



421 DORIS AVE JOLIET IL 60433

ADMISSIONS PROCESS

1. Complete Sunny Hill Nursing Home of Will County's Application
Fax: 815-324-1116 or email: cmather@willcountyillinois.com
2. Contact Admissions regarding bed availability: 815-774-4382
3. Confirm OBRA prescreen is complete and valid.
Senior Services completes them, free to Will county residents
815-740-4225

Admissions will contact you when there is a bed available. You will have two days to provide current medical and insurance information. You will then have four days to move in; otherwise the available bed will be offered to next potential resident on waiting list. You have the right to decline and maintain your spot on the waiting list.

We do not accept anyone with a felony background or current smokers

PAY RATES PER DAY

Skilled Care – Private Room:	\$315.00	Intermediate Care – Private Room:	\$296.00
Skilled Care – Semi-Private Room	\$305.00	Intermediate Care – Semi-Private Room:	\$276.00
Respite Care	\$315.00		

RESIDENT CENTERED CARE

Sunny Hill Nursing Home of Will County is committed to helping our Residents enjoy life. We believe that Resident Centered Care is about helping elders find a better way to live out the twilight of their lives.

- Know each person.
- Relationship is the fundamental building block of a transformed culture.
- Respond to spirit, as well as mind and body.
- Community versus institutionalization.

PRESENTING OUR DEPARTMENTS

Nursing

CNA-Activities of daily living
LPN- Assisting CNA & Med pass
RN-Charge Nurse
ADON/DON-Management
Skin Care Team
MDS Team

Ratio: per 26 residents unit

Day Shift

4 CNA 1LPN

Afternoon shift

3 CNA 1 LPN

Midnight shift

2 CNA 1 LPN

RN per 2 units and house supervisors for afternoon and overnight shift

Maintenance

Maintains Building & Ground

Social Services

Psycho-Social Services
Discharge Planning
Hospice Services

Finance

Resident Accounts
Billing
Public Aid

Therapy

Evaluations
Physical Therapy
Speech Therapy
Occupational Therapy

Food & Nutrition

Buffet style Dining
Nutritionist

Life Engagement

Meaningful Engagement
Mail Delivery
Music Events
Religious Events
Holiday celebrations
Games/Trivia
Sweet Shop

Environmental Services

Laundry & Housekeeping
Resident Clothing

A MESSAGE FROM THE ADMINISTRATOR

Sunny Hill's legacy is well-known in our surrounding communities, having provided the highest level of health care possible to the citizens of Will County since 1955. This community of residents, family members, volunteers and staff continue to dedicate itself to making Sunny Hill a place where every need – physical, social, psychological and spiritual of each our residents is met with dignity, honor and care. Sunny Hill not only maintains the highest standard of clinical excellence for our residents, but also strives to celebrate each resident as the unique and special individual that they are.

As the Administrator of Sunny Hill, I maintain an open door policy. Please do not hesitate to stop by with any questions you may have about our programs and services.

Sincerely,
Maggie McDowell RN, LNHA
Sunny Hill Administrator



Application for Admission

Residents Name _____ Birth Date _____

Home Address _____ City _____

State _____ Zip _____ Religion _____ Church _____

Ethnicity _____ Military Service Y N Branch of Service _____ US Citizen Y N

Highest Level of Education Completed <8th Grade 9-11th grade High School Some College
Tech/Trade School Bachelor Degree Graduate Degree

Felony Conviction Y N ****Sunny Hill does not accept anyone with a felony background****

Marital Status _____ Spouse Name _____ Anniversary Date _____

of Siblings _____ # of Children _____ # of Grandchildren _____ # of Great Grandchildren _____

Father's Name _____ Mother's Maiden Name _____

Place of Birth _____ Previous Occupation _____

Resident is now at home hospital nursing home other (specify) _____

Reason for Placement _____ Long term or Short term planned _____

Dates of most recent hospital stay _____

Personal Physician's Name _____ Phone # _____

Resident's Primary Contact Person _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell _____

Email _____

◇ Guardianship Person appointed: _____
◇ Power of Attorney for Health Care & Financial _____

◇ Living Will

◇ DNR/POLST

**Please attach copy of any Advance Directive

Social Security # _____ Medicare # _____ Part A _____ Part B _____

Secondary/Supplement Insurance _____

Address: _____ Policy# _____

Medicaid Recipient Y N Please provide # _____

Medicare D or Prescription Rx Coverage Y N

Any long term care insurance that will cover nursing home care Y N

Monthly Income:	<u>Potential Resident</u>		<u>Spouse</u>	
Social Security	\$ _____	Social Security	\$ _____	
Retirement	\$ _____	Retirement	\$ _____	
V.A. Pension	\$ _____	V.A. Pension	\$ _____	
Other Income	\$ _____	Other Income	\$ _____	

Cash assets in banks, credit unions, savings and financial institutions:

Institution name: _____ Checking account Savings account

Name(s) listed on account _____ Balance _____

Institution name: _____ Checking account Savings account

Name(s) listed on account _____ Balance _____

Does Resident own any Real Estate Y N Value: _____ Owned jointly _____

Does Resident own any additional property/ Rentals? Please explain. _____

Funeral Home location choice _____ Phone _____

pre-paid Yes No In trust Yes No

Any other assets or investments (Annuities Stocks, Bonds, IRA, Property etc)? Yes No

Explain: _____

Life Insurance company: _____ Cash Value of policy: _____

Please list: Loans, Debts or other liabilities _____

Signature of person completing application _____ Date _____

I, the undersigned, hereby certify and swear that all information on this form is true, accurate and complete.

Exhibit A & N