HUNTERSURE LLC

SUPPLEMENT FOR ASSISTED LIVING FACILITIES
(TO BE COMPLETED ALONG WITH THE APPLICATION FOR RESIDENTIAL FACILITIES)

1. Is an assessment conducted for new patients?

Yes _____ No _____

If " Yes, " does this assessment include evaluation of & # of residents who have the following:

Full body skin breakdown/Decubitis Ulcer	Yes _____	No _____		
Mobility limitations	Yes _____	No _____		
History of prior injuries/falls	Yes _____	No _____	Number of residents: _____	
Required assistance	Yes _____	No _____		
Disorientation	Yes _____	No _____	Number of residents: _____	
Current medications	Yes _____	No _____		
Wandering Risk	Yes _____	No _____	Number of residents: _____	
Cognitive Assessment	Yes _____	No _____		

2. Who completes your pre-admission assessments? _____

3. Have you denied any possible admissions due to high acuity? Yes _____ No _____

If so, how many in the last two years? _____

If so, what were the conditions that led you to deny them? _____

4. Do you conduct pre-admission assessments in person? Yes _____ No _____

5. How often do you reassess your residents? _____

6. What is the system for identifying when a resident needs to be transferred to another level of care (i.e. – nursing home)?

_____
_____

7. Do residents have their own attending physician? Yes _____ No _____

If " No, " who performs the role of the attending physician? _____

How many residents utilize the Medical Director as their attending physician? _____

8. How many residents are in a wheelchair most or all of the day or are bedridden? _____

9. Do any residents currently have, or are being evaluated for, Alzheimer's? Yes _____ No _____

If so, how many and at what level:

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		Description	Number of Residents
1	Normal Adult	No functional decline.	
2	Normal Older adult	Personal awareness of some functional decline.	
3	Early Alzheimer's Disease	Noticeable deficits in demanding job situations.	
4	Mild Alzheimer's	Requires assistance in complicated tasks such as handling finances, planning parties, etc.	
5	Moderate Alzheimer's	Requires assistance in choosing proper attire.	
6	Moderately Severe Alzheimer's	Requires assistance dressing, bathing, and toileting. Experiences urinary and fecal incontinence.	
7	Severe Alzheimer's	Speech ability declines to about a half-dozen intelligible words. Progressive loss of abilities to walk, sit up, smile, and hold head up.	

10. Are all non-ambulatory/Alzheimer's patients located on the ground floor? Yes _____ No _____

11. Does your facility have a policy clearly identifying the types of dementia/Alzheimers residents your staff is capable of providing care to?

Yes _____ No _____

If " Yes, " please explain policy: _____

12. Are all exit doors at all locations alarmed? Yes _____ No _____

If " No, " please explain: _____

13. Does your facility have a locked unit(s) for residents prone to wandering? Yes _____ No _____

14. What system is in use? _____

15. How many residents have eloped from your facility in the last 3 years? _____

16. Is the unit dose medication system used by the facility? Yes _____ No _____

If not, what system is used? _____

17. Who is responsible for administering medications to the residents in the facility? _____

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18. If your facility uses the medication aide to administer medication, what system do you have in place to ensure medications are administered according to manufacturers ' recommendations and industry standards?

Yes _____ No _____

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and that this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application, as they deem necessary.

FOR KENTUCKY RISKS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

Name of Applicant: _____
Please Print Title

Signature: _____
Name Date

(NOTE: Supplement must be signed by the owner or president or principal)