



ELM CREST MANOR  
100 Elm Ave.  
NEW SALEM, NORTH DAKOTA 58563  
(701) 843-7526 FAX # (701) 843-8376  
Providing Quality Skilled Care Since 1969

2019

Administrator  
Janessa Vogel

Medical Director  
Dr. Donald Kosiak

Director of Nursing  
Dana Pazdernik

Activity Director  
Diana Bopp

Social Services  
Rita Schulz

Dietary Services  
Desire'e Steinberger

Maintenance  
Kenton Kruger

Housekeeping  
Supervisor  
Darlene Lennie

Office Manager  
Mary Kreidt

MDS Coordinators  
Medicare  
AmberReiner  
Annette Doll

Dear Prospective Tenant &/or Family Member:

Thank you for your interest in the Elm Crest Assisted Living Apts. I have enclosed the Application together with several informational sheets. Please complete the **Application and the Resuscitation forms** and return to our Administrator Janessa Vogel or me for immediate review or to be placed on our waiting list. Keep the rest for your information and review.

Some points of interest include:

- **The noon** meal will be provided at Elm Crest Manor Assisted Living Dining Room.
- The proprietor pays all utilities and cable TV. Laundry services are available on each floor. New apartments have washer/dryer hook-ups. You may contract for a fee someone to do laundry, together with light housekeeping and other miscellaneous tasks. 1/2 hour of housekeeping per week is provided.
- On-site nursing services available at an additional cost, together with aide services.
- Scheduled transportation for independent shopping and outings locally may be contracted.
- Transportation to medical appointments to Bismarck-Mandan is \$25.00.
- The monthly costs are as follows: 1-bedroom apt. in the older addition is \$1,250.00 and a 2 bedroom apt. is \$1,550.00; and in the new addition a 1 bedroom apt. is \$1,575.00 and a 2 bedroom apt. is \$1,875.00 **per month**; and for each additional person in the apartment there is a \$150.00 per month charge. A one-time \$300.00 security deposit is also required.
- 24-hour on call emergency staff.

Please feel free to call if you have any other questions or concerns.

Yours truly,

*Rita Schulz, LSW*

RITA SCHULZ, LSW

Enc:  
Assisted Living Ltr.  
Revised: December 18

ELM CREST ASSISTED LIVING UNITS  
309 2<sup>nd</sup> St. N., New Salem, ND 58563  
Telephone # (701) 843-7526 Fax # (701) 843-8376

**APPLICATION FOR ADMISSION**

All information will be held in strict confidence.

DATE RECEIVED: \_\_\_\_\_ Please circle your choice: 1 BEDROOM or 2 BEDROOMS

1. APPLICANT: \_\_\_\_\_  
Last First Middle
2. CURRENT ADDRESS: \_\_\_\_\_  
Street City State Zip
3. CURRENT TELEPHONE # \_\_\_\_\_  
Area Code-Number
4. BIRTH DATE: \_\_\_\_\_ MALE FEMALE  
Month Day Year Age
5. Citizen of USA: \_\_\_\_\_ Yes No BIRTHPLACE: \_\_\_\_\_

**FAMILY:**

6. (Circle one): Married Widowed Divorced Separated Never Married
- SPOUSE: \_\_\_\_\_  
Last First Middle  
Date of Marriage: \_\_\_\_\_ Town & State: \_\_\_\_\_
7. FORMER OCCUPATION: \_\_\_\_\_  
You Spouse  
Military Service: \_\_\_\_\_ Years of Education: \_\_\_\_\_
8. List Children (Living) with Address & Telephone #  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. List Brothers & Sisters (living) with Address & Telephone #  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Father's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_
11. Persons to be notified in case of emergency (List two)

Name	Relationship
Full Mailing Address	Telephone Numbers (Home, Work and Cell)

Name	Relationship
Full Mailing Address	Telephone Numbers (Home, Work and Cell)

Do you have legal paperwork for any of the above named emergency contact people? (Durable Power of Attorney, etc.) If so please place a \* next to their name(s). continued...

**RELIGIOUS BACKGROUND:**

12. Church Affiliation: \_\_\_\_\_ Pastor: \_\_\_\_\_  
Name of Church you attended: \_\_\_\_\_

**ACTIVITIES AND INTERESTS:**

13. To which social, civic, professional, or church organizations do you belong?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Please list any interests/hobbies that you have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Do you plan to have an automobile here? \_\_\_\_\_ YES \_\_\_\_\_ NO

**MEDICAL INFORMATION:**

16. Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Medicare # \_\_\_\_\_  
Medicare Part D (Plan name & #) \_\_\_\_\_  
Medical Assistance # \_\_\_\_\_ and effective date \_\_\_\_\_  
VA# \_\_\_\_\_ Other Insurance & # \_\_\_\_\_
17. Physician: \_\_\_\_\_ Phone # \_\_\_\_\_
18. Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_
19. Clinic: \_\_\_\_\_
20. Hospital: \_\_\_\_\_
21. Eye Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_
22. Pharmacy: \_\_\_\_\_ Phone # \_\_\_\_\_
23. Funeral Home Preference: \_\_\_\_\_  
Name and Phone # \_\_\_\_\_

**FINANCIAL INFORMATION:**

24. Person Responsible for payment: \_\_\_\_\_
25. Total monthly income: \_\_\_\_\_
26. Annual income: \_\_\_\_\_
27. Have you applied for Medical Assistance or will you in the near future?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
28. Do you have Nursing Home or Assisted Living Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes:  
Name: \_\_\_\_\_  
Policy # \_\_\_\_\_  
Telephone # \_\_\_\_\_

(continued)...

**MEDICAL HISTORY:**

- 29. Medical Doctor Name: \_\_\_\_\_
- 30. Date Last Seen: \_\_\_\_\_
- 31. Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 32. Significant Surgical Procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 33. Infections or Communicable Diseases: \_\_\_\_\_
- 34. When did you last receive the following shots?  
FLU \_\_\_\_\_ PNEUMONIA \_\_\_\_\_ TETANUS \_\_\_\_\_ SHINGLES \_\_\_\_\_  
Would you like an annual Flu Shot? YES \_\_\_\_\_ NO \_\_\_\_\_
- 35. MEDICATIONS: (Drugs, dose, route, scheduled time, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 36. Able to Self Medicate: (Check one):  
\_\_\_\_\_ Capable \_\_\_\_\_ Supervision Only \_\_\_\_\_ Dependent
- 37. ALLERGIES: \_\_\_\_\_
- 38. ALL DIETS ARE REGULAR:  
Any other diet concerns? \_\_\_\_\_
- 39. ASSISTED LIVING APTS. ARE SMOKE FREE.

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- 40. DOES APPLICANT USE/ABUSE OF ANY OF THE FOLLOWING:  
Alcohol: \_\_\_\_\_ (amount/type)  
Smoking/Tobacco Products: \_\_\_\_\_ (amount/type)  
Drugs/Substance Abuse: \_\_\_\_\_ (amount/type)  
Ever Been Arrested: (explain) \_\_\_\_\_
  - 41. Is this person authorized to make his/her own medical decisions?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
  - 42. Is applicant: Alert Confused Forgetful Depressed Wanderer
  - 43. Does applicant need assistance with any of the following: (check all that apply):  
To get in and out of bed \_\_\_\_\_ to dress/undress \_\_\_\_\_  
with medications \_\_\_\_\_ with bathing/shower \_\_\_\_\_  
with walking \_\_\_\_\_ uses: cane walker wheelchair other \_\_\_\_\_  
with eating \_\_\_\_\_ other special cares: \_\_\_\_\_  
any special equipment needed: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**Person to contact regarding this application: (Name, address, phone and relationship):**  
\_\_\_\_\_  
\_\_\_\_\_

ELM CREST MANOR ASSISTED LIVING  
RESUSCITATION FORM

\_\_\_\_\_ RESUSCITATE

\_\_\_\_\_ DO NOT RESUSCITATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF TENANT OR RESPONSIBLE PARTY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

**NOTE:** PLEASE PROVIDE US WITH A COPY OF YOUR LEGAL PAPERWORK  
(DURABLE POWER OF ATTORNEY- HEALTH CARE DIRECTIVE; LIVING WILL; FIVE  
WISHES; CONSERVATORSHIP; GUARDIANSHIP OR DURABLE POWER OF  
ATTORNEY - FINANCIAL, ETC.)

## ELM CREST ASSISTED LIVING APT. CHARGES FOR ADDITIONAL SERVICES:

**HOME ASSISTANCE** is available to assist you with any personal cares or exercises that have been given to you by your doctor. However, aides or nurses are only able to stay on an average of one-half hour, or as long as it takes to complete your cares. Aides are licenses and registered in North Dakota. The cost for a home assistance aide or nurse is as follows:

- \$25.00 per hour for Licensed Nurse (\$6.25 per 15 minute mod and services may include medication setup, injectable medications, or foot care)
- \$10.00 for Protimes and Pacemaker Checks
- \$20.00 per hour for a Personal Care Attendant Medication Reminders (\$5.00 per 15 minute mod, and services may include baths, transfers, escorts, etc.,
- \$15.00 per hour for Laundry, Housekeeping or Shopping (\$3.75 per 15 min. mod)
- \$25.00 fee for Van Transportation (for all medical appointments) in Bismarck/Mandan only.

# **ELM CREST ASSISTED LIVING APT. HANDBOOK**

Welcome to the Elm Crest Assisted Living Apartments!  
This handbook is designed to help answer any questions you may have. Please take time to read.

## **COMPLEX INFORMATION**

This Senior Assisted Living Center located in New Salem, ND is made up of 1 bedroom and 2 bedroom apartments of which one or all of the Tenants must be 60 years of age or older.

To provide the quiet enjoyment of your apartment we ask that no noise in the halls after 9:00 p.m. and before 6:00 a.m. This is a "NO SMOKING" facility. Easily accessible, private indoor mailboxes are provided. Convenient parking is available to all Tenants. All utilities are paid by the proprietor together with cable television. Phone service installation and services are your responsibility. Fully equipped Activity/Family and Dining Room for private meetings with family and friends is available. Check the calendar for availability. An exciting activity programs featuring social, cultural, spiritual and recreational activities for those who wish to participate both at Elm Crest Manor and in the Assisted Living Units. Scheduled transportation to doctor or medical appointments will have a \$25.00 fee. Each apartment is carpeted and provided with window coverings, smoke detectors, safety bars and specially designed emergency response system.

## **EMERGENCY**

In case of a fire do not leave your apartment until personnel come and you will be instructed on what to do then. You may be instructed to exit outside by using the fire exit nearest to your room or to designated areas inside. The Fire/Exit Doors are marked with an "A", "B", or "C". You will find a map with exits listed in this handbook. When outside, please meet by the front entrance of the apartment building for further instructions and when you may return to your apartment. For a tornado please move to the Elm Tree Lounge, located on the first floor. This room is an interior windowless room with emergency lighting for this purpose.

## **GARBAGE**

Garbage pick-up is scheduled for every Tuesday and Friday. Please have your garbage by your door in the hallway by 8:00 A.M. (CT) and we will put it outside. You need to supply your own garbage can liners for your apt. We will provide one large fire-proof garbage can for the kitchen area and one small fire-proof can for the bathroom. No flammable wastebaskets (wicker, plastic, etc.) may be used only metal ones or the fire-proof ones are allowed.

## **MEALS**

The noon meal each day is delivered to the Dining Room and is included with the apartment rent; however other meals may be purchased. We offer many diets and you may visit with the Dietitian re: yours. Weekly menus will be provided and are subject to change. If the meal needs to be delivered to your apartment, there will be a fee. You may have guests at the meals. The price is \$5.00 for each meal and for each person. We ask that you give the kitchen 24 hour notice for each additional person and if the meal is on a holiday, that you notify us one (1) week in advance. Please limit your guests to 4 due to limited seating. You may come for our coffee/snacks without an additional charge.

## **LAUNDRY ROOM**

Free use of the laundry room or you may contract for someone to do your laundry; however, you need to provide for your own soap, bleach, fabric softener, etc. Please keep the laundry room for tenant use only, no outside laundry. No washing after 9:00 p.m. or before 6:00 a.m.

## **STORAGE AREA**

There is limited storage in the storeroom. Please check with Assisted Living Manager regarding this space.

## **WHAT TO BRING**

For your convenience we have provided a list of items you will need to bring when you move into your apartment in our complex. The only thing you will need to make arrangements for aside from furniture and personal items is your telephone.

### **BEDDING**

- \*Mattress Pad
- \*Sheets (2 sets)
- \*Blankets
- \*Pillow
- \*Bedspread
- \*Plastic Mattress Cover

### **BATHROOM**

- \* Rug (at bath time)
- \*Shower curtain
- \*Towels
- \*Washcloths
- \*Shampoo
- \*Soap & Soap Dish
- \*Personal Toiletries
- \*Laundry Basket
- \*Drinking Glasses

### **\* MISCELLANEOUS**

- \*Pictures (See Below)
- \*Personal Articles
- \*Clothing
- \*Pens & Pencils

### **FURNITURE**

- \*Bed
- \*Lamp
- \*Nightstand
- \*Table & Chairs, Desk



\*Stationary/Stamps

\*Microwave

\*Calendar

\*Comb & Brush

\*Clock & Radio

\*Surge Protector (if needed)

\*Own household goods, (i.e. tissues  
toilet paper, cleaning supplies, broom,  
dustpan, plunger, laundry supplies,  
garbage bags, etc.)

\*TV

\*Dresser

\*Recliner and/or Small  
Sofa, or Loveseat

**\*\*\*Stove and Refrigerator will be provided\*\*\***

### **NOT ALLOWED:**

\*Heating Pads

\*Halogen Lamps

\*Hot Plates

\*Throw Rugs

\*Electric Blankets

\*Candles

\*No pets of any kind

\*No extension cords

**\*No flammable wastebaskets (i.e. wicker, plastic, etc) are allowed. We do provide flame retardant wastebaskets (one large and one small) in each apartment.**

**NOTE:** When hanging pictures: Small nails or monkey hooks only - no adhesives on walls or countertops. (For larger items please contact our Maintenance Department for assistance.)

Any questions, please feel free to contact Tina Snider at 701-202-9711 or the Administrator at **843-7526**.

Thank you for your cooperation!

## **ELM CREST ASSISTED LIVING APT. MEAL AND ACTIVITY SCHEDULE.**

**AM - Coffee/Snack**..... 9:45 AM (in Great Room)  
**DINNER** .....NOON (in Assisted Living Dining Room)  
**PM – Coffee/Snack** ..... 2:45 PM (in Great Room)  
 (Coffee available in the Assisted Living Dining Room at all times)

### **DAILY SCHEDULE OF EVENTS:**

<b>Sunday</b>	<b>AM</b> 9:30 A.M. 1-3 P.M. 3:15 P.M.	Peace Church Services on TV in Chapel Catholic Communion Services in Chapel Cozy Cow Ice Cream Shop open Devotions with visiting ministers
<b>Monday</b>	10:30 A.M. 2:00 P.M.	Devotions Music in Sun Room
<b>Tuesday</b>	10:30 A.M. 2:00 P.M. 1:00 P.M. 3:00 P.M.	Sharing Thoughts and Memories Exercise or Pamper Your Self Cards in the Sunroom/Great Room Bookmobile here on the 4 <sup>th</sup> Tues. (Zion Lutheran Communion Service at 3:30 P.M. on the 2 <sup>nd</sup> & 4 <sup>th</sup> Tues.)
<b>Wednesday</b>	10:30 A.M. 2:00 P.M.	Card Bingo Rhythm Band/Karaoke (1 <sup>st</sup> Wed. of the month – Peace Church Guild in the Chapel)
<b>Thursday</b>	10:30 A.M. 1:30 P.M. 3:30 P.M.	Reading Circle Food for Fun or Pamper Yourself Bingo
<b>3<sup>rd</sup> Thursday - ALL MONTH BIRTHDAY PARTY at 2:00 P.M.</b>		
<b>Friday</b>	9:30 A.M. 10:30 A.M. 1-3 P.M. 2:00 P.M. 3:30 P.M.	Catholic Mass/Communion Devotions Cozy Cow Ice Cream Shop open Crafts/Trivia Piano Music
<b>Saturday</b>	10:30 A.M. 2:00 P.M.	Music, Video or Trivia Bingo or Card Bingo

**\*\*\*ALL TIMES ARE CENTRAL TIME\*\*\***

### **LOCATION OF ACTIVITIES AT ELM CREST MANOR:**

**GREAT ROOM:** Devotions, Movies, Singing, Piano Music, Bingo, Card Bingo, Bird Aviary, & Coffee/Snack Time

**ACTIVITY/CRAFT ROOM:** Fun Exercise, Crafts, Pamper Yourself, Food for Fun & Cozy Cow Ice Cream Shop

**CHAPEL:** Catholic Mass, Communion Service, Bible Study, or other Services  
**ALWAYS CHECK OUT THE MAIN CALENDAR ACROSS FROM THE NURSES STATION  
 and/ or THE 2 BIG WHITE BOARDS FOR OTHER EVENTS & ANNOUNCEMENTS.  
 ALSO THE BULLETIN BOARD AS YOU COME OVER TO ELM CREST MANOR  
 & THE BULLETIN BOARD IN THE ASSISTED LIVING DINING ROOM.**