Pennsylvania
Insurance Department

CONTINUING CARE RETIREMENT COMMUNITIES ("CCRCs")

PROVIDER NAME: Seneca PID, LLC **EIN:** 93-3884782

FACILITY NAME: Seneca Hills Village; Lighthouse Pointe at Chapel Harbor

D/B/A NAME (if applicable): N/A

Contact: Bill Nigro **Telephone:** (412) 596-5302

Contact Email address: BNigro@oakdalesa.com **Billing Email address:** PMatheny@oakdalesa.com

Required Filings in the State Of: **Pennsylvania** **Filings Made During the Year 2025**

PENNSYLVANIA DOMESTIC FILERS:

The Department is paperless filings, we require a billing email addresses. Please ensure contact information on file with the Department is always maintained current. We need contact persons name (CEO or CFO), email ID and contact number with annual filings.

Filings should be made in electronic form only. Further:

1. All Pennsylvania CCRC filings are to be emailed to:
   RA-IN-CCRC@PA.gov
   a. The email subject line should begin with the EIN followed by the provider name and then facility name. **Please do not use d/b/a name for the Provider in email subject line.**
   b. Each document is to be submitted in PDF format.
   c. ZIP files cannot be accepted through the firewall and may result in a late filing. Encrypted files can be accepted and are preferable over a secured portal process.
   d. The document file name for each item should begin with the provider name and a brief document description. (i.e. CCRC Disclosure Statement).
   e. Documents requiring signature should include a wet signature PDF scan.
   f. Please provide a Company contact email address for the Department to address any inquiries and direct invoicing for electronic payment implementation.
2. Electronic filings are required.
3. The scanned documents submitted should reflect the appropriate wet signatures and notary requirement.
4. Filing fee payment can be mailed to the Department, to **ATTN: Hem Mahat**, Administration, PA Insurance Department, 1326 Strawberry Square, Harrisburg, PA 17120 and clearly identify the Provider name, EIN and CCRC renewal fee period. A scanned copy of the fee payment can be included with the electronic submission to facilitate filing review.
5. Questions can be emailed to RA-IN-CCRC@PA.gov

Bureau of Market Actions
1321 Strawberry Square | Harrisburg, Pennsylvania 17120
RA-IN-CCRC@pa.gov

CONSOLIDATED AUDIT REQUESTS			
√	DOCUMENT	DUE DATE *	CITATION **
N/A —	Request to file consolidated or combined audit filings in lieu of separate CPA reports. Note: This request requires prior approval. If approved, the required consolidated or combined worksheets need to be subjected to audit procedures.	30 days prior to fiscal year end	31 Pa. Code § 147.7(c)

REQUIRED FILINGS			
√	DOCUMENT	DUE DATE *	CITATION **
*	CPA Report	Four (4) months after fiscal year end	31 Pa. Code § 147.3(c)
*	Disclosure of Calculation of "Statutory Liquid Reserves" must be part of the audited financial statements notes or as a supplemental schedule. Statutory Liquid Reserves amount must be part of the audited balance sheet as a separate balance sheet account.	Four (4) months after fiscal year end	40 P.S. § 3209 And 31 Pa. Code § 151.11(d)
*	Disclosure of all "Deferred Revenues" (Deferred Revenues - Nonrefundable portion of entrance fees reported as deferred income & amortized over the actuarially determined life expectancy of each resident.)	Four (4) months after fiscal year end	31 Pa. Code § 151.11(d)
*	Disclosure of funds maintained in an escrow account for entrance fees must be part of the audited financial statements notes.	Four (4) months after fiscal year end	40 P.S. § 3212
*	CPA Qualification Letter	Four (4) months after fiscal year end	31 Pa. Code §§ 147.4(e) & 147.6a
*	CPA Awareness Letter Not required annually, but must be on file for the CPA performing the current year's audit	Four (4) months after fiscal year end	31 Pa. Code § 147.5(d)
*	Communication of Internal Control Related Matters Noted in Audit	If issued by CPA Within 60 days of filing the CPA report	31 Pa. Code § 147.9a
*	Notification of Adverse Financial Condition	If issued by CPA Within 5 business days of receipt, forward a copy to the Department & provide evidence of such to the CPA.	31 Pa. Code §§ 147.4(e) & 147.9
N/A –	Change in CPA letters		
N/A –	Notification of dismissal, resignation, or replacement	Within 5 business days of CPA dismissal, resignation, or replacement	31 Pa. Code § 147.5(c)
N/A –	CCRC's letter addressing whether there were disagreements 24 months prior to change	Within 10 business days of the notification letter	31 Pa. Code § 147.5(c)(1)

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* The audit of the 01/01/2025 - 12/31/2025 financial statement is underway but not yet complete. A copy of the audit report will be submitted as soon as it becomes available.

	√	DOCUMENT	DUE DATE *	CITATION **
N/A	–	Letter from the former CPA stating that they agree or disagree with the contents of the letter from the CCRC regarding disagreements 24 months prior to change	Concurrently with the CCRC's letter regarding disagreements	31 Pa. Code § 147.5(c)(2)
N/A	–	Letter with the name and address of the independent CPA or accounting firm retained to conduct the annual audit and provide an awareness letter from same	Within 60 business days of the notification letter	31 Pa. Code §§ 147.5(c)(3) & (d)
	✓	Current Resident's Agreement (Complete copy required regardless if unchanged from the prior filing)	Four (4) months after fiscal year end	31 Pa. Code § 151.8(f)
	✓	Disclosure Statement *** ***Note: This must be filed by the provider and in the format presented to a current or potential resident. Disclosure statement filings are public and posted to the Insurance Department website. Please submit in PDF format to the Department.***	Four (4) months after fiscal year end	40 P.S. § 3207(b) and 31 Pa. Code § 151.7
	✗	Narrative statement of material differences of actual vs. pro forma income statement	Four (4) months after fiscal year end	40 P.S. § 3207(b)(1)
	✗	Pro Forma Income Statement – for the next fiscal year	Four (4) months after fiscal year end	40 P.S. § 3207(b)(2)
		AMENDMENTS TO DISCLOSURE STATEMENTS		
		An electronic filing is to be submitted and include a cover letter briefly outlining the sections of the disclosure statement amended and a redline version illustrating the changes. Material changes in the operation of a provider or facility which require an amendment to a disclosure statement may include, but are not limited to, the following:	Upon amendment or change	31 Pa. Code § 151.7(e)
N/A	–	(1) Changes in the board of directors, officers, managing or general partners, administrators or trustees and managers which affect the management of a facility. Biographical affidavits by these individuals shall be filed with the Department at the time an amended disclosure statement is filed.		
N/A	–	(2) New or additional mortgages, liens, security interests, loan commitments, long-term financing arrangements or leases, which transaction materially affects the real property of the facility. A copy of all pertinent documents evidencing the transactions shall be filed with the Department at the time an amended disclosure statement is filed.		

Continued on next page

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√	DOCUMENT	DUE DATE *	CITATION **
N/A	(3) Other material changes in the financial or factual information contained in the disclosure statement or statement in support of the provider's original application for a certificate of authority. Explanatory material and copies of pertinent documents concerning the material changes shall be filed with the Department at the time an amended disclosure statement is filed. ***Note: Amended Disclosure Statements must be filed by the provider within 30 days of amendment or change, and in the format to be presented to a current or potential resident. Amended Disclosure Statements are public documents and posted on the Department's website.***	Upon amendment or change	31 Pa. Code § 151.7(e)

* There are no provisions in statute or regulation that provide for an extension or waiver of the audited financial report filing date requirements for CCRCs.

** 31 Pa. Code Chapters 147 and 151 are available on The Pennsylvania Code website at: Annual Audited Insurers' Financial Report and Continuing Care Providers.

*** **Filing fee** - There is a $750 Disclosure Statement filing fee pursuant to 31 Pa. Code § 151.14(c). Filing fee payment can be mailed to the Department, to **ATTN: Hem Mahat,** Administration, PA Insurance Department, 1326 Strawberry Square, Harrisburg, PA 17120 and clearly identify the Provider name, EIN and CCRC renewal fee period. A scanned copy of the fee payment can be included with the electronic submission to facilitate filing review.

**** Contact details should be maintained current with every annual filings. Contact person name, email address and telephone number should be filed annually. Contact person should be CEO, CFO or someone from executive board.

INQUIRIES CAN BE MADE TO:
Pennsylvania Insurance Department
E-mail: RA-IN-CCRC@pa.gov

Outlook

Fw: Invoice Payment Notification

From Peyton Matheny <pmatheny@oakdalesa.com>
Date Mon 4/27/2026 4:34 PM
To Brandie Lamberth <blamberth@newlegacypro.com>

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Here is the payment informaiton

Thank you,

Peyton Matheny
Oakdale Seniors Alliance
Business Manager

mobile: (423)260-7423| **email:** pmatheny@oakdalesa.com
addr 404



[redacted]

SENECA PLACE

A CONTINUING CARE RETIREMENT COMMUNITY

DISCLOSURE STATEMENT

(In Conformance with 40 P.S. § 3207)

DATE OF DISCLOSURE STATEMENT:

For the application dated December 31, 2025

THE ISSUANCE OF A CERTIFICATE OF AUTHORITY DOES NOT CONSTITUTE APPROVAL, RECOMMENDATION OR ENDORSEMENT OF THIS FACILITY BY THE PENNSYLVANIA INSURANCE DEPARTMENT, NOR IS IT EVIDENCE OF, NOR DOES IT ATTEST TO, THE ACCURACY OR COMPLETENESS OF THE INFORMATION SET OUT IN THIS DISCLOSURE STATEMENT

Seneca Place
5360 Saltsburg Road,
Verona, PA 15147

SENECA PLACE DISCLOSURE STATEMENT

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SENECA PLACE
Continuing Care Provider Registration and Disclosure Act

1. DISCLOSURE STATEMENT SUMMARY

1. **Name and address of Facility:** Seneca Place, comprised of Seneca Hills Village located at 5350 Saltsburg Road, Verona, Pennsylvania 15147, and Lighthouse Pointe at Chapel Harbor located at 500 Chapel Harbor Drive, Pittsburgh, Pennsylvania 15238.

2. **Name and address of Provider:** Seneca PID, LLC, 4062 Peachtree Road, Suite A501, Brookhaven, Georgia 30319

3. **Admissions Contact:** Rachelle Kosko, Director of Sales and Marketing Seneca Place, 5350 Saltsburg Road, Verona, PA 15147Phone: 412-798-6000

4. **Description of Facilities:** Seneca Place offers continuing care agreements at two locations:

Facility Name	**Seneca Hills Village**
Description of Facility	Seneca Hills Village is a three-story, 123-unit independent living facility. The facility is operated and located in Verona, Pennsylvania. The facility has been in operation since November 1993 and will offer residents the option to enter into either a continuing care agreement or a standard rental agreement. The independent living units consist of private and spacious studio, one, and two apartments, which are presently ready for occupancy for residents choosing either the continuing care agreement or standard rental agreement. Residents choosing to enter into a continuing care agreement will receive preferential placement amongst all similar applicants for admission to Seneca Manor, a personal care facility located on the same campus. Residents choosing to enter into a continuing care agreement will also receive preferential placement amongst all similar applicants for admission to the Seneca skilled nursing facility Address: 5350 Saltsburg Road, Verona, Pennsylvania 15147.
Residential Area	Suburban
Types of Units	123 Independent Living apartments ranging from studios to two bedrooms.
Number of Acres	4 acres
Facility Name	**Lighthouse Pointe at Chapel Harbor**
Description of Facility	Lighthouse Pointe at Chapel Harbor is a four-story, 131-unit independent living facility located in Pittsburgh, Pennsylvania. The facility has been in operation since August 2005 and will offer residents option to enter

	into either a continuing care agreement or a standard rental agreement. The independent living units consist of private and spacious studio, one, and two apartments, which are presently ready for occupancy for residents choosing either the continuing care agreement or standard rental agreement. Residents choosing to enter into a continuing care agreement will receive preferential placement amongst all similar applicants for admission to Seneca Manor, a personal care facility located on the Seneca Campus. Residents choosing to enter into a continuing care agreement will also receive preferential placement amongst all similar applicants for admission to the Seneca skilled nursing facility. Address: 500 Chapel Harbor Drive, Pittsburgh, Pennsylvania 15238.
Residential Area	Suburban
Types of Units	131 Independent Living apartments ranging from studios to two bedrooms.
Number of Acres	4.8 acres

5. **Minimum age for Admission:** Residents are typically over 62 years of age, but there is no minimum age for admission.

6. **Affiliations:** Seneca PID, LLC, through its parent organization, Boncrest Resource Group, Inc., is a faith-affirming, tax exempt organization formed for the purpose of operating long-term care facilities, including skilled nursing facilities, assisted living facilities, and senior housing facilities.

7. **Current Resident Population:**

As of December 31, 2025, at Seneca Hills Village independent living apartments, there were 99 total residents living in 88 occupied Seneca Hills Village apartments. Of the 99 total residents, 0 had a CCRC Agreement.

As of December 31, 2025, at Lighthouse Pointe at Chapel Harbor independent living apartments, there were 121 total residents living in 110 occupied Lighthouse Pointe at Chapel Harbor apartments. Of the 121 total residents, 4 had a CCRC Agreement.

8. **Sample of fees for:**

Studio Apartment: Entrance fees: $45,000 - $67,500 and Periodic Fee (Monthly): $2,547
1-Bedroom Apartment: Entrance fees: $45,000 - $67,500 and Periodic Fee (Monthly): $3,489
2-Bedroom Apartment: Entrance fees: $45,000 - $67,500 and Periodic Fee (Monthly): $4,316

2. PROVIDER INFORMATION

A. **CCRC Provider:** The name of the continuing care retirement community is Seneca Place, comprised of Seneca Hills Village and Lighthouse Pointe at Chapel Harbor (collectively, the "CCRC"). Seneca Hills Village is located in Verona, Pennsylvania at 5350 Saltsburg Road, Verona, Pennsylvania 15147. Lighthouse Pointe at Chapel Harbor is located in Pittsburgh, Pennsylvania at 500 Chapel Harbor Drive, Pittsburgh, Pennsylvania 15238. The CCRC is a non-sectarian, nonprofit corporation organized under the laws of the Commonwealth of Pennsylvania to operate a continuing care retirement community consisting of 254 studio, one and two bedroom independent living apartments. 123 of the units are located in a three-story building on a 4-acre campus. 131 of the units are located in a four-story building on a 4.8 acre campus. The other facility of the CCRC located at this site is Seneca Place, a 174-bed skilled nursing facility. There is no minimum age for admission to independent living apartments of the CCRC.

B. **Legal Structure:** The provider of services is Seneca PID, LLC, LLC ("Provider"), a Delaware limited liability company formed on October 2, 2023. The parent of Provider is Boncrest Resource Group, Inc. ("Boncrest"), a Georgia non-profit corporation formed on February 6, 2017. Boncrest obtained its tax-exempt determination letter from the Internal Revenue Service on September 27, 2017. The current principal office address of Provider is 4062 Peachtree Road NE, Suite A501, Brookhaven, GA 30319-3021.

C. **Certificate of Authority:** Effective March 20, 2024, the Pennsylvania Department of Insurance provided a Certificate of Authority to Provider to operate the CCRC. Provider has complied with the provisions of the Continuing Care Provider Registration and Disclosure Act (Act of June 18, 1984, P.L. 391, No. 82 and 40 P.S. Section 3201, et seq.) (See **Exhibit A)**

3. PROVIDER MANAGEMENT

Management By Board Governance: Provider is a limited liability company organized under the laws of the State of Delaware and governed by a governing board made up of the following individuals:

Ms. Amelia Baker
4062 Peachtree Road NE, Suite A501
Brookhaven, GA 30319-3021

Mr. Frank Corrigan
4062 Peachtree Road NE, Suite A501
Brookhaven, GA 30319-3021

Mr. Maurice Max Rosenbaum
4062 Peachtree Road NE, Suite A501
Brookhaven, GA 30319-3021

Mr. Brad Payne
4062 Peachtree Road NE, Suite A501
Brookhaven, GA 30319-3021

The governing board has appointed a President and Secretary to be officers of the Provider. The following is a list of Provider's officers:

Mr. Maurice Max Rosenbaum
President of Seneca PID, LLC
4062 Peachtree Road NE, Suite A501
Brookhaven, GA 30319-3021

Ms. Amelia Baker
Secretary of Seneca PID, LLC
4062 Peachtree Road NE, Suite A501
Brookhaven, GA 30319-3021

No board members or officers of the CCRC own a 10% or greater interest in a professional service, firm, partnership or corporation that provides the CCRC or its subsidiaries more than $500 in goods and services.

No board members or officers listed above have been convicted of a felony or pleaded nolo contendere to a felony charge or been held liable or enjoined in a civil action by final judgment involving fraud, embezzlement, fraudulent conversion or misappropriation of property.

No board members or officers listed above are subject to a currently effective injunctive or restrictive order of a court of record, or within the past five years had any State or Federal license or permit suspended or revoked as a result of an action brought by a governmental agency or department, arising out of or relating to business activity or health care, including, without limitations, actions affecting a license to operate a foster care facility, nursing home, retirement home, home for the aged or a facility registered under the Continuing Care Provider Registration and Disclosure Act or a similar act in another state.

Management by other Individuals

Day-to-day management of the apartments located within the CCRC is provided by Anita and Lloyd Leggett, ILF Directors for Seneca Place and Heather Tucker, ILF Director for Lighthouse Pointe, who are directly employed by Seneca Senior Care, LLC, an affiliate of Provider.

Management by other Entities

Seneca Senior Care, LLC entered into a management agreement with Oakdale Seniors Alliance, LLC, a Delaware limited liability company ("Oakdale") on April 1, 2024. Oakdale will provide management services to the CCRC pursuant to the Management Agreement. Oakdale currently provides management services to the other Boncrest facilities described in **Section 4** hereof. The President of Oakdale is Cyndi Matheny, and her address is 2602 East Main Street, Suite 200, Chattanooga, Tennessee 37404.

No members or officers of Oakdale own a 10% or greater interest in a professional service, firm, partnership or corporation that provides the CCRC or its subsidiaries more than $500 in goods and services.

No members or officers of Oakdale listed above have been convicted of a felony or pleaded nolo contendere to a felony charge or been held liable or enjoined in a civil action by final judgment involving fraud, embezzlement, fraudulent conversion or misappropriation of property.

No members or officers of Oakdale listed above are subject to a currently effective injunctive or restrictive order of a court of record, or within the past five years had any State or Federal license or permit suspended or revoked as a result of an action brought by a governmental agency or department, arising out of or relating to business activity or health care, including, without limitations, actions affecting a license to operate a foster care facility, nursing home, retirement home, home for the aged or a facility registered under the Continuing Care Provider Registration and Disclosure Act or a similar act in another state.

Additional Information

Additional management information is shown on **Exhibit B.**

4. PROVIDER AFFILIATIONS

A. **History**: The parent company of Provider is Boncrest, a tax exempt organization formed for the purpose of operating long-term care facilities, including skilled nursing facilities, assisted living, and senior housing facilities and otherwise pursuing opportunities for tax exempt organizations in response a changing health care economy (www.boncrest.org).

Boncrest is a mission driven, faith-affirming charitable organization that operates nationwide, prioritizes programs over profits, and provides a broad range of services, activities, and programs for the benefit of and communities most in need including quality health care services, senior living and other long term care communities and services, and alliances with state and local governmental agencies to provide access to facilities and services that serve the public interest.

Boncrest understands and strives to provide individual centered, value based health care services through effective operational management, value based compensation arrangements, and advanced technology while never wavering from its mission driven, charitable purposes.

Boncrest subsidiaries currently operate the following communities:

- Robin Run Village Senior Living in Indianapolis, Indiana;
- Foxwood Springs Living Center in Raymore, Missouri;
- Christian Care Communities & Services Allen in Allen, Texas;
- Christian Care Communities & Services Mesquite in Mesquite, Texas
- Asbury Health Center in Pittsburgh, Pennsylvania;
- Wesley Hills in Pittsburgh, Pennsylvania; and
- Seneca Place in Verona, Pennsylvania

B. **Change in Ownership:** On April 1, 2024, the operational control of the CCRC was transferred from Seneca Place, a Pennsylvania non-profit corporation, to Provider.

C. **Affiliation Agreement:** Boncrest will not be responsible for the financial and contract obligations of the Provider.

D. **Tax Status:** The Provider is a 501(c)(3) organization and is exempt from paying income tax and has a tax-exempt certificate for sales tax.

5. DESCRIPTION OF PROPERTY AND OCCUPANCY

There are 254 independent living units situated among two buildings. There are a wide variety of floor plans for studio, one and two bedroom apartments. Adequate parking is available to residents, if needed.

There is no active construction at the CCRC and the CCRC is continuously occupied.

6. PROVIDER SERVICES

A. **<u>Description of Services included with CCRC Residential Agreements:</u>** Continuing care residents admitted to Seneca Hills Village or Lighthouse Pointe at Chapel Harbor will be provided with occupancy privileges for one (1) independent living unit of their choice, for the life of the resident or until the Continuing Care Agreement is terminated. In addition to occupancy privileges, the CCRC agrees to provide the following to continuing care residents for the duration of the Continuing Care Agreement at no additional cost:

- Three (3) meals daily
- Weekly housekeeping
- Weekly laundering of bed linens and towels
- Utilities (excluding telephone)
- Either cable or satellite basic television service
- Scheduled recreational and community activities (admission fees for events or outside meals are not included)
- Interdenominational services
- Mail service (postage is Resident's responsibility)
- Emergency Response System
- Access to library
- Parking
- Scheduled transportation within 10 miles (not to include supervision).

The following products and services are available, or can be arranged for, at an additional charge:

- Physicians and dental care
- Podiatry
- Ophthalmology/Optometry
- Speech therapy/Audiology
- Physical therapy
- Occupational therapy
- Lab services
- Medications/Medical and/or Ancillary Supplies/Equipment
- Eyeglasses/Dentures
- Telephone/telephone amplifier

- Dry cleaning
- Beauty/Barber shop services
- Daily newspaper
- Personal laundry service
- Home health nurses, aides, or companion service

Assisted Living Services: Continuing care residents will receive preferential placement amongst all similar applicants for admission to Seneca Manor, an assisted living facility located on the campus of the CCRC. Seneca Manor is operated by an affiliate of Boncrest. The cost of a continuing care resident's assisted living services at Seneca Manor is not included in the Entrance Fee and Monthly Service Fee. Continuing care residents are required to enter into a separate admission agreement with Seneca Manor and will be billed separately by Seneca Manor for all assisted living charges.

Skilled Nursing Services: Continuing care residents will receive preferential placement amongst all similar applicants for admission to the CCRC' s skilled nursing facility. The cost of a continuing care resident's skilled nursing care at the CCRC' skilled nursing facility is not included in the Entrance Fee and Monthly Service Fee. Continuing care residents are required to enter into a separate admission agreement with the CCRC' skilled nursing facility and will be billed separately by the CCRC' skilled nursing facility for all skilled nursing charges.

7(a). DEPOSITS AND ENTRANCE FEES

A. **Deposits:** To reserve a particular apartment unit during the application process, prospective continuing care residents must pay a specific deposit in the amount of $500.00 ("Specific Deposit"). Payment of the Specific Deposit gives the prospective resident ("Depositor") the right of first refusal should another prospective resident desire to select the same apartment unit. In the event another prospective resident desires the same apartment unit held by the Depositor, the Depositor must, within seven (7) days of the notice, commit to a move-in date not to exceed thirty (30) days from the date of the notice. If the Depositor does not commit to a move-in date within seven (7) days of the notice, the particular apartment unit will be offered to the second prospective resident. The Depositor must then select another apartment unit and commit to a move-in date or be placed on a wait list until an appropriate apartment unit is available.

The Specific Deposit will be applied to the Depositor's Entrance Fee, which is due upon residency at the CCRC. The Specific Deposit is non-refundable, unless there is a change in the health status of the Depositor prior to admission rendering the independent living setting unsuitable for the Depositor's health needs. In order to receive a refund of the Specific Deposit due to health reasons, the Depositor must provide the CCRC with a written physician's statement indicating the Depositor is unable to reside in an independent living setting due to the Depositor's health condition.

B. **Entrance Fees:** Residents are required to pay a one-time, initial Entrance Fee based upon the Entrance Fee Option selected. A resident's Entrance Fee is due upon residency at the CCRC. Ten percent (10%) of the resident's Entrance Fee shall be surrendered to the CCRC immediately upon the Occupancy Date to offset administrative fees. In the case of a shared living unit, only one Entrance Fee will be required that will cover both residents. A resident has the right to rescind the Continuing Care Agreement, without penalty or forfeiture, within seven (7) days after making an initial deposit or executing the Continuing Care Agreement. The CCRC will refund the Entrance Fee within sixty (60) days after the Resident, and any Second Resident, vacates the Living Unit. Any refund due will be reduced by any outstanding charges owed to the CCRC including any costs incurred by the CCRC to restore the living unit to its condition on the resident's Occupancy Date.

Residents may choose among the following Entrance Fee Options:

(1) STANDARD RESIDENTIAL AGREEMENT

Residents choosing the Standard Residential Agreement are required to pay an Entrance Fee prior to occupancy in the amount of $45,000.00. Residents shall be entitled to a 90% refund of the Entrance Fee, less 2% of the Entrance Fee for each month of residency for 45 months. Under Option One, after 45 months of residency, there shall be no refund of the Entrance Fee to the resident or the resident's estate.

(2) 50% REFUNDABLE ENTRANCE FEE OPTION

Residents choosing the 50% Refundable Residential Agreement are required to pay an Entrance Fee prior to occupancy in the amount of $67,500.00. Residents shall be entitled to a 90% refund of the Entrance Fee, less 2% of the Entrance Fee for each month of residency for the first 20 months. Under Option Two, after 20 months of residency, the resident or the resident's estate shall always be entitled to a refund of 50% of the Entrance Fee.

C. **Rescinding/Refunding Deposits:** A resident has the right to rescind the Continuing Care Agreement, without penalty or forfeiture, within seven (7) days after making an initial deposit and executing the Continuing Care Agreement. **See Section 11**.

7(b). MONTHLY SERVICE FEES

A. **Monthly Service Fee and Periodic Increases:** Residents are required to pay a Monthly Service Fee which shall not exceed 75% of the current monthly rent rate charged to residents not opting for a Continuing Care Agreement. The monthly rates vary depending upon the particular unit selected by the resident. The CCRC shall provide for advance notice to its residents of not less than thirty (30) days before any change in fees or charges or the scope of care or services may be effective. The CCRC reserves the right to increase the Monthly Service Fee, when necessary, to provide sound financial conditions for the CCRC and quality of services to its residents. Additional products and services may be purchased for extra charge.

B. **Representative Sample of 2023 Fees and Charges:** A representative sample of the 2023 entrance fee and periodic charge ranges for the various units at Seneca Place are listed below. Rates represent one resident in the unit (there is an additional charge for additional residents in the same unit). A complete listing of all units, including entrance fees, monthly service fees and additional person fees are shown on the Rate Sheets, attached as **Exhibit C**.

Seneca Hills Village			
Unit Type*	**Entrance Fee Ranges (dependent on selected unit and entrance fee option)**	**Monthly Service Fee – Entrance Fee Residents**	**Monthly Service Fee - Rental Choice Residents**
Studio	$45,000 - $67,500	75% of the current rental fee schedule	$2,636
One Bedroom	$45,000 - $67,500	75% of the current rental fee schedule	$3,611
Two Bedroom	$45,000 - $67,500	75% of the current rental fee schedule	$4,467

Lighthouse Pointe at Chapel Harbor			
Unit Type*	**Entrance Fee Ranges (dependent on selected unit and entrance fee option)**	**Monthly Service Fee – Entrance Fee Residents**	**Monthly Service Fee - Rental Choice Residents**
Studio	$45,000 - $67,500	75% of the current rental fee schedule	$2,976

One Bedroom	$45,000 - $67,500	75% of the current rental fee schedule	$4,059
Two Bedroom	$45,000 - $67,500	75% of the current rental fee schedule	$4,460

*At this time, entrance fees do not vary by unit type.

Using the one bedroom and two-bedroom traditional units as represented in the chart above, the chart below demonstrates annual increases for a five year period, along with the percentage of annual increase. (Note: Entrance Fees have not been increased since 2018. Therefore, only monthly fee increases are reflected below.)

Location and Apartment Type	Year	Percentage Increase	Monthly Service Fee	Daily Rate
Seneca Hills Village – Studio	2021	2.5%	$2,033	$67.50
	2022	2.5%	$2,084	$68.52
	2023	4.0%	$2,168	$71.28
	2024	17.5%	$2,547	$83.74
	2025	3.5%	$2,636	$86.66
Seneca Hills Village – One Bedroom	2021	2.5%	$2,483	$81.63
	2022	2.5%	$2,546	$83.70
	2023	4.0%	$2,648	$87.06
	2024	33.4%	$3,489	$114.71
	2025	3.5%	$3,611	$118.72
Seneca Hills Village – Two Bedroom	2021	2.5%	$2,920	$96.00
	2022	2.5%	$2,993	$98.40
	2023	4.0%	$3,113	$102.35
	2024	38.6%	$4,316	$141.90
	2025	3.5%	$4,467	$146.86
Lighthouse Pointe – Studio	2021	2.5%	$1,991	$65.46
	2022	2.5%	$2,041	$67.10
	2023	4.0%	$2,122	$69.76
	2024	35.5%	$2,875	$94.52
	2025	3.5%	$2,976	$97.84

Location and Apartment Type	Year	Percentage Increase	Monthly Service Fee	Daily Rate
Lighthouse Pointe – One Bedroom	2021	2.5%	$2,959	$97.28
	2022	2.5%	$3,033	$99.72
	2023	4.0%	$3,155	$103.73
	2024	24.3%	$3,922	$128.94
	2025	3.5%	$4,059	$133.45
Lighthouse Pointe – Two Bedroom	2021	2.0%	$2,966	$97.51
	2022	0.7%	$2,988	$98.24
	2023	4.0%	$3,107	$102.15
	2024	38.7%	$4,309	$141.67
	2025	3.5%	$4,460	$146.63

8. STATUTORY LIQUID RESERVE

The CCRC will establish an account to provide reserve funding/security to ensure the CCRC will be able to fully perform its continuing care contract obligations. The statutory liquid reserve fund is mandated by Pennsylvania's Continuing-Care Provider Registration and Disclosure Act; and is required to be an amount equal to or exceeding ten percent of the projected annual operating expenses of the facility (exclusive of depreciation). The amount of required reserve funds is computed only on the proportional share of operating expenses that are applicable to residents under continuing care agreements at the end of the provider's most recent fiscal year. The calculation of the required reserve will be detailed in the notes to the CCRC's audited financial statements. The statutory liquid reserve will be maintained in a separate account that will be managed/overseen by the CCRC's Chief Financial Officer.

9. CERTIFIED FINANCIAL STATEMENTS OF PROVIDER

Provider will supplement this Disclosure Statement with the certified financial statements upon receipt.

10. RESIDENT AGREEMENTS

The form of resident agreements are attached hereto as **Exhibit E.**

11. NOTICE OF RIGHT TO RESCIND

Resident’s Notice of Right to Rescind is attached hereto as **Exhibit D.**

12. DISCLOSURE STATEMENT DISTRIBUTION

The CCRC shall deliver a copy of this Disclosure Statement to each resident that has entered, or who intends to enter, into a continuing care agreement with the CCRC. This will occur annually after the Disclosure Statement is file with the Pennsylvania Insurance Department Commissioner, and prior to the CCRC's acceptance of any portion of an application or entrance fee, or prior to execution of the continuing care agreement, whichever comes first.

The CCRC may amend this Disclosure Statement at any time if, in the opinion of the CCRC, an amendment is necessary to prevent the Disclosure Statement from containing any material misstatement of fact or omission. Any amended Disclosure Statement will be filed with the Pennsylvania Insurance Department Commissioner prior to delivery to any current or prospective continuing care residents.

SENECA PLACE

Disclosure Statement

Exhibit A

Certificate of Authority

EXHIBIT A

Certificate of Authority

Certificate of Authority issued by the Pennsylvania Insurance Department on March 20, 2024 is attached.

Commonwealth of Pennsylvania

INSURANCE DEPARTMENT
Certificate of Authority

to operate a Continuing Care Retirement Community

This is to certify that

Seneca PID, LLC

located in Brookhaven, Georgia has complied with the provisions of the Continuing Care Provider Registration and Disclosure Act, Act of June 18, 1984, P.L. 391, No. 82, with respect to the following continuing care facilities, namely;

Seneca Hills Village
Verona, PA 15147

Lighthouse Pointe at Chapel Harbor
Pittsburgh, PA 16301

NOW, THEREFORE, I, Michael Humphreys, Insurance Commissioner of the Commonwealth of Pennsylvania, in accordance with the authority vested in me by law, do hereby authorize and empower the said Provider to transact the business of continuing care in accordance with the laws of the Commonwealth of Pennsylvania.

The authority granted hereby shall continue unless revoked in accordance with said Act.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the official seal of the Insurance Department at the City of Harrisburg this _20th__ day of _March_____, 2024.

_____
Insurance Commissioner

SENECA PLACE

Disclosure Statement

Exhibit B

Board of Directors

EXHIBIT B

Board of Directors of Boncrest Resource Group, Inc.
(Parent of Seneca PID, LLC):

Additional information for each individual may be found in their NAIC Biographical Affidavit submitted to the Department

Maurice Max Rosenbaum – COO and President of Boncrest Resource Group, Inc.

Boncrest Resource Group, Inc.
4062 Peachtree Road NE, Suite A501
Brookhaven, GA 30319-3021

Current Positions Held:

- Director and President of Boncrest Resource Group, Inc. (April 2019 – present).

  Boncrest Resource Group, Inc.
  4062 Peachtree Road NE, Suite A501
  Brookhaven, GA 30319-3021

- Mentor and Advisor of Insight Optics. The goal of Insight Optics is to increase compliance rates by bringing trained ophthalmologists to the point of primary care. Their mobile imaging network allows primary care physicians to record and forward fundus examinations to local ophthalmologists for review. This increases the screening, diagnostic, and monitoring capabilities at the primary level while providing patients with earlier disease detection and treatment options. (2019).

  4062 Peachtree Road NE, Suite A501
  Brookhaven, GA 30319-3021

- Chief Product Officer and Senior Advisor of nView Health, a cloud-based delivery platform empowering physicians and care providers to meet quality care guidelines, manage costs, and be reimbursed for time and expense. Delivered international versions of many different test products for CRO's and Clinical Trial work in many different countries. (2019 to 2022).

  3525 Piedmont Road NE
  Building 6, Suite 310
  Brookhaven, GA 30305

- Executive Vice President of Quatris Healthco, a cloud electronic medical records and practice management solutions company that helps small practices boost financial performance and improve patient care. (2017 – 2018).

  Quatris Healthco
  3301 Airport Freeway, Ste. 350

Bedford, TX 76021

- President, Founder & Chief Executive Officer of Healthsystems, a healthcare IT company that Specializes in physician office technology solutions with expertise in Electronic Medical Records (EMR) and Practice Management (PM) applications. Healthsystems was sold to Quatris Healthco in 2017. (2000-2017).

  Quatris Healthco
  3301 Airport Freeway, Ste. 350
  Bedford, TX 76021

Amelia Baker – Director and Secretary of Boncrest Resource Group, Inc.

4062 Peachtree Road NE, Suite A501
Brookhaven, GA 30319-3021

Current Positions Held:

- Director of Boncrest Resource Group, Inc. (June 2021 to present).

  Boncrest Resource Group, Inc.
  4062 Peachtree Road NE, Suite A501
  Brookhaven, GA 30319-3021

Frank E. Corrigan, Jr. – Director of Boncrest Resource Group, Inc.

4062 Peachtree Rd. NE, Ste. A501
Brookhaven, GA 30319-3021

Current Positions Held:

- Director of Boncrest Resource Group, Inc. (June 2021 to present).

  Boncrest Resource Group, Inc.
  4062 Peachtree Road NE, Suite A501
  Brookhaven, GA 30319-3021

- Senior Vice President and Portfolio Manager Director at Morgan Stanley, a multinational investment management and financial services company. (1992 to present).

  Morgan Stanley
  3455 Peachtree Rd., Ste. 1400
  Brookhaven, GA 30326

Oren Bradley Payne – Director of Boncrest Resource Group, Inc.

4062 Peachtree Road NE, Suite A501
Brookhaven, GA 30319-3021

Current Positions Held:

- Director of Boncrest Resource Group, Inc. (12/3/2024 to present).

  Boncrest Resource Group, Inc.
  4062 Peachtree Road NE, Suite A501
  Brookhaven, GA 30319-3021

Fred Phillip Benjamin – Director of Boncrest Resource Group, Inc.

4062 Peachtree Road NE, Suite A501
Brookhaven, GA 30319-3021

Current Positions Held:

- Director of Boncrest Resource Group, Inc. (12/3/2024 to present).

  Boncrest Resource Group, Inc.
  4062 Peachtree Road NE, Suite A501
  Brookhaven, GA 30319-3021

Officers of Oakdale Seniors Alliance, LLC
(Manager of CCRC)

Additional information for each individual may be found in their NAIC Biographical Affidavit submitted to the Department

Cynthia (Cyndi) Matheny – President of Oakdale Seniors Alliance, LLC

2602 East Main Street, Suite 200,
Chattanooga, Tennessee 37404

Current Positions Held:

- President of Oakdale Seniors Alliance, LLC (June 2022 to present).

  Oakdale Seniors Alliance, LLC
  2602 East Main Street, Suite 200,
  Chattanooga, Tennessee 37404

SENECA PLACE

Disclosure Statement

Exhibit C

Rate Sheet

EXHIBIT C

Rate Sheet

[Please see attached]

Lighthouse Pointe 2025 Rates

Room		Size (SQ FT)	Monthly Rent
A Efficiency		414	$2,976
B Efficiency w/ patio		414	$2,995
C Efficiency		438	$3,045
D Efficiency		538	$3,186
E Efficiency w/ den		576	$3,219
F Efficiency		510	$3,170
G Efficiency w/ balcony		447	$3,111
H One Bedroom w/ den		784	$4,675
I One bedroom		666	$4,216
J One bedroom		751	$4,567
K Bedroom w/ balcony or patio		751	$4,583
N One bedroom w/ Balcony or patio		724	$4,527
O One Bedroom		724	$4,457
P One bedroom w/ balcony or patio		766	$4,676
Q One bedroom w/ balcony or patio		629	$4,085
R One bedroom		629	$4,059
U One bedroom		641	$4,177
V Onebedroom w/ Balcony		718	$4,472
W One Bedroom		886	$4,819
X One Bedroom		718	$4,425
S Two Bedroom w/ one bath		754	$4,460
T Two Bedroom w/ one bath		773	$4,641
L Two Bedroom w/ balcony or patio		758	$4,872
M Two Bedroom w/ one bath		758	$4,460
Y Two Bedroom w/ balcony or patio		967	$5,379

Z Two Bedroom w/ two bath	967	$5,229
A Two bedroom w/ two bath & balcony	902	$5,154
BB Two Bedroom w/ two bath & Balcony	962	$5,363
Above rents are based on single occupancy, for a second person in any apartment, add $518		

Seneca Hills Village 2025 Rates

Unit Description		Size (SQ FT)	Monthly Rent
Efficiencies			
A Studio/Efficiency		370	$2,636
B Studio/Efficiency		438	$3,111
C Studio/Efficiency		454	$3,131
D Studio/Efficiency		535	$3,278
E One Bedroom		536	$3,611
F One Bedroom		540	$3,755
G One Bedroom		550	$3,799
H One Bedroom		555	$3,799
I One Bedroom		560	$3,799
J One Bedroom		563	$3,799
K One Bedroom		576	$3,987
Two Bedroom		925	$4,467
Above rents are based on single occupancy, for a second person in any apartment, add $518			

Seneca Manor 2025 Rates

Room	Size (SQ FT)	Core	Enhanced 1	Enhanced 2
A Studio/Efficiency	336	$4,405	$4,931	$5,455
B Studio/Efficiency	350	$4,503	$5,029	$5,554
C Studio/Efficiency	443	$5,168	$5,694	$6,218
D Studio with Den	517	$5,694	$6,219	$6,744
E One Bedroom	555	$5,963	$6,744	$7,013
Second Person (In addition to above)		$2,013	$2,539	$3,064

SENECA PLACE

Disclosure Statement

Exhibit D

Notice of Right to Rescind

NOTICE TO RESCIND

In the event that you execute a Resident Agreement to the Continuing Care Community for one of the various types of living arrangements at Seneca Place, you may rescind and terminate your said Agreement without penalty or forfeiture, within seven (7) days of the date on which you execute said Agreement. You are not required to move into the continuing care facility before the expiration of this seven (7) day period. No other Agreement or Statement you sign shall constitute a waiver of your right to rescind your Agreement within the seven (7) day period.

To rescind your Resident Agreement, mail or deliver a signed and dated copy of this Notice and/or other dated written notice or letter stating your desire to rescind to:

Seneca Place
5360 Saltsburg Road
Verona, PA 15147

no later than midnight of the seventy (7^{th}) day beyond the date on which you executed said Agreement.

Pursuant to this notice, I hereby cancel my Resident Agreement at [Seneca Hills Village OR Lighthouse Pointe at Chapel Harbor].

Date: _____ _____
Prospective Resident's Signature

Date: _____ _____
Prospective Resident's Signature

Date: _____ _____
Witness

SENECA PLACE

Disclosure Statement

Exhibit E

Resident Agreements

EXHIBIT E

Resident Agreements

[Please see attached]

LIGHTHOUSE
POINTE VILLAGE
An Oakdale Seniors Alliance Supported Community

RENTAL AGREEMENT

This rental agreement ("Rental Agreement"), entered into this _____ day of _____, 2024: by and between _____ ("Resident"), and ***Lighthouse Pointe at Chapel Harbor*** ("Owner"). Owner agrees to rent Apt. No. _____, ***500 Chapel Harbor Drive, Pittsburgh, PA 15238*** (the "Apartment") to Resident for a monthly rental amount of $_____, payable on the first day of each and every month beginning on _____, 2024. Rent payments are to be delivered to the Owner's Manager office. A late fee of $25.00 will be charged for rent payments made after the 6th day of each month. The monthly rent amount will not change during the first twelve (12) months of occupancy. The Owner may raise the monthly rent amount after the first twelve (12) months of occupancy but shall give Resident at least thirty (30) advanced written notice days before the increased monthly rent amount goes into effect.

It is further mutually agreed between Owner and Resident as follows:

1) The Apartment shall be occupied by no more than _____ person(s). Guest stays are allowed for a reasonable period of time as determined by the Owner.
2) Resident shall not violate any city ordinance or state law in or about said Apartment.
3) If Resident fails to pay the monthly rent or other charges promptly when due, or to comply with any other terms or conditions of this Rental Agreement, Owner, at Owner's option and after proper written notice, may terminate this agreement.
4) Resident shall maintain the apartment in a clean and sanitary condition at all times. Resident shall deposit with owner, as a security deposit, the sum of $_____. Owner may claim (withhold) of the security deposit only such amounts as are reasonably necessary to remedy the following circumstances:
    a) for non-payment of, or shortage in payment of rent; and
    b) to repair damages to the premises caused by Resident, or to return Apartment to its original condition upon termination of this contract (excluding normal wear and tear, as determined by Owner), including but not limited to cleaning/replacement of carpet, drapes, bathroom tile, doors, or other equipment and furnishings, and repair of walls.
5) All apartment maintenance shall be provided by the Owner or its designated representative. No outside contractors are permitted. This is to ensure our Resident's apartments are maintained to the highest standards, and includes returning the apartment to its original condition upon termination of this contract.

    Maintenance services will be billed to the Resident at the current cost of materials and labor, plus a 15% service charge. If the maintenance services are provided by a third party contractor at the request of the Owner, the charges will be billed to the Resident at actual cost.

If provided unit furnishings require repair, cleaning, or replacement during residency or upon termination of this contract, the Resident will be billed for maintenance costs on a pro-rated basis. If the furnishings requiring repair or replacement are past the expected useful life the maintenance costs will be absorbed by the Owner. Expected useful lives of unit furnishings are as follows:

- Carpet 5 Years
- Paint 3 Years
- Draperies/Blinds 5 Years

Owner reserves the right to charge Resident, during his or her stay, for damages he or she caused to the Apartment or other areas of the building.

6) Owner shall pay interest on security deposits in excess of $100.00 beginning with the 25th month of occupancy. This interest will be paid at the end of the third and each subsequent year of tenancy minus one percent of security deposit as an administrative fee.

7) Owner shall pay for either cable or satellite television service, as determined by Owner, all gas, electric, heat, water, power and other services used in said Apartment except as follows: Resident shall pay for any and all charges incurred in obtaining telephone service.

8) Owner will provide three meals daily.

9) Owner will provide weekly housekeeping service consisting of general cleaning of the Apartment and changing the bed linens. Owner shall not be responsible for cleaning areas of the Apartment when such cleaning necessitates the removal of objects, which could be broken or damaged.

10) Owner shall not be liable for lost or stolen property of the Resident whether owned, leased and/or rented, including but not limited to loss or damage due to fire, water, windstorm, or any other peril or hazard. ***Resident is strongly encouraged to maintain such fire, casualty and theft insurance on his or her personal property, fixtures and/or other property utilized in connection with its occupancy of the Apartmen****t*. Resident will cause all insurance policies maintained by Resident with respect to the Apartment to contain a provision in which the insurer waives all rights of recovery and subrogation against the Owner as the result of negligence of such part or Owner and Owner's agents, employees, contractors and/or invitees. Resident hereby releases and relieves his or her entire right of recovery against the Owner for lost or stolen property that he or she has insured against as recommended by this paragraph, whether or not due to the negligence of the Owner or Owner's agents, employees, contractors and/or invitees. In other words, Resident shall recover for any lost or stolen property through his or her insurance policy and not from Owner or Owner's agents, employees, contractors, and/or invitees.

11) Resident recognizes that the Owner's apartments are designed and operated for the generally healthy retiree and those residents must be capable of living independently of management. In the event the health of Resident declines to the point that he or she can no longer care or provide care for his/her personal needs for health or safety reasons, the Owner's manager shall notify the family, or party responsible for Resident, who will then make arrangements to transfer the Resident to another facility.

12) Resident agrees to abide by the resident guidelines established by Owner for this apartment facility.

13) This Rental Agreement may be terminated by either party giving to the other at any time not less than thirty (30) days notice in writing prior to the date designated in the notice for termination of the occupancy, whereupon the Rental Agreement shall terminate on the date designated.

14) If Resident, or someone in Resident's control, irreparably endangers the health or safety of Owner or other residents, or irreparably damages or threatens immediate irreparable damage to the Apartment, Owner, after 24 hours written notice specifying the causes, may immediately terminate the Rental Agreement and take possession in the manner provided by law.

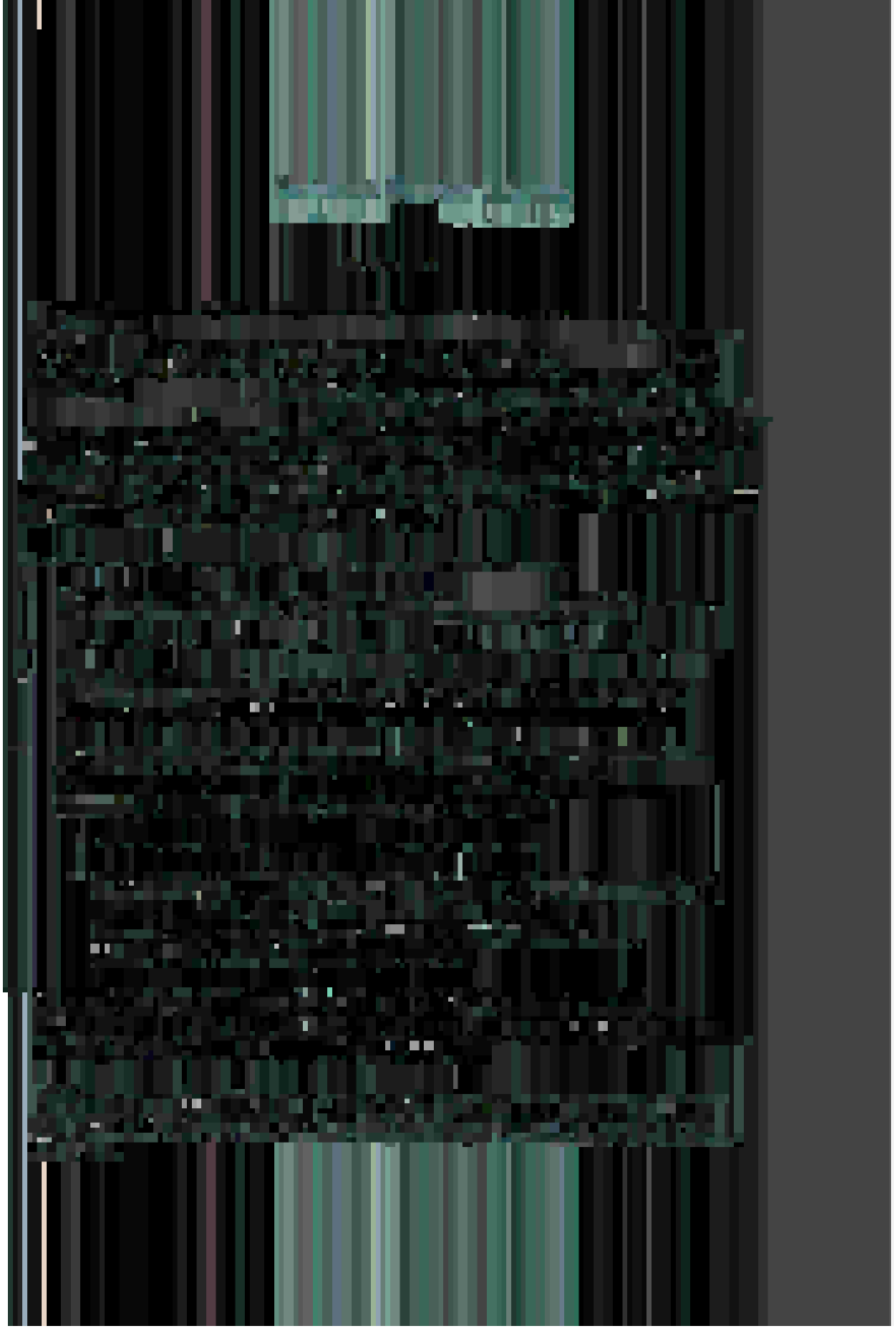
15) Resident shall reimburse Owner for the reasonable costs and expenses, including reasonable attorney's fees, incurred to collect any amounts owed to Owner under this Rental Agreement.

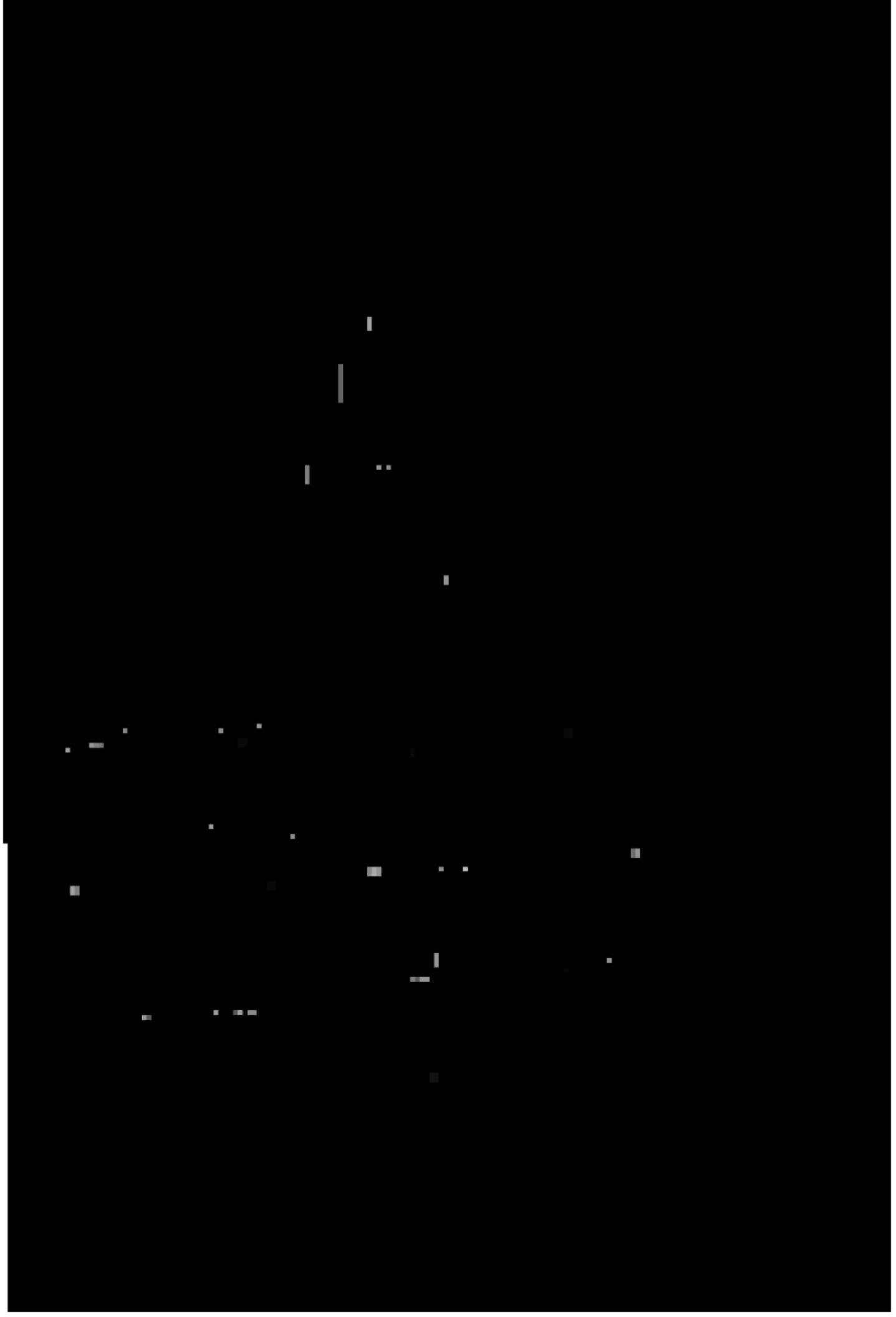
In Witness whereof, the parties hereto have executed this Rental Agreement in duplicate the day and year first above written.

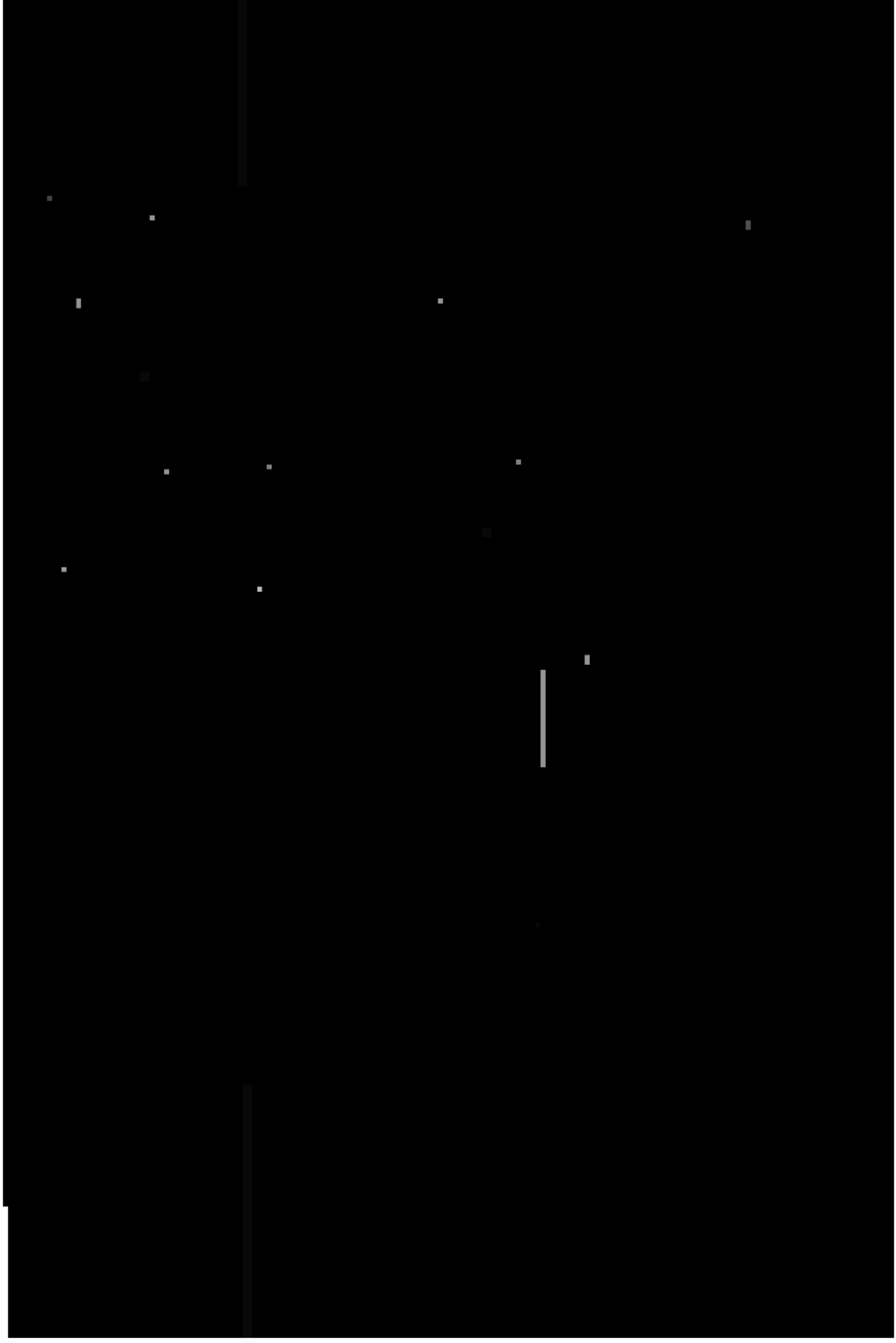
(Resident)	(Date)
(Resident)	(Date)

Witnessed By:

(Manager)	(Date)







Seneca Senior Living
An Oakdale Seniors Alliance Supported Community

Seneca Place No Smoking Policy

Seneca Place is committed to improving and protecting the health and wellbeing of our residents, visitors, employees, and volunteers. As part of our ongoing effort to meet this responsibility, our employees, physicians, volunteers, contractors, students, and others acting for Seneca Place are not permitted to smoke or use tobacco products while on the campus.

We recognize the policy for smoke-free campuses may impact some of our current residents who smoke, so we are making an exception for those residents who were admitted prior to July 1, 2016, and who smoked at the time of admission. Only those residents will be permitted and continue to use tobacco products while on the campus in specifically designated areas in accordance with facility guidelines.

If you have any questions or concerns about this policy, please feel free to see any member of the management team or contact the facility's administrator.

Thank you,



Laura E. Scales, NHA
Administrator, Seneca Place

Seneca Senior Living
An Oakdale Seniors Alliance Supported Community

Seneca Place Resident Room Safe Operating Instructions

1. **To lock the safe:** enter any 3 to 6 digit code then press #. [CLOSED] will appear and the safe is now locked.
    a. **Example:** 123345# [CLOSED]
    b. **ALWAYS make sure your safe is locked before walking away.**
2. **To unlocke the safe:** re-enter the 3 to 6 digit code that you created to lock the safe. [OPENED] will appear, and the safe is now unlocked.
    a. **Example: 123456# [OPENED]**
3. **If the code is wrong [E-CODE] or [ERROR] will appear**
4. **If you forget your code, notify social worker who will then notify our maintenance department to provide assistance to you to lock/unlock as necessary.**

Seneca Senior Living
An Oakdale Seniors Alliance Supported Community

ADMISSION AGREEMENT

Seneca Place

Resident First: _____Middle: _____Last: _____

Address_____

Date of Birth ___/___/____ Gender: Male/Female Primary Phone:( ) _____

Responsible Party Name, if applicable: _____

Admission Date: _____ Deposit Amount: _____

This Admission Agreement is made between **Facility: Seneca Place** and _____. Resident and/or Responsible Party consents to have Facility and its employees and agents provide Skilled Nursing and Rehabilitative Services as outlined by this agreement.

Facility Services: Facility will provide Resident with basic room and board, routine nursing services, meals, housekeeping, linen service, as well as social and recreational activities in exchange for Resident's payment of the Semi-private Accommodation or Private Accommodation Daily Room Rate as listed on the attached Room Rate Schedule. (See Attachment A)

At Resident's request, Facility will provide Additional Services that are not included in the applicable Daily Room Rate. The Additional Services are set forth on the attached Ancillary Rate Schedule. At Resident's request, Facility will make available the services of Outside Health Care Providers for an additional charge. The charges for the Outside Health Care Providers are determined by the individual provider and will be billed separately.

Resident consents to the provision of care that may include diagnostic procedures, medical treatment, and/or admission, which the attending physician or physician's authorized agent may consider necessary or advisable. The Resident understands that this care may include tests, examinations, and medical treatment. The Resident acknowledges that any examination or treatment and all results of any examination and/ or treatment are kept confidential. The Resident also understands and agrees that others, under the direction of the physician involved in the resident's care may assist or participate in providing health care and/or medical care at the facility.

Rates and Charges: Facility has established a Room Rate Schedule that lists current room rates for the facility. A list of Ancillary Services is included in this agreement. (See Attachment B) The individual charges for these services are available in the Business Office. Both the Room Rate Schedule and list of Ancillary Services is attached to this Agreement and is made part of the Agreement. New Room Rate Schedule and list of Ancillary Services will be published listing up-

to-date information as needed. The new Room Rate Schedules and list of Ancillary Services available will become effective thirty (30) days from the date of publication.

Resident and/or Responsible Party shall pay for items and services by the 10th day of the month. Facility reserves the right to charge interest on past due accounts. Invoices due and owing for thirty (30) days or more are subject to interest charges of 1½ % per month, compounded monthly on the total unpaid balance due (18% annually). The Facility may change the manner in which its charges are formatted, computed, billed or become due. Proper notification of changes will be sent to Resident and/or Responsible Party. If legal action is required to compel payment under this Agreement, Resident and/or Responsible Party shall pay all attorney fees and costs incurred by Facility.

Release of Information and Benefit Assignment: Resident and/or Responsible Party authorize Facility to provide information to insurance carriers and to any benefit plan administrator for the purpose of evaluating and administering claims for benefits. This authorization will span the duration for the term of coverage of the policy or contract under which a claim for health benefits has been submitted. Resident and/or Responsible Party authorize payment from Medicare, Medicaid and/or Managed Care Insurance directly to the Facility for Skilled Nursing Facility benefits otherwise payable to the Resident.

Financial Disclosure: Resident shall make a complete and truthful disclosure of financial resources and income. Facility will review and rely upon Resident's representations of financial resources and income to enter into this Agreement. Resident shall be responsible for incidental and consequential damages suffered by Facility in the event that Resident's disclosure is subsequently determined to be materially false or misleading.

Medicaid (Medical Assistance) Application: Resident shall submit a complete and accurate Medicaid (Medical Assistance or MA) benefits application to the County Assistance Office no later than two (2) months prior to the date upon which Resident's financial resources will be equal to the Resident's accrued liabilities (unpaid bills) plus the Medicaid (MA) resource allowance. With the exception of bona-fide Medicaid (MA) planning, Resident shall not disqualify himself or herself from receiving Medicaid (MA) by transferring assets without receiving reasonably equivalent value.

Benefits Applications: If benefits are needed to assist Resident in paying the Facility for the stay, Resident agrees to apply for benefits. Resident gives Facility the right to apply for Benefits on Resident's behalf if Resident is unable to do so. Resident gives Facility the right to appeal any adverse benefit determination on Resident's behalf if Resident is unable to do so. Resident gives Facility the right to receive benefit payments on Resident's behalf if Resident is unable to do so. These benefits may include but are not limited to Medical Assistance, Veteran's Benefits and Social Security.

Power of Attorney: Resident shall furnish a power-of-attorney naming an agent or any advance directives in existence. If a power-of-attorney is in force, Resident shall have the agent enter into and execute Facility's Admission Agreement as a cosigner.

Health Information Exchange: Health care providers securely share your health information among participating providers who provide healthcare services to you through various electronic means (each an "Exchange"). This gives your participating caregivers the benefit of accessing the most current information available from your other participating caregivers when they take care of you. You have the right not to participate in these Exchanges. If you choose not to participate in the Exchanges, your health information will not be accessible to other providers. However, it does not affect the information that was exchanged prior to the time you chose not to participate. Please notify the Facility if you choose not to participate.

Guardianship: Resident consents to have Facility petition the court to appoint a guardian for Resident in the event that Resident becomes incapacitated and in need of assistance with personal affairs. Resident consents to the release of medical records to attorney, physicians, psychologists, and courts as may be needed to determine capacity.

Responsible Party's Duties: As the Responsible Party you may have legal access to the Resident's income or resources and the Facility requests delivery of any documents supporting such authority to the Facility. Responsible Party will pay for any and all charges incurred by the Resident to the Facility from the Resident's income or resources. If there is a change in the payer source for the Resident, Responsible Party will notify the Facility immediately to prevent any loss of benefits to cover the stay. Responsible Party agrees to assist in the discharge planning for the Resident to a safe and secure environment. Responsible Party agrees to abide by the Facility's policies and procedures. Responsible Party will notify the Facility immediately and in writing if the Resident's financial resources are depleted. When the Resident's resources are depleted, Responsible Party will assist in completing a Medical Assistance Application on behalf of the Resident. This includes providing all necessary documentation as required by the Medical Assistance program in a timely manner. Responsible Party will not misappropriate the Resident's income or resources or use them for the benefit of someone other than the Resident. Responsible Party will be personally liable for the payment of all charges to the Facility if funds are misappropriated.

Consent to Photograph: By signing this agreement, Resident gives consent for Facility to take photographs for identification and/or medical purposes at any time during the stay at the Facility. Photographs taken during activities will not be used in advertising for the Facility without a separate consent.

Indemnification: Resident shall pay for any damages or injuries caused by Resident to Facility, third parties, other residents, staff or agents. Resident shall indemnify and hold Facility harmless from any claims, actions or proceedings against Facility resulting from Resident's actions. Resident shall abide by the policies and rules set forth in Resident Handbook. The Resident Handbook may be amended and reissued at the discretion of the Facility.

Medicare and Medicaid: The Medicare and Medicaid programs only pay for specific items and services. The specific items and services for which Medicare or Medicaid may pay are set forth in the Ancillary Schedule. Resident shall be responsible to pay for any item or service that Resident

requests that is not covered by the Medicare or Medicaid program. Additionally, Resident and/ or Responsible Party shall be responsible for any Medicare or Medicaid co-payments, deductibles and/or patient liability amounts.

Health Insurance and Managed Care: Health insurance and managed care plans only pay for specific items and services. Resident shall be responsible to pay for any item or service that Resident requests that is not covered by their plan. Additionally, Resident shall pay any co-payments, deductibles, or other amounts not covered by their plan. Health insurance and managed care plans have specific requirements that must be satisfied before the health insurance or managed care plan will pay for an item or service. Resident shall be responsible for satisfying any requirements of their plan. If any item or service is not covered by Resident's health insurance or managed care plan for any reason, including retroactive denial of coverage, Resident shall pay for that item or service.

Room Transfers: To the extent permitted by law, Resident consents to transfer to any other room or bed within Facility.

Bed Hold Private Pay/Medicare/Managed Care: If Resident is to be absent from Facility, Resident's bed will not be held during the absence unless Resident provides written notice to the contrary. If Resident notifies Facility to hold a bed, Resident will be charged the appropriate Daily Room Rate.

Bed Hold Medicaid: If Resident is to be absent from the Facility, Resident's bed will be held for a maximum of 15 days paid for by Medicaid for each hospital admission. After that time, Resident will be discharged. The Resident may be readmitted to the facility upon the first availability of a bed as long as the medical condition of the Resident requires the services provided by a skilled nursing facility.

Personal Property: Resident is responsible for furnishing and maintaining his or her own clothing and other personal need items. Facility shall not be liable for damage to, or loss of, any of Resident's personal property to a duly authorized representative. If Resident's personal property remains unclaimed for a total of thirty (30) days, Facility may dispose of Resident's property. Resident or Resident's Responsible Party shall pay all costs for storage or disposition and shall bear the risk of loss or damage.

Resident Funds: Resident has the right to manage his or her personal funds. Resident may authorize Facility in writing, on a document supplied by Facility, to hold Resident's personal funds. Authorization may be revoked at any time by written notice to Facility. If authorized by Resident to hold funds, Facility will provide an accounting of Resident's funds. Accounting records will be available upon request. Facility will deposit amounts in excess of $50.00 in an interest-bearing account separate from funds of Facility and all interest earned shall be credited to Resident's account; funds which total less than $50.00 will be placed in petty cash or noninterest-bearing account. Facility will not commingle Resident's personal funds with Facility funds. Facility will provide access to Resident's account as soon as is reasonably possible in the form of cash or check.

Medical Records: Resident authorizes any and all persons to release to Facility records pertaining to health-care services rendered by Facility. Resident authorizes Facility to make Resident's records available to: (1) Facility staff and agents (2) Outside Health-care providers, (3) Third-Party Payers, and/or (4) courts and government.

Funeral Arrangements: Facility is authorized to arrange for the transfer of Resident's body to the designated funeral home. Resident or Resident's responsible party is responsible for the payment for all costs associated with the transfer and funeral expenses.

Law and Assignment: This Agreement shall be governed by and construed in accordance with the laws of Pennsylvania, without regard to Pennsylvania conflict of law. This Agreement may be assigned by Facility.

Severability: If any provision of the Agreement is found to be invalid, the other provisions shall remain in full force as if the invalid provision had not been part of this Agreement.

Merger: This Agreement represents the entire understanding between the parties, and supersedes all previous representations, understandings or agreements, between the parties.

Modification: Facility may amend the terms of this Agreement to conform to subsequent changes in law. Otherwise, the Agreement may only be modified by a writing signed by both parties.

Waiver: The waiver of any term or provision by Facility shall not waive any other term or provision.

Acknowledgement: Resident and/or Responsible Party acknowledge:

1. Being informed of Resident's Rights.
2. Provided with a copy of "Notice of Rights of Nursing Facility Residents."
3. Receiving a copy of the Resident Handbook and the opportunity to ask questions. The Resident Handbook is subject to change at the discretion of the Facility.
4. Being informed of Facility's Policy on Advance Directives and medical treatment decisions.
5. Receiving information on Pharmacy Choice of services.
6. Bed Hold policy.
7. Notice of non-coverage of Medicare Part A.
8. Discussion of financial obligations per Medicare, Medical Assistance and private insurance limitations.
9. Being informed of the interdisciplinary care planning process.
10. Being informed of the potential for change in room, roommate and levels of care.
11. Being informed of the process for filing concerns or complaints.
12. Receipt of Notice of Privacy Practices.

Transfer and Discharge: Subject to certain notice requirements and appeal rights as detailed in the Notice of Rights of Nursing Facility Residents, Facility may transfer or discharge Resident if:

(1) it is necessary because Resident's needs cannot be met at Facility, (2) Resident's health has improved and Resident no longer needs the services provided by Facility, (3) the safety or health of others is endangered, (4) Resident has failed, after notice to pay for items and services rendered, or (5) Facility ceases to operate.

Termination by Resident: Resident may terminate this Agreement at any time by giving Facility thirty (30) days' written notice. Resident shall pay Facility's applicable Daily Rate for the balance of the thirty (30) day notice period unless Resident is a Medicare or Medicaid beneficiary.

Resident and/or Responsible Party acknowledge that Resident and/or Responsible Party have read and understand the terms of the Agreement.

By signing below, the parties agree to the terms of the Admission Agreement:

_____ _____

Resident Date

_____ _____

Facility Representative Date

If applicable:

_____ _____

Responsible Party Date

(_____)_____

Responsible Party's Telephone Number

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Attachment A

Seneca Place

Room and Board Rates Effective 02/01/2025

Resident and/or responsible party will pay the following room and board rates:

ICF Semi-Private Room Rate:	$376.00 per day
ICF Private Room Rate:	$414.00 per day
Skilled Semi-Private Room Rate:	$499.00 per day
Skilled Private Room Rate:	$533.00 per day

ATTACHMENT B

ANCILLARY CHARGES

I. Private Pay, Third Party Payers and Managed Care Organizations

The services and supplies categorically described on this Attachment are not included in the basic Room and Board Rate. Room and Board Rate includes basic room and board, routine nursing services, meals, housekeeping, linen service, as well as social and recreational activities. Therefore, Resident will be individually billed and required to pay for these items, unless covered by a third party payer or managed care organization. A complete list of ancillary items, together with the current price list is on file at the Facility's business office and is listed in the Resident Handbook.

The following items are not covered by third party payers or managed care organizations:

Personal laundry and dry cleaning
Personal care items, such as toothbrush, toothpaste, mouthwash, deodorant, hairbrush, Efferdent, tissues, razors, etc.
Beauty and Barber Shop services
Tobacco and smoking supplies, newspapers, and periodicals
Stationary, postage, and writing implements
Radios, televisions, cable service, room telephone
Transportation for non-medical purposes
Photocopies of medical records

The following items may be covered by third party payers or managed care organizations. Verification of coverage needs to be completed prior to utilizing these items. There are no guarantees that these items will be covered by third party payers or managed care organizations. The individual charges for the items listed below are determined by the vendor. If a service is required and is not covered by any other third party or managed care organization, the individual charges may be obtained from the vendor.

Transportation to medical appointments via ambulance or wheelchair
Personal physicians and specialists
Dental services and dentures
Optometrist/Ophthalmologist services and eyeglasses
Podiatry services
Special nursing services, such as hand feeding, can care for catheters, decubiti, incontinence, isolation and dressings
Therapy services, including physical, speech, occupational, audiology and respiratory therapy
Prescription and non-prescription medication
Laboratory and x-ray tests
Oxygen and related supplies
Peritoneal dialysis
Tracheotomy supplies
Ventilator rental and related supplies
Medical supplies, including but not limited to syringes, dressings, catheters, colostomy bags, tubes, surgical stockings, and all other supplies necessary for the treatment, nursing care, or well-being of the Resident
Incontinence supplies
Special equipment (for some items, a rental, rather than purchase fee is charged), such as wheelchairs, wheelchair pad, trapeze, canes, geri-chair, special mattresses, portachairs, etc.
Special, supplementary, or very low calorie prescription dietary products, including liquid for gastric and naso-gastric tubes, and any supply necessary to accomplish special feedings.

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ATTACHMENT C
SKILLED NURSING FACILITY DETERMINATION

(For ADMISSION or CONTINUED STAY denial)

SNF Name: Seneca Place ADDRESS:
DATE: _____/_____/_____
TO: Name: _____ RE: Beneficiary _____
Address: _____ Admission Date: _____
City, State, Zip _____ Medicare Number (HIC#):_____

I. TECHNICALLY INELIGIBLE ADMISSION

On ____/____/____, we reviewed your medical information available at the time of, or prior to admission, and we believe that the service(s)_____(beneficiary name) needed did not meet the requirements for coverage under Medicare. The reason is:

- ☐ You had no 3 day hospital qualifying stay
- ☐ You have previously exhausted your 100 Medicare days coverage and remained at a Medicare skilled level of care
- ☐ You are not entitled to Medicare Part A
- ☐ Your discharge from the hospital/SNF has exceeded 30 days

***** If the resident is waiving Medicare benefits complete the "Voluntary Waiver of Medicare Benefits" letter.**

II. ADMISSION or CONTINUED STAY – SKILLED CARE DENIAL

☐ **Facility Decision** ☐ **Utilization Review Committee Decision**

On __/__/__, we reviewed your medical information and found that the services furnished (you) _____ no longer qualified as covered under Medicare beginning __/__/__. The reason is:

☐ You have used the full 100 days of Medicare coverage allowed under the Medicare program for Skilled Nursing facility coverage.

☐ Medicare covers medically necessary skilled nursing care needed on a daily basis. You only needed oral medications, assistance with your daily activities and general supportive services. There is no evidence of medical complications or other medical reasons that required the skills of a professional nurse or therapist to safely and effectively carry out your plan of care. Therefore, we believe that your care cannot be covered under Medicare.

☐ Medicare covers medically necessary skilled care needed on a daily basis. You only needed _____. This does not require the skills of a licensed nurse to perform the service or to manage your care. Since you needed neither skilled nursing nor skilled rehabilitation on a daily basis, we believe your stay is not covered under Medicare.

☐ Medicare covers medically necessary skilled care needed on a daily basis. You only needed _____ after __/__/__. Since you no longer require skilled nursing and did not need skilled rehabilitation on a daily basis, we believe your stay beginning __/__/__ is not covered under Medicare.

☐ Medicare covers medically necessary skilled care needed on a daily basis. You needed skilled nursing care beginning __/__/__ to observe and evaluate your condition. There is no indication of further likelihood of significant changes in your care plan or of acute changes or complications in your condition. Since you no longer need skilled nursing or skilled rehabilitation services on a daily basis, we believe your stay after __/__/__ is not covered under Medicare.

☐ Medicare covers medically necessary skilled care needed on a daily basis. Because of your condition you needed a skilled nurse from __/__/__ through __/__/__ to evaluate and manage your care plan. Your condition has improved so the services you need can safely and

effectively be given by non skilled persons. Since you no longer require skilled nursing and did not need skilled rehabilitation services on a daily basis, we believe you stay is not covered under Medicare after __/__/__.

☐ Medicare covers medically necessary skilled nursing or rehabilitation services you need including teaching and training activities for a reasonable time where progressive learning is demonstrated. You have learned to perform the tasks ordered by your physician by __/__/__ but the therapist continued services. Since you did not need skilled services after that date, we believe your stay is not covered under Medicare beginning __/__/__.

☐ Medicare covers medical necessary skilled nursing or rehabilitation services you need including teaching and training activities for a reasonable time where progressive learning is demonstrated. You needed only to be reminded to follow the physician's instructions. This does not require the skills of a professional nurse or therapist. Therefore, we believe that this service is not covered under Medicare.

☐ Medicare covers medically necessary skilled nursing or rehabilitation services you need including teaching and training activities for a reasonable time where progressive learning is demonstrated. You received teaching and training for a reasonable time but demonstrated you were not able, at this time, to learn or make progress to perform the activities order by your physician. Therefore, we believe that skilled services are not covered under Medicare after __/__/__.

☐ Medicare covers daily skilled nursing care related to the insertion, sterile irrigation and replacement of urethral catheter if the use of the catheter is reasonable and necessary for the active treatment of a disease of the urinary tract or for patients with special medical needs. Skilled nursing is not considered medically necessary when urethral catheters are used only for mere convenience or the control of incontinence. Since your catheter was inserted for convenience or the control of your incontinence, we believe that your care is not covered under Medicare.

☐ Medicare covers medically necessary skilled rehabilitation services. The medical information shows that the only therapy services you needed beginning __/__/__ were repetitive exercises and help with waling. These do not generally require the skills or the supervision of a qualified therapist. There was no evidence of medical complications which would have required that services be performed by a qualified therapist. We believe therapy services are not covered under Medicare after __/__/__.

☐ Medicare covers medically necessary skilled rehabilitation services when needed on a daily basis. The therapy services you received were for your overall fitness and general well-being. They did not require the skills of a qualified _____ therapist to perform and /or to supervise the services. Since you did not need skilled nursing or skilled rehabilitation services we believe your stay is not covered under Medicare.

☐ Medicare covers medically necessary skilled rehabilitation services to establish a safe and effective program to maintain your functional abilities. This program was established and beginning __/__/__, the _____ therapy services you received were to carry out this program. These services do not require the supervision or skills of a _____ therapist, and therefore, we believe that the services are not/would not be covered under Medicare.

☐ Medicare covers medically and necessary skilled care when needed on a daily basis. The _____(specify services) you received is/are considered a skilled service by Medicare. However, based on the medical information provided, this/these service(s) is not/are not considered a specific and/or effective treatment for your condition. Since the service(s) you received was not/were not reasonable or necessary for the treatment of your condition, we believe your stay is not covered under Medicare.

☐ Medicare covers medically necessary skilled rehabilitation services when needed on a daily basis. While you required skilled _____ from __/__/__ to __/__/__, the medical information shows that the _____ therapy services after that time are not reasonable in relation to the expected improvement in your condition. In this case, since you do not need skilled nursing on a daily basis and the therapy services are not considered reasonable and necessary, we believe, your stay after __/__/__ is not covered under Medicare.

☐ Medicare covers medically necessary skilled care when needed on a daily basis. Although _____(service) generally requires the skills of a _____, the frequency with which the service is given must be in accordance with accepted standards of medical practice. The service(s) you received is not/are not normally needed on a daily basis. The medical information does not show medical complications which require the services to be performed on a daily basis. In this case, the services are not considered reasonable and necessary. Since you did not need skilled nursing or skilled rehabilitation on a daily basis, we believe your stay is not covered under Medicare.

This decision has not been made by Medicare. It represents ☐ our (or) ☐ the Utilization Review Committee's judgment that the services you needed did not meet or no longer met Medicare payment requirements. A bill will be sent to Medicare for services you received before __/__/__. Normally, the bill submitted to Medicare does not include services provided after this date. If you want to appeal this decision, you must request that the bill submitted to Medicare include the services we determined to be non-covered. Medicare will notify you of its determination. If you disagree with that determination, you may file an appeal.

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III. NON-CERTIFIED BED PLACEMENT CONSENT

☐ We are placing you in a part of this facility which is not appropriately certified by Medicare because you do not require a level of care that will qualify as skilled nursing care. Non-qualifying services furnished a patient in a non-certified or in an appropriately certified bed are not payable by Medicare.

IV. APPEAL RIGHTS

Under a provision of the Medicare law, you do not have to pay for non-covered services determined to be custodial care or not reasonable and necessary unless you had reason to know the services were non-covered. You are considered to know that these services were non-covered effective with the date of this notice. If you have questions concerning your liability for payment for services you received prior to the date of the notice, you must request that a bill be submitted to Medicare. We regret that this may be your first notice of the non-coverage of services under Medicare. Our efforts to contact you earlier in person or by telephone were unsuccessful. Please check one of the boxes below to indicate whether or not you want your bill submitted to Medicare and sign the notice to verify receipt.

Sincerely Yours,

_____
Signature of Administrative Officer

V. REQUEST FOR MEDICARE INTERMEDIARY REVIEW

☐ A. I do want my bill for services I continue to receive to be submitted to the intermediary for a Medicare decision. You will be informed when the bill is submitted. If you do not receive a formal Notice of Medicare Determination within 90 days of the request you should contact:

Highmark Medicare Services P.O.Box 890386 Camp Hill, PA 17089-0386

☐ B. I do not want my bill for services I continue to receive to be submitted to the Intermediary for a Medicare decision. I understand that I do not have Medicare rights if a bill is not submitted. Note: Beginning October 1, 1989, you are not required to pay for services which could be covered by Medicare until a decision has been made.

VI. VERIFICATION OF RECEIPT OF NOTICE

☐ C. This acknowledges that I received this notice of non-coverage of services under Medicare on ___/___/___.

_____
Signature of Resident or person acting on resident's behalf.
If not signed by Resident indicate signer's relationship to Resident

☐ D. This is to confirm that you were advised of the non-coverage of the services under Medicare by telephone on ___/___/___.

_____
Name of person contacted and relationship to the Resident

_____
Signature of Administrative Officer

CC: 1. Attending Physician
2. Patient's Financial Record

KEEP A COPY OF THIS FOR YOUR RECORDS

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ATTACHMENT D

Medicare Secondary Payor (MSP) Questionnaire

Resident Name:

1. Is the patient receiving Black Lung (BL) benefits? Yes_____ No_____
   If yes, record in #10 the date benefits began and the address where the claim should be sent.
   BL is primary only for claims related to BL.

2. Are the services to be paid by a government program such as a research grant? Yes_____ No_____
   Government Program will pay primary for these services.

3. Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for care at this facility? Yes_____ No_____
   If yes, record in #10 the date benefits began and the address where the claim should be sent.
   DVA is primary for these services.

4. Is the illness/injury due to a work related accident/condition? Yes_____ No_____
   If yes, record in #10 the employer's name and address, date and type of injury, claim number, and name and address of the worker's compensation plan.
   WC is primary payer only for claims related to work related injuries or illness.

5. Is this illness/injury due to a non-work related accident or was another party responsible for an accident that caused this illness/injury? If yes, record in #10 date and type of accident that caused this illness/injury, the name and address of the liability insurer responsible for coverage, and the claim number. Yes_____ No_____
   Liability insurer is primary payer only for those claims related to the accident.

6. Was the illness/injury caused by an automobile accident? Yes_____ No_____
   If yes, record in #10 the name and address of no-fault or liability insurer.
   No-Fault insurer is primary payer only for those claims related to the accident.

7. **AGE**
   a. Is the patient entitled to Medicare based on age (65 or older)? Yes_____ No_____
   If no, move to #8 If yes, complete 7b and 7c below.
   b. Is the patient or patient's spouse currently employed by an employer of 20 or more employees? Yes_____ No_____
   If yes, record in #10 the employer's name and address.
   If no, and either the patient or his/her spouse is retired, enter date of retirement in #10 below.
   c. Does the patient have Group Health Plan coverage based on the patient's or spouse's current employment? Yes_____ No_____
   If yes, enter the Group Health Plan data in #10 below. If no, move to Prior Stay Information

8. **DISABILITY**
   a. Is this patient entitled to Medicare coverage on the basis of a disability? Yes_____ No_____
   If no, move to #8e. If yes, complete 8b through 8d below.
   b. Is this patient or the patient's spouse or parent actively employed? Yes_____ No_____
   If yes, record in #10 the employer's name address.
   If no and either the patient or his/her spouse is retired, enter date of retirement in #10 below.
   c. Does the patient have Group Health Plan coverage based on his own or a family member's current employment? Yes_____ No_____
   d. Does the employer that sponsors the Group Health Plan employ 100 or more employees? Yes_____ No_____
   If yes, enter the Group Health Plan data in #10. If no, move to Prior Stay information.
   e. Is the patient covered un the Group Health Plan of a family member other than the spouse? Yes_____ No_____
   If yes, record in #10 the family member's employer's name and address.

9. **END STAGE RENAL DISEASE (ESRD)**

a. Is this patient entitled to Medicare coverage on the basis of End Stage Renal Disease (ESRD)? Yes_____ No_____
If no, move to Prior Stay Information. If yes, complete 9b through 9f below.

b. Does the patient have Group Health Plan coverage? Yes_____ No_____
If yes, enter Group Health Plan data in #10 and answer c. below. If no, move to 9d below.

c. Has this patient completed the ESRD 30-month coordination period? Yes_____ No_____

d. Has this patient received a kidney transplant? Yes_____ No_____
If yes, enter the date of the transplant in #10 below.

e. Has this patient received maintenance dialysis treatments? Yes_____ No_____
If Yes, enter the date dialysis began in #10 below.

f. If this patient participated in a self-dialysis training program, provide date training started in #10 below.

g. Is this patient entitled to Medicare on the basis of ESRD and age or ESRD and disability? Yes_____ No_____

h. Was this patient's initial entitlement to Medicare (including simultaneous or dual entitlement) based on ESRD? Yes_____ No_____

i. Does the working aged or disability MSP provision apply (i.e., is the GHP primarily based on age or disability entitlement)? Yes_____ No_____

10. Name of Insurance Company or HMO_____
Insured's Name and Policy Number_____
Employer /Address_____
Address of Insurance Co or HMO_____
Date benefits began_____
Date & type of injury/accident, Claim #_____

PRIOR STAY INFORMATION

Has this patient been confined to a hospital or skilled nursing facility within the last 60 days? Yes_____ No_____
If yes, completer the following information for each stay:

Hospital or SNF_____ Hospital or SNF_____
Address_____ Address_____
Admission Date_____ Admission Date_____
Discharge Date_____ Discharge Date_____
By Whom Verified_____ By Whom Verified_____

11. Name of person who supplied all of the above information_____
How is this person related to the resident?_____
What is this person's telephone number?_____
Date_____

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Financial Information

Date:_____
Name of Resident: _____

Address: _____

Telephone: _____ Name of Physician: _____

Social Security No._____ Medicare No: _____
(run/print/file HIQA)
Private Pay: Estimated length of time_____ Medicaid No._____

HMO/Insurance: Provider _____
ID No: _____ Group No: _____ Policy No. _____
Insurance is: Primary _____ Secondary _____ Co-insurance _____

Other Insurance: Provider_____
ID No. _____ Group No: _____ Policy No: _____
Insurance is: Primary _____ Secondary _____ Co-insurance_____

Long Term Care Insurance: Provider _____
ID No: _____ Group No: _____ Policy No: _____
Insurance is: Primary _____ Secondary _____ Co-insurance_____

Prescription PDP Drug Plan: Provider _____
ID No: _____ Group No: _____ Policy No: _____

☐ **See attached insurance card copies for information**
********Copy front and back of all insurance cards***

Has the resident granted a financial power of attorney to anyone? ____Yes ____No
(If yes, please provide a copy.)

Does the resident have a legal guardian appointed by a court? ____Yes ____No
(If yes, please provide a copy.)

INCOME

Social Security $_____
Direct deposit Social Security check into Facility Resident Trust Fund? ____Yes ____No
(If yes, complete direct deposit SSA form)

Pensions/Annuities $_____

PATIENT ASSETS
Patient Accounts
Checking Account: _____
(Name and Location of Financial Institution)
If joint checking account, please list additional names _____
Savings Account: _____
(Name and Location of Financial Institution)
If joint savings account, please list additional names _____
Trust Account: _____
(Name and Location of Financial Institution)
Other Assets *(i.e. real estate, IRA's, savings bonds, stocks, life insurance policies, brokerage accounts including account numbers)*
_____

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Acknowledgment of Admission Handbook
Consent Checklist

Resident Name _____ **Room** _____

I.	I authorize Medical Care and the Release of Information per the policy that I have received.	Yes	No
II.	Privacy Practices Acknowledgement – I have been provided with written information on the Privacy Policy of HIPPA.	Yes	No
III.	Privacy Act – I have been provided with a copy of the Privacy Act Statement for Health Care Records.	Yes	No
IV.	Civil Rights – I have been provided with a copy of the Notice of Civil Rights Compliance.	Yes	No
V.	I have received a full copy of the Seneca Place Resident Handbook for skilled nursing.	Yes	No
VI.	Advance Directive- I have been provided with a copy of "Your Rights as a patient in Pennsylvania: Making Decisions About Your Care and treatment."	Yes	No
	I / Resident _____ have _____ have not executed an Advance Directive: Circle if Applicable Living Will Power of Attorney		
	I have provided a copy to Seneca Place	N/A Yes	No
	I would like to execute one	N/A Yes	No
VII.	I have received a copy of the Bed Hold Policy	Yes	No
VIII.	I authorize assignment of benefits to Seneca Place per the policy that I received.	Yes	No
IX.	I request that my resident fund account be handled by Seneca Place.	Yes	No
X.	I give consent to attend out-of-facility functions.	Yes	No
XI.	I give consent to have my name posted on the birthday list.	Yes	No
XII.	I give consent for Photographic release for in-house functions.	Yes	No
XIII.	I would like a locked drawer for my room.	Yes	No
XIV.	I give consent to a yearly influenza and pneumonia immunization.	Yes	No

_____ _____
Signature of Resident/Responsible Party Date

_____ _____
Witness Date

ARBITRATION AND LIMITATION OF LIABILITY AGREEMENT

This agreement sets forth a dispute resolution procedure by which the parties intend to resolve all disputes which may arise between them concerning the Resident's stay in the Facility. The procedure is intended to be a speedy and economic alternative to court litigation which is often slow, time-consuming and expensive. By using private arbitration without the right to appeal, the parties are able to avoid crowded court dockets and lengthy appellate procedures. Further, the stream-lined discovery procedures enable the parties to reduce overall costs and expenses while maintaining the opportunity to develop pertinent facts.

The Resident and/or Responsible Party acknowledges that he/she voluntarily enters into this agreement and agrees to be bound by the terms and conditions stated herein.

THIS AGREEMENT CONTAINS A WAIVER OF STATUTORY RIGHTS.
PLEASE READ CAREFULLY

Signing this Arbitration Agreement is optional and not a condition of admission.

A. ARBITRATION PROVISIONS

Any and all claims or controversies between the Facility and the Resident arising out of or in any way related to or connected to the Resident's stay and care at the Facility, including, but not limited to, disputes regarding alleged personal injury to the Resident caused by improper or inadequate care, allegations of medical malpractice, and interpretation of the Agreement, whether arising our of State or Federal law, and whether based upon statutory duties, breach of contract, tort theories or other legal theories under Pennsylvania law, including provisions relating to the Resident's rights under Pennsylvania law, or a claim for unpaid nursing home or related charges, shall be submitted to final and binding arbitration. Except as expressly set forth herein, the provisions of the Pennsylvania Uniform Arbitration Act, 42 Pa. Cons. Stat. § 7301. *et seq.*, shall govern the arbitration. Each party hereby waives its right to file a court action and the right to a jury trial for any matter covered by this Agreement.

Demand for Arbitration shall be made in writing and be submitted to the other party to the Agreement via certified mail, return receipt requested; the party submitting the Demand for Arbitration is referred to as the "Submitting Party"; the party opposing the Demand for Arbitration is referred to as the "Opposing Party". The term "Facility" refers to_Seneca Place, its corporate owners, agents, employees, administrators and licensees, and all affiliates thereof. The term "Resident" means _____ and includes any legal representative, family member, agent, executor, guardian, power of attorney or any other person acting for, on behalf of or through _____.

The arbitration proceedings shall take place in a mutually agreed upon location.

The arbitration panel shall be composed of one (1) arbitrator. Subject to the requirements of Section1.5 herein. The parties shall agree upon an arbitrator who must either be a retired Pennsylvania civil court or federal judge or a member of the Pennsylvania Bar with at least ten (10) years of experience as an Attorney. If the parties cannot reach an agreement on an arbitrator within 30 days of receipt of the demand for arbitration, then the selection of an arbitrator shall be submitted to the American Arbitration Association ("AAA"), but the arbitrator

selected through AAA must still be a retired Pennsylvania state or federal judge or a member of the Pennsylvania Bar with at least ten (10) years of experience practicing as an Attorney.

The arbitrator shall be independent of all parties, witnesses, and legal counsel, and no officer, director, affiliate, subsidiary, or employee of a party, witness, or legal counsel may serve as an arbitrator in the proceeding.

Discovery in the arbitration proceeding shall be governed by the Pennsylvania Rules of Civil Procedure. However, discovery shall be limited to the following methods:

(1) if the Submitting Party is a Resident, the Resident shall provide the Facility with all of the following documents within 30 days after Demand for Arbitration is submitted (and Facility shall reimburse Resident .25¢ per copy):

(a) all nursing home, assisted living facility, hospital, physician, psychiatric, psychological and/or Department of Children and Families or Ombudsmen records regarding the Resident's stay at the Facility and the ten (10) years prior and after.
(b) a list of all nursing homes, assisted living facilities, hospitals, clinics, and physicians or other health care providers that have provided care or treatment to the Resident including an executed Medical Authorization allowing Facility to obtain copies of all such records, at Facility's expense (Facility shall provide Resident with copies of all such records upon receipt of written request from resident, but Resident must reimburse Facility .25¢ per page);
(c) resident's birth certificate;
(d) resident's death certificate;
(e) resident's autopsy report;
(f) documentation regarding any and all medical expenses which the Resident and/or Responsible Party claim were incurred due to the legal fault of the Facility;
(g) all photographs and/or video tapes regarding the Resident which were taken or recorded during the Resident's stay at the Facility;
(h) all records, memos, outlines, diaries, letters, etc. drafted by the Resident during the Resident's stay at the Facility or drafted by the resident's family or friends if such document concerns in any fashion the Resident's stay at the Facility;
(i) any sworn recorded statements to be relied upon at the arbitration hearing and including the full name, title, address and phone number of the person making the sworn statement; and
(j) proof of authority to act on behalf of the Resident.

(2) Facility shall provide the following to the Resident within 30 days after the Demand for Arbitration is received (and Resident shall reimburse the Facility 25¢ per copy):

(a) the Facility's chart regarding the Resident;
(b) the Facility's business office file regarding the Resident;
(c) any 24 Hour Reports/"Supervisors Daily Reports" regarding the Resident;
(d) any photographs taken of the Resident while at the Facility;

(e) any sworn recorded statements to be relied upon at the arbitration hearing and including the full name, title, address and phone number of the person making the sworn statement;

(3) The Submitting Party shall designate expert witnesses, if any, within 65 days after Demand for Arbitration is submitted;

(4) The Opposing Party shall have thirty (30) days after expert designation is received in which to depose such expert;

(5) The Opposing Party shall designate experts, if any, within 105 days after Demand for Arbitration is submitted;

(6) The Submitting Party shall have thirty (30) days after the Opposing Party's expert designation is received in which to depose such experts;

(7) Any report or affidavit of an expert, and a list of all records contained in the expert's file, must be exchanged no later than ten (10) working days before the date of the expert's deposition;

(8) The only depositions allowed shall be of experts and any treating physicians. No other individuals may be deposed. Each deposition shall be limited to six (6) hours per witness;

(9) The following shall be exchanged no later than fourteen (14) working days before the arbitration hearing:

(a) list of witnesses to be called at the hearing (full name, title, address and phone number, if known) and an outline of each witnesses' intended testimony;
(b) list of documents to be relied upon at hearing;
(c) any sworn recorded statements to be relied upon at hearing including the full name, title, address and phone number of the statement's declaring;

(10) The arbitration hearing shall be held no later than 180 days after Demand for Arbitration is submitted.

The arbitrator shall designate a time and place within Pennsylvania that is mutually agreeable for the final arbitration hearing and shall provide 30 days' notice to the parties of the final hearing.

The arbitrator shall apply the Pennsylvania Rules of Evidence and Pennsylvania Rules of Civil Procedure in the arbitration proceeding except where otherwise stated in this Agreement. Also, the arbitrator shall apply, and the arbitration award shall be consistent with, Pennsylvania law except as otherwise stated in this Agreement.

The arbitration award shall be made and delivered in accordance with Section 7310 of the Pennsylvania Uniform Arbitration Act, and shall be delivered to the parties and their counsel no later than thirty (30) days following the conclusion of the arbitration. The award shall set forth in detail the arbitrator's findings of fact and conclusions of law.

2.0 The arbitrator's award shall be final and binding without the right of appeal except as may be provided under Pennsylvania law.

2.1 The arbitrator's fees and costs associated with the arbitration shall be paid by the Facility except in the case of a dispute involving non-payment of Facility charges. If the dispute involves non-payment of charges, the arbitrator's fees and costs associated with the arbitration will be divided equally between the parties. The parties shall bear their own attorney's fees and costs and hereby expressly waive any statutory right to recover attorney's fees or costs.

2.2 The parties agree to maintain the confidentiality of the arbitration proceeding in all respects, including all arbitration filings, depositions, deposition transcripts, documents produced or obtained in discovery, or other material provided by and exchanged between the parties and the arbitrator's award, findings of fact and conclusions of law. In addition, following receipt of the arbitrator's award, each party agrees to return to the producing party within 30 days the original documents exchanged in discovery and at the arbitration hearing.

2.3 All claims based in whole or in part on the same incident, transaction, or related course of care or services provided by the Facility to the Resident, shall be arbitrated in one proceeding. Claims shall be waived and forever barred if it arose prior to the date upon which notice of arbitration is given to the Facility or received by the Resident, and is not presented in the arbitration proceeding.

2.4 The Limitation of Liability Provision below is incorporated by reference into this Arbitration Agreement.

B. <u>LIMITATION OF LIABILITY PROVISION:</u> Read Carefully Before Signing.

1.1 The parties to the Agreement understand that the purpose of this "limitations of Liability Provision' is to limit, in advance, each party's liability in relation to the Agreement.

1.2 Liability for any claim brought by a party to this Agreement against another party, including but not limited to a claim by the Facility for unpaid nursing home charges, or a claim by a Resident, arising out of the care or treatment received by the Resident, arising out of the care or treatment received by the Resident at the Facility, including without limitation, claims for medical negligence or violation(s) of Pennsylvania Code et. seq., arising from simple or gross negligence, shall be limited as follows:

1. Net economic damages shall be awardable, including, but not limited to, past and future medical expenses, off-set by any collateral source payments; any outstanding liens shall be satisfied from the damages awarded.
2. Non-economic damages shall be limited to a maximum of $250,000.00
3. Interest on unpaid nursing home charges shall not be awarded.
4. Punitive damages shall not be awarded.

The parties hereto each acknowledge that these limitations of liability are fair and reasonable under the circumstances.

C. WITHDRAWAL PERIOD

Each party shall have three (30) business days from the execution of this agreement to cancel the agreement by notifying the other party in writing, by certified mail return receipt requested, of its desire to cancel.

D. ACKNOWLEDGEMENTS

1.1 This Agreement constitutes the entire Agreement between the parties hereto with respect to the subject matter of this Agreement and supersedes any prior understandings, agreements, or representations by or among the parties, written or oral.

1.2 It is the intention of the Facility and the Resident and/or Responsible Party that this Arbitration Agreement shall inure to the benefit of and bind the Facility, its parents, affiliates, and subsidiary companies, owners, officers, directors, employees, successors, assigns, agents and insurers; and the Resident, his/her successors, assigns, agents, insurers, heirs, trustees, and representatives, including the personal representative or executor of his or her estate; and his/her successors, assigns, agents, insurers, heirs, trustees, and representatives.

1.3 This Arbitration Agreement is intended to be enforceable to the extent permitted by law, and shall only be limited to the extent that it is expressly prohibited or limited under applicable federal, state or local law.

1.4 In the event that any portion of the Arbitration Agreement is determined to be invalid or unenforceable, the remainder of the Arbitration Agreement will be deemed to continue to be binding upon the parties hereto in the same manner as if the invalid or unenforceable provision were not a part of the Arbitration Agreement.

_____	_____
Facility Representative Date	Resident, Responsible Party Date
Duly Authorized	Guardian or Other Legal Representative

Signing this Arbitration Agreement is optional and not a condition of admission.

Seneca Senior Living

An Oakdale Seniors Alliance Supported Community

ASSISTED LIVING ADMISSION AGREEMENT

This Agreement is made and executed this _____ day of _____, 20_____, by and between the following: _____.

Resident: _____("Resident");

Responsible Party: _____ ("Responsible Party"); &

Facility: Seneca Manor ("Facility).

Relationship of Responsible Party to Resident:_____

In consideration of the promises, commitments, and consideration herein provided for, the parties to this Agreement do hereby agree to the following:

I. CHARGES

The monthly fee for the Resident charged by the Facility is based on the room rate plus the Service Package cost. The fees are listed separately below and total a Monthly Fee of $___ _____will be charged.

A. Room Rate: Resident agrees to pay Facility the applicable monthly Base Rent. Resident selected the following living unit: _____ ("Living Unit") with a monthly Room Rate of $_____.

B. Core Service Packages: Facility provides Residents with three (3) distinct service package options based upon a Resident's specific needs, as determined by a medical examination and regular assessments.

The Independent Core Package is offered to those residents who do not require assistance with Activities of Daily Living (ADLs). The Enhanced Core Packages are offered to those residents who do require assistance with Activities of Daily Living. Services provided within the Independent and Enhanced Core Packages include the following:

1. Independent Core Service Package

This core package shall be provided to residents who do not require assistance with ADLs, and includes the following assisted living services: 24-hour supervision, monitoring and emergency response; three (3) nutritious meals per day and between meal snacks and beverages; weekly housekeeping services; laundry service for bed

linens and towels; a daily program of social and recreational activities; basic cognitive support services; assistance with unanticipated ADLs for a defined recovery period; medication administration and transportation for medical and social appointments within ten (10) miles of the facility. The monthly fee for the Independent Core Service Package is $_____.

2. Enhanced Core Service Package, Level One

This core package includes all of the assisted living services provided under the Independent Core Service Package, (as described above), and shall be provided to residents who require a moderate level of assistance with ADLS for an undefined recovery period, including but not limited to bathing, dressing, and personal hygiene. The monthly fee for the Enhanced Core Service Package, Level One is $_____.

3. Enhanced Core Service Package, Level Two

This core package includes all of the assisted living services provided under the Independent Core Service Package (as described above) and shall be provided to residents who require an extensive level of assistance with ADLs for an undefined recovery period, including but not limited to incontinence care, assistance with ambulation, transfers requiring a mechanical lift device, cueing and redirection, and scheduled or increased ADL and medical needs associated with aging in place. The monthly fee for the Enhanced Core Service Package, Level Two is $_____.

C. OPT OUT.

Seneca does not permit opting-out of core services on the grounds that they are essential to resident health and safety.

D. CHARGES FOR ANCILLARY SERVICES.

Resident shall pay for other services and supplies not covered by Resident's Core Package as set forth in Addendum 7 of this Agreement, which is incorporated into this Agreement by reference. Facility may change the charges listed in Addendum 7 upon thirty (30) days written notice.

E. SUPPLEMENTAL HEALTH CARE SERVICES.

The Facility shall provide residents with escort service to and from medical appointments. The Facility shall arrange for approved supplemental health care service providers to perform the following services including, without limitation: hospice services, occupational therapy, intermittent skilled nursing services, physical therapy, behavioral health services, home health services, and specialized cognitive support services. Supplemental health care services are priced separately and their cost is not included in the Core Package fee. Fees for supplemental health care services will vary based upon the

services provided and the service provider's prevailing rates. Service providers will bill the Resident directly for the services provided and the Resident shall pay the service provider directly for all services provided. The Facility reserves the right to deny access of supplemental health care service providers for reasons including, without limitation, poor quality of service or insurance issues. Please refer to Addendum 6 for the Facility's current fee for escort service.

F. SERVICES PROVIDED PURSUANT TO RESIDENT'S SUPPORT PLAN.

A list of the assisted living services and supplemental health care services to be provided to the Resident shall be included in the Resident's support plan and is incorporated by reference herein.

G. OBLIGATION TO PAY TIMELY.

The Facility will mail to the Resident and/or the Responsible Party at the beginning of each month a billing statement reflecting the Room Rate and Core Service Package charge for the upcoming month, along with Ancillary Service charges incurred in the prior month. Payment is due upon receipt of the billing statement.

H. LATE CHARGES AND COST OF COLLECTION.

Any charges not paid within thirty (30) days of the date of the billing statement are subject to a late charge of the lesser of one and one-half percent (1.5%) per month, for an annual rate of eighteen percent (18%), or the maximum interest rate allowed by law. The Resident and Responsible Party (if applicable) are obligated to pay the Facility the damages caused to the Facility by the Resident's and the Responsible Party's (if applicable) failure to comply with this Agreement, including attorneys' fees and costs incurred by Facility to enforce this Agreement.

I. COMMUNITY FEE.

On or before the date of occupancy, Resident shall pay to the Facility a non-refundable community fee in the amount of $500.00.

J. CHARGES FOR RESERVING RESIDENT'S APARTMENT.

The full Room Rate and Independent Core Service Package fee shall apply for the first thirty (30) days that a Resident is away from the Facility. If a Resident is away from the Facility for a continuous period exceeding thirty (30) days, only the Room Rate portion of the monthly fee will be charged from the 31st day away from the Facility until the Resident either returns to the Facility or terminates this Admission Agreement.

K. CHANGES IN FEES OR SERVICES.

The Facility reserves the right to modify fees and services set forth in this Agreement upon providing the Resident with thirty (30) days advance notice of such changes.

II. PROVISION OF SERVICES.

A. TELEPHONE USE.

The Resident will have access to a telephone in the Facility to make calls in private. Non-toll calls shall be without charge to the Resident. The designated Resident telephone location is determined by each facility. The Facility also provides telephone jacks in each apartment for private telephone lines. It is the responsibility of the Resident to secure telephone service, if desired, from the local telephone vendor. All phone charges are the responsibility of the Resident. Long distance phone service rates are determined by the Resident's long distance carrier.

B. LAUNDRY SERVICES.

The Facility will provide regular laundry service for the Resident's bed linens and towels. Under no circumstances shall the Facility's bed linens and towels leave the Facility's premises. Personal laundry services will be done by Resident or Resident's family, unless arrangements are made for personal laundry service. The fee for this service is forty ($40.00) dollars per month per resident. An additional, twenty dollars ($20.00) per month will be charged for a spouse or blood relative in the same apartment.

C. RESIDENT'S FINANCES.

1. Assistance with Financial Management.

The Resident has the right to manage his or her own finances unless a guardian is appointed for them. The Facility will not provide assistance with financial management.

2. Personal Needs Allowance.

The Resident shall retain, at a minimum, the current Personal Needs Allowance as the Resident's own funds for personal expenditure. The Personal Needs Allowance is determined by the Pennsylvania Department of Public Welfare and is the amount that a Resident shall be permitted to keep for his/her personal use.

3. Rent Rebates.

The Facility **WILL NOT** collect any portion of the Resident's rent rebate funds.

D. PHARMACY SERVICES/MEDICATIONS.

1. Residents and/or Responsible Parties who wish to furnish their own medications should be responsible for ordering and maintaining the necessary amounts. Should any medication become depleted, the Facility has the right to order medications from a pharmacy of choice and bill the Resident and/or Responsible Party accordingly.

2. The Resident may request that medications be supplied by the Facility's pharmacy. The Resident understands that they will be billed directly by the pharmacy and will be responsible for paying the pharmacy directly for those services. The pharmacy will bill all responsible third parties where possible and the Resident will be responsible for all co-payments and/or non covered medications and supplies.

III. FINANCIAL RESPONSIBILITY.

A. APPLICATION FOR ASSISTANCE.

Resident and Responsible Party are required to satisfy the financial obligations of the Resident under this Agreement from monies, assets, or other similar types of financial resources of the Resident for services provided under this Agreement. The Resident and Responsible Party are obligated to apply for all available third party payer benefits at such time as Resident's resources will no longer be sufficient to pay all Facility charges for Resident's care and stay or when directed to do so by Facility. It is the responsibility of the Resident and Responsible Party (and not the Facility) to use diligence in applying for benefits under third party payer programs.

B. MEDICAID BENEFITS.

Medicaid benefits are currently unavailable to help eligible Residents pay for the cost of their assisted living care in Pennsylvania. When Medicaid funding becomes available, the Facility may ask the Resident and/or Responsible Party to sign an addendum to this Agreement addressing the Facility's policies and procedures for Residents potentially eligible to receive Medicaid benefits.

C. DAMAGES/SPECIFIC PERFORMANCE.

The Resident is obligated to pay the Facility the damages caused to the Facility by the Resident's failure to comply with this Agreement, including attorneys' fees and costs incurred by Facility to enforce this Agreement. In addition, the Resident acknowledges a breach of this Agreement may cause irreparable injury to the Facility for which monetary damages may be inadequate or unavailable. Accordingly, the Facility will be entitled to an injunction to compel specific performance of this Agreement, in addition to all other remedies available to the Facility at law or in equity.

IV. RESPONSIBLE PARTY OBLIGATIONS.

In addition to all other obligations agreed to by the Responsible Party in this Agreement, the Responsible Party agrees to the following:

A. The Responsible Party will apply the income and assets of the Resident to the charges for the Resident's care at the Facility.

B. The Responsible Party will, to the extent reasonable necessary, seek assistance timely from any third party insurance program (s) which may pay for a portion of the Resident's stay at the Facility.

C. The Responsible Party will, to the extent reasonably necessary, make full and complete disclosure regarding all financial resources and income of the Resident during the Facility's application and admission process and, if applicable, the Medicaid application, appeal, and/or undue hardship process.

D. The Responsible Party acknowledges his/her agreement to the terms of this Admission Agreement that are applicable to him/her are an inducement for Facility to admit the Resident, is not gratuitous, and the inducement constitutes adequate consideration to create a binding and enforceable contract between the Responsible Party and Facility. The Responsible Party also acknowledges that he/she may be responsible for damages incurred by the Facility for his/her failure to comply with his/her obligations under this Agreement, including attorneys' fees and costs incurred by the Facility to enforce such obligations. In addition, the Responsible Party acknowledges a breach of his/her obligations under this Agreement may cause irreparable injury to the Facility for which monetary damages may be inadequate or unavailable. Accordingly, the facility will be entitled to an injunction to compel specific performance of the Responsible Party's obligations under this Agreement, in addition to all other remedies available to the Facility at law or in equity.

V. FACILITIES.

A. FURNISHINGS.

Residents are welcome to bring their own furnishings subject to the Facility's approval. At the resident's request, the Facility will provide each Apartment with the following furnishings: A bed with a firm mattress and platform, spring or coil frame foundation; A bedside table and a bedside lamp; A comfortable chair; A dresser and min-or; Blanket; Bed pillow; Bed sheets and towels; Refrigerator; and Microwave. A replacement fee will be charged to the Resident for any furnishings damaged in the course of the Resident's use.

B. ALTERATIONS.

Any physical alteration to the Apartment will require the prior approval of the Facility and all work related thereto will be subject to the Facilities supervision and direction. All costs and expenses incurred shall be Resident's sole responsibility. If the Resident alters the apartment in any way (i.e. painting walls, replacing carpeting, removing draperies, etc.), the Resident is responsible to pay the entire cost to return the room to its original condition.

C. MAINTENANCE.

All apartment maintenance shall be provided by Seneca or its designated representative. No outside contractors are permitted. This is to ensure our Resident's rooms are maintained

to the highest standards. This includes returning the unit to its original condition upon termination of this contract.

Maintenance services will be billed to the Resident at the current cost of materials and labor, plus a 15% service charge. If the maintenance services are provided by a third party contractor at the request of Seneca, the charges will be billed to the Resident at actual cost.

If provided unit furnishings require repair, cleaning, or replacement during residency or upon termination of this contract, the Resident will be billed for the maintenance costs on a pro-rated basis. If the furnishings requiring repair or replacement are past the expected useful life the maintenance costs will be absorbed Seneca. Expected useful lives of unit furnishings are as follows:

- Carpet 3 Years
- Paint 3 Years
- Draperies/Blinds 5 Years

D. DAMAGES

Any damage needing repair to a Resident's room will be charged back to the Resident in according to the above reference maintenance service charges.

VI. REQUIRED MEDICAL EVALUATION, ASSESSMENTS, AND SUPPORT PLANS.

A. MEDICAL EVALUATION.

The Resident shall undergo a medical evaluation within 60 days prior to admission or within 15 days after admission if the Resident is admitted directly to the Facility from an acute care hospital, is admitted to escape from an abusive situation or has no alternative living arrangement.

B. INITIAL ASSESSMENT.

An initial assessment of the Resident's needs shall be completed within 30 days prior to admission or within 15 days after admission if the Resident is admitted directly to the Facility from an acute care hospital, is admitted to escape from an abusive situation or has no alternative living arrangement.

C. ADDITIONAL ASSESSMENTS.

Additional written assessments shall be completed annually, if the condition of the Resident significantly changes prior to the annual assessment, or at the request of the Pennsylvania Department of Public Welfare upon cause to believe an update is required.

D. PRELIMINARY SUPPORT PLAN.

A preliminary support plan shall be completed within 30 days prior to admission or within 15 days after admission if the Resident is admitted directly to the Facility from an acute care hospital, is admitted to escape from an abusive situation or has no alternative living arrangement.

E. FINAL SUPPORT PLAN.

A final support plan shall be completed within 30 days after the Resident's admission to the Facility and within 30 days after the performance of any additional assessments. The Facility will review the final support plan on a quarterly basis and modify as necessary to meet the Resident's needs.

F. CHANGES IN LEVEL OF CARE.

The Facility seeks to promote maximum independence of Residents. Nevertheless, the Facility shall have the right at any time, or at least annually, to assess Resident's appropriate level of care based upon the support plan, medical evaluation and written report by the administrator or designee at Facility, to change the Resident's level of care to a more or less intensive level of care that is offered to Residents. Following such determination until such level of care is no longer necessary, the Resident shall be required to pay the Core Package fee at the current rate for the new level of care, and shall receive the additional services provided by facility for such level of care. The Facility will notify the Resident of any additional fees due to a change in the Resident's level of care; however, because such instance is a change in the Resident's level of care and not a change in the Facility's fees, thirty (30) day notice is not required. If the Resident and/or Responsible Party have questions or are dissatisfied with a change in level of care, he/she may request a consultation with the Administrator.

G. CHANGES IN LEVEL OF CARE REQUIRING TRANSFERS OUT OF FACILITY.

If medical evaluations or assessments indicate the need for another more appropriate level of care that cannot be met by the Facility (i.e., a hospital or skilled nursing facility), a plan for other placement will be made as soon as possible by the Facility in conjunction with the Resident or Responsible Party, if any, or both. The Facility will assist with relocation if necessary. In the event a transfer is necessary, the provisions of Section VIII.A of this Agreement shall apply.

VII. MEDICATION RIGHT TO KNOW POLICY.

In accordance with 55 Pa. Code §2800.191, the Resident has the right to question or refuse any medications. If at any time the Resident feels they are being given or have been given a medication in error, the Resident should notify the administrator or director of resident care or their designee immediately. An investigation will be conducted and the Resident's physician will be notified.

VIII. CONDITIONS FOR TERMINATION, NOTICE REQUIREMENTS, REFUNDS.

This Agreement shall run month-to-month and automatically renew until its termination upon the Resident's discharge or transfer. The Resident may be discharged or transferred subject to the following terms and conditions:

A. FACILITY INITIATED DISCHARGE OR TRANSFER.

If the Facility initiates a discharge of the Resident, the Facility will provide a 30-day prior written notice to the Resident, the Resident's Responsible Party, if any, and the referral agent citing the reason(s) for discharge, unless a delay in discharge or transfer would jeopardize the health or safety of the Resident or others in the Facility, in which case only notice as practicable under the circumstances shall be required. The Facility may discharge or transfer the Resident for the following reasons:

1. If a Resident is a danger to himself/herself or others and the behavior cannot be managed through interventions, services planning or informed consent agreements.
2. If the legal entity chooses to voluntarily close the Facility, or a portion of the Facility.
3. If the Facility determines that a Resident's functional level has advanced or declined so that the Resident's needs cannot be met in the Facility or within the scope of the Facility's licensure.
4. If meeting the Resident's needs would require a fundamental alteration in the Facility's program or building site or would create an undue financial or programmatic burden on the Facility.
5. If the Resident has failed to pay after reasonable documented efforts by the Facility to obtain payment.
6. If closure of the Facility is initiated by the Department of Public Welfare.
7. Documented, repeated violation of the Facility's home rules.
8. A court has ordered the transfer or discharge.

B. RESIDENT INITIATED DISCHARGE OR TRANSFER.

The Resident shall give the Facility written notice thirty (30) days in advance of the Resident's intended date of discharge or transfer. By the end of this 30-day period, the Resident must remove all personal belongings.

C. DISPOSITION OF PERSONAL PROPERTY UPON DISCHARGE OR TRANSFER.

If the Resident's personal belongings are not removed by the date of discharge, the Resident will continue to be charged the applicable rate under this Agreement. If the Resident's personal belongings have not been removed after fourteen (14) days from the date of the Resident's discharge, the Facility will remove the Resident's personal belongings from the living unit and place these items in storage for thirty (30) days. If the

Resident's personal belongings have still not been claimed after thirty (30) days in storage, these items will be disposed of by the Facility.

D. DISPOSITION OF PERSONAL PROPERTY UPON THE DEATH OF A RESIDENT.

In the event of the Resident's death, the Facility will contact the Responsible Party within twenty-four (24) hours to arrange for an inventory of the Resident's personal property. If the Responsible Party does not arrange for an inventory of the property within ten (10) days of the Facility's notice, a representative of the Facility shall take an inventory of the remaining personal property. The Facility may then place the Resident's personal property into storage for up to thirty (30) days. If the items held in storage are not claimed at the end of the thirty (30) day period, the Facility shall send notice by certified mail to the Responsible Party stating that, unless claimed within fourteen (14) days, the items in storage will be disposed of.

E. REFUND POLICY.

1. Charges Incurred During Required Notice Period.

In the event of a Facility initiated discharge or transfer, if the Resident moves out prior to the expiration of the 30-day notice period, the Facility shall give the Resident a refund of any previously paid charges for the remainder of the 30-day period. In the event of a Resident initiated transfer or discharge, the Resident shall be responsible for all charges during the 30-day notice period, even if the Resident moves out prior to the conclusion of the 30-day notice period.

2. Pre-Admission Deposits.

Prior to admission, the Resident may reserve a particular unit by paying the Facility a Priority Deposit of $100.00. The Priority Deposit is non-refundable; however, upon admission, the Priority Deposit shall be deducted from the first month's charges. The Priority Deposit is more particularly described in a separate document entitled Deposit Agreement.

3. Community Fee.

Prior to admission, the Resident shall pay the Facility a Community Fee in the amount of $500.00. The Community Fee is non-refundable.

4. Upon the Death of a Resident.

In the event of the death of the Resident, the Facility will refund the remainder of previously paid charges to the Resident's estate within thirty (30) days from the date the Apartment is cleared of the Resident's personal property. See also Addendum 5 to this Agreement for a further explanation of the refund policy for refunds covered by the Elder Care Payment Restitution Act.

IX. ASSURANCE OF CONFIDENTIALITY.

A. The Facility acknowledges that the Resident's records are confidential, and except in emergencies, may not be opened to anyone other than the Resident, the Responsible Party, (if any), agents of the Department of Public Welfare and the long-term care ombudsperson without the express written consent of the Resident or without court order.

B. The Resident agrees by signature on this Agreement that such records can be released to persons or institutions entrusted to provide the Resident with medical care.

C. The Resident acknowledges by signature that Seneca may not require or permit a Resident to assign assets to Seneca in return for a life care contract/guarantee.

X. COMPLAINT PROCEDURE.

A. If at any time the Resident believes their rights have been violated the Resident and/or Resident's Responsible Party have the right to file a complaint with the Department of Public Welfare's assisted living home regional office, local ombudsman or protective services unit in the area agency on aging, Disability Rights Network of PA, Inc., or law enforcement agency. The following is a list of those resources and telephone numbers:

- Assisted Living Residences Regional Office: 1-800-882-1885
- Bureau of Human Services Licensing Complaint Hotline: 1-877-401-8835 (available 24/7)
- Pennsylvania Elder Abuse Hotline: 1-800-490-8505 (available 24/7)
- Local Ombudsman: 1-888-301-1836
- Area Agency on Aging: 1-800-344-4319
- Commonwealth Information Center: 1-800-932-0784
- Disability Rights Network of PA: 1-800-692-7443

B. The Facility shall permit and respond to oral and written complaints from any source regarding an alleged violation of Resident rights, quality of care or other matter without retaliation or the threat of retaliation.

C. If a Resident wishes to make a written complaint and needs assistance in doing so, the Facility shall assist the Resident in writing the complaint.

D. The Facility will ensure investigation and resolution of all complaints. The Administrator is responsible for receiving complaints and determining the outcome.

E. Within two (2) business days after the submission of a written complaint, a status report shall be provided by the Facility to the complainant outlining the steps being taken to investigate and address the complaint. If the Resident is not the

complainant, the Resident and the Resident's Responsible Party will receive the status report unless contraindicated by the support plan.

F. Within seven (7) business days after the submission of a written complaint, the Facility will give the complainant and, if applicable, the Responsible Party, a written decision explaining the Facility's investigation findings and the action the facility plans to take to resolve the complaint. If the Resident is not the complainant, the affected Resident will receive a copy of the decision unless contraindicated by the support plan. If the Facility's investigation validates the complaint allegations, a Resident who could potentially be harmed or his Responsible Party will receive a copy of the decision, with the name of the affected Resident removed, unless contraindicated by the support plan.

XI. RIGHT TO RESCIND.

The Resident, or the Resident's Responsible Party, has the right to rescind this Agreement, in writing, for up to 72 hours after the initial dated signature of the Agreement and pay only for the services received.

XII. ACKNOWLEDGEMENTS.

This agreement has been reviewed by me and explained to me by the administrator or his/her designee. I understand that the administrator must give me and my Responsible Party, if applicable; thirty (30) days advance written notice before changing the Agreement.

It is required that the administrator acquaint the Resident with the Resident Rights, Home Rules, and Civil Rights compliance which are posted in the Facility. By signing this Agreement, the Resident acknowledges that **Addendums 1, 2, 3, 4, 5, 6, & 7** and the **Resident Handbook** have been reviewed and explained.

IN WITNESS WHEREOF, the parties, intending to be legally bound, have signed this Admission Agreement on this _____ day of _____, 20____.

Resident's Signature	Date Signed
Responsible Party	Date Signed
Administrator or Designee Signature	Date Signed

If Resident is unable to sign his/her name, Resident should show his/her mark:

Resident's Mark	Date Marked
Witness to Mark	Date Witnessed

A copy of the signed Admission Agreement shall be given to the Resident and a copy is to be filed in the Resident's record.

Addendum 1

PROFESSIONAL MEDICAL SERVICES CHOICE AGREEMENT

I understand that I have the right to receive care from the physician of my choice*.

I understand that, if I choose to receive medical care from a physician/ medical professional in the community rather than a physician/ medical professional with privileges at the Facility, I will not receive medical care from the Facility physicians or their representatives.

My physician/medical professional understands the following conditions of participation:

1) Copies of my medical records shall be housed at the Facility for reference.

2) A form shall be completed at the conclusion of every office visit providing information to the Facility staff regarding orders, medications, etc.

3) An annual evaluation is required by the Assisted Living Resident Licensing office, the results of which must be recorded on the required Medical Evaluation form and returned to the Facility before the anniversary date. My physician will conduct this evaluation and submit a report prior to the anniversary due date.

4) Agreement to respond to any emergent situation which may arise.

5) Agreement to adhere to the Facility medical department policies and procedures.

---

*My physician / medical professional of choice is: _____

Address: _____

_____

Phone: _____

My Dentist is: _____

My Podiatrist is: _____

My Ophthalmologist is: _____

My pharmacy of choice is: ☐ _____ ☐ The facility pharmacy

I will be ordering my own medication. Yes ☐ No ☐

Other Specialists I receive care from: _____ *

I understand that if my decision should change /will notify the Facility in writing (i.e. complete a new form.)

Assisted Living Resident Rights

1. The resident, or a designated person, has the right to rescind the contract for up to 72 hours after the initial dated signature of the contract.
2. Either party has a right to rescind the informed consent agreement within 30 days of execution of the agreement.
3. Upon admission, each resident and, if applicable, the resident's designated person, shall be informed of resident rights and the right to lodge complaints without intimidation, retaliation or threats of retaliation by the residence or its staff persons against the reporter. Retaliation includes transfer or discharge from the residence.
4. Notification of rights and complaint procedures shall be communicated in an easily understood manner and in a language understood by or mode of communication used by the resident, and if applicable, the resident's designated person.
5. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the residence.
6. A copy of the resident's rights and complaint procedures shall be given to the resident and, if applicable, the resident's designated person upon admission.
7. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the resident's rights and complaint procedures, or documentation of efforts made to obtain signature, shall be kept in the resident's record.
8. A resident may not be discriminated against because of race, color, religious creed, disability, ancestry, sexual orientation, national origin, age or sex.
9. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. A resident must be free from mental, physical, and sexual abuse and exploitation, neglect, financial exploitation and involuntary seclusion.
10. A resident shall be treated with dignity and respect.
11. A resident shall be informed of the rules of the residence and given 30 days written notice prior to the effective date of a new residence rule.
12. A resident shall have access to a telephone in the residence to make calls in privacy. Non-toll calls must be without charge to the resident.
13. A resident has the right to receive and send mail. Outgoing mail may not be opened or read by staff persons unless the resident requests. Incoming mail may not be opened or read by staff persons unless upon the request of the resident or the resident's designated person.
14. A resident has the right to communicate privately with and access the local ombudsman.
15. A resident has the right to practice the religion or faith of the resident's choice, or not to practice any religion or faith.
16. A resident shall receive assistance in accessing health care services, including supplemental health care services.
17. A resident shall receive assistance in obtaining and keeping clean, seasonal clothing. A resident's clothing may not be shared with other residents.
18. A resident and the resident's designed person, and other individuals upon the resident's written approval shall have the right to access, review and request corrections to the resident's record.

19. A resident has the right to furnish his living unit and purchase, receive, use and retain personal clothing and possessions.
20. A resident has the right to leave and return to the residence at times consistent with the residence rules and the resident's support plan.
21. A resident has the right to relocate and to request and receive assistance, from the residence, in relocating to another facility. The assistance must include helping the resident get information about living arrangements, making telephone calls and transferring records.
22. A resident has the right to freely associate, organize and communicate privately with his friends, family, physician, attorney and other persons.
23. A resident shall be free from restraints.
24. A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the residence. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the residence.
25. A resident has the right to receive visitors at any time provided that the visits do not adversely affect other residents. A residence may adopt reasonable policies and procedures related to visits and access. If the residence adopts those policies and procedures, they will be binding on the residence.
26. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.
27. A resident has the right to file complaints, grievances or appeals with any individual or agency and recommend changes in policies, residence rules and services of the residence Without intimidation, retaliation or threat of discharge.
28. A resident has the right to remain in the residence, as long as it is operating with a license, except as specified in §2800.228 (relating to transfer and discharge).
29. A resident has the right to receive services contracted for in the resident-residence contract.
30. A resident has the right to use both the residence's procedures and external procedures to appeal involuntary discharge.
31. A resident has the right to a system to safeguard a resident's money and property.
32. To the extent prominently displayed in the written resident-residence contract, a residence may require residents to use providers of supplemental health care services as provide in §2800.142 (relating to assistance with medical care and supplemental health care services). When the residence does not designate, the resident may choose the supplemental health care service provider. The actions and procedures utilized by a supplemental health care service provider chosen by a resident must be consistent with the residence's systems for caring for residents. This includes the handling and assisting with the administration of resident's medications, and shall not conflict with Federal laws governing residents.
33. The resident has the right to choose his primary care physician.
34. A resident may not be deprived of his rights.
35. A resident's rights may not be used as a reward or sanction.
36. Waiver of any resident right shall be void.
37. Prior to admission, the residence shall inform the resident and the resident's designated person of the right to file and the procedure for filing a complaint with the Department's Assisted Living Residence Licensing Office, local ombudsman or protective services unit in the area agency on aging, the Disability Rights Network or law enforcement agency.

38. The residence shall permit and respond to oral and written complaints from any source regarding an alleged violation of resident rights, quality of care or other matter Without retaliation or the threat of retaliation.
39. If a resident indicates that he wished to make a written complaint, but needs assistance in reducing the complaint to writing; the residence shall assist the resident in writing the complaint.
40. The residence shall ensure investigation and resolution of complaints. The residence shall designate the staff person responsible for receiving complaints and determining the outcome of the complaint. The residence shall keep a log of all complaints and the outcomes of the complaints.
41. Within 2 business days after the submission of a written complaint a status report shall be provided by the residence to the complainant. If the resident is not the complainant,, the resident and the resident's designated person shall receive the status report unless contraindicated by the support plan. The status report must indicate the steps that the residence is taking to investigate the address the complaint.
42. Within 7 days after the submission of a written complaint, the residence shall give the complainant and, if applicable, the designated person, a written decision explaining the residence's investigation findings and the action the residence plans to take.to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the residence's investigation validates the complaint allegations, a resident who could potentially be harmed or his designated person shall receive a copy of the decision, with the name of the affected resident removed, unless contraindicated by the support plan.
43. The telephone number of the Department's Assisted Living Residence Licensing Office, the local ombudsman or protective services unit in the area agency on aging, the Disability Rights Network, the local law enforcement agency, the Commonwealth Information Center and the assisted living residence complaint hotline shall be posted in large print in a conspicuous and public place in the residence.
44. Nothing in §2800.44 (relating to complaint procedures) shall affect in any way the right of the resident to file suit or claim for damages.
45. Residents have the right to purchase groceries and prepare their own food in addition to the three meal plan required in §2800.220(b) (relating to service provision) in their living units unless it would be unsafe for them to do so consistent with their support plan.
46. The residence shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.
47. A resident or a designated person has a right to request the review and modification of his support plan.
48. If the legal entity chooses to voluntarily close the residence of if the Department has initiated legal action to close the residence, the Department working in conjunction with appropriate local authorities, will offer relocation assistance to the residents. Except in the case of an emergency, each resident may participate in planning the transfer, and shall have the right to choose among the available alternatives after an opportunity to visit the alternative residences. These procedures apply even if the resident is placed in a temporary living situation.
49. If the relocation of residents is due to the failure of the residence to apply for a license, the Department will offer relocation assistance to the residents. This assistance will include each resident's involvement in planning the relocation, except in the case of an emergency. Each resident shall have the right to choose among the available alternatives after an opportunity to visit

he alternative residences. These procedures will occur even if the residents are placed in a temporary living situation.

FACILITY HOME RULES

THE RESIDENT AGREES TO ABIDE BY THE FOLLOWING:

1. **VISITING HOURS**
Residents are free to receive visitors 24 hours per day, 7 days per week.

2. **MEAL TIMES**

Breakfast:	8:00 AM
Dinner:	12:30 PM
Supper:	5:30 PM

Three (3) meals will be served in the dining room daily. If staff assesses Resident's temporary physical condition as inappropriate to go to the Dining Room, a tray will be delivered to Resident's apartment. If after seven (7) days, a Resident continues to receive meal delivery, a $5.00 per tray charge will be incurred by the Resident. This charge will be waived if Facility receives documentation from the Resident's physician stating need.

Arrangements for guest dining/private parties must be made in advance with the dietary manager.

3. **SIGN OUT PROCEDURES/OVERNIGHT ABSENCES/NOTICE REQUIREMENTS**
There is no curfew. Residents who plan to leave the premises or remain out of the residence over- night must sign out at the Reception Desk in the lobby. Resident will sign in and notify staff immediately upon return. When leaving, a Resident whose medications are in custody of the Facility should notify administrator/designee so all medications to be taken during that period of absence may be taken with him/her.

NIGHT TIME SIGN-OUT PROCEDURE
Residents who are leaving the building between 8:00 p.m. and 8:00 a.m. are asked to verbally notify a staff member in addition to signing out for security and safety reasons.

4. **TELEPHONE USE**
The Resident will have access to a telephone in the home to make calls in private. Non-toll calls shall be without charge to the resident. The designated Resident telephone location is determined by each facility.

Telephone jacks are provided in each apartment. Arrangements for installation must be made by the Resident or family with the telephone company which services the Facility. The phone company will bill the resident /designated payor directly for service.

5. **SMOKING**
Seneca Manor has a non-smoking policy. No one is permitted to smoke. This applies to residents admitted after July 1st, 2014.

6. **ALCOHOL**
The Resident is permitted to use alcohol unless restricted by physician order or if alcohol is contraindicated with physician prescribed medications. Others may not be disturbed as a result of alcohol use.

7. **FIRE DRILLS**
Regulations require that all Residents participate in each fire drill. To ensure safety in the event of an actual fire or other emergency, Residents shall participate fully in monthly fire drills.

8. **MAINTENANCE**
Only the Facility Maintenance Department will attend to repairs, hanging pictures, or any other maintenance items. Requests for maintenance can be accommodated through office staff.

9. **PERSONAL PROPERTY**
An inventory list of personal property must be completed upon arrival. If any articles are brought in or taken home by family, staff must be notified. The Facility is not responsible for loss or destruction of Resident's personal belongings or valuables. The facility recommends that Residents maintain such fire, casualty, and theft insurance on their personal property fixtures and/or property utilized in connection with their occupancy of the leased premises. A safe is available upon request.

10. **PRIVACY**
No Resident is permitted to enter another Resident's apartment without the permission of the Resident occupying the unit. Nursing staff may enter an apartment at any time, however, will make every attempt to recognize Resident's right to privacy.

11. **TRANSPORTATION**
Residents must notify office staff to schedule transportation at least (1) day in advance.

12. **APPLIANCES/EXTENSION CORDS**
All appliances must be approved by maintenance staff. Extension cords are prohibited. Power strips may be used.

13. **TIPPING**
Tipping is not permitted at the Facility.

14. **BEAUTY/BARBERSHOP**
Appointments must be made with Receptionist at the front desk, and Resident or family will be billed directly unless other arrangements are made in advance.

15. **PETS**
Residents are not permitted to house pets of any kind in the building. Visitors may bring pets for visits provided they are controlled, sanitary, and vaccinated. All pet vaccinations must be on file in the administrative office.

16. **COMMON AREAS**

Since the common areas such as lobbies and dining rooms, etc. are part of the home environment of all Residents, Residents are expected to use these areas in a manner that is cooperative and respectful of the other Residents.

17. **FACILITY LAUNDRY**

The facility has at least one laundry room on each floor for Resident use only. Liquid bleach is NOT permitted in the building.

18. **MEDICATIONS**

All medications are administered by nursing staff. Residents are not permitted to keep any medications in the apartment without a physician's order.

19. **MOTORIZED WHEELCHAIRS**

All Residents who operate a motorized scooter must abide by the guidelines set forth in Addendum C. Failure to do so will result in a 30-day notice of discharge.

20. **DISCHARGE NOTICE**

Because this facility provides a home environment and staff provides personal care services to all Residents any behavior by a Resident that disrupts this environment or the ability of our facility and staff to provide services to other Residents will result in a 30-day notice of discharge.

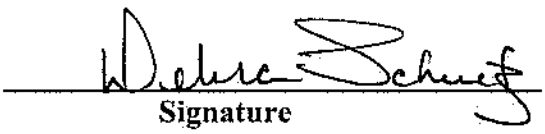
21. **FIREARMS AND WEAPONS**

For the safety of all Residents and staff, firearms and weapons are not permitted on the premises of Seneca Assisted Living Residences.

Seneca Manor
5340 Saltsburg Road Verona, PA 15147

SUBJECT: NONDISCRIMINATION IN SERVICES

TO: ALL RESIDENTS

FROM: Debra Schuetz 
Signature

Admission, the provision of services, and referrals of Residents shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and/or their guardian) who believes they have been discriminated against may file a complaint of discrimination with any of the following:

Seneca Manor
5340 Saltsburg Road
Verona, PA 15147

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Room 225, Health & Welfare Building
P.O. Box 2675
Harrisburg, PA 17105

Equal Employment Opportunity Commission
Philadelphia District Office
801 Market Street Suite 100
Philadelphia PA 19107-3126

PA Human Relation Commission
Pittsburgh Regional Office
301 Fifth Avenue
Suite 390, Piatt Place
Pittsburgh, PA 15222

U.S. Department of Health & Human Services
Office for Civil Rights
Suite 372, Public Ledger Building
150 South Independence Mall West
Philadelphia, PA 19106-9111

Elder Care Payment Restitution Act

Act 171, the Elder Care Payment Restitution Act, effective February 7, 2003, sets the following mandatory refund conditions related to "Elder Care Services" that must be included in all written agreements with residents of all assisted living residents who are 60 years of age or older:

- Assisted Living Residences must have and implement a refund policy in the case of the Resident's death, if the Resident is a person who is 60 years of age or older and receives care in or from the facility.
- The representative payee or guardian of the Resident will be refunded the amount of the difference between any payment made for monthly charges for "elder care services", including any unpaid interest on those monies, and the cost of the "elder care services" actually provided to the Resident.
- The personal representative or guardian of the Resident will receive the refund within 30 days from the date the living unit is cleared of the Resident's personal property.
- The Assisted Living Residence must contact the Resident's representative or guardian within 24 hours of the death to arrange for an inventory of personal property.

  Representative/Guardian: _____
  Address: _____
  Phone Number: _____
  E-Mail: _____

- After the inventory, the Assisted Living Residence may choose to store the Resident's property. If the residence chooses to store the property, the residence may not charge a fee to the estate or the family. If the residence chooses to store the property, the residence must hold the stored items 30 days. If after the 30 days, the items are not claimed, the facility must send a notice by certified mail to the Resident's representative giving another 14 days to claim the property. If still unclaimed after that, the residence may dispose of the property.

Act 171 does not affect written agreements entered into prior to 2/7/03, unless there are changes regarding the cost of "elder care service" added to pre-existing written agreements after 2/7/03, the mandatory refund conditions apply.

***Elder Care Services are "services or treatment provided to meet a Resident's need for personal care or health care, including, but not limited to, homemaker services, assistance with activities of daily living, physical therapy, occupational therapy, speech therapy, medical social services, home care aide services, companion care services, private duty nursing services, respiratory therapy, intravenous therapy and in- home dialysis and durable medical equipment services, which are routinely provided unsupervised and require interaction with the Resident."

TRANSPORTATION POLICY

It is the policy of Seneca Senior Living to provide free transportation to our Residents within a designated geographic area, to serve their needs for activities, shopping, medical appointments, church, etc., whenever possible. Accommodations will be made to transport Residents outside the designated areas, if necessary, for an additional fee.

Residents must make appointments for transportation with the concierge/receptionist at least 24 hours in advance of the appointment, so that the daily schedule can be maintained to serve the needs of all the Residents. The appointments must be made Monday through Friday from 8:00 a.m. to 4:00 p.m.

Residents will be transported free of charge to area shopping centers, medical appointments, church, etc., within a 10-mile radius (one-way). These trips will be made on scheduled designated appointments and shopping days, as defined by the specific facility. In addition, if transportation is requested by a Resident that is in excess of the designated 10-mile radius, as identified by the concierge/receptionist, the Resident will be charged $35.00 for the round trip. The Resident will be charged $35.00 for a roundtrip for the 10 to 40 mile radius. Transportation will not be provided for anything outside of 40 miles.

If the resident requires a facility escort to appointments, the hourly rate will be $30.00

All scheduled activity events that require transportation are "free of charge" to all Residents.

Transportation fees will be covered when activity events are scheduled.

SCHEDULED HOURS OF TRANSPORTATION VARIES WITH EACH FACILITY. CHECK WITH THE CONCIERGE/RECEPTIONIST FOR THE SCHEDULE FOR YOUR FACILITY.

Beauty Shop at Seneca Manor
Services provided by: Cammuso's Hair Salon, Inc.
Hours by Appointment

SERVICE	COST
Shampoo & roller set or blow-dry/curling iron	$23.00
Lady's haircut only (no blow-dry or set)	$27.00
Men's haircut only	$20.00
Lady's haircut and set or blow-dry & curling iron	$38.00
Tint only (no set, blow-dry or cut)	$47.00
Tint & set or blow-dry & curling iron	$66.00
Lady's haircut, tint, set or blow-dry & curling iron	$80.00
Perm only (no set or blow-dry)	$58.00
Perm & set or blow-dry & curling iron	$75.00
Perm & Cut	$75.00
Perm, Cut, Set or blow-dry & curling iron	$85.00
Color rinse	$2.00
Conditioner	$2.00
Shampoo only (no drying)	$7.00
Beard/Mustache trim	$5.00
Shave	$10.00

Please request your appointments in advance with the receptionist at the Front Desk. Revised 1/1/2022

KEY ISSUANCE

_____ has issued the following Keys to you:

Name	Key Location (Apt # or Door)	Number of Keys
1.		1 door key 1 mailbox key
2.		1 door key 1 mailbox key
REASON FOR REPLACEMENT / ADDITIONAL KEYS GIVEN	III. DATE	IV.

Keys issued are the responsibility of the Resident. **If Resident chooses to issue a key to a designated individual that name must be listed above.** Resident is responsible to return all keys. Room will be considered occupied until all keys are returned.

The cost for a replacement key, if lost, will be $5.00.

Resident Signature _____ Date _____

POA Signature _____ Date _____

Facility Representative _____ Date _____

Date Keys Returned:_____ Facility Rep. _____

Resident/ POA Signature: _____

PENDANT ISSUANCE

_____ Has issued the following Pendant to you:

Resident Name: _____

Initial/Loss/Damage or Room Change	Pendant Location (Apt #)	Signature

Pendant issued is the responsibility of the Resident. Resident is responsible to return all pendants, Room will be considered occupied until pendant is returned.

The cost for the replacement pendant, if lost or damaged, will be $125.00.

Resident Signature _____ Date _____

POA Signature _____ Date _____

Facility Representative _____ Date _____

Date Pendant Returned: _____

Facility Representative: _____

Resident/POA Signature: _____

APARTMENT MOVE-IN/OUT MAINTENANCE WORK SHEET

APT # _____ FACILITY _____

	MOVE IN			MOVE OUT	
Item	Responsible	Priority	Comments	Responsible	Priority
	Maintenance	Low to High			Low to High
Doors and Hardware					
Windows					
Carpeting					
Closet Doors					
Ceiling Light					
Nurse's Call					
A/C-Heating Unit					
Electric Heater (1-BR only)					
Cove Base					
Condition of Walls/Wall Paper					
Sprinkler Heads (plate on)					
Refrigerator					
Electric Outlets (inc. plates)					
Sink & Fixtures					
Toilet Paper Holder					
Tile Floors					
Toilet					
Grab Bars					
Towel Bars					
Mirror					
Shower Curtain Rod					
Bathroom Light					
Water Temp = 120° F					
Counter Tops					
Draperies					
Bathroom Fan					
Cabinets					
Tub & Tub Walls					
Closet Shelves					
Ceiling					
Door Locks					
Cable Wire					
Heat Lamp					
Drains					

MOVE-IN DATE: _____ MOVE-OUT DATE: _____

_____ _____

Resident Resident

_____ _____

Admin/Mgr Admin/Mgr

INVENTORY OF PERSONAL EFFECTS

NAME:	APARTMENT #:	DATE:

QTY:	ARTICLES
	DRESSES
	COATS
	SUITS
	SHOES
	HAT
	BLOUSES
	SWEATERS
	GLOVES
	HOSE
	HANDKERCHIEFS
	SLIPS
	BRASSIERES
	NIGHTGOWN/ROBES
	SLIPPERS
	POCKETBOOKS
	OVERNIGHT CASE
	TOPCOATS
	SLACKS
	JACKETS
	SOCKS
	PANTIES
	UNDERSHIRTS
	TIES
	BELTS
	PAJAMAS
	SHAVING KIT
	HEARING AIDE
	DENTURES
	GLASSES
	WALKER
	CANE
	WHEELCHAIR
	OTHER:

FURNITURE – WITH DESCRIPTIONS

DATE	ITEM	HOW ACQUIRED

DESCRIPTION OF ITEMS OF SPECIFIC &/OR SENTIMENTAL VALUE

NOTES ON ARTICLES (Items damaged, lost, etc.)

REMARKS:

CERTIFICATION OF RECEIPT

ON ADMISSION	ON DISCHARGE
SIGNED _____ (RESIDENT OR RESPONSIBLE PARTY) DATE	SIGNED _____ (RESIDENT OR RESPONSIBLE PARTY) DATE
SIGNED _____ (COMMUNITY REP) DATE	SIGNED _____ (COMMUNITY REP) DATE

FURNITURE INVENTORY

Resident _____ Room Number _____

Resident has been provided, in the room they occupy, the following furniture items which are clean and in good condition.

ITEM	PROVIDED BY FACILITY	DESCRIPTION	CHECKED MOVE-OUT
1. Bed Frame			
2. Mattress			
3. Box spring			
4. Dresser			
5. Nightstand			
6. Mirror			
7. Chair			
8. Lamp			
9. Bedspread			
10. Pillow			
11. Microwave			
12. Refrigerator			
13. TV Cable Box with Remote			
14. Safe			

When the Resident leaves the facility, the furniture remains the property of Seneca Manor. If the Resident damages any of the furniture provided by the facility, a fee will be charged based on the current replacement cost for the furniture.

MOVE-IN	DATE:
Resident/POA:	
Community Representative:	
MOVE-OUT	
Resident/POA:	
Community Representative:	

As of today, April 30, 2026, the audited financial statements for the year ended December 31, 2024 have not been issued by Forvis Mazars. Therefore, the audit for the year ended December 31, 2025 has not yet begun. The provider and audit firm are working diligently to get the financial statements issued and will provide them to the Insurance Department as soon as they become available. The narrative statement of material differences of actual versus pro forma income statement amounts will also be provided for the respective time periods once the audit results are received.