

La Gratitude Home for the Aged

“The People Who Care”

Reg no: 031-383 NPO

Tel (034) 315 5466 OFFICE HOURS / Email: admin@lagratitude.co.za

P.O. Box 1418, Newcastle 2940

57 York Street, Corner of York and Bird Street

NEWCASTLE

2940

Email: socialworker@lagratitude.co.za Web address: www.lagratitude.co.za



**APPLICATION FOR ADMISSION
BOARD AND LODGING CONTRACT**

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

NAME:

ID

NUMBER:

ROOM REQUESTED	SINGLE ROOM	DOUBLE ROOM SHARING
INCOME		
Sub Economic (Strictly state pensioner with no additional income)	SASSA	Pension
Economic	SASSA	Pension
		Investment

FOR OFFICE USE ONLY:

Verification of documentation (please sign HOD):

Nursing Department Health status and Evaluation	
Social Work Department	
Financial Department	
Medicine Control	
Chief Executive Officer	

Food and Beverage Department Dietary requirements	
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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 all required attachments will be considered for screening for the admission to La Gratitude Home for the Aged's frail care facility.
2. Only frail older persons of 60 years and older may be admitted in terms of the Older Persons Act, Act 13 of 2006 to our frail care residential facility.
3. Applications for admission will be presented to the local Department of Social Development for screening and pre-approval PRIOR to admission.
4. A sub-economic applicant (A person who qualifies for a government subsidy to our frail care who has no other form of income) cannot be admitted to La Gratitude Home for the Aged prior to the Department of Social Development issuing the organisation with a screening certificate. (No certificate, no reduced tariff, no subsidy guarantee and family and or friends may be required to cover shortfall not covered by the department in order for approval to be granted.)
5. The following documentation must accompany the application:
 - a. Certified copy of Identity document.
 - b. Copy of spouse's death certificate where applicable.
 - c. The SASSA pension card if applicable.
 - d. Latest three to six month most recent bank statements and in the event of no bank account an police affidavit needs to be attached.
 - e. Proof of up-to-date funeral policy certified by a commissioner of oath
6. A completed medical certificate with full medical history and in addition a psychiatric report completed by a psychiatrist is required to 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 on the individual applying for admission. The Social worker is required to compile a report on his/her findings which will be submitted as part of the application documentation.
8. After completion of the application forms arrange for an assessment interview with the Nursing, Social Work and Finance department at the facility to assess the applicant as well as to verify all information.
9. Monthly payment of boarding and lodging fees is 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 the date of admission and where appropriate on a pro rata basis.
11. Sub-economic applicants (A person who qualifies for a government subsidy) will be considered for subsidisation from the Department of Social Development in accordance with the set sliding scale of the Department of Social Development.

12. After completion of the application and the applicant has been screened for admission and has received a positive response, the applicant will be contacted for admission arrangement.
13. In event of no vacancy being available the applicant will be placed on the Frail Care waiting list. Should a vacancy arise, the applicant or his/her family or authorized person will be contacted 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 the availability of accommodation.
14. *Should the family, children choose to pay the subsidised amount until a sub economic vacancy becomes available the resident may be admitted as an economic resident on condition the tariff is paid in full by the resident and/or family. This agreement may be awarded at the discretion of the CEO on condition the full price is paid for the duration of the time where no sub economic vacancy exists.*
15. 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.
16. 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.
17. 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 will remain jointly responsible for the transfer of the Resident to an alternative facility within 7 days dependant on the circumstances where possible and or not exceeding 30 days.
18. 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.

"The People Who Care"

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?	
Where is this held?	
Interests / Hobbies	
What is the primary reason why you wish to be admitted?	

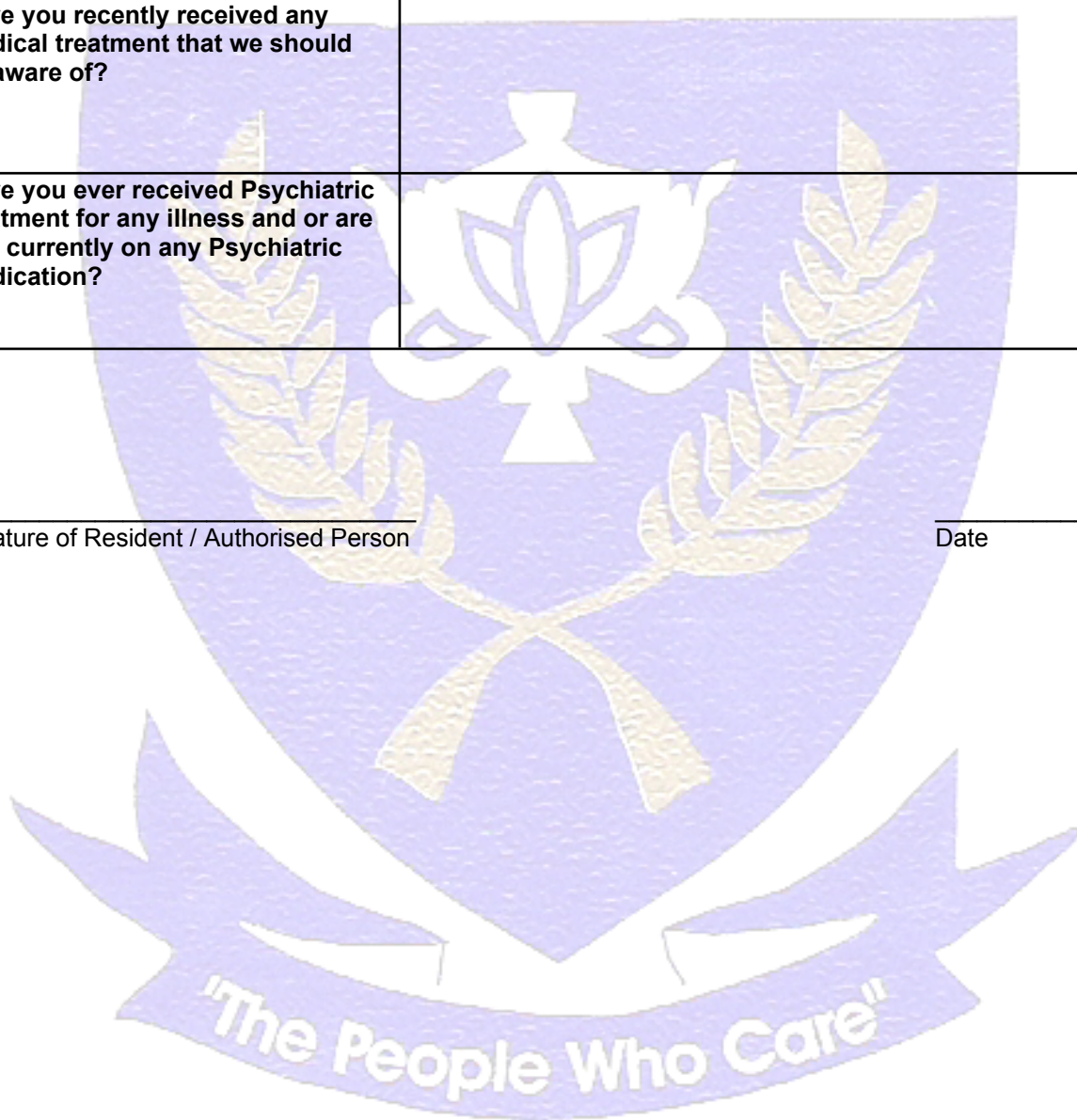
Are your children willing to financially support you if it becomes necessary?	

2. MEDICAL HISTORY

Have you recently received any medical treatment that we should be aware of?	
Have you ever received Psychiatric treatment for any illness and or are you currently on any Psychiatric medication?	

Signature of Resident / Authorised Person

Date



PERSONAL DETAILS 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 _____

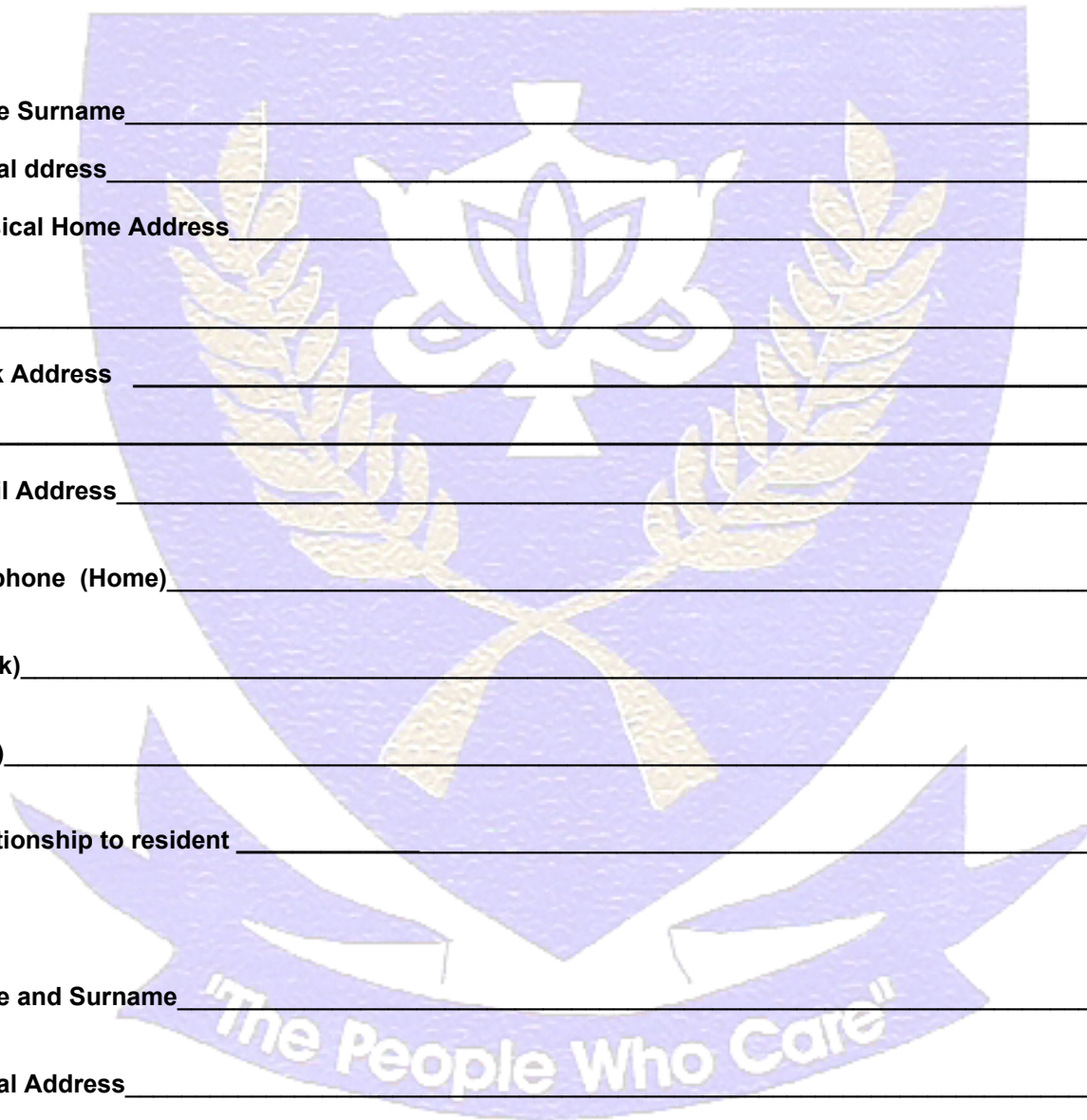
Postal Address _____

Physical Home Address _____

Work Address _____

Email Address _____

Telephone Numbers (Home) _____



(Work) _____

(Cell) _____

Relationship to Resident _____

PERSONAL DETAILS 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 _____

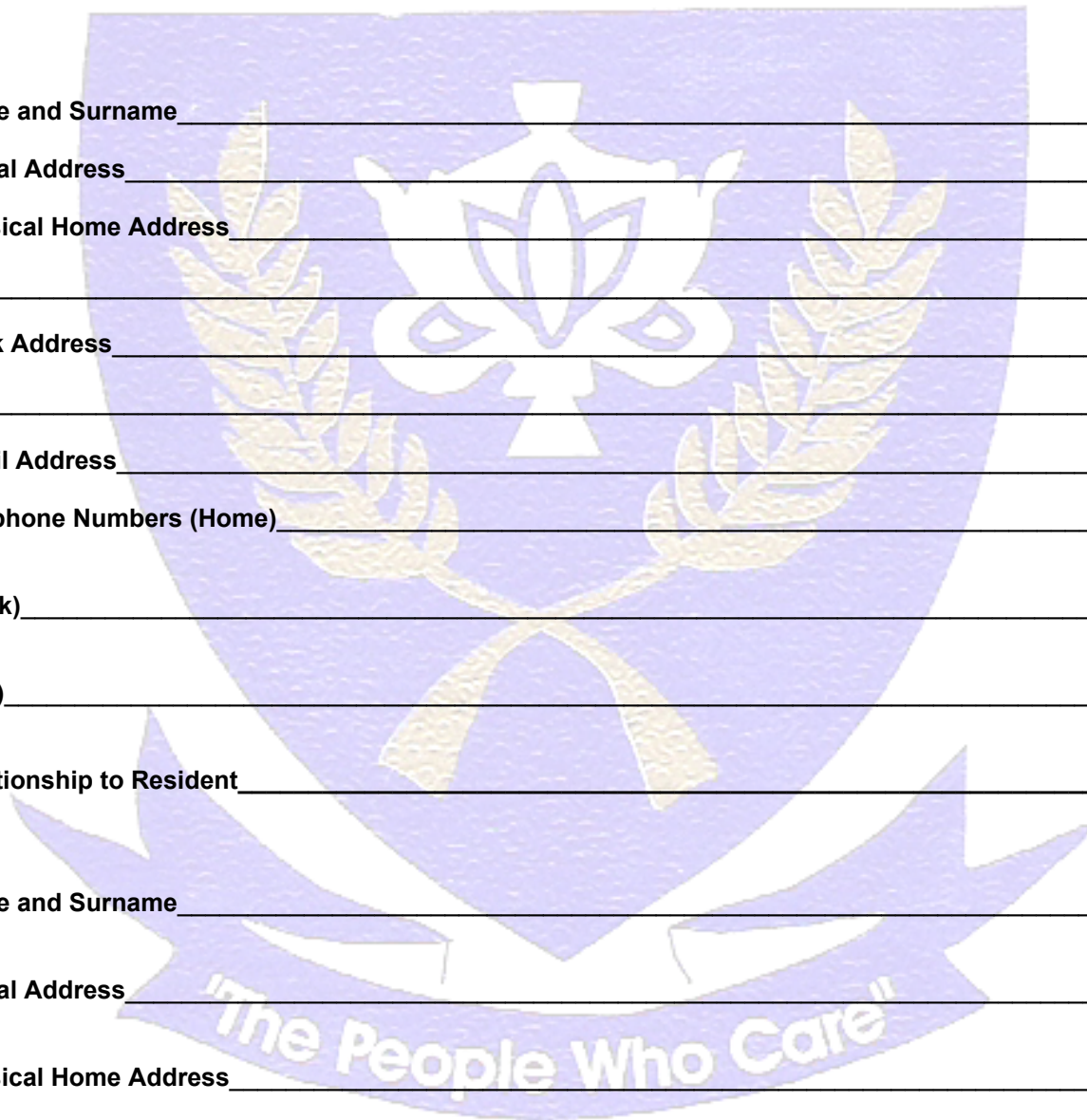
Physical Home Address _____

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 eyesight, 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 MONTH'S SCRIPT AND MEDICATION WHEN ADMITTED

DOCTORS SIGNATURE

DATE

DOCTOR'S PRACTICE NUMBER AND STAMP

PSYCHIATRIC EVALUATION

To be completed by Psychiatrist

FULL NAME OF APPLICANT _____

HOW LONG HAVE YOU KNOWN THIS APPLICANT?

DATE OF BIRTH _____ ID NUMBER _____

SEX (MALE OR FEMALE) _____

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

"The People Who Care"

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 PRACTICE NO

TELEPHONE NUMBER

SOCIAL WORKERS SIGNATURE

DATE

ORGANSATIONS STAMP

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:

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 will apply after 1st of Month admission

SHORTFALL

R _____

Financial Arrangements _____

CEO APPROVAL

CEO DECLINED

SIGNATURE

DATE.....

Take note that the monthly accommodation fees are due and payable 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 financial and or additional maintenance assistance. (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 in ensuring fair support is provided or resident from family members).

Boarding fees are calculated at the discretion of **LA GRATITUDE HOME FOR THE AGED**. The Boarding fees remain in force and payable should the Resident be on vacation and or hospitalised for an undetermined period whereby the room or bed is still kept for occupancy and or held till residents return. The monthly boarding fees owed should preferably be arranged with the 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 _____

SUB ECONOMIC / FINANCIAL BOARD AND LODGING CONTRACT

Entered 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.

BOARD AND LODGING R _____

FUNERAL POLICY R _____

NAPPIES R _____

EXPENDITURE TOTAL R _____

LESS - DECLARED INCOME

LESS - SASSA R _____

LESS - STATE SUBSIDY R _____

BALANCE / SHORTFALL **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 _____

FINANCE MANAGER APPROVAL

CEO APPROVAL

SIGNATURE

DATE

Take note that the monthly accommodation fees are due and strictly payable 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 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:

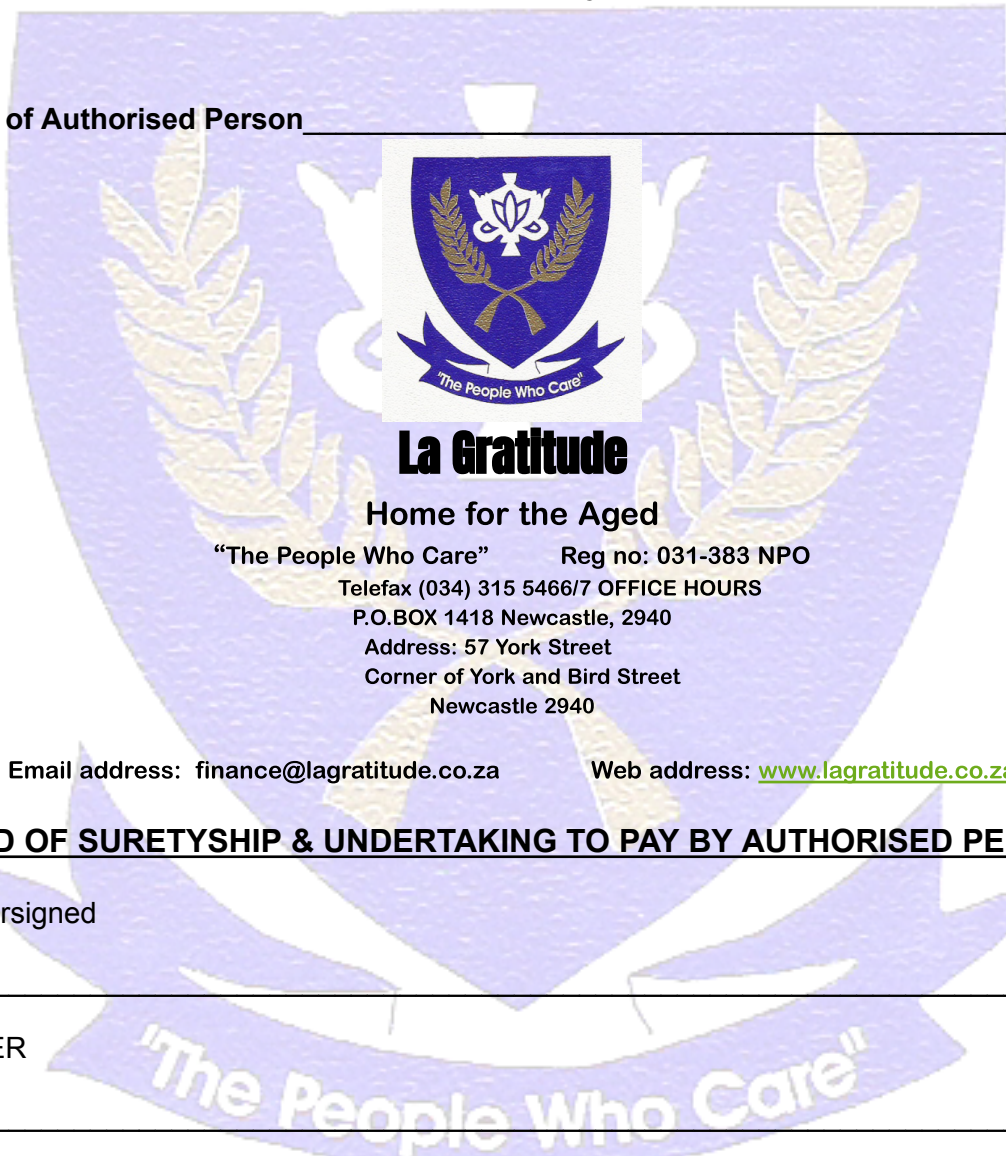
Name of Account	La Gratitude Home for the Aged
Bank	First National Bank
Branch	NEWCASTLE
Account Number	62057081574
Branch Number	250-655
Reference	Full Name & Surname of Resident

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 domicile 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 address: finance@lagratitude.co.za

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:

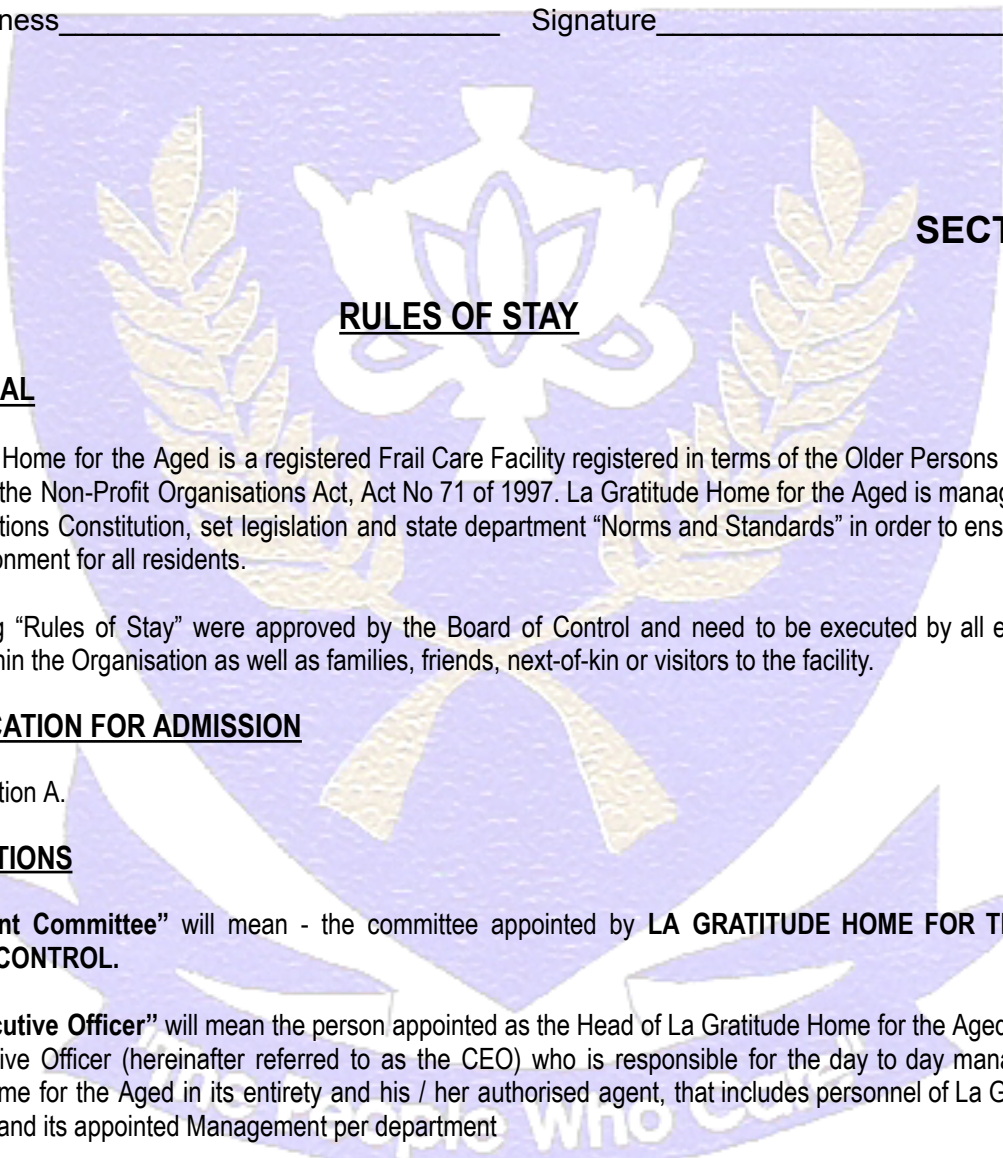
Signed at _____ on _____ day of _____ 20 _____

(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

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 state department "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** the **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 commences on the 1st of April of each year. 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 who 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 persons request connect 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 provided – 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 adhere 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 are to be made with the medicine controller by the registered Sr / Senior Nurse on duty who is in control of the wing in which the resident resides for the person’s medication to be packed and ready for release when resident/family signs out of the facility.
- On weekends medication must be arranged before 10h00 on Friday morning or the day prior if falling before a public holiday.
- If the resident wishes to give notice to vacate the facility, a 30 calendar months written notice is to be given. (1st to the 30th of the month).

4. FINANCIAL MATTERS

- The applicant must prior to admission submit a minimum of the latest three-month (3) bank statements as well as a sworn affidavit declaring **all** assets, property, cash investments, trust funds, donations as well as trust monies, rental income, interest on investments etc. (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, 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, no payment unfortunately no nappies.
- Boarding and Lodging fees shall increase on the 1st of April of each year and shall be determined at the discretion of the Board of Control. This will include all residents residing in the frail care, including residents staying less than a year.
- If a resident wishes to terminate his/her Board and Lodging contract with La Gratitude Home for the Aged, (1) one calendar months written notice is required. Unfortunately, no Board and Lodging fees will be refunded when a person vacates the facility or passes away (1st to 30th of the month).
- Resident and or signed surety person remain responsible for the payment of all Boarding and Lodging fees during the absence of the resident from the Home for whatsoever reason.
- In the event of any outstanding Board and Lodging fees, nappies, a minimum interest of 2% per month on the total outstanding amount will be added and will remain on all accumulative amounts per month until full outstanding amount has been paid in full including the interest accrued amount.
- The 2% may 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 have not been collected, or requested in writing either through 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 passing, departure, transfer of the resident from the organisation will be forfeited and will be accepted with gratitude as a donation towards the operational costs of the home / frail care facility.
- These monies shall be transferred yearly to the Organisation to offset any shortfall that the Organisation may have, it may also at the discretion of the CEO and or Board of Control may be utilised for the benefit of other residents through the purchasing of a product, maintenance improvement or any other expense that direct or indirectly be to the benefit of/or the Organisation.
- Any monies to be refunded will be executed 30 days after departure and or death of the resident to ensure all outstanding accounts/monies owed is settled prior to any refunds being made.
- Any organisation subsidies whether nappies, toiletries, board and lodging fees received during the duration of residents stay shall be credited first with any monies should any funds be available at time of departure and or passing.
- In the event no subsidy from the organisation was received the refund will be made in accordance to the above rule.
- **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 made by resident are logged on the residents profile and a receipt issued from petty cash receipt book. Approved auditing procedures are set out by the organisation to account for all monies withdrawn and those accumulated. On departure or in the event of the passing of the resident any funds that are remaining in residents account will be paid out to the Executor of the Estate and or estate trust account and or certified sole beneficiary document. Proof of executorship will be required as well as will of deceased before any monies are paid out by the finance department.
- This service does not hold any monetary interest that may be accumulated on a yearly basis on the resident fund. All administration costs pertaining to the managing of this service will hold an 2% administration fee per withdrawal and or deposit amount.
- Any payment with regard to the receipt of government grant, 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 who will have no claim of *whatsoever nature* 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 30 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). Any fees paid to the organisation after the

departure of the resident will be paid back to the relevant government department and not the children. It is advised to immediately arrange for pay point transfer when resident vacates facility to avoid further administration and payment challenges,

- Should a resident/family member pay for Board and Lodging fees in cash at the admin office, a 2% administration fee per transaction will be charged.
- To make payments for residents cost easier, it is recommended that a monthly stop order be arranged with the residents banking institution as La Gratitude do not have a debit order facility and or have authorised access to resident's bank accounts.
- On residents' death, it will be the family's **sole responsibility to cancel** the stop order with the banking institution. Please note any payments made after the passing of the resident and or vacating the facility for whatsoever reason will be returned to the account and or financial institution where applicable from where payment originated.
- Should a sub – economic be admitted to the frail care, the resident/ and or family member / social worker is to ensure that the SASSA pension is available to pay over this amount to the organisation prior to the admission as **all** Board and lodging fees are **payable in advance**. E.g. if admitted the first of the month or later at whatever date the full SASSA pension is required failing which the admission will only take effect if resident is able to pay the full pension over to the organisation. Should family be responsible and take accountability for the shortfall the difference may be paid by them, and resident may be admitted earlier.
- On Admission it will be required of resident who is in receipt of a SASSA pension to sign and complete any documentation needed to transfer pay point for SASSA to the organisation in the event it is required to form part of the monthly payment of the Board and Lodging.
- On admission approval, full authorisation in writing is required to manage the payment of the SASSA grant on behalf of the resident by *an authorised designated financial official* who will withdraw the monthly resident SASSA grant with the residents SASSA card and pin for a duration of approximately 2 months or more until the SASSA offices and department have adjusted the pay point change to the organisation.
- If resident is admitted to the facility who is in receipt of a SASSA grant, but the payment is received from other sources in full this “requirement” as indicated above bullet will not be applicable.

4.1. SURETYSHIP

- The Authorised Person who signs 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:
 - Was delivered by hand at the addressee's domicilium citandi et executandi shall be presumed, as such, until the contrary is proved. Delivery will be accepted to have been received by the addressee at the time of delivery in accordance to dated delivery notice, signature, photo and or other manual method by organisations nominated representative/driver.
 - 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, approach any and all other family member/ friend of the Resident to contribute and take financial and or materialistic responsibility through the signing of an

organisations additional surety document. The document will cover written additional financial and or other shortfall responsibilities of the Resident and / or the Authorised Person in terms of this Agreement towards La Gratitude Home for the Aged for any shortfall amounts that may not be covered by the resident and or who may not qualify for subsidy due to the residents financial constraints.

- La Gratitude reserves the right to report, investigate and ask for assistance from any legal authority to assist in the investigation of any form of abuse whether it be “alleged” or not for financial abuse and or financial exploitation, verbal, physical and any other form of abuse.
- The resident in terms of the Protection of Personal Information Act further agrees to authorise the representative of the organisation to provide, give access to any investigator access to investigate any form of suspected older abuse. All abuse whether proven or unproven will be reported in accordance to the Older Persons Act and where after an investigation has been concluded and perpetrators found guilty of any such offence the organisation reserves the right to act internally where applicable, externally where applicable and will report to the Department of Social Development. All abuse will be investigated, legal action may be taken to protect the older person and ensure that his/her rights are protected. The organisation further states that in terms of any such investigation that all evidence in any which way and form will be provided to the “investigators” to conclude their findings and provide the report under which the necessary action will be taken where applicable. All efforts will be made to keep the matter confidential.

4.2. PAYMENT OF THE MONTHLY BOARD LODGING FEES

The Resident/Authorised Person shall sign a stop order for the amount payable for the monthly Boarding and Lodging fees for the amount from their financial institution.

Payment is to 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 which will have an minimal administration cost added to it of 2% of amount being paid or alternatively may be paid directly into the above mentioned bank account.
- If any amounts payable by the Authorised Person are outstanding for 60 (sixty) days or more and no arrangement and or adherence to any final letters of demand have been adhered to, **the matter will be referred to La Gratitude Home for the Aged Attorneys** for collection thereof.
- All 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 and the organisation may list the defaulting person on the credit bureau.
- Should the Authorised Person, for whatever reason not be able to make payment of the monthly accommodation fee for a period, then La Gratitude Home for the Aged *shall be entitled to terminate this Agreement with not less than 30 days written notice.*
- The Authorised Person and or resident will be compelled to find alternative accommodation for him/herself or for the Resident and or take up the alternative residential facility recommendations by the organisation.

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.
- Special wound care. If any resident requires special wound care, it will be the responsibility of the family to supply La Gratitude with the necessary equipment/products necessary to attend to the wounds.
- If resident is on oxygen, it will be the family's responsibility to ensure back-up oxygen is readily available when load - shedding takes place.
- La Gratitude has oxygen tanks please enquire with Finance Manager on charges etc.
- When residents become incontinent and are required to start using nappies it is the resident and or family's responsibility to make the necessary arrangements and relevant payments for the nappies in advance, ordering requirements with the admin office.
- Should the family require DSTV to be installed for a resident's pleasure, it will be the responsibility of the family to pay for the installation and may only utilise the services of RAMS TV an approved and trusted service provider of the organisation.
- Should a resident move from one room to another out of their own choice it will be the family's responsibility to pay for the move of DSTV.
- On departure from the home or due to the passing of a resident the family is entitled to remove the DSTV dish, but all permanent fixtures will remain.
- Any fixture of any kind which is attached to the wall or in a permanent capacity such as a ceiling fan, inverter, heater, air conditioner, tv bracket, multi plug extension and or plug it may not be removed and will remain the property of the organisation
- 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 . epidemic, outbreak
 - POPIA Act. consent form
 - CCTV camera consent form
 - Transport letter of authority
 - Informed consent – Marketing/social media platforms
 - Permission form for any outings that may be offered.

4.4 MONTHLY BOARD AND LODGING FEES

- The monthly Board and Lodging fee 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 in advance.
- Should the Resident be absent from La Gratitude Home for the Aged because of hospitalisation, family visits or any other reason, the monthly fees will remain unchanged and will remain due / payable.
- If 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 calculated accordingly.

- La Gratitude Home for the Aged shall review the monthly accommodation fee annually and the increase will be implemented on the 1st April of each year at the start of the new financial year of the organisation.
- The increase shall be determined in terms of the increases in operational costs, the economy, and other criteria determined by the Board of Control who will decide at its discretion what the increase will be.
- 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 of the resident to their personal account.
- The authorised/appointed *financial* Person shall only be responsible for payment of the balance of the monthly Boarding and Lodging fees and other expenses e.g., nappies, hair, tuckshop.
- It is a criterion of admission that a Resident receiving a state Old Age Pension change be executed once approval for admission has been granted. The change will be requested by the organisation from 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) to 6 months bank statements and a detailed schedule of *current and past assets, liabilities, income* and expenses of the resident to verify the financial position of the resident.

5. TERMINATION OF CONTRACT

- 5.1 One calendar month's (1st to the 30th of month) written notice shall be given by a party to the other party for the termination of the Agreement.
- If the Authorised Person give less than one calendar months' notice for the termination of this Agreement, the Authorised Person shall still be held responsible for the full monthly Boarding and Lodging fee of an additional calendar months' notice.
 - If the resident and or Authorised Person does not pay the notice in full the organisation will have the right to charge all and any legal fees or other to the account of the Authorised Person.
 - The organisation reserves the right to inform the credit bureau of any default in payment which may restrict any credit loans in the future of the Authorised Person.
 - The retraction hereof will only commence once outstanding balance has been paid in full with all outstanding accrued interest and any additional costs pertaining hereto and proof provided hereto.
- 5.2 La Gratitude Home for the Aged shall be entitled to terminate this Agreement because of non-payment 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, if the Resident commits a serious transgression of this Agreement.
- 5.5.1 This Agreement terminates automatically when the Resident passes away. The executor will be liable to ensure all monies are paid to the organisation
- 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 can be permitted as all frail are priority and will receive the care within the capabilities of the organisations human and physical resources allow.
- 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 held responsible and or take responsibility for **any** additional costs relating to any additional care, other, medical, or nursing services, including but not limited to ambulance, private doctor or hospital services and the costs related thereto. Accounts with regards to these services shall be the full and sole responsibility of the Resident or Authorised Person where it is 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 transport, appointments of 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 as Self-medication can be dangerous, which includes over the counter medication if not adequately controlled.
 - Interaction between various medications may occur and may be fatal.
 - It is therefore extremely important that the Medical Report is attached hereto, this is to be completed in detail 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 in life and death situations is hereby granted authorisation by the Authorised person to take the necessary and reasonable steps** required in which case the Authorised Person accepts he/she shall remain liable 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. **Especially painkillers** they create huge challenges for nursing personnel and should be submitted on receipt thereof. Please ensure that all medications are signed out at the medicine control room 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 any unnecessary misunderstanding.
- 6.10 The Resident or Authorised Person indemnifies La Gratitude Home for the Aged regarding all 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* about transport to their private practitioner, the hospital or rehabilitation services (Physiotherapy, Audio therapy, Speech therapy, Occupational therapy) any other. If 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 and prior payment must be made with the Nursing Service Manager/finance 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 for a response to be forthcoming.

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 to ensure the older persons enjoy their

stay within the Frail Care Facility. Reunification services and reintegration remains the core 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.** **No** Cutlery and crockery, condiments of any nature may be removed from the dining rooms without the permission of the Food and Beverage manager/supervisor on duty.
- 8.6.** No Resident may enter the kitchen and where necessary request assistance from the entrance doorway to the kitchen due to safety risks.
- 8.7.** Should the resident be a diabetic, La Gratitude will only supply 2 sweetener sticks "Canderel" for tea and breakfast per serving. If more is required, we are requesting the family to please assist in ensuring sufficient supplies above the accepted norm.
- 8.8** La Gratitude will do everything possible to serve meals on time, but due to circumstances beyond the organisations control, e.g. floods, storms, loadshedding this time challenge may vary from time to time.
- 8.9** Able / mobile residents will be required to eat meals in one of the dining rooms.
ONLY bedridden residents and or ill residents who may not be in a condition to enjoy their meals in the dining room will be accommodated to eat in their respective rooms, with prior permission from senior nursing management.

9. CLEANING SERVICES

- 9.1** The Housekeeping 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 when scheduled to do so. 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 and or the Nursing Service Manager/registered Sr. 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 clearly marked and written up in in the Laundry Register for washing and ironing and will be returned in accordance with the said procedure register format.
 - All clothing will be marked prior to admission, 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.
 - All clothing and personal belongings will be recorded in the kit book of each resident on admission and will be updated by the authorised person/ family/ friend when items are removed, and new items brought in.
- 9.5** La Gratitude Home for the Aged will not take responsibility for any damage or loss of any clothing items that are washed and ironed by the laundry department although every effort has been made to put measures 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 due to proven negligence.

- 10.3. Any valuables may be handed in at La Gratitude Home for the Aged for safe keeping in its safe and La Gratitude Home for the Aged will issue a receipt thereof. La Gratitude Home for the Aged however will take no responsibility for the loss of any valuables not handed in, including money, jewellery etc kept on resident self – no resident should have money in their possession there is a Resident Fund available to protect the resident from being unnecessarily exposed to possible exploitation and therefore request this practice to be avoided wherever reasonably possible.
- 10.4. Residents / family / friends and Authorised Persons are requested to deposit all cash into the individual Residents Accounts at the Finance office at La Gratitude Home for the Aged from where residents can draw money as and when they may require it. Specific withdrawal times are as follows: daily between 08h30 to 11h00 on weekdays.
- 10.5. **No vehicles of Residents will be allowed to be kept 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 Room, state pensioners who have personal files at state hospitals are to 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 comfortable chair (clearly marked) - Optional
6. If elderly, uses his / her own wheelchair or walking frame please bring it along (clearly marked)
7. TV set, radio, standing fan and bar fridge optional. Mark clearly
8. Should DSTV be installed at own cost.
9. TV bracket.
10. 2 x Cup's (1 for cold drinks 1 for coffee, tea) A sippy bottle where applicable
11. Water bottle

ITEMS NOT ALLOWED:

1. The following electrical equipment is not permitted:
Kettle, microwaves, electrical blankets, free standing heaters, aircons, portable aircons, ceiling fan, hot water bottles, loose carpets, hot plates or rechargeable water bottles, toasters, snack which machines. Please note this list may not be exhaustive and if unsure please check with the office prior to bringing it with.
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 x 2
5. Pillowcases
6. Fitted sheet
7. Flat sheet
8. Blanket
9. Curtains, tiebacks
10. Lace curtains
11. Bedside table
12. Dressing table
13. Chair

14. Built in lockable clothing 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

Please use kit book to write all clothing items in. If a family member takes any clothing, replaces any clothing, brings additional items of any nature please make amendments to the kit book and record it accordingly. Please ensure you have a witness from the organisation when updating the kit book please both identify who you are and sign accordingly to any changes made. La Gratitude is to please be informed of such action.

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 bath 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 Hairbrush
7 Long Pants or Tracksuits	Tracksuits	1 Toothbrush	1 Nail clipper
2 Pairs of Shoes / Sandals	2 Pairs of Shoes	1 Aqueous Cream	1 Tin Shoe Polish
2 Pairs Slippers	4 Sets Summer pyjamas	1 Anti-perspirant roll on, 1 x spray deodorant	
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	
		1 Packet earbuds	

LADIES

WINTER CLOTHING	SUMMER CLOTHING	MONTHLY TOILETRIES	QUARTERLY TOILETRIES
7 Blouses	7 Blouses / Short Sleeves	1 Large Bar of Soap	1 Hairbrush or Comb
7 Vests	7 Skirts	1 Facecloth	1 Toothbrush
7 Panties	7 Dresses	1 Deodorant	1 Nail clipper
7 Long Pants or Tracksuits	7 Vests	1 Toothbrush	
2 Pairs of Slippers	7 Panties	1 Aqueous Cream	
4 Jerseys	7 Long Pants	1 Shampoo	
4 Sets Winter Pyjamas	Or Tracksuits	1 Anti-perspirant roll on	
	2 Pair of Shoes / Sandals	1 Packet earbuds	

1 Winter Gown	2 Pair Slippers	1 box of fragranced Panty liners	
4 Bra's	4 Jerseys		
1 Jacket	4 Sets Summer Pyjamas		
	1 Summer Gown		
	4 Bra's		

12. PASSING OF THE RESIDENT

- 12.1.1. If the Resident passes away, La Gratitude Home for the Aged shall inform the Authorised Person without delay. Should Authorised Person be notified of death of resident directly by hospital or institution, authorised person is to please notify La Gratitude without delay.
- 12.2.1 After the Resident passes away, the Authorised Person shall be responsible to pack up, remove the residents belongings from 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. All personal belongings must be removed before month end to avoid additional costs where applicable.
- 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 including but not limited to beneficiaries, the executor of the estate.
- 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.
- 12.8. Should La Gratitude borrow/donate any assets, clothing or any other item to subsidised residents ***it will remain the property of La Gratitude, and no family, estate or any other person or body shall have claim to it.***
- 12.9. Should resident pass on and family collects all items please note that the TV brackets, DSTV dish brackets, cables, aircon, shelving, inverters, fixed fans and wall heaters will automatically become part of La Gratitude's assets and may not be removed as they are a fixture.

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 the 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, telephonic and appointments can be made in such instances.
- 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 by the resident or to any of La Gratitude Home for the Aged's properties, it shall be charged to the resident and or Authorised Person and repaired accordingly. All and any cost shall be included in the following months Board and Lodging fee and will be required to be paid in full.
- 13.4.** Serious complaints about 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 is received.

14. GENERAL HOUSE RULES

- 14.1.** Residents may not consume and or 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 for permission to be granted where applicable.

- 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, and or gifts if not declared with the relevant Head of Department. If such request may arise from any staff member and reported to the Head of that Department written permission needs to be obtained from the donor of the item plus La Gratitude Home for the Aged to declare items at security at the gate. Written declaration is required before any item will be removed from the premises of the organisation by the doner to the staff member.
- 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 Liaison officer can be requested to assist in arranging a suitable witness hereto legal and or otherwise eg: councillor
- 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 Health and Safety Regulations.**
No cluttering on dressing tables or windowsills, dust collectors are health hazards. Photos are to be where possible wall mounted after permission has been granted by the Maintenance Manager.
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 permitted per room per person.
- 14.7. It is forbidden to keep and use any flammable materials, candles, lighters or matches and or electric equipment in the rooms, e.g. kettles, microwaves, ceiling fans, electric blankets and portable aircons. We do allow hairspray, deodorants, we request that it is not used near hairdryers as can catch alight.
- 14.8. Residents are under no circumstances permitted to use Prestik on the walls.
- 14.9. Residents are not allowed to have any warm water bottles.
- 14.10. The Nursing 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 Nursing Manager deem it to be necessary. The process of moving residents to other rooms are managed in a planned, well executed, 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 – 16h00 daily.
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 resident's room or smoke or drink alcohol inside or outside the facility.
- 14.16. Should any resident in a sharing room become difficult or causes trouble for their roommate it will not be tolerated and entertained. Serious consequences may follow.
- 14.17. Residents should respect each other. No swearing, screaming, fights, threats, intimidation will be tolerated and serious consequences may follow.
- 14.18. Spot checks in the rooms for medication will be done from time to time, without prior notice to the residents.
- 14.19. Sharing room - residents should take note due to the structure of the frail care, it will not be possible to allocate a room and roommate not using nappies/pads/commode. We remain a frail care and it will be our priority the frail elderly. Please be considerate, your positive response, support and understanding will be greatly appreciated.
- 14.20. La Gratitude Frail care is a strictly non-smoking facility, and we will not tolerate any form of smoking in our facility. If resident or family members or other persons affiliated to resident who bring the admission, fails to be truthful on the application form and the resident is a smoker we will immediately act and the residents cigarettes will be confiscated and immediate notice given to vacate the facility.

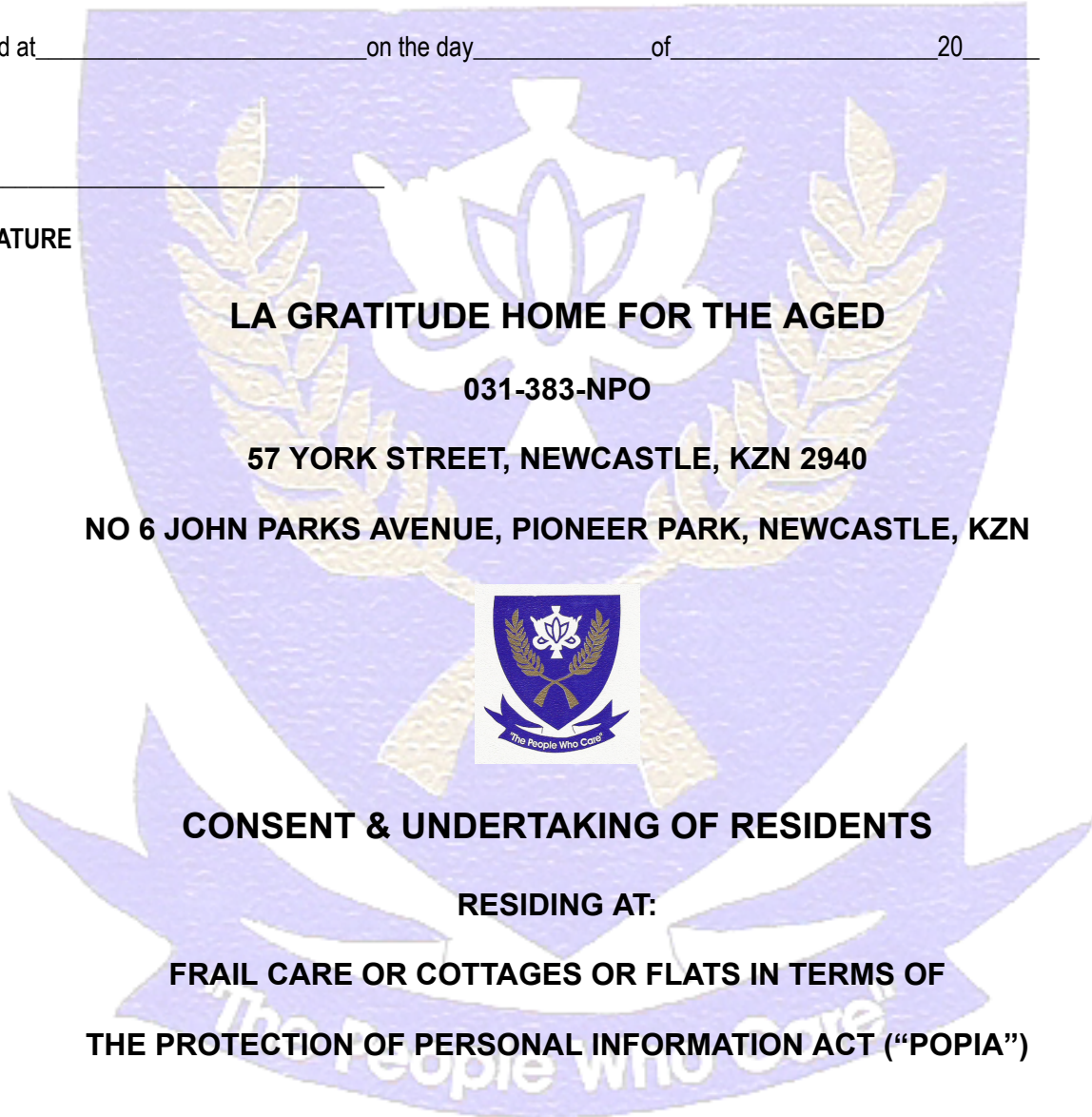
Residents, family, next of kin or visitors are subjected to comply and adhere to the Rules of Stay as set above.

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 wing and bedroom no): _____

Cottage (Indicate cottage number): _____

Flats (Indicate block and flat number): _____

IIdentity 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 where to:

- 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 or 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.

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Full name and Surname: _____	Information Officer of Company _____
Please sign in full / Signature _____	Signature of Information Officer _____
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 may be installed in Bedrooms, Sickbay and Bathrooms as well as other areas of contact whether it be 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, and or on request for purposes of investigation procedures. Confidentiality will remain a priority in all notable instances and for the purposes of gathering evidence for the 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 lifestyle for as long as possible within the facility.
- Rights and responsibilities of older persons with outputs that older persons must be always treated with respect and dignity.
- 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:

