

# Betha Baptist

Retirement Community and Health Care Center

157 Home Avenue Darlington, SC 29532

Thanks to a thoughtful bequest by Dr. and Mrs. Percy Bethea and the support of South Carolina Baptists, Betha Baptists Retirement Community opened its doors in 1960. Since then, our philosophy has remained much the same; to provide a secure, dignified environment for older persons who share the same faith and interests.

Our residents cherish and enjoy their independence. Our residents' interests range from crossword puzzles to oil painting. Even though life at Betha is busy, our residents are never too busy to welcome a new resident or make a new friend.

**Within our Community, You Can Get A Cut and Curl, Borrow Books, Get A Workout, Have Rehabilitation, Visit The Bistro, And Leave Most Of The Housework To Us.**

To ensure our residents' comfort, security, and independence, Betha has been designed to bring a host of services and amenities to your front door. Our weekly housekeeping services, for instance, will help keep your new home spic and span. You can take comfort in the welcome you'll receive from our chaplain whenever you need help with personal issues.

Security services are provided throughout the grounds and community 24 hours a day. There's even an emergency system in each residence just in case you need our nurses. If you should ever need nursing care, our 88-bed, fully accredited health care center is immediately available, with long-term or short-term rehabilitation services. Physical, Speech, and Occupational Therapy are available to help live a better and stronger life.

Like a small town, Betha has its own library, beauty/barber shop, country store, massage therapist, church, bistro, exercise room, and mail service. Our exercise room and classes will put a new spring in your step. Most popular of all is our lovely restaurant style dining room where the table talk is just as inviting as the menu.

**The Way We Plan Our Community Calendar, To Everything There Truly Is A Season.**

Our social calendar includes monthly birthday celebrations, bus excursions to local theaters and shopping. You can raise your voice in song as a member of the Betha Singers.

## **Room For All Things Bright And Beautiful, Time For All Creatures Great And Small.**

Much of the beauty of Bethea is in the acreage that surrounds it. We are shaded by tall pines and inhabited by nature's residents, including a chorus of song birds. Each spring our front garden blooms, and our courtyards beckon everyone outdoors to enjoy the fresh air and blossoming trees. Our walking areas will bring you to the brink of a sparkling lake.

Sunny accommodations add to the beauty of life here. Each residence offers tranquil views of our landscaped grounds. Whether you live in a cottage of 2 or 3 bedrooms, a 2-bedroom patio apartment, duplex, a studio apartment or a 2-room suite, you'll have both the time and the room for your favorite things.

## **Our Residents Share A Few Things In Common: Faith, Hope, and Prayer.**

What brings our residents together is a strong tradition of Christian fellowship. Our chaplain arranges morning devotions as well as Wednesday evening and Sunday services. All of our services may be viewed on closed circuit TV, for your convenience. For more information you can reach us at (843) 393-2867 or toll free at (877) 393-2867. At Bethea, all your retirement needs will be met – in an environment that will enrich you for the rest of your life.

157 Home Ave  
Darlington, SC 29532  
[www.bethearetirement.com](http://www.bethearetirement.com)  
843-393-2867 (local)  
877-393-2867 (toll free)

SERVICES AND AMENITIES INCLUDED IN MONTHLY FEE:

**Studio Apartments or Two-Room Suites (Inside Residential Building):**

- ◆ Housekeeping Services
- ◆ 24 hour Nursing Services
- ◆ Bed and Bath Linens (One day a week)
- ◆ Three Meals Daily
- ◆ Scheduled Transportation
- ◆ Emergency Call System
- ◆ All utilities except telephone
- ◆ Library, Country Store, and Chaplain
- ◆ Activities Coordinator
- ◆ Security
- ◆ Cable TV
- ◆ Chapel Services
- ◆ On-site Laundry Facility

**Duplex/Tri-plex/Apartments:**

- ◆ Yard Maintenance
- ◆ Maintenance and Up-keep
- ◆ On-site Laundry Facility
- ◆ Water / Sewage
- ◆ Lunch Daily
- ◆ 24 hour Nursing Services
- ◆ All Community Activities
- ◆ Security
- ◆ Chaplain
- ◆ Scheduled Transportation
- ◆ Cable TV

**Patio Homes:**

- ◆ Yard Maintenance
- ◆ Maintenance and Up-keep
- ◆ On-site Laundry Facility
- ◆ Water / Sewage
- ◆ Lunch Daily
- ◆ 24 hour Nursing Services
- ◆ All Community Activities
- ◆ Security
- ◆ Chaplain
- ◆ Scheduled Transportation
- ◆ Cable TV
- ◆ Heating / Cooling / Electricity

**Cottages:**

- ◆ Yard Maintenance
- ◆ Maintenance and Up-keep
- ◆ On-site Laundry Facility
- ◆ Water / Sewage
- ◆ Lunch Daily
- ◆ 24 hour Nursing Services
- ◆ All Community Activities
- ◆ Security
- ◆ Chaplain
- ◆ Scheduled Transportation
- ◆ Cable TV

**Rates as of October 1, 2011**

**Residential-(Inside the Facility)**

Studio	\$ 1,498.00	Monthly
Converted Studio	\$ 1,614.00	Monthly
Converted 2-Room Suite, One person	\$ 2,175.00	Monthly
Converted 2-Room Suite, Couple	\$ 2,544.00	Monthly

**Deposit -\$3,500 (One Time Fee)**

**Apartment Complex (Duplex) - Utilities Not Included**

Small Apartment, One Person	\$ 746.00	Monthly
Small Apartment, Couple	\$ 884.00	Monthly
Medium Apartment, One Person	\$ 802.00	Monthly
Medium Apartment, Couple	\$ 1,061.00	Monthly
Large Apartment, One Person	\$ 1,061.00	Monthly
Large Apartment, Couple	\$ 1,214.00	Monthly

**Deposit \$3,500 (One Time Fee)**

**Patio Homes- Utilities Included**

Patio Home, One Person	\$ 1,443.00	Monthly
Patio Home, Couple	\$ 1,728.00	Monthly

**Deposit- \$3,500 (One Time Fee)**

**Cottages- Utilities Not Included**

Small Cottages, One person	\$ 1,026.00	Monthly
Small Cottages, Couple	\$ 1,176.00	Monthly
Medium Cottage, One person	\$ 1,139.00	Monthly
Medium Cottage, Couple	\$ 1,296.00	Monthly
Large Cottage, One person	\$ 1,424.00	Monthly
Large Cottage, Couple	\$ 1,570.00	Monthly

**Deposit -\$3,500 (One Time Fee)**

**Health Care (Inside the Facility)**

Main, Semi-Private	\$ 167.00	Daily
Norris, Semi-Private	\$ 167.00	Daily
Norris, Private	\$ 177.00	Daily
Medicaid, Private (If Available)	\$ 10.00	Daily

**No entry fee for Health Care**

**HOME HEALTH SERVICES**  
**FEE FOR SERVICES EFFECTIVE November 1, 2010**

Bathing <i>Hands on bathing by CNA</i>	\$15.00 each
Assistance with Dressing <i>Every AM/PM and as needed</i>	\$150.00 per month
Medication Delivery	\$200.00 per month (includes Insulin administration)
Whirlpool Bath	\$25.00 each
Meal Delivery	\$5.00 each
Sitter Service	\$15.00 per hour

\*Fees do not include supplies e.g., wound dressing materials, etc.  
For additional information or questions please contact **Trish McKittrick, Director of Home Health**

Receipt for NON-REFUNDABLE FEE

I understand that the \$3,500 Renovation Fee is non-refundable and Bethea will deposit my check immediately. This will hold unit \_\_\_\_\_ for 60 days from the date of this agreement at which time I understand that if I have not moved in I must begin to pay in full the regular monthly maintenance fee to continue holding the unit. If I choose not pay the maintenance fee after the 60 days or am not able to move in at that time I understand that I have forfeited all rights to unit \_\_\_\_\_, and understand that Bethea has the right to begin showing the unit to other prospective residents.

I also understand that the only reason that my deposit will be returned will be if Bethea denies my application for admission.

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Application for Admission

Bethza Baptist, a Christ-centered Retirement Community  
157 Home Ave  
Darlington, SC 29532

Note: Please answer all questions as completely and accurately as possible. All information released will remain confidential.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you married \_\_\_\_\_ If yes, date of marriage: \_\_\_\_\_

Widowed \_\_\_\_\_ If yes, date of spouse's death: \_\_\_\_\_

Name of spouse: \_\_\_\_\_

With whom are you living now: \_\_\_\_\_

List your children:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

Occupation prior to retirement: \_\_\_\_\_

Spouse's occupation prior to retirement: \_\_\_\_\_

How far did you go in school? \_\_\_\_\_

List college / graduate schools: \_\_\_\_\_

List talents or hobbies: \_\_\_\_\_

How did you hear about Bethea Baptist Retirement Community? \_\_\_\_\_

What church are you a member of: \_\_\_\_\_

Address: \_\_\_\_\_

Pastor's name: \_\_\_\_\_

List the companies and amounts of life insurance you carry:

Company:	Amount:	Beneficiary:
_____	\$ _____	_____
_____	\$ _____	_____

Are you the beneficiary of a life insurance policy? \_\_\_\_\_

Company:	Amount:	Beneficiary:
_____	\$ _____	_____
_____	\$ _____	_____

List your hospitalization insurance:

Company: _____	Policy # _____
Company: _____	Policy # _____

List any Long Term Care Insurance:

Company: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Duration: \_\_\_\_\_

Do you have a living will? YES \_\_\_\_\_ NO \_\_\_\_\_ If so please attach a copy  
Do you have a General Power of Attorney? YES \_\_\_\_\_ NO \_\_\_\_\_ If so please attach a copy  
Do you have a Durable Power of Attorney? YES \_\_\_\_\_ NO \_\_\_\_\_ If so please attach a copy  
Do you have a Health Care Power of Attorney? YES \_\_\_\_\_ NO \_\_\_\_\_ If so please attach a copy  
Do you have a will? YES \_\_\_\_\_ NO \_\_\_\_\_ Executor's name \_\_\_\_\_

Is your need to enter Bethea Baptist Retirement Community urgent? YES \_\_\_ No \_\_\_

At what approximate date would you like to enter the facility? \_\_\_\_\_

What type of accommodations would you be interested in?

Studio Room  2-Room Suite  Cottage  Apartment  Patio Home

I make this application for residency at Bethea Baptist Retirement Community of Darlington, South Carolina, of my own free will and accord. I declare the answers to the foregoing questions to be true, full, and complete.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

# Bethæa Baptist Retirement Community

## Financial Statement

Bethæa Baptist Retirement Community respect the privacy of every applicant and will hold the enclosed financial information in strict confidence. To assure the Bethæa Baptist Retirement Community continued solvency and in keeping with the trust imposed upon it, Bethæa Baptist Retirement Community requires and expects all residents to pay the scheduled charges to the full extent of their financial resources and ability and not to deplete those resources in any way that would jeopardized this ability.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

<b>Financial</b>			
<i>Assets</i>			
	Life Insurance		
	Real Estate		
	Savings & CD's		
	Checking		
	Stocks/Mutual Funds		
	<b>Total</b>		
<i>Income</i>		<i>Monthly</i>	<i>Annual</i>
	Social Security		
	Annuity		
	Pension		
	Other		
	<b>Total</b>		<b>\$</b>

Do you owe any debts? Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_

Are any debts owed to you? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount\$ \_\_\_\_\_

By whom? \_\_\_\_\_

How secured? \_\_\_\_\_

# Betha Baptist Retirement Community

## Personal Health History

It is important for both Betha Baptist Retirement Community and the Applicant that a full medical listing be established so that the doctors and nurses entrusted with the care of the resident may be well advised. This medical record is in two parts, a Personal Health History to be filled in and submitted by the Applicant, and the Physician's Report and Examination to be submitted later by a doctor.

Betha Baptist Retirement Community realizes that all applicants have had various illnesses in the course of their lives, and that most will have some infirmity when applying; however, acceptance of an application is not conditioned on perfect health.

1. Full Name \_\_\_\_\_
2. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
3. Estimate in your own words the condition of your health \_\_\_\_\_  
\_\_\_\_\_
4. Describe any chronic diseases (heart, diabetes, kidney, etc. ) \_\_\_\_\_  
\_\_\_\_\_
5. Specify any physical limitations or deformities (glasses, hearing aids, arthritis, etc.) \_\_\_\_\_  
\_\_\_\_\_
6. Do you require assistance with the following: Dressing \_\_\_\_\_  
Personal Care \_\_\_\_\_ Walking \_\_\_\_\_ Personal Laundry \_\_\_\_\_  
Do you drive \_\_\_\_\_ Do you plan to bring your car with you? \_\_\_\_\_
7. Describe any allergy, including reactions to drugs \_\_\_\_\_  
\_\_\_\_\_
8. Describe any surgical operations, serious illnesses, and hospitalization, within recent years, giving dates (years) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you ever had the following, with what treatments and results:

Tuberculosis \_\_\_\_\_

Cancer \_\_\_\_\_

Nervous breakdown \_\_\_\_\_

Recurring headaches \_\_\_\_\_

Anemia \_\_\_\_\_

Polio \_\_\_\_\_

Stroke \_\_\_\_\_

10. Are you able to get to the Dining Room with out assistance? \_\_\_\_\_ Do you have any special diet? \_\_\_\_\_

11. Are you presently under special medical care \_\_\_\_\_ if so, for what? \_\_\_\_\_  
\_\_\_\_\_

12. What special medicine, vitamins, and drugs are you now taking? \_\_\_\_\_  
\_\_\_\_\_

13. Do you currently have medical insurance : Hospital \_\_\_\_\_

Health \_\_\_\_\_ Physician \_\_\_\_\_ Medicare \_\_\_\_\_

14. Your physician's name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) \_\_\_\_\_

15. I herby authorize my physician to release medical information to Bethea Baptist Retirement Community for purposes of application and residence.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Betha Baptist Retirement Community

Physician's Report and Examination

To the examining physician: Betha Baptist Retirement Community is a Continuing Care Retirement Community with three levels of care. It is important that this report be complete so that the resident can be placed in the appropriate accommodations to insure that the optimum level of care is provided.

1. Applicant's full name \_\_\_\_\_
2. Health History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. General impression of examinee's health (good, fair, poor) Physical \_\_\_\_\_  
Mental Status \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Temperature \_\_\_\_\_  
Muscular Development \_\_\_\_\_ Posture \_\_\_\_\_ Spinal Deviation \_\_\_\_\_  
Does the applicant require the assistance of a nurse? \_\_\_\_\_  
Is the applicant able to self-administer medications? \_\_\_\_\_
4. Head and Neck:  
Eyes: by Snellen test type report vision: w/o glasses R \_\_\_\_\_ L \_\_\_\_\_  
W glasses R \_\_\_\_\_ L \_\_\_\_\_  
Any other eye abnormality \_\_\_\_\_ Tension \_\_\_\_\_ Cataract \_\_\_\_\_  
Ears: (a) Hearing R \_\_\_\_\_ L \_\_\_\_\_ (b) Pain, Discharge, etc \_\_\_\_\_  
(c) Appearance of drums \_\_\_\_\_  
Nose: (a) Obstructions \_\_\_\_\_  
(b) Sinuses or other conditions \_\_\_\_\_  
Mouth: (a) Gums \_\_\_\_\_ Tongue \_\_\_\_\_  
(c) Teeth condition \_\_\_\_\_ Dentures: Upper ( ) Lower ( )  
Lymphatic gland \_\_\_\_\_  
Thyroid \_\_\_\_\_
5. Chest: Deformities \_\_\_\_\_ Breasts \_\_\_\_\_  
Lung Findings \_\_\_\_\_  
Cardio-vascular: (a) Heart: Record size, action, murmurs, compensation etc. \_\_\_\_\_  
(b) Electrocardiogram (if indicated) \_\_\_\_\_  
(c) Pulse quality \_\_\_\_\_ (d) Regularity \_\_\_\_\_

(e) Pulse Rate (sitting) \_\_\_\_\_ (f) Blood Pressure (sitting) \_\_\_\_\_  
(Standing) \_\_\_\_\_ (lying) \_\_\_\_\_

6. Abdomen:

Tenderness \_\_\_\_\_ Scars \_\_\_\_\_  
Masses of resistance \_\_\_\_\_  
Hernia \_\_\_\_\_  
Are spleen, liver or kidneys palpable? \_\_\_\_\_

7. Extremities:

Varicose veins \_\_\_\_\_ Edema \_\_\_\_\_  
Paralyses, atrophies, deformities \_\_\_\_\_  
Pulses \_\_\_\_\_

8. Cutaneous System:

Is there any rash, eruption, or other skin pathology? \_\_\_\_\_

9. Neuro-Psychic:

Is examinees nervous and mental system stable and sound? Consider  
fatigue, irritability, emotionalism, depression, headaches, insomnia?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Any tremors present? \_\_\_\_\_  
What is the condition of knee jerks? \_\_\_\_\_  
Papillary reaction to light? \_\_\_\_\_

10. Genito-Urinary System:

Does urinary system or external genitals show any pathology? \_\_\_\_\_  
Pelvic examination (if indicated) \_\_\_\_\_  
Size and condition of prostate gland \_\_\_\_\_

11. Laboratory Findings:

Blood: (a) Complete count \_\_\_\_\_ (b) Fasting sugar \_\_\_\_\_  
Urine: (a) Specific gravity \_\_\_\_\_ (b) Reaction \_\_\_\_\_ (c) Albumen \_\_\_\_\_  
(d) Sugar \_\_\_\_\_ (e) Microscopic findings \_\_\_\_\_  
X-rays (if indicated) \_\_\_\_\_  
Other Examinations \_\_\_\_\_

12. Summary:

Do you recommend the applicant for admission to Bethea Baptist  
Retirement Community? \_\_\_\_\_ All significant positive historical and  
physical findings \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physicians Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

**TO WHOM IT MAY CONCERN**

**PATIENT'S NAME:** \_\_\_\_\_

\_\_\_\_\_ **This is to certify that the patient named above in my professional judgment is competent to administer his/her own medication.**

\_\_\_\_\_ **Although not competent to administer his/her own medications is physically and mentally capable of living in Independent Living at Bethea Baptist Retirement Community.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Signature of Physician**

**Those Residents not deemed competent to administer their medications, but who are otherwise capable of living in Independent Living of Bethea Baptist Retirement Community, will have all prescription medications administered by licensed personnel in accordance with physician's orders.**

**Bethesda Baptist Retirement Community and Health Care Center**

\_\_\_\_\_ New Admission  
\_\_\_\_\_ Annual  
\_\_\_\_\_ New Employee

\_\_\_\_\_ has been administered his/her yearly Tuberculin  
(name)

skin test on \_\_\_\_\_ by \_\_\_\_\_  
(date) (nurse)

Site Rt/Lt \_\_\_\_\_ Route \_\_\_\_\_ Amount \_\_\_\_\_

Manufacture Cannaught Lot # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**INTERPRET IN 48 HRS. & NOT MORE THAN 96 HRS.**

Date \_\_\_\_\_ Results \_\_\_\_\_ Nurse \_\_\_\_\_  
(must be in mm)

**CHEST X-RAY (if skin test positive)**

Date: \_\_\_\_\_ Results: \_\_\_\_\_

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**BOOSTER: (Due 1 – 2 weeks after initial skin test administered)**

\_\_\_\_\_ has been administered his/her yearly Tuberculin  
(name)

skin test on \_\_\_\_\_ by \_\_\_\_\_  
(date) (nurse)

Site Rt/Lt \_\_\_\_\_ Route \_\_\_\_\_ Amount \_\_\_\_\_

Manufacture Cannaught Lot # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**INTERPRET IN 48 HRS. & NOT MORE THAN 96 HRS.**

Date \_\_\_\_\_ Results \_\_\_\_\_ Nurse \_\_\_\_\_  
(must be in mm)

**CHEST X-RAY (if skin test positive)**

Date: \_\_\_\_\_ Results: \_\_\_\_\_

# Betha Baptist Retirement Community and Health Care Center

## Resident Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ BBRC admit date: \_\_\_\_\_  
\_\_\_\_\_  
Case Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Religion: \_\_\_\_\_  
Age \_\_\_\_ Sex \_\_\_\_ Insurance: \_\_\_\_\_  
SSN: \_\_\_\_\_ Medicare #: \_\_\_\_\_  
Medicare # : \_\_\_\_\_

## Medical Information

Primary Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## Notify In Emergency

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Responsible Party

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## Final Plans

Undertaker: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Burial: \_\_\_\_\_  
\_\_\_\_\_