



COMMUNITY LIVING HOME (CLH) RESIDENTIAL AGREEMENT TEMPLATE

This is an agreement between _____ (CLH) and _____ (Resident’s name). The CLH is licensed by the South Dakota (SD) Department of Health according to codified law 34-12-1.1 and Administrative Rules of SD Article 44:82 Community Living Home. A CLH is a licensed facility providing 24-hour living accommodations for at least one resident but no more than four adult residents unrelated to the owner or operator.

Beginning on _____ (admission date) the CLH shall provide the resident the following services, items, and activities included in the base rate. The daily/monthly rate is \$_____.

- A private/semi-private room for the storage of clothing and personal items. The owner/operator shall provide all basic household furnishings and supplies found in a private residence. The resident may use his or her own personal belongings and furniture subject to space considerations and the safety of others. If the resident desires a lockable storage space for small items of personal property, the lockable storage item will be provided by the CLH.
- The resident’s room will be maintained in a clean, comfortable, and homelike environment.
- All equipment will be maintained in good condition to minimize hazards to the residents and others.
- Homemaker and laundry services will be provided. Sheets and pillowcases will be laundered weekly or more frequently as needed.
- The provider reserves the right to assign rooms and change room assignments or roommates for any resident. The resident and/or the legal representative will receive prompt notice of any room or roommate change. The resident has the right to share a room with their spouse or friend within the capacity of the home upon the consent of both residents. The home will make reasonable attempts to honor other roommate requests.
- Reasonable access to a telephone in an area that provides privacy for the resident.
- A sufficient number of care givers for each resident’s individualized care needs and supervision as documented on the individualized resident care plan.
- Assistance with personal care needs as identified by the evaluation of the resident and written on the individualized plan of care developed by the owner/caregiver and the resident or representative.
- Personal care items provided by the owner/caregiver include:

- When any of the following incidents occur the CLH owner/caregiver will provide immediate notification to the resident, the residents medical practitioner, and the resident’s legal representative or family member:

- An accident involving the resident that results in an injury or has the potential for requiring intervention by a medical practitioner;
- A significant change in the resident’s physical, mental, or psychosocial status;
- A need to alter treatment significantly; or
- A decision to transfer or discharge the resident from the home.
- Three nutritious meals daily including snacks and beverages. Each meal shall include portions from each of the five basic food groups. Residents with special diets or dietary restrictions shall be accommodated. The resident will have access to food at any time.
- Assistance with medication administration and/or nursing services as identified by the evaluation of the resident and written on the individualized plan of care that was developed by the owner/caregiver and the resident. Medication administration may be either self-administered by the resident or a family member or by qualified personnel authorized to administer medications. Medications will be kept in a locked storage cabinet. These services include:

- Assistance to obtain additional services as requested by the resident, family member, or ordered by the resident’s medical practitioner. These services may be provided by authorized individuals through a qualified Medicaid agency if the resident is eligible for Medicaid. The services may include nutritional supplements, in-home nursing, respite care, adult companion services, or additional personal care to meet the resident’s needs. The CLH will ensure the following additional onsite services are available as identified by the evaluation and the individualized care plan:

- The CLH provider will assist with instrumental activities of daily living such as transportation (except emergency transportation) for appointments, community activities, or shopping.

The CLH provider is not responsible for charges that may be authorized under Medicaid, Medicare, or private insurance where services have been collaborated with an outside provider to ensure the resident’s individual needs have been assessed. Information how to apply for and use Medicaid and Medicare benefits is available to the resident.

Address of the nearest SD Department of Social Services to apply and/or establish Medicaid is:

Address of the nearest United States Social Security Administration is:

The resident’s medical provider will be:

Name _____ Phone number _____

Address _____

Any grievances received in writing or orally from the resident, family member, or legal representative will be investigated by the owner according to the provider’s grievance policy. The provider will conduct an internal investigation and report substantiated allegations to the SD Department of Health as required by state regulations.

In situations of alleged caregiver misconduct, abuse, neglect, or misappropriation of property the resident, family member, or legal representative may report such allegations to the owner, the SD Department of Health, or the state ombudsman.

Complaint Coordinator

Office of Health Care Facilities Licensure & Certification
South Dakota Department of Health
615 E. 4th St.
Pierre, SD 57501
Phone: 605-773-3356
Fax: 1-866-539-3886
Email: doholccomplaint@state.sd.us

State Ombudsman

Division of Long Term Services & Supports
SD Department of Human Services
3800 E Hwy 34
Hillsview Plaza c/o 500 E Capitol
Pierre, SD 57501
Phone: 605.773.3656 or 866.854.5465
Email: LTCO@state.sd.us

_____ (Resident or representative's initials) I have received written information and have been explained my resident rights as a resident in the CLH.

_____ (Resident or representative's initials) A copy of the provider's admission, transfer, and discharge policies has been received and explained.

_____ (Resident or representative's initials) A copy of the provider's bed-hold policy has been received and explained which includes the length of time the bed will be held and my readmission rights.

_____ (Resident or representative's initials) A copy of the provider's self-administration of medication policy has been received and explained to ensure safe medication administration in the home.

_____ (Resident or representative's initials) I have received information how to protect my personal funds.

Resident's signature/date _____

Resident representative's signature/date _____

CLH representative's signature/date _____