

La Gratitude Home for the Aged

"The People Who Care"

Reg no: 031-383 NPO

Tel (034) 315 5466 OFFICE HOURS / Fax 034 315 5467

P.O. Box 1418, Newcastle 2940

57 York Street, Corner of York and Bird Street

NEWCASTLE

2940

Email : GRATITUDE2005@telkomsa.net Web address: www.lagratitude.co.za



**APPLICATION FOR ADMISSION
BOARD AND LODGING CONTRACT**

LA GRATITUDE HOME FOR THE AGED TRADING AS A FRAIL CARE FACILITY

NAME: _____

ID NUMBER: _____

| ROOM REQUESTED | SINGLE ROOM | | DOUBLE SHARING ROOM |
|----------------|-------------|---------|---------------------|
| INCOME | | | |
| Sub Economic | SASSA | | Pension |
| Economic | SASSA | Pension | Investment |

FOR OFFICE USE ONLY:

Verification of documentation:

| | |
|-------------------------|--|
| Nursing Department | |
| Social Work Department | |
| Financial Department | |
| Chief Executive Officer | |

ADMISSION DATE _____

KINDLY NOTE THAT LA GRATITUDE HOME FOR THE AGED IS STRICTLY A NON-SMOKING FACILITY

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SECTION A

INFORMATION REGARDING SCREENING FOR ADMISSION

1. Only fully and correctly completed application forms with attachments will be considered for screening for admission to La Gratitude Home for the Aged.
2. Only frail older persons of 60 years and older may be admitted in terms of the Older Persons Act, Act 13 of 2006.
3. Applications for admission will be presented to the local Department of Social Development for screening.
4. A sub-economic applicant (A person who qualifies for a government subsidy) cannot be admitted to La Gratitude Home for the Aged prior to the issuing of a screening certificate by the Department Social Development.
5. The following documentation must accompany the application:
 - a. Certified copy of ID document.
 - b. Copy of spouse's death certificate if applicable.
 - c. The SASSA pension card if applicable.
 - d. Latest three-monthly bank statements and in the event of no bank account an affidavit needs to be attached.
 - e. Proof of funeral policy.
6. A completed medical certificate with full medical history and psychiatric report completed by a Psychiatrist must accompany the application.
7. Once the application is completed and the necessary documents attached, you are requested to contact the Social Worker in your current area of residency to do an assessment and compile a Social Worker's report.
8. After completion of the application forms arrange for an assessment interview with the Nursing, Social Work and Finance department at the facility in order to assess the applicant as well as to verify all information. Queries regarding payment will be directed to the CEO.
9. Monthly payment of boarding and lodging fees will be payable in advance before the 1ST of each month and no arrear payments will be tolerated.
10. Board and lodging fees will be calculated strictly according to date of admission.
11. Sub-economic applicants (A person who qualified for a government subsidy) will be considered for subsidisation from the Department of Social Development in accordance to the set sliding scale of the Department of Social Development.
12. After completion of the application and the applicant had been screened for admission the applicant will be contacted for admission arrangement, in event of no vacancy the applicant will be put on the waiting list. Should a vacancy arise, the applicant or his/her family or authorized person will be contacted in order to arrange for the admission to the facility. Accommodation will be granted taking into consideration the physical, psychological and emotional needs of the older person and availability of accommodation.

13. The Resident shall take up accommodation within La Gratitude Home for the Aged on the date as stated in the Agreement and shall be valid and binding from the said date up until termination of the Agreement in terms hereof.
14. Should the Resident in any instance be given written notice to vacate the facility, the Resident, his or her family or authorized person will be responsible for removing the resident from La Gratitude Home for the Aged. In the event that the Resident has no family or next-of-kin, the Department of Social Development in conjunction with La Gratitude Home for the Aged remains responsible for the transfer of the Resident to a relevant facility within, within but not less than 30 days.
15. The first three months (3) of residency are seen as a trial period. If a resident negatively influences the welfare of other residents, then such a person will be requested to seek alternative residence within (1) one calendar month.

PLEASE INITIAL EACH PAGE AT THE BOTTOM THAT THIS DOCUMENT IS FULLY UNDERSTOOD.

SECTION B

GENERAL INFORMATION

1. IDENTIFYING PARTICULARS

| | |
|--|--|
| Surname | |
| Full Names | |
| Also known as (Nickname) | |
| ID Number | |
| Present Postal Address | |
| Present Residential Address | |
| Present Telephone Number | Home |
| | Work |
| | Cell |
| Sex | Male |
| | Female |
| Marital Status | Single |
| | Married |
| | Divorced (Attach copy of Divorce Decree) |
| | Separated |
| | Widow/er (Attach copy of Death Certificate) |
| Nationality | Black |
| | White |
| | Asian |
| | Coloured |
| If married, first names of spouse | |
| Mother tongue | |
| Denomination | |
| | |

| | |
|--|-------------------------|
| Highest Educational Qualification | |
| What was your occupation | |
| Pension Fund | Name |
| | Number |
| Medical Aid | Name |
| | Number |
| | Option |
| Medical Practitioner | Name |
| | Tel No |
| Funeral Policy (Please attach) | Name |
| | Policy Number |
| What is your preference? | Burial |
| | Cremation |
| Do you have a will? | |
| Where is it kept if "Yes" | |
| Executor's Details | Name |
| | Tel no |
| | Cell no |
| | Email address |
| | Physical Address |
| Do you have a Living Will | |
| Interests / Hobbies | |
| What is the primary reason why you wish to be admitted? | |
| Are your children willing to support if it becomes necessary? | |

2. MEDICAL HISTORY

| | |
|--|--|
| Have you recently received any medical treatment? | |
| Have you ever received Psychiatric treatment? | |

Signature of Resident / Authorised Person

Date

PERSONAL DETAIL OF FAMILY MEMBERS / CHILDREN / AUTHORISED PERSON

1.

Name Surname _____

Postal address _____

Physical Home Address _____

Work Address _____

Email Address _____

Telephone (Home) _____

(Work) _____

(Cell) _____

Relationship to resident _____

2.

Name and Surname _____

Postal Address _____

Physical Home Address _____

Work Address _____

Email Address _____

Telephone Numbers (Home) _____

(Work) _____

(Cell) _____

Relationship to Resident _____

PERSONAL DETAIL OF FAMILY MEMBERS / CHILDREN / AUTHORISED PERSON

3.

Name and Surname _____

Postal Address _____

Physical Home Address _____

Work Address _____

Email Address _____

Telephone Numbers (Home) _____

(Work) _____

(Cell) _____

Relationship to Resident _____

4.

Name and Surname _____

Postal Address _____

Physical Home Address _____

Work Address _____

Email Address _____

Telephone Numbers (Home) _____

(Work) _____

(Cell) _____

Relationship to Resident _____

Hereby I declare that the above information is true and correct.

Signature of Resident or Authorised Person _____

SECTION C

MEDICAL CERTIFICATE

(MUST BE COMPLETED BY A CERTIFIED MEDICAL PRACTITIONER)

FULL NAME OF APPLICANT _____

HOW LONG HAVE YOU KNOWN THIS APPLICANT? _____

DATE OF BIRTH _____ ID NUMBER _____

SEX (MALE OR FEMALE) _____

GENERAL

A. HEIGHT _____ B. WEIGHT _____

Operations (Type and Year

1. ALLERGIES

Medication _____

Food _____

Other allergies _____

2. SIGHT (Challenges – poor eye sight, cataracts, retinitis, pigmentosa, glaucoma)

3. HEARING (Challenges – sensory deafness, hard of hearing, hearing aid)

4. SKIN (Scars / rash / itch / psoriasis / eczema / wounds)

5. CARDIOVASCULAR SYSTEM

a. Blood Pressure _____

b. Pulse _____

c. Periphery circulation _____

- d. Cyanosis_____
- e. Cardiovascular system_____
- f. Heart problems (pacemaker, CCF, Heart block)_____

6. RESPIRATORY SYSTEM

- a. Speed_____
 - b. Airways_____
 - c. Smoke (Cigarettes / Cigars) per day_____
 - d. Asthma_____
 - e. Other lung problems_____
- _____

7. DIGESTIVE SYSTEM (Challenges: Indigestion / Hiatus Hernia / Peptic Ulcer / Gastrectomy / Constipation

8. LIVER / GALL BLADDER / PANCREAS / SPLEEN

9. UROGENITAL SYSTEM

- a. Routine urine test_____
 - b. Incontinence_____
 - c. Prostate_____
 - d. Gynaecologist problems_____
- _____
- e. Other problems_____
- _____

10. MUSCULO-SCELETAL SYSTEM

- a. Gait_____
- b. Arthritis_____
- c. Spastic_____

d. Deformity _____

e. Bedridden / Wheelchair / Tricot / Ambulant _____

f. Other orthopaedic problems (Osteoporosis, Fracture, Back injury)

11. LYMPH AND GLANDS

a. Breasts _____

b. Thyroid _____

c. Other _____

12. NERVOUS SYSTEM

a. Tremors _____

b. Dizziness _____

c. Headaches _____

d. Epilepsy _____

e. Periphery Neuropathy _____

f. Other problems _____

13. CURRENT DIAGNOSIS (Physical and psychiatric)

WILL CURRENT CONDITION IMPROVE?

14. CURRENT MEDICATION

(Generic Name, Dosage and Frequency)

1 _____

- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

PLEASE SUPPLY A FULL MONTHS SCRIPT AND MEDICATION WHEN ADMITTED

DOCTORS SIGNATURE

DATE

DOCTOR'S PRACTICE NUMBER AND STAMP



La Gratitude

Home for the Aged

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Corner of York and Bird Street

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Email : GRATITUDE2005@telkomsa.net Web address: www.lagratitude.co.za

PSYCHIATRIC EVALUATION

To be completed by Psychiatrist if referred for psychiatric treatment

1. Memory

2. Orientation

3. Depression

Suicide Attempts _____

Suicide Thoughts _____

4. Dementia / Alzheimers _____

5. Psychosis Now _____

Previously _____

6. Depended trends to: Pain tablets _____

Alcohol (now) _____

Alcohol (previously) _____

Laxatives _____

Sleeping Tablets _____

Lexotan or equivalent _____

Love any tablet _____

7. Aggression (is capable of injuring other patients)

Verbal aggression _____

Physical aggression _____

8. Sleep pattern (Go to bed early / struggle to fall asleep / awake early)

DOCTOR'S SIGNATURE

DATE

DOCTOR'S PRACTICE NUMBER AND STAMP

SECTION D

SOCIAL WORK REPORT FOR ADMISSION OF AGEING PERSONS IN HOME FOR THE AGED

1. IDENTIFYING PARTICULARS

SURNAME _____

FULL NAMES _____

DATE OF BIRTH _____

ID NUMBER _____

RESIDENTIAL ADDRESS _____

MARITAL STATUS _____

2. PRESENT CIRCUMSTANCES

Housing. (Please record information regarding the accessibility of water, electricity, toilets and food. Also consider the safety including security, fire hazards, structural safety of dwelling and environment).

Care. (Describe the extent of care and assistance needed by the applicant and the current care provided).

3. SUPPORT SYSTEMS AVAILABLE TO APPLICANT

(For example: Children, Families, Service Centre, Home Care Service, Home Nursing Service, Meals on Wheels, Church, etc

Which support systems are available in the community?

To what extent does the applicant make use of the above? If support systems are not utilised, give reasons

To what extent is the primary caregiver able to manage his / her own and applicants needs? Give details.

Why did the support systems and preventative measures fail?

4. FINANCIAL POSITION (Mention all sources of income inclusive of investments and policies, rental income or other and expenditure)

5. GENERAL HEALTH CONDITION OF APPLICANT

a. PHYSICAL

b. PSYCHOLOGICAL (Emotional)

6. ABILITY TO ADAPT SUCCESSFULLY IN A HOME FOR THE AGED

(Relationship and co-operation with children and significant others. Indicate any peculiar habits eg: smoking, use of alcohol etc which may influence adjustment to our Facility).

7. ARE YOU CONVINCED THAT INSTITUTIONAL CARE IS THE ONLY OPTION?(Motivate)

8. RECOMMENDATION IF THE APPLICATION IS NOT SUCCESSFUL

SOCIAL WORKER (Name in full) – Block letters please

SOCIAL WORKER'S REG NO _____

TELEPHONE NUMBER _____

SOCIAL WORKERS SIGNATURE _____

DATE _____

ORGANSATIONS STAMP

Do not write in shaded areas, Tick where appropriate.

| SECTION 1: REGISTRATION DETAILS | | | | | | | | | | |
|--|-------------------------------------|------------------|--------------------------------|------------------------|---|---|-----------------------|----------|--|--|
| A. ORGANISATION: | | | | | Registration No: | | Date of registration: | | | |
| Date of notification: | | | | | Assessment completed on: | | Date of admission: | | | |
| Type of Assessment: | | Urgency: | | Place of Assessment: | | | | | | |
| New notification | | Within 24 hours | | Own Dwelling | | | | Hospital | | |
| Revision | | Within 1 week | | Home for older persons | | | | Clinic | | |
| Re-assessment | | Within 1-3 weeks | | Assisted living | | | | Other: | | |
| Appeal | | Other: | | Community Centre | | | | | | |
| Reason for referral: | | | | Occupation: | | | Reference source: | | | |
| Assessor's Name: | | | | | | | | | | |
| B. CLIENT'S PERSONAL DETAILS: | | | | | | | | | | |
| Surname: | | | | | Marital Status: | | | | | |
| Full Name: | | | | | | | | | | |
| First name and initials | | | | | | | | | | |
| Address: | | | | | | | | | | |
| Tel No: | | | | | | | | | | |
| Date of birth/Age: | | | | | Gender: | M | F | | | |
| Race (for statistical purposes): | | | | | | | | | | |
| SOURCE OF INCOME: | | | | | ACCOMMODATION: | | | | | |
| Disability Grant | GROSS INCOME PER MONTH: | | Owner | | FAMILY COMPOSITION: | | | | | |
| Old Age Pension | Individual | Couple | Tenant | | Lives in old age home | | | | | |
| War Veterans | Total Monthly income per household: | | House | | Lives alone | | | | | |
| Other (Private) | R | | Flat | | With spouse | | | | | |
| | | | Retirement complex | | With children/child | | | | | |
| | | | Private home/guest house/hotel | | With other family | | | | | |
| | | | Informal/Squatter settlement | | With other elderly | | | | | |
| | | | Housing scheme | | With non-family (friends) | | | | | |
| | | | Tribal (rural) | | Extended family | | | | | |
| | | | Farm Labourer | | Rural extended family | | | | | |
| | | | Old age home | | With parents | | | | | |
| | | | Other | | Please state number of persons in the household | | | | | |
| Specify details of financial dependants: | | | | | | | | | | |

MEDICAL CONDITIONS / OTHER PROBLEMS

C. NEEDS IDENTIFIED BY CLIENT

| | |
|---------------------------------------|---------------|
| Additional information obtained from: | |
| Applicant him / herself | Caregiver |
| Family | Social Worker |
| Medical personnel | Other |

D. DETAILS REGARDING NEXT OF KIN / CARE-GIVER:

Next of kin: _____

Relationship: Spouse / Son / Daughter / Other: _____ Age (Optional): _____

Address: _____

Telephone no: Work: _____ Home: _____

SECTION 2: ASSESSMENT:

| | |
|--|---------------------------------|
| A: Urgent Evaluation Criteria | Medical conditions / diagnoses: |
| Bedbound | |
| Mentally disabled with total incontinence | |
| Chronic high risk medical conditions requiring continuous nursing care | |

B: CRITERIA FOR ADMISSION:

| | | | |
|--------------------------|------------------|---|---|
| a. Pressure care: | | b. Specialised care: | |
| 0 | Nil needed | 0 | Requires no care / dressings |
| 11 | 1 to 3 x per day | 11 | Simple, daily treatment or dressings |
| 22 | Every 4 hours | 42 | Requires complicated treatment or dressings more than 3 x per day |
| 33 | Every 2 hours | Other specialised care required / comments: | |

c. Night-care:

| | | |
|----|---|---------------------|
| 0 | No or infrequent night care required | Current medication: |
| 5 | Regular, 1 x per night care required | |
| 10 | Regularly requires attention at least 3 x per night | |
| 25 | Usually awake, restless, disturbs others | |

| | | | | | | |
|----------------|----|---|----|---|----|---|
| Total Score | a: | + | b: | + | c: | = |
| "Skilled care: | | | | | | |

| 2. Activities of daily living (ADL's) | | | | | | | | | | |
|---------------------------------------|----------------|----------------|------------------|---------|-----------|-------------|----------|---------------|-----------|---|
| Eating | Dressing Upper | Dressing Lower | Personal Hygiene | Bathing | Toileting | Medications | Mobility | Communication | Transfers | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Fully independent |
| 2 | 1 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 0 | Independent with aid-devices |
| 2 | 1 | 2 | 2 | 1 | 2 | 5 | 4 | N/A | 2 | Needs supervision, but can manage on own |
| 2 | 2 | 4 | 2 | 2 | 5 | 7 | 6 | 6 | 2 | Needs regular supervision and help with certain tasks |
| 10 | 3 | 5 | 7 | 4 | 7 | 10 | 6 | 6 | 9 | Needs help of one person |
| N/A | 6 | 9 | N/A | 6 | 10 | N/A | 8 | N/A | 11 | Needs help of two persons |
| 12 | N/A | N/A | 11 | N/A | 12 | 12 | 10 | 10 | N/A | Needs continuous care |
| + | + | + | + | + | + | + | + | + | + | SCORE FOR EACH ITEM |
| | | | | | | | | | | Total score for "ADLs" |
| | | | | | | | | | | = |

REMARKS:

3. MENTAL FUNCTIONING:

- 0 No support required.
- 3 Observes accepted social standards with support
- 3 Behaviour is unusual but does not offend others or endanger self
- 13 Behaviour disturbing to others at times but not a danger to self or others
- 23 Continuous, uncontrollable, demanding behaviour
- 25 Behaviour dangerous / risk to him/herself / other people

REMARKS:

Eg Markedly unmotivated / lonely / depressed / aggressive

Yes No Would the client benefit from a Psychiatric assessment?

TOTAL SCORE for "Mental Functioning"

| 4. PRIMARY NEEDS | | Not applicable (institutionalised) | |
|--|--|------------------------------------|--------------------------|
| Water | Food | Toilet | Safety Key |
| 0 | 0 | 0 | Available |
| 11 | 11 | 8 | Limited |
| 22 | 22 | 16 | Inaccessible / dangerous |
| 28 | 28 | 20 | Not available |
| TOTAL SCORE FOR "PRIMARY NEEDS" | | | |
| 5. COMMUNITY INFRASTRUCTURE | | Not applicable (institutionalised) | |
| Transport | Telephone | Post Office | |
| | | Available | |
| | | Limited | |
| | | Inaccessible | |
| | | Not available | |
| 6. SUPPORT SYSTEMS AVAILBALE TO CLIENT | | | |
| 0 | Support system (spouse, family, friends) functioning well | | |
| 20 | Support system available, but not functioning well | | |
| 3 | Living alone with access to other support systems | | |
| 13 | Only formal support systems | | |
| 33 | Support system available, but exploitation / abuse / neglect suspected | | |
| 26 | No support system available | | |
| Section 6 Score | | | |
| 7. GENERAL FUNCTIONING OF CARE-GIVER: | | | |
| 0 | Care-giver fully in control of the situation | | |
| 7 | Requires some support | | |
| 7 | Not healthy / aged / disabled | | |
| 40 | Requires continuous support / help | | |
| 67 | Total incapacity to provide care | | |
| 67 | Total Burnout | | |
| Section 7 Score | | | |
| TOTAL SCORE Section 6 + 7 "Carer" | | | |

SECTION 4: RECOMMENDATION:

| | | | |
|--------------------------------|----------------------|--|----|
| Admission to home for the aged | | Referral for community health services | |
| If Admission Recommended | Community services | Yes | No |
| Urgent | Medical services | Yes | No |
| As soon as possible | Geriatric services | Yes | No |
| Other: | Psychiatric services | Yes | No |
| Reassess: Date: | Referred to: | Date: | |

Community support service recommendation:

No additional support services recommended

Additional support by means of certain home care services

Indicate which services are currently "in use" or required":

| | Required | In Use | Required | In Use | Required | In use |
|----------------------------|----------|--------|---------------------------|--------|---------------------------|--------|
| Day care (at home) | | | Day Care (Centre) | | Occupational therapist | |
| Meals-on-wheels | | | Respite care (relief) | | Physiotherapist | |
| Home help | | | Nursing services | | After-care rehabilitation | |
| Bed bath (personal care) | | | Social work care | | Garden service | |
| Frail care (institutional) | | | Other | | Assisted living | |
| Hospital care | | | Centre programmes (clubs) | | Support group | |

SECTION 5: CONCLUSION OF ASSESSMENT

Assessor: I have discussed the current assessment and recommendations with the applicant / care-giver and have indicated the right to appeal.

Signature: _____ Date: _____

Applicant / Care-giver: I have discussed the assessment, recommendations and appeal procedure with the assessor.

I agree / disagree with the recommendation.

I agree / disagree that the assessment form be referred to community Services.

I agree / disagree that the assessment form be referred to the following organisation: _____

Motivate (if disagreement) _____

Signature: _____ Date: _____

Client referred to: _____ Date: _____

Section E

FINANCES

NAME: _____

WING: _____ ECONOMIC / SUBECONOMIC _____

ROOM NO: _____

STATEMENT OF INCOME AND EXPENDITURE BY RESIDENTS OF HOMES FOR THE AGED.

| A. INCOME | REFERENCE WHERE APPLICABLE | MONTHLY INCOME Interest, dividends, rent, etc | SELF | SPOUSE |
|---|----------------------------|--|------|--------|
| 1. Pension received: | | | | |
| 1.1 | | | | |
| 1.2 | | | | |
| 1.3 | | | | |
| 1.4 | | | | |
| 2. Annuity: | | | | |
| 2.1 | | | | |
| 2.2 | | | | |
| 2.3 | | | | |
| 3. Income from Trust funds and Maintenance Allowance: | | | | |
| 3.1 | | | | |
| 3.2 | | | | |
| 3.3 | | | | |
| 4. Shares: | | | | |
| 4.1 | | | | |
| 4.2 | | | | |
| 4.3 | | | | |
| 5. Directors Fees: | | | | |

| | | | | |
|---|---|------------------------|--|--|
| 5.1 | | | | |
| 5.2 | | | | |
| 6 Cash Investments: | | | | |
| 6.1 | | | | |
| 6.2 | | | | |
| 6.3 | | | | |
| 7. Fixed Property: | Present Value | Bond in arrears | | |
| 7.1 | | | | |
| 7.2 | | | | |
| 7.3 | | | | |
| 8. Other sources of income: Eg income from business, policies, commission | | | | |
| 8.1 | | | | |
| 8.2 | | | | |
| 8.3 | | | | |
| 9. Total Value of Assets sold and donations made over last 5 years: | DATE SOLD, AMOUNT RECEIVED, AMOUNT FOR WHICH TRANSFER DUTIES WERE PAID | | | |
| (i) Assets sold: | Date / Value | | | |
| (ii) | | | | |
| (iii) Assets donated: | Date / Value | | | |
| 10. Total Value of Assets sold and donations made over last 5 years | DATE SOLD, AMOUNT RECEIVED, AMOUNT FOR WHICH TRANSFER DUTIES WERE PAID | | | |
| (iv) Cash donated: | Date Amount | | | |
| (iv) | | | | |

| | | | | |
|--|--|-------|--|--|
| 11. Expenditure of Continuous nature (Documentary proof of expenditure must be furnished) Specify eg medical fund, subscription fees, tax, bond instalment , etc | | | | |
| 11.1 | | | | |
| 11.2 | | | | |
| 11.3 | | | | |
| | | TOTAL | | |

SIGNATURE OF APPLICANT OR AUTHORISED PERSON

DATE

I HEREWITH DECLARE THAT THE INFORMATION FURNISHED BY ME, IS TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

I CERTIFY THAT BEFORE ADMINISTERING THE OATH/AFFIRMATION I ASKED THE DEPONENT THE FOLLOWING

- a) DO YOU KNOW AND UNDERSTAND THE CONTENTS OF THE DECLARATION? ANSWER _____
- b) DO YOU HAVE ANY OBJECTION IN TAKING THE PRESCRIBED OATH? ANSWER _____
- c) DO YOU CONSIDER THE PRESCRIBED OATH TO BE BINDING ON YOUR CONSCIENCE? ANSWER _____

I CERTIFY THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS DECLARATION WHICH WAS SWORN TO/AFFIRMED BEFORE ME AND THE DEPONENTS SIGNATURE/THUMB PRINT/MARK WAS PLACED THEREON IN MY PRESENCE.

COMMISSIONER OF OATHS (REPUBLIC OF SOUTH AFRICA)

DATE

PLACE

FOR OFFICE USE BY A SCREENING OFFICER OF THE DEPARTMENT OF HEALTH SERVICES AND WELFARE

Gross Income: _____

MINUS approved expenditure: (specify) _____

NETT INCOME: _____ *The latter amount must be entered on the screening certificate.

Income group code / Inkomstegroep

OFFICER: DEPARTMENT OF SOCIAL DEVELOPMENT

DATE

SIGNATURE OF APPLICANT OR AUTHORISED PERSON

DATE

FINANCIAL BOARD AND LODGING CONTRACT

Entered into by and between LA GRATITUDE HOME FOR THE AGED

NAME OF PERSON AUTHORISED _____

(Herein after referred to as "the Authorised Person")

And

NAME OF RESIDENT _____

(Herein after referred to as "the Resident")

Signed

at _____ on _____ 20_____

(herein after referred to as 'the Board and Lodging Contract' BLC) **WHEREAS LA GRATITUDE HOME FOR THE AGED** require that the Authorised Person will take full responsibility for any and all payments owed to **LA GRATITUDE HOME FOR THE AGED** towards the Resident's Board and Lodging fees and any other shortfall which may be required in time to come such as nappies, transport to hospital in case of an emergency etc; **THEREFORE I**, the undersigned also referred the Authorised Person, bind myself hereby as personal surety **for all and any amounts payable to LA GRATITUDE HOME FOR THE AGED by the Resident,** notwithstanding the amount already due and payable or amounts that will become due and payable in future, in terms of the Board and Lodging Agreement and for the due fulfilment of the Resident's obligations towards **LA GRATITUDE HOME FOR THE AGED** for the duration of the Board and Lodging Agreement.

DECLARED INCOME R _____

The cost payable R _____

Board and Lodging: R _____

Medical expense: R _____

Additional Costs R _____ (Nappies)

TOTAL R _____

Take note that this amount is payable on admission of resident in advance for the month in which resident is admitted pro-rata

SHORTFALL R _____

Financial Arrangements _____

CEO APPROVED

CEO NOT APPROVED

SIGNATURE

DATE

Take note that the monthly accommodation fees are due and owed in advance before or on the 1st of each month.

In accordance with the Act on Maintenance **1998 (Act no 99 of 1998)** a child may be held responsible for maintenance on a parent should such parent need maintenance. (We thus trust that it should not be deemed necessary for the Frail Care Facility to assist a parent in taking steps at the Maintenance Court). Boarding fees are calculated at the discretion of **LA GRATITUDE HOME FOR THE AGED**. The Boarding fees are also payable should the Resident be on vacation and or hospitalised for an undetermined period of time whereby the room or bed is occupied or held. The monthly boarding fees owed should preferably be arranged with your said bank via a monthly stop order and further detail with reference numbers for such can be obtained at the Admin offices of **LA GRATITUDE HOME FOR THE AGED**, 57 York Street, Corner of York and Bird Street, Newcastle, entrance in Bird Street.

The banking details of **LA GRATITUDE HOME FOR THE AGED** are as follows:

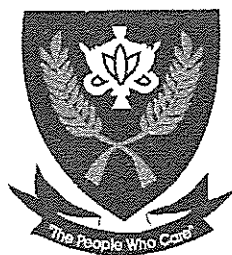
| | |
|------------------------|--|
| Name of Account | La Gratitude Home for the Aged |
| Bank | First National Bank |
| Branch | NEWCASTLE |
| Account Number | 62057081574 |
| Branch Number | 250-655 |
| Reference | Full Name & Surname of Resident |

All payments (accommodation, medical co-payments and deductibles) as agreed in this contract are payable in advance by the 1st of every month.

I further bind myself to the terms of the La Gratitude Home for the Aged Admission Application, La Gratitude Home for the Aged Board and Lodging Agreement by initialling each page of the Admission Application and La Gratitude Home for the Aged Board and Lodging Agreement and choose my address as indicated in the Agreement as my domicilium citandi et executandi.

Signed at _____ on _____ day of _____ 20_____

Signature of Authorised Person _____



La Gratitude

Home for the Aged

"The People Who Care" Reg no: 031-383 NPO

Telefax (034) 315 5466/7 OFFICE HOURS

P.O.BOX 1418 Newcastle, 2940

Address: 57 York Street

Corner of York and Bird Street

Newcastle 2940

Email : GRATITUDE2005@telkomsa.net Web address: www.lagratitude.co.za

DEED OF SURETYSHIP & UNDERTAKING TO PAY BY AUTHORISED PERSON

I, the undersigned

ID NUMBER

Do hereby bind myself jointly and severally as surety and co-principal debtor in

Solidum with the resident

(Hereinafter referred to as the "principal debtor") in my capacity as

(Relationship)

For due payment of all outstanding Board and Lodging fees owing to La Gratitude Home for the Aged inclusive of any interest in the circumstances the principle debtor fails to pay the prescribed Board and Lodging fees.

I furthermore undertake to pay outstanding Board and Lodging fees to La Gratitude Home for the Aged within (7) seven days of receiving notice of any outstanding Board and Lodging fees by the principal debtor.

I further undertake and agree that this **Deed of Suretyship** may be used to obtain judgment against myself should I fail to make payment to La Gratitude Home for the Aged upon receiving notice of the outstanding Board and Lodging fees by the principal debtor. I further agree that should it be necessary to gain judgment against me that I agree to pay all outstanding interest and legal costs that may arise.

Board and Lodging fees are to be paid in advance for each consecutive month by the 1st and will not be refunded in event of death or when a resident leaves the Home. Any funds owing to Resident from

the resident fund will be paid once any possible shortfalls have been settled. No interest is given for monies held in the resident fund.

I choose my physical address for purpose of domicilium citandi et executandi as:

Tel Home _____

Tel Work _____

Cell No _____

Email Address _____

Physical _____ Address

Postal _____ Address

Name of Employer, Physical and Postal Address:

Signed at _____ on _____ day of _____ 20 _____

(Surety and co-principal debtor) **Name and Surname in Block Letters**

Signature

1. Witness _____ Signature _____

2. Witness _____ Signature _____

SECTION F

RULES OF STAY

1. GENERAL

The La Gratitude Home for the Aged is a registered Frail Care Facility registered in terms of the Older Persons Act, Act No 13 of 2006 and the Non-Profit Organisations Act, Act No 71 of 1997. La Gratitude Home for the Aged is managed in line with the Organisations Constitution, set legislation and departmental Norms and Standards in order to ensure a safe and secure environment for all residents.

The following Rules of Stay were approved by the Board of Control and need to be executed by all employees and residents within the Organisation as well as families, friends, next-of-kin or visitors to the facility.

2. APPLICATION FOR ADMISSION

See Section A.

3. DEFINITIONS

"Management Committee" will mean the committee appointed by **LA GRATITUDE HOME FOR THE AGED BOARD OF CONTROL**.

"Chief Executive Officer" will mean the person appointed as the Head of La Gratitude Home for the Aged known as the Chief Executive Officer (hereinafter referred to as the CEO) who is responsible for the day to day management of La Gratitude Home for the Aged in its entirety and his / her authorised agent, that includes personnel of La Gratitude Home for the Aged and its appointed Management per department

"The Authorised Person" means the person / persons, a family member/s authorised by the Resident to tend to the Resident's personal interests, as mentioned in Section 16 (a) of the Older Persons Act, Act 13 of 2006.

"The Resident" means a frail older person within the facility

"Monthly Board and Lodging fee" means the amount payable monthly by the Resident to La Gratitude Home for the Aged for the provision of services by La Gratitude Home for the Aged and for the care of the Resident which amount will be determined by La Gratitude Home for the Aged Board of Control and be increased on the start of each financial year which is 1st of April.. The said increase will be communicated to the Resident and Authorised Person, 30 (Thirty) days prior to the increase.

"La Gratitude Home for the Aged" means La Gratitude Frail Care Facility, which is situated at 57 York Street, Corner of Bird and York Street, Newcastle, functioning as an registered Organisation in terms of the **Older Person Act, Act 13 of 2006** and the **Non-Profit Organisations Act, Act No 71 of 1997**.

"The Non-Profit Organisation's Act" means Act No 71 of 1997 and the **"The Older Persons Act"** means the Act on Older Persons No 13 of 2006, as amended.

"The Nursing Act" means the **Nursing Act, Act No 50 of 1987**.

"Sub-economic" A Resident qualifying for government subsidy (SASSA)

"Economic" A Resident who is fully responsible for payment of monthly Boarding and Lodging and whom does not qualify for monthly subsidy.

"Living will" Provides guidance regarding a person's wishes for end-of-life care and the extent to which the person request correct and various treatments and medical interventions should the person no longer be able to make and communicate those decisions for him/herself. (All basic needs are still given – pressure care, nappy changing, food/fluids where possible)

"Safety Restraints" a method or condition that keeps the resident under control in a manner that will cause the minimum of discomfort and pain and prevent the resident of injuring him or herself.

"Rights and Responsibilities of the Residents" 'A resident in terms of Section 16 of the Older Persons Act, Act No 13 of 2006 has the right to:

- The appointment of an Authorised Person that can act on his / her behalf
- Access to assistance and visits
- The use of personal items / possessions
- Access to basic care

- Being informed regarding the financial status of the Organisation and any changes with regard to Management should it occur.
- Involvement in any social, religious and cultural activities of his / her choice.
- Privacy
- Request the services of his / her own private doctor should he / she request such service and take responsibility of the financial implications thereof.
- **Residents have the right to leave the facility but need to attend to the following procedures prior to departure.**
- If a person is leaving the facility for longer than 12 hours, then at least 24 hours prior to departure arrangements with the nurse in the Medicine Control Room should be made for the person's medication to be set out.
- On weekends medication must be arranged before 10h00 on Fridays or the day before a public holiday.
- If the resident wishes to give notice to vacate the facility, 30 calendar days written notice is to be given.

4. FINANCIAL MATTERS

- The applicant must prior to admission submit a three-month (3) bank statement as well as a sworn affidavit declaring all assets, property assets, cash investments, trust funds, donations as well as trust monies. (See Section E).
- La Gratitude Home for the Aged will provide Boarding and Lodging to the Resident against payment of the monthly Boarding and Lodging fees as set out herein.
- All Boarding and Lodging fees and money for nappies and resident funds are payable in advance and must be paid by the 1st day of each month to ensure **nappies** are bought to accommodate the months requirements per resident for the month.
- Boarding and Lodging fees shall be increased on the 1st of April of each year and shall be determined in terms of the exclusive discretion of the Board of Control.
- If a resident wish to terminate his/her Board and Lodging at La Gratitude Home for the Aged, (1) one calendar month written notice must be given. No Board and Lodging fees will be refunded when a person vacates the facility or passes away (example 1st to 30th)
- Residents remain responsible for the payment of Boarding and Lodging fees during absence from the Home.
- In event of outstanding Boarding and Lodging fees, a minimum of 2% per month will be added. The 2% could be adjusted by the Board of Control without any notice.
- Any monies that are held within a La Gratitude Home for the Aged bank account that has not been collected, or requested per email, fax or handwritten correspondence by the person responsible for the older person or the Executor of the older person's Estate within 30 days of the death, departure, transfer of a resident from the organisation will be forfeited and these monies will be transferred yearly to the Organisation to offset any shortfall that the Organisation may have, alternatively may be utilised for the benefit of other residents through the purchasing of a product, maintenance improvement or any other expense that indirectly be to the benefit of/or the Organisation.
- **Resident fund:** Residents may open a Resident Fund at La Gratitude Home for the Aged whereby all extra monies and pocket money is controlled by the Financial Department of the Organisation. Each resident has their own file whereby money deposited is paid into their personal account. Any withdrawal gets noted on the file through the procedures set out by the organisation to account for all monies spent and those accumulated. On departure or in the event of death of the resident any funds that are remaining will be paid out to the Executor of the Estate or children responsible for the said resident. This service does not hold any monetary interest that may be accumulated on a yearly basis on the resident fund will be paid over to the organisation for the administrative costs and bank charges to manage this service. No additional charge to the resident is payable.
- Any payment with regard to government Old Age Pensions (**SASSA**) paid after the passing of a resident will be returned to the relevant government department and will not be payable to any family member or next-or-kin under any circumstances. Any resident who receives a subsidy who may at the time of passing have any money on their file with La Gratitude Home for the Aged will be used to offset their subsidised amount with the Organisation and will not be given to any family member or next-of-kin and will have no claim to any monies from the Organisation in this regard.

- If a resident that receives a SASSA pension leaves the facility, it will be the resident's responsibility to change the "pay point" with the relevant government department (SASSA). Should the "pay point" not be changed within 90 days the Old Age Pension will automatically lapse and La Gratitude Home for the Aged will return all overpayments to SASSA. (South African Social Security Agency).

4.1. SURETYSHIP

- The Authorised Person who sign surety binds himself / herself hereby as personal surety for all and any amounts payable to La Gratitude Home for the Aged on behalf of the Resident.
- The Authorised Person chooses his / her address as supplied herein as his / her domicilium citandi et executandi where all notices and processes in connection with this Agreement or any action resulting from it, can be forwarded to.
- Any notice given to the Authorised person that:
 - Is delivered by hand at the addressee's domicilium citandi et executandi shall be presumed, until the contrary is proved, to have been received by the addressee at the time of delivery.
 - Is posted by prepaid registered post from an address within the Republic of South Africa to the Authorised Person the domicilium citandi et executandi shall be presumed, until the contrary is proved, to have been received by the Authorised Person on the seventh day after the date of posting.
 - It is the responsibility of the Authorised Person to notify La Gratitude Home for the Aged immediately of any change in address and contact details. Should the Authorised Person fail to notify La Gratitude Home for the Aged of any change in address and / or contact details the Authorised Person will be held liable for all costs incurred entered by La Gratitude Home for the Aged in tracking / tracing of new address and / or contact details.
- La Gratitude Home for the Aged reserves the right to request that any other family member of the Resident also sign surety for the financial and other responsibilities of the Resident and / or the Authorised Person in terms of this Agreement towards La Gratitude Home for the Aged.
- Alleged financial abuse or financial exploitation of older persons (residents) need to be reported and the necessary legal action needs to be taken to protect the older person and ensure that his/her rights is protected.

4.2. PAYMENT OF THE MONTHLY BOARD LODGING FEES

The Resident/Authorised Person shall sign a debit order for the amount payable for the monthly Boarding and Lodging fees.

Payment must be made to the following bank account:

| | |
|-----------------------|---|
| Account Holder | La Gratitude Home for the Aged |
| Bank | First National Bank |
| Branch | Newcastle |
| Branch Code | 250-655 |
| Account Number | 62057081574 |
| Account Type | Cheque Account |
| Reference | Full Name and Initials of Resident |

- Payment can be made directly to La Gratitude Home for the Aged or directly into the abovementioned bank account.
- In the event that any amounts payable by the Authorised Person are outstanding for 60 (sixty) days or

longer, the matter will be referred to the La Gratitude Home for the Aged Attorney for collection thereof. Any costs that La Gratitude Home for the Aged might incur in the collection of such outstanding amounts shall be for the account of the Authorised Person.

- Should the Authorised Person, for whatever reason not be able to make payment of the monthly accommodation fee for a period of time, then La Gratitude Home for the Aged shall be entitled to terminate this Agreement with not less than 30 days written notice and will the Authorised Person be compelled to find alternative accommodation for the Resident.

4.3 THE RESIDENT OR AUTHORISED PERSON WILL HOLD THE FOLLOWING RESPONSIBILITIES

- To ensure all relevant payments are received timeously.
- Transport the resident to and from doctor's rooms or hospitals when necessary. In case of emergency transport can be authorised by La Gratitude Home for the Aged to a cost determined by Management.
- Provide monthly toiletries.
- Manage necessary queries and correspondence regarding medical funds / aids.
- Oversee and attend to the condition and mending of the residents clothing and shoes.
- Ensure the resident has a funeral policy and the monthly instalments are kept updated.
- Food supplements e.g. Ensure, Replace, Life gain is provided at own costs.
- Family members / friends or Authorised Person ensure regular contact and visits to the resident and ensure support and motivation to residents to involve themselves in activities within the facility.
- Ensure that all relevant documentation is signed by or on behalf of by the resident including the following consent forms:
 - Indemnity Form – Transport and Social Activities
 - Informed Consent - Safety Restraint
 - Wheelchair consent form
 - Informed Consent - Physiotherapy, Occupational Therapy, Speech Therapy and Audio Therapy
 - Temporary Room allocation in case of emergency Form

4.4 MONTHLY BOARD AND LODGING FEES

- The monthly Boarding and Lodging will be determined according to the monthly fees per room and includes accommodation, water and electricity, 3 meals a day, laundry services, 24/7 nursing care and psycho-social services.
- The monthly fee as well as any other fees payable by the Resident or the Authorised Person, will be payable on the 1st of each month.
- Should the Resident be absent from La Gratitude Home for the Aged as a result of hospitalisation, family visits or any other reason, the monthly fees will remain unchanged and will remain due / payable.
- In the event that the Resident is only accommodated for half a month for whatsoever reason it is also confirmed and accepted that no fees will be refunded or will be claimable from La Gratitude Home for the Aged.
- The monthly Boarding and Lodging fee is payable from the date of occupancy and will be calculate accordingly.
- La Gratitude Home for the Aged shall review the monthly accommodation fee annually and the increase will be on the 1st April of each year on the start of the new financial year of the organisation and shall be determined in terms of the exclusive discretion of the Board of Control of the organisation. The Resident and Authorised Person shall receive not less than 30 days' notice of any such change in the monthly accommodation fee.
- Should the Resident receive an Old Age Pension (OAP), the Resident shall ensure that the Old Age Pension is paid directly into the under mentioned bank account of La Gratitude Home for the Aged where after a pay point change will be requested by SASSA. La Gratitude Home for the Aged will then allocate the Old Age Pension towards the monthly accommodation fee. The Authorised Person shall only be responsible for payment of the balance of the monthly Boarding and Lodging fees and other expenses e.g. nappies. On approval of the Resident an Old Age Pension pay point changed will be requested by SASSA.
- La Gratitude Home for the Aged shall be entitled to request the Resident and / or the Authorised Person to provide the Group Financial Manager with a complete and up to date 3 (three) month bank statement and schedule of the assets, liabilities, income and expenses of the resident when necessary.

5. TERMINATION OF CONTRACT

- 5.1 One calendar month's (1st of month) written notice shall be given by a party to the other party for the termination of the Agreement. In the event that the Authorised Person give less than one calendar months' notice for the termination of this Agreement, the Authorised Person shall be responsible for payment of the full monthly Boarding and Lodging fees as if proper notice was given in terms of this Clause.
- 5.2 La Gratitude Home for the Aged shall be entitled to terminate this Agreement as a result of non-payment of any amounts payable by the Authorised Person, any misconduct by the Resident, as well as any other reasonable reason.
- 5.3. La Gratitude Home for the Aged reserves the right to terminate this Agreement within 48 hours written notice to the Resident to vacate the premises of La Gratitude Home for the Aged, in the event that the Resident commits a serious transgression of this Agreement.
- 5.5 This Agreement terminates automatically when the Resident is deceased.
- 5.5 In the event that the buildings are damaged to such an extent that La Gratitude Home for the Aged is unable to give effect to its responsibilities in terms of this Agreement and if no alternative accommodation is available to the Resident within La Gratitude Home for the Aged, then this Agreement will terminate immediately.

6. NURSING AND MEDICAL CARE

- 6.1 **La Gratitude Home for the Aged** Nurses work as a team and according to a routine. **NO** one on one nursing – frail get priority.
- 6.2 **La Gratitude Home for the Aged is a registered Frail Care Facility providing 24-hour Professional Nursing care and supervision in line with accepted Health and Nursing standards in accordance with the relevant legislation and Norms and Standards of the Department of Social Development.**
- 6.3 Should the Resident require more specialised medical care, the Resident will be referred to a hospital or other medical institution.
- 6.4 La Gratitude Home for the Aged shall not be responsible for any additional costs with regard to additional medical or nursing services, including ambulance, private doctor or hospital services and the cost related thereto. Accounts with regards to these services shall be directed to the Resident or Authorised Person where applicable.
- 6.5 The Resident shall be entitled to make use of private doctors throughout the duration of this Contract. The Resident / Authorised Person shall be responsible for making the necessary arrangements with regards to such visits and will be responsible for payment of those accounts.
- 6.6 **No Resident may keep any medicine in his / her room.** All medication will be handed in to the Medication Room during office hours or after hours to the senior on duty who will manage it by La Gratitude Home for the Aged as prescribed. Please keep the Wing informed where necessary Self-medication can be dangerous, which includes over the counter medication. Interaction between various medications may occur and be fatal. It is therefore extremely important that the Medical Report attached hereto be filled in properly by the Medical Practitioner who treated the Resident and who knows the medical history of the Resident.
- 6.7 In emergency situations La Gratitude Home for the Aged will immediately attempt to contact the Authorised Person in order to obtain instructions as to how the emergency should be dealt with. Should the Authorised Person not be readily available or if the emergency is time constrained, the Nursing Service Manager at **La Gratitude Home for the Aged is authorised to take the necessary and reasonable steps** required in which case the Authorised Person shall remain responsible for all medical expenses incurred in the emergency situation.
- 6.8 No staff member or Resident or any other visitor may purchase or provide medicine for a resident without the permission of the Nursing Service Manager. All medication (prescribed or bought over the counter) must be handed in at the nurses' station. **Epecially painkillers** they create huge challenges for nursing personnel and should be submitted on receipt thereof. Please ensure that any and all medications are signed out before the resident leaves the facility for a visit, weekend or holiday.
- 6.9 In cases where family members request a second opinion regarding the health of the Resident, the Nursing Service Manager must be informed to avoid unnecessary misunderstanding.
- 6.10 The Resident or Authorised Person indemnifies La Gratitude Home for the Aged regarding injuries and / or harm experienced during occupation in the above mentioned Frail Care Facility under the registered name of La Gratitude Home for the Aged.

- 6.11 Residents in receipt of an Old Age Pension from SASSA who are without medical aid and/or family or next of kin who qualify for medical attention from the Madadeni Provincial Hospital or the local clinic will be assisted with transport by the local Ambulance Services or assisted by La Gratitude Home for the Aged.
- 6.12 Residents with medical aid and/or family or next of kin are responsible for their own arrangements with regard to transport to their private practitioner, the hospital or rehabilitation services (Physiotherapy, Audio therapy, Speech therapy, Occupational therapy). In the event that they are unable to make the necessary arrangements, La Gratitude Home for the Aged could assist the resident or his/her family at an additional cost. Arrangements must be made with the Nursing Service Manager prior to the date of the appointment.
- 6.13.1 All visitors are to fill in the security books at the main gate (name of the resident whom you are visiting and the full name and surname of the visitor responsible for the resident).
- 6.13.2 If a resident is taken out for a visit **PLEASE** ensure that the resident is signed in/out in the register in the foyer of the facility. **No resident may sign themselves out.**
No family member or next of kin will be allowed to perform any nursing activities.
- 6.13.3 All complaints/compliments must be written in the relevant complaint/compliment book. There are books provided for each department in the foyer of the facility. Please provide as much detail as possible and as soon as possible.

7. PSYCHO-SOCIAL SERVICES

- 7.1. Psychosocial services are rendered to the residents attending to their psychosocial and welfare needs and ensuring good inter-personal relationships between family and friends in order to ensure the older persons enjoy their stay within the Frail Care Facility. Reunification service and reintegration remains the care function of the Social Worker.

8. NUTRITION

- 8.1 Three balanced nutritious meals are served at times scheduled by the Management.
- 8.2 diets are prepared by the Food and Beverage department.
- 8.3. Meals will only be kept should the resident need to honour doctor's / hospital appointments and in this instance the nurse in charge needs to be informed on the morning before 09h00 on the date of the specific appointment.
- 8.4. Tea and coffee will be served daily at 08h00 with breakfast and at 10h00, 14h00 and 19h30.
- 8.5. Cutlery and crockery may not be removed from the dining rooms without the permission of the Food and Beverage personnel on duty.
- 8.6. No Resident are allowed to enter the kitchen.

9. CLEANING SERVICES

- 9.1 The House keeping Department will be kept responsible for the cleaning of the rooms, bathrooms and toilets and will be cleaned according to designated cleaning time schedules.
- 9.2 Residents should not interfere with the Housekeeping staff schedules and allow them to clean their rooms. All complaints should be recorded in writing into the Housekeeping Complaints Register in the foyer of the facility. Urgent complaints must be reported to the Housekeeping Manager or the Nursing Manager on duty.
- 9.3. Linen will be changed weekly or more often should it be required due to residents' circumstances and health challenges. Should Residents use their own linen, La Gratitude Home for the Aged will not take any responsibility for damage or theft / loss of the linen or towels.
- 9.4. Residents laundry will be attended to on a weekly basis. All linen and clothing must be marked and written up in in the Laundry Register for washing and ironing and will be returned in accordance to the said procedure register format. All clothing needs to be marked, any unmarked clothing cannot and will not be accounted for however every effort is made to try and return clothing, linens to the correct Resident.
- 9.5 La Gratitude Home for the Aged does not take responsibility for any damage or loss of any clothing items although all efforts have been put in place to try and prevent any theft, loss or damage.

10. SECURITY AND INSURANCE

- 10.1. La Gratitude Home for the Aged will take no responsibility for any loss or damage to personal items.
- 10.2. La Gratitude Home for the Aged shall be responsible for the structural insurance of the buildings of La Gratitude Home for the Aged however will in no way prejudice La Gratitude Home for the Aged' right to claim expenses from the Authorised Person should it become necessary.
- 10.3. Any valuables can be handed in at La Gratitude Home for the Aged for safe keeping and La Gratitude Home for the Aged will issue a receipt thereof. La Gratitude Home for the Aged will take no responsibility for the loss of any valuables not handed in, including money kept on resident self – no resident should have money in their possession there is a Resident Fund available.
Residents / family / friends and Authorised Persons are requested to deposit all cash into the Residents Accounts at the Finance office at La Gratitude Home for the Aged from where residents can draw money as they require it from time to time daily between 08h30 to 11h00 on weekdays.
- 10.4. **No vehicles of Residents will be allowed on the premises of La Gratitude Home for the Aged.**

11. PERSONAL EFFECTS REQUIRED FOR ADMISSION

NB: Up to date prescription as well as a month's medication should be handed in at the Medicine Control Hospital patients must hand in their Blue Card to the Medication Control Room.

1. Two plain coloured facecloths (clearly marked)
2. Two floral / striped facecloths (clearly marked)
3. One laundry bag (clearly marked)
4. Toiletries for a month etc (soap, shampoo, body cream, toothpaste, toothbrush etc)
5. One small bedside table (clearly marked) – Optional
6. One or two blankets (clearly marked) – Optional
7. One comfortable chair (clearly marked)
8. If elderly, uses his / her own wheelchair or walking frame please bring it along (clearly marked)
9. TV set, radio, standing fan and bar fridge optional.

ITEMS NOT ALLOWED:

1. The following electrical equipment is not allowed; kettle, microwaves, electrical blankets, portable aircons and ceiling fan.
2. **NO electrical wheelchairs are allowed**
3. No loose carpets
4. No personal beds

La Gratitude issues the following to the room:

1. 1 x bed
2. 1 x mattress
3. Comforter
4. Pillow
5. Pillowcase
6. Fitted sheet
7. Flat sheet
8. Curtains
9. Lace curtains
10. Bedside table
11. Dressing table
12. Chair
13. Build in cupboard

The above mentioned items will remain the property of La Gratitude Home for Aged. An Asset register will be signed on admission to the frail care and on departure or death, the asset register will be signed off and any missing items from the asset register will be claimed from the authorised person.

ALL CLOTHING, PRIVATE LINENS AND EQUIPMENT MUST BE MARKED

A duplicate list of the following items must be given to the Nursing Service Manager on Admission (La Gratitude Home for the Aged does request if possible to donate 2 towels to La Gratitude Home for the Aged on Admission)

MENS

| WINTER CLOTHING | SUMMER CLOTHING | MONTHLY TOILETRIES | QUARTERLY TOILETRIES |
|-------------------------------|--------------------------|----------------------|----------------------|
| 7 Shirts | 7 Shirts / Short Sleeves | 1 Bar of Soap | 1 Facecloth |
| 7 Vests | 7 Briefs | 1 Facecloth | 1 Toothbrush |
| 7 Briefs | 7 Long Pants/Shorts or | 1 Deodorant | 1 Hair Brush |
| 7 Long Pants or Tracksuits | Tracksuits | 1 Toothbrush | |
| 2 Pairs of Shoes / Sandals | 2 Pairs of Shoes | 1 Aqueous Cream | |
| 2 Pairs Slippers | 4 Sets Summer pyjamas | 1 Tin Shoe Polish | |
| 6 Jerseys or Jackets | 1 Gown | 1 Shampoo | |
| 4 Sets Pyjamas | 7 Vests | 1 Brush | |
| 1 Gown | | 1 Tube Toothpaste | |
| | | 15 Disposable Blades | |
| | | 1 Shaving Cream | |

LADIES

| WINTER CLOTHING | SUMMER CLOTHING | MONTHLY TOILETRIES | QUARTERLY TOILETRIES |
|-------------------------------|-------------------------------|---------------------|----------------------|
| 7 Blouses | 7 Blouses / Short Sleeves | 1 Large Bar of Soap | 1 Hair Brush or Comb |
| 7 Vests | 7 Skirts | 1 Facecloth | 1 Toothbrush |
| 7 Panties | 7 Dresses | 1 Deodorant | |
| 7 Long Pants or Tracksuits | 7 Vests | 1 Toothbrush | |
| 2 Pairs of Slippers | 7 Panties | 1 Aqueous Cream | |
| 4 Jerseys | 7 Long Pants Or Tracksuits | 1 Shampoo | |
| 4 Sets Winter Pyjamas | 2 Pair of Shoes / Sandals | | |
| 1 Winter Gown | 2 Pair Slippers | | |
| 4 Bra's | 4 Jerseys | | |
| 1 Jacket | 4 Sets Summer Pyjamas | | |
| | 1 Summer Gown | | |
| | 4 Bra's | | |

12. PASSING OF THE RESIDENT

- 12.1. In the event that the Resident passes away, La Gratitude Home for the Aged shall inform the Authorised Person without delay.
- 12.2. Subsequent to the Resident passing away, the Authorised Person shall be responsible to vacate the Residents' room during office hours and ensure the necessary check list is signed. No person will be permitted to vacate a room over a weekend.
- 12.3. In the event that the Resident passes away before the end of a month, the Residents' Estate shall have no claim against La Gratitude Home for the Aged for any portion of the monthly Boarding and Lodging Fee that has already been paid by or on behalf of the Resident.
- 12.4. La Gratitude Home for the Aged shall not be responsible for any funeral or undertaker costs with regards to the deceased Resident.
- 12.5. La Gratitude Home for the Aged shall be entitled to claim any outstanding amounts, as indicated in La Gratitude Home for the Aged accounting records, from the Authorised Person should any outstanding amounts be due.
- 12.6. Should the family require cultural rituals the necessary permission must be obtained from the Nursing Service Manager.
- 12.7. On passing all subsidised residents' family are requested to please return any nappies to La Gratitude Home for the Aged.

13. COMPLAINTS AND DAMAGES

- 13.1. In the event that the Resident and / or the Authorised Person have any complaints with regards to any matter, including other Residents within the facility, the complaint must be clearly recorded in writing in the Complaints Register, alternatively a letter can be sent to Chief Executive Officer, La Gratitude Home for the Aged, P.O Box 1418, Newcastle, 2940, where after Management will attend to the complaint within 14 days of receipt thereof. Serious complaints will be dealt with immediately.
- 13.2. Management shall be entitled to gain legal advice with regards to any complaint should it be necessary.
- 13.3. Any damages caused to the Resident's room or to any of La Gratitude Home for the Aged' s properties, shall be repaired at the cost of the Resident or Authorised Person and shall be included in the following months Boarding and Lodging fee.
- 13.4. Serious complaints with regard to the health and wellbeing of the resident must be forwarded to the Nursing Service Manager or Nurse in Charge at that specific moment in order to ensure immediate attention.

14. GENERAL HOUSE RULES

- 14.1. Residents may not keep alcohol in their rooms. No family or visitors may purchase or provide alcohol for a resident. Should the resident be in the habit of enjoying a drink in the evening, the Nursing Service Manager must be informed, and the necessary arrangements will be made in conjunction with the doctor.
- 14.2. Residents are not allowed to keep any animals within the facility or to feed any animals (birds and cats).
- 14.3. It is not permissible for staff members to receive any money or any other items from Residents for services rendered if not declared with the Nursing Service Manager. If such request may arise from any staff member and reported to the Nursing Services Manager written permission need to be received from La Gratitude Home for the Aged in order to declare item at security at the gate.
- 14.4. In the interest of Residents, no documents or wills will be signed by staff members on behalf of the Residents. If necessary, the Chief Executive Officer can be requested to make the necessary arrangements.
- 14.5. La Gratitude Home for the Aged furnishes all rooms with a bed, a chair a dressing table, a built-in cupboard, a fixed side table and a fixed wall mounted heater. Should additional furniture be required the following will be permitted: a TV, radio and a bar fridge. Please note that no cluttering will be allowed due to the Health and Safety Regulations.
No cluttering on dressing tables or windowsills
No cluttering under the beds
- 14.6. Residents / their family or visitors may not make any changes to electrical equipment / wiring or drive nails into the walls for pictures without the permission of the CEO / Maintenance Manager. Only three picture hooks are allowed.
- 14.7. It is forbidden to keep and use flammable materials, candles, lighters or matches and electric equipment in the rooms, e.g. kettles, microwaves, roof fans, electrical blankets and portable aircons.

- 14.8. Residents are not allowed to use Prestik on the walls.
- 14.9. Residents are not allowed to have any warm water bottles.
- 14.10. The Nursing Service Manager and Health Care Service Manager may only be called for life threatening circumstances as qualified nursing staff are available 24 hours per day who are able to attend to nursing issues.
- 14.11. The volume of radio's or TV's are to be controlled in order to consider other residents and staff.
- 14.12. Residents can be moved to other rooms should the it deem to be necessary. To process of moving residents to other rooms are managed in an orderly manner with the necessary caution and dignity in order not to accommodate the needs of the resident.
- 14.13. Management of La Gratitude Home for the Aged reserves the right to amend the Rules of Stay from time to time as it deems necessary. Resident will receive at least 30 days' notice of such an amendment and Resident and the Authorised Person will be bound by such amendments.
- 14.14. The Resident may receive visitors during the visiting hours as stipulated by Management:
09h00 – 11h00 and 14h00 – 18h45.
In case of an emergency or serious illness special permission will be granted by Management.
- 14.15. No visitors are allowed to sleepover in the residents room or smoke or drink alcohol inside or outside the facility.

Residents, family, next of kin or visitors are subjected to comply and adhere to the Rules of Stay as set above.

ID No _____

I undersigned and take note of the above mentioned Rules and Regulations and confirm hereby that I understand and fully undertake to comply.

Signed at _____ on the day _____ of _____ 20_____

SIGNATURE

LA GRATITUDE HOME FOR THE AGED

031-383-NPO

57 YORK STREET, NEWCASTLE, KZN 2940

NO 6 JOHN PARKS AVENUE, PIONEER PARK, NEWCASTLE, KZN



CONSENT & UNDERTAKING OF RESIDENTS

RESIDING AT:

**FRAIL CARE OR COTTAGES OR FLATS IN TERMS OF
THE PROTECTION OF PERSONAL INFORMATION ACT ("POPIA")**

I, the undersigned: _____

Identity Number: _____

Frail care (Indicate bedroom No): _____

Cottage (Indicate cottage number): _____

Flats (Indicate flat number): _____

Hereby agree to provide my Personal Information to **LA GRATITUDE HOME FOR THE AGED** Registration Number **031-383-NPO** ("the Company"), on the express understanding that:

1. This constitutes my consent as required under Section 11(1)(a) of the Protection of Personal Information Act 4 of 2013 ("POPIA").
2. The accounts department, finance department or any other relevant department of the Company will have access to my personal details which have been furnished to them for the purpose of services (rental, board and lodging, meals, hampers etc) rendered

as a resident of the organisation's (Circle the appropriate facility) Frail Care / Flats / Cottages.

3. The Company will collect my Personal Information, which shall include, but not be limited to:
 - 3.1 Identity Number;
 - 3.2 Copies of identity documentation
 - 3.3 Curriculum Vitae including education certificates and/or any Industry accreditation certificates; **(Only applicable to part time work or honorarium).**
 - 3.4 Financial information proof of banking details
 - 3.5 Medical Information
 - 3.6 Bank statements
 - 3.7 Next of kin information
 - 3.8 Contact details, including cell phone number, home number, email address, postal and home address previous and current;
 - 3.9 Any other information that may be required to be provided by me to the company from me from time to time.

4. The Company will collect my Personal Information as required by POPIA from the following sources:
 - 4.1 Publicly accessible platforms and verification agencies; and
 - 4.2 Myself

5. The personal data will be used by the Company only for the purposes that are related to any "services" which I receive from the Company and have an written or verbal agreement with.

6. I furthermore acknowledge that during the course of these services being rendered with the Company, any addendum to incorporate the changes of the PAIA and the POPIA No 4 of 2013 as required by government and legislation, that this consent will be added to my existing "services" agreement and is acknowledged by me to be accepted as an addendum hereto.

I will accept that the addendum may be changed as required by government from time to time and will be informed by the Information Officer in this regard.

I furthermore acknowledge that I may gain access to Personal Information related to other residents due to the proximity of my neighbours and close interactions of the same facility or other facility in which I reside, and visitors of the Company's facilities, in regard whereto:

- 6.1 I record and confirm that I have been subjected to a POPIA awareness session by the respective administrator / Information Officer.
- 6.2 I have been made aware of the importance of POPIA and the manner in which the Company intends to protect Personal Information that it received and/or processes.
- 6.3 I know the Company may only process Personal Information for specific purposes and that any processing or dissemination of Personal Information outside of the specific purposes is unlawful; and
- 6.4 I undertake that I will ensure that my actions as a resident to *Frail Care / Flats / Cottages (Circle the appropriate facility)* are in line with the Company's compliance framework related to POPIA.

| | |
|---|--|
| Full name and Surname: <hr/> | Information Officer of Company <hr/> |
| Please sign in full / Signature <hr/> | Signature of Information Officer <hr/> |
| Date: _____ | Date: _____ |



LA GRATITUDE HOME FOR THE AGED
Reg No 031-383 NPO
57 York Street, NEWCASTLE 2940
Corner of York Road & Bird Street, NEWCASTLE 2940
Telephone: 034 315 5466
Fax: 034 315 5467
Email: GRATITUDE2005@telkomsa.net
Website: www.lagratitude.co.za

ADDENDUM TO:
BOARD AND LODGING CONTRACT WITH APPLICATION FOR ADMISSION
CCTV CAMERAS

Please take note that during the course of the next few months cameras with audio will be installed in all the Bedrooms, Sickbay and Bathrooms as well as all areas of contact with any person working (Contractors, Volunteers, Employees) on the premises of La Gratitude Home for the Aged or residing here at La Gratitude Home for the Aged Frail Care Facility corner of York and Bird Street, Newcastle, Kwa Zulu Natal on a permanent or a temporary basis.

The sole purpose of the cameras is to ensure that the 24 hour wellbeing of our residents are managed in a manner which can be monitored appropriately as well as accurately whilst minimizing the possible risk factor which cannot be managed through normal means in the bedrooms due to the nursing routine time schedules and the absence of camera and audio footage. The camera installation addendum will be applicable to all specified areas as noted above which are not currently covered by the existing audio and camera system.

All residents can be assured that the system is maintained in an office with strict access and viewing control and cannot be viewed by any person other than the authorised CEO of the establishment, nominated representatives from the Board of Control and any respective management on a once off incident basis request for purposes of investigation procedures. All Confidentiality will remain a priority in all notable instances and for purposes of investigation.

The Older Persons Act 13 of 2006 clearly stipulates in the functional area of Operational Management that the following sub-areas are to be addressed:

- Human Resources Management, with the output of well trained, motivated and committed personnel.
- Nursing services administration and care, **with outputs of acceptable standards for continuous care and support of older persons**, including but not limited to the *reduction of all possible risk factors* to maintain an acceptable homely life style for as long as possible within the facility.

- Rights and responsibilities of older persons with outputs that older persons must be treated with respect and dignity at all times.
- That Elderly persons **are to be protected** against abuse, neglect, bad treatment of any kind and exploitation of any form or manner.

The requirements, as clearly outlined and spelt out in the Older Persons Act 13 of 2006 La Gratitude has over the past 35 years strived to meet these requirements of the Act for the full Benefit of our residents to do our utmost best to eliminate as many risks as possible through monitoring processes and systems, thus the implementation of the camera and audio system implementation to complete the crucial precautionary measures.

Be assured:

The CCTV material is monitored by only the Chief Executive Officer and the respective authorised persons approved by the governing Board of this organisation.

Should any of the material be required for the use of evidence in any case under investigation the findings and respective footage will be done with the permission of the resident or his/ her family/ authorised representative or by instruction of a legal body or a court of law.

I accept the above-mentioned information to be to in the best interest of myself / authorised person and agree to the camera with audio system being installed as detailed above.

Resident Name and Surname

Signature

Full Name of Authorised person on behalf of the Resident unable to sign

Signature _____

**Authorised person on behalf of the Resident unable to sign Eg: Son, Sister,
Attorney**

Relationship to resident : _____

Authorised Representative of La Gratitude

CHIEF EXECUTIVE OFFICER

DATE: