

# Mother of Good Counsel Home



6825 Natural Bridge Road  
St. Louis, MO 63121

314-383-4765 (main number)

314-383-7256 (FAX)

Website: [www.mogch.org](http://www.mogch.org)

Administrator: Sister M. Anselma

Email: [smanselma@mogch.org](mailto:smanselma@mogch.org)

Cell Phone: (618) 219-5004



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The Mother of Good Counsel Home is a private pay skilled nursing facility, and does not offer Medicare or Medicaid beds.

For admission, a new resident must meet both the Home's clinical criteria and financial criteria. The Home's financial criteria require proof of *at least* three years of financial assets. These assets include, but are not limited to:

- Long term care insurance
- Pension and Social Security benefits
- Checking and Savings accounts
- Money market accounts, certificates of deposit, or other investment vehicles
- Real estate

**Room Rates per day\***

<b>Small Private</b>	<b>\$260</b>
<b>Medium Private</b>	<b>\$276</b>
<b>Large Private</b>	<b>\$293</b>
<b>Extra Large Private</b>	<b>\$302</b>
<b>Extra Large Semi-Private</b>	<b>\$213 per person</b>
<i>(for married couples or family members who wish to room together)</i>	



\*Room Rates are subject to change. Notice will be given prior to the increase.



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### **Covered Services:**

The above daily rate covers the following:

1. Room and board
2. Routine nursing care, with a Registered Nurse either on duty or on call at all times
3. Assistance with activities of daily living and general supervision and personal services required for health, safety, and good grooming
4. Physical therapy / Restorative services to the extent that they can be provided with staff, equipment, and supplies routinely available at the Home
5. Social services
6. Laundry (Home-supplied bed linens, towels, etc.)
7. General housekeeping of rooms / halls
8. Pastoral Care – including chapel, daily Mass, benediction, sacraments, special prayers
9. Physician-ordered special diet
10. Assistance with eating
11. Wheelchairs, walkers, splints, and canes that are in stock as needed
12. Cable television

### **Services/Supplies Not Covered by Daily Rate:**

The daily rate does not include charges for the services and supplies for Items (1) through (15) below. Charges for these services and supplies will either be billed directly by the provider of the service or supply, or will be included as additional charges on the monthly bill. The Home will make good faith attempts to advise the Responsible Party of these charges, but most of the services and supplies are provided by persons or entities not under the control of the Home, and the Responsible Party understands and agrees that advance notice of increases in cost may not be provided to the Responsible Party.

1. Medication – both prescribed and over-the-counter
2. Physician and hospital services
3. Periodicals and newspapers
4. Personal clothing and gowns
5. Ambulance charges and transportation for hospitalization or physician's appointments
6. Consultative services (e.g. physical therapy, occupational therapy, speech therapy, audiology, optometry, podiatry)
7. Private phone line
8. Continuous special duty nurses
9. Laboratory and portable x-ray services
10. Enteral feeding supplies, equipment, and food
11. Physical therapy evaluation
12. Personal items such as cosmetics and toiletry items\*
13. Nursing and medical supplies\*
14. Personal laundry\*
15. Beautician and barber services\*

\*Denotes items or services that may be obtained at the Home



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### PRICES FOR COMMONLY CHARGED ITEMS

#### Toiletry Item Approximate Charges:

Deodorant	\$0.68 each
Denture Cleanser	\$1.04 (6 per packet)
Lip Balm	\$2.90 each
Lotion/Body Wash	\$1.46 each (4 oz. bottle)
Petroleum Jelly	\$4.76 each
Kleenex	\$2.45 each
Toothbrush	\$0.15 each
Toothpaste	\$0.76 each
Briefs	\$14.70 per pack – prices vary according to size
Attends	\$13.50 per pack – prices vary according to size

#### Beauty Shop Charges:

Shampoo and blow dry	\$20
Shampoo, cut & blow dry	\$30
Shampoo, set & style	\$25
Shampoo, cut, set & style	\$35
Shampoo, cut, perm, set & style	\$60
Hair Cuts (Women)	\$20
Barber services (Men)	\$15
Coloring	Add \$10
Relaxer	Add \$15

#### Laundry Charges (laundered weekly if no specific resident plan is in place)

Underwear	monthly fee of \$10
Outer clothing (blouse, dress, pants, etc.)	\$1.25 per article
Nightwear (nightgowns, pajamas)	\$0.75 per article

Mother of Good Counsel Home  
Application for Admission

Date applied: \_\_\_\_\_  
Name \_\_\_\_\_  
Preferred Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Present Location \_\_\_\_\_  
Referred by \_\_\_\_\_  
Birth date \_\_\_\_\_  
Age \_\_\_\_\_  
Attending Physician \_\_\_\_\_

Marital Status  M  W  D  S  
Birthplace \_\_\_\_\_  
Religion \_\_\_\_\_  
Education \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Former Occupation \_\_\_\_\_  
Military Service (self):  
Branch \_\_\_\_\_ Date \_\_\_\_\_  
Military Service (Spouse):  
Branch \_\_\_\_\_ Date \_\_\_\_\_

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Responsible Party  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Alternate Contact  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Alternate Contact  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Alternate Contact  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

.....  
Name of person managing financial affairs \_\_\_\_\_

Durable Power of Attorney for Finances  Yes (please attach a copy)  No

Durable Power of Attorney for Healthcare  Yes (please attach a copy)  No

Have other medical directives been completed?  Yes (please attach a copy)  No

Name of legal guardian, if applicable (please attach copy of order appointing guardian) \_\_\_\_\_

Insurance:  
Medicare # \_\_\_\_\_  
Supplemental Insurance 1 (name, group, policy #) \_\_\_\_\_  
Medicare Part D (Drug Plan): \_\_\_\_\_

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**Financial Information**

(Please attach all documentation, for instance: Social Security Statement, Brokerage Report, Summary of Account Holding, and Portfolio Summary, Insurance Policies, etc.)

**Monthly Income**

Social Security Income \_\_\_\_\_  
Public Assistance Grant \_\_\_\_\_  
Trust Fund \_\_\_\_\_  
Dividends \_\_\_\_\_  
Rent Income \_\_\_\_\_

Interest \_\_\_\_\_  
Gov't Pension \_\_\_\_\_  
Private Pension \_\_\_\_\_  
Salary \_\_\_\_\_  
Other \_\_\_\_\_

Are you willing to designate Mother of Good Counsel Home as direct payee for Social Security and any other pension payment?

Yes       No

**Resources**

Bank \_\_\_\_\_  
Type \_\_\_\_\_  
Balance \_\_\_\_\_

Stocks and Bonds:  
Indicate current market value \_\_\_\_\_  
\_\_\_\_\_

Bank \_\_\_\_\_  
Type \_\_\_\_\_  
Balance \_\_\_\_\_

Life Insurance:  
Type: (Whole or Term) \_\_\_\_\_  
Company \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Policy # \_\_\_\_\_  
Surrender Value \_\_\_\_\_

Bank \_\_\_\_\_  
Type \_\_\_\_\_  
Balance \_\_\_\_\_

Other Resources (Itemize)  
\_\_\_\_\_  
\_\_\_\_\_

LTC Insurance:  
Type \_\_\_\_\_  
Daily Payment \_\_\_\_\_  
Length of Benefit \_\_\_\_\_

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**Liabilities**

Mortgage Loan \_\_\_\_\_  
Notes Payable \_\_\_\_\_  
Credit Card Balances \_\_\_\_\_  
Real Estate Taxes Payable \_\_\_\_\_  
Insurance premiums \_\_\_\_\_  
Medications \_\_\_\_\_

Other Liabilities (Itemize)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I attest that I have listed all of my financial resources and liabilities as of the date of this Application for Admission and agree to update the information as requested by the Mother of Good Counsel Home.**

I hereby voluntarily apply for admission to the Mother of Good Counsel Home. I do warrant that all the foregoing statements, representations, and declarations made by me are true; that I have fully and fairly answered each question therein contained, and that I have not concealed or misrepresented any material fact. If I am admitted to this facility, I agree to comply with its rules and regulations, responsibilities and by-laws that may from time to time be established by it. I understand that if admitted, I am to remain at Mother of Good Counsel Home only as long as my stay is agreeable both to Mother of Good Counsel Home and to me. Either of us has the absolute right to terminate my residence at any time, for any reason satisfactory to either of us. I, furthermore, personally guarantee the Mother of Good Counsel Home payment of all costs incurred.

\_\_\_\_\_  
Signature of applicant or designee

\_\_\_\_\_  
Date

It is the policy of the Mother of Good Counsel Home to provide services to all residents without distinction as to race, creed, color, national origin, religion, sex, handicap, marital or veteran status.

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