

Mt. View Manor – Assisted Living Application Checklist

**PLEASE COMPLETE AND RETURN THE FOLLOWING
INFORMATION FOR TIMELY PROCESSING OF YOUR APPLICATION**

- _____ Application: Filled out, signed and dated
- _____ Primary Physician's Report
- _____ Copy of Driver's License or State issued ID card
- _____ Copy of Social Security Card
- _____ Copy of Insurance/Medicaid/Medicare Cards
- _____ Proof of Long Term Care Insurance, if applicable
- _____ Proof of General Relief or Medicaid Waiver, if applicable



Greetings!

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

Mountain View is a licensed Assisted Living Facility. We are owned and managed by the Petersburg Borough. The first floor of our facility has twelve Assisted Living, 1 bedroom apartments. Each apartment has a kitchenette with a sink, small refrigerator, and microwave. The second floor has eight apartments of which four are 1 bedrooms and four are 2 bedrooms. Each of these apartments comes with a full kitchen, as well as 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, exercise room, library, plenty of common areas and a beautiful 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 beautiful facility, I have included the following information:

- Brochure
- Application
- Services Provided
- Pricing Information
- Move-In Checklist
- Primary Physician’s Report

Please feel free to call with any questions you may have. We look forward to serving you.

Sincerely,

Derrick Casey
Administrator
dcasey@petersburgak.gov

Mountain View Manor-Assisted Living
P.O. Box 1530 Petersburg, AK 99833
Phone (907) 772-2445 Fax (907) 772-2435
www.petersburgak.gov

Mountain View Manor-Assisted Living
 P.O. Box 1530, 16 N 12th Street, Petersburg, AK 99833
 Phone (907) 772-2445 Fax (907) 772-2435

	Head of Household	Spouse/Co-Tenant
First Name		
Middle Name		
Last Name		
Social Security Number		
Driver's License/ID #		
----Issuing State of ID		
Date of Birth		
Sex		
Mailing Address		
Residence Address		
Home Phone Number		
Cell Phone Number		
Emergency Contact Name		
----Mailing Address		
----Phone Number		
----Cell Phone Number		

***If you require specific accommodations to allow for a disability or handicap, please explain the type of accommodation required:** _____

How did you hear about Mt. View Manor-Assisted Living? _____



Are you interested in an: *(check all that apply)*

Assisted Living apartment? _____ Yes _____ No

Independent Living apartment? _____ Yes _____ No

If yes to Independent Living: *(check all that apply)*

1 bedroom apartment? _____ Yes _____ No

Current Cost \$1624.00

2 bedroom apartment? _____ Yes _____ No

Current Cost \$1864.00

If yes to Assisted Living, what will your payment method be:

Private Pay? _____ Yes _____ No

Long Term Care Insurance? _____ Yes _____ No

General Relief? _____ Yes _____ No

Name of Care Coordinator _____

Phone Number _____

Medicaid Waiver ? _____ Yes _____ No

Name of Care Coordinator _____

Phone Number _____

FINANCIAL/MEDICAL INFORMATION (ASSISTED LIVING APPLICANTS ONLY)

Please LIST SOURCES/AMOUNTS. If more room is needed, attach a sheet to the back.

INCOME INFORMATION	HEAD OF HOUSEHOLD		SPOUSE/CO-TENANT	
	Monthly	Annual	Monthly	Annual
Source				
Wages				
Social Security				
SSI/SS Survivor's Benefits				
Veteran's Benefits				
Pension/Retirement				
Senior Care Assistance				
Adult Public Assistance				
Alaska Permanent Fund				
Other				



ASSET INFORMATION	HEAD OF HOUSEHOLD		SPOUSE/CO-TENANT		
	Source	Number/Description	Value	Number/Description	Value
Checking Accounts					
Savings Accounts					
Money Market Accounts					
Trusts					
IRA/Retirement Accounts					
Time Certificates/CDs					
Stocks/Bonds					
Real Estate					
Investment Property					
Other					
Other					

MEDICAL INFORMATION	HEAD OF HOUSEHOLD		SPOUSE/CO-TENANT	
Primary Insurance Carrier				
----Member ID/Policy #				
Secondary Insurance Carrier				
----Member ID/Policy #				
Medicare #				
Medicaid #				
Other				
Other				
Other				



- * I understand that by completing this form, I will be placed on a list to determine if I am eligible to assume residency in Mt. View Manor, Assisted Living.

CERTIFICATION: I certify that the above information is true and complete to the best of my knowledge and belief.

Signature of Applicant _____ Date _____

Signature of Power-of-Attorney _____ Date _____

Signature of Co-Applicant _____ Date _____

Application received by _____ Date _____



Requirements for residency at Petersburg Borough – Mt. View Manor – Assisted Living:

- 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 Doctor’s health status evaluation, completed no more than 60 days prior to the assessment.
- Must have designated a “local doctor of record” prior to residency.
- Must have a signed Residential Living Plan developed in accordance with AS 19.33.220.
- Must need assistance with at least 2 activities of daily living if applying for Assisted Living.
- Must be free of infectious diseases.
- Must have financial resources to pay for the cost of rent, meals and services provided.
- Must have needs that fall within the levels of service authorized for Mt. View Manor - Assisted Living and the ability of the staff and the facility.
- Must not require more than two person transfer.

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 Mt. View Manor - Assisted Living.

An assessment meeting to determine eligibility will be scheduled between the Administrator, the Consulting RN, other care providers, if appropriate, the applicant and the applicant’s representative, if applicable. This group shall 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 applicants meet 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 at 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.

Signature of Applicant _____ Date _____

Signature of Power-of-Attorney _____ Date _____

Signature of Co-Applicant _____ Date _____

Application received by _____ Date _____



PREVIOUS LANDLORDS:

Please list your landlords for the past 5 years

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

You can mail this application to: Mt. View Manor
Assisted Living
PO Box 1530
Petersburg, AK 99833

Or you can bring it to: Mt. View Manor
Assisted Living
16 N 12th Street
Petersburg, AK 99833

Or in a sealed envelope to: Petersburg Borough
Finance Office
12 South Nordic Drive
Petersburg, AK 99833





**MOUNTAIN VIEW ASSISTED LIVING
PRICING INFORMATION/LEVELS OF CARE
01/01/2025**

RENT:	= \$1400.00
MEALS	= \$ 450.00
CABLE (OPTIONAL)	= \$ 25.00
DOUBLE OCCUPANCY	= \$ Each resident splits rent and cable
COMMUNITY FEE	= \$ 2000 if double occupancy each resident pays the community fee.

BASIC LEVEL SERVICES: = \$6493.00

- 24 hour emergency response and security system
- daily supervision of self-medication management
- nutritious meals
- apartment maintenance
- weekly housekeeping
- weekly laundry
- arranging transportation to and from appointments
- utilities
- activities and social events

LEVEL ONE SERVICES: +\$350.00 = \$6843.00

- **Includes Basic Level Services +**
- regular exercise and range of motion
- meet special diet needs
- regular evaluations
- continuum of care that adapts to the client's changing needs
- assistance with Activities of Daily Living (ADLs) is 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

LEVEL TWO SERVICES: +\$550.00 = \$7043.00

- **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 =\$7243.00

- **Includes Basic Level Services +**
- **Includes Level One Services +**
- **Includes Level Two Services +**
- assistance with Activities of Daily Living (ADLs) in the form of 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 =\$7493.00

- **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:
 - Total assist with bathing
 - Total assist with toileting
 - Total assist with transfers
 - Total assist with dressing
 - Total assist with grooming
 - Total assist with feeding

Mountain View Manor-Assisted Living

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Effective 04/2020



MOUNTAIN VIEW ASSISTED LIVING RESIDENT MOVE-IN CHECKLIST

In helping to assure that the transition to Assisted Living is as smooth as possible, Mountain View 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 (including information on how to order)
- DNR (Do Not Resuscitate) orders
- Guardianship, DPOA (Durable Power of Attorney), Rep Payee information
- Physician's Exam, Tuberculosis Test results
- Picture Identification
- 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
- Mail service to Mountain View Assisted Living?

If you have any questions or concerns regarding any of these items, please feel free to contact the administrator at your convenience.

Primary Physician's Report
Mountain View Assisted Living

Resident Information

_____	_____	_____	_____	_____	_____
Last Name	First	Date of Birth	Age	Sex	Weight

MEDICATIONS PRESCRIBED BY YOU: (please attach medication list)

Name of Drug	Dosage	Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER MEDICATIONS THAT YOU ARE AWARE OF:

Name of Drug	Dosage	Physician Who Prescribed it
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER HEALTH CARE PROVIDERS FROM WHOM THIS INDIVIDUAL RECEIVES CARE:

RESIDENT'S DIET:

Regular Low cal Salt free Soft
Diet is recommended Required

Frequency of visits to you:

Monthly Quarterly
 Other _____

MEDICAL HISTORY AND CURRENT MEDICAL PROBLEMS (attach dictated summary, if preferred)

DATE of Last TB _____
DATE of Last Flu _____

WHAT CURRENT PHYSICAL THERAPY DOES THE RESIDENT NEED TO MAINTAIN MOBILITY:

Physician's signature

Date

NAME OF PERSON PREPARING FORM
(if other than physician)

Print physician's name

Telephone

MOUNTAIN VIEW ASSISTED LIVING

The following rules were adopted by Petersburg Borough, Mt View Assisted Living Home on December 1, 2003 and revised on October 27, 2004, May 10, 2018, and April 8, 2020.

1. TV, radio and other electronic equipment which may disturb other residents may be operated during all hours, provided volume is turned low, to a reasonable level which does not impinge on others' comfort and serenity.
2. Visitors are welcomed during all hours. All visitors must sign the guest book at the entryway, both when they come in and when they leave. All visitors must check in with the care givers before visiting with the residents. All visitors need to abide by the rules of the house. Please note that our entry doors are locked at 11:00 pm and to enter, you must push the provided call button and wait for staff to unlock the door.
3. Residents may come and go at their leisure as long as POA has not told staff otherwise. They will need to sign in and out in the sign-up book and/or notify the administrator or staff that they are doing so. It is most helpful if staff is advised of the resident's destination, company and a phone number where he/she can be reached in case of an emergency.
4. Residents are encouraged to use their personal property as they see fit, provided this in no way endangers, discomforts or impinges on the rights of other residents nor the serenity of the home.
5. Mountain View Assisted Living Home is a smoke-free home (smoking only in the designated area, outside the back of the building, 25 feet from the entrance). Residents may consume a reasonable and moderate amount of alcoholic beverages, provided it in no way conflicts with doctors' orders, instructions or medications.
6. Intentional and/or willful physical, verbal or other abuse of other residents, staff, visitors and pets will not be tolerated and may be grounds for termination of a residential services contract. Actions which are due to the resident's medical/mental condition will not be considered intentional/willful, but will be discouraged as much as possible, and will be looked into for possible repetitive patterns which may lead to termination of the residential services contract.
7. Residents may not engage in any lewd and lascivious conduct which may lead to the embarrassment or discomfort of other residents or staff, or to the disruption of the serenity of the family environment of the Home. Displays of such conduct will be grounds for termination of the residential services contract.
8. Personal weapons such as knives, switchblades, any guns with ammunition, and sabers will not be allowed in the resident's room or personal possession.
9. Resident parking is in front of the Assisted Living building. No inoperable vehicles will be stored on the premises for longer than 30 days. No more than 1 vehicle per resident.
10. Local and/or statewide orders related to "shelter in place" or stay put orders, due to the COVID-19 virus must be obeyed as well as all House Rules. Upon the first violation of the House Rules or any local or state wide stay put rule, the administrator or designee may issue a written warning including a statement that continued violation of the stay put rule or other House Rules, will be considered grounds for a 24-hour notice of termination of services. If a second violation of the stay put rule or House Rules occurs, a final written warning notice to the resident and representative including a statement that a third violation will result in termination of services as well as notification to Central Intake. If a third violation of the stay put rule occurs, the home may issue a written termination of services notice and notify Central Intake. Prior to issuing the notice, the staff or administrator will offer a case conference with the resident and/or the resident's representative that includes any other service coordinator or other care providers who would be able to discuss arrangements required to relocate the resident.

MOUNTAIN VIEW ASSISTED LIVING

I have read, or had read to me, in a language that I can understand, the foregoing House Rules, and I was given a copy of the Rules before I entered into a residential services contract with Mountain View Assisted Living.

Resident or Resident's Representative

Date

Assisted Living Home Representative

Date