



Mountain View Manor - Assisted Living

PO Box 1530, 16 N 12th St, Petersburg, AK 99833

Phone: (907) 772-2445 opt 1 Fax: (907) 772-2435

Mountain View Manor Assisted Living & Retirement Community Application Packet

- ◆ **Introduction Letter**
 - ◆ **Brochure**
 - ◆ **Application Checklist**
 - ◆ **Application**
 - ◆ **Certificate of Need**
 - ◆ **Assisted Living Physician's Statement**
 - ◆ **Services Provided**
 - ◆ **Assisted Living Pricing Information**
 - ◆ **Retirement Community Pricing Information**
 - ◆ **Resident Move-In Checklist**
- * If applying as a couple, please fill out one complete application packet for each individual.**



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Greetings!

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

Mountain View Manor is a licensed Assisted Living Facility. We are owned and managed by Petersburg Borough. The first floor of our facility has twelve Assisted Living, 1-bedroom apartments. Each first-floor apartment has a kitchenette with a sink, small refrigerator, and microwave. The second floor has a combination of Assisted Living and Independent-Retirement Community apartments, with four 1-bedroom apartments and four 2-bedroom apartments. Each second-floor apartment comes with a full kitchen. Retirement Community residents' apartments provide the option to "age in place" and be converted to an Assisted Living apartment, if your circumstances should change.

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

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

- ◆ Brochure
- ◆ Application Checklist
- ◆ Application
- ◆ Certificate of Need
- ◆ Assisted Living Physician's Statement
- ◆ Services Provided
- ◆ Pricing Information
- ◆ Move-In Checklist

Please do not hesitate to reach out if you have any questions or concerns.

Sincerely,

Michelle Lopez
Director
Mountain View Manor

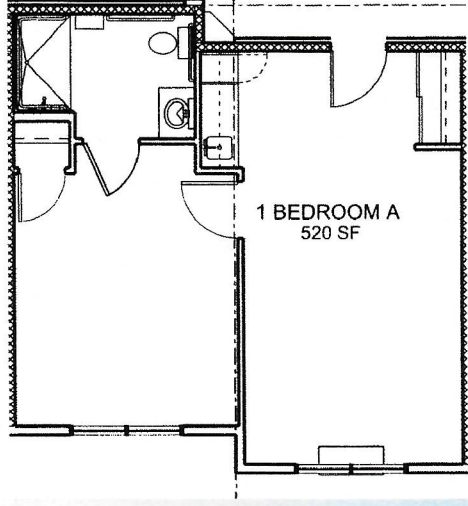
Personal Care Quality Living



The apartments are spacious with a well designed floor plan.

Easily accessible amenities include social spaces, a large dining room, reading room, and laundry facilities.

You can enjoy your privacy or get involved with group activities, all within a secure, home-like environment.



Assisted Living
Typical Unit



MOUNTAIN VIEW MANOR ASSISTED LIVING

16 N. 12th Street

PO Box 1530

Petersburg, AK 99833

Phone: (907) 772-2445

Fax: (907) 772-2435

Email:

mlopez@petersburgak.gov



Michelle Lopez, Administrator

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

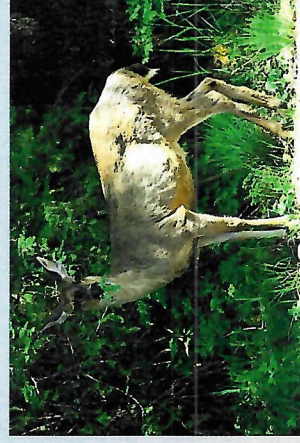


Velkommen to Mountain View Manor, where housework and chores are a thing of the past. Our staff & professional care services will enhance your quality of life and reinforce a sense of community.



Services

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



Mountain View Manor is situated in Petersburg, Alaska, within the beautiful Inside Passage. The Tongass National Forest, glaciers and nearby fjords provide the perfect setting. Regular van rides offer you the opportunity to enjoy the sights around town. Enjoy watching birds & deer right outside your window.



Your Home

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





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Application Checklist

Please complete and return the following information for timely processing of your application

- _____ Application: Filled out, signed and dated
- _____ Proof of Age - Copy of one of the following:
 - ◆ Government issued ID Card
 - ◆ Driver's License
 - ◆ Passport
 - ◆ Birth Certificate
- _____ Copy of Social Security card
- _____ Power of Attorney documents (if applicable, all pages)

Additional items needed for Active Waitlist

- _____ Copy of Insurance/Medicare/Medicaid cards
- _____ Proof of Payment Information
 - ◆ Private Pay, if applicable
 - ◆ Long Term Care Insurance, if applicable
 - ◆ Medicaid Waiver, if applicable
 - ◆ General Relief, if applicable
- _____ Certificate of Need
- _____ Assisted Living Physician's Statement – Completed by a health practitioner.



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Applicant Name	First	Middle	Last
Mailing Address			
Physical Address			
Phone Number	Home	Cell	
Email Address			
Gender	Male ()	Female ()	
Social Security Number			
Date of Birth			
Full Name as Shown on Birth Record			
State and/or Country of Birth			
Are you a US Citizen	Yes ()	No ()	

Emergency Contact Name	First	Last
Mailing Address		
Physical Address		
Phone Number	Home	Cell
Email Address		
Relationship to Applicant		

General Power of Attorney *(if applicable, provide POA documents)		
Power of Attorney Name	First	Last
Mailing Address		
Phone Number	Home	Cell
Email Address		
Relationship to Applicant		



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Primary Point of Contact: For questions and/or room offers

☐ Applicant

☐ Power of Attorney

☐ Other: Name & Relationship: _____

Phone: _____

Double Occupancy: Do you want your application linked with another applicant

☐ Yes: Name & Relationship: _____

Phone: _____

Payment Information

Private Pay

Yes ☐

Long Term Care Insurance

Yes ☐ Provide proof of insurance

General Relief

Yes ☐ Name of Care Coordinator: _____

Phone: _____

Medicaid Waiver

Yes ☐ Name of Care Coordinator: _____

Phone: _____

Health Insurance Information

	Providers Name	Policy #	Member ID
Primary Insurance			
Secondary Insurance			
Medicare Part A			
Medicare Part B			
Medicare Part D			
Medicaid			
Other			



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Wait List Preference: Please check one box only	
Active Waitlist	Inactive Waitlist
<input type="checkbox"/> Check this box if you are willing to move into Mountain View Manor Assisted Living within <u>30 days of receiving a room offer.</u>	<input type="checkbox"/> Check this box if you are not ready to move into Mountain View Manor Assisted Living. The date your application is received establishes your waitlist placement.
<input type="checkbox"/> Check this box if you are willing to move into Mountain View Manor Assisted Living within <u>90 days of receiving a room offer.</u>	
<input type="checkbox"/> Check this box if you are willing to move into Mountain View Manor Assisted Living within <u>180 days of receiving a room offer.</u>	
Additional items needed with an Active application. <ul style="list-style-type: none"> ◆ Proof of Age – A copy of <u>one</u> of the following: <ul style="list-style-type: none"> ○ ID card, Driver's License, Passport or Birth Certificate ◆ Copy of Social Security card ◆ Copy of all Insurance cards ◆ Proof of Long-Term Care insurance, General Relief or Medicaid Waiver, if applicable ◆ Power of Attorney documents (if applicable, all pages) ◆ Certificate of Need ◆ Assisted Living Physician's Statement – Completed by a health practitioner 	Additional items needed with an Inactive application. <ul style="list-style-type: none"> ◆ Proof of Age – A copy of <u>one</u> of the following: <ul style="list-style-type: none"> ○ ID card, Driver's License, Passport or Birth Certificate ◆ Copy of Social Security card ◆ Power of Attorney documents (if applicable, all pages)

Retirement Community Waitlist: Please check apartment size and Active or Inactive Waitlist	
<input type="checkbox"/> 1-Bedroom Apartment	<input type="checkbox"/> 2-Bedroom Apartment
<input type="checkbox"/> Active Waitlist – Check this box if you would be willing to move into Mountain View Manor within 90 days of receiving a room offer.	<input type="checkbox"/> Inactive Waitlist – Check this box if you are not ready to move into Mountain View Manor. Waitlist placement is the date application is received.

- ◆ I understand that by completing this form, I will be placed on a list to determine if I am eligible to assume residency in Mountain View Manor Assisted Living.
- ◆ I understand that I will be contacted annually regarding my continued eligibility.
- ◆ If admitted to Mountain View Manor Assisted Living, I agree to conform to its rules and regulations, and pay the monthly fees to Petersburg Borough.
- ◆ I understand that my signature on this document serves as acknowledgment of the Requirements for Residency at Petersburg Borough – Mountain View Manor – Assisted Living, found on page 4.
- ◆ I certify that the above information is true and complete to the best of my knowledge and belief.

Applicant Signature _____

Date _____

Power of Attorney Signature _____

Date _____

Application Received by _____

Date _____

APPLICATION FOR ADMISSION



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Requirements for Residency at Petersburg Borough – Mountain View Manor – Assisted Living

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

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

Procedures to determine eligibility:

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

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

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

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

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



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CERTIFICATE OF NEED

Applying to the Active Waitlist for Mountain View Manor Assisted Living means that you are prepared to move into an apartment within 30, 90 or 180 days of having an offer of admission made to you.

To be placed on the Active Waitlist, you must report your physical needs or other cause which prevents you from maintaining a household without regular assistance in shopping, housekeeping, meal preparation, dressing or personal hygiene.

This Certificate, along with an Assisted Living Physician's statement, must be on file to be placed on the Active Waitlist.

Please check the box which best describes your situation in each area listed below:								
Type	I Need Assistance					Extent of Assistance		
	Never	Occasionally	Often	Always		Limited	Moderate	Substantial
Bathing								
Dressing								
Grooming								
Brushing Teeth								
Toileting								
Eating								
Moving About								
In/Out of Bed								
Taking Medications								
Shopping								
Housekeeping								
Meal Preparation								
Remembering								
Feeling Safe								
Other								

DO YOU USE:

☐

Walker

☐

Cane

☐

Crutches

☐

Wheelchair

☐

Other

Please describe any other assistance you require (i.e. assistive devices or services):

Your signature below certifies that the information contained in this document is true and complete to the best of your knowledge.

Printed Name

Signature

Date

Michelle Lopez – Mountain View Manor Assisted Living & Elderly Housing Director
ph 907.772.3445 mlopez@petersburgak.gov fax 907.772.4217



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ASSISTED LIVING PHYSICIAN'S STATEMENT

This Physician's Report must be completed and signed by a Physician, Physician's Assistant or Advanced Nurse Practitioner. Attach additional information as needed.

Applicant Information

Residents First and Last Name: _____

Residents Date of Birth: _____

Primary Physician's Name: _____

Medical History and Current Medical Problems

Primary Diagnosis: _____

Secondary Diagnosis: _____

Chronic Conditions (including behavioral health): _____

Medication

Applicant requires the following assistance with medication, (check all that apply):

- ☐ No Assistance
- ☐ Reminder to take
- ☐ Reading Label
- ☐ Opening a Bottle
- ☐ Observing the Self-Administration of Medication
- ☐ Directing or guiding the hand of the resident as they self-administer medication
- ☐ Administration of Medication

If administration of medication is required, describe the task: _____

Residents Complete Current Medication Regimen: (If Medication Regimen is not listed, please attach)

Medication	Dosage	Reason Prescribed	Means of Administration & Level of Assistance

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Current Therapy Regimen

Does the resident follow any therapy regimen that is necessary to maintain or increase their functioning, mobility, or independence? ☐ No ☐ Yes – Describe: _____

Assistive Devices, Technology, Equipment or Special Diet Used

Hearing Impairment? ☐ No ☐ Yes – Describe: _____

Vision Impairment? ☐ No ☐ Yes – Describe: _____

Mobility/Ambulation Impairments? ☐ No ☐ Yes – Describe: _____

Special Diet Needed? ☐ No ☐ Yes – Describe: _____

Medical Equipment or devices used? ☐ No ☐ Yes – Describe: _____

Use of Restraints (bedrails, self-releasing safety belts, lap-top trays, wedge cushions, concave mattress, other)? ☐ No ☐ Yes – Describe: _____

Required Assistance with Activities of Daily Living:

Please indicate to what level of frequency the individual requires assistance (independent, occasional, often or always) and indicate the extent of the assistance (minimum, moderate, or maximum.)

Type	Frequency of Assistance				Extent of Assistance		
	Independent	Occasionally	Often	Always	Minimum	Moderate	Maximum
Bathing/Hygiene							
Dressing							
Grooming							
Toileting							
Eating							
Transferring/ Ambulating							



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Safety

Allergies? [☐] No [☐] Yes – Describe: _____

Disoriented? [☐] No [☐] Yes – Describe: _____

Memory Problems? [☐] No [☐] Yes – Describe: _____

Drug or alcohol use? [☐] No [☐] Yes – Describe: _____

At risk of causing harm to self or others? [☐] No [☐] Yes – Describe: _____

Wound Care/Prevention? [☐] No [☐] Yes – Describe: _____

Hospice/DNR/Comfort One? [☐] No [☐] Yes – Describe: _____

Tuberculosis

Free of Tuberculosis? [☐] No [☐] Yes – **Attach proof of negative test (mandatory.)**

Please describe any additional information of significance:

Additional recommendations for care:

Primary Physician's Signature

Date

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SERVICES PROVIDED

Mountain View Manor Assisted Living has been developed to provide room and board, assistance with the activities of daily living and 24-hour protective oversight for up to 30 people who are in need of supportive care and personal assistance. Each apartment has either a small kitchenette or full kitchen (depending on style/location), living room, bedroom(s), private bathroom and is equipped with a nurse call-station. Apartments are unfurnished, so each resident may provide his or her own furniture.

Our services include the following:

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

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



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ASSISTED LIVING PRICING INFORMATION/LEVELS OF CARE

RENT:	= \$1400.00
MEALS:	= \$ 450.00
CABLE (optional):	= \$ 25.00
DOUBLE OCCUPANCY:	= \$ 900.00
COMMUNITY FEE:	= \$2000.00 per resident

BASIC LEVEL SERVICES: = \$6701.00

- ◆ 24-hour emergency response and security system
- ◆ Daily supervision of self-medication management
- ◆ Nutritious meals
- ◆ Regular evaluations
- ◆ Apartment maintenance
- ◆ Weekly housekeeping
- ◆ Weekly laundry
- ◆ Arranging transportation to and from appointments
- ◆ Utilities
- ◆ Activities and social events

LEVEL ONE SERVICES: + \$ 350.00 = \$7051.00

- ◆ **Includes Basic Level Services +**
- ◆ Regular exercise and range of motion
- ◆ Meet special dietary requirements
- ◆ Continuum of care that adapts to the client's changing needs
- ◆ Assistance with Activities of Daily Living (ADLs) in the form of REMINDERS:
 - Reminders to bathe
 - Reminders to use toilet
 - Reminders to transfer in/out of a chair or bed
 - Reminders to dress
 - Reminders to groom
 - Reminders to eat

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LEVEL TWO SERVICES: + \$ 550.00 = \$7251.00

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

LEVEL THREE SERVICES: + \$ 750.00 = \$7451.00

- ◆ Includes Basic Level Services +
- ◆ Includes Level One Services +
- ◆ Includes Level Two Services +
- ◆ Assistance with Activities of Daily Living (ADLs) in the form of PARTIAL TO FULL ASSISTS:
 - Partial to full assist with bathing
 - Partial to full assist with toileting
 - Partial to full assist with transfers
 - Partial to full assist with dressing
 - Partial to full assist with grooming
 - Partial to full assist with feeding

LEVEL FOUR SERVICES: + \$1000.00 = \$7701.00

- ◆ Includes Basic Level Services +
- ◆ Includes Level One Services +
- ◆ Includes Level Two Services +
- ◆ Includes Level Three Services +
- ◆ Assistance with Activities of Daily Living (ADLs) in the form of FULL ASSISTS:
 - Full assist with bathing
 - Full assist with toileting
 - Full assist with transfers
 - Full assist with dressing
 - Full assist with grooming
 - Full assist with feeding



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INDEPENDENT – RETIREMENT COMMUNITY PRICING INFORMATION

ONE-BEDROOM APARTMENT:

RENT: = \$1624.00

Optional charges:

LAUNDRY: + \$ 10.00

CABLE: + \$ 25.00

TWO-BEDROOM APARTMENT:

RENT: = \$1864.00

Optional charges:

LAUNDRY: + \$ 10.00

CABLE: + \$ 25.00



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RESIDENT MOVE-IN CHECKLIST

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

- ___ All Prescriptions
- ___ DNR (Do Not Resuscitate) orders
- ___ Guardianship, DPOA (Durable Power of Attorney), Representative Payee information
- ___ Physician's Exam, Tuberculosis test results
- ___ Proof of Age (for copying)
- ___ Social Security card (for copying)
- ___ Medical Insurance information (cards for copying)
- ___ Family Contact information
- ___ Special Diet information
- ___ Allergies
- ___ Continence Pads (if necessary)
- ___ Personal Toiletries
- ___ Pet Supplies (if necessary)
- ___ Phone Service for apartment (if desired)
- ___ Internet Service for apartment (if desired)
- ___ Mail Service to Mountain View Manor (if desired)

If you have any questions or concerns regarding any of these items, please do not hesitate to contact the administrator at your convenience.

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