

**MARY HEALTH OF THE SICK
CONVALESCENT AND NURSING HOSPITAL**
2929 Theresa Drive
Newbury Park, CA 91320
Telephone (805) 498-3644 FAX (805) 498-5112

Conducted by the Sisters Servants of Mary

Dear Applicant:

In order to be considered for admittance to Mary Health of the Sick, the following application forms must be completed in entirety.

- All applications will be kept on file for one year. In the fall of every year we update our waiting list and you will receive a letter inquiring if you still want to remain on the list.
- At that time, if you are on the “READY NOW” list and if there have been any changes in either the applicant’s health or financial situation, please mark the appropriate box. If there have been changes, we will send you a copy of your previous application and a blank set of forms for you to update and return to us for inclusion in the applicant’s file. If you are on the “NOT READY” list we will require an update at the time you become “READY NOW” and annually thereafter.
- In order to remain in the current pool of applicants, this notice must be returned to the Mary Health Business Office within 30 days. If we do not hear from you within this period of time, it will be assumed that Mary Health should no longer consider the individual a candidate for admission. In such a situation, the applicant’s file will be removed from our waiting list and the application will be destroyed. Therefore, it is extremely important that you advise Mary Health during the year if you have a change in address, phone number or change in admission status. We will admit residents based on the information you provide. The admission status is very important. If you are not quite ready, please circle “not ready” this will not affect your place on the waiting list, as we always use your original application date. Your place on our waiting list remains constant and being on the “not ready” list simply means that we will not call you until we know that you are “ready now”.

We appreciate your cooperation. If you have any questions or would like to come for a tour, please feel free to call the front office. The office is open from 7:00 to 5:30 to schedule an appointment. Tours will be given on Wednesdays during scheduled hours only. We wish it were possible to serve everyone, but the hospital’s capacity is limited and the needs of the community are immense.

Thank you for considering Mary Health of the Sick.

Date: _____

**MARY HEALTH OF THE SICK
CONVALESCENT AND NURSING HOSPITAL
PRE-ADMISSION INFORMATION PACKET**

ROOM INFORMATION

ROOM DESCRIPTION*	BEDS AVAILABLE OF EACH TYPE	ROOM NUMBERS
LARGE PRIVATE	1 ROOMS (1 bed total)	41
SMALL PRIVATE W/PRIVATE BATH	5 ROOMS (5 beds total)	33,36,37,38,and 39
SMALL PRIVATE W/SHARED BATH	10 ROOMS (10 beds total)	11,14,18,20,22,23,24,26,28 and 30
SEMI-PRIVATE	18 ROOMS (36 beds total)	10,12,15,16,19,21,25,27,29,31 ,34,35,40,42,43,44,45,47 and 46
WARD	2 ROOMS (7 beds total)	17 A,B,C and 32 A,B,C,D

* Your first choice in room preferences may not be available at admission, we will be happy to put you on an internal waiting list for the room of your choice.

DAILY ROOM RATES INCLUDE:

Around-the-clock skilled nursing care	Personal Laundry
Complete dietary service	Phone (local calls)
Recreation and craft activities	Supportive Physical Therapy
Spiritual care and ministry	Television

OTHER FEES AND CHARGES

- LABORATORY FEES: as per provider fee schedule
- PHARMACY CHARGES: as per provider fee schedule
- BEAUTY SHOP: as per provider fee schedule
- INCONTINENT CHARGE: as per quantity of diapers or blue pads used
- ANCILLARY CHARGES: according to usage
- FEES FOR SPECIAL SERVICES ORDERED BY PHYSICIAN: will vary according to fee schedule

OTHER IMPORTANT INFORMATION

MARY HEALTH IS NOT A LOCKED FACILITY. We are unable to provide a safe environment for confused residents who are at risk for wandering.

MARY HEALTH DOES NOT PROVIDE COMPANION SERVICES. Residents, who require one-on-one companionship, will need to arrange privately for this service and the caregiver will be required to adhere to the rules described in Companion Policy. If at all possible, Mary Health will try to assist you in finding a caregiver.

MARY HEALTH MAY NOT BE ABLE TO PROVIDE APPROPRIATE CARE FOR SOME CONDITIONS. Some residents may exhibit behaviors that constitute a danger to other residents, staff or themselves. If after a reasonable period of adjustment, these behaviors cannot be managed to everyone's satisfaction, you will need to find a more appropriate placement.

MARY HEALTH IS A NON-SMOKING FACILITY. According to state licensing regulations, a facility that is designated, as “non-smoking” cannot admit individuals who will not agree to refrain from smoking inside the facility.

**MARY HEALTH OF THE SICK
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PRE-ADMISSION INFORMATION PACKET**

GENERAL INFORMATION

Today's Date		Original Application Date:		Admission Status
Name of Applicant			<input type="checkbox"/> Ready Now <input type="checkbox"/> Not Ready	
Date of Birth	Place of Birth	U.S. Citizen?		Male: _____ Female: _____
Social Security Number	Medi-Cal/Medicaid Number	Marital Status (circle one) 1. Never married 4. Separated 2. Married 5. Divorced 3. Widowed		
Medicare Number	Other Insurance	Method of Payment (circle one) 1. Private Pay (see note below) 2. Medi-Cal/Medicaid 3. Nursing Home Insurance 4. Other		
Current Residence		Type of Residence (circle one) 1. Private home 5. Acute care hospital 2. Private nursing 6. Psychiatric hospital 3. Assisted Living 7. Rehab. hospital 4. Nursing home 8. Other		
Current Doctor (name and phone number)		Mortuary Arrangements		
Current Diagnosis	Height: Weight: Allergies:	Current Medications		
Responsible Party (name and address)		Phone (h) (w) Cell		
Relationship to Applicant	Do you have Power of Attorney for Health Care? Yes No Do you have Advanced Directives? Yes No			

Note: You are "Private Pay" if your income and assets will enable you to pay the monthly rate plus ancillaries without government assistance.

Facility Notes

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MEDICAL AND SOCIAL HISTORY

Current Mental Acuity (explain)	(Circle number if applicable) 1. Alert 2. Forgetful 3. Confused as to time 4. Confused as to place 5. Confused as to persons 6. Negative 7. Agitated/Anxious 8. Wanders 9. Depressed 10. Repetitive Verbalizations 11. Repetitive movements
Current Health Status	1. Continent 2. Incontinent 3. Partially continent 4. Catheter 1. Feeds Self 2. Needs help w/feeding 3. Special Diet 4. Feeding Tube 1. Stands by self 2. Stands w/ assist 3. Lifted manually 4. Lifted w/lifter 1. Ambulatory 2. Walks with assistance 3. Confined to wheelchair 4. Confined to bed 5. Requires bed rails 6. Uses walker or cane 1. Needs help w/bathing 2. Needs help w/dressing 3. Needs help w/grooming 1. Requires special equip. 2. Requires medical device(s)
Physical Handicaps	1. Vision 2. Hearing 3. Speech 4. Contractures
Past Medical History (operations, illnesses, etc.) and Family History (cancer, diabetes, etc.)	
Social History Number of children _____ Number of siblings _____ Current Interests _____ Past interests and hobbies _____ _____	Religion _____ Primary Language _____ Former Occupation _____ Education (highest level completed) _____
Comments (if more space is needed please use separate sheet):	

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FINANCIAL INFORMATION

Note: The information requested on this page is required only if *payment method* is "private pay." If payment method is "Medi-Cal/Medicaid," this information is not required. The information below must reflect the assets and income available to pay for the resident's care while at Mary Health. As outlined by the Department of Health Services Standard Admission Agreement, **fraudulent misrepresentations of your finances to us, or failure to pay for the care you receive in this Facility are grounds for discharge.**

SUMMARY OF ASSETS AVAILABLE TO RESIDENT

Real Estate	\$
Personal Residence.....	
Other property.....	
Financial Assets	\$
Bank Account(s), Savings Accounts, Investment Accounts, Retirement Accounts etc.	
Other Assets	\$
TOTAL ASSETS	\$

ANNUAL INCOME AVAILABLE TO RESIDENT

Annual Social Security Income	\$
Annual Pension Income	\$
Annual Trust income	\$
Other Annual Income	\$
TOTAL ANNUAL INCOME	\$

(Applicant)

(Date)

(Responsible Party)

(Date)

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2929 Theresa Drive, CA 91320
Telephone (805) 498-3644

Conducted by the Servants of Mary, Ministers to the Sick

MARY HEALTH IS A NON-SMOKING FACILITY

Smoke Free Policy: According to State Licensing Regulations, a facility that is designated as “non-smoking” cannot admit individuals who will not agree to refrain from smoking inside the facility. This policy is designated to ensure that facilities do not violate a resident’s right to self-determination under Federal Law, as specified in Sections 483.15 (b) and 483.420 of Title 42 of the Code of Federal Regulations and as interpreted under the Federal Interpretive Guidelines. This facility has been approved by the State Department of Health Services Licensing and Certification for program flexibility of Section 72507 (b) for Skilled Nursing Facilities.

Waiver of Liability – Smoking

It is hereby acknowledged that the resident/responsible party has been advised that Mary Health of the Sick is a “Non-Smoking facility”. The resident/responsible party agrees that if the resident is injured or any property of the resident is damaged or destroyed by reason of not following the non-smoking policy, the resident/responsible party shall be held liable for damage to hospital property and injury to others.

If the resident is admitted to Mary Health of the Sick, the resident/responsible party agrees to conform to the non-smoking policies of Mary Health of the Sick.

Applicant/Responsible Party Signature

Date