

**NOTICE RELATING TO  ANTICIPATED  ACTUAL  
TRANSFER TO HOSPITAL OR THERAPEUTIC HOME VISIT**

TO: 

RESIDENT	RESPONSIBLE PARTY
----------	-------------------

**FOR ACTIVE TRANSFER ONLY:**

Effective \_\_\_\_\_, 20 \_\_\_\_, the above referenced Resident:  transferred to hospital  
 left Christian Care Centers, Inc. for a therapeutic visit

It is anticipated that at some point in the future Resident may transfer to a hospital or leave Christian Care Centers, Inc. for a therapeutic home visit.

Please be advised that for the period of time that Resident is away from Christian Care Centers, Inc. and in the hospital or on therapeutic home leave, as the case may be, Christian Care Centers, Inc. will hold a bed for the Resident so long as Resident or the Texas Department of Human Services through Medicaid funds satisfies bed-hold fee obligations.

In that regard, please be further advised, that in the event a resident who is a Medicaid recipient is hospitalized, he/she must continue to pay as a bed-hold charge the amount from private sources, the amount equal to the daily vendor rate allowed for the resident by Texas Department of Human Services. This amount must continue to be paid until the resident is discharged at the request of the resident and a family member or legal representative.

In the event a resident, who is a Medicaid recipient, chooses to take a therapeutic leave which exceeds the three days the Texas Department of Human Services (TDHS) pays for and allows, then the resident must pay from private sources as a bed-hold charge an amount equal to the daily vendor rate allowed for the resident by TDHS. Residents taking therapeutic leave must sign out for this leave at the nursing station and when they return, or be charged at the daily vendor rate allowed by TDHS for the period of their absence.

Christian Care Centers, Inc. does not charge a bed-hold fee for any time which is paid by TDHS.

For private paying residents, the bed-hold charge is the current per diem rate charged per day. Medicaid recipients may contact the business office to obtain the amount set forth for them from TDHS.

If the resident elects to be discharged while in the hospital or while on therapeutic leave, or if the requirements for bed-hold are not satisfied as described above, and the person desires to be re-admitted to Christian Care Centers, Inc., then the person will be treated as a new applicant for purposes of readmission to Christian Care Centers, Inc. In such event, he/she shall be readmitted to Christian Care Centers, Inc. immediately upon the first availability of a bed in a semi-private room if he/she (1) requires the services provided by Christian Care Centers, Inc.; and (2) is eligible for Medicaid nursing facility services.

You are advised of this information at the time of admission. This is only a reminder of the bed-hold policy.

If there are any questions regarding Christian Care Centers, Inc.'s bed-hold policy, please feel free to contact the Administrator or Director of Admissions.

Sincerely,

Administration

RESPONSIBLE PARTY	RESIDENT	DATE
-------------------	----------	------

FOR: New Admissions

FROM: Administration

Smoking Policy:

In order to maintain a healthy and safe environment for our residents, employees, and visitors, the facility has established a **SMOKE-FREE** environment. Applicants/Residents admitted after May 1, 1992, will have entered Christian Care Centers, Inc. with the understanding that it is a smoke-free facility and neither they nor their guests will be able to smoke.

Date: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

I have been advised that Christian Care Centers, Inc. is smoke-free and that I will not be able to smoke on the grounds or in Christian Care Centers, Inc., with or without a physician's order.

---

Signed by Resident or Responsible Party