Mt. View Manor – Assisted Living

Application Checklist

PLEASE COMPLETE AND RETURN THE FOLLOWING INFORMATION FOR TIMELY PROCESSING OF YOUR APPLICATION

_____ Application: Filled out, signed and dated

_____ Primary Physician's Report

_____ Copy of Driver's License or State issued ID card

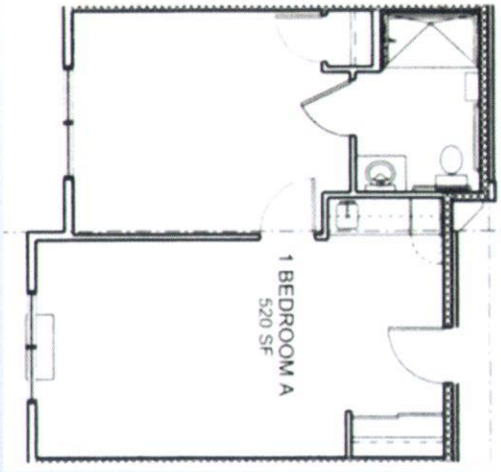
_____ Copy of Social Security Card

_____ Copy of Insurance/Medicaid/Medicare Cards

_____ Proof of Long Term Care Insurance, if applicable

_____ Proof of General Relief or Medicaid Waiver, if applicable

The apartments are spacious with a well designed floor plan. Amenities including a social hall, large dining room, reading room, and laundry facilities, are all easily accessible. You can enjoy your privacy or get involved with group activities, all within a secure, home-like environment.



Assisted Living
Typical Unit

Rates

Private Pay starting at
$4500.00 for services
$350.00 for food &
$1025.00 for rent

Medicaid Waiver & low income residents welcome.
Rates are dependent upon financial information.

PETERSBURG BOROUGH

Personal Care Quality Living

MOUNTAIN VIEW ASSISTED LIVING

16 N. 12th Street

PO Box 1530

Petersburg, AK 99833

Phone: (907) 772-2445

Fax: (907) 772-4217

Email:
sbell@petersburgak.gov

Shelyn Bell, Administrator

Mt. View is staffed by compassionate, hard-working individuals intent on making your life easier...

Velkommen to Mountain View, where housework and chores are a thing of the past. Our staff and professional care services will enhance your quality of life and reinforce a sense of community.

Services

- 24 hours, on-site care providers
- Emergency response system
- Nutritious meals daily
- Coordinated activities and social events
- Housekeeping and laundry
- Medication assistance
- Transportation assistance
- Apartment and grounds maintenance
- 24 hour security system
- Utilities

Mountain View is situated in Petersburg, within the beautiful Inside Passage. The Tongass National Forest, glaciers and nearby fjords provide the perfect setting. Thrice weekly van rides to town offer you the opportunity to enjoy the amenities provided along our quaint Main Street. Enjoy watching birds and deer right outside your window and participate in the Community garden!

Your Home

Our professional staff is ready to offer you any assistance you may need, yet respect your independence and privacy. Everything we do, from our social activities to our family-style dining, is designed to provide a warm and enriching experience. Enjoy an active retirement lifestyle with our wealth of amenities and services.

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Greetings!

Thank you for your interest in Mountain View Assisted Living and Retirement Community.

Mountain View is a licensed Assisted Living Facility. We are owned and managed by the Petersburg Borough. The first floor of our facility has twelve Assisted Living, 1 bedroom apartments. Each apartment has a kitchenette with a sink, small refrigerator, and microwave. The second floor has eight large apartments of which four are 1 bedrooms and four are 2 bedrooms. Each of these apartments comes with a full kitchen, as well as the option to "age in place" and be converted to an Assisted Living apartment if your circumstances should change.

Our facility also has an activity room, exercise room, library, plenty of common areas and a beautiful dining room where Assisted Living Residents enjoy daily meal service. Our Assisted Living is staffed 24-hours a day to provide care and assistance for our residents. Basic services and additional care services are outlined in the enclosed materials.

To assist you in planning a move into our beautiful facility, I have included the following information:

- Brochure
- Application
- Services Provided
- Pricing Information
- Move-In Checklist
- Primary Physician's Report

Please feel free to call with any questions you may have. We look forward to serving you.

Sincerely,

Shelyn Bell
Administrator
sbell@petersburgak.gov

Michelle Lopez
Administrative Assistant
mlopez@petersburgak.gov

Mountain View Manor-Assisted Living

P.O. Box 1530, 16 N 12th Street, Petersburg, AK 99833
Phone (907) 772-2445 Fax (907) 772-2435

	Head of Household	Spouse/Co-Tenant
First Name		
Middle Name		
Last Name		
Social Security Number		
Driver's License/ID #		
----Issuing State of ID		
Date of Birth		
Sex		
Mailing Address		
Residence Address		
Home Phone Number		
Cell Phone Number		
Emergency Contact Name		
----Mailing Address		
----Phone Number		
----Cell Phone Number		

***If you require specific accommodations to allow for a disability or handicap, please explain the type of accommodation required:**_____

_____

How did you hear about Mt. View Manor-Assisted Living?_____

_____

Are you interested in an: *(check all that apply)*

Assisted Living apartment? _____Yes _____No

Independent Living apartment? _____Yes _____No

If yes to Independent Living: *(check all that apply)*

1 bedroom apartment? _____Yes _____No

Current Cost $1201.00

2 bedroom apartment? _____Yes _____No

Current Cost $1379.00

If yes to Assisted Living, what will your payment method be:

Private Pay? _____Yes _____No

Long Term Care Insurance? _____Yes _____No

General Relief? _____Yes _____No

Name of Care Coordinator_____

Phone Number_____

Medicaid Waiver ? _____Yes _____No

Name of Care Coordinator_____

Phone Number_____

FINANCIAL/MEDICAL INFORMATION

Please LIST SOURCES/AMOUNTS. If more room is needed, attach a sheet to the back.

INCOME INFORMATION	HEAD OF HOUSEHOLD		SPOUSE/CO-TENANT	
Source	Monthly	Annual	Monthly	Annual
Wages				
Social Security				
SSI/SS Survivor's Benefits				
Veteran's Benefits				
Pension/Retirement				
Senior Care Assistance				
Adult Public Assistance				
Alaska Permanent Fund				
Other				

ASSET INFORMATION	HEAD OF HOUSEHOLD		SPOUSE/CO-TENANT	
Source	Number/Description	Value	Number/Description	Value
Checking Accounts				
Savings Accounts				
Money Market Accounts				
Trusts				
IRA/Retirement Accounts				
Time Certificates/CDs				
Stocks/Bonds				
Real Estate				
Investment Property				
Other				
Other				

MEDICAL INFORMATION	HEAD OF HOUSEHOLD	SPOUSE/CO-TENANT
Primary Insurance Carrier		
----Member ID/Policy #		
Secondary Insurance Carrier		
----Member ID/Policy #		
Medicare #		
Medicaid #		
Other		
Other		
Other		

* **I understand that by completing this form, I will be placed on a list to determine if I am eligible to assume residency in Mt. View Manor, Assisted Living.**

CERTIFICATION: I certify that the above information is true and complete to the best of my knowledge and belief.

Signature of Applicant_____ Date_____

Signature of Power-of-Attorney_____ Date_____

Signature of Co-Applicant_____ Date_____

Application received by_____ Date_____

Requirements for residency at Petersburg Borough – Mt. View Manor – Assisted Living:

- Must have completed an assessment prior to occupancy to establish a residential services contract and an Assisted Living Plan (AS 47.33.210, AS 47.33.220).
- Must have a Doctor's health status evaluation, completed no more than 60 days prior to the assessment.
- Must have designated a "local doctor of record" prior to residency.
- Must have a signed Residential Living Plan developed in accordance with AS 19.33.220.
- Must need assistance with at least 2 activities of daily living if applying for Assisted Living.
- Must be free of infectious diseases.
- Must have financial resources to pay for the cost of rent, meals and services provided.
- Must have needs that fall within the levels of service authorized for Mt. View Manor - Assisted Living and the ability of the staff and the facility.
- Must not require a two person transfer or the use of lifts.

Note: The applicant will be determined to be ineligible for residency if the applicant cannot meet the eligibility requirements listed above.

Procedures to determine eligibility:

Each potential resident will require an assessment to determine whether services can be provided by Mt. View Manor - Assisted Living.

An assessment meeting to determine eligibility will be scheduled between the Administrator, the Consulting RN, other care providers, if appropriate, the applicant and the applicant's representative, if applicable. This group shall be known as the assessment team. During the assessment meeting, the eligibility requirements will be reviewed by the assessment team in order to verify that the applicants meet the requirements. The Administrator or representative will explain to the applicant and the applicant's representative the rates for the monthly rent, food and service charges and the services that can be provided. The assessment team will evaluate the doctor's health status evaluation to determine if the applicant:

- Is free of infectious diseases.
- Has any physical disabilities or impairments that are relevant to providing services.
- Has any medical, general health, emotional or mental health or other conditions at are relevant to providing services.

A final decision of acceptance and ability to meet the potential resident's needs will be determined at the time of a meeting, in person with the potential resident.

The assessment team will develop an Assisted Living Plan that is mutually acceptable to the team members if the applicant has been determined to meet all the other eligibility criteria.

Signature of Applicant_____ Date_____

Signature of Power-of-Attorney_____ Date_____

Signature of Co-Applicant_____ Date_____

Application received by_____ Date_____

PREVIOUS LANDLORDS:

Please list your landlords for the past 5 years

Landlord's Name_____

Address_____

Phone Number_____How Long?_____

Landlord's Name_____

Address_____

Phone Number_____How Long?_____

Landlord's Name_____

Address_____

Phone Number_____How Long?_____

Landlord's Name_____

Address_____

Phone Number_____How Long?_____

Landlord's Name_____

Address_____

Phone Number_____How Long?_____

You can mail this application to:

Mt. View Manor
Assisted Living
PO Box 1530
Petersburg, AK 99833

Or you can bring it to:

Mt. View Manor
Assisted Living
16 N 12th Street
Petersburg, AK 99833

Or in a sealed envelope to:

Petersburg Borough
Finance Office
12 South Nordic Drive
Petersburg, AK 99833

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MOUNTAIN VIEW ASSISTED LIVING
SERVICES PROVIDED

Mountain View Assisted Living has been developed to provide room and board, assistance with the activities of daily living and 24-hour protective oversight for up to 30 persons who are in need of supportive care and personal assistance. Each 1 bedroom apartment has a small kitchenette, living room, bedroom, private bathroom and is equipped with a nurse call-station. Each resident may provide his or her own furniture. Our services include the following:

- A safe and caring environment.
- 24-hour monitoring of residents to ensure their safety and well-being.
- Three nutritious meals daily, plus snacks.
- Assistance with the activities of daily living (ADL's), such as walking, eating, dressing, bathing and toileting.
- Assistance with instrumental activities of daily living (ADL's) such as doing laundry, cleaning of living areas, obtaining appointments and engaging in recreational or leisure activities.
- Assistance with obtaining supportive community services as provided in the resident's assisted living plan.
- Supervision of self-administration of medication
- Planned home recreation activities.
- Transportation provided or arranged for appointments, church services and community events.
- Weekly housekeeping services to include vacuuming and dusting.
- Changing bed linens and resident's personal laundry.
- Provide furniture if available and as needed.

Please see the Pricing Information/Levels of Care form for additional information on the services we provide.

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www.petersburgak.gov

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MOUNTAIN VIEW ASSISTED LIVING
PRICING INFORMATION/LEVELS OF CARE

RENT:	= $1025.00
MEALS	= $ 350.00
CABLE (OPTIONAL)	= $ 18.00

BASIC LEVEL SERVICES: = $4500.00

- 24 hour emergency response and security system
- daily medication management
- nutritious meals
- apartment maintenance
- weekly housekeeping
- weekly laundry
- arranging transportation to and from appointments
- utilities
- activities and social events

LEVEL ONE SERVICES: +$350.00 = $4850.00

- **Includes Basic Level Services +**
- regular exercise and range of motion
- meet special diet needs
- regular evaluations
- continuum of care that adapts to the client's changing needs
- assistance with Activities of Daily Living (ADLs) is in the form of REMINDERS:
  - reminders to bathe
  - reminders to use toilet
  - reminders to transfer in/out of a chair or bed
  - reminders to dress
  - reminders to groom
  - reminders to eat

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LEVEL TWO SERVICES: +$550.00 = $5050.00

- **Includes Basic Level Services +**
- **Includes Level One Services +**
- assessment of client needs and capabilities
- assistance with Activities of Daily Living (ADLs) in the form of STANDBYS:
  - standby to assist with bathing
  - standby to assist with toileting
  - standby to assist with transfers
  - standby to assist with dressing
  - standby to assist with grooming
  - standby to assist with feeding

LEVEL THREE SERVICES: +$750.00 = $5250.00

- **Includes Basic Level Services +**
- **Includes Level One Services +**
- **Includes Level Two Services +**
- assistance with Activities of Daily Living (ADLs) in the form of FULL ASSISTS:
  - partial to full assist with bathing
  - partial to full assist with toileting
  - partial to full assist with transfers
  - partial to full assist with dressing
  - partial to full assist with grooming
  - partial to full assist with feeding

DOUBLE OCCUPANCY: +$700.00

+additional service level charge (if applicable)

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MOUNTAIN VIEW **INDEPENDENT** ASSISTED LIVING
PRICING INFORMATION

ONE BEDROOM APARTMENT:

RENT:		= $1201.00
Optional charges:		
LAUNDRY:	+ $ 10.00	
CABLE:	+ $ 18.00	

TWO BEDROOM APARTMENT:

RENT:		= $1379.00
Optional charges:		
LAUNDRY:	+ $ 10.00	
CABLE:	+ $ 18.00	

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MOUNTAIN VIEW ASSISTED LIVING
RESIDENT MOVE-IN CHECKLIST

In helping to assure that the transition to Assisted Living is a smooth as possible, Mountain View has put together a checklist. This list is a guide and should be used to remind the resident what paperwork and other essentials will be needed.

__ All prescriptions (including information on how to order)
__ DNR (Do Not Resuscitate) orders
__ Guardianship, DPOA (Durable Power of Attorney), Rep Payee information
__ Physician's Exam, Tuberculosis Test results
__ Picture Identification
__ Social Security Card (for copying)
__ Medical Insurance Information (cards for copying)
__ Family Contact information
__ Special Diet information
__ Allergies
__ Continence Pads (if necessary)
__ Personal Toiletries
__ Pet Supplies (if necessary)
__ Phone service for apartment
__ Mail service to Mountain View Assisted Living?

If you have any questions or concerns regarding any of these items, please feel free to contact the administrator at your convenience.

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Primary Physician's Report
Mountain View Assisted Living

Resident Information

Last Name	First	Date of Birth	Age	Sex	Weight

MEDICATIONS PRESCRIBED BY YOU:

Name of Drug	Dosage	Instructions

OTHER MEDICATIONS THAT YOU ARE AWARE OF:

Name of Drug	Dosage	Physician Who Prescribed it

OTHER HEALTH CARE PROVIDERS FROM WHOM THIS INDIVIDUAL RECEIVES CARE:

RESIDENT'S DIET:
☐ Regular ☐ Low cal ☐ Salt free ☐ Soft
Diet is recommended☐ Required☐

Frequency of visits to you:
☐ Monthly ☐ Quarterly
☐Other_____

MEDICAL HISTORY AND CURRENT MEDICAL PROBLEMS (attach dictated summary, if preferred)
DATE of Last TB
DATE of Last Flu

WHAT CURRENT PHYSICAL THERAPY DOES THE RESIDENT NEED TO MAINTAIN MOBILITY:

Physician's signature | Date | NAME OF PERSON PREPARING FORM (if other than physician)

Print physician's name | Telephone