

SUNNY HILL
NURSING HOME OF WILL COUNTY

421 DORIS AVE JOLIET IL 60433

STEPS TO ADMIT TO SUNNY HILL

1. Complete Sunny Hill Nursing Home of Will County's Application online at www.sunnyhillnursinghome.com
2. Contact Charlotte regarding bed availability at 815-774-4382 or cmather@willcountyillinois.com
3. POA to call and set up Level One prescreen with Senior Services of Will county 815-740-4225
4. Request Current Medical information to be directly faxed to Admissions Office 815-324-1116

Admissions will contact you when there is a bed available. You will have two days to provide current medical information. You will then have four days to move in once approved; 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:	$435.00	Intermediate Care – Private Room:	$416.00
Skilled Care – Semi-Private Room	$425.00	Intermediate Care – Semi-Private Room:	$396.00
Respite Care	$435.00		

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.

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 ADMINASTRATOR

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

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Data Contact Form

Residents Name_____ Birth Date_____

Home Address_____

Residents Data:

Religion_____ US Citizen Y___ N ___ Ethnicity_____

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

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

Marital Status_____ Place of Birth_____

Previous Occupation_____ Long term or Short term planned_____

Funeral Home Name and Address_____

Resident's Primary Contact Person:

Name_____Relationship_____

Address_____ City_____ State_____ Zip_____

Cell_____ Email_____

Residents Insurance Information:

Social Security #_____ Medicare # _____ Part A____ Part B____

Secondary/Supplement Insurance_____Policy#_____

Medicaid Recipient Y__ N___ Please provide #_____

Signature of person completing application_____ Date_____

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

Exhibit A & N