Dear Prospective Resident,

Thank you for your interest in Belknap County Nursing Home. We take pride in offering the residents of Belknap County, quality skilled and long term health care. BCNH is a modern facility fully equipped to meet the needs of all residents, from care and comfort to rehabilitation and recreation. The Director of Social Services will assist you with the admission process when you feel the time is right. If you have not visited BCNH recently please call for an appointment. We know you will find the staff to be caring, compassionate and professional, and the environment to be bright, active and friendly.

Pre-Admission Process
It is very important that BCNH can meet your rehabilitation or long term care needs therefore, prior to admission certain information will be requested via the preadmission packet. The pre-admission packet contains a Resident Data Sheet and a checklist of needed documentation. We have also included information about our services and what is included and not included in your Medicaid/Medicare or Private Pay status. When we have received the requested documentation, BCNH’s admission team reviews the information and will set up an informal interview to be sure BCNH can meet your needs both medically and socially. Once we have determined that all needs can be met, we will assign a room, set up an admission date and begin the admission process.

Admission Process
On the day of admission, certain forms explaining our policies and procedures, resident rights, privacy practices, Medicaid Income and Asset Rules for Nursing Home Residents, and financial considerations, will need to be reviewed and signed. The nursing staff will then perform their evaluations and admission assessments. Families are invited to join us for lunch on the day of admission and help personalize the new room.

We have a full complement of staff including nurses, licensed nursing assistants, social services, community relations, housekeeping, maintenance, rehabilitative professionals, laundry, dietary staff, registered dietician, beautician and a large activity department. We are here to meet your needs. Please feel free to ask questions of any employee or resident. We will be more than happy to assist you.

Very truly yours,

Shelley Richardson, RN, BSAS
Nursing Home Administrator

Dianne Roberts, RN
Director of Nursing

OUR MISSION STATEMENT: To care for residents, as ourselves, with compassion, dignity and respect. -Doris Joyce
Resident Data Sheet

Resident Name: ___________________________ Date: ________________

Address: ______________________________________

Phone: Home _______________ Cell _______________ Work _______________

DOB _______________ Birthplace _______________ US Citizen _______________

Male/Female Age ___________ Date of Retirement ___________ Marital Status ___________

Veteran _______________ SS# _______________ Medicaid# _______________

Medicare# _______________ Prescription Plan _______________

Other Insurance ________________________

Physician Name: ___________________________ Phone: ________________

Address: ______________________________________

Funeral Home: ________________________________

Spouse’s Name: ___________________________ Phone: ________________

Address: ______________________________________

Veteran: Yes ☐ No ☐ If yes are you receiving benefits: _______________________

Primary/Responsible Contact: ☐ DPOA-HC ☐ DPOA-F ☐ Guardian-Person ☐ Guardian-Estate

Name: ___________________________ Relationship: _______________________

Address: ______________________________________

Phone: Home _______________ Cell _______________ Work _______________

E-Mail Address: ______________________________________

Alternate Contact: ___________________________ Relationship: _______________________

Address: ______________________________________

Phone: Home _______________ Cell _______________ Work _______________

E-Mail Address: ______________________________________

Belknap County Nursing Home does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact Deb Laflamme, Section 504 Coordinator, 603 527-5410.

30 County Drive, Laconia NH 03246
(603) 527-5410
Belknap County Nursing Home

Pre-Admission Checklist

Please provide Belknap County Nursing Home with the following documentation prior to admission:

Resident Data Sheet
☐ Complete and return

Financial Information
☐ Driver’s License (if applicable)
☐ Copy of Social Security Card AND Statement
☐ Copy of Health Insurance Card (if applicable)
☐ Copy of Medicare Card
☐ Copy of Medicare Part D Card (prescription payer source)
☐ Copy of Medicaid Card (or the date applied for Medicaid - if applicable)
☐ Copy of DPOA - Financial or Guardianship over Estate
☐ Copy of TWO most current Bank Statements
☐ Copy of Social Security Check, Pension Check(s) and/or other source(s) of income
☐ Copy of Letter from Life Insurance Company stating Face Value/Cash Value of policy (if applicable)
☐ Funeral Home Information (including any pre-burial arrangements)

Medical Information
☐ Copy of DPOA – Health Care or Guardianship over Person
☐ Living Will
☐ Most Current History and Physical including Medication list from Primary Care Physician
Belknap County Nursing Home

Medicaid Residents

SERVICES COVERED IN YOUR MEDICAID BOARD AND CARE PAYMENT

☆ Room & Board (to include special diets)
☆ 24-Hour Nursing Care
☆ Medications
☆ Oxygen Therapy
☆ Dental Services
☆ Physician Services
☆ Laundry
☆ Housekeeping
☆ Activities
☆ Dietary Counseling
☆ Physical Therapy
☆ Social Services
☆ Stock Medical Supplies (dressings, etc…)
☆ Stock personal supplies (soap, shampoo, etc…)
☆ Stock medical equipment (bed, wheelchair, etc…)
☆ Beautician/barber shop

SERVICES NOT COVERED IN YOUR MEDICAID BOARD AND CARE PAYMENT

☆ Personal clothing, shoes
☆ Personal television, radios, telephone, batteries.
☆ Television Cable (price varies from $5.00-$25.00)
☆ Repair costs of personal items
☆ Stamps, outside shopping items
☆ Eye glasses (cost uncovered by Medicare/Medicaid/other insurance)
☆ Hearing aides (cost uncovered by Medicare/Medicaid/other insurance)
☆ Dental Services (cost uncovered by Medicare/Medicaid/other insurance)
☆ Special Medical Equipment
☆ Funeral expenses

THE NH MEDICAID OFFICE DETERMINES RESIDENT LIABILITY AMOUNT.
Belknap County Nursing Home
Private Pay Residents

SERVICES COVERED IN YOUR PRIVATE PAY BOARD AND CARE PAYMENT:

* Room & Board (to include special diets)
* 24-Hour Nursing Care
* Oxygen Therapy
* Dental Services
* Physician Services
* Laundry
* Housekeeping
* Activities
* Dietary Counseling
* Physical Therapy
* Social Services
* Stock Medical Supplies (dressings, etc…)
* Stock personal supplies (soap, shampoo, etc…)
* Stock medical equipment (bed, wheelchair, etc…)
* Beautician/barber shop

SERVICES NOT COVERED IN YOUR PRIVATE PAY BOARD AND CARE PAYMENT:

* Medications/Pharmacy Charges
* Physician Charges
* Hospital Costs
* Ambulance
* Eye Care & Eye Glasses
* Hearing Care & Hearing Aides
* Dental Services (Outside Nursing Home Services)
* Special Medical Equipment
* Personal clothing, shoes
* Personal television, radios, telephone, batteries.
* Television Cable (price varies from $10.00-$25.00)
* Repair costs of personal items
* Stamps, outside shopping items
* Funeral expenses

PRIVATE PAY RATE: $300.00/DAY – SUBJECT TO CHANGE