The Anderson

NURSING AND REHABILITATION

DISTINCTIVELY DIFFERENT

8139 Beechmont Ave , Cincinnati, Ohio 45255
Phone (513) 474-6200 Fax (513) 388-3000
WWW.THEANDERSON.COM

OUR PROMISE

THE IDEAL

We **STRIVE** for Excellence.

THE REALITY

We are **NOT** perfect.

We **WILL** make mistakes.

OUR PROMISE

We will **NEVER** cover up our errors.

We will **ALWAYS** try to resolve the problem

promptly and to the best of our ability.

OUR CREDO

We work here to make our residents feel at home:

We are here for our residents 365 days a year. We are guests in their home.
We are here only to serve them, always, all the time. We are here to exceed their expectations.

We are creative thinkers:

We are all creative thinkers.
We find creative solutions for our residents and associates.
We use holistic approaches as opposed to traditional approaches in our care.
We think outside the box and we are not afraid to try something new.

We create the friendly atmosphere:

We always wear a friendly smile.
We always use friendly and courteous words.
We always maintain a neat and professional appearance.
We never complain in the presence of our residents or visitors.
We never comment on problems in the presence of our residents or visitors.

We treat everyone with respect:

We treat everyone we see as the most important person in the world.
We know that it takes many good experiences to make a good impression.
We know that just one bad experience can leave an ever lasting bad impression.
We address people by name whenever possible.

We know the answers:

We find the right answers for all questions.
We know where to get the right answers.
When we don't know an answer we say, Come with me, I'll find it out for you.
We don't send residents, visitors or associates in circles.
We eliminate phone call transfers when possible.

We know our roles:

We are authorized to resolve a problem of resident or visitor dissatisfaction and allowed to do whatever it takes to prevent a repeat occurrence.
We do what needs to be done ourselves. Only after we have taken care of the problem will we try to find out who should have addressed it and make them aware.

We make our facilities clean and safe:

We make sure our facility is super clean all the time.
We make sure our facility is super safe all the time.
We notify the appropriate supervisor immediately of hazardous situations or injuries.
We protect our facility from all damage.
We promptly fix or replace worn or broken things.
We pick up trash and clean up messes.

We are a team:

We believe that our atmosphere must always be friendly and informal.
We take our jobs seriously but not ourselves.
We have fun in our jobs which makes it fun for our residents.
We communicate directly.
We do not create barriers in communication between people.
We are proud to be part of the Anderson team.
We wear our badges everywhere and all the time.
We all get along.... even when we don't feel like it!

HEALTH CARE OPTIONS

Skilled Nursing Facility Care

We offer skilled nursing services provided by our caring, professional nursing staff 24 hours a day. Skilled nursing includes: oral and intramuscular medication administration, parenteral nutrition and hydration, ostomy and would care management.

Nursing Facility Care

We offer nursing facility care to accommodate residents needing an intermediate level of nursing care. This includes providing assistance for residents needing help with their activities of daily living.

Respite care

We recognize that caring for a senior adult in your home is a full-time job. Should the need arise, short term care may be available for your family member for a minimum of a 3 day stay.

Rehabilitation Care

Whether your goal is to return home or achieve a level of self-care that you are happy with, our team of rehabilitation experts will work with you to achieve your goals. The Anderson offers an excellent in-house program that includes physical, occupational, and speech therapies.

Early Stage Alzheimer's/ Mild Dementia Care

Our 24 hour a day trained staff provide a pleasant environment with appropriate activities, stimuli and stress reduction for residents who may be confused or be easily agitated. We do not have locked units.

ADMISSION PROCESS

Prospective residents are evaluated for appropriate placement by our admissions team based on our ability to provide for and meet the resident's needs. To make an appropriate decision the following information and forms need to be completed.

- Application for Residency (available online)

- Current medical history and physical exam listing all medical diagnoses signed by the resident's physician.

- Current list of medications the resident is taking with the resident's physician's signature.

Once it has been determined that we can meet the resident's needs:

- Pre-admission screening from the Council on Aging (for residents anticipating a long-term stay).
- Placement date is arranged.
- Meet with admissions coordinator to complete paperwork.
- Move in . . . Welcome home.

All admissions are coordinated by a knowledgeable and empathetic team which includes a physician, a registered nurse, a licensed social worker, and a case manager.

Together they will assist you in determining and arranging for the health care services you may need.

THE ANDERSON

NURSING AND REHABILITATION

THE ANDERSON WAY

Dear Sir or Madam,

Welcome to The Anderson. We are a distinctively different nursing home.

Hospitality at The Anderson begins with the people who keep it clean and extends to those who prepare the food.

When you come to our home, you can expect to be treated with respect. Our staff should show you similar love, care, and affection that you would expect from your own family.

We believe that we can always learn new ways to serve you better. We always welcome your comments and suggestions.

We hope you find this information helpful in determining if The Anderson may be the right choice for you and your loved one.

Sincerely,

The Anderson

THE ANDERSON

APPLICATION FOR RESIDENCY

To apply for admission, please complete this questionnaire, and return it to the Admissions Team. All information will be held in confidence. A more complete medical history and physical exam will be recorded on another form. This application will become a part of the "Resident Agreement".

Name of Applicant: Mr. Mrs. Ms. _____

Address: _____City:_____State:_____Zip:_____

Telephone No: _____

Religion: _____ Church: _____

Date of Birth: _____ Place of Birth: _____ State: _____

Social Security No: _____ Marital Status: ____Single ____Married ____Widowed

(Please attach a copy of the card)

Medicare No: _____ Effective Date: _____

(Please attach a copy of front and back of card)

Medicaid No: _____ Effective Date: _____

(Please attach a copy of the card)

Coinsurance Policy Co. & No: _____ Effective Date: _____

(Please attach a copy of front and back of card)

Funeral Home: _____ Prepaid: _____Yes _____No

Name of person completing this form: _____

Relationship to resident: _____ Telephone No:_____

Address: _____City:_____State:_____Zip:_____

How did you hear about the Anderson?

_____Newspaper _____Brochure _____Friend
_____Social Worker _____Physician _____Hospital
_____Other Nursing Facility _____Other

Have you visited any other nursing facilities? _____Yes _____No

If yes, which ones? _____

MEDICAL AND PERSONAL DATA

Diagnoses: _____

_____

Resident's Current Physician: _____ Telephone No: _____

____Mentally Alert
____Eats Independently
____Ambulatory
____Bed-Ridden
____Continent
____Forgetful
____Requires Help with Feeding
____Walks with Assistance
____Requires Bed Rails
____Incontinent
____Confused
____Requires Special Diet
____Chair-Ridden

Admission Date desired: _____

Resident now residing at: _____

Reason for seeking admission: _____
_____

I give permission for my (applicant's) doctor/hospital to release Medical Information

Name: _____ Signature:_____

The name(s) of the person(s) who will be financially responsible for the cost of the care (the "Guarantor")

Name(s): _____ Telephone No: _____

Address: _____City:_____State:_____Zip:_____

Has a Trust Account been established? _____Yes _____No

If yes, please give detail and attach a copy _____

_____

Has a Durable Power of Attorney been appointed for financial affairs? _____Yes _____No
If yes, please attach a copy of the document.

Has a Legal Guardian been appointed? _____Yes _____No
If yes, please attach a copy of the guardianship papers.

Has a Living Will been executed? _____Yes _____No
If yes, please attach a copy of the document.

Has a Durable Medical Power of Attorney been appointed? _____Yes _____No
If yes, please attach a copy of the document.

FINANCIAL DATA

To process your application, the following information is needed. The information supplied is confidential and allows us to assist you in your long term financial planning. Your cooperation is appreciated in order to expedite the admission.

Monthly Income:

Salary	$_____
Social Security	$_____
Pensions/Annuities	$_____
IRA	$_____
Interest/Dividend	$_____
Rental Income	$_____
Investments/Other	$_____
Total:	**$_____**

Assets/Description:	**Account #:**	**Value:**
Cash (please list bank names and account #'s):		
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
Securities (stocks bonds):		
_____	_____	$_____
_____	_____	$_____
Real Estate (description and location): (Example: 3 bedroom house; Jones St., Anyplace OH 99999)		
_____	_____	$_____
_____	_____	$_____

Other Assets:	**Description:**	**Value:**
Cash value of Life Insurance	_____	$_____
Vested Pension Benefits	_____	$_____
Business Interest	_____	$_____
Automobiles	_____	$_____
Other	_____	$_____
Total Assets:		**$_____**

FINANCIAL DATA (Continued)

Liabilities:

Home Mortgage	_____	$_____
Credit Cards/Charge Account	_____	$_____
Loans	_____	$_____
Other Debts	_____	$_____
Taxes Owed	_____	$_____
Total Liabilities:		**$_____**
NET WORTH (Assets - Liabilities)**:**		**$_____**

Please sign below:

I hereby affirm that, to the best of my knowledge, the information provided on this application is accurate and complete.

_____ _____
Resident Signature Date

_____ _____
Guarantor's Signature Date

Reviewed by: _____ _____
Case Management Date

_____ _____
Administrator Date

_____ _____
Accounting Date

SCHEDULE OF CHARGES

2011 DAILY BASIC ROOM RATES

Medicare Covered Stays

*Please note private rates in the event that you need to stay beyond your Medicare coverage.

First 20 Days of Resident's benefit period:

Semi Private Suite:

$0 / day co-insurance

Private Suite add on: $35 per day

21st - 100th Day of Resident's benefit period:

Semi Private Suite:

$141.50 / day co-insurance

Private Suite add on: $35 per day

Medicaid Covered Stays

Patient Liability: A monthly amount determined by Medicaid on an individual basis.

ALL RATES INCLUDE

Complete Visual Privacy in Semi-Private Suites
Individual Climate Control
Individual Window View
Cable Television Service
Personal Laundry
Meals & Snacks
Incontinence Products
Routine Medical Supplies

ADDITIONAL CHARGES MAY INCLUDE

Physician, Dentist, Podiatrist, Optician, Optometrist, Physical, Occupational & Speech Therapy, Medications and Pharmaceuticals, Oxygen, Labs, Ambulance & Transportation, Special Nursing and Psycho-social Interventions, Telephone service, Television Rental.

SAMPLE MENU

Breakfast

Choice of Juice
Hot or Cold Beverage
Hot or Cold Cereal
Buttered Toast with Preserves
Eggs to Order
Breakfast Meat of Choice
Fresh Fruit

Dinner

Hot or Cold Beverage
Bread and Butter
Choice of Salad
Meat and Potatoes
Vegetables
Fresh Fruit or Pie

Supper

Hot or Cold Beverage
Tuna or Chicken Sandwich
Pickle Spears and Chips
Choice of Salad
Soup of the Day
Fresh Fruit or Fudge Brownies

Beverages and Snacks are available at all times.

Second choice of entrees, vegetables, and desserts are offered at each meal.

ACTIVITIES PROGRAM

Our Therapeutic Activities Program provides residents with a variety of daily experiences designed for their unique needs. It may offer: cultural, educational, physical, intellectual, recreational, creative and entertainment programming.

Our Program Coordinator facilitates group and individual events to provide for the varied interests of each individual resident.

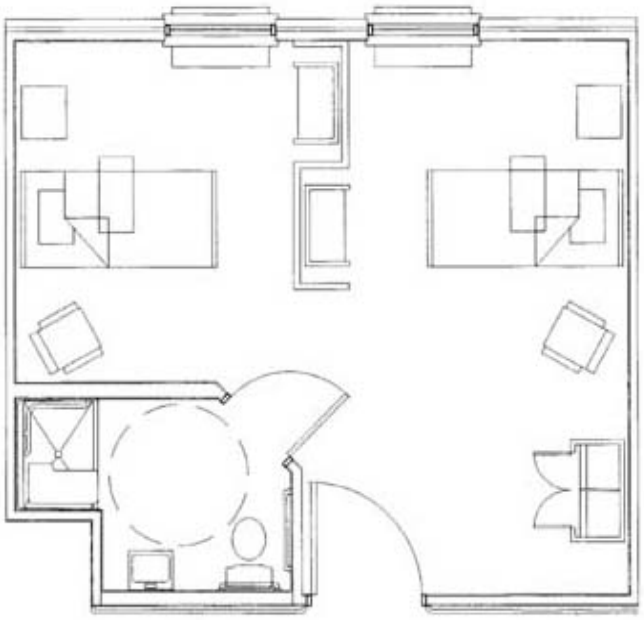
Exercise groups, ball games, bingo games, discussion groups, arts and craft projects, card and board games, and entertainers are just some of the regularly scheduled events at The Anderson.

Gardening and the care of plants, birds, and fish are an integral part of the Activities Program.

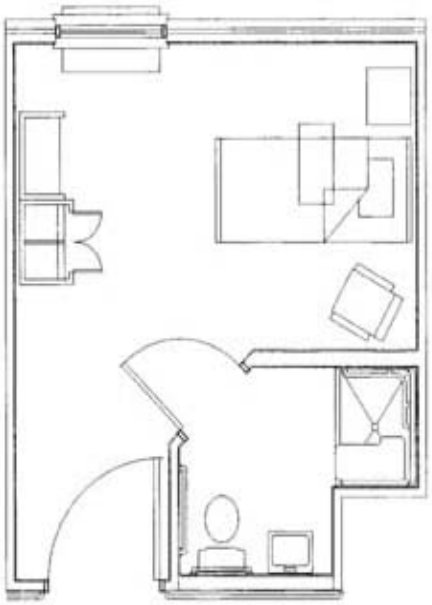
Friends and family are important and contribute to the fullness of the Activities Program and are encouraged to participate and volunteer their help.

Floor Plans

SEMI-PRIVATE ROOM



PRIVATE ROOM



SEMI-PRIVATE ROOM

PRIVATE ROOM

AMENITIES

- In suite bathroom and shower
- Spacious rooms with visual privacy
- Wall to wall carpet
- Individual climate control
- Entire facility on one floor
- Cable TV
- Bedside telephone
- Private window with a view to the outside
- Wi-Fi
- Nintendo Wii

FREQUENTLY ASKED QUESTIONS

1.When can I have visitors?

Our home is your home. You may have visitors at any time. We request all visitors to check in at the receptionist office. Evening visitors should be considerate of other people sleeping. Children are welcome and encouraged to visit.

2. Can we bring our pet to visit?

Yes, friendly house trained pets are welcome in our facility. We request visitors to keep pets on a leash and not take them into the dining room out of respect for other residents.

3. Do you have a beautician?

Yes . The beautician is normally at the facility 3 days a week. The receptionist can schedule appointments for you. Payment for the beauticians services is expected at the time of the service.

4. What should I bring with me?

To enhance the comfort of our residents stay we recommend they bring such things as : Comfortable clothing, favorite “brand name” personal care items, Television and computer. We provide all residents with a bed , dresser, nightstand and bedside chair. You may bring a recliner as long as it is made from fire retardant materials and is washable.

COMPARISON CHECKLIST

NURSING HOME NAME	THE ANDERSON				
TELEPHONE NUMBER	513-474-6200				
Visit the web site and nursinghomecompare.com					
Medicare Certified					
Medicaid Certified					
RESIDENTS					
Residents are clean, appropriately dressed for the season or time of day, and well-groomed					
Residents are happy					
NURSING HOME LIVING SPACES					
Free from overwhelming odors					
Clean and well-kept					
Quiet areas for visits with friends and family					
Smoke-free building					
RESIDENT ROOMS					
Carpeted rooms					
Individual Climate Control					
Individual Window with view outside					
Personal telephone					
Cable TV					
STAFF					
Drug-free Staff					
Staff is friendly, happy and helpful					
Good relationship between staff and residents					
All staff wear name badges					
Training and continuing education for all staff					
Background checks on all staff					
Registered Nurse in the facility at all times					
CNAs work with a reasonable number of residents					
Full-time in-house Social Worker					
Full-time in-house Doctor					
MENUS AND FOOD					
Choice of food items at every meal					
Nutritious snacks are available upon request					
Staff assists residents at mealtimes					
ACTIVITIES					
Variety of activities for all residents					
Active volunteer program					
Provides a safe environment					
SAFETY AND CARE					
Wander Guard to protect confused residents					
Other:					