



MorseLife

Honoring Senior Living

The Joseph L. Morse Geriatric Center is a Not-for-Profit Voluntary Agency that is a non-sectarian facility designed and dedicated to service the specialized needs of the elderly. The Center is dedicated to serving the aged in the community who have a need for its services. The Center shall operate its Culinary Department according to the tradition of Kashruth and religious services according to Jewish customs and traditions. Residents admitted to this facility are rendered services without distinction due to race, color, national origin, or handicapping condition. All applicants must be at least sixteen (16) years of age. The facility complies fully with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and The Age Discrimination Act of 1975.

Morse Geriatric Center provides six levels of care for our residents. The facility does have a waiting list for admission. A general statement regarding the length of the waiting period cannot be given due to the many factors determining into which segment of the waiting list each individual is placed. Much consideration is given as to each applicant's needs physically as well as emotionally to determine the proper level of care. It is the aim of the Center to provide quality care for all of our residents. Also, the accommodation preferred by the resident, i.e.; semi-private or private room, is a factor concerning the waiting period.

Room rates effective 6-01-11 are as follows: Private room \$349.00 per day; Semi-private \$289.00 per day. This room and board charge includes basic personal care items, routine over-the-counter medications, laundry, and supportive devices. Expenses not covered are private telephone (if desired), beauty shop, gift shop, non-routine medical supplies, prescription drugs and incontinency supplies (please refer to the Exhibit A Fee Schedule).

If you need assistance, please feel free to call the Admissions office at (561) 687-5755, Monday through Friday or you may reach us via e-mail at admissions@morselife.org.

Sincerely,

Denise Arruda
Admissions Office Manager

Marilyn & Stanley M. Katz Seniors Campus



MorseLife

Morse
Geriatric Center

PHILOSOPHY:

The Joseph L. Morse Geriatric Center, Inc. is a Not-For-Profit Voluntary Agency that is a non-sectarian facility designed and dedicated to service the specialized needs of the elderly. The Center shall operate its Dietary Department according to the tradition of Kashruth. Religious services are conducted according to Jewish customs and traditions. Individuals who are assessed to need rehabilitative or long-term care services will be considered for admission. Residents admitted to this facility are rendered services without distinction due to race, color, nation origin, or handicapping condition. This facility complies fully with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.

ELIGIBILITY:

- A. Each individual will be assessed for the ability of the Center to meet his/her needs.
- B. No resident who is suffering from communicable disease shall be admitted or retained unless the Medical Director or attending physician certifies that adequate or appropriate isolation measures are available to control transmission of the disease.
- C. Residents may not be retained in the facility that require services beyond those for which the facility is licensed or has the functional ability to provide as determined by the Medical Director and the Vice President of Clinical Services in consultation with the facility Administrator.
- D. All applicants must be at least sixteen (16) years of age.

PROCESS OF ADMISSION:

- Tour of the Center available as requested.
- Medical Information collected from Primary Physician and/or Hospital
- Financial Information collected and verified.
- Completion of our application (Long Term – date received is the date used for waiting list).
- Patient evaluation completed for level of care.
- Advanced Directive information collected and kept in the Admissions Department.
- Patient admitted to appropriate floor or added to appropriate waiting list.
- One month up front is required prior to admission.

ORDER OF ADMISSIONS:

Applicants will be offered admission by the appropriate bed availability.

FINANCIAL ARRANGEMENTS:

All residents receive the necessary care, service and room placements without regard to financial status. All financial information relating to applicants and residents is kept strictly confidential.

When financial assistance is required, the resident, family or other responsible parties are expected to provide a full disclosure of assets and to cooperate and start the application process for financial assistance with the Department of Children and Families.

SPECIAL PRIORITY ADMISSIONS:

Applicants who meet the criteria for special priority admission are residents on the Campus in our independent/assisted living or are Holocaust Survivors. These applicants will be considered for placement and put at the top of the waitlist for the appropriate bed availability. We must be able to meet all of the applicants needs for placement.

SEXUAL OFFENDER BACKGROUND CHECKS:

In conjunction with the admissions process, the Center will conduct a sexual offender background check using the nation predator website (<http://www/nsopr.gov>). A copy of the findings will be kept in the resident's admission file prior to admission.

ROOM RATES

Private Room: \$349.00 per day
 Private Room: \$455.00 per day*
 *Resnick 1 & 3

Semi-Private Room: \$289.00 per day

Semi-Private Room: \$395.00 per day*

CREDIT CARD PAYMENTS

There will be a 2.5% fee added to all credit card payments.

ANCILLARY CHARGES
Medical Supplies

Medical supplies will be billed to Medicare Part A or B for eligible residents. Any co-payment requirements will be billed to the Responsible Party directly. If the resident is not eligible for Medicare Part A or B benefits, or Medicaid, these supplies will be billed to the Responsible Party.

Supply	Charge	Supply	Charge
Abdominal Binder	31.28	Colostomy Wafer - size varies	\$13.13
Ace Bandage - 3"	1.08	Combiderm 4x4	\$13.45
Adaptic Dressing - 2 x 16	4.35	Compression Stockings - Custom	Price Varies - custom fit
Aquacel 4x4	18.63	Compression Stocking - THI/MED Venosan	\$144.38
Barrier Wipes - Non Sting	1.23	Curafil Wound Gel	\$28.13
Bubble Humidifier	5.43	Drainage Bag Holder	\$16.80
Calcium Alginate Dressing .75x12	7.55	Drainage Bags	\$7.25
Cannula 7"	1.00	Duoderm 4x4 (thin)	\$10.48
Catheter	2.13	Duoderm Gel 15gm	\$19.58
Catheter - Male External	3.63	Econo Paste	\$11.40
Catheter Insertion Tray	4.03	Enema Kit	\$5.90
Catheter - Straight - 14FR	2.20	Feeding Bag - Flush	\$18.33
Catheters - Silicone	2.03	Feeding Bag - Gravity	\$6.10
Coban - 3" Tan	4.40	Feeding Bag - Flush Toptainer	\$18.33
Colostomy Bags	Price varies as size varies	Feeding Pump Set	\$18.33
Colostomy Barrier Ring 13/16	13.23	Fibracol Plus Dressing - 4 x 4	\$29.33
		Foam Wound Dressing - 6 x 6 Lyofoam	\$21.88

Medical Supplies continued

Supply	Charge	Supply	Charge
Gauze 2 x 2 Sterile 2/pk	\$0.10	Oxygen Non-Rebreather Mask	\$2.95
Gauze 4 x 4 Sterile 2/pk	\$0.20	Packing Strip - NU Gauze 1/4"	\$7.25
Gauze - Kerlix	\$3.50	Remedy Foaming Body Cleaner	\$12.50
Gauze - Kling 3" Sterile	\$0.80	Polymem 4x4	\$9.93 Price varies as size varies
G-Tube Declogger	\$12.85	Polysporin Powder	\$28.33
Hearing Aid Batteries 6/pk	\$12.50	Rectal Tube - 24F 20"	\$4.70
Heel Protectors - Foam	\$86.65	Skin Prep Wipes	\$13.45
Heel Protectors - White	\$16.33	Spirometer	\$29.03
Iodoform Packing - 1/4"	\$4.93	Staple Remover Kit	\$2.90
Irrigation Tray	\$2.50	Suture Removal Kit	\$1.73
Leg Bags	\$3.93	Syringe - Catheter Tip - 60CC	\$1.25
Low Air Loss Mattress		Ted Hose - Kneehigh	\$17.58
Lyofom Dressing 4 x 4	\$11.50	Ted Hose - Thigh High	\$29.60
Mesalt Dressing 4x4	\$3.23	Tegaderm AG 4 x 5	\$22.75
Nebulizer with Mask	\$3.45	Urethral Tray	\$4.33
Nebulizer without Mask	\$2.25	Vaseline Gauze - 3 x 9	\$1.70
Opsite 4x4	\$2.68	Wander Guard Signaling Device	\$237.38
Oxygen		Xeroform Dressing - 4 x 4	\$2.73
Oxygen Mask	\$1.80		

Medical supplies on this list are those items kept in stock and most often used by a Resident in the Facility. The prices listed above are guidelines for the medical supply item being used; the actual charge may vary depending on the exact type and size of the medical supply item being purchased. Certain items may be needed that are Resident specific. These items will be special ordered and prices will depend on the cost from the supplier. Notification of cost on any Resident specific item or special pricing item will be done on a case by case basis.

TELEPHONE CHARGES

Telephone Installation	No Charge
Monthly Rental including instrument and local service	\$25.00
Short Term Clients Daily Rental including instrument and local service	No Monthly Charge
Long Distance Charges billed by the telephone company will be added to your monthly statement.	
Phone Cards will be available at the Gift Shop for Purchase	

THERAPY SERVICES

Therapy services will be billed to Medicare Part A or B for eligible residents. Any co-payment requirements will be billed to the Responsible Party. The Facility does not bill secondary supplemental insurances for co-payments. Medicaid will be billed directly for Residents eligible for benefits. Listed below are the charges for Therapy Services:

Description	Charge	Description	Charge
Speech/Language Evaluation	92506	OT Evaluation	97003
Swallowing Evaluation	92610	Electric Stim-Manual	97032
Swallowing Treatment	92526	Therapeutic Ex (per 15 min)	97110
Speech Treatment	92507	Gait Training (per 15 min)	97116
PT Evaluation	97001	Orthotics Fitting & Training	97760
Paraffin Bath	97018	Wheelchair Management (15 min)	97542
Ultrasound	97035	Manual Therapy Tech	97140
Neuromus, Re-Ed/15 min	97112		
Massage (per 15 min)	97124		
ADL=s (per 15 min)	97535		
Therapeutic Act (per 15 min)	97530		

THERAPY SUPPLIES

Supply	Charge	Supply	Charge
2 handed cup with EZ lids	\$ 15.98	Reacher 26"	\$ 33.75
Built up fork	\$ 35.00	Rocker knife	\$ 48.13
Contoured Lumbar Cushion	\$ 105.00	Roho Mosaic W/C Seat Cushion	\$ 147.48
Curved spoon	\$ 33.13	Seat cushion foam Filling	\$ 186.25
Dressing Stick 28"	\$ 16.25	Sock Aid	\$ 30.63
Drop stop foot rest	\$ 252.48	W/C Anti-tippers	\$ 97.48
Elevating arm cushion	\$ 142.50	W/C arm support-lateral w/cover	\$ 267.48
Foam knee separator	\$ 118.75	W/C armrest bolster	\$ 90.63
Hip/knee Kit (metal)	\$ 95.63	W/C lateral support	\$ 267.48
Long Handled Shoe Horn - Metal 18"	\$ 19.38	W/C Reclining Back	\$ 854.98
Long Handled Shoe Horn plastic 16 1/4"	\$ 16.88	Wedge cushion	\$ 129.98
Lumbar Full Roll	\$ 67.50	Weighted utensils	\$ 19.38
Nosey cups	\$ 9.30	Wheelchair gel cushion	\$ 62.48

OUTSIDE SERVICES

Payment for outside services not covered by Medicaid or Medicare will be the responsibility of the Resident or Responsible Party. Listed below, but not limited to:

- Audiology Services
- Transportation Services
- Dental Services
- Attendant Services

- Laboratory Services
- X-Ray Services
- Optometry Services
- Community Outings

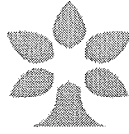
BEAUTY SHOP SERVICES

Description	Charge	Description	Charge
Acrylic Fills	\$18.00	Half Foil Frost	\$35.00
Buff & Polish	\$10.00	Highlight / Paint On	\$25.00
Cap of Foil Frost	\$70.00	Keratin Treatment	\$75.00
Chair Massage 15 min *	\$20.00	Long Hair Extra - Varies	Price Varies
Chair Massage 30 min *	\$37.50	Manicure	\$13.00
Chair Massage 60 min	\$70.00	Men's Electric Shave	\$8.00
Color Touch up	\$28.00	Mini Facial 30 min	\$20.00
Comb Out	\$10.00	Mini Make up	\$10.00
Eye Brows	\$8.00	Nail Cut/Clean/File	\$8.00
Face & Chin Was (lower)	\$10.00	Nail Polish Change	\$8.00
Face / Eyebrow Wax **	\$8.00	Pedicure **	\$25.00
Facial Hair W/Clippers	\$8.00	Permanent Wave - Wash & Wear	\$60.00
Facial Hair W/Tweezers	\$8.00	Permanent Wave - Style	\$65.00
French Polish	\$3.00	Permanent Wave - Color Treated	\$70.00
Full Facial 60 min	\$40.00	Pink & White Fills	\$25.00
Full Foil Frost	\$70.00	Shampoo	\$10.00
Full Make up	\$15.00	Shampoo & Blow dry	\$15.00
Full Set of Acrylic	\$28.00	Shampoo/Blow dry/Style/Incl Iron & Teasing	\$20.00
Full Set of Pink & Whites	\$40.00	Shampoo & Set	\$20.00
Gel Polish	\$25.00	Single Artificial Nail	\$5.00
Hair Cut Women	\$16.00	Single Foil	\$9.00
Hair Cut Men	\$12.00	Spray on Touch up	\$5.00
		Toenail Cut/Clean /File	\$15.00

* 15 & 30 min Chair Massages available in your room

** Services available only at The Traditions

Gift Certificates for all occasions available upon request.



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**Morse Geriatric Center - June 29, 2011
Addendum to June 2011 Fee Schedule
Effective August 1, 2011**

Price Range

1. Briefs	\$15 - \$40 per pack	(size dependent)
2. Wound Supplies	\$1 - \$40	each
3. Tracheostomy Supplies	\$1 - \$170	each
4. Wander Guard	\$189.90	each
5. Foot Protectors - Waffle Boots	\$69.32	each
6. Body Foaming Cleanser	\$10	each
7. A&D Ointment - 4 oz. tube	\$3.26	each
8. Gastrointestinal Tube	\$10 - \$61	each (size dependent)
9. Hearing Aide Batters	\$10	each
10. Poly Grip Adhesive	\$6.32	each

Instruction For Completion

THIS SECTION MUST BE COMPLETED IN FULL AND RETURNED TO THE CENTER WITH THE FOLLOWING DOCUMENTATION:

- Proof of residency: that is a copy of a driver's license, tax assessment or voter's registration of either the family member or applicant.
- Copy, front and back, of the following:
Medicare Card
Supplemental Insurance Card(s)
Social Security Card
- Copy of all Advance Directive if completed by the applicant such as Durable Power of Attorney, Living Will, and/or Health Care Surrogate Designation. Please send Guardianship documentation if applicable.
- Copies of bank statements such as CDs, Savings, Securities, Stocks, Bonds, Money Markets, IRAs OR Copies of the two previous years' Federal Income Tax Returns.
- Tax Assessment of all Real Estate held by applicant either jointly or singly.
- If family will be assuming financial responsibility, we will need verification of the source of payment.
- Completion of medical information by applicant's physician and nurse enclosed. Also copies of History & Physical on record by the applicant's physician for the previous two years and Discharge Summaries if applicable. We will not be able to advise you as to the position on the waiting list until this information has been received.

IF YOUR APPLICANT IS CURRENTLY ON HMO INSURANCE COVERAGE:

- We will advise you when to disenroll your applicant from this coverage and re-enroll on the Medicare program when their position on the waiting list has been determined. We will need a copy of the disenrollment form from the HMO insurance carrier when this has been completed.



JOSEPH L. MORSE GERIATRIC CENTER

4847 Fred Gladstone Drive
West Palm Beach, FL 33417
(561) 687-5755
Fax (561) 615-0949

APPLICATION FOR ADMISSION

Date Received in Admissions Office

Received By (Admission Personnel)

PLEASE COMPLETE ALL INFORMATION BELOW IN TYPE OR PRINT

Last Name First Name Middle Race Sex Former Occupation

Current Address Street City State Zip County Telephone #

Date of Birth Birthplace Citizen of (Country) Military Service

Social Security Number Medicare Number Medicaid Number – Specify State

Marital Status Name of Spouse Applying together – Yes or No

Address of Spouse Street City State Zip County Telephone #

Applicant's Father's Name Applicant's Mother's Name (Include Maiden)

Highest Level of Education Physician Telephone Number

Preferred Room Accommodations To be Admitted from

In case of emergency, notify:

1.	_____	_____
	Name/Relationship	Telephone #
	_____	_____
	E-mail Address	Cell Phone #

	Complete Address and Zip Code	
2.	_____	_____
	Name/Relationship	Telephone #
	_____	_____
	E-mail Address	Cell Phone #

	Complete Address and Zip Code	
3.	_____	_____
	Name/Relationship	Telephone #
	_____	_____
	E-mail Address	Cell Phone #

	Complete Address and Zip Code	

Yes No
 Yes No
 Yes No
 Health Care Surrogate
 Durable Power of Attorney
 Living Will

If yes to any of the above Advance Directives, please provide a copy to the Admissions Office.

_____	_____	_____
Applicant's Religion	Church/Synagogue	Telephone #
_____	_____	_____
Local Funeral Home Desired	Address	Telephone #

List below all previous admissions to hospitals, mental institutions or nursing homes within the previous five years:

	<u>Institution Name</u>	<u>Date (Adm/Disch)</u>	<u>Reason for Admission</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Does applicant manage own finances? Yes No

If no, name of responsible person managing finances:

_____	_____	_____	
Name		Relationship	
_____	_____	_____	_____
Street Address	City	State	Zip Code

