



"We stand in the presence of the Living God with Mary
to make known to the world the love of the Sacred Heart of Jesus"

January 1, 2026

Dear Friends,

Marycrest Manor is a skilled nursing facility sponsored by the Carmelite Sisters of the Most Sacred Heart of Los Angeles. As a licensed SNF, Marycrest provides 24-hour nursing care; recreational, educational, social, and religious activities (such as Sunday Mass, prayer services, Communion services, daily exercise program, bingo, coffee socials, and outdoor BBQ's) for those who wish to attend; three delicious and nutritious meals with between meal snacks. Services are provided in a warm, home-like environment where our residents are cared for with love, dignity, and respect.

The mission of the Carmelite Sisters in health care is "we stand in the presence of the Living God with Mary to make known to the world the love of the Sacred Heart of Jesus" through the provision of health and residential care services.

Marycrest Manor has accommodations for 57 beds within two separate buildings – Marycrest and St. Joseph wings. Quality of care, nursing staff, activities and all services provided are the same between the two wings. Rate differences are reflective of room sizes. Rooms in the Marycrest wing are larger than those in the St. Joseph wing. Each room is provided with restroom, spacious closet, and outdoor patio area. The rates below include the basic room charge, 24-hour nursing care, meals, activities, pastoral care, room cleaning, and social services. Medicare does not pay for long-term care in a nursing home. There may be some ancillary charges that are not covered in the basic room rate. After the initial application has been reviewed by our Admissions Coordinator and Director of Nurses, and the candidate is seriously considered for admission, there may be an on-site pre-admission clinical nursing assessment.

Marycrest Wing

Single, private room	\$566.00 per day
Double, semi-private room	\$448.00 per day

St. Joseph Wing

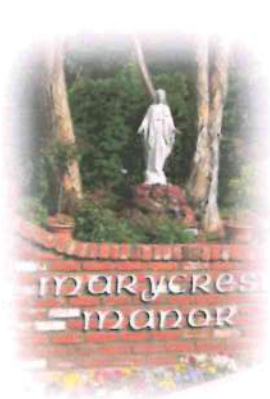
Single, private room	\$502.00 per day
Double, semi-private room	\$422.00 per day
Four-bed Unit	\$419.00 per day

If you have any questions or want to schedule a tour of our facility, please call 310 838-2778 ext. 4002. We are happy to be of service to you and your loved one. Until then, we pray that God shower His abundant blessings upon you and your loved ones!

Sincerely in Christ,

Sister Veronica del Carmen

Sister Veronica del Carmen, OCD
Administrator



Welcome to Marycrest Manor where our Mission is:

To stand in the presence of the Living God, and with Mary, make known to the world the love of the Sacred Heart of Jesus.

The Carmelite Sisters, together with a dedicated staff of coworkers, are committed to promoting the dignity and sacredness of life at all stages through our *Core Values: by being Joyful, Authentic, Totally Given, with a Family Spirit.*

Respecting the Dignity of Each Person with Compassion and Commitment:

At Marycrest Manor, staff provide skilled care with compassion, respect and dignity for each resident.

- We respect the dignity of all people and recognize the richness of their wisdom and the experience of their advanced years.
- We strive to reflect the compassionate love and mercy of God, and to be at the service of our residents and families for life.
- We do our utmost to provide comprehensive and quality services to all residents regardless of race, color, creed, national origin or financial status.

Services offered:

Marycrest Manor provides services which respect and foster personal dignity and happiness towards healing the whole person. We have a continuum of services which include short and long-term 24-hour professional skilled nursing and other rehabilitative services.

Available Services

- 24-hour Skilled Nursing Care & Emergency Response
- Functional Rehabilitation Services
- Pastoral Care
- Medication Administration
- Individualized Care Plans

- Restorative Nursing Program
- Intravenous Therapy
- Tube Feeding
- Pain management
- Nutrition Counseling
- Social Services and Discharge Planning
- Activities & Social programs as scheduled
- Housekeeping & Laundry services
- Routine personal hygiene items
- Beauty Shop (weekly)
- Palliative Care
- Respite Care
- Physician services
- Psychological services
- Psychiatric services
- Podiatry-medically necessary treatment
- Preventative & diagnostic vision exams
- Diagnostic hearing exams
- Medically necessary therapy including OT, PT & ST
- On site clinical diagnostic laboratory tests

Visiting Hours:

All visitors shall observe the rights of all residents and comply with facility policies.
Posted visiting hours are:

Sunday through Saturday – 11 a.m. to 8 p.m.

All visitors must enter either through the Administration building (open M – F until 5 p.m.) or through the St. Joseph wing (open weekdays & weekends).

To protect the health of Residents and staff, visitors are requested to refrain from visiting when they are ill.

Pastoral Care:

Prayer and Communion Services are offered for those who wish to participate.

Holy Mass: Sundays at 11:30 a.m. (in Marycrest Lounge)

Monday - Saturday at 11:00 a.m. (in Marycrest Lounge)

Rosary/Communion Daily Service

Adoration: Monday – Friday 9:30 - 10:30 a.m.



Application for Admission

PATIENT INFORMATION

Date: _____

Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Address: _____
Street City State Zip CodeHome Phone: _____ Religion: _____ Marital Status: S M W D Birthplace: _____ Social Security Number: _____
City/State

Medicare Number: _____ Medi-Cal Number: _____

Health Insurance: _____
Company Cert. # Gr/Policy #

HMO: _____ Affiliated Group: _____

Physician: _____ Phone: _____

HOSPITALIZATION

Have you been hospitalized in the last 12 months? Yes No If yes, please, complete the following.

Hospital: _____ Admit Date: _____ Discharge Date: _____

Skilled Nursing Facility: _____ Admit Date: _____ Discharge Date: _____

Patient is now at: _____ Admit Date: _____

IN CASE OF EMERGENCY NOTIFY:

Mr. Mrs. Miss Ms

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Office Phone: _____ Mobile Phone: _____

Mr. Mrs. Miss Ms

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Office Phone: _____ Mobile Phone: _____

RESPONSIBLE PARTY

Mr. Mrs. Miss Ms

Name: _____ Relationship: _____

Home Phone: _____ Office Phone: _____ Mobile Phone: _____

Address: _____
Street City State Zip CodeCharge Account to: _____
Name Address Phone**MORTUARY: State of California requires that the name of a mortuary be designated.**

Name: _____ Phone: _____

Address: _____
Street City State Zip CodeHave pre-need arrangements been made? Yes No



REQUEST FOR ACCESS TO MEDICAL RECORD

Re: Patient's Name: _____

Date of Birth: _____

Approximate Date of Treatment: _____

I hereby request that _____ provide access to the
(name of hospital or other provider)
medical record of the patient named below. I request this access as the: (check one)

- _____ Patient
_____ Durable Power of Attorney – Health Care
_____ Conservator of the person

The type of access required is: (check one)

- _____ Inspection of the record
_____ Copies of the record as follows:

I request access to: (check one)

- _____ Entire record
_____ Following portions of the record only: (specify)

Name: _____
(please print)

Signature: _____ Date: _____



The following documents are required for Marycrest Manor to make a decision regarding Admission.

Please Provide The Following Medical Records:

- H & P (History and Physical)
- Covid-19 Testing (5 days prior ok)
- Consults
- Current Medication List/ Any IVs?
- X-Rays (ie. chest, etc.)/ EKGs
- Laboratory Work (Include blood transfusions) - Any culture reports
- Surgery Reports, if applicable
- Rehab progress notes - evaluation & progress notes
- Does patient have any wounds or skin problems/rashes?
- MRSA past or present? MRSA/VRE/ESBL Screen - Any Isolation?
- Any IVs?
- Dietary Information (type of diet/type of liquids/feeding tube formula & frequency)
- POLST/Advance Directive
- Current height/weight
- Flu & pneumonia vaccines & dates – Not necessary for decision, but required
- [Social Worker Notes (psycho-social well being, mood state & discharge planning)]

Admissions Office - P - 310 838-2778 Ext. 4002
Fax - 310 838-9647
email: boa@marycrestculvercity.com

11/12/2025



Doctor Telephone List

Dr. Douglas Tyler 310 828-0733 310 828-0711 Fax

Dr. Yulionas Gayauskas 310 695-9911 310 695-9922 Fax

Please call one of the above doctors to request that they agree to see your loved one as a new patient here at Marycrest Manor. Please inform us as to which doctor has been selected.



POLICIES AND PROCEDURES

SUBJECT: END OF LIFE OPTION ACT	DEPARTMENT: Nursing
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SUBMITTED BY: Nursing	DATE PREVIOUSLY ISSUED:
ADMINISTRATIVE APPROVAL:	EFFECTIVE DATE: 1/20/2025

If a resident's decision is contrary to Marycrest Manor's Ethical Policy and Procedures principles, Marycrest Manor will assist the resident in transferring to another facility. Residents/RP will receive information in writing regarding other facilities available to make their choice. We respect the rights of residents, legally designated health care agents, surrogate or conservator to make health care decisions, if the resident is incapable of making such decisions. If the decision of a resident's agent surrogate or conservator is contrary to its Principles or Polices, Marycrest Manor will assist in transferring the resident to another facility. It is the responsibility of the resident, not that of Marycrest Manor to locate another facility.

Review Date	Initials	Review Date	Initials	Review Date	Initials	Review Date	Initials	Review Date	Initials
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MARYCREST MANOR SKILLED NURSING FACILITY APPLICATION
Resident Financial Information Statement

Marycrest Manor respects the privacy of every applicant. This information will be kept strictly confidential.

- I. Please complete all areas. If an item does not apply to you, please write "N/A" in the accompanying field.

Fixed Income

	Monthly (\$)	Annual (\$)
Employment		
Social Security		
Pension		
Annuities		
Other _____		
Total		

Family/Other Assistance

Name	Telephone Number	Relationship	Amount Willing to Contribute (\$)

Assets

	Market Value (\$)	Monthly Income (\$)	Annual Income (\$)
Securities (Stocks, Bonds)			
Real Property			
Checking Account(s)			
Savings Account(s)			
Other _____			
Total			

Liabilities

	Liability Amount (\$)	Lienholder(s)	Current Status
Real Estate Mortgages			
Personal Loans and Debt			
Chattel Mortgages			
Other _____			

Legally Responsible Party for Finances: _____

Contact (if other than you): Telephone _____ Address _____

MARYCREST MANOR SKILLED NURSING FACILITY APPLICATION
Resident Financial Information

- II. Please provide contact information for the following persons whose services you use. By providing the information, you acknowledge and agree that the information may be used by Marycrest Manor to confirm your financial information.

Banker

_____	_____
Full Name	Bank Name
_____	_____
Address	Phone Number

Stockbroker

_____	_____
Full Name	Firm Name
_____	_____
Address	Phone Number

Lawyer

_____	_____
Full Name	Firm Name
_____	_____
Address	Phone Number

Trustee

_____	_____
Full Name	Relationship to Applicant
_____	_____
Address	Phone Number

- III. To ensure the efficient processing of your application, all entries on the Financial Information Statement must be accompanied by supporting documentation. Please provide copies of the following financial records:

- Most recent **tax return**
- Most recent **bank statements** for a three-month period
- Most current billing statement for all **charge accounts** and lines of credit
- **Securities account statement** for a three-month period (e.g. brokerage, annuities, IRA, 401K, etc.)

Marycrest Manor will not share or otherwise disclose your private financial information to third parties. All documents are used solely for the purpose of determining qualification for admission. Should you need assistance in understanding which documents are needed, please do not hesitate to contact our admissions staff.

MARYCREST MANOR SKILLED NURSING FACILITY APPLICATION
Credit Report Authorization and Release

I hereby authorize Marycrest Manor and its agents to obtain a consumer credit report of my credit record through a credit reporting agency chosen by Marycrest Manor.

I understand and agree that Marycrest Manor intends to use the information from that report for the purpose of evaluating my admissibility for residency. My signature below authorizes the release to the credit reporting agency of financial information which I have supplied to Marycrest Manor in connection with such an evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form if required to obtain any information necessary to complete my consumer credit report.

Last Name

First Name

M.I.

Social Security Number

Date of Birth (MM/DD/YYYY)

Street Address

City

State

Zip Code

Phone Number (Home)

Phone Number (Mobile)

Applicant Signature

Date

Declaration & Signatures

I declare that the above information is true and correct to the best of my knowledge and belief, and that it is submitted as part of an application for residency. If at any time any of the information set forth in this application should change, I understand that I must promptly furnish any necessary or appropriate correcting information to Marycrest Manor.

I further represent and declare that should I be admitted to Marycrest Manor, the assets disclosed on this form will be used first to pay for my private pay care at this facility for the remainder of my stay, that only amounts that are in excess of those needed for my care will be used for my additional living expenses. I certify that no assets will be intentionally spent, divested, transferred, or disposed of so that I may become impoverished or my ability to pay the full rate for such care is impaired, and acknowledge that undertaking such prohibited actions will be considered a breach of my contractual obligation.

I declare that I have read and understand the application instructions, the declarations, and all information printed on this application. I understand that falsifying or withholding pertinent information on this application may be grounds for the termination of my application or residency at Marycrest Manor.

Applicant

Date

Legally Responsible Party for Applicant's Finances

Date