months of residence)          |
| Requested Maintenance                 | \$35.80 per hour plus materials<br>(billed in 30-minute increments with a 30-minute minimum) |

| MISCELLANEOUS SERVICES    |   |
|---------------------------|---|
| Roam Alert Tag            | \$135.00 each                             |
| Tamper-proof Bracelet     | \$37.00 each                              |
| Cable TV                  | \$52.00 per month                         |
| Apartment Key Replacement | \$5.50 per key                            |
| Key Badge Replacement     | \$27.00 each                              |
| Light Bulbs               | Prices provided by Maintenance Department |

| SECRETARIAL SERVICES            |   |
|---------------------------------|---|
| Typing                          | \$33.00 per hour<br>(billed in 15-minute increments with a 15-minute minimum) |
| Fax Service (incoming)          | 85¢ per page  |
| Fax Service (outgoing)          | 95¢ per page  |
| Long Distance Fax<br>(outgoing) | \$1.60 per page   |
| International Fax               | \$6.50 for first page<br>\$2.30 for each additional page                      |
| Copy Service                    | 10¢ per page  |

| TRANSPORTATION AND COMPANION SERVICES                             |                  |
|---|------------------|
| Companion Services  | \$26.50 per hour |
| Door to Door Service  | \$18.50 per hour |
| Mileage charged at \$0.65 per mile for Loomis vehicle             |                  |
| Services billed in 30-minute increments, after a two hour minimum |                  |

| TRANSPORTATION SERVICES   |           |
|---|-----------|
| Local Retail and Groceries  | no charge |
| Medical appointments scheduled according to transportation guidelines                   | no charge |
| Springfield Area (Within 10 miles)  | \$5.40    |
| Event-Specific Trip (Within 20 miles)   | \$9.95    |
| Event-Specific Trip (Greater Pioneer Valley area)                                       | \$18.70   |
| <b>Cancellation Fee</b> (for trips canceled with less than 24 hours notice or no shows) | \$13.50   |



# **Loomis Lakeside at Reeds Landing**

## **ASSISTED LIVING RESIDENCE DISCLOSURE**

Loomis Lakeside  
at  
Reeds Landing  
Loomis Senior Living, Inc.  
807 Wilbraham Road  
Springfield, MA 01109  
(413) 782-1800

[www.LoomisCommunities.org](http://www.LoomisCommunities.org)



**LOOMIS LAKESIDE at REEDS LANDING  
ASSISTED LIVING  
DISCLOSURE OF RIGHTS AND SERVICES**

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# **LOOMIS LAKESIDE at REEDS LANDING ASSISTED LIVING DISCLOSURE STATEMENT**

October 1, 2013 (rev.)

This disclosure statement describes, as of the date of this statement, the Loomis Lakeside at Reeds Landing Assisted Living program, its services and fees, staffing levels, physical environment and termination rights. This statement is provided to you in accordance with 651 CMR 12.08 (3).

## **Residence Information**

Loomis Lakeside at Reeds Landing is a continuing care retirement community located at 807 Wilbraham Road, Springfield, MA 01109. Loomis Lakeside at Reeds Landing has 120 independent living apartments and 36 assisted living apartments. Twenty-five (25) assisted living apartments are certified.

|                                       |   |
|---------------------------------------|---|
| Residence Administrator/Contact Name: | Craig Johnsen                               |
| Phone number:                         | (413)782-1800                               |
| Residence address:                    | 807 Wilbraham Road<br>Springfield, MA 01109 |

|                 |                      |
|-----------------|----------------------|
| Residence size: | 25 studio apartments |
|-----------------|----------------------|

## **Explanation of Physical Design Features of Residence**

The assisted living area of Loomis Lakeside at Reeds Landing is on the second floor of the CCRC. In addition to the resident apartments, there is an activity/living room area, a dining room, lounge areas, and a laundry room. Common areas of the CCRC are available for use by assisted living residents, including, but not limited to: fitness center, activity and meeting rooms, craft room, living room, library, and lounges.

Loomis Lakeside at Reeds Landing assisted living provides single apartments with lockable doors on the entry door of each apartment. Each apartment has a private bathroom equipped with one lavatory, one toilet and one bathtub or shower stall.

Each apartment provides a kitchenette with refrigeration, sink, cabinets and stovetop. Apartments are equipped with emergency pull cords in the bathrooms and the bedrooms for the purpose of summoning staff. Loomis Lakeside at Reeds Landing is a smoke-free facility. Loomis Lakeside at Reeds Landing is not a locked facility. Loomis Lakeside at Reeds Landing has a central station automatic fire alarm system and automatic sprinklers.

**RESIDENT RIGHTS**  
(from Executive Office of Elder Affairs)

651 CMR 12:08 Resident Rights and Required Disclosures

- (1) Resident Rights. Every Resident of an Assisted Living Residence shall have the right to:
- a) Live in a decent, safe, and habitable residential living environment;
  - b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy;
  - c) Privacy within the Resident's Unit subject to rules of the Assisted Living Residence reasonably designed to promote the health, safety and welfare of Residents;
  - d) Retain and use his or her own personal property, space permitting, in the Resident's living area so as to maintain individuality and personal dignity;
  - e) Private communications, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of her or his choice;
  - f) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community;
  - g) Directly engage or contract with licensed or certified health care providers to obtain necessary health care services in the Resident's Unit or in such other space in the Assisted Living Residence as may be available to Residents to the same extent available to persons residing in their own homes,; and with other necessary care and service providers, including, but not limited to, the pharmacy of the Resident's choice subject to reasonable requirements of the Residence. The Resident may select a medication packaging system within reasonable limits set by the Assisted Living Residence. Any Assisted Living Residence policy statement that sets limits on medication packaging systems must first be approved by EOEA;
  - h) Manage his or her own financial affairs, unless the Resident has a Legal Guardian or other court-appointed representative with the authority to manage the Resident's financial affairs;

- i) Exercise civil and religious liberties;
- j) Present grievances and recommended changes in policies, procedures, and services to the Sponsor, Manager or staff of the Assisted Living Residence, government officials, or any other person without restraint, interference, coercion, discrimination, or reprisal. This right includes access to representatives of the Assisted Living Ombudsman program established under M.G.L.c. 19D, § 7, the Elder Protective Services program established under M.G.L.c. 19A, §§ 14 through 26 and the Disabled Persons Protection Commission (DPPC) established under M.G.L.c. 19C, *et seq.*;
- k) Upon request, obtain from the Assisted Living Residence, the name of the Service Coordinator or any other persons responsible for his or her care or the coordination of his or her care;
- l) Confidentiality of all records and communications to the extent provided by law;
- m) Have all reasonable requests responded to promptly and adequately within the capacity of the Assisted Living Residence;
- n) Upon request, obtain an explanation as to the relationship, if any, of the Residence to any health care facility or educational institution to the extent the relationship relates to his or her care or treatment;
- o) Obtain from a person designated by the Residence a copy of any rules or regulations of the Residence which apply to his or her conduct as a Resident;
- p) Privacy during medical treatment or other rendering of services within the capacity of the Assisted Living Residence;
- q) Informed consent to the extent provided by law;
- r) Not be evicted from the Assisted Living Residence except in accordance with the provisions of landlord/tenant law as established by M.C.L. c.186 or M.G.L. c. 239 including, but not limited to, an eviction notice and utilization of such court proceedings as are required by law;
- s) Be free from Restraints;
- t) Receive an itemized bill for the fees, charges, expenses and other assessments for the provision of Resident services, Personal Care Services, and optional services;

- u) Have a written notice of the Residents' Rights published in typeface no smaller than 14 point type posted in a prominent place or places in the Assisted Living Residence where it can be easily seen by all Residents. This notice shall include the address, and telephone number of the EOEA Assisted Living Ombudsman Program, and the telephone number of the Elder Abuse hotline (See below); and
- v) Be informed in writing by the Sponsor of the Assisted Living Residence of the community resources available to assist the Resident in the event of an eviction procedure against him or her. Such information shall include the name, address and telephone number of the Assisted Living Ombudsman Program.

**Assisted Living Ombudsman Program**

Executive Office of Elder Affairs  
1 Ashburton Place (5<sup>th</sup> Floor)  
Boston, MA 02108  
(617) 727-7750  
1 - (800) – AGE – INFO  
1-(800-243-4636)  
(800) 872-0166 (TTY)

**Elder Abuse Hotline**

(800) 922-2275 (Voice / TTY)



## **SELF-ADMINISTERED MEDICATION MANAGEMENT PROGRAM (SAMM)**

---

### **POLICY**

Residents will be assessed for participation in the SAMM program utilizing the SAMM Assessment Form. *The SAMM Assessment Form is part of the Admission Health Assessment and the Service Plan Review forms. These are stored in the Resident Record. The SAMM Assessment Form can also be used independently and will then be placed in the Resident Record.*

Resident Assistant staff may cue medications but are prohibited from dispensing medications. A Resident Assistant may also provide SAMM services from a family or resident filled medication cassette.

Routinely taken oral medications will be cued from a pharmacy filled medi-cassette labeled in compliance with Massachusetts Board of Pharmacy Policy # 98-011 OR Residents may elect to designate another person (non Loomis Employee) to prefill their medications. In this case the resident and the person designated to fill the cassette are required to sign a Disclosure of Risk and Resident Consent letter.

PRN medications in tablet and capsule forms will be cued from pharmacy sealed blister packs and will be clearly labeled for dose, frequency and reason for administration. Where the pharmacy is not pre-filling PRN medications, PRN medications may be cued from multiple dose containers by opening the container for the resident.

The Resident Assistant assigned to cue medications is responsible for documenting each time resident medications are cued, and following the resident's **Medication List** provided on the back of the cassettes pre-filled by the pharmacy. Or the medication list provided by the family.

Pharmacy staff or the person designated by the resident to prefill medications will assume responsibility for appropriate prescription documentation from the physician as well as for the accuracy of the packaging of all medications provided to residents.

Pharmacy staff or the person designated to prefill medications is responsible for providing new medi-cassettes to accommodate changes in medication regime. Staff will not add or remove medications from pre-filled medi-cassettes.

All medications shall be stored in the resident's medication box or refrigerator inside the resident's apartment. There will be NO central storage of medications in accordance with 651CMR 12.02.

### **PURPOSE**

To define parameters for staff to follow when coordinating and cueing medications under the Self-Administered Medication Management (SAMM) Program

### **PROCEDURE**

1. The Resident or the Resident's designee will arrange for the selected pharmacy to receive:
  - a copy of the resident's insurance cards/information;
  - the name and address of the party responsible for payment;
  - the Residents address;
  - the Resident's date of birth.

2. The pharmacy will fill all prescriptions as ordered and deliver prefilled medi-cassettes on a weekly basis for all routinely taken oral medications. PRNs will be supplied in blister packs in 30 dose format and topical medications and patches, oral suspension, drop and inhaler medications in their original containers. In the case of blister-packed PRN medications and prescribed over-the-counter medications packaged in bottles Resident Assistant staff are allowed to punch out medications into the resident's hand and/or open bottles to assist the resident.
3. Each week routine prescription deliveries will be made on a day agreed upon between the pharmacy and the facility. The pharmacy delivery person will be escorted to the resident's room where they will pick up the empty cassette and place the pre-filled cassette in the locked medication box and will place the medications directly into the resident's locked box. The pharmacy delivery person and the escort will verify that the name on the cassette matches the name of the resident.
4. The Resident Assistant will be responsible to check the locked box for all residents who receive pre-filled cassettes from the pharmacy each Monday and report reorder needs for PRN and other prepackaged topical, drop and inhaler medications to the pharmacy in list form. During this time the Resident Assistant will review the Medication Reminder Form and the Weekly Flow Sheet to review the documentation for accuracy and consistency.

Residents who designate another individual to pre-fill medications are responsible to assure that sufficient medications are available to them.

5. At the time that the Resident Assistant checks the pre-filled cassette, the SAMM documentation will be reviewed to ensure consistency and accuracy. If there are any issues noted, they will be reported immediately to the Assisted Living Director or the Health Services Director (IL).
6. If a physician makes a change in a Resident's medication they should either fax or call the Resident's pharmacy with the change. When the pharmacy receives a new order from the physician, the pharmacist will fax a copy of the new order to the Assisted Living Director or the Health Services Director(IL). In either case the pharmacy will provide a revised medi-cassette and/or other prescribed medications directly to the resident within twenty-four hours of the change.

Residents who designate another individual to pre-fill medications are responsible to order and pick up all medications needed.

7. Resident Assistants receive a Daily Assignment Sheet that indicates the times when medications are to be cued. When performing Self Administered Medication Management the Resident Assistant is responsible to:
  - a. Remind the resident to take the medication; and
  - b. Check the package to ensure that the name on the package is that of the resident; and
  - c. Observe the resident while they take the medication and
  - d. Document observations on the Medication Reminder Form as defined below;
  - e. Report any inconsistencies in documentation immediately to the Assisted Living Director, the Health Services Director and/or to the Facility Administrator. An Event Report will be filled out by the person questioning a possible error or discrepancy. All event reports will be

followed-up by the Director of Assisted Living or Health Service Director and be reviewed as a part of the CQI process.

8. If requested by the resident, the individual performing SAMM may open prepackaged medication and/or open containers/bottles. This means the appropriate staff person may “punch” medication out of a unit and/or multi-dose package. The individual performing SAMM may also read the name of the medication and directions to the resident and respond to any questions the resident may have regarding the directions on the label. If a resident requires assistance with any type of medication that needs to be poured and/or measured, this action would be considered “dosing,” and is not permitted under SAMM guidelines.

9. Topical medications and patches will be **cued** as follows:

Topical Medications:

1. The Resident Assistant will read the package (name of medication and directions for use) to the resident.
2. Observe the following proper application procedures:
  - a. Medicated Lotions: resident must place lotion on gauze or cotton ball and lotion patted on the area using hand over hand technique.
  - b. Any creams or lotions that contain medication in them such as Gold Bond Medicated, Vitamin A&D or the like require hand over hand technique
  - c. Plain moisturizing creams do not require hand over hand technique
  - d. When the location of application is in a hard to reach place, the RA staff will assist the resident to acquire adapted equipment to assist them with the application process.
3. Document on the Medication Reminder Form according to SAMM procedures.
4. No personal care worker is allowed to measure out creams or liquid medication for the Resident.

Patches

1. Read the package (name of medication and direction for use) to the resident
2. Open the Package. The Resident Assistant may remove the protective covering over the medication if the resident is unable to do so. The RA may also place the date on the patch.
3. Assure that the previous date patch has been removed.
4. Place the patch in the resident's hand. (Be sure to ask the resident which spot he/she intends to place the patch). Assist the resident with your hand under theirs to place the patch on the chosen site.
5. Document the site on the Medication Reminder Forms according to SAMM procedures.

Eye Drops/ Ear Drops

1. Read the package (name of medication and direction for use) to the resident.
  2. Unscrew the top of the container
  3. As needed, assist the resident to utilize any adaptive equipment to stabilize the dropper
  4. The RA will provide hand over hand assistance as necessary to steady the resident's hand.
  5. The resident will squeeze the dropper
  6. Document on the Medication Reminder Form according to SAMM
10. Cued medications (routine and PRN) are documented on the Medication Reminder Form (see attached). The Medication Reminder Form is issued monthly and kept in the resident's locked box. Once completed, the Medication Reminder Form is returned to the Senior Resident Assistant for review and is filed in the Resident's Health and Wellness File.

11. If a resident refuses a scheduled dose of any medication, the Resident Assistant will document the refusal on the Medication Reminder Form and report the refusal to the Assisted Living Director and/or the Health Services Director. If the resident is not home at the time medication is to be cued, the Resident Assistant will document "NH" on the Medication Reminder Form. Other acceptable abbreviations are:
  - a. MDA – resident at Dr. Appointment
  - b. NS – Not Scheduled
  - c. NH – Not Home
  - d. R – Refusal
  - e. MNA – Medication not available
12. If a resident requests a PRN dosage of any medication, the resident assistant will check to assure the request matches the pharmacy label on the appropriate blister pack and cue the resident. The dose taken is documented on the Medication Reminder Form and in the communication log.
13. **Class II and Class I Controlled Substances** that are scheduled on a routine basis will be set-up in the cassettes or blister packs (depending which system the facility has chosen to use) by the Pharmacy and cued by the Resident Assistant at the correct time for residents on SAMM.
  - a. A Class II and Class I Controlled Substance that cannot be set-up in a cassette due to its route of administration, PRN or "Comfort Care Pack from Hospice" will follow the following protocol. A separate medication box with a key designated to that box only will be issued for that resident and labeled accordingly.
  - b. The Resident Assistant and pharmacy representative will verify the count of the blister pack when delivered.
  - c. The Resident Assistant will make a notation of the amount received on the medication reminder sheet in the "narcotic box". The Resident Assistant and pharmacy representative will both sign the sheet.
  - d. The Resident Assistant assigned to the resident will be the only one with access to the Medication Box via the separate key.
  - e. When a medication is taken from the box it will be signed out per our SAMM protocol.
  - f. At shift change it will be the responsibility of the Resident Assistant coming on duty to verify that the count is correct. If it is not, then an Event Report will be completed according to our SAMM Protocol.
  - g. For residents on Hospice it will be the responsibility of the Hospice Nurse to chart and track their own use of Class II and Class I controlled substances from the comfort care pack, unless the resident can ask for their own PRN medication, then the Resident Assistant can assist them in cueing the medication according to the SAMM protocol.
  - h. Residents who are independent with their own medications, will be offered a locked box to keep their own Class II and Class I controlled substances and will have possession of the key to their box.
14. Any discrepancies noted will be reported to the Assisted Living Director or the Health Service Director accordingly. An event report will also be made out according to our protocol by the person questioning a possible error/discrepancy. All event report follow-ups will be the responsibility of the Assisted Living Director or Health Service Director.

## **RESTRAINTS**

---

### **POLICY:**

Every resident has the right to be free from restraints in the assisted living residence, and any bed rail or bar that runs partially or fully along one or both sides of a resident's bed that functions as a restraint is not permitted in the assisted living residence. As part of the initial disclosure of rights and services, all residents shall be provided with information explaining the risks associated with using a bed rail. Information about alternatives to bed rails shall also be shared with the resident during the initial disclosure of rights and services.

### **DEFINITIONS**

Restraints – Any action taken by the Assisted Living Residence for the purpose of punishing or penalizing a Resident, or to control or to manage a Residence behavior with lesser effort by the Assisted Living Residence that is not in the Resident's best interest by means of:

- a. Manual method or physical or mechanical device, material, or equipment attached or adjacent to the Resident's body that the individual cannot remove easily which restricts Resident's freedom of movement or normal access to his or her body;
- b. Any drug not required to treat medical symptoms and not requested by the Resident.

### **PURPOSE:**

The purposes of this policy are:

1. To affirm the right of all assisted living residents to be free from restraint.
2. To mitigate the risk of entrapment in the use of a bed rail.
3. To assure that residents who use a bed rail or positioning bar for purposes other than as a restraint, i.e., for independence in positioning, are properly assessed for appropriateness and ability.

### **PROCEDURES:**

1. The Marketing Department will provide the updated Assisted Living Residence Disclosure which includes information about bed rail risks to all prospective Assisted Living residents prior to contracting with or accepting payments or deposits for residency. The following statements will be communicated to the prospective resident in the Disclosure: "Bed rails have been found in some cases to increase the incidence of falls or head trauma due to falls and other accidents such as strangulation and entrapment." (Commonwealth of Mass. Circular Letter: EOEA 13-1)
2. As part of the initial assessment, the AL Director will gather the prospective resident's history of using or requiring bed rails or positioning bars to assist with transfers and repositioning.
3. If the prospective resident uses a bed rail or positioning bar in their current living situation or otherwise indicates a need to use such a device, the AL Director will obtain a clinical assessment by a physical therapist or occupational therapist to assure the prospective resident's ability to navigate independently around the rail or bar and safely get in and out of bed. The assessment will be retained as part of the prospective resident's clinical file.
4. An updated bed rail assessment will be included with each resident service plan update, either every 6 months or after the resident experiences a significant change in his/her circumstances.

Loomis Communities  
Loomis Lakeside at Reeds Landing  
**GRIEVANCE PROCESS**  
October 1, 2013 (rev.)

A Resident who wishes to address an issue or concern is encouraged to do so informally by making the issue known to the Health Services Director , Assisted Living Director, or Administrator. Loomis Lakeside at Reeds Landing is committed to assure that its residents are satisfied with their lives in the community, and every effort will be made to resolve the issue or concern in a mutually satisfactory manner.

Should a Resident wish to express a grievance, or to argue an action taken against him or her by Loomis Lakeside at Reeds Landing, said Resident may follow a formal procedure as described below. If the Resident is unable to communicate the grievance, it may be submitted by an agent authorized to act on his or her behalf. Resident may contact the Assisted Living Ombudsman at 1-800-243-4636 at any time in this process.

1. Contact the facility Administrator.
2. Complete a written statement, which describes as fully as possible the nature of the concern and the outcome desired.
3. Administrator will work with the Resident and other staff, residents, family, and professionals who are involved, as appropriate, to resolve the grievance in a manner satisfactory to the Resident. A resolution will be achieved within 10 days of receipt of the written statement.
4. At any time in the process if the Resident is not satisfied with the resolution, he or she may submit the written grievance to the Chief Executive Officer of The Loomis Communities, or to

Executive Office of Elder Affairs  
Assisted Living Ombudsman Program  
One Ashburton Place, 5<sup>th</sup> Floor  
Boston, MA 02108  
1-800 –AGE-INFO (1-800-243-4636)  
1-617-727-7750  
TDD/TTY: 1-800-872-0166

5. The Chief Executive Officer will appoint a committee composed of: two staff members of Loomis Lakeside at Reeds Landing, one of whom is the Administrator; one member of the Board of Directors; and another Resident, chosen by the Resident submitting the grievance. If the resident is not deemed competent to choose a representative, the Administrator will appoint a designated person. In the event that the matter relates to health care issues, the Resident's attending

physician, or the Medical Director if the attending physician is unable to serve, will also become a member of the Committee.

6. The Committee will review all relevant information regarding the Resident's grievance and will reach a resolution by a majority ruling. The Chief Executive Officer will vote only in the case of a tie.
7. The decision of the Committee is final and binding upon Loomis Lakeside at Reeds Landing and the Resident.
8. Failure by the Resident to accept the decision of the Committee shall constitute a voluntary termination of the Residence Agreement.

Loomis Communities  
Loomis Lakeside at Reeds Landing  
**NEGOTIATED RISK POLICY/AGREEMENTS**  
October 1, 2013 (rev)

**Purpose:**

To maximize residents' right to direct their own lives and care to the extent possible within the bounds of regulations applicable to assisted living and community policies, practices and rules.

To maximize resident autonomy, independence, and choice.

**Policy:**

Residents are asked to sign a Negotiated Risk Agreement whenever there is a real or potential risk generated by residents' preferences, actions, or choices.

**Definition:**

A Negotiated Risk Agreement is a written agreement between two parties - the community and the resident and/or the resident's family or legal representative - which documents the parties' discussions and agreements regarding the resident's preferences and how they will be accommodated by the community.

**Procedure:**

1. All staff are responsible to identify and report (using the Event Report), behaviors, actions and/or statements, which indicates that a resident's wishes fall outside normal policy, practice and/or rules.
2. The Health Services Director reviews all event reports and will identify potential "risk" situations and consult with other Supervisory and Administrative staff to identify which staff member is most appropriate to follow-up with the resident.
3. The staff member identified will meet with the resident to determine if the resident's actions, behaviors or choices represent an actual situation requiring the execution of a Negotiated Risk Agreement (See attached form). During this meeting, a discussion will occur with the resident about the potential risk of the behavior, action or choice to the resident or to others in the community. A discussion of alternatives to the resident's expressed preferences which may be acceptable to the resident will also be discussed.



4. Once a risk requiring this written agreement is confirmed, the Health Services Director or designee will prepare a Negotiated Risk Agreement and arrange for a follow-up meeting with the resident and/or the resident's family or legal representative.
5. The resident and or the resident's family member or legal representative will be asked to sign the Negotiated Risk Agreement. Compliance with the agreement will be monitored by reviewing Event Reports and at the resident's regularly scheduled Service Plan follow-up meetings.

Loomis Communities  
Loomis Lakeside at Reeds Landing  
**GUIDELINES FOR APPROPRIATE RESIDENT CONDUCT**  
October 1, 2013 (rev.)

Residents are expected to conduct themselves in a manner of mutual respect.

**Guests:** Overnight guests are welcome subject to the terms and conditions established by Loomis Lakeside at Reeds Landing. Overnight guests are expected to follow all rules, policies and procedures of Loomis Lakeside at Reeds Landing, and Loomis Lakeside at Reeds Landing has the authority to limit or terminate the visit of any guest who violates the rules.

**Privacy:** Loomis Lakeside at Reeds Landing respects the privacy of Residents, but reserves the right to enter a unit whenever deemed necessary to carry out the purposes and intent of this Agreement, including maintenance, routine housekeeping, providing Resident evaluations, meetings, and upon termination of this Agreement. Loomis Lakeside at Reeds Landing will provide reasonable notice, such as knocking, prior to entering an apartment.

**Pets:** Pets are allowed in assisted living units in accordance with the established pet policy of the community. Loomis Lakeside at Reeds Landing shall require the removal of a pet if the policy is violated.

**Smoking:** There is no smoking allowed in any of the common areas, individual apartments or assisted living units.

**Business Operations:** No Resident may operate a business out of a unit without written permission of Loomis Lakeside at Reeds Landing and in accordance with land use laws.

**Observance of Policies, Rules, and Regulations:** Resident agrees to abide by all Policies, Rules, and Regulations established by Loomis Lakeside at Reeds Landing and amended from time to time, for the safety, comfort, and convenience of all Residents. A copy of the Resident Handbook, which contains existing Policies, Rules, and Regulations, has been provided.

The Unit shall at all times be maintained in a clean condition.

No use of the Community is permitted that interfere with the rights, comfort, safety or enjoyment of other occupants of any other unit.

Loomis Communities  
Loomis Lakeside at Reeds Landing  
**GUIDELINES FOR APPROPRIATE EMPLOYEE AND MANAGEMENT CONDUCT**  
October 1, 2013 (rev.)

As an integral member of the Loomis team, you are expected to accept certain responsibilities, adhere to acceptable business principles in matters of personal conduct, and exhibit a high degree of personal integrity at all times. This not only involves sincere respect for the rights and feelings for others, but also demands that both in your business and personal life you refrain from any behavior that might be harmful to you, your co-workers, and/or Loomis, or that might be viewed unfavorably by current or potential residents or by the public at large. Whether you are on duty or off, your conduct reflects on Loomis. Consequently, you are encouraged to observe the highest standards of professionalism at all times.

Types of behavior and conduct that Loomis considers inappropriate and warranting of corrective action include, but are not limited to, the following:

- Falsifying employment or other Loomis records, this includes employment applications, official time cards or the punching of another employee's time card, etc. AND providing false or misleading statements and/or information to Loomis including during any employer conducted investigation.
- Violating the Loomis non-discrimination, harassment and/or sexual harassment policies.
- Violating the Loomis Employee/Resident Relations policy.
- Excessive absenteeism or tardiness - see the specific section outlining Loomis' Corrective Discipline for Absenteeism and Tardiness.
- Excessive, unnecessary, or unauthorized use of company supplies or equipment, particularly for personal purposes.
- Reporting to work intoxicated, or under the influence of non-prescribed drugs, and illegal manufacture, possession, use, sale, distribution, or transportation of drugs.
- Bringing, having consumed, or using alcoholic beverages on Loomis property or using alcoholic beverages while engaged in Loomis business off Loomis premises, except where authorized.
- Fighting or using obscene, abusive, or threatening language or gestures.
- Theft, or attempted theft of property from co-workers, residents, or Loomis.

- Unauthorized possession of firearms on Loomis premises or while conducting Loomis business.
- Acts or threats of violence against employees, residents or visitors on Loomis property at any time.
- Disregarding safety or security regulations.
- Insubordination, or displaying an insubordinate attitude.
- Failing to maintain the confidentiality of Loomis, resident, or co-worker information.
- Failure to report to work on the date of expected return from an approved leave of absence.
- Misrepresentation, falsification, alteration of, or failure to provide any employer-requested medical documentation to either maintain, modify, limit or otherwise alter the continued employment of the employee.
- Failure to notify the employer of an intended absence or tardiness.
- Poor job performance.
- Leaving the premises or workstation during working hours without the approval of your supervisor.
- Willful neglect of job duties.
- Restriction or interfering with the performance of other employees' jobs.
- Any other conduct, which is detrimental to the operation of Loomis, or which shows a disregard for the interests of Loomis, its employees or residents.

Should your performance, work habits, overall attitude, conduct or demeanor become unsatisfactory in the judgment of Loomis, based on violations either of the above-mentioned or of any other Loomis' policies, rules, or regulations, you will be subject to corrective action, up to and including termination.

Loomis Communities  
Loomis Lakeside at Reeds Landing  
**GENERAL SERVICES PROVIDED TO RESIDENTS / LIMITATIONS OF SERVICES**  
October 1, 2013

1. 24-hour emergency response.
2. Maintenance and repair of all buildings, equipment, and appliances owned by Loomis Lakeside at Reeds Landing.
3. Grounds keeping, including lawn and garden care, leaf and snow removal.
4. Periodic exterior window washing.
5. Carpet cleaning as deemed necessary by Administration.
6. Scheduled activity program.
7. Tray service during a short term illness as ordered by the Health Services Director.
8. Weekly housekeeping, including vacuuming, dusting, bathroom cleaning, kitchenette cleaning, changing of bed linen, and laundering of bed linens and towels provided by Loomis Lakeside at Reeds Landing.
9. On-site staff 24 hours/day.
10. Van transportation to scheduled medical appointments. Planned transportation to designated local shopping areas, banks, and activities planned by Loomis Lakeside at Reeds Landing Activities.
11. Surface parking for one resident car per unit.
12. Three meals daily.
13. Personal care assistance up to one hour per 24 hour period, including: assistance with bathing, dressing, grooming and other activities of daily living; and self-administered medication assistance.
14. Other services as described in Resident Handbook, distributed to each Resident on Actual Occupancy Date.

**ADDITIONAL SERVICES FOR ADDITIONAL FEES**

1. Personal laundry services.
2. Escort/companion services to doctor's appointment.
3. Extra bed linen changing; extra linens or towels.
4. Therapeutic diets available as ordered by a physician.
5. Other additional services listed in Fees for Additional Services, Exhibit 3.

**LIMITATIONS OF SERVICES**

1. Staff does not perform any procedure, which is specifically prohibited in the laws, regulations, codes and professional practice acts of the Commonwealth of Massachusetts.
2. Individuals with a known current history of violent behavior towards self or others are not considered appropriate for admission.

3. The use of physical and / or chemical restraint will not occur.
4. Activity of Daily Living requiring a two-person assistance are not provided.
5. Assistance with feeding is not provided.
6. Residents who knowingly and willfully are noncompliant with their service plan when such noncompliance is not the result of economic constraints may be discharged.
7. Residents who knowingly and willfully are noncompliant with their service plan when such noncompliance threatens the health or safety of personnel, or other residents or jeopardizes staff to the allegation of negligence or malpractice, may be discharged.
8. Controlled substances must be prescribed according to state regulations and be stored appropriately for the home environment.
9. Protocols for any service not previously provided to residents will only be implemented after review by the Administrator and after adequate staff training for the provision of the specific service.

Loomis Communities  
Loomis Lakeside at Reeds Landing  
**FINANCIAL PROVISIONS**  
October 1, 2013 (rev.)

**A. Monthly Service Fees:**

The initial monthly service fees will be in accordance with the rates in effect on the Actual Occupancy Date.

1. The monthly service fee is billed on the first of each month and due in full by the 10th of that month. If payment is late, a late charge of one percent per month will also be assessed. The monthly fee includes the services for the current month, any applicable credits, prior month additional fees, and any other amounts due Loomis Lakeside at Reeds Landing. These fees appear on a detailed monthly statement.
2. Monthly service fees may be adjusted annually by an amendment to this agreement executed by the parties. Notice of such an adjustment will be given 30 days in advance. If the amendment is not executed, it shall be deemed that this agreement is terminated as of the end of the calendar year.
3. A Resident of an assisted living unit who moves temporarily to the Health Center will continue to pay the monthly service fee, less meal credits, and the daily fee on the Health Center room.
4. The monthly service fee shall be payable until such time as this Agreement is terminated, and Resident vacates the unit as provided in Section VI.
5. If one of two Residents sharing a unit dies or leaves Loomis Lakeside at Reeds Landing, the monthly service fee shall change from a two-person to a one-person fee.
6. It is recommended that each Resident maintain insurance coverage for personal possessions. Loomis Lakeside at Reeds Landing is not responsible for loss or damage to any personal possessions.

- B. Non-Payment:** Non-payment of fees is an event of default for which Loomis Lakeside at Reeds Landing may terminate the Agreement. Resident agrees to pay all legal costs incurred by Loomis Lakeside at Reeds Landing to recover monies owed under this Agreement for non-payment.

- C. **Transfer of Assets:** Resident agrees not to transfer or dispose of assets or income sources for less than full value at any time during residency if doing so would impair the ability to pay current or future fees.
- D. **Addition of Second Person:** It is acceptable for a resident to add a second person to the unit, through marriage or otherwise, provided the second person meets all admission requirements, executes a Residence Agreement, and pays all second person fees.
- E. **Subsidy Programs:** There are no subsidy programs offered at Loomis Lakeside at Reeds Landing.
- F. **Refundability of Fees, Deposits and/or other charges:** There are no refundable ENTRANCE fees or deposits.

A refund of any service fees billed in advance will be made promptly upon termination of this agreement in accordance with Sections VI, Cancellations and Terminations.

Meal Credits will be provided to residents who are away from the facility for five or more consecutive days upon their written request.



Loomis Communities  
Loomis Lakeside at Reeds Landing  
**HEALTH CARE PROVISIONS**  
October 1, 2013 (rev.)

- A. **Health Insurance:** Medicare and Other Required Insurance - The Resident will be required to enroll in the Medicare program, Parts A and B, any future program that may be offered by Medicare, and one supplemental health insurance program covering hospital and other related costs reasonably acceptable to Loomis Lakeside at Reeds Landing to assure the Resident's ability to cover costs of medical treatment, medicine, drugs, therapy and the like. A Resident who is not qualified for Medicare coverage is required to maintain comprehensive health coverage which is satisfactory to Loomis Lakeside at Reeds Landing. The Resident agrees to provide evidence of such insurance upon admission.
- B. **Insurance Claims:** The Resident hereby authorizes Loomis Lakeside at Reeds Landing or a nursing home to make all claims for insurance benefits for Covered Services and agrees to execute all documents necessary to enable Loomis Lakeside at Reeds Landing or a nursing home to enforce such claims. Any benefits received by the Resident from Medicare or the supplemental health insurance required herein, with respect to Covered Services, will be paid by the Resident to Loomis Lakeside at Reeds Landing or a nursing home as payment for the costs incurred by Loomis Lakeside at Reeds Landing providing Covered Services to the Resident.
- C. **Access to Care:** Loomis Lakeside at Reeds Landing Residents have priority access to the Loomis Lakeside at Reeds Landing Nursing Center.
- D. **Emergency Response:** Each unit is equipped with an emergency response system, which is monitored 24 hours/day.
- E. **Transfer to Hospital:** Loomis Lakeside at Reeds Landing will assist Residents in need of transfer to an acute care hospital. All costs for such care, beyond Medicare and insurance coverage, including transportation in either direction, will be the responsibility of Resident.
- F. **Provision of Home Health Care:** Any Resident receiving home health care may have that care provided by a licensed health care provider of his or her choosing at Resident's sole expense, or by an approved provider who meets applicable regulatory requirements.
- G. **Provision of Personal Care:** personal care assistance is provided to each Resident as described in Section II. If Loomis Lakeside at Reeds Landing determines that personal space, personal health, or nutritional needs are not being

met by Resident, in accordance with the Personal Performance Criteria, Resident agrees to accept and pay for such additional services as Loomis Lakeside at Reeds Landing determines are needed. Residents may contract with any licensed health care provider for necessary health care services in their unit, or in any other space in the residence as may be made available to residents for such purposes to the same extent available to persons residing in private homes.

**H. Description of the Role of the Nurse:** The Assisted Living Director is normally scheduled Monday – Friday 8 a.m. – 4 p.m. Licensed nurses perform the following services:

- Holds clinics for consultative health concerns
- Monitors resident blood pressures and weights monthly
- Performs initial screening and assessment of residents' health care needs and reviews assessments at least every six months
- Develops and prepares resident service plans based on the results of assessments
- Provides wellness education programs
- Conducts introductory visits
- Hires, trains, directs and evaluates resident assistants
- Provides minor first aid to residents
- Assesses significant changes in the health care needs of residents and refers residents to outside services as appropriate and agreed upon by the resident and/or the resident's family
- Provides education and instruction on the use of medications to residents and staff
- May act as a liaison between the resident and other health care providers including staff within the facility and external agencies
- Tracks infection rates within the facility
- Oversees the maintenance of resident health and wellness records to assure all records are up to date and include all required documentation in accordance with established policies and procedures
- Participates in the development and implementation of the quality assurance program and gathers data to evaluate the provision of services, the overall outcome of services and planning, and resident satisfaction

**I. CPR -Trained Staff:** The Assisted Living Director, the Wellness Nurses, and the Resident Assistants are certified to perform CPR. CPR may be performed on residents who are not wearing a Comfort Care bracelet on or do not have a Comfort Care form in their Health and Wellness file. There are staff in the building twenty-four hours/day who are certified in CPR.

J. **Staffing Levels:** Loomis Lakeside at Reeds Landing schedules the following number of staff nursing and personal care workers for its independent and assisted living units:

- Based on a census of 40: three Personal Care workers (7a.m. to 3p.m); two personal care workers (3p.m. to 11 p.m.); two personal care workers (11 p.m. to 7 a.m.). One licensed nurse (8 a.m. to 4 p.m., Monday through Friday. Hours may vary).
- A member of the maintenance staff and the housekeeping staff is normally in the facility from 8 a.m. to 4 p.m. seven days/week.
- All overnight staff is awake. The facility Administrator is on call seven days/week, 24 hours/day, and the licensed nurse is available to staff for telephone consultation at all times.
- Staffing is determined by the number of residents and the acuity level of the residents residing in the facility. The acuity of each resident and census is reviewed monthly and staffing is adjusted accordingly.

K. **Release of Medical Information:** Resident consents to the release of medical information to Loomis Lakeside at Reeds Landing by any physician, hospital, or other health care provider. Resident also agrees to the release of medical information by Loomis Lakeside at Reeds Landing to the providers listed above.

L. **Additional Health Care Services:** Any health care services not specifically mentioned in this Agreement as being the responsibility of Loomis Lakeside at Reeds Landing are Resident's responsibility. This includes, but is not limited to, medical and health practitioners, hospitalization, skilled nursing care, tests and x-rays, medications, home care, and therapies.

Loomis Communities  
Loomis Lakeside at Reeds Landing  
**PERSONAL PERFORMANCE CRITERIA FOR ASSISTED LIVING**  
October 1, 2013 (rev.)

Personal performance criteria are guidelines used to evaluate the individual Resident's level of personal independence and his/her level of physical and mental ability to provide self-care. These criteria are considered when making Resident placement decisions at the time of admission and throughout the period of residency. The existence of a disability or a sensory deficit is not a criterion in and of itself; the ability to perform certain activities is the determinant of the Resident's qualification for assisted living and the need for additional services.

The following criteria are factors used to determine if a Resident is suited for assisted living:

1. Able to bathe, groom, and dress self with assistance of one aide.
2. Able to ambulate or self-transport within apartment; may require assistance in transport outside apartment.
3. Able to transfer from one location to another with the assistance of one aide.
4. Able to feed self.
5. Able to administer own medications or receive reminders to self-administer medications. Residents may not remain in Assisted Living if permanently on medication whose side effects pose a threat of complications or a need for ongoing skilled monitoring.
6. If a Resident requires ongoing scheduled professional nursing care it must be provided by a licensed home care agency or a private provider of their choice.
7. Continent of bowel and bladder or self-managed incontinence.
8. Mentally alert to a degree that does not compromise the health or safety of self or others.
9. Oriented to person, place, and time to a degree that does not compromise the health or safety of self or others.
10. Able to attend breakfast, lunch, and dinner in the Dining Room regularly.
11. Able to maintain an orderly personal living space and clean personal clothing with assistance.
12. Able to leave campus for personal needs or personal reasons with assistance.
13. Able to have personal care needs met, as described above, with no more than one hour of direct care per day.

Services not provided include but are not limited to:

1. Two person lift and transfer assistance
2. Assistance with feeding
3. Skilled Nursing services such as sterile dressing, changes, injections, ear lavage

4. More than one hour of individual personal care per day

The following notes concern the application of the personal performance criteria for assisted living:

- A. Loomis Lakeside at Reeds Landing endeavors to maintain Residents at the most independent level of housing or care at which their needs can be met. Many times these needs may require support services (refer to B. below).
- B. Loomis Lakeside at Reeds Landing provides assisted living residents with resident assistants 24 hours daily. This assistance is available where the resident needs only one aide to provide care. Residents who desire or require more assistance than that regularly provided for criteria 1, 2, 11, 12, or 13 may have additional assistance provided on a scheduled basis by a qualified nursing assistant or home health aide. This assistance must be approved and coordinated by nurse. The resident will be charged according to the current rate for home care as listed in Fees for Additional Services.

Loomis Lakeside at Reeds Landing considers the concept of apartment independence. In some cases, when two people share the same apartment, the supporting activities of one person may be sufficient to offset the personal performance deficits of the other. As long as both people live together and function as a unit to meet personal performance criteria 1, 2, 11, and 12, the one with the personal performance deficits may remain in assisted living.

- C. Residents may use assistive devices such as canes, crutches, walkers, wheelchairs (manual or electric) and small motorized carts to maintain their ability to self-transport.
- D. The permanent inability to meet any of the criteria 3-10 with the assistance regularly provided by the resident assistants means that it is no longer appropriate for the resident to remain in Assisted Living. A move to the Health Center will be determined as appropriate to meet the resident's needs.
- E. Loomis Lakeside at Reeds Landing distinguishes short-term performance deficits from long-term performance deficits. Short-term deficits may be met through temporary home care or temporary Health Center placement. Long-term deficits will usually be met through transfer to the Health Center.
- F. Whenever a resident is hospitalized or requires skilled nursing care outside of Loomis Lakeside at Reeds Landing, his/her ability to meet the criteria is reassessed prior to returning to Loomis Lakeside at Reeds Landing by the Assisted Living Director or designee.

## **RESIDENT SCREENING AND ASSESSMENT AND SERVICE PLAN - INITIAL**

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### **POLICY**

Each assisted living Resident shall have a service plan developed **prior** to the Resident moving into the facility and shall address the specific and individual needs, preferences and daily routines of the Resident. Independent Residents who elect health support services will have an Initial Resident Health Assessment prior to the initiation of health support services. The Service Plan shall be based on the Pre-Admission Health Assessment, a current evaluation (within the past three months) by the Resident's physician or authorized practitioner, and information provided by the Resident, the Resident's family/significant other or legal representative. The service plan for assisted living residents living in certified units will meet the requirements of 651 CMR 12.04 (6).

### **PURPOSE**

**Pre-Admission Health Assessment** - The purpose of the Pre-Admission Health Assessment is to assure that the prospective resident is able to meet the performance criteria established for residence in assisted living and that the facility is able to meet the health care needs and preferences of the resident prior to being approved for admission.

**Initial Resident Service Plan Development** - The purpose of the Initial Resident Service Plan is to identify the resident's goals and the types, approach, intensity and frequency of services and supports prior to move-in so that the staff can be prepared and oriented to the needs of the Resident upon move-in.

### **PROCEDURE**

#### **I. Pre-admission Screening and Assessment**

1. The Marketing Department will be responsible for scheduling a meeting between the Resident and other appropriate parties to complete the Initial Resident Health Assessment prior to the resident moving in to Assisted Living.
2. A medical release form, signed by the prospective resident, along with the Physician's Assessment Form, shall be sent to the resident's primary care physician or authorized practitioner to obtain a current evaluation (no more than three months prior to move in) of the Resident's physical, cognitive, and psychosocial condition. The Resident or the Resident's representative is responsible to have the Resident's physician or authorized practitioner complete the required form and return it to the facility prior to the Resident moving in.
3. The nurse will conduct an initial screening and assessment to determine:
  - a. The prospective Resident's service needs and the preferences and ability of the Residence to meet those needs;
  - b. The prospective Resident's functional abilities based on his or her cognitive status;
  - c. Whether SAMM is appropriate for the Resident based on the following:
    - 1.) The completion of an observational assessment by the nurse to determine whether the Resident is capable of performing the particular method(s) of independent medication administration; and
    - 2.) A written statement by the nurse documenting the Resident's capability of performing a particular method(s) of independent medication administration.
  - d. Whether the Resident is at risk for elopement; and
  - e. Whether the Resident is suitable for a special care residence.

4. The preadmission assessment shall note the name of any Legal Representative or any other person who has been documented as having decision-making authority for the Resident and the scope of his or her authority.
5. The initial screening findings shall be documented and disclosed to the Resident, his or her Legal Representative and Resident Representative, if any, before the Resident moves into the Residence.
6. Based on the information gathered in the preadmission assessment and the information received from the Resident's physician, the Assisted Living Director and the Administrator will make the final determination regarding admission of the Resident to the facility. If the facility is unable to meet the needs of the prospective Resident, alternative methods of meeting the Resident's needs will be discussed and documented, including the need for a special care residence.

## **II. Service Plan Development**

1. Prior to move in, the nurse will develop an individual Service Plan for the Resident based on the results of the Initial Resident Health Assessment, the physician's evaluation, and information provided by the Resident, the Resident's family/ significant other or legal representative. The Resident will participate in the development of the service plan to the maximum extent possible. In addition the Resident's legal representative or Resident Representative will participate to the extent he or she is authorized, willing and able to be involved. The service plan shall include the evaluation, conducted in the last three months by the Resident's physician or authorized practitioner, of the prospective Resident's physical, cognitive, and psychosocial condition. It is the responsibility of the Resident or his or her representative to have the physician's or authorized practitioner's evaluation completed.
2. The Residence shall, at a minimum, document its assessment findings for the Resident on the following:
  - a. Allergies;
  - b. Diagnoses;
  - c. Medications (including dosage, method of administration and frequency);
  - d. Dietary needs, including the need for a meal plan prescribed or ordered by a Resident's physician. The Residence has a qualified dietician to review the Resident's dietary needs and provide the Resident with diet management counselling;
  - e. Need for assistance in emergency situations;
  - f. History of psychosocial issues including the presence of disruptive behaviors, or behaviors which may present a risk to the health and safety of the Resident or others;
  - g. Level of personal care needs, including ability to perform ADLs and IADLs; and
  - h. Ability of the Resident to manage medication, including the ability to take medication on an as needed basis.
3. The nurse shall review the Resident's initial service plan within 30 days of the commencement of residency and document the review to ensure the Resident's needs and preferences are accurately incorporated therein and that the Residence is capable of meeting the Resident's needs in accordance with 651 CMR 12.00.
4. Each Service Plan shall be based on a current assessment of the Resident, and indicate the following:
  - a. The services needed, including the minimum service package provided for a monthly fee and any additional services the Resident needs;
  - b. The Resident's goals, and the frequency and duration of all services provided to address the

Resident's particular physical, cognitive, psychological and social needs, including but not limited to the following:

- 1.) Details of the manner in which the Residence shall provide for the presence of a 24 hour per day, on site staff and the manner in which the Residence shall provide for personal emergency response devices or procedures;
  - 2.) Details of the types of assistance with medications that the Residence shall provide, if any;
  - 3.) Description of services that will be provided by a person or entity or affiliated with the Assisted Living Residence or by a certified provider of ancillary health services ( e.g. VNA services, private duty aides, adult day care) if the Resident, Resident Representative of the Legal Representative notifies the Assisted Living Residence that he or she has arranged for such services; and
  - 4.) The need for a meal plan prescribed or ordered by a Resident's physician. The Residence shall have a qualified dietician review the Resident's dietary needs, and provide the Resident with diet management counseling.
- c. The service plans shall be in writing, signed and dated by the Resident or his or her Legal Representative, and by the Sponsor or his or her representative.
  - d. Following the Service Plan reassessment required by 651 CMR 12.04(7) (b), the nurse shall review the Service Plan not less than every six months, or at any time upon identifying a significant change in the Resident's condition, and document the review to ensure the Resident needs and preferences are accurately incorporated therein and that the Residence is capable of meeting the Resident's needs in accordance with 651 CMR 12.00.
  - e. The service plan shall be confidential except to the extent necessary to provide services and manage the operations of the Assisted Living Residence; provided that EOEa may review the service plan at any time with the consent of the Resident or his or her Legal Representative.
5. With the permission of the Resident, appropriate family members/significant others are invited to attend Service Plan meetings. The Resident, family and significant others will be encouraged to participate in the development of the service plan to the maximum extent possible.
  6. The Resident and/or the Resident's legal representative, the Assisted Living Director and others in attendance at each Service Plan meeting are asked to sign and date the Service Plan. The Service Plan is kept in the Resident's health and wellness file and the Resident and/or the Resident's legal representative is provided a copy of the signed Service Plan.
  7. The Assisted Living Director will maintain a log that identifies the date for the next regularly scheduled Service Plan meeting. At least one week prior to the meeting the Director will notify the Resident and all other appropriate interested parties of the date and time of the meeting. The team, with the Resident and other interested parties, will complete the Service Plan Review Form.
  8. If a significant change in condition occurs, the Assisted Living Director will arrange for an additional Service Plan meeting to update and revise, if necessary, the current Service Plan.
  9. It is not necessary to complete a new Assessment Form or a new Service Plan each time it is updated. Changes may be written on the original document as long as:
    - a. Everyone who participates in the assessment or service plan process signs and dates the form to document their participation;
    - b. The Resident's current needs and preferences are accurately documented;
    - c. All additions or deletions are clear and legible;



- d. All changes are signed or initialed and dated by the nurse who conducted the assessment, so that Elder Affairs can determine when each change was made;
  - e. All notations are made in pen; and
  - f. Liquid paper, correction tape or similar products are not used.
10. If no change is necessary, this will be documented on the assessment or service plan and the documentation will be signed and dated to indicate the time and date it was determined no change was needed.



## Individual Service Plan

revised 072915

☐ Pre Admission   ☐ 30 Day Review   ☐ Six (6) Month Review   ☐ Start of Health Support Services   ☐ Significant Change

Resident's Name: \_\_\_\_\_ Apt. \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Diagnosis: \_\_\_\_\_

### Advanced Directives:

**DNR / Comfort Care Orders**   ☐ Yes   ☐ No   Where is the original kept? \_\_\_\_\_

**Health Care Proxy**   ☐ Yes   ☐ No   Name: \_\_\_\_\_

**Power of Attorney**   ☐ Yes   ☐ No   Name: \_\_\_\_\_

Scope of Authority: (legal, financial, medical, etc) \_\_\_\_\_ **Guardian**

☐ Yes   ☐ No   Name: \_\_\_\_\_

Scope of Authority: (legal, financial, medical, etc) \_\_\_\_\_

**Resident Consents to family members' participation in service planning**   ☐ Yes   ☐ No

If yes, specify name(s) of such family members: \_\_\_\_\_

**Resident's Goals: (1)** \_\_\_\_\_

**(2)** \_\_\_\_\_

**(3)** \_\_\_\_\_

**Assistance Needed in an Emergency?**   ☐ Yes   ☐ No   If yes, type \_\_\_\_\_

**Fire Safety Review Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



revised 072915

**Latex** ☐Yes ☐No

**Please describe any dietary preferences (likes, dislikes, etc.)** \_\_\_\_\_

- ☐ **Resident** assistants who are working their assigned shift
- ☐ Maintenance staff for routine or emergency maintenance
- ☐ Security Staff or Administrator in emergency situation
- ☐ Housekeeping staff for weekly cleaning during their assigned shift
- ☐ Assisted Living Director



Resident's Name: \_\_\_\_\_

## Individual Service Plan

revised 072915

| Assignment   | Specifics | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|--|-----------|-----|------|-----|-------|-----|-----|-----|
| <b>Bathing</b> (describe in detail)                              |           |     |      |     |       |     |     |     |
| <b>Grooming</b> (describe in detail)                             |           |     |      |     |       |     |     |     |
| <b>Dressing – includes TED stockings</b><br>(describe in detail) |           |     |      |     |       |     |     |     |
| <b>Bed Making</b> (describe in detail)                           |           |     |      |     |       |     |     |     |
| <b>Housekeeping</b> (describe in detail)                         |           |     |      |     |       |     |     |     |
| <b>Laundry</b> (describe in detail)                              |           |     |      |     |       |     |     |     |

Does the resident have stove access? ☐ Yes ☐ No

Hearing Aid(s) ☐ Yes ☐ No If yes, ☐ Left Ear ☐ Right Ear ☐ Both

Glasses ☐ Yes ☐ No Dentures / Bridge ☐ Yes ☐ No

| Assignment  | Specifics      | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---|----------------|-----|------|-----|-------|-----|-----|-----|
| <b>Eye Glasses, Ear Drops, Inhaler, Nebulizer, etc</b> (describe in detail) |                |     |      |     |       |     |     |     |
| <b>Continence</b><br>(describe in detail)                                   | <b>Bladder</b> |     |      |     |       |     |     |     |
|   | <b>Bowel</b>   |     |      |     |       |     |     |     |



Resident's Name: \_\_\_\_\_

## Individual Service Plan

revised 072915

**Prosthetic Device(s)** ☐Yes ☐No If yes, specify: \_\_\_\_\_

**Fall Risk** ☐Yes ☐No **Elopement Risk** ☐Yes ☐No If yes, responsible party: \_\_\_\_\_

| Assignment   | Specifics | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|--|-----------|-----|------|-----|-------|-----|-----|-----|
| <b>Daily Orientation to Schedule</b><br>(describe in detail) |           |     |      |     |       |     |     |     |
| <b>Calendar / Activities of Interest</b>                     |           |     |      |     |       |     |     |     |

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| Assignment   | Specifics | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|--|-----------|-----|------|-----|-------|-----|-----|-----|
| <b>Dementia Support / Cognitive Issues</b><br>(describe in detail) |           |     |      |     |       |     |     |     |

### Behavioral Program:

**Is the resident on a specific behavioral program?** ☐Yes ☐No If yes, describe in detail: \_\_\_\_\_



Resident's Name: \_\_\_\_\_

## Individual Service Plan

revised 072915

| Assignment  | Specifics      | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---|----------------|-----|------|-----|-------|-----|-----|-----|
| <b>Escort to Breakfast or Tray in Room</b><br>(describe in detail)                |                |     |      |     |       |     |     |     |
| <b>Escort to Lunch or Tray in Room</b><br>(describe in detail)                    |                |     |      |     |       |     |     |     |
| <b>Escort to Dinner or Tray in Room</b><br>(describe in detail)                   |                |     |      |     |       |     |     |     |
| <b>Medication Support</b><br><b>Self, Family, Nurse</b><br>(describe in detail)   |                |     |      |     |       |     |     |     |
| <b>Medication Plan for AM</b><br><b>Indep., SAMM, LMA</b> (describe in detail)    |                |     |      |     |       |     |     |     |
| <b>Medication Plan for Noon</b><br><b>Indep., SAMM, LMA</b> (describe in detail)  |                |     |      |     |       |     |     |     |
| <b>Medication Plan for PM</b><br><b>Indep., SAMM, LMA</b> (describe in detail)    |                |     |      |     |       |     |     |     |
| <b>Medication Plan for Other</b><br><b>Indep., SAMM, LMA</b> (describe in detail) |                |     |      |     |       |     |     |     |
| <b>Safety Check</b><br>(describe in detail)                                       | <b>Shift 1</b> |     |      |     |       |     |     |     |
|   | <b>Shift 2</b> |     |      |     |       |     |     |     |
|   | <b>Shift 3</b> |     |      |     |       |     |     |     |



Resident's Name: \_\_\_\_\_

### Individual Service Plan

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Bed rails or positioning device- The risk associated with the use of bed rails or positioning bars has been reviewed with me and I understand to the best of my and / or my responsible party's ability that in some cases these devices can increase the incident of falls or head trauma due to falls and other accidents such as strangulation and entrapment. If I choose to use one I will be assessed by a Physical or Occupational therapist to insure that I can safely get out of bed and that this device in no way acts as a restraint.

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

Date:        /        /

#### Outside Service Providers:

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

Telephone: (\_\_\_\_)\_\_\_\_\_- \_\_\_\_\_

Assignment Specifics: \_\_\_\_\_

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

Telephone: (\_\_\_\_)\_\_\_\_\_- \_\_\_\_\_

Assignment Specifics: \_\_\_\_\_

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

Telephone: (\_\_\_\_)\_\_\_\_\_- \_\_\_\_\_

Assignment Specifics: \_\_\_\_\_



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**Resident Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Program Director Signature:** \_\_\_\_\_

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

[illegible][illegible][illegible]



Loomis Communities  
Loomis Lakeside at Reeds Landing  
**CANCELLATIONS AND TERMINATIONS**

A. The Residency Agreement will be terminated when:

1. Resident dies and all belongings are removed from the apartment.
2. Resident moves permanently to the Health Center and all belongings are removed from the apartment.
3. Resident moves permanently to another location outside of Loomis Lakeside at Reeds Landing, after giving 30 days written notice and removing all belongings from the living unit.
4. Either party gives 30 days notice to the other party of such party's intention to terminate without cause; and the resident vacates and removes all belongings from the apartment; or
5. The term of the residency agreement expires; and all belongings are removed from the apartment.

The remaining Resident in the case of dual occupancy may terminate this Agreement if one of the above situations occurs. However, the death or move of one Resident shall not necessarily affect the continuation of the Agreement for the other.

B. The Agreement may be terminated by Loomis Lakeside at Reeds Landing with 30 days' prior written notice if Resident:

1. fails to make payment of fees promptly;
2. breaches this Agreement;
3. fails to follow Loomis Lakeside at Reeds Landing's policies and procedures;
4. engages in activities or conduct disruptive to the Loomis Lakeside at Reeds Landing community;
5. has care needs which cannot be met by Loomis Lakeside at Reeds Landing staff and the resident refuses to supplement care with an outside provider; or
6. fails to execute an extension and amendment of this Agreement prior to the expiration of the current Agreement.

Such termination shall be in accordance with the provisions of landlord-tenant laws as established in M.G.L.C.186 or M.G.L.C.239. Criteria to be used will include: Personal Performance Criteria, as set forth in Exhibit 1, records of payment, and documentation in the resident's health and wellness file.

Loomis Lakeside at Reeds Landing reserves the right to determine if a Resident's care needs are being met appropriately in the Assisted Living setting. The Resident Care Committee has the authority to make the decision to terminate the Agreement:

- ☒ if the Resident fails to meet the Personal Performance Criteria as described in Exhibit 1;
- ☒ if the Resident's physical or mental condition poses a danger to Resident or others, in the opinion of Loomis Lakeside at Reeds Landing;
- ☒ if the Resident needs skilled nursing services which cannot be provided by a Certified Provider of Ancillary Health Services or by a licensed hospice.

Loomis Lakeside at Reeds Landing reserves the right to transfer a resident temporarily to an appropriate facility immediately in the case of serious threat to the health or safety of Resident or other Residents or employees of Loomis Lakeside at Reeds Landing.

- C. The monthly service fees shall be payable until the later of the end of the period provided above or the removal of all personal property from the unit. If all personal property is not removed within 30 days of the termination of this Agreement, Loomis Lakeside at Reeds Landing has the right to store such property at the expense of Resident or Resident's estate. If the property is stored longer than 90 days, Loomis Lakeside at has the right to sell the property upon 30 days' notice, and return the proceeds to Resident or the estate, less any costs for storage, sale, or other amounts due Loomis Lakeside at Reeds Landing. In the event Resident fails to vacate the unit upon termination of this Agreement, Loomis Lakeside at Reeds Landing may bring an action for summary possession in accordance with applicable law.
- D. The vacated unit must be left in a condition satisfactory to Loomis Lakeside at Reeds Landing. Loomis Lakeside at Reeds Landing may charge the Resident or Resident's estate for any repair or cleaning, other than normal wear, needed to restore the unit to its former condition.

Loomis Communities  
**OTHER PROVISIONS**

A. **Dietary:** Loomis Lakeside at Reeds Landing can provide the following therapeutic diets ordered by a physician or authorized practitioner:

- Sodium restricted
- Low fat
- Sugar restricted

The dietary staff will cut or chop resident's food in the kitchen prior to serving for those resident's with physical limitations. Staff will not feed residents on an ongoing basis. Kosher diets are not provided.

B. **Enrichment Activities:** Loomis Lakeside at Reeds Landing offers a wide variety of activity programs, including but not limited to:

- Exercise programs
- Musical performances
- Current affairs
- Wellness programs
- Arts and crafts projects
- Cooking and baking
- Games
- Intellectual events and stimulation
- Social gatherings
- Movies
- Reminiscences
- Weekly shopping trips and rides
- Trips to various places of resident interest

Activities are offered from 9 a.m. to 8 p.m. seven days a week. A minimum of four hours of scheduled programming is offered each day. Scheduled activities are augmented by spontaneous and individualized interactions 24 hours a day.

C. **Security and Guest Policies:** Loomis Lakeside at Reeds Landing provides 24-hour awake reception/security staff. All guests are requested to sign in when arriving and sign out when leaving. The guest sign in / sign out book is located in the Reception area of the facility.

Residents are asked to sign out when leaving the facility and to indicate their destination and an estimated time of return. The sign out book is located in the Reception area of the facility.

Loomis Lakeside at Reeds Landing accounts for the presence of residents living in assisted living at all three meals and at bedtime. An awake Resident Assistant is stationed on each floor during the 11 p.m. – 7 a.m. shift.

The exterior doors of the building are locked at 8pm.

**D. Non Resident Uses of the Loomis Lakeside at Loomis Lakeside Facilities**

The Loomis Lakeside at Reeds Landing assisted living is located on the second floor of the building. The common areas used by non-residents are located on the first floor and are utilized from time to time by people from the community, including holding events to which the public is invited. Such events are staffed by at least one additional staff member who is assigned to the event, in addition to the Security Officer who is located inside the main door and the Assisted Living staff who are located on the Assisted Living Unit. After 8 p.m. all outside doors are locked and the only access to the building by non-Residents is through the front door where the Security Guard controls access to the building.



## **LOOMIS LAKESIDE at REEDS LANDING EMERGENCY RESPONSE PROCEDURE FOR ASSISTED LIVING RESIDENTS**

### **GENERAL INSTRUCTIONS:**

- All residents should remain in your apartment unless you are told it is unsafe to do so by a staff member. If it is necessary to evacuate, a staff person or emergency personnel will come to your apartment and assist you to the appropriate location.
- Listen to the radio or watch your television for the latest update on severe weather conditions.
- Tune your television to Channel 918 for any information specific to Loomis Lakeside at Reeds Landing.

### **IN THE EVENT OF A FIRE:**

#### **When You Hear The Fire Alarm:**

1. If you are in your apartment, stay in your apartment. Feel the door of your apartment. **If the door is not hot**, open the door and look up and down the hallway. If you see no smoke, remain inside your apartment and close your door, but do not lock it. **If the door is hot**, do not open it. Place a wet towel along the bottom of the door.
2. Close your windows.
3. Turn off all electrical appliances except your lights and television.
4. Tune to Channel 918 on your television. When the alarm has been shut off, the staff will put a message on Channel 918 indicating that it is "All Clear."
5. If it is necessary to evacuate, a staff person or fire personnel will come to your apartment and assist you to the appropriate location.
6. Remain inside and awake until the alarm has been turned off.

#### **If There Is A Fire In Your Apartment:**

1. **Remain calm.** Leave immediately, closing your door.
2. Locate and pull the fire alarm nearest your apartment. These can be found on the wall near all red "Exit" signs.
3. Alert nearby residents if it can be done safely.

## **EVACUATION PLAN**

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### **Policy**

In the event of an emergency during which it is no longer safe for residents, visitors and staff to remain in the building, in whole or in part, the Director of Operations or Administrator will order that Loomis Lakeside at Reeds Landing put its Evacuation Plan into effect.

### **Preparation**

1. All residents will be provided with a copy of the "Procedure for Evacuating the Building", to be placed in the Resident's Handbook. "You are Here" maps have been provided to all residents indicating the evacuation route they should take in an emergency. This has been taped to the back of the entrance door in each apartment. Maintenance personnel review this with new residents as part of the orientation.
2. A list of all residents requiring assistance in an evacuation has been developed and maintained by the Health Services Director. This list will be reviewed monthly and updated as needed. Copies of the list are stored in the key box at the Front Desk, posted in the office on each floor of Assisted Living, in each of the two fire panels, and in each of the two alarm-enunciator boxes. In the event of an emergency, staff will be assigned to assist these residents.

### **Procedure**

1. The Director of Operations or appropriate emergency authority will determine whether evacuation is necessary and the degree of evacuation.
2. All staff not with residents will report to the front desk for assignments.
3. If only part of the building must be evacuated, residents, visitors and staff will be moved to a safe common area (i.e. Longfellow Room, the dining room, the lobby, Twains Cafe, the conference room, etc.) beyond fire doors. If the entire building must be evacuated, residents, visitors and staff will be directed to the stairwell nearest their location, and exit the building through the exterior doors as listed on the next page.
4. A staff person or emergency service personnel will be assigned to each hallway in the building to announce that evacuation is necessary and assist residents who are listed as needing assistance (see **Preparation 2.** above). If time permits, residents will be instructed to fill a plastic bag with current prescription medications to take along with them, in the event they cannot return for an extended period of time.
5. The Assisted Living Emergency Book will be collected, if time permits, by the RA assigned to the second floor of Assisted Living.
6. A list of residents and staff in each designated location will be compiled and verified upon completion of the evacuation.

7. Residents and staff will remain in designated locations until given permission by the proper authorities to return to the building or relocation takes place.
8. If it becomes necessary to evacuate the entire campus, Loomis Lakeside at Reeds Landing has three vehicles to accommodate 19 residents at a time. Loomis Village is in possession of two vehicles, which can accommodate a total of 21 residents at a time. Loomis House and Applewood have a total of 4 vehicles, which could accommodate an additional 40 residents. Emergency medical services would also be enlisted to assist in this effort. Evacuated residents will be sent to another Loomis community if possible.

**WHEN EVACUATING THE BUILDING, ALL PERSONS WILL LEAVE THE BUILDING VIA THE STAIRWELL NEAREST TO THEIR LOCATION AT THE TIME THE EVACUATION IS ANNOUNCED. THEY WILL EXIT FROM THE STAIRWELL THROUGH THE CLOSEST EXTERIOR DOOR AND ASSEMBLE IN THE DESIGNATED OUTSIDE AREA UNTIL TOLD TO RELOCATE BY THE PERSON IN CHARGE.**

This chart describes the location of assembly for each area:

|  |  |
|--|--|
| East, Center and West Building Independent Residents | Exit floor by stairwells 7, 4, 3, 2, or 1 closest to your apartment and then exit the building by doorway at the bottom of each stairwell. Assemble in the West Entrance front parking lot. Only use Stairwells 5 and 6 if necessary as they lead to the back of the building. |
| Assisted Living Residents                            | Exit by stairwell 4 or 7 closest to your apartment. Assemble in the parking area in front of the Main Entrance. Only use stairwells 5 and 6 if necessary as they lead to the back of the building.   |
| Skilled Nursing Residents                            | Exit by Health Center Entrance to Main Lobby, or Health Center Main Entrance to rear parking lot.  |
| Cottage Residents                                    | Remain in units unless told to evacuate by staff or emergency personnel. Units 1019-1028 assemble in the parking lot in front of cottages.   |



## **Loomis Lakeside at Reeds Landing ASSISTED LIVING FULL DISCLOSURE RECEIPT**

- I. I was advised by Loomis Lakeside at Reeds Landing that I had the right to have an advisor present with me before meeting with them.

|                              |               |
|------------------------------|---------------|
| _____<br>Signature, Resident | _____<br>Date |
|------------------------------|---------------|

|  |               |
|--|---------------|
| _____<br>Signature, Legal Representative | _____<br>Date |
|--|---------------|

|   |               |
|---|---------------|
| _____<br>Signature, Loomis Representative | _____<br>Date |
|---|---------------|

- II. The Elder Affairs Consumer Guide and the Loomis Lakeside at Reeds Landing Disclosure Statement were provided and reviewed with me.

|                              |               |
|------------------------------|---------------|
| _____<br>Signature, Resident | _____<br>Date |
|------------------------------|---------------|

|  |               |
|--|---------------|
| _____<br>Signature, Legal Representative | _____<br>Date |
|--|---------------|

|   |               |
|---|---------------|
| _____<br>Signature, Loomis Representative | _____<br>Date |
|---|---------------|

- III. The Loomis Lakeside at Reeds Landing Residency Agreement was provided and reviewed with me.

|                              |               |
|------------------------------|---------------|
| _____<br>Signature, Resident | _____<br>Date |
|------------------------------|---------------|

|  |               |
|--|---------------|
| _____<br>Signature, Legal Representative | _____<br>Date |
|--|---------------|

|   |               |
|---|---------------|
| _____<br>Signature, Loomis Representative | _____<br>Date |
|---|---------------|