

Senior Living Renewal Application

1. Insured's Name: _____ **Expiration Date:** ____/____/____

2. Any significant changes in operations or licensing during current year? Yes No

If yes, please explain or attach: _____

3. Any specific coverage changes required? Yes No

If yes, please explain or attach: _____

4. Are there any changes in property limits? Yes No If yes, attach current Statement of Values.

5. Average Professional Turnover: _____ % **Average non-professional turnover:** _____ %

6. Number of Residents by Level of Care:

Loc. # _____
Bldg. # _____

Occupied Beds:

- | | |
|--|----------|
| a. AIDS /HIV | a. _____ |
| b. Spinal/Head Injuries | b. _____ |
| c. Wound Management / Short Stay Post Op | c. _____ |
| d. Mental Illness (Schizophrenia, etc.) | d. _____ |
| e. Decubiti / Pressure Sores | e. _____ |
| f. Tube Feeding | f. _____ |
| g. Ventilator / Respirator | g. _____ |
| h. Developmentally Disabled | h. _____ |
| i. Alzheimers / Wanderers | i. _____ |
| j. General Geriatric / Dementia | j. _____ |
| k. Assisted Living | k. _____ |
| l. Independent Living / Apartments | l. _____ |
| m. Other _____ | m. _____ |

Total Number of Residents: _____

7. Number of Residents with Pressure Ulcers

Location # _____

Stage	Acquired Ulcers	Inherited Ulcers
I		
II		
III		
IV		

Note: Submit Care Plan for residents with acquired Stage III or IV ulcers.

8. Number of Residents:

- | | |
|-----------------|-------|
| a. Bedfast | _____ |
| b. Under Age 55 | _____ |
| c. Restraints | _____ |

9. Management- Complete if any changes from last year.

Executive Director: _____	Years Experience: ____	Years at Location: ____
Administrator: _____	Years Experience: ____	Years at Location: ____
Director of Nursing (DON): _____	Years Experience: ____	Years at Location: ____

10. Elopements

- a. Indicate the number of elopements that have occurred at each location over the past two years: _____
- b. Was harm caused to the resident(s) involved? Yes No
- If yes, please describe: _____

11. Wanderers

Number of Residents that Wander: _____ Secure Unit for Alzheimer's Residents? Yes No

Describe Security: _____

12. Any deficiencies cited on the last state inspection tagged G or higher? Yes No

If yes, please explain or attach: _____

Insured's Signature/Title

Date