

# *The Gardens, Carlsbad*

Caring For Senior Christian Scientists

4380 Highland Drive

Carlsbad, California 92008-4225

(760) 729-1411 - Business and FAX

Website: [www.thegardenscarlsbad.com](http://www.thegardenscarlsbad.com)

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## Application For Admission

25 Years Of Service

To The Christian Science Field

*The Gardens*

- Continuous Service To The Christian Science Field Since 1981 -

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*California Health and Safety Code, Section 1270(a)*

This Section of the Health and Safety Code exempts from licensure any facility conducted by and for the adherents of any well-recognized church or religious denomination for the purpose of providing facilities for the care or treatment of the sick who depend upon prayer or spiritual means for healing in the practice of the religion of that church or denomination. It is the opinion of the Department that The Gardens is exempt from licensure in accordance with Section 1270(a) of the California Health and Safety Code; so long as the clients are practitioners of Christian Science and the facility is operated exclusively for Christian Scientists.

Sincerely,  
Joan A. Carmen, R.N., District Manager  
*Department of Health Services*  
Licensing and Certification  
San Diego District Office  
August 31, 1995

*A Grateful Acknowledgment*

We are grateful to have been on the forefront of providing practical nursing support to our church family for over 25 years. There have been interesting challenges and opportunities for growth. Our *Exemption* from licensing, granted August 31, 1995, was the culmination of prayer, patience and persistence. We shared Christian Science with many people in positions of public authority. Explanations of Christian Science nursing practice were respected and upheld. We made many friends during this period and continue to look for opportunities to explain more fully the concept of practical care and healing in the Christian Science tradition.

## Admission Policy and Agreement

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HOME-STYLE CARE FOR CHRISTIAN SCIENTISTS:

Home-style care is provided as needed for those who would like sheltered care or who are temporarily unable to accommodate themselves fully in daily living. The Guest may be able to function independently, or may be confined to a bed, or need assistance in transferring from bed to a chair. This care includes help with eating and toileting plus incontinent care. Activities necessary to keep the guest clean and comfortable are also provided. Care is given by Staff in accordance with the nonmedical requirement of the theology of Christian Science.

#### ELIGIBILITY:

A Guest at *The Gardens* may be a member of *The Mother Church, The First Church of Christ, Scientist* and/or one of its branches. If not a church member, the Guest understands that admission to *The Gardens* is based on his/her willingness to rely completely on Christian Science treatment for healing.

#### CHRISTIAN SCIENCE PRACTITIONERS:

Guests admitted to *The Gardens* are usually under the treatment of a Christian Science practitioner. The practitioner may or may not be listed in the current edition of *The Christian Science Journal*. The Responsible Co-Signer agrees to provide the name of a practitioner and an alternate. Practitioners fees are paid for by the Guest or his/her representative.

#### MONTHLY STATEMENTS:

Statements are mailed the end of each month. Payment is due on the first of each month. There are no refunds or prorations given upon guest's departure. The monthly rate does not include the services of a beautician, podiatrist or necessary off-premise visits such as the dentist.

#### GUEST RESPONSIBILITY:

The Staff at *The Gardens* provide personal attentive care to each Guest's individual needs. In order to assure quality services we ask that appropriate articles of clothing be supplied, and with labels, by the Responsible Co-Signer.

#### MEALS:

Generous home-cooked meals are prepared daily. Meals are served in a cheerful setting or Guests may be served in their room. Snacks are available 24 hours and every effort is made to accommodate the personal tastes of Guests.

#### MAID SERVICE AND LAUNDRY:

Bed linen is changed daily. Personal laundry is attended to daily. Rooms are dusted and vacuumed daily. Every effort is made to maintain a cheerful, happy atmosphere where guests can feel safe, comforted and a sense of home.

#### MAIL:

Mail to guests should be addressed to: Guest's Name - C/O *The Gardens* - 4380 Highland Drive, Carlsbad, CA 92008.

**RELEASE FROM LIABILITY:**

The Guest and Responsible Co-Signer consent to and authorize any representative of *The Gardens* to administer the care deemed necessary in the best interest of the Guest. The Guest and Responsible Co-Signer, upon admission to *The Gardens*, agree to release David Cooper, Owner and any of his representatives from all liabilities, claims, damages, losses or suits in the event of personal loss, accident or injury to the guest.

**MONEY AND VALUABLES:**

A Guest at *The Gardens* should not have money or valuables in their possession. The Staff does not manage or provide safe keeping for guest's funds, jewelry or any valuables.

# ***THE GARDENS***

## **Application for Admission**

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Name:

Address:

City:

Zip Code:

Telephone:

Date of Birth :

Mother's Maiden Name and Birthplace:

Father's Name and Birthplace:

Please give the Name, Relationship and Address of nearest Relatives. If none, please give name of a Friend, Agent or Responsible Co-Signer who will be responsible for you.

Name:

Address:

City:

Zip Code:

Telephone:

Name:

Address:

City:

Zip Code:

Telephone:

What is your Social Security Number?

Are you a Member of The Mother Church?

Are you a Member of a Branch Church?

Have you received Class Instruction in Christian Science?

The Guest will provide The Gardens with the name of a practitioner and an alternate. If The Gardens cannot reach either one, then The Gardens will make a choice of practitioner for the Guest, until the regular practitioner can be reached.

The Guest gives permission to the care givers and/or Management of The Gardens to call a practitioner if there is an obvious physical need or a specific mental need, such as mental disturbance or confusion, if the Guest is unable or unwilling to call for themselves.

In this case, The Gardens will notify the responsible co-signer of such calls.

The Guest further gives the Manager of the Gardens permission to consult with the practitioner about the particulars and needs of the Guest's case.

The above is to help ensure the Guest's comfort at The Gardens and that needs are being addressed.

Please give the name of your Christian Science practitioner. The practitioner need not be listed in *The Christian Science Journal*.

State and City of Listing:

Telephone:

Please list an alternate Christian Science practitioner should your regular practitioner be unavailable. The alternate practitioner need not be listed *The Christian Science Journal*.

State and City of Listing:

Telephone:

Please describe any individual needs that would be of assistance to the Staff at *The Gardens* in providing care.

Does your Family approve of your decision to come to *The Gardens*?

SIGNATURE OF GUEST:

Please also print name.

RESPONSIBLE CO-SIGNER:

Please print name:

SIGNATURE:

DATE:

ADDRESS:

TELEPHONE:

**FINANCIAL AGREEMENT:**

Please note that rates may vary according to individual needs or special cases. The rates for a double room begin at \$3,400 per month. (*Semi-Private Room*). *Private Room* rates begin at \$3,500 per month for Guest not needing special assistance, or at \$3,900 for those receiving assistance. **Assisted rates include:** Incontinent Care - diapers, creams, powder. Normal assistance with Bathing, Dressing, Eating, Commoding, is included in the monthly rate.

**ENTRANCE STATEMENT:**

Upon acceptance for admission to The Gardens, the Responsible Co-Signer will be mailed a statement for the Guest's first month of residency. This will be due and payable upon receipt of the statement. Fees are paid in advance for each month and there is no proration for any partial month when Guest leaves. Thirty days' notice is required for a Guest who is planning to leave The Gardens.

Please make monthly checks payable to: **THE GARDENS, LLC** and mail to: 332 Forest Avenue, Suite 21 - Laguna Beach, CA 92651.

**RESPONSIBLE CO-SIGNER:**

My signature below confirms my Agreement to represent said Applicant and to comply fully with the foregoing Admission Policy and Agreement with David Cooper, Owner of *The Gardens*; to provide for relocating said Applicant should a change, for any reason, become necessary in the opinion of the Owners; to verify that all information supplied on the *Application* is accurate.

**RESPONSIBLE CO-SIGNER SIGNATURE:**

NAME:

DATE:

E-MAIL ADDRESS:

DATE OF ADMISSION:

TERMINATION:

AMBULATORY STATUS:

This guest is being admitted to *The Gardens* as:

Ambulatory       Non-Ambulatory