Bassett Healthcare Network
A.O. Fox Nursing Home

ADMISSION AGREEMENT

Resident Name: _____

A. O. FOX MEMORIAL NURSING HOME will admit and retain only those residents to whom it can provide adequate care and will not admit a resident without a signed Admission Agreement. Both the resident designated representative and A. O. Fox Memorial Nursing Home agree as follows:

A. O. Fox Memorial Nursing Home agrees to provide the following:

1. Board, including therapeutic or modified diets, as prescribed by a physician;
2. Lodging, a clean, healthful, sheltered environment, properly outfitted;
3. Around-the-clock, 24 hours per day nursing care;
4. The use of all equipment, medical supplies, and modalities, notwithstanding the quantity usually used in the everyday care of nursing home residents, including but not limited to catheters, hypodermic syringes and needles, irrigation outfits, dressings, and pads, and so forth;
5. Fresh bed linen, as required, changed at least twice weekly, including sufficient quantities of necessary bed linen or appropriate substitutes, changed as often as required for incontinent resident;
6. Hospital gowns or pajamas as required by the clinical condition of the resident, unless the resident, next of kin or sponsor elects to furnish them and laundry services for these and other launderable personal clothing items;
7. General household medicine cabinet supplies, including, but not limited to non-prescription medications, materials for routine skin care, oral hygiene, care of hair, and so forth, except when specific items are medically indicated and prescribed for exceptional use for a specific resident specifically the facility will not provide denture adhesives or deodorants;
8. Prescription medications are dispensed through Omnicare Pharmacy.
9. Assistance and/or supervision, when required, with activities of daily living, including but not limited to toileting, bathing, feeding, and ambulation assistance.
10. Services, in the daily performance of their assigned duties, by members of the Nursing Home staff concerned with resident care;
11. Use of customarily stocked equipment, including but not limited to crutches, walkers, wheelchairs, or other supportive equipment, including training in their use when necessary, unless such item is prescribed by a physician for regular and sole use by a specific resident;
12. Activities program including but not limited to a planned schedule of recreational, motivational, social, and other activities, together with the necessary materials and supplies to make the resident's life more meaningful;
13. Social services as needed;

14. Physical Therapy as prescribed by a physician, administered by, or under the direction and supervision of a licensed and currently registered Physical Therapist; Occupational Therapy as prescribed by a physician, administered by, or under the direction and supervision of a licensed and currently registered Occupational Therapist; Respiratory Therapy as prescribed by a physician; and Speech Pathology services as prescribed by a physician, administered by a qualified Speech Pathologist; Audiology services will be arranged for when prescribed by a physician. When their services are not covered by third party providers, the charges will be assumed by the resident;
15. Dental Services to include initial examination as required by state regulations and treatment if indicated. Dental services are under the direction of a licensed dentist. There is a charge for examinations and treatment, this will be reviewed with residents or sponsors prior to completion by the dental unit.

    I authorize _____ to administer necessary dental procedures.

16. Services of the Medical Director/attending physician engaged by A. O. Fox Nursing Home or the resident may retain his/her own personal physician providing that the latter meets the requirements of federal and state regulations and is a credentialed member of A. O. Fox Memorial Medical Staff. The attending physician will visit the resident whenever the resident's medical condition warrants medical attention, and at regular intervals no less often than once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. I agree to accept the medical care provided by the Medical Director or his designee, unless I otherwise specifically so indicate. In emergencies I agree to accept treatment as provided by the facility;
17. When the transfer of the resident to the hospital is ordered by the attending physician, the initial evaluation will be provided by A. O. Fox Hospital. Transfer to another institution will be at private cost to the resident. Family/Sponsor will be notified of the transfer to the hospital, bed reservation policy will be sent;
18. Safeguarding of personal funds consistent with mandated requirements and business office practice;
19. Medical specialty consultations as ordered by the physician;
20. Meals are served in the Dining Room and eating meals in the resident's room is discouraged. Personal requests to not utilize the Dining Room will be evaluated on an individual basis.
21. Require an individual who has legal access to a resident’s income or resources available to pay for facility care, to sign a contract, without incurring personal financial liability, to provide the facility payment from the resident’s income or resources;
22. If a resident no longer requires skilled nursing care, he/she may be discharged in accordance with New York State Code 415.3(h), and Federal Code 42CFR483.12AZ. The resident and/or sponsor have the right to appeal the discharge plan. A written 30 day notice will be provided to resident and sponsor prior to the discharge date.

A. O. Fox Memorial Nursing Home WILL NOT:

1. Request and/or accept any remuneration, tip, or gratuity in any form from a resident and/or responsible party for any services provided or arranged or for denial of services by the facility other than specified fees originally paid for care, excluding donations, gifts, and legacies given in behalf of the facility as allowed under New York State Rules and Regulations;
2. Accept any remuneration, rebate, gift, benefit, or advantage of any form from any vendor or other supplier because of the purchase, rental, or loan of equipment, supplies, or services for the facility or resident, excluding normal business practices;
3. Enter into any contract or agreement with the resident and/or responsible party for life care of the resident;
4. Pay any commission, bonus, rebate, or gratuity to any organization, agency, physician, employee, or other person for referral of any resident to the facility;
5. Accept any responsibility for resident's money or valuables unless deposited with the facility pursuant to the resident's funds policy herein;
6. Require a third-party guarantee of payment to the facility as a condition of admission or expedited admission or continued stay in the facility;
7. Charge, solicit, accept or receive, in addition to any amount otherwise required to be paid by third-party payors, any gift, money, donation or other consideration as s precondition of admission, expedited admission or continued stay in the facility.
8. Require residents or potential residents to waive their rights to Medicare or Medicaid benefits;
9. Require oral or written assurance that residents or potential residents are not eligible, for, or will not apply for, Medicare or Medicaid benefits.

WAIVER

I understand that A. O. Fox Memorial Nursing Home will not be responsible for any valuables or money left in the possession of the resident while he/she resides in the Nursing Home. Electronic equipment, including remote control devices, is the responsibility of the resident.

A. O. Fox Memorial Nursing Home will explain the Resident's Bill of Rights and Responsibilities which is attached.

A. O. Fox Memorial Nursing Home will explain the Bed Reservation Policy which is attached.

A. O. Fox Memorial Nursing Home does not engage in experimental research.

A. O. Fox Memorial Nursing Home is not responsible for personal items left more than 30 days after the resident leaves the facility.

RESIDENT FUNDS POLICY

A resident has the right to manage his/her own financial affairs and is not required to deposit funds with A. O. Fox Memorial Nursing Home. Personal funds are placed in interest bearing accounts with quarterly accountings given to the resident. The personal account is separate from A. O. Fox Memorial Nursing Home's operating accounts and all credit earned is applied to the resident's account. Residents may obtain these funds between 8:00 a.m. and 4:00 p.m. on weekdays from the Administration Office.

TRANSPORTATION

A. O. Fox Memorial Nursing Home is not responsible for the transportation of residents to and from medical appointments outside of the Nursing Home. If an appointment is necessary, the sponsor must make transportation arrangements. If due to the resident's medical condition they cannot be transported via private vehicle, the Nursing Home will assist with setting up wheelchair accessible transportation. The expense of the transportation is the responsibility of the resident.

Please Note: Appointments scheduled prior to admission are the responsibility of the family to either reschedule or provide transportation arrangements.

FINANCIAL AGREEMENT

Resident and Responsible Party:

We, the undersigned, in consideration of obtaining admission to the Nursing Home Unit of A. O. Fox Memorial Hospital, certify that the foregoing information is true and correct; we agree to notify the Nursing Home no later than one week after any change occurs in the information herein contained; and we have read and agree to the terms of admission contained in this admission agreement.

We, the undersigned, agree to accept any change in the Nursing Home's rates or rules when these are revised, or will notify the Nursing Home one week in advance of intention to leave if these changes are not acceptable.

We agree to pay monthly upon receipt of bill, and will notify the Nursing Home at least 90 days in advance of inability to continue payments so the Nursing Home can assist in finding alternate methods of payment.

Payment For Care:

The private pay resident agrees to pay the designated rate for as long as personal funds will allow. Three months prior to depletion of personal assets, the resident/responsible party agrees to apply for medical assistance by their county department of Social Services. The resident and/or responsible party agree to be bound by the Responsible Part Addendum executed contemporaneously with this Admission Agreement.

1. In the event of retroactive payment by Medicaid, A. O. Fox Memorial Nursing Home will reimburse the resident the difference between the basic daily rate paid to the Nursing Home, and the Medicaid rate from the date established for start of Medicaid eligible to the date of Medicaid determination.

2. All private pay residents will be billed one month in advance. A. O. Fox Memorial Nursing Home will reimburse the responsible party any unused days in any given month.

We, the undersigned, understand that if payment is received from Medicare, the money will be applied to the resident's account. If the account was previously paid by the resident, any Medicare reimbursement will be applied to the account to decrease the amount owed by the resident for the time period that the Medicare payment is covering the service. If a credit balance exists at the time the resident leaves the facility, a refund will be made within thirty working days.

A. O. Fox Memorial Nursing Home will explain the attached listings of covered and noncovered items through private pay rate or Medicaid.

In the case of residents who are admitted on Medicaid, personal financial responsibility for Nursing Home care will be determined by a letter from the Social Services Department of the county you are from. It will designate how your personal income should be applied toward the Nursing Home bill.

In the event A. O. Fox Memorial Nursing Home is required to engage legal counsel to collect the basic daily charge, NAMI monies or other charges imposed herein from the resident, the resident agrees to pay A. O. Fox Memorial Nursing Home's attorney's fees, together with any or all cost incurred by A. O. Fox Memorial Nursing Home in connection with any legal action or efforts required to collect such charges.

We understand that the rates are: $462 for semiprivate room, $520 private room
as of: January 2026

_____ _____
Resident Date

_____ _____
Responsible Party Date

_____ _____
Nursing Home Representative Date

Federal and State law prohibits the SNCF from denying admission to anyone based on race, creed, color, national origin, sex, handicap, marital status, source of payment, sexual preference, or presence of absence of advance directives.