



Residency and Care Agreement

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Residency and Care Agreement

Introduction

This Residency and Care Agreement (the “Agreement”) takes effect on the ____ day of _____. The Agreement is between Carolina Meadows, Inc. and you. In this paragraph and throughout the rest of the Agreement, the words “we”, “us”, “our” or “Carolina Meadows” refer to Carolina Meadows, Inc., and the words “you”, “your”, and Resident(s) refer to _____. All Residents that are parties to this Agreement shall be jointly and severally liable for payment of all fees and charges under this Agreement.

Carolina Meadows is a North Carolina non-profit corporation located in Chatham County, at 100 Carolina Meadows, Chapel Hill, North Carolina, 27517. We are a Life Plan Community licensed as a continuing-care retirement community organized to provide housing, recreation, health care and other services to people after they reach age 62 or older.

You desire to become a resident of Carolina Meadows and to use and enjoy the facilities, programs and services provided by Carolina Meadows subject to the terms and conditions of this Agreement. To that end, you shall have the exclusive right to occupy, use, and enjoy a specific Residence at Carolina Meadows, and you want to obtain related contractual services as described later in this Agreement. This Agreement entitles you to a right to occupy your chosen Residence until this Agreement is terminated as provided below. Your specific rights and responsibilities are detailed in this Agreement.

You and Carolina Meadows agree as follows:

Section 1: Your Residence and Date of Financial Responsibility

You shall have the exclusive right to occupy, use, and enjoy Residence number _____, _____, model _____, an independent living unit that hereinafter will be referred to as your “Residence”, until this Agreement is terminated by either you or us in accordance with Section 6 or 7 below. We agree to equip your Residence with wall-to-wall flooring, range with oven and microwave oven, refrigerator, dishwasher, garbage disposal and individually controlled heating and air conditioning. You agree to provide window treatments for the Residence. Your Residence is to be used for personal living purposes only and shall not be used for any business or profession or in a manner that violates

zoning restrictions or other applicable law. Nothing in this Agreement shall be construed to create any interest in the real property of Carolina Meadows or to create a leasehold or the relationship of landlord and tenant between Carolina Meadows and you.

1.1 The Entry Fee is _____ consisting of the following payments:

1.1a A Reservation Deposit of _____, paid on _____.

1.1b The balance of the Entry Fee _____, is due on or before _____.

1.2 A Resident Assistance Fee of _____ is to be paid when you pay the balance of the Entry Fee on or before _____. This fee is separate from the Entry Fee and is refundable only if you cancel this Agreement within the Rescission period of 30 days (see Section 5).

1.3 The Date of Occupancy is defined as the mutually agreed upon date when our obligation to provide you with services begins, when we make available your Residence to occupy, and when your obligation to pay for services begins. Should your desired modifications delay your ability to occupy your Residence beyond the Date of Occupancy, you agree to begin paying your Monthly Service Fee, as described in Section 2 below, on the Date of Occupancy. Your Date of Occupancy is _____. _____ initials

1.4 You will be responsible for paying for your monthly meals as provided in Section 3.3.

Section 2: Monthly Service Fee

In return for the Monthly Service Fee, we will provide the services described in Section 3. The Monthly Service Fee is currently _____, but we may increase it from time to time to reflect changes in operating expenses and services. You are responsible for paying the Monthly Service Fee by the 10th day of each month, in advance, even when you are away, regardless of the reason. _____ initials

Section 3: Services We Provide and Duties We Acknowledge

3.1 We will provide these services and facilities in the manner we deem appropriate for all the residents of Carolina Meadows on a non-exclusive basis:

- A. An emergency call system monitored 24 hours a day
- B. Professional management of the community and its facilities
- C. Regularly scheduled transportation

- D. Maintenance of all buildings and grounds; upkeep of roads and walkways
 - E. Repair of all equipment and appliances that we provide
 - F. Housekeeping in hallways, elevators, rest rooms, lounges and other common areas
 - G. General liability insurance for Carolina Meadows, Inc. and property insurance on all Carolina Meadows buildings and property. In addition, Carolina Meadows provides Renter's Legal Liability insurance on your Residence. Since we do not insure the personal contents of your Residence, you are strongly encouraged to insure, at your cost, the personal contents of your Residence and your own personal liability coverage
 - H. 24-hour security
 - I. Water and sewer services; all utilities in common areas; standard television cable service
 - J. Removal of trash and recyclables deposited by residents as designated by us.
 - K. Use of the enclosed swimming pool and exercise room
 - L. Use of the Carolina Meadows golf course. You may be required to pay a greens fee to play the Carolina Meadows golf course
 - M. Wireless Internet availability in designated areas throughout the campus
- 3.2 We will pay the property taxes on your Residence and the taxes on common areas. You are responsible for paying taxes on your personal or intangible property.
- 3.3 We provide central dining facilities. To assure the availability of this convenience, we require you spend a minimum, (the "Meal Minimum") currently \$_____ per resident per month, in our Dining venues. You can elect to have your minimum calculated and billed monthly, quarterly, or semi-annually. You will, however, be billed each month for actual meals purchased. Any unused minimum will be billed to you at the end of your selected meal plan period. We may periodically adjust the Meal Minimum. You are welcome to use your Meal Minimum to entertain guests in the dining room as space permits. Non-resident guest meals are subject to a 20% surcharge and will be billed against your Meal Minimum or may be paid by credit card or check at the time of service.

Section 4: Additional Available Services

You may purchase the following additional services or items for a fee, separate from the Monthly Service Fee. These additional services are not included in the services covered by the Monthly Service Fee. The specific charge for each of these additional services may be changed by us from time to time as *deemed* appropriate in our discretion:

- A. Care in the Pines Health Center (private or semi-private accommodations)

- B. Care in the Fairways Assisted Living
- C. Medical treatment in the Primary Care Medical Practice
- D. Home Care services
- E. Rehabilitation services
- F. Use of guest room accommodations
- G. Personal fitness training
- H. Housekeeping and/or handyman services
- I. Home meal delivery
- J. Meals in excess of the monthly food minimum
- K. Guest meals for your visitors
- L. Assistance by a nurse or aide through a licensed home care agency, home health agency or Carolina Meadows Home Care
- M. Nutrition and diet counseling

Section 5: Your Right to Rescind This Agreement within 30 Days

You have a thirty (30) day Rescission Period in which to cancel this Agreement by giving us written notice of your decision to rescind. You may but are not required to move into the Residence prior to the expiration of this thirty (30) day Rescission Period. The Rescission Period begins when you sign the Agreement, or when you receive from us the state-required disclosure statement, whichever happens last. If you rescind during the Rescission Period, we will refund, without interest, the money you paid under Sections 1.1, 1.1a, 1.1b, and 1.2 minus a service charge not to exceed the greater of \$1,000 or 2% of the Entry Fee. We will issue your refund within 30 days after we receive written notice of your desire to void this Agreement or, if you already have moved into your Residence, thirty (30) days after you move out, whichever happens later.

Section 6: Termination of This Agreement Prior to Occupancy and After the Thirty Day Rescission Period has Expired

- 6.1 Termination by You:** You may terminate this Agreement for any reason after the thirty (30) day Rescission Period but before occupying your Residence by giving Carolina Meadows sixty (60) days advance written notice of intent to terminate. Your right to occupy the Residence will have been legally assigned back to Carolina Meadows as soon as your written notice is received.

Your refund, without interest, of the Entry Fee and Resident Assistance Fee you have paid less a remarketing fee based on the new sales price and less any nonstandard charges incurred by Carolina Meadows at your request, will be made thirty (30) days after the Residence is covered by a new Residency and Care

Agreement with another resident and all new fees for the new resident have been paid in full. In addition, Carolina Meadows will withhold a reasonable administrative fee not to exceed the greater of one thousand dollars (\$1,000) or two percent (2%) of the Entry Fee. Modification costs to your Residence paid by you are nonrefundable.

6.2 Termination by Carolina Meadow:

Prior to Occupancy: Carolina Meadows may terminate this Agreement if (i) you die; (ii) you misrepresent or omit material financial, medical, or other information given during the application process; (iii) your financial status changes such that you no longer meet the financial requirements for admission; or (iv) your health status changes such that independent living is no longer possible.

You will receive a refund, of the Entry Fee and the Resident Assistance Fee paid within thirty (30) days, without interest, less a reasonable administrative fee not to exceed the greater of one thousand dollars (\$1,000) or two percent (2%) of the Entry Fee paid and less any non-standard costs incurred by Carolina Meadows at the Resident's request. Modification costs to a residence are non-refundable.

After Occupancy: Carolina Meadows may terminate this Agreement if you (i) misrepresent or omit financial, medical, or other information given during the application process; (ii) fail to comply with the provisions of the Residency and Care Agreement; (iii) fail to comply with the rules and regulations as Carolina Meadows may establish; (iv) fail to pay the monthly fees or any other required charges as specified by the Residency and Care Agreement, or by the rules and regulations of Carolina Meadows; (v) abandon the residence; (vi) develop a physical or mental condition that cannot be cared for by Carolina Meadows within the limits of Carolina Meadows' license; or (vii) you no longer qualify for Independent Living and fail to follow recommendations of the Carolina Meadows Care Coordination Team, including moving to a higher level of care or obtaining sufficient support in the home.

Refunds, without interest, will be made thirty (30) days after the residence is covered by a new Residency and Care Agreement with another person or persons and all new fees have been paid in full. Deducted from the refund will be any nonstandard charges incurred by Carolina Meadows at the request of the Resident; a remarketing fee based on the new sales price; and costs to refurbish the residence to its original condition, as determined in the sole discretion of Carolina Meadows, as well as any unpaid monthly service fees for the actual time

the unit was occupied. Modification costs incurred are non-refundable. The Resident Assistance Fee is also non-refundable after occupancy.

- 6.3 **Death:** If you die before occupying your Residence, or become incapacitated such that you can no longer occupy your Residence, this Agreement shall be cancelled automatically. You or your estate shall receive a full refund of the Entry Fee and Resident Assistance Fee that you have paid, less the costs of modifications to the chosen residence.

Section 7: Termination of This Agreement After Occupancy and After the Thirty Day Rescission Period has Expired

- 7.1 **Termination by You:** You may terminate this Agreement for any reason by giving Carolina Meadows sixty (60) days written notice of intent to terminate. Your right to occupy the Residence will have been legally assigned back to Carolina Meadows as soon as we receive the notice; however, unless some other arrangement is agreed to, you retain the right to occupy your Residence during the notice period, provided you stay current with your Monthly Service Fee and monthly meal allowance.

Your refund, without interest, of the Entry Fee you have paid, less a remarketing fee based on the new sales price and less any nonstandard charges incurred by Carolina Meadows at your request, will be made thirty (30) days after the Residence is covered by a new Residency and Care Agreement with another resident and all new fees for the new resident have been paid in full. In addition, any unpaid periodic charges specified in this Agreement or any amendment to this Agreement for the period the Residence was actually occupied will be deducted from your refund.

- 7.2 **Termination by Carolina Meadows:** Carolina Meadows may terminate the Residency and Care Agreement if you fail to pay the Monthly Service Fee, the Monthly Meal Allowance, ancillary charges, or fail to follow the standard policies of Carolina Meadows. If we determine, in our judgment, that the interests of other Carolina Meadows residents are jeopardized as a result of your activities or conduct, or if you misrepresented or omitted financial, medical or other information, we can terminate this Agreement. Carolina Meadows may terminate Agreement if Resident fails to abide by the terms of the Agreement, including refusing to receive health care services if that is determined by Carolina Meadows to be in the Resident's best interest. Carolina Meadows may terminate if Resident

refuses to move to assisted living or the health center or obtain sufficient health care support at home if determined by Carolina Meadows' Care coordination team to be in the Resident's best interest. Carolina Meadows is required to give you sixty (60) days written notice of our intent to terminate your Agreement.

Your refund, without interest, of the Entry Fee you have paid, less a remarketing fee based on the new sales price and less any nonstandard charges incurred by Carolina Meadows at your request, will be made thirty (30) days after the Residence is covered by a new Residency and Care Agreement with another resident and all new fees for the new resident have been paid in full. In addition, any unpaid periodic charges specified in this Agreement or any amendment to this Agreement for the period the Residence was actually occupied will be deducted from your refund.

- 7.3 **Death:** This agreement shall automatically terminate upon your death or the death of the last to die if a joint agreement. The refund will occur as noted in this Section.

Section 8: Moving to another Residence at Carolina Meadows and Care Coordination

- 8.1 You may request to move to another Residence at Carolina Meadows. Final approval of any such request is in our sole judgment and discretion. If we approve the move, we will begin reasonable efforts to remarket occupancy rights to your Residence at the then current listed Entry Fee. You can move to your new Residence after someone else has agreed to pay the then current listed Entry Fee for your Residence but no sooner than 30 days prior to the scheduled occupancy date by a new resident who has paid the then current Entry Fee for your original Residence. If you want to move sooner, you may be permitted to do so by paying the then current Entry Fee listed for your new Residence (this would not apply if you were moving in with another resident who already had paid an Entry Fee for his or her Residence). You will be responsible for the cost of refurbishing the Residence you vacate and a remarketing fee based on the current Entry Fee. Other than that, the calculation and refund of any amounts due you following the assignment of occupancy rights to your original Residence will proceed as outlined in Section 7.

- 8.2 If you move permanently to the Fairways Assisted Living facility, The Green memory care at The Fairways or the Pines Health Center nursing facility, we can deduct the cost of your care from any refund proceeds due to you under this Agreement.

Your refund, without interest, of the Entry Fee you have paid for your independent living Residence will be refunded according to the refund formula in Section 9 and will be made thirty (30) days after your Residence is covered by a new Residency and Care Agreement with another resident and all new fees for the new resident have been paid in full. In addition, any unpaid periodic charges specified in this Agreement or any amendment to this Agreement for the period the Residence was actually occupied will be deducted from your refund. We also reserve the right to determine whether proceeds due to you under this Agreement as a result of the assignment of occupancy rights to your Residence should be placed in an income producing account, controlled by Carolina Meadows on your behalf. In cases of financial hardship, both the principal and earnings from such an account would be available to offset your nursing and board charges. When a move involves dual occupancy, we will apply funds from the account as needed, without regard to who has the larger or smaller financial interest in the occupancy rights to the Residence.

- 8.3 If Carolina Meadows determines that your Residence must be temporarily unoccupied for more than one (1) day for an emergency, to meet a law or regulation, for reasons of health or safety, for inspection, for purposes of modifications or repairs, or for some other reasonable purpose, you agree to transfer to a temporary accommodation arranged by Carolina Meadows. Your Monthly Service Fees will continue but the costs of transfer and of the temporary accommodation will be paid by Carolina Meadows unless the reason for the transfer was caused by actions or inactions by you, your guests, or your non-Carolina Meadows service providers.

- 8.4 You agree to move to a different Residence if changes implemented by Carolina Meadows will eliminate or significantly change Your Residence. Such a move would only be required when deemed necessary by Carolina Meadows for the welfare of current or future Residents or for the continued successful operation of Carolina Meadows. You will be given at least thirty days (30) notice. All costs for your move will be paid by Carolina Meadows. Carolina Meadows will endeavor to provide you with a similar Residence whenever possible. Improvements that

you have made to your Residence that you are vacating will be reimbursed by Carolina Meadows based on fair market value or, at Carolina Meadows' option and expense, relocated or replicated in your new Residence.

- 8.5 Carolina Meadows shall furnish Care Coordination services to you by qualified staff who will partner with you to assess your needs; develop a plan and follow up to ensure that your needs are appropriately met.

All decisions regarding your Care Coordination plan, including the prospect of your need for support services in your home, temporary or permanent transfer to Fairways Assisted Living, the Green Memory support care or the Pines Health Center, or outside facilities will be made after consultation with you and, when appropriate, with your family or designee.

- 8.6 If it is determined by Carolina Meadows' Care Coordination team that your needs require temporary or permanent transfer to Carolina Meadows' Fairways Assisted Living or Pines Health Center facilities, and if you choose not to move to those facilities, then you agree to accept sufficient services to provide appropriate care and safety in your home. If, in our sole judgment, the services you elect to receive are insufficient for appropriate care and safety in your home, you must move to an appropriate level of care at Carolina Meadows, or we will have the right to terminate this Agreement. Carolina Meadows' decision will be binding.

If you move permanently to a Fairways Assisted Living residence, the provisions in Exhibit A shall apply. You will be responsible for paying the then current per diem rate for your accommodations at The Fairways. Carolina Meadows reserves the right to change Exhibit A from time to time in its sole discretion in order to reflect current operating practices and procedures for The Fairways, which changes shall be effective when given in writing to you. This Agreement shall continue in effect during your residency in The Fairways until terminated as otherwise provided in this Agreement. _____ initials

If you move permanently to The Green, whether as a result of a permanent move from your independent living Residence or a permanent move from your Fairways Assisted Living residence, the provisions in Exhibit B shall apply. You will be responsible for paying the then current per diem rate for your accommodations at The Green. Carolina Meadows reserves the right to change Exhibit B from time to time in its sole discretion in order to reflect current operating practices and procedures for The Green, which changes shall be effective when given in writing

to you. This Agreement shall continue in effect during your residency in The Green until terminated as otherwise provided in this Agreement. _____ initials

If you move permanently to the Pines Health Center, whether as a result of a permanent move from your independent living Residence or a permanent move from your Fairways Assisted Living residence, the provisions in Exhibit C shall apply. You will be responsible for paying the then current per diem rate for your accommodations at the Pines Health Center. Carolina Meadows reserves the right to change Exhibit C from time to time in its sole discretion in order to reflect current operating practices and procedures for the Pines Health Center, which changes shall be effective when given in writing to you. This Agreement shall continue in effect during your residency in the Pines Health Center until terminated as otherwise provided in this Agreement. _____ initials

Section 9: Your Refund under The Equity Advantage Program

Your refund will be calculated by taking the Current Entry Fee for your Residence and subtracting a remarketing fee based on the Current Entry Fee. In addition, refurbishment costs required to restore your Residence to its original condition will be subtracted from the Current Entry Fee. After subtracting the remarketing fee and the refurbishment costs, the result is the Net Proceeds. The difference between the Net Proceeds and your Entry Fee paid in Section 1.1 is the appreciation (positive or negative) your Residence has realized since you paid your Entry Fee. You are entitled to fifty percent (50%) of the positive appreciation, if any, or charged one hundred (100%) of the negative appreciation, if any. Your refund is calculated according to the following formula:

Current Entry Fee	\$XXX,XXX
Less: Remarketing Fee	(\$XX,XXX)
Less: Refurbishment Costs	<u>(\$XX,XXX)</u>
Equals: Net Proceeds	<u>\$XXX,XXX</u>
Net Proceeds	\$XXX,XXX
Less: Your Entry Fee Paid (Section 1.1)	<u>(\$XXX,XXX)</u>
Equals: Net Appreciation or Negative Appreciation	<u>\$XX,XXX</u>
Your Share of Net Appreciation at 50%	\$XX,XXX
Or your Negative Appreciation at 100%	(\$XX,XXX)
Original Entry Fee	<u>\$XXX,XXX</u>
Equals: Your Refund	<u>\$XXX,XXX</u>

Just as real estate values outside of Carolina Meadows are determined by market conditions, Entry Fees are also based on prevailing market conditions and there is no guarantee that Entry Fees will increase or will not decrease from year to year.

Carolina Meadows determines, in its sole discretion, the amount of necessary refurbishment to restore your unit to its original condition. Refurbishment costs will depend on length of time the unit is occupied, any conditions beyond normal wear and tear to your Residence, and any modifications you made that must be removed in order to remarket your Residence. All refunds will be paid to you or your estate unless specifically directed otherwise through an addendum to this Agreement.

Section 10: Your Obligations as a Carolina Meadows Resident

- 10.1 You agree to abide by all Carolina Meadows' existing and future rules, operating procedures, regulations and policies.
- 10.2 You agree to provide Carolina Meadows with the following information prior to occupancy:
- Emergency contact information for persons to notify in an emergency
 - Name of your local physician
 - Names of persons having the right of entry into your Residence
 - Copy of current Durable Power of Attorney
 - Copy of current Health Care Power of Attorney
 - Copy of any Advance Directives
 - Name, address, and phone number of funeral director (prior arrangements are encouraged)
 - Information necessary to complete a death certificate
 - Copies of relevant portions of Trusts indicating where any refunds should be sent if not to the Estate or surviving spouse.
 - Name and address of the executor of your Estate
- 10.3 You agree, upon admission and approximately annually thereafter, to participate in an assessment of your health and medical status for the purpose of identifying any goals or needs for which we may be of assistance as well as providing some basic but vital information for our use in the event of an emergency.
- 10.4 You agree to cooperate in keeping your Residence and your surroundings in good repair, safe and sanitary, making alterations or additions only with the written

consent of Carolina Meadows and always at your own expense. Permanent improvements or modifications made to your Residence become the property of Carolina Meadows and may remain as a part of the Residence after you leave. You may have to pay to restore the residence to its original condition if the next resident does not wish to keep the modifications made.

- 10.5 You agree to let Carolina Meadows know when you are going to be away for 24 hours or more, and to give us the names of people we can contact in an emergency.
- 10.6 You agree to give representatives of Carolina Meadows reasonable access to your Residence for management purposes, and immediate access for emergency response purposes.
- 10.7 You accept the community's ideals of neighborliness, cooperation and good will, and agree to abide by rules designed to promote the safety, comfort and security of all residents.
- 10.8 You agree to furnish your own Residence, except for the fixtures and appliances we provide, and to select window treatments that will appear white or off-white from the outside.
- 10.9 You acknowledge that your funeral and burial expenses are entirely your own responsibility.
- 10.10 You agree that upon permanently vacating your Residence, you or the personal representative of your estate will remove your personal property not later than thirty (30) days after the date you permanently vacate. For purposes of this clause, the date of permanent vacancy is defined as the date of permanent admission to the Pines Health Center, or date of permanent admission to the Fairways Assisted Living facility or The Green memory care, or the date of your death, or the date you permanently move out of the Carolina Meadows community, whichever occurs first. You agree that Carolina Meadows may enter your Residence, remove your property and store it at your expense if you or the personal representative of your estate fails to remove your personal property within the allotted thirty (30) day time period or if your Monthly Service Fee goes unpaid for 30 days or more. A trash removal fee up to \$500 may be charged for removal of excessive trash and items abandoned in the residence. _____ initial
- 10.11 You agree that we are not to be held liable for losses or damage to your property, or injuries suffered by you or your guests, except if those mishaps are the direct

result of negligence on the part of Carolina Meadows. Beyond the protection we provide under Section 3.1 [G], you are responsible for your own insurance coverage. You agree that if you damage Carolina Meadows' property with your vehicle, you agree that you will file a claim under your auto policy to cover the costs of the damage with Carolina Meadows as the named beneficiary. You further agree that if your auto policy fails to pay, you will be responsible for the cost of repairs to Carolina Meadows' property.

- 10.12 You agree to pay for your own health care, utilities (except for those we provide under Section 3.1 [I]), telephone, and all other services not expressly covered by the fees and allowances provided for in this Agreement.
- 10.13 You agree to maintain a Medicare A and B policy, as well as a supplement to that coverage. If you are not eligible for Medicare, you agree to maintain health care coverage that we deem to be comparable.
- 10.14 While Carolina Meadows encourages you to utilize long-term care insurance as an important financial planning tool and benefit, it is not required as a condition of entry. However, if you elected to purchase long-term care insurance from an agent of your choosing, whether previously or in order to meet our financial screening requirements, as determined solely by us, and, if we have approved your financial application based on the financial resources provided by the long-term care insurance, we require you to maintain the coverage as long as you are living at Carolina Meadows. You agree to provide periodic, and as reasonably requested, proof that your coverage remains in effect after you execute this Agreement. If you do not maintain or provide proof that you maintain your long-term care insurance as agreed, we reserve the right to not approve any financial assistance in the event your finances become depleted or insufficient to cover the Monthly Service Fees and other costs associated with living at Carolina Meadows.
- 10.15 If you carry long-term care insurance at the time you execute this Agreement and Section 10.14 does not apply because your financial application was not based on the financial resources provided by the long-term care insurance, you agree to provide us a copy of the statement of policy benefits from your long-term care insurance policy prior to or contemporaneously with the execution of this Agreement. You also agree to notify us, in writing, thirty days prior to allowing your coverage to lapse in the event you wish no longer to maintain your long-term care policy.

- 10.16 You agree that any decisions we make regarding arrangements, admission, cancellation, termination, accommodation, or finances for another resident are within the sole province of Carolina Meadows and will remain private between Carolina Meadows and that resident.
- 10.17 You agree to pay, in full and on time, all fees and allowances due to Carolina Meadows. You will be charged a late fee of eighteen percent (18%) per year of the unpaid balance on any fees not paid on time, as specified in this Agreement.
_____ initial
- 10.18 You represent and warrant that all of the information you have provided about yourself is accurate, and agree that serious omissions or untruths are grounds for terminating this Agreement, at the sole discretion of Carolina Meadows.
- 10.19 You agree to indemnify and hold Carolina Meadows harmless from and against all claims, losses and expenses resulting from your own negligence.
- 10.20 We are proud of our record in keeping Carolina Meadows on solid financial footings, but we do borrow money from time to time to finance projects and operations, and we pledge our property as security for such borrowings. You agree that a lender's security interest will take precedence over your interests and rights under this Agreement, including your right to occupy the Residence, and you agree to sign whatever forms and instruments a lender might require confirming that your rights are subordinated to the lender's rights.
- 10.21 You agree to provide updated financial information every two years, or as reasonably requested, for the purpose of determining the adequacy of the Residents' Assistance Fund created to assist residents who become unable to pay their fees. You also agree that your failure or refusal to provide updated financial information may jeopardize your eligibility to receive any financial assistance under the Financial Assistance Policy established by Carolina Meadows and as noted in Section 14 of this Agreement.

Section 11: Tobacco and Smoke Free Campus

Carolina Meadows is a tobacco, smoke and vaping free campus. You agree that you or your guests will not use tobacco, smoking or vaping products on campus or in any building or vehicle owned by Carolina Meadows.

Section 12: Amendments and Partial Invalidation

Generally, this Agreement can be changed only by mutual written consent. However, we may make changes without your consent (i) to Exhibit A, Exhibit B and Exhibit C as described in Sections 8.5, 8.6 and 8.7, respectively, and (ii) to keep this Agreement in compliance with applicable laws and regulations – provided that the changes we make do not substantially reduce your benefits under this Agreement. We will notify you of any such change. If any provision in this Agreement is invalidated, all other provisions will remain in force.

Section 13: Dual Occupancy

- 13.1 In cases of dual occupancy, each of you is required to sign this Agreement, and each of you is jointly and severally responsible for all of your duties and obligations under this Agreement.
- 13.2 If you and your spouse – or you and a blood relative such as a brother or sister – live together in a Residence at Carolina Meadows, and your spouse or relative dies, you can continue to live in the Residence until you die or leave, at which time you or your estate will be the sole beneficiary of any refund or other amount due under Section 7 of this Agreement unless otherwise specified through a separate addendum to this Agreement.
- 13.3 If you and a non-related companion live together in a Residence at Carolina Meadows, and your companion dies, you can continue to live in the Residence until you die or leave, at which time the two of you (or your respective estates) become the beneficiaries of equal shares of any refund or other amount due under Section 7 of this Agreement unless otherwise specified through a separate addendum to this Agreement.
- 13.4 If, while a resident of Carolina Meadows, you desire to marry a non-resident or share your Residence with a non-resident, your new companion will be accepted as a resident only after going through the following standard qualification and application procedures:
 - A. They must be qualified to become Carolina Meadows residents
 - B. They must complete all application forms and go through the standard interview and approval process
 - C. They must execute a Residency and Care Agreement acceptable to us
 - D. They must pay an Application Fee and a Resident Assistance Fee

- E. They must agree to pay Monthly Service Fees and monthly meal allowances, and abide by the rules and regulations of the Carolina Meadows community

Section 14: Financial Assistance

Carolina Meadows has established a Resident Assistance Fund to allow a limited number of residents to continue living at Carolina Meadows if, due to circumstances beyond their control, they can no longer pay the fees and charges due to us. Financial assistance is determined on an individual basis and there is no guarantee of assistance to any individual Resident. However, as long as you have acted in good faith in your dealings with Carolina Meadows, and we determine that the facts justify special consideration, we will do our best to work with you toward a confidential plan that will assist in your continued residency. Before providing any new financial assistance, Carolina Meadows will consider the adequacy of the Residents' Assistance Fund and our ability to maintain sound financial operations as a result of providing any new assistance or continuing any existing financial assistance.

Your Entry Fee is a condition of entrance into your Residence. Your Monthly Service Fee is necessary to support the ongoing operations of Carolina Meadows. Your acceptance into Carolina Meadows has been based on facts recorded by you as part of your confidential application. If you weaken your financial position or your ability to pay the Monthly Service Fees or other charges because you have made gifts to others or misused personal wealth after submitting such financial information, you may not be eligible for any financial assistance. Carolina Meadows will request a current financial statement from you and you agree to provide supporting documentation to confirm the data in your financial statement. Should you find your current income insufficient to meet your Monthly Service Fees or other charges, you agree to take necessary steps to liquidate investments or capital assets in order to keep your account on a current basis before applying for and receiving any financial assistance. _____ initial

- 14.1 Understand that if you need financial assistance, it is your responsibility to notify us before your account becomes in arrears and you agree to apply for financial assistance under the Financial Assistance Policy established by Carolina Meadows.
- 14.2 If you are approved for financial assistance and for the purpose of determining all future financial assistance, you agree to provide periodic updated financial information under this Agreement and the Financial Assistance Policy as reasonably requested by Carolina Meadows.

Section 15: No Unauthorized Assignment

Your contract grants certain occupancy rights and privileges to you only. You may not assign or otherwise transfer these rights and privileges at any time to anyone else.

Section 16: Visitors

Your visitors may not visit for more than fourteen (14) consecutive days in your Residence or in approved guest quarters on campus; however, no person(s) other than you may reside in your Residence without the express written approval of Carolina Meadows. School age children under the age 18 are prohibited from living or staying on campus for more than fourteen (14) days in any consecutive twelve (12) month period.

Section 17: Private Duty Nurses and Companions

Carolina Meadows offers a list of preferred service providers including Carolina Meadows Home Care. You agree to abide by any and all Carolina Meadows policies and procedures for use of such providers. Carolina Meadows reserves the right to limit or prohibit access to its property by such provider or providers if Carolina Meadows determines there is a risk or potential risk. You agree to indemnify and hold harmless Carolina Meadows for any claim, loss or expense resulting from actions of such providers. Such providers are not considered Visitors as described in Section 16 above.

Section 18: Pet Policy

"Pets" shall be defined as household dogs, cats, tropical fish and caged birds. No other animals will be permitted without the approval of Management. Each pet must be viewed and approved by the Carolina Meadows staff before the pet can be brought into the Carolina Meadows community. Carolina Meadows requires that no pet shall be a nuisance or health threat to other residents or staff and must be properly cared for at all times. Failure to comply with any policies regarding pets may necessitate the removal of such pet. If a pet is not removed after a request has been made for such removal, Carolina Meadows reserves the right to terminate this Agreement. You agree to be responsible for all damage caused by your pet and you agree to have your pet in control at all times when outside your Residence.

Section 19: Illnesses or Conditions for which Carolina Meadows is Not Responsible for Providing Care or Services

Carolina Meadows does not provide services or care for the following conditions:

- Drug or alcohol abuse or addiction
- Dangerous Communicable Diseases
- Severe psychiatric or mental health disorders

In the event any of these conditions are such that your continued health and safety or that of other residents may be compromised, Carolina Meadows may require you to be transferred to another facility capable of managing your condition(s) or terminate your Residency and Care Agreement if you do not agree to be transferred. You agree to be responsible for the cost of care in an outside facility as well as continuing to pay your monthly fees as if you were living at Carolina Meadows unless you terminate your Residency and Care agreement and vacate your residence or unit.

Section 20: Miscellaneous Provisions

- 20.1 If you fail to honor some provision in this Agreement and we do nothing about it – or if we fail to do something and you overlook it – nothing in this Agreement changes. In other words, nothing old is waived; nothing new is authorized. The Agreement will remain fully enforceable.
- 20.2 This Agreement will not be considered valid until we have received medical and financial documents as requested. By signing this Agreement, you authorize the release to Carolina Meadows of any information we may request.
- 20.3 Carolina Meadows will stand behind all of the statements, promises and representations in this Agreement, but no others. If you feel something has been promised to you, but it is not specifically mentioned in this Agreement, now is the time to discuss it – before you sign.

Section 21: Entire Agreement

All exhibits, schedules and addenda attached to this Agreement are incorporated herein and made a part hereof by reference. This Agreement, including any exhibits, schedules and addenda attached hereto, constitutes the entire agreement between Carolina Meadows and you and supersedes all prior written or prior contemporaneous oral understandings or agreements between Carolina Meadows and you. Carolina Meadows shall not be liable or bound in any manner by any statements, representations, or promises made by any person representing or assuming to represent Carolina Meadows, unless such statements, representations, or promises are set forth in this Agreement or

its exhibits, schedules and addenda. This Agreement shall not be altered, amended or modified except in writing and duly executed by you and Carolina Meadows. This Agreement is governed by the laws of the State of North Carolina.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

CAROLINA MEADOWS, INC.

RESIDENT

By: _____

Name: _____

Title: _____

Name: _____

Date: _____

Date: _____

Revision Date: May 29, 2020

Exhibit A: Fairways Assisted Living Agreement

The rights and responsibilities contained within the Residency and Care Agreement, to which this Exhibit is a part, shall remain in full force and effect and are not changed by this Exhibit.

“You”, “Your”, or “Resident(s)” shall refer to _____.
Your new Residence is room number _____. The current daily per diem for your new Residence is _____ and will take effect on _____. The daily per diem may be adjusted periodically by management as approved by the Board of Directors. Carolina Meadows is required to give you thirty (30) days written notice prior to a change in the daily per diem. You may enjoy your Residence until terminated by either you or us in accordance with Section 7 of your Residency and Care Agreement.

Carolina Meadows is committed to a person-centered care approach in The Fairways tailored to the abilities and changing needs of each resident. To that end, we focus our care in meeting your physical, mental, and emotional needs by providing an environment in which you may maintain identity and independence, value relationships, make choices, use abilities in meaningful activities and feel safe and secure.

You desire to become a resident of the Fairways Assisted Living at Carolina Meadows and to use and enjoy the facilities, programs and services provided by Carolina Meadows subject to the terms and conditions of this Agreement. To that end, you shall have the exclusive right to occupy, use, and enjoy a specific Fairways Residence at Carolina Meadows, and you want to obtain related contractual services as described later in this Agreement.

You and Carolina Meadows agree as follows:

Section 1: Your Residence

You shall have the exclusive right to occupy, use, and enjoy Fairways Residence number _____, hereinafter referred to as your “Residence”, until terminated by either you or us in accordance with Section 7 of your Residency and Care Agreement. We agree to equip your Residence with wall-to-wall flooring, refrigerator, individually controlled heating and air conditioning and blinds on external windows. Your Residence is to be used for personal living purposes only and shall not be used for any business or profession or in a manner that violates zoning restrictions or other applicable law. Nothing in this Agreement shall be construed to create any interest in the real property of Carolina Meadows or to create a leasehold or the relationship of landlord and tenant between Carolina Meadows and you.

Section 2: Daily Service Fee

On the Date of Occupancy you will begin paying a base Daily Service Fee, billed on a monthly basis, currently set at \$_____ per day. The base Daily Service Fee may include an additional Daily Level of Care Fee for your level of care needs, currently set at \$_____ per day. The Level of Care determination is based on your care plan, which is completed within thirty days of admission, annually or with a significant change of condition. All Fairways Assisted Living residents must have care plans in place. You are responsible for paying the Daily Service Fee and all ancillary fees by the 10th day of each month, in advance, even when you are away, regardless of the reason. We may raise Daily Service Fees and/or Level of Care Fees annually to reflect changes in operating expenses and services.

Section 3: Services We Provide and Other Duties We Acknowledge

- 3.1 In addition to the services and facilities described in Section 3.1 of your Residency and Care Agreement that you received while living in your independent living residence, we will provide these additional services and facilities while you are residing in your Fairways Assisted Living Residence in the manner we deem appropriate for all the residents of Carolina Meadows on a non-exclusive basis:
- A. Activities programming
 - B. Three meals daily, seven days a week
 - C. Bed and bath linens
 - D. Assistance with activities of daily living
 - E. Medication administration
 - F. Twenty-four (24) hour nursing staff in Fairways Assisted Living
 - G. Access to campus wide health monitoring and promotion programs
 - H. Daily light housekeeping services
- 3.2 We will pay the property taxes on your Residence and the taxes on common areas. You are responsible for paying taxes on your personal or intangible property.
- 3.3 We will provide a central dining facility where you may take meals. You are welcome to entertain guests in the dining room as space permits. The charges for guests will be placed on your monthly bill.

Section 4: Additional Available Services

- 4.1 You may purchase the following additional services or items for a fee, separate from the Daily Service Fee. These additional services are not included in the services covered by the Daily Service Fee. The specific charge for each of these additional services may be changed by us from time to time as deemed appropriate in our discretion:
- A. Medical care in the Pines Health Center (private or semi-private accommodations)
 - B. Medical treatment in the Community Health Clinic
 - C. Rehabilitation services
 - D. Use of guest room accommodations
 - E. Home Care services
 - F. Personal fitness training
 - G. Housekeeping beyond routine scheduled services
 - H. Handyman services for personal requests or damaged items
 - I. Guest meals for your visitors
 - J. Assistance by a nurse or aide through a licensed home care or home health agency as medically required
 - K. Nutrition and diet counseling
 - L. Concierge services including shopping, personal errand running (unaccompanied) and information technology support services

Section 5: Additional Requirements

- 5.1 Carolina Meadows shall not be responsible for loss of any property belonging to you or your guests or invitees due to theft, fire, or any other cause. Resident shall be responsible for providing insurance protection on personal items.
- 5.2 You agree to abide by the rules and regulations of Carolina Meadows as may be established or revised from time to time.
- 5.3 Except for changes required by law, Carolina Meadows will notify you of any proposed change in the scope of services provided at least 30 days before such change is effective.
- 5.4 Carolina Meadows shall have the right at all reasonable times to enter your Residence for the purpose of inspecting or repairing it.

- 5.5 Carolina Meadows reserves the right to ask you to leave for non-payment of fees. You are entitled to a 30-day notice.
- 5.6 Carolina Meadows recognizes you have the right of self-determination. We will attempt to involve you or your representative in all decisions related to moves and changes in level of care. However, Carolina Meadows reserves sole authority in determining whether you should be moved to The Green, the Pines Health Center or another more appropriate care facility if your care needs exceed our capabilities for which we are licensed to provide.
- 5.7 You may be charged a trash removal fee up to \$500 for removal of excessive trash or items abandoned upon vacating a unit.

IN WITNESS WHEREOF, the parties hereto have executed EXHIBIT A as part of your Residency and Care Agreement.

CAROLINA MEADOWS, INC.

RESIDENT/RESPONSIBLE PARTY

By: _____

Name: _____

Title: _____

Name: _____

Date: _____

Date: _____

Revision Date: May 29, 2020

Exhibit B: The Green Memory Care at the Fairways Agreement

The rights and responsibilities contained within the Residency and Care Agreement, to which this Exhibit is a part, shall remain in full force and effect and are not changed by this Exhibit.

“You”, “Your”, or “Resident(s)” shall refer to _____.
Your new Residence is room number _____. The current daily per diem for your new Residence is _____ and will take effect on _____. An additional daily level of care fee may apply based on your individual plan of care as determined within thirty days of admission, quarterly or following a significant change of condition. The daily per diem and daily level of care fee may be adjusted periodically by management as approved by the Board of Directors. Carolina Meadows is required to give you thirty (30) days written notice prior to a change in the daily per diem. You may enjoy your Residence until terminated by either you or us in accordance with Section 7 of your Residency and Care Agreement.

Carolina Meadows is committed to a person-centered care approach in The Green tailored to the abilities and changing needs of each resident. To that end, we focus our care in meeting your physical, mental, and emotional needs by providing an environment in which you may maintain identity and independence, value relationships, make choices, use abilities in meaningful activities and feel safe and secure.

You desire to become a resident of The Green at Carolina Meadows and to use and enjoy facilities, programs and services provided by The Green subject to the terms and conditions of this Agreement. To that end, you shall have the exclusive right to occupy, use, and enjoy a specific unit within The Green, and you want to obtain related contractual services as described later in this Agreement.

You and Carolina Meadows agree as follows:

Section 1: Your Residence

You shall have the exclusive right to occupy, use, and enjoy The Green unit number _____ that hereinafter will be referred to as your “Residence”. We agree to equip your Residence with wall-to-wall flooring, individually controlled heating and air conditioning and blinds. Your Residence is to be used for personal living purposes only and shall not be used for any business or profession or in a manner that violates zoning restrictions or other applicable law. Nothing in this Agreement shall be construed to create any interest in the real property of Carolina Meadows or to create a leasehold or the relationship of landlord and tenant between Carolina Meadows and you.

Section 2: Daily Service Fee

On the Date of Occupancy you will begin paying a base Daily Service Fee, billed on a monthly basis, currently set at \$_____ per day. You are responsible for paying the Daily Service Fee and all ancillary fees by the 10th day of each month, in advance, even when you are away, regardless of the reason. We may raise Daily Service Fees and/or Level of Care Fees annually to reflect changes in operating expenses and services.

Section 3: Services We Provide and Other Duties We Acknowledge

- 3.1 In addition to the services and facilities described in Section 3.1 of your Residency and Care Agreement that you received while living in your independent living residence, we will provide these additional services and facilities while you are residing in your Residence at The Green in the manner we deem appropriate for all the residents of Carolina Meadows on a non-exclusive basis:
- A. Activities programming
 - B. Three meals daily, seven days a week
 - C. Bed and bath linens
 - D. Assistance with activities of daily living
 - E. Medication administration
 - F. Twenty-four (24) hour nursing staff in Assisted Living
 - G. Access to campus wide health monitoring and promotion programs
 - H. Concierge services including shopping, personal errand running (unaccompanied) and information technology support services
- 3.2 We will pay the property taxes on your Residence and the taxes on common areas. You are responsible for paying taxes on your personal or intangible property.
- 3.3 We will provide a central dining venue. You are welcome to entertain guests in the dining room as space permits. The charges for guests will be placed on your monthly bill.

Section 4: Additional Available Services

- 4.1 You may purchase the following additional services or items for a fee, separate from the Daily Service Fee. These additional services are not included in the services covered by the Daily Service Fee. The specific charge for each of these

additional services may be changed by us from time to time as deemed appropriate in our discretion:

- A. Medical care in the Pines Health Center (private or semi-private accommodations)
- B. Medical treatment in the Community Health Clinic
- C. Home Care services
- D. Rehabilitation services
- E. Use of guest room accommodations
- F. Housekeeping beyond routine scheduled services
- G. Handyman services for personal requests or damaged items
- H. Home meal delivery as medically required
- I. Guest meals for your visitors
- J. Temporary assistance by a nurse or aide through a licensed home care or home health agency as medically required
- K. Nutrition and diet counseling

Section 5: Additional Requirements

- 5.1 Prior to or contemporaneously with your move to The Green, you will be assessed by our staff. From this assessment, your plan of care will be created to provide care-giving information to staff who will be caring for you. The assessment is designed to provide understanding about your:

- Cognitive Health
- Physical Health
- Physical Functioning
- Behavior Status
- Sensory Capabilities
- Decision-Making Capacity
- Communication Abilities
- Personal Background
- Cultural Preferences
- Spiritual Needs and Preferences

- 5.2 The assessment tool and periodic staff observations are designed to anticipate changes in behaviors and abilities across different staff shifts. Such changes can be seen as a form of communication and an expression of preferences to which our staff will respond to accordingly.

- 5.3 Family members and/or responsible parties are encouraged to participate in any medical consultations. Family involvement is key to success in The Green and participation is encouraged in support groups. However, Carolina Meadows reserves the sole right in making the best decisions for individuals when considering safety and security concerns for all residents and staff in The Green.
- 5.4 The Green is a secured environment which utilizes a magnetic safety system. The exterior doors of the Green are secured by an electronic magnet. You may be required to wear a device which receives transmissions from transponders located throughout The Green. The device is used to prevent unattended egress from The Green. Carolina Meadows provides ample space and amenities as part of The Green to enjoy outside activities while preserving your safety and security.
- 5.5 Carolina Meadows shall not be responsible for loss of any property belonging to you or your guests or invitees due to theft, fire, or any other cause. Carolina Meadows will not be responsible for loss of personal clothing. Resident shall be responsible for providing insurance protection on personal items.
- 5.6 You agree to abide by the rules and regulations of Carolina Meadows as may be established or revised from time to time.
- 5.7 Except for changes required by law, Carolina Meadows will notify you of any proposed change in the scope of services provided at least 30 days before such change is effective.
- 5.8 Carolina Meadows shall have the right at all reasonable times to enter your Residence for the purpose of inspecting or repairing it.
- 5.9 Carolina Meadows reserves the right to ask you to leave for non-payment of fees.
- 5.10 Carolina Meadows recognizes you have the right of self-determination. We will attempt to involve you or your representative in all decisions related to moves and changes in level of care. However, Carolina Meadows reserves sole authority in determining whether you should be moved to the Pines Health Center or another facility if your care needs change beyond our ability to successfully address them.

IN WITNESS WHEREOF, the parties hereto have executed EXHIBIT B as part of your Residency and Care Agreement.

CAROLINA MEADOWS, INC.

RESIDENT/RESPONSIBLE PARTY

By: _____

Name: _____

Title: _____

Name: _____

Date: _____

Date: _____

Revised May 29, 2020

Exhibit C: Pines Health Center Agreement

The rights and responsibilities contained within the Residency and Care Agreement, to which this Exhibit is a part, shall remain in full force and effect and are not changed by this Exhibit.

“You”, “Your”, or “Resident(s)” shall refer to _____.
The current daily per diem for your home is _____ and will take effect on _____.
The daily per diem may be adjusted periodically by management as approved by the Board of Directors. Carolina Meadows is required to give you thirty (30) days written notice prior to a change in the daily per diem.

Carolina Meadows is committed to a person-centered care approach in our Pines Health Center tailored to the abilities and changing needs of each resident. To that end, we focus our care in meeting your physical, mental, and emotional needs by providing an environment in which you may maintain identity and independence, value relationships, make choices, use abilities in meaningful activities and feel safe and secure.

You have received copies of the following material and the information has been explained to you:

_____ Policies and Procedures	_____ CPR policy
_____ Medical Care Decisions, Advance Directives	_____ Fee Schedule
_____ Residents’ Rights in long term care facilities	_____ Restraint Free Environment

Personal Laundry: You wish to have Carolina Meadows Pines Health Center do your personal laundry. You have been advised of the fees for this service and understand that this service is optional and may be cancelled at any time.

Yes _____ No _____

1. The Pines Health Center provides general nursing care, room and board and other health services for your comfort and well-being. You authorize us to provide these services. Depending on room availability and changing needs of the health center, you may be asked to move to a different room during your stay.
2. The Pines Health Center is not a hospital but is licensed as a nursing facility. We do not provide diagnostic or acute care for an unstable condition.

3. Physicians do not visit daily but communicate with the nursing staff by phone to prescribe medications and treatments. We are not liable for any acts or omissions of your physician in accurately following his/her instructions.
4. You have received a copy of the fee schedule and agree to pay all charges. Please note: upon permanent discharge from the Pines Health Center, you are responsible for daily fees as long as your belongings remain in the room. In the case of a resident's death, there will be no room charge for the first five days (day one being the date of death); bedhold charges will begin on the sixth day should belongings still remain in the room. After 10 days, Carolina Meadows reserves the right to remove said belongings and to store them at your expense. You may be charged a fee up to \$500 for removal of excessive trash and items abandoned in the room.
5. Should it be deemed necessary, you may be required to wear a device to prevent wandering outside The Pines unless attended by staff.
6. The Pines Health Center may require you to have an escort for away-appointments. On some occasions a family member or resident volunteer may be both available and suitable. On others, a paid agency escort may be needed, the cost for which you are responsible. The Pines Health Center will consult with you prior to scheduling.
7. You understand that we contract for certain services (lab, x-ray, pharmacy, rehabilitative therapies). They are provided upon order of your physician. To the extent possible, these providers' bill third party payers for these services, however, you are responsible for payment.
8. You authorize us to release medical records to: any insurance company to process payment, to Medical Claims Rx to assist in claim processing, to a hospital or other medical facility if you are discharged, and to licensing inspectors.
9. If the Carolina Meadows Care Coordination Team determines that one-on-one companion or additional care is deemed necessary, such care will be your financial responsibility. We are not liable for any harm for failure to provide such services nor are we liable for any acts performed or omitted by such staff.
10. Smoking and vaping are prohibited in all areas of the Pines Health Center.
11. We are not responsible for loss, theft or destruction of personal property. This includes personal items such as dentures, glasses or hearing aids that are occasionally lost. Reasonable efforts are made to minimize the risk of loss, theft or destruction of personal property but it cannot be guaranteed. Items that are irreplaceable due to cost or sentiment should not be brought into the Pines Health Center.

IN WITNESS WHEREOF, the parties hereto have executed EXHIBIT C as part of your Residency and Care Agreement.

CAROLINA MEADOWS, INC.

RESIDENT/RESPONSIBLE PARTY

By: _____

Name: _____

Title: _____

Name: _____

Date: _____

Date: _____

Revision Date: May 29, 2020