



LAKEVIEW MANOR

SENIOR LIVING

Welcome to Lakeview Manor Senior Living Community!

On behalf of the residents and staff of Lakeview Manor, I would like to extend a warm and heartfelt welcome to you and your family. We are truly delighted you have chosen to become part of our community.

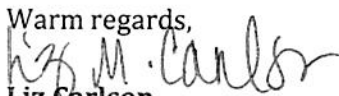
We understand that transitioning into a new environment can feel overwhelming — with unfamiliar routines, new faces, and different surroundings. Please know that our dedicated team is here to ensure your experience is as smooth and comfortable as possible. Our goal is to help you feel at home, surrounded by care, companionship, and support.

At Lakeview Manor, we are committed to creating an environment where you can thrive. Whether it's a friendly conversation, a helping hand, or a peaceful place to relax, we want you to feel safe, respected, and valued every day.

Enclosed in this packet, you'll find helpful information to assist you in settling into your new home. Should you have any questions or need assistance at any time, please don't hesitate to reach out to me directly.

We are grateful to have you with us and look forward to making your time here meaningful and fulfilling.

Warm regards,



Liz Carlson

Executive Director

Lakeview Manor Senior Living



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Dear Potential Resident and Family Members of Lakeview,

At Lakeview Manor, we are deeply committed to providing high-quality care and a supportive environment for our senior residents. Over the past year, we've taken great strides in transforming our community—from updated signage and refreshed furnishings to the integration of new technologies—all designed to enhance your daily living experience.

Below are just a few reasons why living at Lakeview Manor offers a unique and enriching lifestyle:

NO MAINTENANCE OR REPAIRS

Say goodbye to the hassles of mowing the lawn or fixing appliances. Lakeview Manor offers a maintenance-free lifestyle, giving you more time to enjoy the things you love.

AMENITIES & CONVENIENCE

Enjoy meal plans, trash removal, entertainment access, and our on-site beauty salon and barber shop—with appointments available every Tuesday.

SOCIALIZATION

We offer engaging ways for residents to stay connected—whether over coffee in the dining room, an afternoon movie, or group activities. Social opportunities are essential to personal care and emotional wellness.

24-HOUR SECURITY

Feel secure with around-the-clock staffing, fire suppression systems, emergency call buttons, and 24/7 video monitoring. Your peace of mind is our priority.

PEACE OF MIND

Leave the burdens of homeownership behind. Lakeview provides the comforts of home without the stress, allowing you to enjoy familiar routines in a secure, welcoming setting.

CONVENIENCE TO ENJOY LIFE

Retirement should be a time of enjoyment. With chores and errands taken care of, you're

free to discover new interests or revisit long-lost hobbies.

At Lakeview Manor, we promise to do everything in our power to exceed your expectations and deliver the highest quality care through our compassionate and dedicated team.

Warmest regards,

A handwritten signature in black ink, appearing to read "Liz M. Carlson". The signature is fluid and cursive, with the first name "Liz" and last name "Carlson" clearly distinguishable.

Liz Carlson

Executive Director

Lakeview Manor Senior Living



LAKEVIEW MANOR SENIOR LIVING

Dear Resident or Prospective Resident of Lakeview Manor,

We are honored to welcome you as a current or future member of our Lakeview Manor community. Please accept this letter as formal notification of updated rates for independent and assisted living accommodations at Lakeview. Our continued commitment is to provide you with outstanding service, quality care, and a vibrant living experience.

Your monthly rent includes the following enhancements:

- - Reliable staffing and increased wages to support quality care
- - Expanded activity budgets for both on- and off-campus programs
- - Upgraded transportation and resident health monitoring systems
- - Enhanced food service with fresh, high-quality meals and variety
- - Technology upgrades, including access to internet services and notification boards (monitoring equipment fee applies)

Emergency Response System:

All residents will receive an upgraded emergency response button or bracelet. This upgrade carries a one-time charge:

- Independent Living: \$800.00
- Assisted Living: \$600.00

Updated Monthly Rates – Effective August 1, 2023

Accommodation Type	Monthly Rate
Independent Living	\$3,000 + electric (paid by resident)
Assisted Living – Large Room	\$4,000.00
Assisted Living – Small Room	\$3,800.00
Assisted Living – X-Small Room	\$3,600.00

Room Hold Deposits (Non-Refundable):

- \$1,500 for assisted living rooms
- \$2,000 for independent living units

If you have any questions about these changes or would like to discuss your options, please don't hesitate to reach out.

Sincerely,

A handwritten signature in black ink, appearing to read "Liz Carlson". The signature is fluid and cursive, with the first name "Liz" and last name "Carlson" clearly distinguishable.

Liz Carlson

Executive Director

Lakeview Manor Senior Living



LAKEVIEW MANOR SENIOR LIVING

Dear Residents and Family Members of Residents:

Mrs. Marie Lastinger has so graciously come into Lakeview every Tuesday to cut, wash, give perms to, style, dye, etc. our residents' hair as they request. The prices have remained the same throughout her tenure.

Due to the rising costs of everything in our society today, we must now increase the prices charged in the salon in order to ensure she will remain with us. These prices will go into effect January 1, 2024. These prices apply to everyone—both residents and staff.

Service Menu:

- - Men's Cuts \$15-\$20
- - Clipper Cut All Over \$15
- - Women's Cuts (Includes shampoo & set) \$35
- - Perms (Includes Haircut and Style) \$70
- - Shampoo/Set \$25
- - Shampoo/Blow Dry \$20
- - Color \$75
- - Shampoo \$10

If you have any questions or concerns, feel free to contact me or speak with Marie on Tuesdays.

Thank you for your understanding.

Liz Carlson
Executive Director



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Resident Information/Data Sheet

Admission Date: _____

Room Number: _____

Resident Information

Last Name: _____ First Name: _____ Middle: _____

Suffix: _____ Preferred Name: _____

☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Dr. Marital Status: ☐ Single ☐ Widowed ☐ Married ☐ Divorced ☐ Separated

Birth Date: _____ Age: _____ SSN: _____

Sex: ☐ Male ☐ Female

Previous Occupation: _____

Previous Street Address: _____

City: _____ State: _____ Zip: _____

Referral Source (if agency must complete below): Family Referral

Agency Name: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Agency Contact: _____ Agency Phone Number: _____

Diagnosis: _____

Next of Kin/Emergency Contacts

Primary Contact Name: _____ Relationship: _____
Street Address: _____ City: _____ State: __ Zip: _____
Daytime Phone: _____ Night Phone: _____ Cell Phone: _____
Secondary Contact Name: _____ Relationship: _____
Street Address: _____ City: _____ State: __ Zip: _____
Daytime Phone: _____ Night Phone: _____ Cell Phone: _____

Insurance Information

Medicare Number: _____
Insurance Company: _____ Policy Number: _____
Insurance Contact: _____ Group Number: _____
Are you entitled to VA Benefits? ☐ Yes ☐ No VA Number: _____

Resident Preferences

Physician: _____ Physician's Address: _____ Phone: _____
Hospital: _____ Hospital's Address: _____ Phone: _____
Pharmacy: _____ Pharmacy's Address: _____ Phone: _____

Outside Agency Contacts

Name: _____ Address: _____ Phone: _____ Case
Manager/Therapist: _____

Religious Affiliations (Optional)

Name: _____ Address: _____ Phone: _____
Minister/Priest/Rabbi: _____

Funeral Provisions (Optional)

Name: _____ Address: _____ Phone: _____ Contact
Person: _____

Allergies to Medications

Medication: _____ Reaction: _____

Medication: _____ Reaction: _____

Medication: _____ Reaction: _____

****Discharge Information****

Date of Discharge: _____ Discharged To: _____

Address: _____ Phone Number: _____



LAKEVIEW MANOR SENIOR LIVING

PHYSICIAN'S MEDICAL EVALUATION

For Admission to an Assisted Living Community
State of Georgia

Resident Information

Full Name: _____

Date of Birth: _____

Gender: _____

Social Security Number: _____

Medical History

Diagnoses:

Allergies (medication, food, environmental):

Is the resident free of communicable disease? Yes / No

If no, explain: _____

Functional Assessment

Ambulatory Status: ☐ Independent ☐ Needs Assistance ☐ Non-Ambulatory

Uses Assistive Devices: ☐ Walker ☐ Cane ☐ Wheelchair ☐ None

Vision: ☐ Normal ☐ Impaired Hearing: ☐ Normal ☐ Impaired

Speech: ☐ Normal ☐ Impaired

Cognitive Status: ☐ Alert ☐ Confused ☐ Dementia Diagnosis ☐ Other: _____

Behavioral Concerns:

Activities of Daily Living (ADLs)

Bathing: ☐ Independent ☐ Needs Assistance ☐ Dependent

Dressing: ☐ Independent ☐ Needs Assistance ☐ Dependent

Toileting: ☐ Independent ☐ Needs Assistance ☐ Dependent

Transferring: ☐ Independent ☐ Needs Assistance ☐ Dependent

Eating: ☐ Independent ☐ Needs Assistance ☐ Dependent

Medication Management: ☐ Independent ☐ Needs Assistance ☐ Dependent

Medications

List all current medications, dosages, and frequencies or attach MAR:

Special Services or Needs

Oxygen Use: ☐ Yes ☐ No

Special Diet: _____

Other Needs: _____

Physician's Evaluation and Recommendation

In my professional opinion, this individual:

☐ Is appropriate for Assisted Living Placement

☐ Is not appropriate for Assisted Living Placement

Comments:

Physician's Name (Print): _____

Physician's Signature: _____

Date: _____

Phone Number: _____ Fax: _____

Address: _____



LAKEVIEW MANOR

SENIOR LIVING

TUBERCULOSIS (TB) SCREENING FORM

State of Georgia – Assisted Living Facilities

New Resident Admission – TB Risk Assessment and Clearance

Resident Information

Full Legal Name: _____

Date of Birth: _____ Gender: _____

Social Security Number: _____

Admission Date: _____

Tuberculosis Risk Assessment

1. Has the resident ever had a positive TB skin test (TST) or blood test (IGRA)? ☐ Yes ☐ No
2. Has the resident ever been diagnosed or treated for active or latent TB? ☐ Yes ☐ No
3. Has the resident had close contact with someone with active TB disease? ☐ Yes ☐ No
4. Does the resident have any of the following risk factors?
 - ☐ HIV infection or other immunocompromising condition
 - ☐ History of homelessness, incarceration, or substance abuse
 - ☐ Resident of or recent admission to a long-term care or correctional facility
 - ☐ Travel to or immigrate from TB-prevalent regions

TB Testing (within 12 months prior to or at admission)

Tuberculin Skin Test (TST):

Date Administered: _____ Date Read: _____

Result (in mm): _____ Interpretation: ☐ Negative ☐ Positive

OR

TB Blood Test (IGRA):

Date of Test: _____ Result: ☐ Negative ☐ Positive ☐ Indeterminate

Chest X-ray (if required due to positive TST or IGRA)

Date: _____ Result: ☐ Normal ☐ Abnormal

If abnormal, specify findings: _____

Healthcare Provider Certification

☐ Resident is free from communicable tuberculosis and is cleared for admission.

☐ Further TB evaluation is recommended before admission.

Provider Name (Print): _____

Provider Signature: _____

Date: _____

Facility/Clinic: _____

Phone Number: _____ Fax: _____