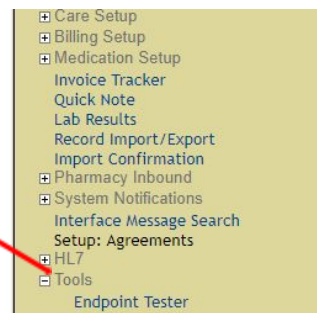
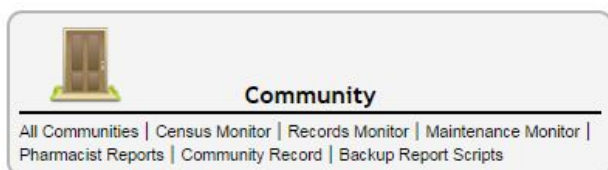


## Update for the Agreement System

**The Agreement system has new features that are now available.** This new feature allows you to create agreements or other documents like agreements or admission packets. For example you may have an electric wheel chair agreement that you would like to build in BlueStep that automatically enters the resident's name, room number etc into the document for you to print and have the family/resident sign.

**Step 1.** Go to community record and select the link "Setup: Agreements" .



**Step 2.** Click the "New Entry" button and you will see a blank document as seen below.




Fill out the fields needed for your agreement.

## Setup: Agreements

\* Required

Name \*

Start Date \*  

Discontinue

### HEADER

Show Options

Path:

Enable editing of header on unsigned agreements

Display name as part of header

### CONTENT

Show Options

\*

**Step 3.** Click on “Show Options” to see the legend of available tags

### HEADER

Show Options

Path:

Enable editing of header on unsigned agreements

Display name as part of header

### CONTENT

Show Options

#### Non-editable Fields

- \*
- 
- 
- 
- 
- 
- 
- 
- 

#### Editable Fields

- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="text" value="TEXT_SHORT_1"/>  | <input type="text" value="MEMO_SMALL_1"/>  | <input type="text" value="DATE_1"/>            | <input type="checkbox" value="CHECKBOX_1"/> | <input type="text" value="WHOLE_NUMBER_1"/>   |
| <input type="text" value="TEXT_SHORT_2"/>  | <input type="text" value="MEMO_SMALL_2"/>  | <input type="text" value="DATE_2"/>            | <input type="checkbox" value="CHECKBOX_2"/> | <input type="text" value="WHOLE_NUMBER_2"/>   |
| <input type="text" value="TEXT_MEDIUM_1"/> | <input type="text" value="MEMO_MEDIUM_1"/> | <input type="text" value="DATE_TIME_1"/>       | <input type="radio" value="RADIO_1"/>       | <input type="text" value="DECIMAL_NUMBER_1"/> |
| <input type="text" value="TEXT_MEDIUM_2"/> | <input type="text" value="MEMO_MEDIUM_2"/> | <input type="text" value="DATE_TIME_2"/>       | <input type="radio" value="RADIO_2"/>       | <input type="text" value="DECIMAL_NUMBER_2"/> |
| <input type="text" value="TEXT_LONG_1"/>   | <input type="text" value="MEMO_LARGE_1"/>  | <input type="text" value="CURRENCY_NUMBER_1"/> |   |   |
| <input type="text" value="TEXT_LONG_2"/>   | <input type="text" value="MEMO_LARGE_2"/>  | <input type="text" value="CURRENCY_NUMBER_2"/> |   |   |
| <input type="text" value="TEXT_XLONG_1"/>  |  |  |   |   |
| <input type="text" value="TEXT_XLONG_2"/>  |  |  |   |   |

**Step 4.** Save your agreement when complete.

**Step 5.** When on an individual you will see the available agreements form, click on “new entry”.

Select template:  ▼ \*

**Step 6.** Select a template and then click the “Save” button.

## ASSISTED LIVING RESIDENT AGREEMENT

This agreement is between BlueStep AL and Fred Flintstone (Residents Name)

1. Your residency at BlueStep Assisted Living begins on  . After this agreement is signed

this agreement will at such time become valid and in effect and with the understanding that the charges of all required fees for the current month is to be collected by  .

### LEVEL OF CARE

2. BlueStep Assisted Living is licensed to provide low, moderate, and high levels of care.

3. Based on the information provided by your doctor and an assessment performed by this facility, you require  level of care. If your care needs change and you need a higher level of care, which this facility is not licensed to provide, we may request a level of care waiver from the Department in order for you to remain here. If the waiver request is not granted, we will give you ample time notice that you will be discharged, and will assist you in finding an appropriate facility.

### ADMISSION & DISCHARGE POLICIES

4. You may be discharged from the facility for the following reasons:

- Non-payment of fees
- Care needs exceed what the facility is able to provide
- Behavioral reasons, including but not limited to destruction of property, violence, sexual misconduct, and not abiding by house rules.

5. In the event the facility decides to discharge you, you will be given at least 30 days advanced notice prior to the date of discharge in the event you are discharged because of health emergency, the facility may not be able to give you 30 days notice.

6. If you wish to leave the facility you are required to give 30 day notice of date you wish to terminate this agreement: However if you are leaving because of health emergency 30 day notice is not required.

### COMPLAINT AND GRIEVANCE PROCEDURES

7. A copy of resident's rights is attached and incorporated by reference into this agreement. This facility will honor and respect your rights.

8. You have the right to make suggestions, register complaints or present grievances about the care of service you or another resident receives here. You may address these concerns to the Assisted living Manager at mygmail@gmail.com (Assisted living program manager), or you may contact Assisted Living Complaint Unit at **801 555-1212** or toll free at **1800 555-1212**.

9. If your Complaint is directed to ALH manager, you will receive a response to your complaint within 5 days. If you are not satisfied with that response or the ALH manager does not respond to your complaint, you may contact the Assisted Living Complaint Unit. at **801 555-1212** or toll free at **1800 555-1212**.

10. Utah Rising is responsible for monitoring and recording residents health status.

11. The facility will not handle residents finances if resident is unable.

12. The Assisted Living Facility is responsible for arranging for or overseeing your care and for contracting for services including equipment and supplies not provided by the facility. It is the facilities responsibility to oversee the residents care and contract for services not supplied by the facility. Case manager will assist waver participant to procure needs medical supplies and medical equipment as authorized in their plan of care waver participants may identify the assistive devices and equipment waver provider of their choice through their case manager.

**For any questions call client care at  
801 336-3043 or email  
clientcare@bluestep.net**