

# CHENEY

## *Assisted Living*

You Deserve The Best!



*A* peaceful, serene lifestyle is what you will experience at Cheney Assisted Living. You will enjoy the exceptional service you deserve, and the family-like atmosphere. Come reserve your new home today?

### *Amenities*

- Unfurnished, Private Apartments: Kitchen, Living Room, Bedroom and Bathroom
- Community and Social Environment
- Quality Care with 24 hour on-site assistance and nurse delegation
- Secured Building
- All utilities paid except phone and cable
- Beautiful Cathedral Ceilings in the Community Dining Room and Living Room
- Gas Fireplace in Community Living Room
- On-site Beauty Salon and Laundry Service
- Spend pleasant spring and summer days in the inner open courtyard with lush vegetation and beautiful landscaping

### *Services Provided:*

- Laundry
- Housekeeping
- Transportation
- Three delicious meals a day
- Activities
- Limited Personal Care



2219 N. 6<sup>th</sup> Street, Cheney, WA 99004-2199  
(509) 235-6196 ~ Fax: (509) 235-2044



## **MISSION STATEMENT**

The Cheney Care Center Association is a nonprofit corporation that understands the needs of the community and has developed the Cheney Assisted Living to meet these needs. The facility will serve the elder residents in Cheney and surrounding communities.

Facility staff are dedicated to promoting independence and assisting the residents to function at their highest possible potential. Cheney Assisted Living will do this by focusing on “providing assistance” to the resident, rather than “doing” for the resident regardless of race, color, age, creed, national origin, sex, or area of residence.

We will strive to provide services and programs of an optimum, professional quality which meet or exceed established standards with no profit incurring to any individual or group.

## **Goals**

1. To assist those in need of our services to live as independently as possible.
2. To meet the growing needs of mature adults in our service area.
3. To solicit and acknowledge the interaction and support we receive from Cheney and surrounding communities.
4. To provide a home-like environment that promotes independence and allows for aging in place.
5. To provide assistance if necessary, but encouraging the resident to do as much as they can for themselves.

## **PHILOSOPHY STATEMENT**

Cheney Assisted Living (CAL) is dedicated to providing a home-like environment to elderly individuals residing in Cheney and surrounding communities.

The CAL will promote independence of each resident but will provide assistance and limited medical care if necessary. In the event that the residents' health declines, the CAL will assist in finding an appropriate facility that will assist the resident in reaching his or her highest level of wellness.

The CAL staff recognizes that a resident may be concerned about receiving appropriate assistance. We also recognize that each resident is a unique person with individual needs and concerns, and we shall attempt to provide a level of assistance that will promote independence yet meet the needs and concerns of the resident.

The CAL staff believe that a thorough understanding of each resident is needed in order to provide quality, professional assistance. A multi-disciplinary team will assess each resident with the resident actively taking part in the assessment. From this assessment, the multi-disciplinary team will be able to adequately meet the residents' needs. This process will be ongoing and dynamic in recognition of the ever-changing human condition.

The CAL management values its employees and views them as the key to CAL's success in providing an assisted living facility that promotes a home-like environment and independence. The CAL management shall provide employees with a safe and healthful working environment and give them equitable and fair compensation for their work. Further, the CAL will support its mission and philosophy in the delivery of an independent home-like environment thru employees by providing its staff with the appropriate training needed to meet the needs in the CAL.

**Level I Service Package price of each unit/month:**

Unit A – Studio	366 square feet	\$3350
Unit B – 1 Bedroom	428 square feet	\$3410
Unit C – 1 Bedroom	481 square feet	\$3600
Unit D – 1 Bedroom	573 square feet	\$3950

**Monthly Service Package**

- Three (3) meals per day
- Community activities
- Monthly medication reviews
- Transportation – 1 weekly trip in Cheney
- Wellness checks – monthly
- Utilities (**Excluding Phone**)

**Service Fee:** Any resident requesting additional services will be assessed by our onsite registered nurse. Once the assessment has been completed, the appropriate level of care and related point-based monthly charge is determined by the amount of assistance and staff time required to provide the additional services. Any ancillary services received will be charges in addition to the base rent and standard monthly service package listed above. The RN assessment, once completed for the resident, will result in a point total. The points then determine additional fees charged for each resident on a case-by-case basis referencing the schedule below.

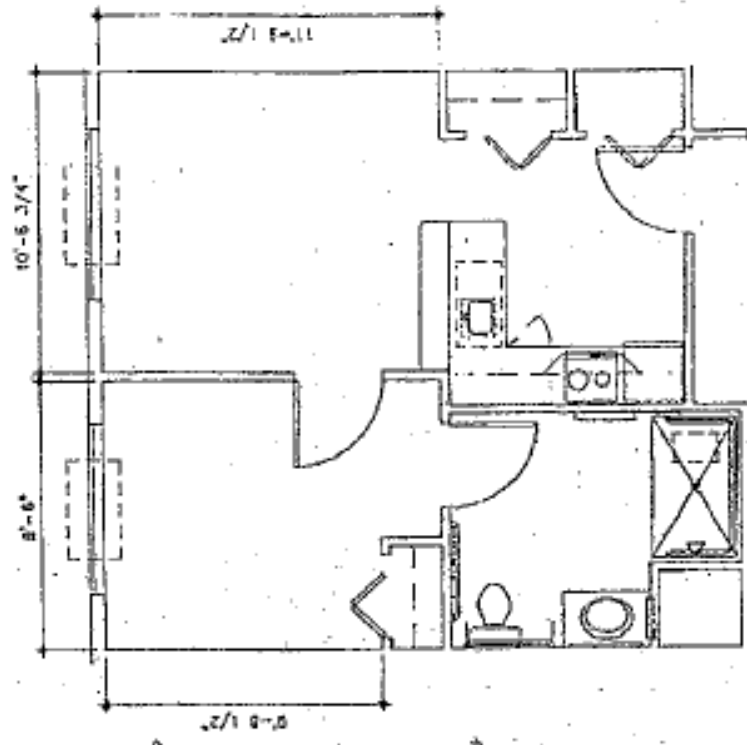
<b>Level</b>	<b>Assessment Points</b>		<b>Charge per month</b>
	<b>From</b>	<b>To</b>	
Level 1	1	99	\$100.00
Level 2	100	199	\$200.00
Level 3	200	499	\$300.00
Level 4	500	799	\$400.00
Level 5	800	1199	\$500.00
Level 6	1200	and above	\$600.00

If a resident requires any type of assistance, i.e. wheelchair escorts, ambulation assistance, bathing, dressing, medication assistance, etc., the resident must be in the Assisted Living Program or contracted with a bonded agency to provide these services.

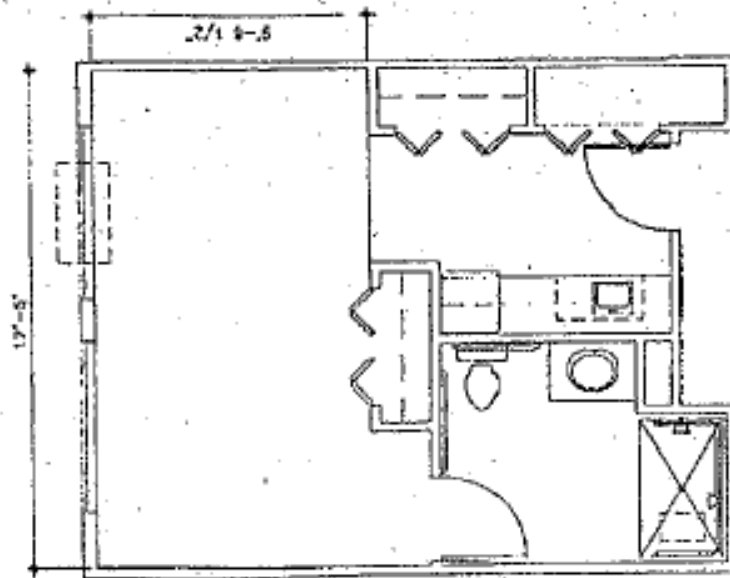
- Individuals sharing a unit: There will be an additional monthly cost of \$500.00 for the individual (husband, father, son, wife, mother, daughter, etc.) sharing the unit plus any monthly service fees.

*Each resident's level of care and any associated needs will be measured by RN assessment; charges will be determined by this assessment and the corresponding services to be rendered by the associates of Cheney Assisted Living.*

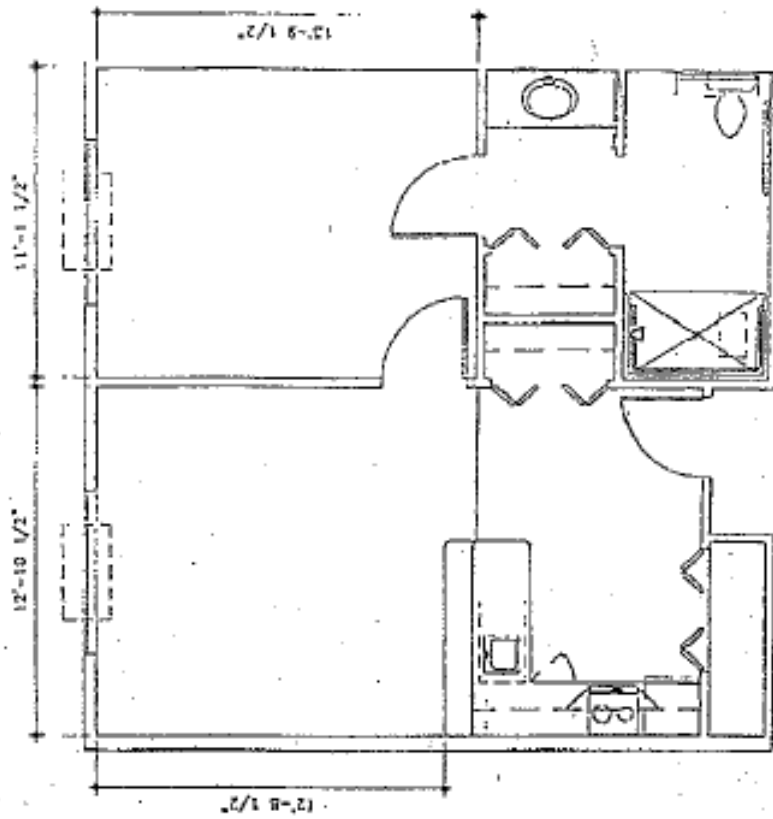
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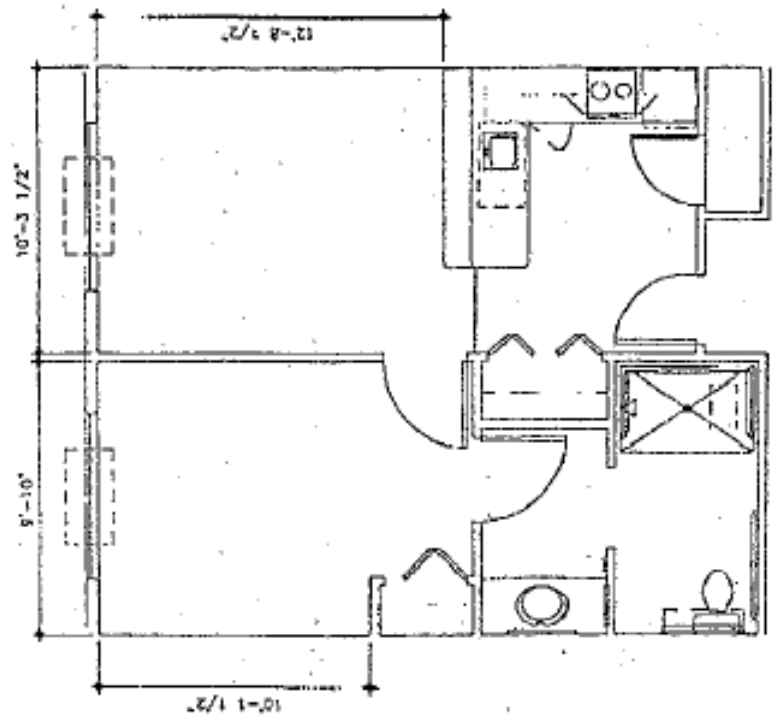
UNIT TYPE B



UNIT TYPE A



UNIT TYPE D



UNIT TYPE C

**CHENEY ASSISTED LIVING**

**APPLICATION FOR ADMISSION**

All Programs And Services Shall Be Made Available Without Regard To Race, Color, Religion, National Origin, Age, Disability, Marital Status, Veteran Status, Sex, Or Any Other Characteristic Protected By Law.

**PERSONAL INFORMATION**

Applicant's Name \_\_\_\_\_ SS#: \_\_\_\_\_  
Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Present Housing (apt, private home, condo, etc.) \_\_\_\_\_

**POWER OF ATTORNEY/GUARDIAN AND FAMILY INFORMATION**

Power of Attorney/Guardian (circle one) \_\_\_\_\_ Time Power of Attorney/Guardian Becomes Effective \_\_\_\_\_  
Age \_\_\_\_ Relationship \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation/Employer \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Nearest Relative/Friend (circle one) \_\_\_\_\_ Age \_\_\_\_ Relationship \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation/Employer \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

**PHYSICIAN INFORMATION**

Physician \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**HOUSING PREFERENCE FOR ASSISTED LIVING**

Housing Preference:  Unit A/Studio 366 sq. ft.  Unit C/1 Bedroom 481 sq. ft.  
 Unit B/1 Bedroom 428 sq. ft.  Unit D/1 Bedroom 573 sq. ft.

**ACKNOWLEDGMENT STATEMENT**

I acknowledge that the information in this application is correct, and I understand that my Physician may be contacted regarding my ability to live in an Assisted Living facility. I understand that a Deposit Fee of \$ 1000.00 will be required as a security deposit and to hold the unit pending move in. The fee will be refunded in full or in part based on facility policy.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Power of Attorney/Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**CHENEY ASSISTED LIVING**

**FINANCIAL STATEMENT**

All Programs And Services Shall Be Made Available Without Regard To Race, Color, Religion, National Origin, Age, Disability, Marital Status, Veteran Status, Sex, Or Any Other Characteristic Protected By Law.

Applicant's Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Joint Statement?  Yes  No

Application for unit # \_\_\_\_\_

1. FINANCIAL STATEMENT Note: It is not necessary to provide the details of your total estate. We do need sufficient information to assure Cheney Assisted Living that your monthly income is adequate to cover the Monthly Service Charge and provide for other ordinary expenses.

I have the following sources of income and/or assets monthly

	Value	Monthly Income
Social Security Payments.....		\$ _____
Life Insurance Annuity.....		\$ _____
Pension or Retirement Income.....		\$ _____
Interest or Dividends.....		\$ _____
Cash - Savings.....	\$ _____	\$ _____
Cash - Checking.....	\$ _____	\$ _____
Stocks and Bonds and Securities.....	\$ _____	\$ _____
Notes or Contracts.....	\$ _____	\$ _____
Rental Property (describe) _____	\$ _____	\$ _____
Other Real Estate (describe) _____	\$ _____	\$ _____
Total	\$ _____	\$ _____

2. Name and Address of my Bank \_\_\_\_\_

3. Will any relative contribute toward your support? \_\_\_\_\_  
If so - Name and Address \_\_\_\_\_  
Details of Support \_\_\_\_\_

4. Life Insurance Information: Amount \_\_\_\_\_ Company \_\_\_\_\_  
Beneficiary: \_\_\_\_\_

5. If your resources should become insufficient, would you be willing to apply for State Assistance? \_\_\_\_\_

The foregoing statements are true and complete. If admitted as a resident of Cheney Assisted Living, I agree to be governed by the rules and regulations now or hereafter to be established by the Board of Directors or Administrator of the Cheney Care Center. I understand that any misstatement will subject me to liability or removal even after admission.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Cheney Assisted Living criteria for admission:**

1. Be independently mobile - able to ambulate or propel self without assistance and independently exit the building (assistive devices may be used).
  2. Able to manage his/her activities of daily living, transfer, and manage bowel and bladder care with adequate hygiene and without assistance.
  3. Having a colostomy, ileostomy, urinary catheter, oxygen or other medical need, including medication, must be capable of caring for that device by him/herself or with assistance available from a home health agency.
  4. Exhibiting behavior problems disturbing to other residents is inappropriate for this facility. If the behavior problem(s) can be controlled as a result of behavior management, medication, family, home health agency, or mental health intervention, the resident may be accepted for admission.
  5. Meet appropriate score on the mental and functional assessments conducted by a multi-disciplinary team.
- If the resident's needs cannot be met, the resident will not qualify for residency.

**Cheney Assisted Living criteria for discharge:**

1. Incontinence, if the resident cannot or will not participate in the management of the problem.
2. Immobility.
3. An ongoing condition requiring a one-person transfer.
4. Ongoing skilled nursing interventions needed 24 hours/day for an extended period of time. (In the event of a temporary illness wherein a licensed nurse was needed for treatment, I understand I can arrange privately for Home Health Services to attend to temporary needs).
5. Symptoms of dementia that exceed manageability.

**Cheney Assisted Living Medicaid**

Cheney Assisted Living reserves our studio apartments for individuals with Medicaid. In the event that a resident who admits to Cheney Assisted Living as a private pay residents exhausts their funds and converts to Medicaid, they will be automatically placed on a waiting list to move to the next available studio apartment.

I \_\_\_\_\_ or my legal representative \_\_\_\_\_ have read the above criteria for admission and discharge to/from the Cheney Assisted Living facility and I agree to comply with the terms and conditions set forth here and in the Assisted Living Agreement.

\_\_\_\_\_  
Signature