

Contact & Key Referral Contacts

ADMISSIONS DIRECTOR

Stanley Batcha

Phone: (571) 330-2336

Email: info@rosevillehomesassistedliving.com

CLINICAL LIAISON

Maria Johnson, RN

(708) 555-0102 | (email protected)

24-Hour Admissions Line

(571) 330-2336

Maryland, MD

DOCUMENTATION SUBMISSION

☎ Phone: (571) 330-2336

✉ Email: info@rosevillehomesassistedliving.com

WE ACCEPT

- Private Pay
- Medicaid (pending enrollment)
- Long-Term Care Insurance
- Veterans Benefits (VA Aid & Attendance)



Admission Criteria

ELIGIBLE RESIDENTS

- ✓ Adults: 18+ requiring assistance with 2+ ADLS
- ✓ Medically stable, not requiring acute hospital-level care
- ✓ Safe for community-based, 24-hour supervised setting
- ✓ Diagnosis of dementia/ cognitive impairment (Memory Care track)
- ✓ Post-acute transitions from hospital or SNF
- ✓ Individuals requiring respite or short-term care



NOT APPROPRIATE FOR

Active IV medication therapy (excluding PICCC for certain conditions)

Ventilator dependent residents

Residents requiring continuous skilled nursing monitoring

Severe behavioral disorders posing safety risk without specialized support



Roseville Homes
ASSISTED LIVING

Referral Partner Guide

Your Trusted Partner in
Transitional & Long-Term Care

Roseville Homes Assistant Living is proud to partner with hospitals, rehabilitation centers, physicians, and social service agencies to provide seamless care transitions for your patients and clients.

**Accepting
Referrals
24/7**

**FOR IMMEDIATE REFERRALS
(571) 330-2336**



Referral Workflow

1

INITIATE REFERRAL

Call (571) 330-2336 or email referral form to info@rosevillehomesassistedliving.com

2

DOCUMENTATION REVIEW

Submit face sheet, Resident Care Plan, last 30 days of care notes, medication list, most recent labs, and Level of Care assessment within 24 hours

3

CLINICAL REVIEW

Our clinical team completes assessment within 4 business hours of receiving complete documentation

4

AUTHORIZATION

Admissions Director issues written acceptance or clarification request

5

MOVE-IN COORDINATION

We coordinate directly with your discharge team; target admission within 24–48 hours of authorization

6

FOLLOW-UP

Clinical Liaison contacts referring care giver at 7, 30, and 90 days post-admission



Average time from referral to admission: <48 hours



Clinical Communication Standards



CARE NOTIFICATION

We notify the resident's attending Care Team, within 24 hours of admission and for any significant change in living condition



CARE PLAN MEETINGS

Interdisciplinary care conferences held within 14 days of admission and quarterly thereafter. Referring providers invited to participate.

RESIDENTIAL TRANSFERS

Referring residential notified of all transfers within 2 hours. Comprehensive transfer documentation sent via secure fax.

MEDICATION MANAGEMENT

Licensed staff administer and document all medications, documentation available to care providers.

INCIDENT REPORTING

Referring Care Team and families notified of all falls, injuries, or significant incidents within 24 hours of ePIRI guidelines.



COMMITTED TO ASSISTED CARE EXCELLENCE

Required Documentation Checklist

CLINICAL DOCUMENTS

Face Sheet / Demographiss

Care H&P (within 30 days)

Current Physician Orders

Last 30 days of Nursing Notes

Current Medication Administration Record (MAR)

Discharge Summary (if applicable)

Most Recent Care plan

Care Consultation Notes

FUNCTIONAL / SOCIAL

MDS or Level of Care Assessment

Therapy Evaluations (PT/OT/ST)

Social History

Advanced Directives / DNR / POLST

Insurance Cards & Authorization

Guardianship/POA Documentation (if applicable)



Expedited review available for urgent placements –
: call (571) 330-2336