



Our home is close to the hospital, expressways (1-75 & 1-275), shopping, and golf.

Please call us for personal directions to visit at (734) 240-2-ESI.





Elderly Solutions

100 Santure Road Monroe, Michigan 48162 Phone: 734-240-2374 Fax: 734-240-3425 Chezlynn D. Chinavare, RN President



Assistance in Living



- Life Enhancement **Travel Outings** Activities and •
- Water Aerobics (Seasonal)
- Breakfast Club (Seasonal) •
- Card Parties
- Craft Classes
- Gardening
- Cooking
- Scrap-booking
- Movie Night
- Exercise Classes
- Quilting Bingo

24 Hour access to a Registered Nurse. We provide a beautiful home

setting with caring staff who are devoted to maintaining the

best quality of life for each resident, at a cost

significantly below that of a nursing home.

independence and dignity, along with personalized attention and

At ESI, we provide an assistance in living that offers older adults

We are the "home" away from home.

Elderly Solutions Inc.



Program Statement

Elderly Solutions, Inc. program statement consists of the Corporation's population to be served, program goals, services provided, community resource information, a description of staff competencies and the purpose behind our Corporations commitment.

Population to be served The facility services residents over the age of 55 Years. They may have medical conditions that need to be monitored by a nurse or may need assistance with Activities of Daily Living. The facility also services residents with Alzheimer's and Dementia. The facility also plans to assist residents and families with "End-of-Life Care" to lessen the stress on the families, while also providing 24-Hour access to staff.

Program Goals Our goal is to pursue a better quality of life for the elderly while incorporating a licensed nurse to monitor a resident's condition. In accomplishing this, we are introducing a family atmosphere and intergenerational contact. We want to include socialization within the community and reflection on years past. Our goal is to also include the resident's in Activities of Daily Living to support a purpose and enhancement of self, to promote dignity and autonomy of those who can no longer live alone in the community.

Services Provided The facility will provide monitoring of each resident by a Registered Nurse in a home atmosphere, where residents live in a secure, and caring environment. *Elderly Solutions, Inc.* will also provide the following:

- □ 24-hour access to staff seven (7) days a week.
- Staff to administer, supervise administration and monitor medications of each resident
- □ Three Nutritious meals per day
- □ Room and Board
- Laundry services
- Assistance with Activities of Daily Living
- □ Housekeeping
- □ Life enrichment activities and outings
- Semi-private suite in a Home setting
- Intergenerational contact
- Snacks and Beverages
- □ Local phone service
- Behavior Management
- Restorative Care
- Basic Cable Television and Internet service

The facility will also seek to pursue community resources for life enrichment, including outings to senior community centers, churches, and close proximity to local mall and transportation services such as Lake Erie Transit (LET).

Services Available At An Additional Fee

- Medications
- Medical Supplies
- Personal Hygiene Supplies, Including Incontinence Supplies
- Transportation with Staff Accompaniment to Outside Appointments
- Outings to Places with Entrance Fees or Other Costs
- Beautician/ Barber Services
- Podiatrist Services
- Dietary Consults
- Laboratory/ Portable X-Ray Services
- Guest Meals
- All Other Services Not Included in Routine Care

Description of Staff Competencies Each *Employee* will have completed a Health Physical, Criminal Background and Personal Reference Check prior to employment.

In addition to the credit hours for licensing for an AFC home, Elderly Solutions, Inc. *Licensed Nursing Staff* shall maintain continuing education as required per State Law for licensure, and must have a minimum of one year of experience working with the population to be cared for in the home. A Licensed Nurse will also serve as the Administrator or House Supervisor/manager. Each Nurse shall complete a skills check list annually and must obtain the required inservice hours of the facility which include:

- 1. Skin Care (breakdown prevention)
- 2. Save your back
- 3. Fire Inservice & Fire Drills
- 4. Right to Know
- 5. Tornado Inservices and Drill
- 6. Infection Control (Prevention/Isolation/Handwashing)
- 7. Nutrition/Dietary
- 8. Communication/ Documentation
- 9. Pharmacy- Drug Interactions
- 10. Physical/Psychological Aspects of Aging/ Facility resident Population Specific
- 11. Dental Care
- 12. Resident Rights (Bill of Rights and Confidentiality)
- 13. Human Immune Virus & Blood Borne Pathogens
- 14. Activities Role/ Program
- 15. Crisis Intervention Training/ Emergency Shutdown
- 16. Behavior Management/Intervention Techniques
- 17. First Aid/CPR/Requirements

Each *Direct Care Staff* member shall also obtain the required in-services above. They will also be required to perform an annual "Skill's" test supervised by the Administrator/Licensed Nurse.

The purpose of *Elderly Solutions, Inc.* is to offer a better quality of life for seniors in a home setting, with the reassurance of a licensed nurse to monitor changes in a resident's physical/mental condition. Utilizing the aspect of intergenerational communication and socialization within the home and community, as the facility's goal we wanted to ensure the best possible security and care for each resident.



Alzheimer & Dementia Care Philosophy

Elderly Solutions Inc., is devoted to providing a safe and secure environment in a homesetting for Seniors with mild Alzheimer's disease and other memory related disorders. Elderly Solutions Inc. fosters the resident's individual skills and interests in an environment that helps to diminish confusion and agitation. We build on personal strengths of each individual by stimulating their senses and past experiences.

Each senior will be evaluated by the facilities administrator by an on-site assessment, which includes inspection of diagnoses, medications, and current behaviors. Next, a cognitive and physical assessment is performed. Each item is numbered on a scale of 0 through 10, with ten being the most severe. Our facility only accepts seniors at the level of 6 or below. After admission to our facility each resident is evaluated at least quarterly, and if at anytime a senior's condition elevates to above the score of six, transfer and discharge plans may initiate, which would include a care conference with family or legal guardian and a full evaluation by the facility's administrator. Safety would always be the only goal for a patient for a move.

Our staff works closely with each individual senior and their families to create a program of care and support. By partnering with the family, we are creating a special program of care and support our small facility environment due to excellent staffing ratios.

We provide each caregiver with extensive training and support through classroom and on-the-job guidance from experts in the field, including the Alzheimer's Association and local medical professionals.

Elderly Solutions Inc. offers a physical environment conclusive to the disease process in that we enhance the positive effects of a small environment in a structured routine with simplicity. Our Activity Program promotes reality orientation classes, pet therapy, and therapeutic humor. The activities are reinforced weekly to build a habit and repetition of security. Programs that are incorporated are to enhance one's memory, and to promote a quality of life.

Our facility prides itself on not charging an additional fee for the 24-Hour access to care, including assistance with activities of daily living, such as eating, grooming, and toileting. Fifty percent of those 85 and older are victims of Alzheimer's disease, and *Elderly Solutions Inc.* wants to raise the standards of care by not increasing one's rate for a disease that effects so many.



Fee Policy

Purpose To provide a statement of our fees and charges for providing Adult Foster Care as defined by Act 218 of P.A. of 1979, as well as clarification of services included in the basic rate or available at an additional charge.

Services A description of services to be provided and the fee:

| | Item | Fee |
|------------------|---|-----------|
| × | Semi-Private Room & Board with 24 hour access to staff | Included |
| P | Medication Management | Included |
| Þ | Housekeeping Services | Included |
| × | Available Snacks and Beverages | Included |
| × | Three Nutritious Meals each day | Included |
| \triangleright | Health Care Monitoring | Included |
| \geqslant | Personal laundry and linens service | Included |
| \triangleright | Basic grooming items (soap, shampoo, etc) | Included |
| × | In-home recreational activities | Included |
| Þ | Digital Cable Service, common areas | Included |
| A | Basic personal care as outlined in the resident assessment/ | |
| | Resident Care Agreement | Included |
| Þ | Oxygen Dependent | 5.00/day |
| × | Master Suite Room Number 1 | 10.00/day |
| Þ | Short-term/Respite care of less than 45 days | 15.00/day |
| A | Private Room with shared bath | 20.00/day |
| \triangleright | Private Bedroom with Private Bath | 25.00/day |

Reservation Fee A thirty (30) day Reservation Fee will be paid along with the remainder of the current month on reservation of each admission.

Billing Policy Payment for care is to be paid in advance. Payment is due prior to the first (1st) of each month for the current month. Payment by check or ACH Payment is requested. Checks should be made out and mailed/delivered to *Elderly Solutions Inc.*, *100 Santure Road, Monroe, Michigan 48162.*

Cost/Rate Adjustments A resident or resident's designated representative shall receive at least thirty (30) days written notice of all room rate adjustments, with the exception of rate changes caused by room transfers. At each notification of a cost/rate adjustment, you can elect to terminate this agreement. Any such increases will be deemed agreed to by a resident or a resident's designated representative upon the mailing of said notice unless the facility is notified in writing to the contrary within ten (10) business days after the mailing of the notice. If a resident or the

1

resident's designated representative does not agree to the cost/rate adjustment, the resident agrees to leave the facility no later than the day before the changes become effective with a seven (7) day written notice. If you fail to leave the facility, the resident or resident's designated representative shall be deemed to have consented to the adjustment.

Failure To Pay Failure to pay the amounts due to the facility by the fifth (5th) of each month shall result in a penalty and a carrying charge being assessed of not less than 1½% per day and not more than 10% on the amount then due for first offense. Late fees will grow by ½% per day per offense for each monthly late payment within a rolling 12-month period from last occurring offense. The total late payment charge shall not exceed 25%. Failure to pay the amount due including the penalty and carrying charge within five (5) days of the original due date could immediately subject you/resident to involuntary discharge implementing the thirty (30) day involuntary discharge policy. All Legal representatives shall be contacted per State Policy. Also, any non-sufficient fund checks made for any payment will be subject to a fifty-dollar (\$50.00) fee and any other legal ramifications, including discharge from facility.

Attorney's Fees In the event that your account must be referred to an attorney or collection agency for collection, you and your responsible party (resident's) agree to pay reasonable attorney fees and collection expenses. All delinquent accounts shall bear interest at the maximum legal rate. In the event that legal action should be commenced by either party to this Agreement, the prevailing party shall be entitled to recover his or her reasonable costs, including attorney fees incurred in defending or prosecuting such action.

Pay Source Acknowledgement Payment is due for the remainder of the current month plus the next month in advance at the time of admission. Accounts past due will receive a courtesy call prior to collection efforts made. Accounts are considered delinquent after 5 business days at which time collection efforts will commence.

Deposit for Reservation Call List A \$100 deposit is required to secure a resident's name on an Availability Call List. If for any reason the resident is not accepted, the deposit will be refunded. If accepted, the deposit will be credited to the resident's account (See Refund Agreement).

Basic Rate Per Day \$ 150.00

I acknowledge that the above services and fees have been explained to me. I authorize *Elderly Solutions Inc.* to release my name to any of the above needed providers. I agree to the terms listed above and I have received a copy of *Elderly Solutions Inc.*, Fee Policy.

5-

Resident or Designated Representative

Relationship

Date

2



Welcome to Elderly Solutions Inc.! This form is *optional* to complete, but allows us to better serve your needs and ensure correct placement for you or your loved one. Please complete the following below.

| Date: | | | | | |
|---------------|------------------------------------|---------|----------|----------------------------------|-------------|
| Name: | | | | | |
| Address: | | | | | |
| City: | | State | | Zip Code | e: |
| Phone: | | | | | |
| Name of Perso | on(s) needing care: | | | | Age: |
| Email Address | | | | I want to rec | eive email: |
| For whom are | you requesting informa | tion? | | | |
| Self | Parent or In-Law | Gran | dparent | Relativ | 'e |
| Other: | | | | | |
| Do you want u | is to contact you? | Yes | N | lo | |
| Would you lik | e to receive ESI Newsle | etters? | Yes | No | |
| How were you | referred to this organiz | ation? | | | |
| | interested in making a s Within | | | ns Inc.'s Home Vithin 90 days | : |
| Within 6 mont | hs Within | 1 year | Within 2 | years | |
| | | | | | |

If you are interested in placement for you or your loved one and would like to be initiated on our waiting list, there is a \$100 refundable deposit required and all information **must** be completed above and returned to: 100 Santure Road, Monroe, MI, 48162.

Thank you for visiting our facility. Feel free to contact us regarding any questions or concerns you might have.

Elderly Solutions Inc.