Glenmeadow

A nonprofit, caring since 1884

APPLICATION

Confidentiality Statement

Glenmeadow shall hold confidential data information in strictest confidence and agree that it shall be used only for the contemplated purposes of approval and continued residency/membership in any of our programs and shall not be used for any other purpose, or disclosed to any third party.

Glenmeadow Application Checklist

Thank you for choosing Glenmeadow as your new home! This checklist is to help you stay on track during the application process. All documents must be submitted in order to review your application for residency. We are always happy to help you collect this information and make copies for you.

- ☐ Glenmeadow General Information Form.
- ☐ A copy of your most recent physical within the last one-year period. **The enclosed medical release document should be sent to your Primary Care Physician***
- ☐ Confidential Data Application.
    - Most recent Federal Income Tax Statement.
    - Bank, investment or other asset statements.
    - Copy of any trust documents.
    - Copy of any long-term care insurance policies (when applicable).
- ☐ W-9 Form
- ☐ Authorization for Email Statements and Pre-Authorized Payments.
    - Please include a voided check with this document.
- ☐ Copy of your Durable Power of Attorney.
- ☐ Copy of your Living Will/Advanced Directives.
- ☐ Copy of your Medical Proxy/Power of Attorney.
- ☐ Acknowledgement of Apartment Modifications.
- ☐ Copies of the following:
    - License or state-issued I.D.
    - Medicare Care (front and back).
    - Supplemental Insurance Card (front and back).
    - Covid Vaccination Card (front and back).
- ☐ Private Duty Aides Information Handout.

- ☐ Resident Informed Consent Form.

*In order to complete the medical portion of the application, we must receive these documents and then schedule an assessment with a member of our Glenmeadow Wellness Team.

Next Steps and Helpful Details

During the application process, we want to be sure any questions regarding the Residency Agreement are answered. Please review this document thoroughly.

In many cases, new residents can customize their apartment with items like paint colors and flooring. You will work with our Residency Advisor and our Director of Maintenance to select these options. Any costs associated with these changes should be paid for in advance of the work being completed.

After you have received approval to live at Glenmeadow, the next step will be to secure your apartment by signing our Reservation Agreement and supplying us with a check for $15,000 made payable to Glenmeadow. Your Residency Advisor will work with you on completing this form.

Preparing to move-in:

Once you have a move-in date, you will want to:

1) Contact the US Post Office to have your mail forwarded.
2) Contact Comcast Bulk Services to set up a land-line phone and any upgrades to the expanded basic cable and internet that we offer. We advise you do this at least 2 weeks prior to your move-in date.
3) Arrange for any pets to have a place to stay on move-in day.
4) Contact your Residency Advisor regarding the moving company you will be using as well as their contact information.

Questions? Contact us at 413.567-7800

General Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell phone: _____

E-Mail Address: _____

Relationship Status: _____ Gender: _____

Date of Birth: _____ Social Security Number: _ _ _-_ _-_ _ _ _

Veteran? _____ If Yes, Branch: _____

Durable Power of Attorney (Financial):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Relationship to Applicant: _____

Billing Party: If you will be receiving all invoices, please write "self."

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Relationship to Applicant: _____

Health Care Proxy (Medical Power of Attorney):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Relationship to Resident: _____

Do you have any of the following documents? If yes, please include a copy with your application:

___DNR/POLST ___Living Will ___Advanced Directives

Emergency Contact:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Relationship to Applicant: _____

Alternate Emergency Contact:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Relationship to Applicant: _____

Medical Information:

Medicare Part A #: _____ Medicare Part B #: _____

Supplemental Insurance Name: _____

Policy #: _____ State Issued: _____

Group Name: _____ Group #: _____

Prescription Plan Name: _____ Number: _____

Primary Care Provider:

Physician's Name: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Specialty Physician's Name: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Specialty Physician's Name: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Please feel free to add additional Specialty Physicians to the back of this form.

Please list all medications and supplements that you use on a regular basis:

_____ _____

_____ _____

_____ _____

_____ _____

Have you been diagnosed with any of the following:

___ Kidney Disease
___ COPD
___ Cancer
___ High Blood Pressure
___ Asthma/Emphysema
___ Depression
___ Osteoporosis
___ Mental Illness
___ Diabetes
___ Heart Disease
___ Alzheimer's Disease
___ Dementia/Mild Cognitive Impairment (MCI)
___ Arthritis
___ Stroke/Mini-stroke
___ Parkinson's Disease

Have you had the following Vaccinations?

Pneumovax: ___YES ____NO

Covid 19 and all supplemental boosters: ___YES ____NO

Do you have any of the following allergies to the following:

Food: _____

Medications: _____

Pets/Animals: _____

Other: _____

Have you visited the Emergency Room in the last year? If yes, why?

_____

_____

Have you had any falls in the last year? If yes, what were the circumstances?

_____

_____

Please feel free to use the back of this application to add any additional information.

List Hospitalizations (Year and Reason) within the Past 4 Years:

_____

_____

_____

_____

_____

Emergency Department Visits in the Past Year:

Number of Visits: _____

Reason for Emergency Department Visit(s):

_____

_____

_____

_____

Do you receive assistance with any of the following Acts of Daily Living? Check all that apply:

— Walking
— Feeding/Cooking
— Dressing/Grooming
— Toileting
— Bathing
— Transferring
— Managing Finances
— Managing Transportation
— Shopping
— Meal Preparation
— Housecleaning/Home Maintenance
— Managing Communications/Calendar
— Managing Medication

Have you had any major surgeries including any joint replacements? If yes, please describe:

I understand that the approval to be on the Wait List for Glenmeadow is not a guarantee of future residency. A complete application will need to be supplied and evaluated at the time an apartment is offered to you.

Signature **Date**

Glenmeadow
A nonprofit, caring since 1884

24 Tabor Crossing
Longmeadow, MA 01106
MAIN: 413-567-7800
FAX: 413-567-7945

Patient Name: _____

Date of Birth: _____

Age: _____

Current Address: _____

I authorize _____ (name of Doctor or Medical Practice) to release:
Most recent physical dated within one year of request.

To use, disclose or release my protected health information (medical records) described below to:

Glenmeadow – 24 Tabor Crossing, Longmeadow MA 01106

Attention:_____

For the following purpose: (at patient's request is sufficient): Patient's Request

Specific description of information that may be used/disclosed: All records for 2 years including Labs, X-rays, all tests, TB, Shingles, Pneumovax, Flu Vaccine

I understand that I may inspect or copy the protected health information described in this authorization.

I understand that this authorization may be revoked in writing and delivered to the originating practice at any time, except to the extent that action has already been taken in reliance on this authorization.

I understand that information used or disclosed pursuant to this authorization could be subject to re-disclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.

I understand that Glenmeadow shall not condition treatment, payment, enrollment in a health plan or eligibility for benefits on my providing authorization for the requested use or disclosure and that I may refuse to sign this authorization.

Signature of Patient: _____

Printed Name of Patient: _____

Date: _____

Signature of Representative: _____

Printed Name of Representative: _____

Relationship to Patient: _____

Date: _____

EXPIRATION: This authorization will expire on one year from signature date.

If no date or event is specified, the authorization shall expire six months from the date it was signed. A copy of this authorization shall be provided to the patient or representative when signed.

Confidential Data Application

Financial Information Form

FIRST PERSON NAME:_____TELEPHONE #: _____

DATE OF BIRTH: _____

ADDRESS: _____

STREET CITY STATE ZIP

RELATIONSHIP STATUS: ___SINGLE ___MARRIED/PARTNER ___WIDOWED ___DIVORCED

SOCIAL SECURITY # __ __ __ - __ __ - __ __ __ __

SECOND PERSON NAME:_____

RELATIONSHIP TO FIRST PERSON: _____

DATE OF BIRTH: _____

SOCIAL SECURITY # __ __ __ - __ __ - __ __ __ __

ASSETS (Note: If jointly owned enter under First Person and designate with a "J")

	First Person	Second Person
1. Equity in Residence (Estimated Value less Mortgage)	$ _____	$ _____
2. Checking, Savings & CD's	$ _____	$ _____
3. Stocks & Bonds	$ _____	$ _____
4. Trusts & Estate Equities Available for use	$ _____	$ _____
5. Other Real Estate Equities	$ _____	$ _____
6. Other_____ (Please define)	$ _____	$ _____
TOTAL ASSETS	$ _____	$ _____

TOTAL COMBINED ASSETS $ _____

MONTHLY INCOME (Note: If either person has survivor benefits, indicate by entering the percentage after filling in the monthly amount. Does your pension/retirement income allow for annual adjustment of your monthly income based on the Consumer Price Index? Yes ____ No ____)

7. Social Security	$ _____	$ _____
8. Pension/Retirement Income	$ _____	$ _____
9. Interest	$ _____	$ _____
10. Dividends	$ _____	$ _____
11. Other_____ (Please define)	$ _____	$ _____
12. Other _____ (Please define)	$ _____	$ _____
TOTAL INCOME	$ _____	$ _____

TOTAL COMBINED INCOME $ _____

PLEASE LIST ANY DEBTS (e.g., MORTGAGE) OR LIABILITIES IN EXCESS OF $5,000.

_____ $_____
_____ $_____
_____ $_____

PLEASE INCLUDE ANY COMMENTS REGARDING THE FINANACIAL INFORMATION LISTED.

(PLEASE IDENTIFY LINE ITEM #)

_____
_____
_____
_____

	1ST PERSON		2ND PERSON	
DO YOU HAVE LONG TERM CARE INSURANCE?	YES	NO	YES	NO

IF **YES**, PLEASE PROVIDE A COPY OF POLICY.

PLEASE GIVE NAME, ADDRESS AND TELEPHONE OF CHILDREN OR NEAREST RELATIVES.

1. _____
2. _____
3. _____

I understand that prior to accepting this application, the Approval Committee may request additional information concerning my finances. I hereby declare that all statements made herein and other information provided are true according to my best knowledge and belief, in witness thereof I have hereto set my hand to this application this day _____of _____, _____(Year).

_____ _____
First Person Second Person

**** PLEASE INCLUDE LAST YEAR'S TAX RETURN AND ALL SUPPORTING FINANCIAL DOCUMENTS WITH THE APPLICATION.**

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person** ►	**Date** ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Glenmeadow

PART I

Authorization Agreement for Emailing of Statements

I (we) authorize Glenmeadow, Inc., to transmit any and all billing statements to me via email at the address indicated below.

Email Address _____

Signed X _____ **Date** _____

Name(s) _____

PART II

Authorization Agreement for Pre-Authorized Payments

I (we) authorize Glenmeadow, Inc., ("COMPANY"), to initiate debit entries to my (our) Checking/Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository Name _____

Routing Number _____ **Account Number** _____

Name as it appears on the account _____

☐ **Checking** ☐ **Savings**

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITROY a reasonable opportunity to act on it,

Signed X _____ **Date** _____

Name(s) _____

Please attach a voided check or pre-printed deposit slip that contains your account information to this agreement.

Office Use Only:
Processed by:_____ Date:_____

GLENMEADOW RETIREMENT
24 TABOR CROSSING
LONGMEADOW, MA 01106

EXERCISE CLEARANCE FORM
(page 1)

PATIENT'S INFORMED CONSENT AND AUTHORIZATION :

I, (printed name) _____, agree to voluntarily participate in a Glenmeadow exercise program and/or fitness assessment. I am aware and fully understand the exercise program may include strength training, cardiovascular, flexibility and balance exercises, all of which may increase in duration and intensity over time. The fitness assessment may include a sub-maximal cardiovascular fitness test and measurements of body mass index, flexibility, and muscular strength and endurance.

I understand that the level of exercise that I will perform is based on my medical history, physician's recommendations, and exercise tolerance and that such information has been given to Glenmeadow. The exercise activities are designed to place a gradual increasing workload on the muscular, skeletal and cardiovascular systems. I understand that if I experience any pain, discomfort or shortness of breath, I should stop exercising immediately and notify staff.

I understand that exercise will cause certain changes to occur to my body during and after an exercise program which may include (but is not all inclusive) : abnormal blood pressure, decreased blood glucose, fainting, irregular, fast or slow heart rhythm, and in rare instances a heart attack, stroke, or cardiac arrest. I agree to participate knowing that Glenmeadow does not require its staff to be CPR certified. In the event of an emergency, the staff will assist me and call the local ambulance and emergency medical support system.

I will also promptly provide to the staff any new health information that may affect my ability to safely participate. I have been given the opportunity to ask questions related to this exercise program. I acknowledge that I have read and understand this document in its entirety.

Being aware of the potential physical risks and uncertainties of exercise, I agree to voluntarily participate in the Glenmeadow exercise program and I consent to and authorize _____ to release to Glenmeadow Retirement, any health information concerning my ability to participate in the Glenmeadow exercise program described above. I understand that this consent for release of information can be revoked by me at any time, except to the extent action has already been taken. Any personally identifiable information obtained during this exercise program will be treated as confidential and only released to my referring physician. I agree to follow any limitations set by my doctor.

Participant's Signature:	Date:
Trainer's Signature:	Date:

PHYSICIAN'S RECOMMENDATIONS:

Please complete the following recommendations for _____ to participate in a Glenmeadow exercise program by placing a checkmark before, and/or completing the statement.

PLEASE NOTE:

1. **YOUR PATIENT MUST BE ABLE TO MONITOR THEIR OWN HEALTH STATUS DURING THE EXERCISE PROGRAMS.**

2. **YOU MUST REVIEW ALL PARAMETERS WITH YOUR PATIENT.**

3. **GLENMEADOW STAFF ARE NOT REQUIRED TO BE CPR CERTIFIED. THE EMS SYSTEM WILL BE CALLED IF NEEDED.**

	A: I am not aware of any contraindications toward participation in an exercise program.
	B: I recommend that any exercise program be subject to the following specific limitations:
	C: I recommend my patient **NOT** participate in the above exercise program

Physician's Signature:	Date:
Physician's name (print):	Phone:
Address:	Fax:
City:	State/Zip:

GLENMEADOW RETIREMENT
24 TABOR CROSSING
LONGMEADOW, MA 01106

EXERCISE CLEARANCE FORM
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	A: I am not aware of any contraindications toward participation in an exercise program.
	B: I recommend that any exercise program be subject to the following specific limitations:
	C: I recommend my patient **NOT** participate in the above exercise program

Physician's Signature:	Date:
Physician's name (print):	Phone:
Address:	Fax:
City:	State/Zip:

Acknowledgment of Apartment Modifications

Apartment Number _____

Residents may make modifications to apartment interiors/exteriors at their expense, using approved vendors and with prior approval of Glenmeadow's Director of Plant Operations and President/CEO. This could include but is not limited to: built in shelving, wall and window treatments, porch screening, sidewalks and stairs, custom shower doors, recessed lighting, appliances, or flooring.

Please note:

When the apartment is released, charges may be incurred in order to bring the apartment back to its original specifications. These charges are the responsibility of the resident or their estate. Actual charges will be deducted from the entrance fee or security deposit refund.

I acknowledge that I am responsible for charges incurred to bring the apartment back to its original specifications and that my entrance fee and/or security deposit may be reduced by this amount.

_____ _____

Name Name

_____ _____

Signature Signature

_____

Date

Title: PRIVATE DUTY STAFF

Section: OPERATIONS

Issue Date: 1/04 Approval: TVC Reissue Date: 9/21 Approval: AMT

Glenmeadow is committed to providing a safe and secure environment for those who live here. In order to do that we share our recommendations which help to assure that staff who work in the building, whether employed by Glenmeadow or privately by a resident, are properly oriented to the community, adequately insured and have had criminal background checks performed.

Residents who choose to hire staff to support them in their apartments have choices about who they hire. No matter what the decision is, we have some recommendations to help ensure that you are hiring a person that has your best interests at heart.

Residents may:

1. Choose to hire additional help from Glenmeadow at Home (GAH). Glenmeadow at Home's employees have had Criminal Record Checks (CORI), Sexual Offender checks (SORI) and are covered by worker's compensation insurance and liability insurance. Glenmeadow staff also have access to a comprehensive benefit package. All social security, local and federal taxes are taken out by Glenmeadow. There is a GAH office located in the lower level of Glenmeadow and the staff there work closely with all the other Glenmeadow staff.

OR

2. Hire private duty staff from an outside agency. Glenmeadow HIGHLY recommends that when hiring private duty caregivers through an outside agency that you choose an agency that runs CORI's and SORI's on all their potential employees and that convicted felons have been screened out. We also highly recommend that the agency provides both worker's compensation insurance and liability insurance for their private duty employees. The agency, not Glenmeadow, is responsible for filling shifts and providing backup coverage if needed.

OR

Hire individuals privately. If a resident or their family chooses to hire individuals privately, we strongly suggest that the person(s) you hire has had a CORI and SORI performed to ensure that they have not been convicted of a felony. We also recommend that private duty staff are covered by both worker's compensation insurance and liability insurance. The family and/or resident is responsible for all tax withholdings. Please talk with a tax consultant if you have questions. In addition, the family and/or resident is responsible for ensuring that shifts are filled and backup coverage is provided when needed. The family/resident is also responsible for interviewing, hiring and firing along with ongoing supervision of individuals hired privately.

Criminal background checks can only be obtained through the Commonwealth. Individuals must first apply to the Criminal History Systems Board to become certified to complete a background check. Individuals must also submit an agreement of non-disclosure to the Commonwealth. This information may be obtained through www.mass.gov/chsb. Once you are approved to complete a background check, then you can submit the forms on the individuals you are hiring.

All private duty staff, whether employed by agency or privately, must

- Be fully vaccinated against COVID-19 (effective November 1, 2021. Exemptions are allowed but must be submitted to and approved by the VP of Operations. These forms are available at the Concierge. AND
- complete an Information Form that indicates their contact information, make/model and license plate of their car etc. These forms are available at the Concierge desk.

All exempt/ unvaccinated privately employed caregivers must have a COVID test performed no more than 1 week/7 days before the start of work in Glenmeadow (the testing day being day 1). The negative test result must be submitted to Glenmeadow at least 1 business day prior to work start.

Please let Glenmeadow know if private duty caregivers are fully COVID vaccinated, and ask that they provide that proof of vaccination to Glenmeadow (Resident Services at mreynolds@glenmeadow.org or our front desk can make a copy of the vaccination card.

Glenmeadow requires that all staff and private duty caregivers be COVID tested, as directed by Glenmeadow. There is a list of approved private caregivers. If someone is not on this list they will not be allowed entry to Glenmeadow.

Orientation

Glenmeadow wants to provide the necessary information to those who work here so they can do their jobs effectively. When hiring an outside private caregiver, please provide the name of the caregiver or the name of the agency to our Social Worker at (413) 355-5904 and provide the following information to all of the private caregivers that you hire.

FOR PRIVATE CAREGIVER STAFF (NON-GAH)

Welcome to Glenmeadow! Please read the following information so that you understand some of our important procedures and also understand how to access help, food and information while you are at Glenmeadow. The best place to start if you have any questions is at the concierge desk in the main lobby. Feel free to ask questions to the concierge and they will be happy to assist you. The main number is 567-7800.

Medical Emergencies

In the case of a medical emergency with your client, it is your responsibility to notify Glenmeadow's nursing staff by pulling an emergency cord in the apartment or pressing the resident's pendant alarm. Either of these will immediately notify Nursing staff. In addition to activating an alarm, you should also call 567-7800 and ask to speak to the nurse so you can explain the situation.

If there is a dire medical emergency, immediately call 911 and request an ambulance and then call 567-7800 to notify the Concierge and Nursing staff that an ambulance has been called so that emergency personnel can be directed to the apartment. For non-acute medical issues, please call 567-7800 and ask to speak to the nurse.

The Glenmeadow Pledge/Code of Behavior

In accordance with Glenmeadow's Mission Statement, Corporate Compliance Program and Statement of Ethical Standards, all Glenmeadow employees commit to the following code of conduct.

All employees will perform their duties in an honest and ethical manner and in accordance with all applicable laws and regulations. Every employee will report any concerns of unethical or illegal behaviors to Glenmeadow's President/CEO, Vice President of Operations or to our Corporate Compliance hotline. Glenmeadow strongly encourages staff to report concerns and assures that there will be no recriminations for such reports. All reports will be promptly and thoroughly investigated.

All employees will treat residents, clients, co-workers and visitors in a polite, respectful and professional manner.

The Glenmeadow Pledge/Code of Behavior - continued

All employees will respond to every resident or client request before completing their shift.

All will respond to problems, regardless of where they work.

Fire Alarm

Independent Living: Follow the instructions posted on the apartment door and proceed to the designated gathering area with your client for further instruction. Please remember to wear your mask. Residents are not required to wear masks in public areas, at this time. If you are not in the apartment, please stay where you are until staff directs you. In either case, it is safe to return to the apartment when the alarm stops ringing.

Assisted Living: When the alarm rings, if you are not in immediate danger, stay with your client and close the apartment door.

Whenever there is a fire alarm in the building, the Longmeadow Fire Department is automatically notified.

If there is a fire in the apartment, remove the resident to safety and then notify the Concierge Desk by calling 567-7800.

Confidential Information

In the course of your work, you may become aware of confidential information regarding your client. This information should not be shared with anyone else unless there is a specific "need to know." For instance, it is appropriate to share pertinent medical information with Glenmeadow's Charge / Wellness Nurse when dealing with a medical situation regarding your client.

Universal Precautions

With COVID precautions, all staff – including private duty caregivers - must wear a face mask at all times, including while in the resident's apartment, except when actively eating or drinking. We advise that staff and private duty caregivers not eat with their residents, as it would mean you are unmasked.

Universal Precautions - continued

Hand washing is the most critical procedure for preventing the spread of infection. Thorough hand washing should be used after any physical contact with another person.

Gloves must be worn when caring for residents with non-intact skin, when washing a resident or when coming in contact with any body fluid. Residents are responsible for providing gloves for their private duty staff.

All disposable incontinency products and disposable washcloths must be placed in a plastic bag, tied and disposed of in one of the containers in the recycling room.

All syringes must be disposed of in an approved container. Appropriate containers may be purchased from any pharmacy.

Please notify the Wellness or Charge Nurse if your client has any signs and symptoms of any type of illness or infection.

GENERAL INFORMATION

Life Enrichment Activities

You can get a listing of the monthly activities at the Concierge Desk. They are also posted on the screens next to the elevators and can be found on Channel 918 of resident television sets. **Please do not leave residents unattended at activities.** We do have daily exercise programs in person and shown on Channel 918 – please tune in.

Breaks

Private duty staff may only take breaks in the Staff Lounge, on the Lower Level near the Assisted Living entrance. There is a limit of 5 people allowed in the Staff Lounge. Smoking is only permitted outside at the smoking bench by the Assisted Living entrance.

Cell Phones and Public Phones

Private duty staff may not use cell phones in any public area of the building.

Concierge Desk
If a private duty caregiver needs assistance or has questions about services or programs at Glenmeadow, they may stop by or call the Concierge Desk at 567-7800.

Dress
Private duty staff must follow acceptable business standards for personal hygiene, as well as conforming with required standards of dress. People working at Glenmeadow may not wear shorts or low cut tops. Please, no slippers or pajama bottoms. All private duty staff must provide their own face masks, and masks must be worn at all times.

Fobs
We are not issuing FOBs to private duty caregivers at this time. If a caregiver needs to access their client's apartment door, they must stop at the Concierge Desk for a "spare" fob and this must be returned at the end of your shift.

In order to enter the building, all private duty staff must use the front entrance and complete the necessary electronic screening and temperature check and sign-in before proceeding to your client's apartment.

Meals
Glenmeadow does not provide free meals or coffee for any private duty staff. Each resident may have different expectations concerning private caregiver meal breaks. Some may request that you bring your meals from home. Our café is currently offering dine-in for residents only. Staff and private duty caregivers may not eat in the café or dining room at this time. Dining staff do not provide extra meals for delivery for private duty. Gift cards that can be used for to-go in the Café are available for purchase at the Concierge.

Vending machines are located in the Employee Lounge on the Lower Level near the Loading Dock.

Parking
Private duty staff may only park in un-numbered parking spaces in the rear of the building or near the pool. Private duty staff are NOT permitted to park in either parking circle at any time.

Recycling
Glenmeadow believes that recycling is very important. There are recycling rooms on each floor near the elevators. There are bins for trash, for paper and for glass, metal and plastic. Please use the appropriate receptacle. Please be sure that all trash is in a tied plastic bag before putting in the trash bin.

Sign In
All private duty staff MUST stop at the front lobby before each shift and complete the electronic COVID screening & sign-in. Glenmeadow has a responsibility to know who is in the building at all times.

Signature_____ Date_____

Signature_____ Date_____

Review Dates: 12/15, 12/18, 4/19, 1/20, 9/20, 11/20, 7/21, 9/21

RESIDENT INFORMED CONSENT FORM

The Executive Office of Elder Affairs (Elder Affairs) is responsible for certifying and monitoring Assisted Living Residences (Residences) in Massachusetts, according to standards and requirements established by law. In order to determine that the Residence where I live meets the standards and requirements, Elder Affairs is required to review resident records.

Therefore, I give consent of Elder Affairs, its employees, and agents, to view my living quarters and to examine and photocopy, if necessary, my service plan, written progress reports and other appropriate documents on file at GLENMEADOW. I also give consent to be interviewed by staff or agents of Elder Affairs in private to assist Elder Affairs in the certification and monitoring process. All of the information collected will be maintained in confidence under the requirements of M.G.L. c.66A.

_____ _____

Signature of Resident/Legal Representative Date

_____

Printed Name of Resident/Legal Representative

_____

Signature of 2nd Resident/Legal Representative

_____

Printed Name of 2nd Resident/Legal Representative

Life Enrichment Questionnaire

Apt. #

Name:_____ Birthdate:_____ Admission Date: _____
Prefer to be called:_____
Religion:_____Church:_____Minister/Pastor/Rabbi_____
Would resident like us to call their religious leader to ask to do a service here? **Y or N**
Place of Birth: _____Veteran: **Y or N** Branch: _____
Where you've lived:_____ Past Occupation: _____
Registered Voter? **Y or N** Wish to vote? **Y or N** Organizational memberships:_____
Education:_____
Marital Status: _____ Number of children: _____ Grandchildren: _____
Name(s) of living siblings: _____
Name(s) of living children:_____
Vision:_____ Hearing: _____ Diabetic: **Y or N**
Ambulatory? Walker: **Y or N** Wheelchair: **Y or N** Need assistance?_____
Restrictions:_____
_____

Interests: (P) Past (PR) Present – **do not just check off, use the P or PR applications**

Religious Programs___Music Programs___Television___Art/Crafts___Group Exercise___
Puzzles___Bingo___Cooking/Baking___Cards___Mah Jong__Scrabble__Bridge__Canasta__
Movies/Type_____Reading___Gardening___Trivia___Table/Board games___
Bowling___Knitting/Crochet___Outings/trips__Discussion groups__Volunteerism___
Computer___Writing/Poetry___Lectures___Travel___Areas of interest for a lecture/talk_____
_____
Other:_____

Interested in participation: **Y or N**

Interview summary and
plan:_____
_____

Goal:
_____
_____

Resident review:
__Life Enrichment Plan has been developed and reviewed with resident.
__Resident has received the current Calendar/Newsletter, and you have gone over with them.
__Resident indicates approval of the Life Enrichment Plan.

Signature of Staff: _____Signature of resident:_____
Date: _____

How many falls within the last year: _____

Memory issues? **Y or N**
Comments regarding cognition:_____
_____
_____

Prior History of substance abuse? **Y or N**
Comments regarding substance abuse:_____
_____
_____

Residents friendly with: _____

Would like to volunteer: **Y or N**
What type of volunteering are you interested in?_____
_____
_____
(if interested, please give them a volunteer application to fill out and return to Laura)

Comments:_____
_____
_____
_____
_____
_____
_____
_____
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_____
_____

Pre-Fitness Participation Health Questionnaire

1. Have you ever had a heart attack? **Y or N** If so, when? ___ Cardiac rehab? **Y or N**
Are you presently in cardia rehab? **Y or N**
Information:_____
_____
_____

2. Have you had a hip or knee replacement? **Y or N** If so, when? _____
Completed required rehab? **Y or N**
Information:_____
_____
_____

3. Are you in Occupational Therapy or Physical Therapy right now? **Y or N**
Have you been in the past? **Y or N** If so, when? _____
What is/was the Occupational Therapy or Physical Therapy for? _____
Does this issue still exist? **Y or N** Do you continue to receive therapy for it? **Y or N**

4. Is there anything about your health that you think I should know about before you begin this Fitness program? _____
_____
_____

5. Have you fallen in the last year? **Y or N**
What happened as a result of your fall?_____
_____
_____
_____

Comments (staff use):
_____
_____
_____
_____
_____
_____
_____
_____
_____

Assessment done(circle one): over phone in person
Date of move-in_____ Today's date_____
Resident's Signature_____Staff Signature_____