

# HICKORY LOG

*a personal care home*

PO Box 300/ 3680 Hwy 411 NE, White, GA 30184  
(770) 382-6655 Office • (770) 387-2345 Fax

Resident Intake Packet

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### *Welcome Home*

Hickory Log has invested fifty years into serving men living with special needs. All of the men are vital members of the Hickory Log family and all of the years were well spent. As a new resident of Hickory Log, we are honored to call you family and look forward to sharing life with you for many years to come!

The success of our family atmosphere relies upon our mutual respect for one another. Resident freedoms and independence are promoted within the arrangement of the attached Family Agreement. The Family Agreement is designed to create an environment where our residents flourish and the Hickory Log organization

It is our sincere hope that you quickly recognize Hickory Log for what it is—an environment designed to help you obtain your highest potential.

This handbook is provided to inform you and your family about the various guidelines that are important to the safety, security, and well-being of all residents.

Happiness at Hickory Log is achieved through the enjoyment of a ‘family-style’ environment. Mutual respect and consideration among the residents and staff are demonstrated by the close adherence to the information contained in this handbook. These guidelines do not limit your rights as a resident but merely outline your responsibilities.

Please know that the staff and I are pleased and excited about your decision to call Hickory Log home. We are here to help so let us know how we may be of assistance getting settled in and in the future.

Sincerely,

Kevin Barnes, DMin  
Executive Director

## Basic Information

**Hickory Log Contact Information:**

3680 Hwy 411 / PO Box 300 White, GA 30184

Phone: 770-382-6655

Fax: 770-387-2345

www.hickorylog.org

**Age Range:** 18 years of age and above

**Basic Monthly Fees:** \$1,800.00 per month

**Referrals:** Families and Social Agencies

**Program Availability:** 12 months per year/ 24 hours per day

**Eligibility Criteria:** Intellectual or Developmental Disability Diagnosis; Ambulatory; Must possess most Self Help Skills.

**Basic Services:** Residential Program and services with a plan of care, recreation, work activities, social outings, health services, counseling, and vocational guidance.

**Termination of Services:** Services may be terminated if the individual or family no longer wishes to receive services from Hickory Log or if the resident's needs can no longer be met within personal care home guidelines of care.

**Capacity:** 24 Men

**Application Procedure:** Contact via phone, email, web, mail, or personal visit. Psychological documents need to be provided by an individual or family prior to evaluation for placement.

## Hickory Log Statements

### Mission

To provide a safe place to call home for men with special needs including intellectual disabilities, developmental disabilities, and traumatic brain injuries where they can hone their relational, vocational, and financial skills in a manner that champions independence within the personal care home model.

### Purpose

To love all people with a heart of compassion, service, and grace.

### Values

**Equality:** All people hold intrinsic worth and every person is treated with respect.

**Inclusivity:** We increase the potential for greater success when our endeavor experiences a widening breadth of contextual influences.

**Integrity:** Honesty and Dependability guide the path of every endeavor, no matter the time duration or financial impact.

**Servitude:** Within the Hickory Log nucleus, residents and their families are equal recipients of our services; within the Bartow county community, Hickory Log contributes vocationally, financially, and recreationally.

**Advocacy:** Those afforded with more influence should stand in the gap for those with less influence so Hickory Log advocates for our residents.

**Respect:** Healthy relationships are empowering and teach us to respect one another so Hickory Log staff models positive relationships with residents, their families, and each other.

**Stewardship:** Hickory Log responsibly maintains all resources that are entrusted to us including facilities, time, relationships, and finances.

## **HICKORY LOG VOCATIONAL SCHOOL INC RESIDENT & SERVICES AGREEMENT**

### **1. Preliminary Recitals**

This agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between HICKORY LOG VOCATIONAL SCHOOL INC. (hereinafter, “Home” or “Hickory Log”), and \_\_\_\_\_ hereinafter, (“Resident”), and \_\_\_\_\_ hereinafter, (“Responsible Party”).

Hickory Log is a personal care home for men with intellectual and developmental disabilities. Residency is available on a non-discriminatory basis. There are services established to aid all residents. The availability of the services set forth in this Agreement, and accompanying materials, is for qualified individuals regardless of race, color, national origin, religion, creed, sexual orientation, veteran status, or marital status.

### **2. Basic Monthly Fee**

Resident shall pay to the Home a Basic Monthly Fee of \$1,800.00 for the services as outlined below in this Agreement, plus \$\_\_\_\_\_ per week as personal spending money for the resident unless waived. If the Term (as defined below) of this Agreement commences on any date other than the first day of the month, the Basic Monthly Fee shall be prorated. Resident & Responsible Party understands that if community employment is obtained there can be an increase of the amount paid by Resident if Resident is not paying Basic Monthly Fee.

\_\_\_\_\_ I waive the option to provide additional spending money for Resident

It is recommended that Hickory Log becomes the Resident’s Rep Payee of the individual’s Social Security funds and maintains accounting records at Hickory Log. The Home assumes no responsibility for the personal funds of any Resident unless the Home has been made Rep Payee for the Resident.

\_\_\_\_\_ I waive the option for Hickory Log to become Resident’s Rep Payee

### **3. Fee Increases**

The Home reserves the right to increase the rate of any fee or charge on an annual basis or as deemed necessary by the Home. The Home will give the Resident written notice of such increase at least sixty (60) days in advance of its effect or such notice as required by state regulations if any.

### **4. Additional Fees and Charges**

The costs of any services described herein provided by the Home that are in addition to those services provided as part of the Basic Monthly Fee shall be charged to the Resident. These fees and charges shall be due and payable by the fifth (5<sup>th</sup>) day of the month following the incidence of the charge.

## 5. Late Charges

If payment is not received by the twelfth (12<sup>th</sup>) day of the month due, then a late charge in the amount of 1 1/2 % shall be assessed to the Resident for each month during which the payment is and remains delinquent. The Resident will be assessed a \$35.00 charge for any dishonored bank check tendered to the Home.

## 6. Basic Services

Subject to causes beyond the reasonable control of the Home during the Term of this Agreement, the Home shall provide the following services, but reserves the right to change services provided to the Resident upon a sixty (60) day written notice.

- A. Lodging - The Home will offer the Resident the occupancy of a Room (which may be dorm-style with two Residents per room) and the use of common areas.
- B. Meals - The Home makes available three (3) meals daily and in-between meal snacks.
- C. Fire Security - Each room shall meet state requirements for fire protection including sprinkler system and smoke detectors.
- D. Phone - The Resident will have use of the Home phone at agreed-upon times. Any long-distance charged made on the phone of the Home will be the responsibility of the Resident.
- E. Laundry - The Home shall provide oversight of the Residents' laundry and the Resident will be encouraged to handle their laundry at the Home as part of goals training and independent skills.
- F. Transportation - The Home will provide transportation to work programs, outings, Special Olympics, worship services, and up to two (2) medical/dental appointments per month located in Bartow County. Additional Medical/Dental appointments may result in a charge to the resident. Transportation for medical/dental appointments out of Bartow County are the responsibility of the Resident or the Responsible Party.
- G. Activities - The Home will provide a planned activities program including recreational, educational, and cultural activities in which the Resident may participate. Some activities will have costs which are the responsibility of the Resident or the Responsible Party.
- H. Notification - The Home will notify family, responsible parties, and other appropriate persons and/or agencies of the Residents' significant needs and changes in condition.
- I. Services - The Home agrees to provide room and board and independent living skills and/or training programs to its Residents. Each Resident will receive services appropriate to his needs as determined by ongoing goals tracking.

The following services shall be provided:

- (a) Basic services listed above
- (b) On-going tracking of the Resident's needs including watchful oversight and readiness to intervene if an emergency arises
- (c) On-site and available twenty-four (24) hour per day staff
- (d) Making and reminding of medical appointments
- (e) Assistance/Oversight of medication and obtaining refills

- (f) Training Assistance/Monitoring of Bathing, dressing, and personal grooming, (shaving, brushing hair, brushing of teeth, etc) as needed
- (g) Reporting of Wages to Social Security for those with employment
- (h) Daily supervision of life skills/work training program
- (i) Linens, toilet paper, soap and light bulbs

**J. Excluded Health Care Services** - The Home shall not be responsible for furnishings, paying for any health care items, or any services not expressly included in this Agreement, including without limitation, physician services, nursing services, surgery, hospital care, treatment or examination of eyes or teeth, medications, vitamins, eyeglasses, contact lenses, hearing aids, orthopedic appliances, prosthetic devices, laboratory tests, and x-ray services. All medications, including samples, must be properly labeled and packaged in blister packs.

**K. Personal Expenses** - Although the Home provides most of the items and services necessary to live a comfortable life, some personal expense items remain the responsibility of the Resident. These expenses include, without limitation, the following items: clothing and personal articles, medication and medical expenses, supplies for personal care and hygiene, insurance (medical, dental, life, health, disability, etc.), transportation out of the area, some outside activities, barber expenses, and dry cleaning.

**L. Developmental Skills Training Program** - A training program will be developed and monitored by staff. Training and Goals Program will be set up according to Resident's birthday and renewed annually. Training programs are subject to change from time to time depending on goal assessments. **All Residents must agree to participate in the Training and Goals Program to be considered for placement.**

\_\_\_\_\_ I agree Resident will participate in Training and Goals Program

**M. Provision of Services to the Home** - The Home does not require that a Resident perform profitable services for the Home. Residents are required to participate in the Training and Goals Program which may include Meal Preparation with oversight, Dining Room services, Kitchen Cleaning that could be transferred to community employment skills or for general life skills enhancement, up-keep of common areas, maintain of personal areas and belongings, laundry, grounds, etc.

**N. Participation in Vocational or Day Program** - All Residents of the Home are required to participate in a vocational or day program. The program can be through the Good Shepherd Foundation, community employment, community volunteer, Peer Support, or another appropriately deemed program. The Home and Resident will work together to determine which program is best suited and desired by Resident.

**O. Personal Funds** - The Home assumes no responsibility for the personal funds of any Resident unless the Home has been made Rep Payee for the Resident. In such cases, the Home will keep itemized records of the Resident's funds. The Home assumes no responsibility of personal funds that the Resident chooses to keep in his room.



**P. Personal Needs Allowance** - The Home distributes to the Resident a Personal Needs Allowance of \$\_\_\_\_\_ per week for him to spend as he chooses. This amount is in addition to the Basic Monthly Fee

**Q. Visitors** - Family, friends, and guests are welcome and encouraged to visit the Home. All visitors to the Home must sign in at the staff counter upon arrival. All visitors must respect the rights of Residents, other visitors, and staff as well as abiding by the Home's visitation policies.

## **7. Resident Health Status**

A physician shall examine each prospective Resident within thirty (30) days prior to Admission to acknowledge that the Resident presents an acceptable health condition and is free of communicable diseases to reside in the Home. Resident must also present a Tuberculosis (TB) test with a negative result dated within 30 days prior to admission.

A psychological evaluation will be presented to the Home prior to admission in order for the Home to develop the Goals & Training Program and determine appropriate placement in a vocational or day program. In the event that the Resident becomes unable to maintain Personal Care Home guidelines of self-care skills, the Home will have to give immediate notice of discharge. All parties agree that Hickory Log is not a skilled nursing facility and there are limitations of what the Home can provide to Residents who may have greater physical or psychological needs than are possible under Personal Care Home guidelines.

\_\_\_\_\_ I acknowledge Hickory Log is not a skilled nursing facility.

## **8. Resident's Personal Physician**

The Resident must have a local personal physician. The Resident shall keep the Home informed of the name, address, and telephone number of the Resident's physician, any specialists, and dentist. The Home shall have the right to consult with such physician(s), specialist(s), and dentist(s) regarding the Resident's health and care, and the Home shall have the right to transfer the Resident to an acute care hospital, convalescent hospital or another level of care when in the opinion of a physician such care is necessary.

## **9. Destruction of Property**

The destruction of property (building, vehicles, grounds, furnishing, fixtures, etc.) belonging to the Home, or other Residents, staff, or visitors by a Resident due to violence, anger, or willful disrespect will not be tolerated. The repairs will be at the expense of the Resident and may result in immediate discharge of the Resident.

## **10. House Rules**

The Resident agrees to abide by the reasonable rules and regulations of the Home and to act in a manner that will not interfere with other Residents' quiet enjoyment of the premises and will not interfere with the health and safety of other Residents and staff. The Resident will be furnished a copy of the House Rules. (see attached)

## **11. Use of Tobacco, Alcohol or Drugs**

The Home does not allow the use of any form of tobacco in the Home but may allow outside use in designated areas. The Resident must be considerate of others at all times and must comply with each of the rules and regulations of the Home regarding use of tobacco. If at any time, in the sole discretion of this Home, the Resident's behavior is

such that continued use of tobacco by the Resident presents a fire or sanitation hazard, the Resident's privileges may be restricted or terminated.

The Home does not permit the consumption of alcohol or use of drugs while on the premises or off-premises while in Home's care. All Residents must be sober at all times while on-premise. Any Resident returning to the Home from away visits while under the influence of drugs or alcohol will be immediately discharged.

#### **12. Absence by the Resident**

The Home does not issue a credit against the Basic Monthly Fee if the Resident is absent from the Home while in the hospital, rehab, home visits or vacations. To hold a bed, all monthly fees must be paid in full.

#### **13. Mandatory Fire and Disaster Drill**

Each Resident is required to participate in mandatory fire and disaster drills which are conducted periodically.

#### **14. Loss Due to Fire or Theft**

The Home is not an insurer of the Resident's person or possessions. The Resident agrees that all of his personal property kept or located within his room or elsewhere in the Home or grounds shall be kept at the risk of the Resident only.

#### **15. Term**

The Home and the Resident hereby enter into this Agreement on a month-to-month basis, unless terminating sooner as provided in this Agreement or by law.

#### **16. Termination**

A) By Either Party.

*By the Resident*-The Agreement may be terminated at any time by the Resident after giving a thirty (30) day written notice directed to the Executive Director of the Home for any reason. All fees incurred until the end of that termination or the actual withdrawal of the Resident and all his personal belongings, whichever is later, shall be due and payable to the Home upon termination. The Resident shall be charged by the Home for the full month.

*By the Home*-The Home may terminate this Agreement and discharge a Resident upon thirty (30) days' written notice to the Resident for any reason. The Responsible Party understands that he/she will be notified in writing when any physical or behavioral need arises that cannot be met in this Home. The Responsible Party agrees to make arrangements to transfer the Resident to the appropriate facility as promptly as possible. The Home may terminate this Agreement and initiate immediate transfer or immediate dismissal from the property if the Resident, due to his mental/physical health or violence, becomes a threat to his safety or the safety of other Residents, staff, or third parties in the Home. All fees will be prorated and returned based on the days of service for that month.

*Death*- In the event of death; the thirty (30) day notice period reference above shall not apply. Residence will cease when the room is vacated. The estate of the Resident and the Responsible Party shall be responsible for the Basic Monthly Fee and any additional charges due under this Agreement. At the time of death, the Home shall return all refunds, funds, and property held in trust to the Resident's personal

- representative, as named and provided by the Resident to the Home at the time of admission. The Responsible Party shall be responsible for all funeral arrangements and fees associated with the burial of any Resident. If Resident has a life insurance policy or burial arrangements; a copy shall be provided at Admission.
- B) All Fees Due Upon Termination. Upon termination of this Agreement for any reason and by any party, the Resident shall be responsible for the Basic Monthly Fee and any other fees and charges due and owing to the Home at the termination or surrender.
- C) Condition of Room. The room shall be surrendered in the condition in which it was occupied, except for normal wear and tear. The Resident is responsible for any damage suffered as the result of negligent or willful acts.

### **17. Indemnification**

The Home shall not be liable for any damage or injury to the Resident, any other person, or any property occurring at the Home. The Resident agrees to hold the Home harmless from any claims for damages no matter how the damages are caused. However, that Resident shall not be required to indemnify the Home for any injury, damage or loss of items entrusted to the Home, or any injury, damage or loss of items resulting from the Home's willful or negligent acts.

### **18. Other Documents**

Any forms completed by the Resident and submitted to the Home prior to or at the time of completion of this Agreement, including without limitation, any physical forms, and evaluations, application forms or any other documents, constitute part of this Agreement and shall become part of the confidential file maintained by the Home.

### **19. Default**

If the Resident defaults in the payment of any Basic Monthly Fees, or if the Resident defaults in the performance of any other term or condition of this Agreement or the policies and procedures of the Home, or if the Resident abandons the Room, the Resident will be considered in default of the entire Agreement.

### **20. Entire Agreement**

This Agreement and any attachments constitute the entire agreement between the Home and the Resident and supersedes all prior or contemporaneous negotiations, discussions, agreements, undertakings, and understandings of the parties, whether written or oral, in connection with the subject matter hereof. No representation, promise, or inducement not included herein shall be binding upon either party. Nor oral, verbal, or implied agreement or understanding will cancel or vary the terms of this Agreement. No modification of this Agreement will be binding unless it is in writing and signed by both parties.

### **21. Waiver/Estoppel**

Waiver or estoppel by this Home of any breach or default of this Agreement by the Resident shall not operate or be construed as a waiver by this Facility of, nor shall this Facility be estopped to assert a breach or default of a different provision, or a waiver of any subsequent breach or default of the same provision. No acceptance of a partial payment of any fees or any other charges shall be deemed a waiver of the Home's right to recover the full amount owed to the Home.

**22. Binding Agreement**

This Agreement shall be binding upon and shall inure to the benefit of the parties hereto and their respective heirs, executors, administrators, successors and assigns, except as otherwise provided herein.

**23. Successors**

All of the terms of this Agreement shall be binding upon and inure to the benefit of and be enforceable by and against the heirs, personal representatives, successor and permitted assigns of the Resident and the Home.

**24. Governing Law**

This Agreement and all of its terms shall be governed by, construed under and enforced in accordance with the laws of the state of Georgia. In the event that any such law as now existing or as subsequently interpreted or amended, make the operation of the Home impossible, illegal, or economically unfeasible, the Home may terminate this Agreement.

**25. Attorney's Fees**

In the event of any dispute arising between the Home and the Resident concerning the interpretation, enforcement, performance or termination of this Agreement and such matter is referred to an attorney for resolution, the prevailing party is entitled to collect from the losing party any reasonable attorney's fees incurred by the prevailing party, together with any reasonable costs and expenses incurred in the litigation, arbitration, mediation or other proceedings.

**26. Responsible Party**

When identified in this Agreement, the Responsible Party is the individual or organization that assumes financial responsibility for the Resident's costs or liability as stated in the terms and conditions of this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement, indicating that they have read this agreement and understand and agree to its terms.

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 Resident or Legal Guardian

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 Date

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 Printed Name

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 Hickory Log Representative

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 Date

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 Printed Name

## WANDERING RESIDENT AGREEMENT

**Hickory Log** is not a locked door facility. Although precautions are taken to help ensure that residents do not wander from the home, the possibility still remains that someone could wander without notice of the staff.

Since it is impossible for us to supervise every resident every moment of the day and night, we cannot be held responsible for someone leaving the building without the approval of supervision of staff of **Hickory Log**.

I, \_\_\_\_\_ (Resident), release Hickory Log Vocational School Inc. and any employees of Hickory Log Vocational School Inc. from liability for any injury I may incur when I leave the building on my own accord without the approval or supervision of staff of Hickory Log.

\_\_\_\_\_  
Resident or Responsible Party

\_\_\_\_\_  
Date

## VALUABLES AND MONEY RESPONSIBILITY FORM

I certify that I understand that Hickory Log cannot assume responsibility for valuables or money left in my possession while a resident of the home, except when they have been entrusted to Hickory Log for safekeeping. I further understand that if I keep any valuables such as rings, watches, necklaces, cash, etc. that the responsibility remains with me and I will hold Hickory Log harmless for any losses.

I further understand that any valuables or money left with Hickory Log must be signed in and out.

\_\_\_\_\_ I choose to not entrust any items to Hickory Log at this time.

\_\_\_\_\_ I choose to entrust the following item(s) or money to Hickory Log for safekeeping.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Amount of cash: \_\_\_\_\_

\_\_\_\_\_  
Resident or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hickory Log Representative

\_\_\_\_\_  
Date

## WRITTEN CONSENT

### Emergency Care

I, \_\_\_\_\_ (Resident), give permission for Hickory Log Staff to obtain for me any medical care deemed necessary in case of an emergency.

\_\_\_\_\_  
Resident of Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hickory Log Representative

\_\_\_\_\_  
Date

### Medical Information

I, \_\_\_\_\_ (Resident), give my permission for Hickory Log Vocational School and staff to receive any medical information deemed necessary in order to provide for my care.

\_\_\_\_\_  
Resident or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hickory Log Representative

\_\_\_\_\_  
Date

## PERSONAL NEEDS ALLOWANCE CHARGE/WAIVER

Residents of Hickory Log may choose to have weekly personal needs allowance given to them. If the resident chooses to have a weekly needs allowance given to them, it will be added to the monthly bill for the services to be provided by Hickory Log.

\_\_\_\_\_ I do not wish to be given a personal needs allowance and waive my rights to it.

\_\_\_\_\_ I do wish to be given a personal needs allowance of \$\_\_\_\_\_ on a weekly basis and understand that this is in addition to the Basic Monthly Service Fee.

\_\_\_\_\_  
Resident or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hickory Log Representative

\_\_\_\_\_  
Date



## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ (Resident), hereby request and authorize Hickory Log Vocational School Inc. (Recipient) located at 3680 Hwy 411 White, Georgia 30184 to obtain from (Person or Agency) \_\_\_\_\_ the following records for the purpose of possible placement.

- Psychological
- Physiological
- Family History
- Behavior History
- Medications and Reasons/Purpose for Medications

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

I understand this authorization will remain in effect for 1 year from the date of this agreement. I understand that unless otherwise limited by state or federal regulations, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.

\_\_\_\_\_  
Resident or Legal Guardian

\_\_\_\_\_  
Date

All the information that I hereby authorize to be obtained from the named person or agency will be held in strict confidence and cannot be released by the Recipient without my written consent.

\_\_\_\_\_  
Hickory Log Representative

\_\_\_\_\_  
Date

### PHOTOGRAPH WAIVER

\_\_\_\_\_ I agree to permit my photograph to be taken during my stay at Hickory Log for Identification purposes to be used on medication records and kept in my file.

\_\_\_\_\_ I agree to permit Hickory Log to take my photograph at parties and special events which may be used in their photo albums, bulletin boards, and other displays.

\_\_\_\_\_ I agree to permit Hickory Log to take my photograph that may be used in Advertisements, brochures, Hickory Log website, and social media sites.

\_\_\_\_\_  
Resident or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hickory Log Representative

\_\_\_\_\_  
Date

## TRANSPORTATION AGREEMENT & RELEASE

\_\_\_\_\_ I wish to be transported by Hickory Log or Staffs' vehicles from time to time for appointments and/or activities.

\_\_\_\_\_ I agree to hold harmless Hickory Log or Staff for any accident that may occur while I am being transported by Hickory Log that is not a direct result of neglect or willful misconduct of the personnel of the facility.

\_\_\_\_\_ I understand that I am required to wear seatbelts at all times while I am being Transported by Hickory Log or Staffs' vehicles and to follow all the safety rules outlined by Hickory Log.

\_\_\_\_\_  
Resident or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hickory Log Representative

\_\_\_\_\_  
Date

## **BEDROOM & STORAGE POLICY**

Effective July 1, 2020

### **Clothing Restrictions to Eliminate Overfilled Closets**

The Resident is allowed to keep a maximum of fifteen (15) accessible outfits, consisting of fifteen (15) tops and fifteen (15) bottoms, in his room at any given time. No more than fifteen (15) outfits are allowed in either his closet or his dresser at one time. The Resident has the option of keeping up to an additional fifteen (15) outfits in his room, but those outfits must be stored in a certified container under his bed. The container is provided at the expense of the Resident. Up to ten (10) pairs of shoes are allowed in his bedroom at any one time. The shoes are stored in an organizer on the backside of the closet door. All accessories (hats, ties, scarves, toboggans, etc.) must be stored neatly in the dresser or closet. Residents can store up to thirty (30) outfits of off-season clothing in the designated Hickory Log storage area. Thus, the total possible amount of outfits a Resident can have on campus at any given time is sixty (60).

### **Storage Provided**

Hickory Log will provide up to two (2) eighteen-gallon plastic storage bins. If Resident chooses to store his items in a standard size lockbox instead of the provided bins, he is allowed up to two (2) at his expense. The optional lockboxes are not in addition to the storage bins. Two (2) storage containers is the limit. The standard lockbox size is approximately 31" x 18" x 18". Residents without family are allowed any combination of storage bins or lockboxes totaling a maximum of four (4). These containers will be stored in the designated storage room. The Resident is allowed to keep one (1) lockbox in his bedroom for any additional storage for easy access. This lockbox can be up to 38"x 14"x 18".

### **Room Regulations**

Resident's bedrooms must be dusted, swept, and mopped weekly. If necessary, staff will assist. The bedrooms are supplied with the following items: Bed, dresser, and nightstand. The Resident may install a mini-fridge in his rooms at his expense. The Resident is also allowed to have either one (1) open shelf or one (1) recliner in his room. Recliners must not be more than thirty-five inches wide. If the Resident wishes to have a TV in his room, it must be mounted to the wall. The Resident is allowed to hang pictures and decorations on his bedroom walls, but they must be appropriate and respectful (management discretion).

The Resident must keep his closet and drawers free of clutter and he must follow appropriate health regulations when storing items. The Resident is allowed to keep refrigerated items in his room but is not allowed to eat in his room. The refrigerator must be cleaned weekly. No non-refrigerated food is allowed in the room. All personal non-refrigerated food may be kept in the Resident's designated bin in the staff closet and can be retrieved at snack and meal times. All meals and snacks must be consumed in the dining room.

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Resident or Legal Guardian

---

Date

**CHECKLIST FOR RESIDENT FILES**

RESIDENT & SERVICE AGREEMENT	_____
SOCIAL/FAMILY HISTORY	_____
LEGAL GUARDIANSHIP PAPERS (IF APPLICABLE)	_____
HEALTH INFORMATION & OTC FORM Diagnosis, Prescribed Diets, Physician Instructions, Medicines	_____
TB SKIN TEST	_____
PERSONAL CARE HOME PHYSICIAN'S REPORT	_____
RESIDENTS' RIGHTS	_____
HOUSE RULES	_____
PERSONAL ITEMS INVENTORY	_____
LIST OF VALUABLES STATEMENT	_____
WRITTEN CONSENT	_____
IDENTIFICATION, MEDICARE, MEDICAID, SOCIAL SECURITY, INS.	_____
PERSONAL NEEDS ALLOWANCE WAIVER	_____
TRANSPORTATION/PHOTOGRAPH WAIVER	_____
COPY OF ADVANCED DIRECTIVES	_____
WANDERING RESIDENT AGREEMENT	_____
PHYSICIAN STATEMENT IF INSULIN INJECTIONS	_____
RESIDENT FAMILY CONTACT INFORMATION	_____
AREAS OF INTEREST	_____
NATIONAL SEX OFFENDER REGISTRY CHECK	_____

## HOUSE RULES

### **Mutual Respect**

Residents are expected to be considerate of other residents, personnel, and visitors at all times. Verbal abuse, physical abuse, sexual abuse/harassment or the threat of physical or sexual abuse toward other residents, personnel, or visitors will be just cause for discharge from Hickory Log.

### **Talking Loudly**

Residents should not talk so loudly as to disturb other residents or visitors. Special consideration should be given during mealtime in the dining room when most residents are enjoying their meals. Pleasant conversation is an important part of the dining experience, but loud boisterous talking is annoying.

### **Telephone Use**

Residents who do not have private telephones may use the Hickory Log telephone. Residents are requested to limit use of phone to no more than five minutes at one time. Resident phone calls can be made between the hours of 7:00AM – 9:00PM weekdays and between 9:00AM – 9:00PM on weekends and holidays. All long-distance calls are the responsibility of the resident and will be billed to them on a monthly basis.

### **Possession of Cash**

Residents are encouraged to maintain only a minimum amount of cash in their possession. Money for the residents' use may be kept locked in the home's office for residents' individual purchases and community outings. Residents will be given a weekly spending allotment of no less than \$10 per week to spend as he chooses, unless waived in the Admissions Agreement.

### **Weapons**

Residents are not permitted to keep any weapon designed to do bodily harm in their possession or in their rooms.

### **Fire and Safety Drills**

Fire and safety drills will be conducted periodically. Residents are required to participate in these drills and to follow the instructions of the person in charge.

### **Visiting Hours**

Visiting hours are from 8AM until 8PM. Questionable visitors and behaviors will be reported to the designated contact for the family member. In cases where the management feels the resident may be subject to solicitation, exploitation, and/or abuse the home reserves the right to censor such visits if a family member cannot be reached.

### **Rooms**

The management reserves the right to clean any room or area and to discard any items deemed to be unsanitary and to pose a potential health threat to the resident or other residents, staff or visitors.

## **Hickory Log House Rules**

### **Dress Code**

Residents are required to be fully dressed (including shoes) when out of their rooms. All residents are requested to be in street clothes when coming to common areas of the home.

### **Possession of Valuables and Use of Personal Property**

The home offers locked storage for any personal property or valuables the resident wishes to keep safe. All other personal property is to be kept in the resident's room and will remain the responsibility of the resident. Management must approve all items brought to the home.

### **Activity Programs**

Religious, social and various activity programs are conducted at the home. Residents, their families and friends are encouraged to participate in scheduled activities and to offer suggestions and volunteer in our activity planning and programs. A monthly calendar of events is posted on the bulletin board.

### **Leaving the Premises**

When the resident wishes to leave the premises, the person the resident is leaving with will be asked to fill in the required information on the sign-out form. Management should be notified in advance to make arrangements and to receive resident's medications, if needed.

### **Visitor Registry**

A register is provided in the foyer of the home and all visitors should register upon entering the building.

### **Smoking**

Smoking and the use of chewing tobacco and/or snuff is a privilege afforded to residents and will be permitted only in designated areas outside the building. Additional restrictions may be applied to individual residents as management deems necessary to safeguard the safety of the residents, personnel, and visitors to the home. All smoking materials must be properly disposed of in the receptacle provided.

### **Use of Alcohol or Illegal Drugs**

Use or possession of alcoholic beverages and illegal drugs are not permitted in the building or on the grounds.

### **Audio/Video & Technology Use**

Televisions, stereos, radios, and video games in the residents' rooms should not be played loudly. All equipment shall be turned off in the residents' rooms by 10:00PM weekdays and 11:00PM on weekends. Should equipment be deemed too loud, either by staff or another resident, the resident will be asked to lower the volume. Failure to do so will result in restrictive use.

### **Pornographic Material**

Possession of pornographic material is not permitted in the home or on the grounds.

## **Hickory Log House Rules**

### **Possession of Food**

Family members or visitors should check with the Administrator before bringing food to a resident to ensure the food does not conflict with the resident's diet plan or another resident's food allergies. Food brought to the home should not require refrigeration unless the individual resident has a mini-fridge in their room and should be in a container labeled with the resident's name. All food and drink items must be consumed in the dining room.

### **Pharmacy of Choice**

The resident may choose their preferred pharmacy given that the pharmacy complies with community packaging requirements and the resident's family will deliver medication to the home on the last day of the month prior to needed use. The home has a preferred pharmacy that provides community packaging.

### **Possession of Medications**

Residents are not permitted to keep any medications in their rooms or on their person without written consent from physician and home's approval. This includes over the counter medications such as cold medication, cough syrup, antacid, aspirin, Tylenol, eye drops, vitamins, etc. Nitroglycerin is allowed with physician's order.

### **Medication Assistance**

Residents will be assisted with their medications by trained staff only as ordered by the physician.

### **Sleeping**

Normal sleeping hours are 10:00PM – 6:00AM weekdays; and 11:00PM – 7:00AM weekends. Lights in residents' rooms should be off during these times to not interfere with roommates or other residents.

Residents should sleep only in their room and not in the common areas of the home. Residents are not permitted to fully recline on the living room sofas.

### **Flu Inoculation**

Due to the highly contagious nature of flu, all residents are encouraged to take an annual flu inoculation.

I have read and understand the house rules as written. I understand if I need to see these rules a copy is posted in the home for viewing. I understand if I have any questions, I can ask any staff. I understand the sustained failure to adhere to the House Rules will result in my removal from Hickory Log either indefinitely or permanently.

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Resident or Legal Guardian

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Date