



ELM CREST MANOR

100 Elm Ave.

NEW SALEM, NORTH DAKOTA 58563

(701) 843-7526 FAX # (701) 843-8376

Providing Quality Skilled Care Since 1969

2024

Dear Prospective Resident &/or Family Member:

Thank you for your interest in Elm Crest Manor. I have enclosed the **Entrance Application and Social History**, which we ask that you complete and return these to be placed on the waiting list. When we have an opening we will be contacting you with more information and after we received the **application** for our file. I have also enclosed several other sheets for your information. Included is a chart showing our daily rates according to the North Dakota Case Mix. An evaluation will be done, within the first few days after admission and/or a hospital return and then quarterly thereafter, to determine the daily rate. The other document is several pages of information and what can be brought to a Resident's room. **PLEASE READ THIS CAREFULLY.** Applications will be held for only one (1) year unless the family or responsible person notifies us otherwise.

After approval of the Application, other paperwork that will be needed is listed below:

- A PHYSICAL no more than 5 days prior to admission with a Doctor's Order that a Skilled Nursing Home is required. These forms are available for your doctor to complete from us. **Please bring all home medications with you on the day of admission.**
- **We will need to photocopy the front and back** of their Social Security Card, Medicare and Medicare Part D card, Medicaid card, and all insurance cards (Health and Nursing Home); also a Driver's License or Picture I.D. card is helpful. Please also bring your nursing home policy for our review.
- Please bring copies of all legal paperwork (Power of Attorney for health, financial, a Living Will, Guardianship, Conservatorship, etc.)
- Anyone using a Powered Wheelchair will need to be assessed prior to its use in our facility by our Occupational Therapist. (We do not allow scooters.)

We prefer to admit in the AM or by 1:00 p.m. (CT) Monday through Friday, but will admit for emergency purposes only, at any time. The admission process will take about 3 hours.

Please feel free to call to make an APPOINTMENT TO VIEW FACILITY and/or FOR AN APPLICATION REVIEW or should you have any further questions.

Yours truly,

Rita Schulz, LBSW



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ELM CREST MANOR NURSING HOME APPLICATION

NAME: _____ DATE: _____
ADDRESS: _____ CITY: _____ PHONE #: _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____
AGE: _____ SEX: _____ CURRENT MARITAL STATUS: _____
EDUCATION: _____ OCCUPATION & EMPLOYMENT HISTORY: _____
SOCIAL SECURITY# _____ - _____ - _____ MEDICARE # _____
MEDICARE PART D (Drug) Plan Name: _____ # _____
MEDICAID # _____ Effective date: _____ Applying soon? Yes/ No
SUPPLEMENTAL INSURANCE (NAME AND PHONE#) _____
POLICY # _____
NURSING HOME INSURANCE (NAME AND PHONE#) _____
POLICY # _____
FULL NAME OF SPOUSE: _____ LIVING: Yes / No
RESPONSIBLE PARTY: _____

LEGAL PAPERWORK * Durable Power of Attorney _____ Guardianship _____
Conservatorship _____ Other: _____
ADVANCE DIRECTIVE: Durable Power of Attorney/Healthcare _____ Living Will _____
Durable Power of Attorney/Financial _____ Other: _____

CODE STATUS: **I II III** (Circle)

NEXT OF KIN: RELATIONSHIP

FULL MAILING

(LIST 3 & IN ORDER TO
BE CALLED OR ON LEGAL
PAPERWORK LISTED ABOVE (*))

ADDRESS:

PHONE #'s

| | | |
|-------|-------|--------------|
| _____ | _____ | (H) _____ |
| _____ | _____ | (W) _____ |
| _____ | _____ | (Cell) _____ |
| _____ | _____ | (H) _____ |
| _____ | _____ | (W) _____ |
| _____ | _____ | (Cell) _____ |
| _____ | _____ | (H) _____ |
| _____ | _____ | (W) _____ |
| _____ | _____ | (Cell) _____ |

DIAGNOSIS: _____

MEDICATIONS: _____

DOCTOR'S Name/address/phone#: _____

Last Seen: _____

(continued-over)

Page 2. RESIDENT NAME: _____

DENTIST'S name/address/phone#: _____

Last Seen: _____

EYE DOCTOR'S name/address/phone#: _____

Last Seen: _____

CLINIC: _____ HOSPITAL: _____

LAST Flu Shot: _____ Tetanus Shot: _____ Pneumonia Shot: _____ Shingles Shot: _____
(Date) (Date) (Date) (Date)

RELIGION/Name of current Church & City: _____

(Which Synod) _____ Pastor's Name: _____

FUNERAL HOME/MORTICIAN: name/address/phone #: _____

Pre-paid Burial: Yes / No

PAYMENT SOURCE FOR CHARGES TO RESIDENT/APPLICANT: (check all that apply)

Self _____ Medicaid _____ (Applying soon for Medicaid _____) Insurance _____ Other: _____

*****PLEASE COMPLETE AS OF THE DATE OF APPLICATION: (& check all that apply)*****

IS APPLICANT: Ambulatory _____ Bedfast _____ Ambulates with Assistance _____

AND USES A: Cane _____ Walker _____ Wheelchair _____

Motorized W/C _____

Standby Assistance _____ OTHER: _____

COMMENTS: _____

CONTINENT _____ INCONTINENT _____ (Bladder _____ Bowel _____)

Wears Incontinence Product _____ (Type) _____

COMMENTS: _____

MENTAL CONDITION: Clear _____ Confused _____ Forgetful _____

Wanders _____ Any Behaviors _____

COMMENTS: _____

DOES APPLICANT USE/ABUSE OF ANY OF THE FOLLOWING:

Alcohol: _____ (amount/type)

Smoking/Tobacco Products: _____ (amount/type)

Drugs/Substance Abuse: _____ (amount/type)

Ever Been Arrested: (explain) _____

DOES APPLICANT NEED ASSISTANCE TO: (check all that apply)

Dress/Undress _____ Get in/out of Bed _____ Use or find the Bathroom _____

Transfer in/out of Chair _____ Bathe _____ Eat _____

SPECIAL DIET & What: _____ OTHER ASSISTANCE NEEDED: _____

SPECIAL TREATMENTS OR OTHER CARES: _____

SPECIAL EQUIPMENT _____

CURRENT HEIGHT: _____ **WEIGHT:** _____

WEARS: Glasses _____ Dentures/Partials: Both _____ Upper _____ Lower _____ OWN TEETH _____

Hearing aid: Both _____ or Right ear _____ Left ear _____ (& List serial # or bring card)

HOSPITAL STAYS WITHIN THE LAST: 30 days _____ 60 days _____ 90 days _____ E. R. VISITS: _____

RECEIVING HOME HEALTH CARES: Nursing Cares OR Med set-up _____ Housekeeping _____

Bathing/Dressing _____ Meals on Wheels _____

Other _____ or FAMILY ASSIST with any of the above: _____

REFERRED BY : _____ **ADDRESS** _____

Reason for referral: _____

PERSON TO BE CONTACTED REGARDING APPLICATION: _____

DAYTIME PHONE NUMBER: _____

A physical exam by physician will be required within 5 days prior to admission to nursing home.

Page 3. Elm Crest Manor Application Cont. NAME: _____

On Medicaid: _____ Yes _____ No Medicaid # _____

Previously applied? _____ Yes _____ No Date _____ County _____

Will you need to apply for Medicaid soon? _____ Yes _____ No _____ Unsure

Have you and/or your spouse transferred and/or gifted anything of value including cash, real property, vehicles or any other assets to anyone (family, friends, etc) in the past 5 years? _____ Yes _____ No. If yes, please explain _____

Do you or your spouse have a Trust? _____ Yes _____ No. Please explain _____

Do you or your spouse have a Life Estate? _____ Yes _____ No. Name: _____

Do you or your spouse have ownership interest in a business, farm?

_____ Yes _____ No If yes, please describe the nature of the interest and extent of ownership _____

If you have transferred or gifted assets or a stream of income, have a Trust, Life Estate or have granted someone financial POA: Will you apply for Medicaid assistance and/or complete an asset assessment through the county social services?

_____ Yes _____ No

Will you authorize the county to release information to Elm Crest Manor regarding your application, eligibility and reason for denial, etc? _____ Yes _____ No

Name and address of person responsible for payment:

I understand that providing false information could result in discharge and/or denial of my application. The answers provided herein are true and correct.

Signature _____ Date _____

Printed Name: _____

ELM CREST MANOR

RESIDENT'S SOCIAL HISTORY

RESIDENT'S FULL NAME: _____ DATE: _____

NICKNAMES: _____ PREFERS TO BE CALLED: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ RELIGION: _____

EDUCATION (last grade completed) _____ OCCUPATIONS: _____

If married, name of Spouse (include maiden name) _____

Date of Marriage: _____ Town & State where married: _____

If spouse is living, address; (if deceased: date and cause of death): _____

RESIDENT'S Ethnicity/Nationality: _____ RACE: _____

RESIDENT'S Father's Name: _____ & where was he born: _____

Mother's Name (include maiden name) : _____ where was she born: _____

RESIDENT'S SIBLINGS: LIST IN ORDER from oldest to youngest, and include Resident in the order, all Brothers and Sisters and include City/State if still living and list Dec'd if deceased. (for more room use the back of this sheet.)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

RESIDENT'S CHILDREN: LIST IN ORDER from oldest to youngest all children of Resident and City/State if still living and list **Dec'd** if deceased (for more room use the back of this sheet.)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

EMAIL ADDRESS OF FIRST CONTACT: _____

Number of grandchildren _____ Number of great grandchildren _____ Number of great great grandchildren _____

HOW DID HE/SHE PASS THE TIME IN THE PAST 10-20 YEARS: IF RESIDENT LIKED TO READ (what types of books, newspapers); Watched TV (what programs); MUSIC (what types); SPEAK ANOTHER LANGUAGE; CLUBS or ORGANIZATIONS etc. **LIST:** HOBBIES, AWARDS RECEIVED, PLACES TRAVELLED TO and any other interesting facts. (Use back of the page for more information):

| |
|-------|
| _____ |
| _____ |

Was Resident a Veteran: **YES/NO** Was Spouse a Veteran: **YES/NO**

List Branch of Service/Discharge Date: RESIDENT: _____ SPOUSE: _____

Did Resident and/or Spouse serve during wartime and what years? _____

Does Resident **VOTE** on a regular basis? **YES/NO** (We provide Absentee Ballots for all major elections)

Elm Crest Manor Nursing Facility Daily Rates
Price Rate Information Effective January 1, 2024 Medicaid
Provider ID 1452839

| Classification | Group | Rate |
|--|-------|----------|
| Rehabilitation | RAE | \$616.57 |
| Rehabilitation | RAD | \$598.19 |
| Rehabilitation | RAC | \$540.43 |
| Rehabilitation | RAB | \$472.16 |
| Rehabilitation | RAA | \$398.64 |
| Extensive Services Level 3 | ES3 | \$971.04 |
| Extensive Services Level 2 | ES2 | \$768.86 |
| Extensive Services Level 1 | ES1 | \$766.24 |
| Special Care High with Depression | HE2 | \$676.96 |
| Special Care High with No Depression | HE1 | \$569.31 |
| Special Care High with Depression | HD2 | \$627.07 |
| Special Care High with No Depression | HD1 | \$532.55 |
| Special Care High with Depression | HC2 | \$595.56 |
| Special Care High with No Depression | HC1 | \$506.29 |
| Special Care High with Depression | HB2 | \$590.31 |
| Special Care High with No Depression | HB1 | \$503.67 |
| Special Care Low with Depression | LE2 | \$606.07 |
| Special Care Low with No Depression | LE1 | \$514.17 |
| Special Care Low with Depression | LD2 | \$587.69 |
| Special Care Low with No Depression | LD1 | \$501.04 |
| Special Care Low with Depression | LC2 | \$524.67 |
| Special Care Low with No Depression | LC1 | \$451.15 |
| Special Care Low with Depression | LB2 | \$501.04 |
| Special Care Low with No Depression | LB1 | \$432.77 |
| Clinically Complex with Depression | CE2 | \$548.30 |
| Clinically Complex with No Depression | CE1 | \$511.54 |
| Clinically Complex with Depression | CD2 | \$522.05 |
| Clinically Complex with No Depression | CD1 | \$485.29 |
| Clinically Complex with Depression | CC2 | \$466.91 |
| Clinically Complex with No Depression | CC1 | \$435.40 |
| Clinically Complex with Depression | CB2 | \$432.77 |
| Clinically Complex with No Depression | CB1 | \$406.51 |
| Clinically Complex with Depression | CA2 | \$375.01 |
| Clinically Complex with No Depression | CA1 | \$354.00 |
| Behavior/Cognition with Restorative Nursing | BB2 | \$396.01 |
| Behavior/Cognition with No Restorative Nursing | BB1 | \$380.26 |
| Behavior/Cognition with Restorative Nursing | BA2 | \$335.62 |
| Behavior/Cognition with No Restorative Nursing | BA1 | \$322.49 |
| Physical Function with Restorative Nursing | PE2 | \$511.54 |
| Physical Function with No Restorative Nursing | PE1 | \$490.54 |
| Physical Function with Restorative Nursing | PD2 | \$485.29 |
| Physical Function with No Restorative Nursing | PD1 | \$461.65 |
| Physical Function with Restorative Nursing | PC2 | \$422.27 |
| Physical Function with No Restorative Nursing | PC1 | \$406.51 |
| Physical Function with Restorative Nursing | PB2 | \$367.13 |
| Physical Function with No Restorative Nursing | PB1 | \$354.00 |
| Physical Function with Restorative Nursing | PA2 | \$311.99 |
| Physical Function with No Restorative Nursing | PA1 | \$301.49 |
| Not Classified | AAA | \$301.49 |

ELM CREST MANOR FOR YOUR INFORMATION

The following information has been compiled for the benefit of the Resident and family for the purpose of making the admission and adjustment to Elm Crest Manor as smooth as possible. We are on Central Time.

VISITING HOURS

Family members and visitors may visit at **any** time. **The front door and wing doors are locked from 10:00 P.M. to 5:00 A.M.** If the main doors are locked, please call Elm Crest Manor at 843-7526 for admission.

CLOTHING

Clothing should be wash and wear and the Resident should have from 5 to 6 changes of clothing and should include sleepwear. Our laundry staff will mark all Resident's clothing with special iron-on labels and we provide the hangers. We encourage all Residents to be dressed in street attire (clothes) from before breakfast to after supper and when in all our public areas, (i.e. Great Room, Dining Room, Commons Area, Family Rooms, and Activity Room). An exception is on their bath morning and they must be dressed in a robe when in public areas. All new clothing that needs to be tried on should be given to the wing nurse or Social Worker for monitoring and to get labeled. Seasonal clothes should be taken home. Hand Wash Only and Dry Cleaning items of clothing are discouraged and are the responsibility of the family to clean. Elm Crest Manor **will not** be responsible for damage to any special care clothing items, i.e. "Hand wash, cold water wash, lay flat to dry, dry clean only," etc. if they go through our laundry.

PERSONAL BELONGINGS

The Resident may bring belongings to his or her room to make it look "homier". Rugs of any kind are not permitted in the room or bathroom. Size and space available, and also if sharing a room **MUST** be taken into consideration. The provided armoire holds many items and makes the room look very neat. Also, a familiar recliner may be brought to the room however **DUE TO SAFETY CONCERNS: NO SCOOTERS, GLIDER ROCKERS, ROCKING CHAIRS, SWIVEL ROCKERS or 3 WHEELED WALKERS ARE ALLOWED. Rocking recliners or swivel chairs will be accepted if they can be locked in a stationary position.** All other chairs in a Resident's room should have arms on them and all furniture must be in good – clean condition. Disposal of old TV, chairs etc., are the Resident's responsibility and they will be charged for any Landfill charges. **ALL PERSONAL ITEMS** to be marked with a label or laundry marker with the **FIRST INITIAL AND FULL LAST NAME**. Pictures should also have names of those pictured, which is helpful for doing Reality Orientation with the Resident. A Resident may bring their own bedspread or quilt etc. but these must

be marked with Resident's name by our laundry dept. We provide sheets, blankets, pillows, and pillowcases. We discourage the use of feather pillows for sanitary & allergy reasons. No electric blankets or mattress pads can be used in our facility due to a safety concern for our Residents. IN CASE OF A DEATH, TWENTY-FOUR (24) HOURS OR ONE DAY WILL BE ALLOWED FOR REMOVAL OF PERSONAL PROPERTY. If you are unable to come within 24 hours you must contact Elm Crest Manor Administration to let us know. Then our housekeeping or other staff will pack and store belongings for a reasonable amount of time. WE DO NOT ACCEPT DONATIONS OF CLOTHING.

PERSONAL MONIES

The Resident should not keep more than \$5.00 in their room or on themselves. Additional money may be kept in the Residents Personal Trust Fund that is placed in an interest bearing account and is covered by a surety bond. There is no charge for this service and the Resident and/or family should check with the office regarding this fund. Quarterly statements will be provided. Elm Crest Manor will not be responsible for any valuables or money left in the possession of a Resident while he or she is a Resident of Elm Crest Manor. We also discourage a Resident from keeping check books/blanks and credit/debit cards in their room. They may be kept in the office for safe keeping.

*****PLEASE NOTE*** Closing a Resident Trust Account following a Resident's death: If they are Private Pay, the funds will be returned within 30 days AND payable to the Resident's Estate. If on Medical Assistance, Medicaid has 30 days to send us an Affidavit to return funds to Medicaid (Estate Recovery). If one is not received within that time frame, we will issue a check payable to the Resident's Estate for the balance in that account. Someone must have paperwork completed by an Attorney stating they are the Personal Representative in order to get this check cashed. This must be taken care of prior to the Resident's passing.**

TELEPHONES

There are public telephones available for Resident use and are located in the Commons Area, Conference Room and Family Rooms. These are adaptive for hearing impaired and can be used to make or receive calls. For private conversations, the Family Rooms, or Conference Room may be used. Residents may have phones in their rooms. A form is to be signed upon admission if you wish to have a phone and whether or not you wish to have your phone number given to family or friends who may call the facility. Phone numbers are assigned to each room and the bill for **\$25.00 (effective 2/1/17)** per month will come from Elm Crest Manor, as we own the contract/system. It will be billed at the end of the month, with Resident/Responsible Party/Guardian responsible for the bill. Admission month charges will be full price for any admits from the 1st of the month thru the 15th of the month and \$12.50 for any admits from the 16th thru the end of the month. Residents need to provide their own phones. **Any**

missed calls will show that the call came from Elm Crest Manor and not the Resident's personal phone # on your caller I.D. (and Elm Crest Manor Employees will always leave a message).

TELEVISION

If a Resident desires a television set in their room, they must furnish a **flat screen TV**. Cable TV is provided at no extra charge and the maintenance department will hook it up. We will provide cable converter boxes for the TV's. The converter boxes can only be used by the remotes furnished with them (the other remotes will not work). The new armoires have space for a TV that measure: 26 $\frac{1}{2}$ " tall, 48" wide and up to 18" deep. **Only a TV, DVD player, stereo and computer may be plugged into a surge protector power cord.** There are color televisions available to the Residents in the Family Rooms and Activity Areas.

WI-FI AVAILABILITY

The Elm Crest Manor Skilled Facility Wi-Fi is available throughout the Skilled Facility building only. DSL in a Resident room is available upon request to Mary Kreidt, Office Manager.

HAIR CARE AND BATHS

Volunteers set and comb-out the female Resident's hair every week, usually on Thursday mornings. Resident or family needs to provide hair curlers, combs and brushes. Combs and brushes should be marked with the Resident's name and the curlers are kept in the hairdressing cabinet in labeled boxes, which we provide. There is no charge for haircuts, if using our beautician, as this is a grooming aid for both men and women. It is recommended that haircuts be done every 3-5 weeks. For a haircut, perm or color, please contact the **ACTIVITY DIRECTOR: Marvin Hammersmark**, to schedule an appointment at the next available time. The cost for a perm is **\$40.00** when using our beautician and this includes a haircut. Other hair treatments are charged as per beautician's fee schedule. If you are having someone other than our beautician and using our beauty shop, **please schedule through Activity Director**, so the beauty shop is available when they come. When using another beautician, you will be charged per their fee schedule.

A minimum of 2 baths a week are given, which consist of a tub, whirlpool, or shower; or if ill or refusing, a bed bath is given. Hair is washed at least 1 time each week.

OUTINGS

A Resident may go on outings, overnight stays or on a minimal leave of absence. YOU MUST GIVE AT LEAST A 24 HOUR NOTICE if a Resident is leaving the building overnight and 3 BUSINESS DAYS if they will be gone more than 48 hours. We ask that family members **personally notify the wing nurse** and **sign the book at the nurse's station** when taking a Resident out of the facility **and inform wing nurse when you return**. There is a limit on the number of days a Medicaid Resident may be out of the facility overnight during a

calendar year. If you have any questions, see the **Social Worker, RITA SCHULZ**. If taking a Resident to an appointment, there is paperwork that **must** go along and be filled out and signed by the Provider and brought back to Elm Crest Manor. Elm Crest will provide transportation and attendant care for medical appointments to Bismarck/Mandan with the exception of the Chiropractor. Ambulance service is to the Bismarck Hospitals only.

MEALS

Families are welcome to share a meal with a Resident. The cost of each meal is **\$5.00** for breakfast, dinner or supper. **The kitchen needs to be notified at least twenty-four (24) hours in advance for a meal. The cost is \$10.00 (effective 1/1/17) for the following holidays: New Year's Day, Easter, Mother's Day, Memorial Day, Father's Day, 4th of July, Labor Day, Thanksgiving, & Christmas Day, per each meal. We will require one (1) week prior notice for all holiday meals.** If not, we may not be able to accommodate guests. Please check with the kitchen for the best time to come during the open dining meal times. If we can't provide a meal, we will have coffee available all day. MEAL TICKETS ARE ALSO AVAILABLE TO BE PURCHASED - CONTACT THE DIETARY DEPARTMENT. ***Any meals charged for family or friends will be automatically reimbursed from the Resident's Personal Trust Account***. All our meals are open dining (no assigned seating or meal time). **BREAKFAST:** Served from 7:15 to 8:30 A.M.; **DINNER:** Served from 11:15 A.M. to 1:00 P.M.; and **SUPPER:** Served from 5:15 to 6:30 P.M. We are on Central time. **Coffee/snack** is served at 9:45 AM and 2:45 PM each day with coffee available at all times of the day from the self-serve machine located in the dining room. The first meal is free for immediate family members during the first 7-day period. If you wish to provide a birthday or anniversary party for a Resident, we need at least one (1) week advance notice to schedule and make the necessary arrangements. Please contact the **DIETARY MANAGER: TARRI HAAS**. All room reservations are on a first come/first serve basis.

FOOD ITEMS

All food items brought in **MUST** be approved by the nurse on duty and needs to be in approved containers and dated. No refrigerators or microwaves are allowed in the Resident rooms. A small refrigerator is located at the nurses' station.

SAFETY AND FIRE CODE

All chargers must have the phone or shaver plugged in it or it must be unplugged from the wall outlet and put away per Fire Code. No personal humidifiers, space heaters, electric blankets, electric mattress pads or Halogen lamps can be used, as these are a safety concern for the Residents. We provide the waste paper basket, as they must meet fire regulations/code.

Any Resident with a powered wheelchair needs to be evaluated by our Occupational/Physical Therapy Department **prior to use** in our facility and will

be re-assessed quarterly. The Resident is financially responsible for any and all repairs on their powered wheelchair including but not limited to new batteries, wheels, and transportation to and from a service center in Bismarck, etc. For more information see our Power Wheelchair Policy or visit with the Occupational Therapist.

NO KNIVES, JACK KNIVES OR PARING KNIVES ARE ALLOWED IN THE ROOMS. IN ADDITION, NO WEAPONS OF ANY KIND ARE ALLOWED IN THE FACILITY/ROOMS OR ON THE PREMISIS. **We are a NO SMOKING/NO SMOKELESS TOBACCO/NO E-CIGARETTES facility, and per ND State Law, no smoking is allowed within 20' of any outside opening, including doors and windows, by visitors or staff.** No candles or lighters are allowed in the Resident rooms. Nothing can be permanently attached to the bathroom door, room door or wardrobe/armoire door or to any wall without prior consent of the Administrator. We encouraged you to use sheet rock hooks (Monkey Hooks) or the 3-M hooks instead of nails. If you have lots of small photos, please purchase a bulletin board. See Maintenance Dept. for more information.

All personal care items must be stored away from public view. This includes but not limited to: lotions, powders, make-up, deodorants, soaps, etc. and if in a shared room items should be marked with Resident's initials or name. A medicine cabinet, with a small wire basket in it, is located in the bathroom of each room, and we also provide a bedside table for storing these items.

If you chose to put a **bird feeder** outside your resident's window, we encourage you to use the cake type feed to minimize the amount of seed that is spilled on the ground. Families are responsible for filling the bird feeder and storing the seed off the property. **WE DO NOT ALLOW THE BIRD SEED, FEED, NECTAR, ETC, TO BE STORED IN THE RESIDENT'S ROOM OR ANY WHERE IN THE BUILDING.**

FORM 2567 AND/OR THE STATEMENT OF DEFICIENCIES AND OUR PLAN OF CORRECTION CAN BE FOUND NEAR THE FRONT OFFICE FOR YOUR INSPECTION AT ANY TIME.

Any questions, please contact:

RITA SCHULZ, LBSW

ELM CREST MANOR

100 ELM AVE., NEW SALEM, ND 58563-4031

Telephone #: (701) 843-7526 Fax #: (701) 843-8376

E-mail address: elmcrest@westriv.com (& PLEASE REMEMBER to address your e-mail by listing the Resident's name on the subject line)

Web site: www.elmcrestmanor.com