

Norfolk Manor

LIVE THE LIFE YOU CHOOSE™



Aging in Place Strategy

SUPPORTIVE / ASSISTED LIVING INFORMATION PACKAGE 2020



www.NorfolkManor.ca

In accordance with the recent passing of BILL 120 and the RESIDENTS RIGHTS ACT 1994 and Tenant Protection Act 1998.
Compliance date NOVEMBER 20, 1994.

PREAMBLE

Residents residing at Norfolk Manor have the right and are permitted to contract with any care delivery service they wish to provide additional care or other services over and above those supplied in our regular bundle of services as laid out in the Care Home Information Package.

Norfolk Manor and our staff are happy to act as our residents advocate and cooperate with any agency or service provider you so choose.

FEES:

An administration charge of \$150/mth will apply for:

AGENCY MANAGEMENT which includes LHIN and related services.

NOTE:

In the event that an agency is contracted and does not show up or where the agency documents the resident refused care, Norfolk Manor agrees to be the “BACK UP” and will pick up and deliver and document the care: FEE will charged at a rate of \$10/15 minutes of missed/contracted service. Norfolk Manor will track and bill accordingly. Norfolk Manor will also communicate the lack of service to the CCAC within 48 hours of the non-service.

“Example: LHIN contracted for 1 hour of morning care and they do not show up. The resident will be billed 1 hour x \$10/15 minutes = \$40”

SPECIAL NOTE

LAUNDRY: Also LHIN suppliers (PARAMED) will only use fresh towels for each time of service so we go from 1x changing towels to 14 x changing towels for which there is an additional \$60/mth charge as well.

SUPPORTIVE LIVING

At Norfolk Manor retirement home we go out of our way to enable our residents to “**Age in Place**” as long as they are comfortable and wish to remain at Norfolk Manor. As their care needs change so do our flexible care options. In addition to our basic level of care we offer 5 Levels of Supportive Care based on the individual needs of our resident.

A Supportive Living Package(s) is required when a person is no longer able to maintain personal hygiene or their **ADL’s (Activities of Daily Living)** and find that they need regular assistance in any of the following areas;

Mobility

1. Assisted transfer
2. PORTERING: assistance to / from meals and activities.
3. Repositioning : unable to transfer (ie: from bed to chair) on their own on a regular basis

Memory Assistance

4. Constant reminding beyond simple 1 off reminder – repeated queuing for ADL’s such as getting washed, dressed, Alzheimer’s repetition, coming for meals that then may also require assistance to complete
5. Repetitive Anxiety Behaviour requiring constant redirection
6. Exit Seeking – “Wandering Risk”- requiring hourly checks or other measures (RFI- Project Lifesaver Program & Bracelet may be required)

Dietary Requirements

7. Dietary – puree of meals
8. Thickening of fluids
9. Assistance with Feeding – Breakfast / lunch / dinner
10. Meals delivered to the room on a regular basis (continental breakfast is the exception)

Personal - ADLs

11. Dressing – assisted in part
12. Peri Care - daily
13. TOILETING ROUTINE: assistance to change her pad on a regular basis
 - a. Assist the washroom
14. Assistance Shaving – regularly
15. Repositioning every 2 hours
16. Mouth Care – am /pm , unassisted by resident
17. Medical Dressings – other than simple first aid and those requiring "WOUND CARE" which would required and Outside Agency support like that provided by the LHIN.

Doctors ORDERS

18. Application of Cream(s) **by doctor order**
19. Taking of daily blood pressures – **by doctors order**
20. Percussion Therapy
21. Injection Therapy- Daily
 - a. DIABETIC support – Doing sugars, sliding scale. Insulin injections

Housekeeping

22. Daily checks are required of
 - a. Room & Bathroom
 - b. Excessive cleaning from repetitive behaviour
 - c. Laundry – Additional Laundry LHIN

23. SMOKING/FIRE RISK

- a. Cigarette management, reminding, individual cigarette dispensing

- 24. VISUAL IMPAIRMENT – Unable to navigate the building
- 25. FALLS RISK
- 26. WANDERING RISK– Project lifesaver- recommended
- 27.2 Person Transfer – unable to move without assistance
- 28. Increased cleaning due to behaviours

LEVEL 3 – CARES on their own

1. Incontinence – regular assistance required with toileting, changing of absorption products and/or peri care -
2. Full Personal Care - AM or Full Personal Care – PM (Both = Level 4)
3. Catheter Care
4. Ostomy Care
5. Feeding tube monitoring/support
6. Wound Care

Cost structure

Level 1

Required when a person needs regular assistance with any one (1) of the areas of assistance as identified above.

Cost \$ 30 / Day, \$ 900 per month

Level 2

Required when a person needs regular assistance with any two (2) of the areas of assistance as identified above.

Cost \$ 40 / Day, \$ 1200 per month

Level 3

Required when a person needs regular assistance with any 3 of the areas of assistance as identified above other than those identified as Level 3 Care.

Cost \$ 55 / Day, \$ 1675 per month

Level 4

Required when a person needs regular assistance with any Level 3+ (another level 3 or a max of 2 other ease of assistance)

Cost \$ 65 / Day, \$ 1950 per month

Level 5

Required then a person needs full assistance and/or 1 on 1 for extended periods of time. To be determined at the time of the assessment.

1. **Types of Accommodation (Excluding Assisted/Supportive Living)**

Accommodation: Effective January 2020

Choice of Suites		Monthly	Per Diem
Suite "A"	Private- 3 Share Bathroom	\$3000.00	\$100.00
Suite "B"	Private- Small Private-complete	\$3400.00	\$112.00
Suite "C"	Private - Large -2 share bath	\$3500.00	\$115.00
Suite "D"	Private - Large Private-complete	\$3750.00	\$120.00
Suite "E"	Private - 2 share bathroom	\$3300.00	\$108.50
	Semi-Private - 2 share room	\$2677.00	\$ 88.00

Couple Rate: add \$1450 (D suite only)

RESPITE BED / SHORT TERM – FULLY FURNISHED – Starting from \$100 / DAY (semi-private)

PALLIATIVE CARE PACKAGE is also available.

***INCLUDED IN-HOUSE FACILITIES, SERVICES , MEALS & CABLE**

SUITES represented by room number

A"	B"	C"	C2"	D"	or	D2"	E"
206	101	307	307	203	303	403	207
306	201	406	406	204	304	404	211
311	301			205	305	405	
407	401			208	308	408	
				209	309	409	
				210	310	410	

ASSISTED LIVING SERVICES

See CARE HOME INFORMATION PACKAGE for those services already provided with the basic accommodation fee.

HOUSEKEEPING: “In addition to our usual services”

- Daily:**
- Washrooms inspected and cleaned as necessary
 - Inspection and changing of towels as necessary
 - Inspection and changing of sheets as necessary
- Towels:** Checked daily
EXTRA – as required

LAUNDRY collected a max of 2x weekly and returned same day

NURSING CARE:

In addition to the normal group of nursing services the following are included:

- Medication:**
- Documentation/ Dispensing only with Dr. Order
 - Delivery to the resident’s room if required
- Bathing/Shower:**
- Assistance in and out of tub – up to (2) weekly
 - Sponge bathing in bed as required (Plus/Premium package Only)
 - Access to our SPA Room Step in Jacuzzi Tub (2nd floor)
- Dressing:**
- Assistance with choice of clothing and shoes
 - Assistance to change soiled clothing
- Care and Counsel:**
- As required to meet the changing needs of the client
 - Maximum 2 hours per month
- Toileting Routine:** Personal Assist Daily (in accordance with Selected Package)
Including assistance to change pad and Peri Care
- Meals:**
- 3 meals daily:
 - Special diets accommodated
 - o Specialty foods will be an added cost

2. **PRIVATE DUTY AVAILABLE-** Discuss with Administration as needed
 - i. Registered Staff available at a rate of \$36.00/hour
- Non-Registered / Companion Staff are available at a rate of \$28.00/hour

Note: rates are subject to change

AGREEMENT

The Supportive Living Package is to be put into place as of:

Start Date: _____ day of _____, 2020.

The client understands and agrees to the following option;

LHIN supplied support ONLY I agree: _____

(\$210 CCAC management Fee/mth + FEE will charged at a rate of \$10 / 15 minutes of missed/contracted service ONLY IF LHIN SERVICES ARE INVOLVED.)

- 1. Level 1 at a cost of \$ 30 / day + \$210 LHIN management Fee/mth I agree: _____
- 2. Level 2 at a cost of \$ 40 / day + \$210 LHIN management Fee/mth I agree: _____
- 3. Level 3 at a cost of \$ 55 / day + \$210 LHIN management Fee/mth I agree: _____
- 4. Level 4 at a cost of \$ 65 / day + \$210 LHIN management Fee/mth I agree: _____**
- 5. Level 5 at a cost of ____ / day + \$210 LHIN management Fee/mth I agree: _____

It is understood that by affixing signatures to this agreement that it shall become part of and in addition to the original tenancy and shall be governed under the Laws of Ontario.

DATED AT Guelph, Ontario, this _____ day of _____, 2020.

WITNESS: Resident or AGENT Signature

Resident's Name

AGREED TO AND SIGNED BY THE RESPONSIBLE PARTY:

WITNESS _____
Responsible Party

Name and Address: _____

Phone Number:(Home) _____ (Business) _____

.....
AGREED TO AND ACCEPTED BY THE OWNER: Date: _____

per: _____ David Ing Managing Director _____
[Name and Title]

[Name of Owner/ Agent]

THE RESIDENT HEREBY ACKNOWLEDGES receipt of a fully executed duplicate original of this

Agreement on the date set out above. _____(Resident/Agent Initial)