

ADMISSION AGREEMENT

1. FACILITY INFORMATION

NAME OF HOME
CAMELLIA HOME

TYPE OF FACILITY
ADULT RESIDENTIAL FACILITY

ADDRESS
1018 Camellia Street Escondido CA 92027

TELEPHONE
(858) 206-0963

A residential care home licensed by the State Department of Social Services. THE HOME IS A NON-MEDICAL CARE FACILITY WHICH NORMALLY IS NOT ALLOWED TO PROVIDE MEDICAL OR NURSING CARE.

2. BASIC SERVICES

A. The licensee shall provide the following basic services for:

NAME OF THE RESIDENT/CLIENT: _____ Birthdate: _____

1. BASIC GENERAL SERVICES:

- (a) Lodging: ___ private room ___ shared room
- (b) Food Services:
 - a. Three nutritious meals and three nutritious snacks daily and between meals nourishment or snack.
 - b. Special diets if prescribed by a doctor.
- (c) Laundry service
- (d) Cleaning of the resident's/client's room.
- (e) Comfortable and suitable bed including fresh linen weekly or more often, if required.
- (f) Plan, arrange and/or provide for transportation to medical and dental appointments.
- (g) A planned activity program including arrangement for utilization of available community resources.
- (h) Notification to family and other appropriate person/agency of resident's needs.

2. BASIC PERSONAL SERVICES:

- (a) Continuous observation, training, care and supervision, as required.
- (b) Assistance with bathing and personal needs, as required.
- (c) Assistance in meeting necessary medical and dental needs.
- (d) Assistance, as needed, with taking prescribed medications in accordance with physician's instructions unless prohibited by law or regulations.
- (e) Bedside care for minor temporary illnesses.
- (f) Maintenance or supervision of resident/client cash resources or property.

B. The monthly rate for basic services is \$ _____. or the SSI established rate or a government funded rate of \$ _____.

C. Basic services are paid in _____ in advance _____ in arrears.

3. OPTIONAL SERVICES

A. The licensee will provide the following optional services at resident's expense:

- 1. Haircut
- 2. Incontinence supplies
- 3. Dry cleaning
- 4. Supervised long-distance traveling

4. EVICITION PROCEDURES

A. The licensee/administrator of the home may, upon sixty (30) days written notice to the resident/client, evict the resident/client for one or more of the following reasons:

- 1. Nonpayment of the rate for basic services within ten days of the due date;
- 2. Failure of the resident/client to comply with state or local law after receiving written notice of the

alleged violation;

3. Failure of the resident/client to comply with written house rules which is for the purpose of making if possible for residents/clients to live together.
 4. Inability of the licensee to meet the resident's/client's needs.
 5. Any prior arrangement is welcomed.
- B. The licensee/administrator of the home may, upon obtaining prior and/or documented written approval from the licensing agency, evict the resident/client upon three (3) days written notice to quit or evict and upon a finding of good cause.
1. Good cause exists if the resident/client engages in behavior that threatens the mental and/or physical health or safety of himself/herself or other in the facility.
 2. Failure of the Department to reply to the request for approval within two working days shall be considered approval.
- C. The notice to quit shall state the reasons for the eviction, with specific facts supporting the reason for the eviction including the date, place, witnesses, if any, and circumstances.
- D. When serving the resident/client with either a 30-day or a 3-day notice to quit, the licensee shall, on the same day, overnight mail or fax a copy of the notice to the client's authorized representative, if any or responsible person if there is no authorized representative.
- E. The licensee shall mail or fax to the Department of Social Services, CCL Division and to SDRC a copy of the 30-day written notice in accordance with A. above within five days of giving the notice to the resident/client.
5. **REFUND POLICY:** The home requires that resident/client shall give notice of 30 days of his/her intent in leaving the home. Refunds will be pro-rated. CAMELLIA HOME will not refund the rate without 30-day notice in advance.
6. **MONTHLY RATE:** The monthly rate set forth in the admission agreement will be prorated on a daily basis upon the resident's/client's admission to or departure from the home during the month.
7. **VISITING POLICY:** The visiting policy of the home is from 11:00AM to 4:00 PM on Saturdays and Sundays and 5:00PM to 7:00PM on Mondays through Fridays. Prior arranged visits are welcomed and have no time limits. The resident and the family are required to sign out and sign in when the resident is going out with the family and when they come back home.
8. **PARTIES TO THIS AGREEMENT**

RESIDENT/CLIENT/REPRESENTATIVE
(SIGNATURE)

RESIDENT/CLIENT/REPRESENTATIVE
(PRINT)

DATE

LICENSEE/ADMINISTRATOR
(SIGNATURE)

LICENSEE/ADMINISTRATOR
(PRINT)

DATE