



Long term Care/Extended Care

Standardized Admission Agreement

General Information/Care Responsibilities

In this agreement the resident/responsible party will be called 'you'. The Care Facility will be called 'we'.

This legally binding agreement outlines the kind of care you can expect from us and the services we will provide. It also explains your responsibilities. If you have any questions or concerns about the contents of this agreement, please talk to us before signing it. Signing this agreement means you understand and agree to the terms of the agreement. Several of the terms used in this agreement are defined terms and the definitions appear on "Schedule B".

General Information and Care Responsibilities

1. We will provide services with consideration, respect, and dignity, which includes;
 - privacy when you are receiving treatment
 - attention to your personal needs
 - opportunities to participate in religious, ethnic, political and community activities within available resources.
2. We will provide you with care, as needed, for your health, safety and well being.
3. We will equip your room with basic furnishings, provide nourishment in accordance with The Canada Food Guide each day, provide clean linens and bedding, and will do personal laundry (excluding dry cleaning).
4. We will inform you of the general operating policies and procedures of our facility as outlined in the Resident Handbook, a copy of which has been provided. Any suspected criminal activity that comes to our attention will be reported to the police.
5. We may have to transfer you to a different room within the Care Facility. We would do this to meet both your needs and the needs of other residents. We will do our best to let you know about the transfer before it happens.
6. We encourage you to bring your clothing, small personal effects and furnishings to personalize your room (subject to available space). We are unable to accept any responsibility for items of significant financial value such as jewelry, artwork or other valuables. Personal effects and furnishings must not interfere with the

ability of our staff to provide safe care. Electrical and safety checks are required on anything you bring to the Care Facility. We will remove or dispose of articles for sanitary or other good reasons and we will explain the problem with having such articles in the Care Facility with you before such items are disposed of, if possible.

7. For infection control, safety and security reasons we will inspect your room periodically.

SERVICE PROTOCOLS

1. We will work with you to develop a plan of care that meets your needs.
2. We will respect your wishes regarding the intensity of the level of intervention you have requested related to your medical management.
3. We will notify your doctor when your medical condition requires it or when you ask for medical attention.
4. You consent to having your name and room number appear on a directory board or in other written listings that contain a list of residents of the facility in which you reside. We will have your photograph taken for identification and health care purposes only.
5. If you require emergent medical care, we will arrange an appropriate and safe mode of transfer to hospital, and will do our best to notify your primary contact person. If you do go to hospital, or to an alternate site for medical attention and/or intervention, prior to you leaving this facility, we will apply an armband to your wrist to ensure accurate identification.
6. We will provide medications, treatments and procedures ordered by your physician provided that they are consistent with the Care Facility's policies and appropriate for the staff's training, skill level and availability. Medications will be ordered from the pharmacy contracted by the Care Facility.
7. We will inform you of our policy of least restraint. If it is necessary to implement the use of a restraint, we will discuss with you the type of restraint and the reason it is necessary.
8. Unless you specifically direct otherwise, we will disclose your registration information to Elections Canada and/or Elections Saskatchewan.

As the Resident you agree to:

1. Follow the Care Facility's policies and procedures as outlined in the Resident Handbook, a copy of which has been provided.

2. Pay the Care Facility's monthly or daily rate as established by *The Special-care Homes Rates Regulations*. You will continue to be charged this fee, even when you are in hospital or away from the Care Facility.
3. Pay using the pre-authorized payment plan or as determined by the Care Facility.
4. Label your clothing and personal effects according to specific Care Facility handbook.
5. Provide the Care Facility with one week's written notice should you decide to discharge yourself from the Care Facility.
6. Be under the care of a physician, who has privileges in the facility, and who will provide your medical attention and prescribe medications, treatments, and interventions as needed.
7. Provide the staff with the name of your primary contact person and your financially responsible person. If these people change, you must advise the Care Facility immediately.
8. Respect the privacy of other residents.
9. Make no unauthorized alterations or additions to the Care Facility.
10. Comply with all applicable federal and provincial laws and refrain from committing or assisting in the commission of any offence.

Specific consent is required for the next four items – please indicate “yes” or ‘no’ and provide your signature:

11. Provide the Care Facility with an Advance Care Plan (Advance Directive) to instruct staff on your care and to advise us of any change to your directions.

Yes _____ No _____ _____
(Signature)

12. Provide a blood sample for testing if a staff member or volunteer or other resident is exposed to your blood or body fluids.

Yes _____ No _____ _____
(Signature)

13. Abide by the Regina Qu'Appelle Health Region Public and Population Health protocols related to immunization and infection control practices.

Yes _____ No _____ _____
(Signature)

14. I consent to the display within the facility, photographs of me taken at facility social and recreational events.

Yes _____ No _____ _____
(Signature)

PRIVACY

1. We are committed to keeping information relating to you confidential. This includes information related to your care and to your medical and personal affairs. However, your information, including your photograph, may need to be released, as necessary, to authorized personnel in order to:

- identify you
- assess your health status and care needs
- plan and provide care to you
- plan, develop, deliver, monitor or evaluate services that you require or have requested
- monitor or transfer your ongoing care
- contact your alternate decision maker
- facilitate investigation of an offence

Your signature on this document provides us with your written permission to release your information for these purposes.

Dated this ____/____/____ in _____, _____.

Day Month Year (city/town) (Province)

RQHR Per: _____

Signature for Care Facility

Signature Resident/Proxy/Personal Attorney/Personal Guardian/ Nearest Relative
Substitute Decision Maker

Primary Contact Person: _____

(Print Name, Address, Phone No.)

Resident/Substitute Decision Maker _____

(Print Name, Address, Phone No.)

Resident/Veteran Name: _____

(Print Name)

Schedule A: Uninsured Services

The resident is responsible for payment of the following expenses. The facility will add some of these charges to the resident's monthly statement and other charges will be billed directly to the resident by the third party.

Item/Service	Charge
<p style="text-align: center;">Supplies – monthly flat fee</p> <p>Items included but not limited to: disposable underpads, basic protective cream, shampoo, conditioner, facial tissue, hand cleansing gel, basic body lotion, dressing trays, wound cleanser/saline, oral swabs, body wash/cleanser, gloves, lubricating gel, powder, soap, simple gauze/tape/bandages, tooth paste, toothbrushes, denture care products.</p>	\$20.25/month *
Personal Supplies – deodorant, Tena Wash	Resident pays actual cost
Transportation (ambulance or other)	Resident pays actual cost
Cable Television/Private Telephone Service	Resident pays actual cost
Barber/Hairdressing Service	Resident pays actual cost
Specialized Equipment – requested by resident/family	Resident pays actual cost
<p>Other Medical Supplies – specialty wound care supplies, oxygen equipment, nutritional tubing supplies, non-reusable hip protectors, etc.</p>	Resident pays actual cost
Incontinence Supplies – including bowl and bladder care equipment.	Resident pays actual cost
Medications	Resident pays actual cost as charged by pharmacy
<p>Non-insured Health Services – services not provided by the facility (specialized foot care, dentist, massage therapy, chiropractic services, etc.).</p>	Resident pays actual cost

* Currently \$20.25/month but may be adjusted on an annual basis based on actual cost of supplies as part of a provincial review.

Schedule B - Definitions:

Nearest relative: means nearest relative as described in section 15 of The Health Care Directives and Substitute Health Care Decision Makers Act and, subject to a few exceptions, the person first described in the following clauses that is willing, available and has the capacity to make a health care decision:

- (a) the spouse or person with whom the person requiring treatment cohabits and has cohabited as a spouse in a relationship of some permanence;
- (b) an adult son or daughter;
- (c) a parent or legal custodian;
- (d) an adult brother or sister;
- (e) a grandparent;
- (f) an adult grandchild;
- (g) an adult uncle or aunt;
- (h) an adult nephew or niece.

Except with respect to adoptive relationships, the health care decision of a relative of the whole blood will be preferred to the health care decision of a relative of the same description of the half blood; and the health care decision of the elder or eldest of two or more relatives listed above is preferred to the health care decision of the other or others of those relatives.

Personal attorney: means a person who is appointed to act for you under the terms of an Enduring Power of Attorney with respect to your personal affairs

Personal guardian: means a person appointed by the court pursuant to clause 14(1)(b) of The Adult Guardianship and Co-decision-making Act

Primary Contact Person: means the person designated by you or on your behalf as your primary contact person. We will notify your primary contact person in the event of any material change in your medical condition or other living circumstances. By signing this agreement you are authorizing us to share information with your primary contact person to the extent necessary to allow us to obtain direction, consent or authority from your proxy, personal guardian, property guardian, attorney, property attorney, the public guardian and trustee or your nearest relative as the case maybe.

Proxy: means a person appointed in a directive to make health care decisions for the person making the directive;

Substitute Decision Maker: means, in descending order of priority, the person designated as your proxy, your personal attorney, your personal guardian if your personal guardian has been granted the authority to make decisions respecting your health care, including decisions respecting admission to a health care facility or lastly, your nearest relative.