

NURSING HOME SURETY BOND

BOND NUMBER

KNOW ALL MEN BY THESE PRESENTS, that we,	(OPERATOR'S NAME)
the operator of	
	(FACILITY NAME)
located at	(ADDRESS)
as Principal, and	(SURETY)
surety business in the State of Missouri, as Surety, are h benefit of injured persons in the aggregate penalty of	State of, and authorized to transact eld and firmly bound unto the State of Missouri, for the use and Dollars (\$), es, our heirs, executors, administrators, successors and assigns joint-
WHEREAS, the said Principal will be holding in trust monies provisions of the Omnibus Nursing Home Act (Sections 198	of residents, and therefore is required to comply with the applicable .003 to 198.186, RSMo).
Sections 198.090 and 198.096, RSMo, and any amendment	BLIGATION IS SUCH THAT, if the said Principal shall comply with the states thereto, and in particular shall not wrongfully deprive a resident or act(s) of the operator or any affiliate or employee of the operator, of d, otherwise to remain in full force and effect.
Provided, that any person having a claim against said Princi bring suit on this bond in any court of competent jurisdiction	ipal for any violations of Sections 198.090 and 198.096, RSMo, may .
Department of Health and Senior Services, with a copy to the	ay be cancelled by giving sixty (60) days written notice to the Missouri ne Principal, and this bond shall be deemed cancelled at the expira- charged from any liability already incurred under this bond or which D) day period.
This bond shall be continuous until cancelled.	
This bond shall be effective as of the date signed.	
IN WITNESS WHEREOF, the said Principal and the said Su	rety have affixed their hands and seals on this day
of,	
SURETY	PRINCIPAL (LICENSED OPERATOR OF FACILITY)
NAME	NAME
ADDRESS	ADDRESS
ATTORNEY-IN-FACT	SIGNATURE OF OPERATOR, PARTNER, LLC MANAGER/MEMBER OR CORPORATE OFFICER OF BUSINESS
BY	BY
	TITLE
INSURANCE AGENT NAME (NO SIGNATURE REQUIRED)	
ADDRESS	
TELEPHONE NUMBER	

INSTRUCTIONS

Missouri law, Section 198.096, RSMo, requires all operators of facilities who hold in trust personal funds of residents as provided by Section 198.090, RSMo, to obtain and file a Nursing Home Surety Bond or a Noncancelable Escrow Agreement with the Missouri Department of Health and Senior Services.

- 1. A surety bond must be in a form approved by the Missouri Department of Health and Senior Services. (Section for Long-Term Care Regulation will furnish forms.)
- 2. A surety bond must be issued by an insurance company licensed for bonding with the State of Missouri.
- 3. A surety bond must have a number for reference.
- 4. A surety bond must bear an effective date.
- 5. A surety bond must be signed by the attorney-in-fact and a person having authority to sign for the entity.
- 6. A surety bond must be accompanied by a power of attorney letter.
- 7. A surety bond must be an original; it may not be a copy.
- 8. The principal as indicated on the bond must be identical to the licensed operator as appears on the Missouri Department of Health and Senior Services license to operate a long-term care facility and as registered with the Missouri Office of Secretary of State.
- 9. A surety bond must be at least \$1,000.
- 10. A surety bond may cover more than one licensed facility operated by the same operator if the facility is a multilicensed facility on the same premises. You must indicate what licensed levels the bond is covering.
- 11. A surety bond may cover other licensed facilities operated by the same operator which are at other locations in Missouri provided the bond specifies the amount of coverage provided for each individual facility and the coverage for each facility is a minimum of \$1,000.
- 12. If a surety bond includes a provision allowing the surety to cancel after notice, the Missouri Department of Health and Senior Services must be notified at least sixty (60) days prior to cancellation. The notice must be sent to:

ATTENTION: LICENSURE AND CERTIFICATION UNIT SECTION FOR LONG-TERM CARE REGULATION MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES 920 WILDWOOD, P.O. BOX 570 JEFFERSON CITY, MO 65102-0570

All surety bonds must be sent to the above address for approval.

All forms may be found on our website at: http://www.dhss.mo.gov/NursingHomes/AppsForms.html