This is an Agreement between Woodway Senior Living (“the Facility”) and ______________________, individually and by the legal representative subscribing to this agreement (“the Resident”).

RECITATIONS

1. The Facility is located at 1712 East Maplewood Ave. Bellingham, WA 98225. It is licensed in the state of Washington as a boarding home under the Revised Code of Washington (“RCW”) Chapter 18.20. The license number of the Facility is 2024.

2. Nothing in this agreement is intended to limit the legal rights and responsibilities of the parties under related provisions of law, including the rights of long term care residents as specified in RCW Chapter 70.129.

3. The parties agree to the terms and conditions specified in Sections I through Section VI, below, including the exhibits to this agreement, specifically Services Included in Monthly Rent (Exhibit 1), Assisted Living Charges (Exhibit 2) and Additional Services not Covered in Monthly Rent (Exhibit 3).

I. SERVICES, ITEMS AND ACTIVITIES

Beginning on ______________________, the Facility shall provide to the Resident the services, items and activities listed in Exhibits 1 at the Basic Services Rate described in Section II below. Other services, items and activities, available for an additional cost, are described on Exhibit 3 and may be provided if requested by the resident.

II. FEES

A. Basic Services Rate

The rent, as of the date of this Agreement, is $______________ per month. The rate is based on the Resident’s level of required care, and or selected services and includes the services, items and activities listed on Exhibit 2 and 3. The level of care and required services have been determined by Facility staff, in consultation with the Resident, and appropriate health care professionals.

B. Total Rate

The Total Rate, as of the date of this Agreement, is $______________ per month. This rate is the sum of the Basic Services Rate, identified above, plus the rates for additional services selected by the Resident on Exhibit 3.
C. Payments

The Total Rate consisting of the monthly rent and selected additional services is due on or before the 5th of each month. Rent received on or after the 6th day of each month shall result in assessment against Resident of a $300.00 late payment charge plus $10.00 each additional day thereafter that rent has not been paid in full, which shall be considered to be additional rent and must be paid at the time of the delinquent rent is paid. Any check which fails to clear the bank shall be treated as unpaid rent and shall be subject to the aforementioned late payment charge, plus a $50.00 returned check fee. Should Resident submit a check that is dishonored or returned for insufficient funds, or should Resident offer to cure any default following receipt of a Pay or Vacate Notice, Resident shall make such payment by cash, cashier’s check or money order. If Resident gives owner two checks that are returned for nonpayment, all future payments by Resident shall be made by cash, cashier’s check or money order. Notwithstanding the foregoing, Owner may issue an Eviction Notice after the rental due date without waiting until late payment charges begin to accrue.

If for reason of non-payment of rent, Owner elects to give a statutory Three (3) Day Notice to Pay rent or Vacate or if Owner shall lawfully issue any other notice permitted pursuant to RCW 59.12 et seq. or RCW 59.18 et seq., Resident agrees to pay in addition to the delinquent rent and late payment charges provided for above, the sum of $250.00 for preparing and giving the notice, which shall be paid by the deadline for compliance with the Notice.

D. Deposits and Non-Refundable Fees

If a resident chooses to reserve a room, a $500 refundable security deposit will hold the room for 7 days. The entire deposit will be refunded if the client does not move in, unless the clinical assessment has been completed. In that case, half the deposit will be retained. If the resident does move in, the $500 is refundable at the time of move-out once the apartment has been cleared. Apartments left in unsatisfactory condition will be assessed and charged appropriately. A one time room cleaning fee will be collected upon move-in to pay for cleaning the room and carpets once the resident moves out. Once all fees have been assigned and paid, refunds will be processed 30 days after discharge.

All Assisted Living residents will have their rooms shampooed annually. Rooms needing to be shampooed more than one time per year due to spills, etc. will be charged an additional fee per cleaning.

Note: See Exhibit 3 for fee screens

E. Absences from Community

The parties agree that should a resident be absent from the community due to hospitalization, vacation or any other reason, the room will be reserved and charges will continue to accrue until the resident’s return or other arrangements are made by the family or guardian. This will remain in effect until written notice terminating the agreement is received by the facility as described in section VI. While the resident is away from the community, for whatever reason, they or their responsible party will be responsible for the entire rent and personal care fees listed in Exhibit 2 and Exhibit 3. Under no circumstances will there be rate adjustments for rent, level of care charges, additional services or meals.
F. Rate Changes

All services, items and activities available at the Facility, along with the related charges, are described on Exhibits 1, 2 and 3. Except in cases of emergency, the Facility will give the Resident 30 days advance written notice of any changes in the availability or charges for service, items, or activities. This does not include changes in Resident level of care in which changes become effective immediately upon re-assessment. During the first 30 days of a residents’ stay the pre-admission level of care determination may need to be adjusted based on daily observations and level of care provided as the pre-admission assessment is based on a very narrow window of time. If adjustments are needed, the facility will give written notice of the change.

If, due to a change in his or her condition, the Resident needs greater or fewer services, the Facility will provide the needed services, at the level of care rates described in Exhibit 2 or 3. The charges for new services may exceed the rates specified on Exhibit 2 or 3 only if the Facility has given the Resident 30 days advance written notice of the fee change. Whether or not the Resident needs greater or fewer services will be determined by the Facility, after an appropriate assessment, and in consultation with the Resident. The Resident has the right to refuse any service offered by the Facility.

The Facility will notify the Resident as soon as possible of any changes in the resident’s condition that require a different level of service. Unless the Resident directs the Facility otherwise, the Facility also will provide the notice to the Resident’s representative.

G. Medicaid

Residents may convert to Medicaid after residing at The Facility for two years. This facility has small studio apartments available for residents who have Medicaid as a payment source. If a resident occupies a larger studio or one or two bedroom apartment at the time of conversion to Medicaid, the resident will be required to move into the smallest studio apartment available, regardless of that apartment’s location in the facility. The Facility will provide 30 days notice of the move to allow residents and their family’s ample time for making the transition.

III. RESIDENT’S RIGHTS AND RESPONSIBILITIES

A. Resident Rights

Resident acknowledges that he or she has been provided with a list of Resident’s Rights and that a representative of the Facility has explained these rights to the Resident prior to or upon admission. The Facility shall protect and promote the rights of each resident.

B. Resident Handbook

Resident acknowledges that he or she has been provided with a Resident Handbook containing the general policies and rules of the Facility, and that a representative of the Facility has explained these policies and rules to the Resident prior to or upon admission. The Resident agrees to abide by and observe these policies and rules, to the extent that they do not conflict with RCW chapter 70.129 (Washington’s Long-Term Care Resident Rights). Except in cases of emergency, the Facility will give 30 days advance written notice to the Resident and the Resident’s representative of any change in the Facility’s policies or rules.
C. Nondiscrimination

The Facility will not discriminate and will comply with all applicable state and federal laws with respect to age, race, national origin, ancestry, religion, sex, handicap, or disability.

IV. RESIDENT’S VALUABLES

The Resident has the right to have and use personal property, space permitting, provided that it does not endanger the health or safety of others. The Facility shall protect and promote this right.

The Resident and the Facility shall both take reasonable steps to ensure that the Resident’s property is not lost, stolen, or damaged. If the Resident’s unit is lockable, the Resident shall be issued a key to the unit. If the Resident’s unit is not lockable, the Resident will be provided with lockable storage space upon request.

We strongly encourage our residents to protect their valuables by not bringing them into the facility. The facility is unable to provide complete protection for each resident’s articles. However, in an effort to assist you in providing protection for your belongings, we offer you the opportunity to declare any personal possessions upon admission including clothing, valuables and equipment. Each apartment is equipped with one locked space for added safety of your belongings. The parties agree that the facility is not responsible for lost articles but will make reasonable efforts to recover lost items.

V. TERMINATION OF THIS AGREEMENT

A. Termination by Resident and Refund Policy

The Resident may terminate this agreement at any time, regardless of cause, by giving the Facility a written 30 day notice indicating the date of termination. The Resident shall remain liable for all rent and personal care service fees accruing to the “Termination Date” even if the Resident vacates the premises prior the “Termination Date.” If, because of death the Resident or Resident Responsible party cannot give a 30-day written notice, Resident agrees to pay rent for fifteen (15) days (including rent and personal care fees) after vacating the premises, including removal of belongings.

The Facility shall refund any amount due to the Resident or his or her representative, less charges for damage beyond normal and reasonably foreseeable wear and tear caused by the Resident, within 30 days of the Resident’s death, discharge, or transfer. (The condition of the Resident’s unit as of the date of this agreement is described in Exhibit 4.) The Facility also shall provide to the Resident or the Resident’s representative an explanation of any charges retained by the Facility.
B. Termination by Facility and Discharge or Transfer Requirements

The Facility will permit the Resident to remain in the Facility, and will not transfer or discharge the Resident against the Resident’s will unless:

1. The Resident has failed to make the required payment for his or her stay;

2. Transfer or discharge is necessary for the Resident’s welfare and the Resident’s needs cannot be met by the Facility;

3. The safety of individuals in the facility is endangered;

4. The health of individuals in the facility would otherwise be endangered;
   Or

5. The Facility ceases to operate.

If the facility transfers or discharges the Resident for one of the above reasons, the Facility shall provide written notice of the discharge to the Resident and his or her representative at least 30 days in advance. However, written notice may be made on less than 30 days, and as soon as practicable before discharge or transfer if (1) the health or safety of individuals in the Facility would be endangered, or (2) an immediate transfer or discharge is required by the Resident’s urgent medical needs, or (3) the Resident has not resided at the Facility for 30 days.

Before transferring or discharging a resident, the Facility will attempt, through reasonable accommodations, to avoid the transfer or discharge, unless the transfer or discharge is agreed to by the Resident.

If the resident dies or must be transferred by the Facility to a hospital or another facility for more appropriate care, and the Resident does not return to the Facility, the Facility shall comply with the refund requirements set forth in Section V.A. above.
VI. SIGNATURES

The parties acknowledge and agree that this Agreement contains their entire understanding and agreement between them and that all other representations, assurances, and promises, either oral or written, not incorporated or contained herein, are void and of no force and effect. If any term or provision of this Agreement shall to any extent be determined to be invalid, illegal or unenforceable, the remainder of this Agreement shall not be affected. Each term of this Agreement shall be valid and enforceable to the fullest extent consistent with applicable law and this Agreement shall be interpreted and construed as though the invalid, illegal, or unenforceable term or provision were not contained in this Agreement.

I/We have read, understand, and agree to the terms of the Agreement and understand that it is a complete expression of this Agreement. I/We understand that there are no verbal promises or understandings pertaining to this contract other than those specified in the Agreement. I/We agree that any amendments or modifications to this Agreement must be in writing and signed by the Landlord and me/us. I/We acknowledge receiving copies of this Agreement, and of all addenda as listed on Item 3 of the recitations section on page 1 of the Agreement. I/We agree to abide by the terms and requirements that are presented therein.

My signature below as the Resident indicates that I have read, or had read to me, the provisions of this Agreement, that I enter into this Agreement voluntarily, that I agree to be bound by all of its terms, and that I have received a copy of this Agreement for my own records.

______________________________________________  ____________________
(Resident’s Signature)                        (Date)

______________________________________________  ____________________
(Signature of Resident’s representative, if applicable)  (Date)

If the Resident is not signing individually, but rather this agreement is signed by a Resident’s representative due to the incapacity (as that term is used in RCW 11.88.010) of the Resident a signature is required by a person other than the individual resident who will be responsible for charges to the Resident under this agreement.

______________________________________________  ____________________
(Signature of Financially Responsible Resident’s Representative)  (Date)

______________________________________________  ____________________
(Signature of Facility representative)  (Date)
EXHIBIT 1

SERVICES INCLUDED IN MONTHLY RENT

Each resident is assessed prior to admission to determine the most appropriate level of care. Each level of care includes the following:

1. 24 hour assistance including personal care needs, such as bathing, dressing, grooming, toileting (*including incontinent care*) and medication management by RN / LN staff.

2. 3 meals per day plus snacks.

3. Limited housekeeping services which may include: Bed making, light dusting, cleaning the BR, wiping off counters, and other tasks as requested by resident 1 x weekly. Additional services or frequency of services may be requested for an additional fee.

4. Clean linens once per week.

5. Planned activity programs including daily visits for shut-ins. Individual programming is available. Activities include social, physical, cognitive, spiritual, and community events.

6. The Facility is staffed 24 hours a day, seven days per week with both professional and paraprofessional staff.

7. Immediate consultation with Resident’s physician and, unless the Resident objects, notification to resident’s legal representative or an interested family member whenever (a) the Resident is involved in an accident which requires or may require physician intervention; or (b) there is a significant change in the Resident’s physical, mental, or psychosocial status.

8. Prompt notice to the Resident or the Resident’s representative, and, unless the Resident objects, notice to an interested family member whenever there is a decision to transfer or discharge the Resident from the Facility.

9. Transportation arrangements – Our professional staff are available to assist when needed.

10. Educational opportunities for residents and families when available.

11. The Facility will arrange for the purchase and delivery of personal care items needed including DME supplies, Pharmacy, etc.
EXHIBIT 2

WOODWAY SENIOR LIVING CHARGES

Assisted Living Charges

Studio Rooms:
Standard $2195 / Month
Deluxe $2395 / Month

1 Bedroom Units:
1 Bed Small $2495 / Month
1 Bed $2595 / Month
1 Bed Deluxe $2795 / Month

2 Bedroom Units:
2 Bed $2995/ Month

2nd Occupant $500.00 (plus level of care charges below)

Levels of Care

Level 1 $300 0-20 points
Level 2 $600 21-40 points
Level 3 $900 41-60 points
Level 4 $1,200 61-80 points

Additional fees will be added for:

- Care that exceeds a level 4 at $50.00 per point based on the clinical assessment.

- All units include full kitchen or kitchenettes that are equipped with sink, microwave, and refrigerator.

Except in cases of emergency, the facility will give the resident 30 days advance written notice of any changes in the availability of or charges for services, items, or activities.
**EXHIBIT 3**

**ADDITIONAL SERVICES NOT COVERED IN THE MONTHLY RENT**

*(Please circle all that apply)*

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>N/A (Resident Responsibility to set up)</td>
<td></td>
</tr>
<tr>
<td>Application Fee</td>
<td>$250.00 Non-Refundable</td>
<td></td>
</tr>
<tr>
<td>Cleaning Deposit</td>
<td>$195.00 Non-Refundable</td>
<td></td>
</tr>
<tr>
<td>Room Security Deposit</td>
<td>$500.00 Refundable at Discharge</td>
<td></td>
</tr>
<tr>
<td>Pet Deposit</td>
<td>$600.00 Non-Refundable</td>
<td></td>
</tr>
<tr>
<td>Pet Fee</td>
<td>$25.00 Monthly Charge</td>
<td></td>
</tr>
<tr>
<td>Key (Lost/Additional)</td>
<td>$5.00 Per Key</td>
<td></td>
</tr>
<tr>
<td>Electric Wheelchair Deposit</td>
<td>$250.00 Non-Refundable</td>
<td></td>
</tr>
<tr>
<td>Waiting List Deposit</td>
<td>$100.00 Applied towards Security Deposit</td>
<td></td>
</tr>
<tr>
<td>Oxygen Management</td>
<td>$50.00 Monthly Charge</td>
<td></td>
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<tr>
<td>Treatments</td>
<td>$75.00 Monthly Charge</td>
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</tr>
<tr>
<td>Diabetic Management</td>
<td>$125.00 Monthly Charge</td>
<td></td>
</tr>
<tr>
<td>Carpet Shampooing</td>
<td>$150.00 Per Occasion required once annually</td>
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</tr>
<tr>
<td>Extra Point Charge ALF</td>
<td>$50.00 Charge per point</td>
<td></td>
</tr>
<tr>
<td>Guest Meals</td>
<td>$7.50 per meal</td>
<td></td>
</tr>
<tr>
<td>Tray Service</td>
<td>$7.50 per day</td>
<td></td>
</tr>
<tr>
<td>Non-contracted Pharmacy Charge</td>
<td>$100.00 Monthly Charge</td>
<td></td>
</tr>
<tr>
<td>Medication Delivery</td>
<td>$5.00 per request</td>
<td></td>
</tr>
<tr>
<td>Personal Laundry</td>
<td>$75.00 Monthly</td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td>$10.00 Per 15 minutes staff time (does not include general housekeeping)</td>
<td></td>
</tr>
</tbody>
</table>

Except in cases of emergency, the Facility will give the Resident 30 days advance written notice of any changes in the availability of or changes for services, items, or activities.
EXHIBIT 4

CONDITION OF RESIDENT’S UNIT

I have inspected the unit described above and agree that the above description accurately reflects the current condition of the unit.

____________________________________________  __________________
(Resident’s signature)  (Date)

____________________________________________  __________________
(Signature of Resident’s representative, if applicable)  (Date)

____________________________________________  __________________
(Signature of Facility representative)  (Date)
EXHIBIT 5

RESIDENT AND FACILITY ARBITRATION AGREEMENT – READ CAREFULLY

It is understood and agreed by ________________________________ (the “Facility”) and ____________________ (the “Resident”, hereinafter collectively referred to as “claim” or “claims”) that any legal dispute controversy, demand or claim that arises out of or relates to the Resident Admission Agreement or any service or health care provided by the Facility to the Resident, shall be resolved exclusively by binding arbitration to be conducted at a place agreed upon by the parties, or in the absence of such agreement, at the Facility, in accordance with the American Health Lawyers Association (“AHLA”) Alternative Dispute Resolution Services Rules of Procedure for Arbitration which are hereby incorporated into this agreement, * and not by a lawsuit or resort to court process except to the extent that applicable state or federal law provides for judicial review of arbitration proceedings or the judicial enforcement of arbitration awards.

This agreement to arbitrate includes, but is not limited to, any claim for payment, nonpayment or refund for services rendered to the Resident by the Facility or by the Resident Admission Agreement, breach of contract, fraud or misrepresentation, negligence, gross negligence, malpractice, or any other claim based on any departure from accepted standards of medical or health care or safety whether sounding in tort or in contract. However, this agreement to arbitrate shall not limit the Resident’s right to file a grievance or complaint, formal or informal, with the Facility or any appropriate state or federal agency.

The parties agree that damages awarded, in an arbitration conducted pursuant to this Arbitration Agreement shall be determined in accordance with the provisions of the state or federal law applicable to a comparable Civil Action, including any prerequisites to, credit against or limitations on, such damages.

It is the intention of the parties to this Arbitration Agreement that it shall inure to the benefit of and bind the parties, their successors and assigns, including the agents, employees and servants of the Facility, and all persons who claim is derived through or on behalf of the Resident, including that of any parent, spouse, child, guardian, executor, administrator, legal representative, or heir of the Resident.

All claims based in whole or in part on the same incident, transaction, or related course of care or services provided by the Facility to the Resident, shall be arbitrated in one proceeding. A claim shall be waived and forever barred if it arose prior to the date upon which notice of arbitration is given to the Facility or received by the Resident, and is not presented in the arbitration proceeding.

The parties understand and agree that by entering this Arbitration Agreement they are giving up and waiving their constitutional right to have any claim decided in a court of law before a judge and a jury.

The Resident understands that (1) he/she has the right to seek legal counsel concerning this agreement, (2) the execution of this Arbitration is not a precondition to the furnishing of services to the Resident by the Facility, and (3) this Arbitration Agreement may be rescinded by written notice to the Facility from the Resident within 30 days of signature. If not rescinded within 30 days, this Arbitration Agreement shall remain in effect for all care and services subsequently rendered at the Facility, even if such care and services are rendered following the Resident’s discharge and readmission to the Facility.

____________________________________  ______________________________________
Resident/Representative Signature     Date
Facility’s Authorized Agent          Date

____________________________________  ______________________________________
Resident/Representative Printed Name  Facility’s Authorized Agent Printed Name

*Information regarding AHLA and/or its arbitration and rules is available at: American Health Lawyers Association, 1025 Connecticut Avenue NW, Suite 600, Washington, DC 20036-56405, Phone: (202) 833-1000/Fax: (202) 833-1105, www.healthlawyers.org; or American Health Lawyers Association, Alternative Dispute Resolution Service, 1666 Connecticut Avenue, NW, Suite 500, Washington, DC 20009, Phone: (202) 387-4176/Fax (202) 478-5155, e-mail: adr@healthlawyers.org
The Resident and Manager have entered into a Rental Agreement to which this Addendum is attached. The following special arrangements are hereby made part of the Agreement:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Dated this _______day of___________, 20__

Apartment #_______

Resident/Representative Signature: ________________________________

Facility Representative Signature: ________________________________
EXHIBIT 7

WOODWAY SENIOR LIVING
MEDICAID DISCLOSURE FORM

This Facility currently participates in the Medicaid Program as it applies to licensed Boarding Homes/Assisted Living Facilities in the State of Washington. In the future, This Facility may choose to withdraw from participating in the Medicaid Program.

If This Facility chooses to withdraw from the Medicaid Program This Facility may continue to provide Medicaid Program services to residents, assuming Medicaid eligibility is maintained.

Upon such withdrawal from the Medicaid Program, Medicaid Program services can continue to be provided to residents who were receiving these services on the day before the effective date of This Facility's withdrawal from the Medicaid Program; or to residents who have been paying This Facility's "private pay" rate for at least the two year period immediately prior to This Facility's termination of its Medicaid Contract and residents who become eligible for Medicaid within one hundred and eighty (180) days of the date of This Facility's termination of its Medicaid contract.

Notwithstanding the above, if This Facility chooses to withdraw from the Medicaid Program it may discharge or refuse residency to current residents if the residents become eligible for Medicaid at any time after termination of the Medicaid contract and the resident's have not resided at This Facility, paying a 'private pay' rate, for at least the two year period immediately prior to termination of the Medicaid contract.

Also, any resident who becomes eligible for Medicaid more than one hundred and eighty (180) days after the date of This Facility's termination of its Medicaid contract will not be able to remain at This Facility under the Medicaid program.

Nothing in this notice should be treated or interpreted as a waiver of This Facility’s authority and responsibility to initiate transfer or discharge proceeding under authority of RCW 70.129.110 when appropriate for any reasons justified under the provisions of that statute.

Should you have questions about Medicaid eligibility or those facilities in the area accepting Medicaid you are urged to contact the Medicaid Waiver Program of the Washington State Department of Social and Health Services at (360) 725-2385.

The foregoing Medicaid Eligibility notification is acknowledged this ____ day of _______________.

__________________________________
Resident Signature

Initials ___________ Revised January, 2011
EXHIBIT 8

Pet Policy

Resident Name: _______________________________ Apt. Number ________________
Facility _______________________________ Date ________________________________

We understand the importance of a pet for many residents. We also recognize the importance of appropriate guidelines and rules to protect the quality of life for other residents as well as the pet involved.

1. The Executive Director will determine the appropriateness of the apartment size and location for a specific pet.
2. The Executive Director may direct that the pet not be in any part of the building or common areas other than the resident’s apartments. The resident and Executive Director will agree on the most appropriate route for taking the pet in and out of the building.
3. The resident may not keep exotic pets.
4. A pet may not disturb any other resident, staff or neighbors with noise, odor or behavior.
5. Resident will pay a one-time $600.00 non-refundable pet fee.
6. In addition to the monthly rent, resident will pay a monthly fee of $25.00.
7. Executive Director has the right to refuse any pet.
8. Pets must be licensed as required by local authorities.
9. Evidence of current vaccinations, spaying and neutering may be required. Appropriate pest (flea) control must be maintained.
10. The resident is responsible for proper pet care including food, water, exercise, grooming and waste disposal. If the resident is unable to properly care for his/her pet the facility staff will not be responsible for the care of any pet, and will require the pet to be removed from the premises.
11. Pets visiting a resident are subject to the same policies as resident pets. Prior arrangements should be made through the Executive Director.
12. Should the pet become a threat to the resident, staff or visitors, or develop health problems such as but not limited to incontinence, the Executive Director may require that the pet be removed from the premises within 48 hours. In the event of an emergency, the Executive Director may require and arrange for the pet’s immediate removal at the resident’s expense.

This policy may not apply to a service animal.

Resident _______________________________ Date ________________________________
Facility Representative ___________________ Date ________________________________

Initials _________ Revised January, 2011

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