Sentara Villages are Virginia licensed residential and assisted living communities designed to meet the special needs of senior adults. We provide assisted living care for independent adults and for adults who may have physical or mental impairment and may require assistance with the activities of daily living.

Services in Sentara Villages include coordination of personal health care services, 24-hour supervision, and assistance with activities of daily living and medication administration. Residents seeking admission to Sentara Villages are assessed by the community Director of Residential Care and/or the Administrator using the Uniform Assessment Instrument (UAI) to determine the facility's ability to meet their care needs. The person's degree of independence in performing activities of daily living (bathing, dressing, toileting, transferring, bowel and bladder control, and eating or feeding) is a part of determining appropriate level of care and services.

Sentara Villages operate under the following principles:

- That all residents are entitled to appropriate, safe and quality care
- That each resident shall be viewed as an individual and empowered to make decisions regarding his/her care
- That each resident is entitled to remain in care as long as the community is able to meet the physical and psychological needs of the resident
- That social ties and relationships are preserved to the fullest extent possible

Sentara Villages offer private and semi-private accommodations that have private or shared baths, individual heating and air conditioning control and are furnished. Each resident is encouraged to bring in personal belongings to recreate that special feeling of home. A full monthly activities calendar posted for planned activities, and each community offers special areas which promote informal socialization. Three meals are served each day in our main dining rooms, and snacks are always offered.

Sentara Villages do not provide self-contained special care units for individuals with serious cognitive impairment due to a primary diagnosis of dementia. Sentara Villages have electronic surveillance for residents who may wander; but we do not lock doors to prevent exiting. Sentara Villages may provide care for individuals with cognitive impairments with physician, family and community approval.

Sentara Villages offer more than a place to live; we work with each resident to meet their individual needs.

SENTARA®

Sentara Life Care
Welcome to Sentara Village

We are so glad you have chosen to become part of the Sentara Family!

Below is a listing of documents/arrangements that will need to be completed 5 days before you move in:

Forms to Be Completed

Resident Application form

Delegation of Responsible Party for Management of Personal Funds

Resident Billing Services

Inquiry Assessment

Resident Agreement

Disclosure Statement

Items to Bring With You

History & Physical and TB test (within 30 days of admission)

Copies of Power of Attorney, Living Will, Advanced Directive, DNR

Copies of Insurance Cards and Picture ID– front & back

Acknowledgement Form (Last page of Orientation Booklet , To be completed upon admission with Administrator)

Additional Items

Arrange telephone through your provider of choice prior to move-in (Verizon 1-800-837-4966 or Cox Communications 757-222-1111)

Arrange address change through USPS (prior to move-in)

If you wish to have additional services with Cox Cable (other than the Expanded Basic that is included in the base rent) please arrange directly with Cox at 757-222-1111 (prior to move-in)

Please let us know ahead of time if there will be any furniture deliveries or service connection appointments. With your permission we will be more than happy to escort them to the room if you are unavailable to be here

Universal Assessment Instrument (UAI) done by our care staff (on site at the community or at your home within 30 days of admission

We will be more than happy to make any copies you may need

SENTARA®

Life Care Resident Application

Last Name | First Name | Middle Name | Gender

Birth Date | Social Security # | Address | City

State | Zip | Community Selected

Demographics

Salutation | Preferred Name | Maiden Name | Ethnicity | Citizenship

Race | Religion | Hobbies and Interests: | Spiritual and Cultural Preferences:

Employment Status | Military Service | Marital Status

Primary Language | Secondary Language | Level of Education

Occupation (Current or Former) | E-mail Address

Prior Facility Addresses/Dates of Stay

Name of Facility | Begin Date | End Date

Address | City | State | Zip

Name of Facility | Begin Date | End Date

Address | City | State | Zip

Name of Facility | Begin Date | End Date

Address | City | State | Zip

Resident Phone Numbers

Phone Type | Phone Number | Phone Type | Phone Number

Phone Type | Phone Number | Phone Type | Phone Number

Primary Care Physician

Primary Care Physician First Name | Primary Care Physician Last Name | Phone Number

Address | City | State | Zip

Specialty Physicians

(2) Physician First Name | (2) Physician Last Name | Specialty | Phone Number

Address | City | State | Zip

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(3) Physician First Name | (3) Physician Last Name | Specialty | Phone Number

Address | City | State | Zip

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(4) Physician First Name | (4) Physician Last Name | Specialty | Phone Number

Address | City | State | Zip

Preferred Hospital

Address | City | State

Zip | Phone Type | Phone Number

Responsible Party First Name

Responsible Party Last Name

Relationship to Resident

Address

City

State

Zip

Phone Type

Phone Number

Power of Attorney First Name

Power of Attorney Last Name

Power of Attorney Type

Relationship to Resident

Phone Type

Phone Number

Address

City

State

Zip

Guarantor/Guardian/ Conservator First Name

Guarantor/Guardian/ Conservator Last Name

Party Type

Relationship to Resident

Phone Type

Phone Number

Social Security Number

Address

City

State

Zip

Other Responsible Party First Name

Other Responsible Party Last Name

Relationship to Resident

Address

City

State

Zip

Phone Type

Phone Number

Social Service/Other Case Worker

Case Worker First Name

Case Worker Last Name

Department

Address

City

State

Zip

Phone Type

Phone Number

Case Worker First Name

Case Worker Last Name

Department

Address

City

State

Zip

Phone Type

Phone Number

Funeral Home

Address

City

State

Zip

Phone Number

Religious Organization

Address

City

State

Zip

Phone Number

Preferred Pharmacy (If not Sentara RX, additional fees may apply)

Address

City

State

Zip

Business Phone Number

Fax Number

Insurance (Payer/Bill) Information

Insurance/Payer Type Plan Policy Number

Policy Owner Active Date

Group Name Group Number Eligibility Date

Address City State Zip

Phone Type Phone Number Ok to Release Information? Yes No

Insurance/Payer Type Plan Policy Number

Policy Owner Active Date

Group Name Group Number Eligibility Date

Address City State Zip

Phone Type Phone Number Ok to Release Information? Yes No

Insurance/Payer Type Plan Policy Number

Policy Owner Active Date

Group Name Group Number Eligibility Date

Address City State Zip

Phone Type Phone Number Ok to Release Information? Yes No

Monthly Income Sources/Expenses Income

Resident or Responsible Party must present documents to demonstrate ability to cover monthly expenses; giving us permission to confirm prior to admission. Sentara Village is a Private Pay community only. Initials:______

Frequency Income Type Income Amount

Frequency Income Type Income Amount

Frequency Income Type Income Amount

Frequency Income Type Income Amount

Expenses

Expense Type Payee Payee Address

Memo/Description Due Date Amount

Expense Type Payee Payee Address

Memo/Description Due Date Amount

Expense Type Payee Payee Address

Memo/Description Due Date Amount

Expense Type Payee Payee Address

Memo/Description Due Date Amount

Financial Asset Information

Asset Type Financial Institution Account Number

Asset Value Description

Asset Type Financial Institution Account Number

Asset Value Description

Asset Type Financial Institution Account Number

Asset Value Description

Asset Type Financial Institution Account Number

Asset Value Description

Signature

Completed by:

Signature: Date:

Administrator/Designee Sentara Life Care:

Signature: Date:

SENTARA

Sentara Life Care
Assisted Living Facility
Delegation of Responsible Party for Management of Personal Funds

Resident First Name	**Resident** Last Name

Sentara Village:

Personal Fund Account (PFA)

The community has established a resident trust account, which is an account to help manage and safeguard the personal funds of the resident. On a quarterly basis, the community sends a statement of the resident's individual account to their responsible party. This statement shows all monies received and disbursed from the fund.

This account can be opened upon admission or throughout the stay of the resident. Upon discharge of the resident, the account is closed and funds are returned to the resident or responsible party within thirty days of discharge. In case of resident expiring, the account is closed and funds are returned to a surviving spouse, an estate account, or a funeral home. The signature of the resident or responsible party authorizes these transactions.

Yes, I would like to open a personal fund account.

No, I would not like to open a personal fund account at this time.

Beautician Authorization

I request that payment of beautician services be withdrawn from my personal account. A licensed beautician is available as a contracted service if such services are desired. The beautician provides services as a separate fee not included in the room and board charge. The fee will vary depending on the services desired.

Yes, I desire beautician services, fees withdrawn from my personal fund account.

No, beautician services are not desired at this time.

Wellness Center Authorization (Norfolk Only)

I request payment of Wellness Center Services be withdrawn from my personal fund account. A licensed exercise therapist is available to work with residents in the fitness room. The wellness center provides services as a separate fee, not included in the room and board charge. The fee for the wellness center is $48 per month for services to be provided 3 times per week.

Yes, I would like to have wellness center fees withdrawn from my personal fund account.

No, I would not like to have wellness center fees withdrawn from my personal fund account.

Incontinent Care and Personal Care Items Authorization

I (we) authorize the facility to provide the resident with necessary incontinent care items.

I (we) authorize the facility to provide the resident with personal care items.

Laundry Authorization

I (we) recognize that detergents and bleaches used in the facility laundry are of commercial strength and may damage personal items.

Yes, I request that personal items of the above named resident be laundered by the facility at a charge of ________ I (we) do relieve Sentara Assisted Living for any responsibility for the condition of personal items laundered by the facility.

No, laundry services are not desired at this time.

Personal Bills

I request that Sentara Village withdraw funds from my personal account to pay bills on my behalf.

These bills include:

per month for health/life insurance

per month for telephone bill

per month for:____

Signatures

Resident/Responsible Party:

Signature: Date:

Administrator/Designee:

Signature: Date:

SENTARA

Sentara Life Care
Assisted Living Facility
Resident Billing Services

Resident
First Name

Resident
Last Name

Sentara Village:

Social Security #

Date of Birth

Insurance (Payer/Bill) Information

Insurance/Payer Type

Plan

Policy Number

Policy Owner

Active Date

Group Name

Group Number

Insurance/Payer Type

Plan

Policy Number

Policy Owner

Active Date

Group Name

Group Number

Sentara RX

I hereby authorize Sentara RX,to submit claims to (the insurance company) for payment of services rendered.

Yes

No

I hereby authorize Sentara RX,to supply medications on an emergency basis.

Yes

No

Medications not supplied by Sentara RX:

Financial Responsibility Agreement

I understand that pharmacy services are payable as rendered. I also understand that I am liable to pay the outstanding balance not covered by insurance. In the event my account is referred for collection, I agree to pay the cost of collection, including attorney's fees. Under this financial responsibility agreement, I agree to be responsible for the bill of: per month.

Signatures

Resident/Responsible Party:

Signature: Date:

Administrator/Designee:

Signature: Date: