RESPITE CARE GUEST APPLICATION

MISSION STATEMENT

To provide compassionate care, ensuring comfort, dignity, and support for individuals and their families during their hospice or respite journeys.

VISION STATEMENT

To be a place of solace and serenity where individuals and families find the strength to embrace life's transitions with grace and dignity. We aspire to be a facility of excellence in supporting hospice and respite care, leading the way in holistic support, compassion, and comfort for our community.

TRILLIUM HOUSE
1144 Northland Drive.
Marquette, MI 49855
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www.trilliumhouse.org

RESPITE CARE GUEST APPLICATION

Date: _____

Resident's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SSN: _____

Occupation: _____ Sex: _____ Marital Status: _____

Veteran: _____ Branch: _____

Allergies: _____

How did you hear about Trillium House? _____

Name of Designated Representative: _____

Relationship: _____ Phone: _____

Special instructions in case of emergency: _____

_____

Primary Physician Name: _____ Phone: _____

Home Health/Hospice: _____ Phone: _____

Is there an Advanced Medical Directive? Yes ____ No ____ Code Status: _____

Is there a Medical Power of Attorney? Yes ____ No ____ (please provide copies)

Name of MPOA: _____ Phone: _____
(if different from Primary caregiver)

Is there a Financial Power of Attorney? Yes ____ No ____ (please provide copies)

Person responsible for my bill: _____

Address to send invoices to: _____

Phone: _____

Consent to release information: I authorize the exchange of information between my physician, my designated agency and Trillium House to coordinate my care.

Signature of responsible party: _____

Trillium House signature witness: _____

Date:_____/_____/_____

RESPITE CARE ADMISSION AGREEMENT

Whereas I, _____, wish to be a Respite Resident at Trillium House, for the time agreed upon by me, my primary caregiver (hereafter called the “responsible party”) and Trillium House. This is a legally binding contract creating obligations for the resident, the responsible party and Trillium House.

1. PAYMENT AND OTHER OBLIGATIONS OF RESIDENT AND RESPONSIBLE PARTY

The sole purpose of this admission is respite for the usual caregiver. Because the stay at Trillium House is not intended to be on a permanent or long-term basis, it is agreed that the resident will be discharged on

_____/_____/_____ at ___:_____ AM/PM

The responsible party acknowledges that Trillium House will not be able to extend the resident’s stay beyond this date.

I, _____, agree to pay Trillium House, Inc. a daily care fee of $350 on behalf of resident _____ for their respite stay and a one-time $200 cleaning fee. (The cleaning fee will be waived if respite stay is greater than 8 days.) In the event that I am reserving this room for a date more than 14 days in advance, I will pay a deposit of $1,000 which will be refundable in total, should I cancel more than 14 days in advance (other refunds will be considered on a case by case basis at the discretion of Trillium House management.)

I understand the balance of $_____ will be paid upon my arrival unless other arrangements have been made with Trillium House management. In the event that I am billed for a daily rate, I agree that the daily rate will be $ _____, and an invoice will be provided to me every 30 days during my residence at Trillium House, subsequent to services provided. Our services are charged by the day and no refunds will be issued. The resident agrees to meet all financial obligations arising out of this Agreement. The responsible party agrees to make all reasonable efforts to assist the resident in meeting such responsibility. Unless the responsible party is otherwise obligated by law to pay for the cost of the resident’s care, the responsible party shall not be required to use his or her personal resources to pay for the resident’s care. However, the responsible party does agree to use his or her personal resources to meet all other obligations arising out of this Agreement.

A. TRUTH OF STATEMENTS TO TRILLIUM HOUSE: The resident and responsible party jointly and severally guarantees to Trillium House that all statements and financial information provided to

the House prior to the execution of this Agreement are true and accurate. No other language in this Agreement may be construed to impair the guarantee of promise to pay damages contained in this paragraph. By signing this Agreement, the resident and responsible party acknowledge that Trillium House relies on the information provided by the resident or responsible party.

B. IN CASE OF NONPAYMENT: or any sum due from the resident or responsible party under the terms of this Agreement, the resident and responsible party agree to pay reasonable collection fees, interest charges including but not limited to attorney's fees incurred by Trillium house in enforcing the terms of this Agreement.

2. SERVICES INCLUDED UNDER THE DAILY RATE

A. TRILLIUM HOUSE AS AN ALTERNATIVE TO MY HOME: Trillium House staff and volunteers are prepared to offer me 24-hour care of the type a responsible family member could provide in a private residence. I understand that I will be assigned a private bedroom with a bath and living quarters.

B. ASSISTANCE: Trillium House staff is trained to perform health care tasks a family member at home may be trained or instructed to do. These include assisting me with activities of daily living such as bathing, grooming, meals, repositioning or transferring me from one position to another and helping me to take prescribed medication.

C. HOUSEKEEPING SERVICES: Trillium House staff will provide reasonable laundry (excluding drycleaning) and housekeeping assistance as needed to keep your assigned space neat and clean.

D. MEALS & SNACKS: A kitchen used and maintained by Trillium House staff and volunteers is used to prepare meals and snacks. I understand my family or friends may bring snacks or special foods for me to enjoy. These must be labeled with my name, contents, date and given to Trillium House staff for proper storage.

E. MEDICAL CARE: I understand it is my responsibility to coordinate and manage my medical care while I am a guest at Trillium House. I understand Trillium House staff and volunteers will cooperate with medical providers but do not provide medical care.

F. MEDICATION: I understand it is my responsibility to provide the medication I need and that it must be clearly labeled in its original container that includes written instructions for its administration. I agree to give this medication to Trillium House staff and I understand it will be locked in a medication cabinet.

G. EQUIPMENT: The use of customarily stocked equipment, including but not limited to walkers, wheelchairs and other supportive equipment when necessary, unless such item is prescribed by a

physician for the regular and sole use by a specific resident.

NOTE: RESIDENT'S PURCHASES:

All residents will be expected to pay for personally requested items such as, but not limited to: Barber/Beauty Parlor services, Special Transportation, Fast Food, Entertainment, etc. Payments should be made to the provider of such services or vendor when the cost is incurred.

The responsible party agrees to cooperate in authorization of such expenditures as needed in the event the patient is unable to do so.

3. GENERAL POLICIES

A. PROVISION OF APPROPRIATE CARE: Trillium House will admit and retain only those residents for whom it can provide appropriate care.

B. REFUSAL OF TREATMENT: The resident has the right to make an informal decision to refuse suggested medical treatment. However, where artificial nutrition and hydration is rejected Trillium House may only legally withhold or withdraw such treatment upon its, or a court's, finding that the resident understand the benefits of such treatment, understands the risks and consequences of rejecting such treatment, and has made a firm and settled commitment to reject such treatment. Trillium House also is required to determine that any refusal to eat is not caused by a treatable condition.

1.) Trillium House may not legally honor a request to withhold or withdraw adequate and appropriate nutrition and hydration made by a person(s) other than the resident unless it has found by clear and convincing evidence that the resident him/herself had a firm and settled commitment to refuse the suggested nutrition and/or treatment. Until such clear and convincing evidence is found, Trillium House is obligated to provide adequate and appropriate nutrition and hydration to its residents.

2.) The resident and responsible party hereby agree and understand that unless and until Trillium House has clear and convincing evidence that such resident wishes to reject artificial nutrition and hydration, and/or other life sustaining treatment which has been rejected, or until the matter is finally resolved by a court, the resident and the responsible party agree to meet all payment obligations incurred pursuant to this Agreement.

C. NON-DISCRIMINATION: Trillium House does not discriminate in the care of residents because of blindness; because residents are maintained on alcohol or substance abuse programs; nor because of race, color, religion, creed, national origin, sex, sexual preference, age, marital status, disability or sponsorship in admission.

D. COMMUNICABLE DISEASES: A resident suffering from a communicable disease shall not be admitted or retained.

E. BEHAVIORAL DIFFICULTIES: Trillium House shall advise the family and request removal of the resident who manifests such a degree of behavioral disorder that he/she is a danger to herself, himself or others or whose behavior is so disturbing as to interfere with the adequate care, health or

safety of other residents. Trillium House will give reasonable advance notice of such a discharge and shall assist in appropriate discharge planning.

F. RULES AND REGULATIONS OF TRILLIUM HOUSE: Trillium House has rules and regulations of general applicability, including, for example, rules on tobacco use. Trillium House will provide the resident with a statement of these rules and regulations on admission. These rules and regulations may from times to time be amended or supplemented. The resident and/or responsible party agrees to abide by such rules and regulations and to respect the personal rights and private property of other residents. The resident and/or responsible party agree that they will abide by the rules set forth in this Agreement, or they will be asked to leave.

G. VOLUNTARY REMOVAL OF RESIDENT: It is agreed that removal of the resident from Trillium House either temporarily or permanently shall terminate any responsibility on the part of the facility and its employees during the period of such removal. The resident hereby releases the facility, its officers and employees from any and all liability for any damages or injury of any kind which may result because of the removal of the resident at the request of the resident or responsible party against the advice of the attending physician.

4. PERSONAL PROPERTY OF RESIDENT

A. RESIDENT'S PERSONAL PROPERTY: The responsible party shall provide the resident with such personal items, clothing, and effects as required which are not provided under the daily rate in the event the resident needs such assistance. All clothing and other items of personal property shall be clearly marked with the resident's name.

B. SECURITY: Trillium House has appropriate policies and procedures to provide reasonable security for the resident's personal property, and it will investigate any loss of theft. However, NO FUNDS OR VALUABLES should be brought with the resident to Trillium House. The facility will not be liable for the loss of such valuables.

C. DISPOSITION AFTER DISCHARGE: It is the obligation of the resident and responsible party to arrange for disposition of the resident property upon discharge. Trillium House shall not be responsible for any property left more than 30 days after discharge. After 30 days, Trillium House has the right to dispose of such personal items as it sees fit.

5. AUTHORIZATIONS

A. EMERGENCY SITUATIONS: The parties recognize that for proper resident care, certain emergency surgical and medical procedures may become necessary from time to time. Such procedures must sometimes be applied without previous consultation with either the resident or the responsible party. In each case Trillium House will attempt to obtain the consent of the resident and/or the responsible party.

B. RESIDENT PHOTOGRAPH: The resident and responsible party authorize the taking of photographs of the resident for identification purposes. Such photographs will become part of the resident's confidential record.

C. RELEASE OF MEDICAL RECORDS: The resident and responsible party authorize Trillium House to release medical records and corresponding documents:

1.) To duly authorized governmental agencies upon receipt by Trillium House of specific request, provided that such request is authorized by law;

2.) To third party payers (insurance carriers and/or the Medicare/Medicaid program);

3.) To facilities to which the resident may be transferred or referred for medical treatment.

D. CHANGE OF ACCOMMODATIONS: The resident and/or the responsible party hereby authorize Trillium House to change the room assignment of the resident at the discretion of the facility as a result of staff reassessment of the resident's medical or psychosocial needs.

6. GENERAL PROVISIONS

A. WHO IS COVERED BY THIS AGREEMENT: In addition to the parties signing this Agreement, this Agreement shall be binding on the heirs, executors, administrators, distributors, successors and assigns of said parties.

B. MODIFICATIONS TO BE IN WRITING: This Agreement may not be amended or modified except in writing signed by the parties.

C. NO WAIVER OF RIGHTS UNDER THIS AGREEMENT: The failure of any party to require the performance of any term of this Agreement of the waiver by either party of any breach under this Agreement shall not prevent a subsequent enforcement of such terms, and shall not be deemed a waiver of any subsequent breach.

D. COMPLIANCE: The resident and the responsible party agree that if they do not comply with this agreement, the resident will be asked to leave.

Signature of Responsible Party: _____ Date: ____/____/____

Signature of Trillium House Representative: _____ Date: ____/____/____

RESIDENTS RIGHTS AND RESPONSIBILITIES

Upon a resident's admission to Trillium House, the House shall inform, explain and provide a copy of

the following resident rights to the resident and/or the responsible party:

1) The right to be free from discrimination on the basis of race, religion, color, national origin, sex, age, handicap, marital status, or source of payment in the provision of services and care.
2) The right to exercise his or her constitutional rights, including the right to vote, the right to practice religion of his or her choice, the right to freedom of movement, and the right of freedom of association.
3) The right to refuse participation in religious practices.
4) The rights to write, send, and receive uncensored and unopened mail at his or her own expense.
5) The right of reasonable access to a telephone for private communications. Similar access shall be granted for long distance collect calls and calls which otherwise are paid for by the resident. A licensee may charge a resident for long distance and toll telephone calls. When pay telephones are provided in group homes, a reasonable amount of change shall be available in the group home to enable residents to make change for calling purposes.
6) The right to voice grievances and present recommendations pertaining to the policies, services, and house rules of the home without fear of retaliation.
7) The right to associate and have private communications and consultations with his or her physician, attorney, or any other person of his or her choice.
8) The right to participate in the activities of social, religious, and community groups at his or her own discretion.
9) The right to use the services of advocacy agencies and to attend other community services of his or her choice.
10) Reasonable access to and use of his or her personal clothing and belongings.
11) The right to have contact with relatives and friends and receive visitors in the home at a reasonable time. Exceptions shall be covered in the resident's assessment plan. Special consideration shall be given to visitors coming from out of town or whose hours of employment warrant deviation from usual visiting hours.
12) The right to employ the services of a physician, psychiatrist, or dentist of his or her choice for obtaining medical, psychiatric, or dental services.
13) The right to refuse treatment and services, including the taking of medication, and to be made aware of the consequences of that refusal.
14) The right to request and receive assistance from the responsible agency in relocating to another living situation.
15) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.
16) The right of access to his or her room at his or her discretion.
17) The right to confidentiality of records as stated in section 12(3) of the act.
18) A licensee shall respect and safeguard the resident's rights specified in sub rule (1) of this rule.

RESPITE GUEST CARE POLICY

LEVEL OF CARE

Trillium House staff provide a basic level of care, including assisting guests with activities of daily living including basic grooming, eating, assisting with medications, transferring, repositioning and oral care. Staff will do visual checks on guests one time per hour, and assist guests as needed based upon their condition. If a guest's condition requires a higher level of care than what the Trillium House staff can provide, the guest's medical care provider, and family and friends who the guest has requested assist with their care may be contacted to help provide the needed care.

FAMILY PARTICIPATION IN CARE

Although Trillium House staff provide residential care for guests, family members and other people important to the guest may assist with basic care needs – with the knowledge and consent of the guest. We encourage participation in care.

HANDLING OF RESPITE GUEST FINANCE/PROPERTY

It is the policy of Trillium House that no staff or volunteers accept power of attorney for any purpose, and may not accept appointments as guardians or conservators of guests. Furthermore, Trillium House must refuse any request for assistance in managing guests' finances of any sort. Also, no representative of the Trillium House may borrow a guest's property or in any way convert a guest's property to their possession.

LAUNDRY

All laundering is done at Trillium House. If a guest has allergies to specific cleaning agents, his/her linens shall be laundered separately using a non-allergenic detergent.

Gloves shall be worn when handling soiled bed linen and towels. Soiled linens will never be placed on the furniture or floor and will be kept away from clothing.

Guests will also be provided laundry service for their personal belongings that are able to be washed and dried by machine. If a guest has items that are "dry clean only", it is the responsibility of the guest and/or family to provide this need for the guest.

A guest's personal clothing shall NEVER be laundered with bedding or towels. Chlorine bleach shall NEVER be used on personal laundry unless it is required due to contamination by blood or body fluids. Care will be taken so belongings are returned to the right guest in a neat and undamaged condition.

The laundry facilities are to be used by staff and volunteers only.

PERSONAL HYGIENE

Responsive guests shall be offered a bath daily or more often if necessary. Assistance will be offered in brushing of teeth, hair combing/brushing, shampooing, hand washing, shaving, and caring for toe and fingernails if needed. If a guest is incontinent, they will be cleaned immediately.

PERSONAL ITEMS

Trillium House encourages guests to make their room as homelike as possible by bringing in pictures, photo albums, or other small items. However, large pieces of furniture cannot be accommodated. Any electrical equipment – lamps, hair dryers, etc. – must be checked for safety by the House Manager before being used. Please check with the staff if you have any questions about which personal items you may bring to Trillium House.

PETS

Pets (cats, dogs, birds) may be in the guests' room with guests for short visits. Families and friends are responsible for the animals and they must be on leashes or in travel carrier kennels. The guests are responsible for the care of the animals, not Trillium House staff. Guest room doors need to be closed when pets are visiting, as they are not permitted to roam the facility. It is preferred that the family let the Trillium House staff know they will be bringing an animal into the home prior to a visit. Therapy dogs are welcome by appointment. Pet visits may be prohibited if they will adversely affect the health of other guests.

SMOKING

The use of tobacco products is strictly prohibited in the house, within 100 feet of Trillium House. This policy is in effect 365 days/year, 24 hours/day. Management of Trillium House has the responsibility for administering this policy. Any exception to this policy must be made by the House Manager with appropriate documentation filed in the Manager's office.

STAFF

Trillium House will at all times have at least one caregiver on duty, awake, dressed and up and about the facility 24 hours/day. The responsible caregiver shall be at least 18 years of age and capable of performing required duties in the supervision of the guests. This staff member shall be accessible to all guests in the facility and will be the person to whom guests can report to.

SUPPORT SERVICES

Trillium House welcomes visits from your primary physician, clergy person, hair dresser or others supporting your care and well-being.

VALUABLES

Trillium House does not have a safe for locking up valuables. We suggest that guests not bring more than $20 in cash or valuables.

VISITING HOURS

Family members and friends (specified by the guest), may visit at any time. The general visiting hours are from 7:00 a.m. to 11:00 p.m. daily. Doors will be locked after 11:00 p.m. on weekdays and on weekends. For visits between 11:00 p.m. until 7:00 a.m., please notify Trillium House staff ahead of time.

I understand my and/or my caregiver's, family's, or visitor's behavior must not be disruptive to TrilliumHouse or present a danger to self or others. I understand if my caregiver's, family's, or visitor's behavior is disrupted they will be removed from the premises immediately and not allowed to return. I understand Trillium House staff are not able to provide one-on-one care for behavior management and if my needs demand this my family will be asked to provide it or to make other arrangements.

MEALS AND SNACKS

Meals and snacks for guests are provided by Trillium House staff and volunteers. We will try to meet your particular needs and likes. Families may bring in their favorite foods and drinks for a guest, and will be kept in the "Guest" refrigerator.

FIRE SAFETY

Trillium House is required to follow state fire marshal codes by license. Plug in air deodorizers and candles are not allowed in the building.

WALL HANGINGS

Hooks and cord will be supplied by Trillium House for picture hanging No nails, adhesive stickers, hangers, poster putty or tape are to be used as they cause damage to the dry-wall and require repairs for which you will be charged.

TRILLIUM HOUSE RESIDENT SURVEY

Name (Optional) _____ Date: _____/_____/_____

We would be grateful if you would help us ensure our care meets the expectations of Residents and their loved ones. Your suggestions are most welcome. We also provide overall survey results to local foundations and donors who support our mission.

Please circle the appropriate number to indicate you *degree of satisfaction* where:

1 = Very **2** = Met Expectations **3** = Did not meet expectations **4** = Not at all

CARE: How satisfied were you with our ability to meet your loved one's daily needs?

1 2 3 4

RESPONSIVENESS: How satisfied are you with our responsiveness in caring for your loved one and family?

1 2 3 4

MEDICATIONS: How satisfied are you with our ability to appropriately assist with your loved ones medications?

1 2 3 4

ADMISSION PROCESS: How satisfied are you with our process?

1 2 3 4

HOSPICE PROVIDER: How satisfied are you with our interactions and information sharing with your loved ones hospice provider?

1 2 3 4

OVERALL: How satisfied are you with your loved one living at Trillium House?

1 2 3 4

Do you have any suggestions that would help us improve our care?

How were you made aware of Trillium House?

Have you seen/heard any of the following prior to coming?

Television Advertisement

Television News Piece

Radio Advertisement

Radio News Piece

Newspaper Advertisement

Newspaper Article

Website

FaceBook

Instagram

RESPITE GUEST PREFERENCES

Name: _____ Date: ____/____/____

Nutrition: *Guests at Trillium House will be offered food and fluids but will not be pressed to eat or drink. For those who enjoy food, every effort will be made to respond to their preferences and time of day for meals or snacks.*

Is the respite guest eating and drinking at the time of admission?

Diet:

Liquid Products:

Supplements:

Declines/Unable to accept food:

Declines/Unable to accept liquids:

Describe special needs for assistance when eating, including difficulties with breathing, swallowing, etc:

Food Allergies or other adverse reactions to foods:

Special dietary needs and Food preferences:

Snacks: Preferences and times of day

Preferred meal times: Breakfast Lunch Dinner

Other Information of foods and liquids:

Activities: Quality of life is of primary concern at Trillium House. We wish to assist our guests in participating in activities meaningful to them. Please describe any activities that would be valued, such as hobbies, music, or books: _____
_____
_____

Spiritual Care: Please identify any spiritual practices or religious preferences you would like us to be aware of: _____
_____
_____

SUGGESTED PERSONAL BELONGINGS LIST

Dentures: Full / Upper / Lower

Hearing Aids: Full / Right / Left

Glasses

Contact Lenses

Walker/Wheelchair

Other Medical Equipment (Description)

Suitcase

Bathrobe

Toiletries

Clothing (Easy on/off)

Shoes (Non-skid bottoms, easy on/off)

Jewelry (Please do not bring valuables)

Furnishing (Optional for comfort)

Books/Music/Movies (Optional for comfort)