

Heritage Court Retirement Home

To Our Future Residents

We truly appreciate your interest in the Heritage Court Retirement Home.

At the Heritage Court Retirement Home we meet the needs of each resident by focusing on their independence, personal happiness, and comfort.

From the beautiful interior of our dining room, to the well-appointed accommodations and wonderful amenities that The Heritage Court Retirement Home has to offer, our caring staff takes pride in the service that we provide to each and every resident on a daily basis.

To express our appreciation for your trust in choosing Heritage Court Retirement Home, we would like to offer 10% off the regular room rates for the first 3 months.

We would like to meet with you and your family to answer any questions you might have. Please call Glenda Pilon or David Pilon at (519) 683-4440 so that we can set up a time that is convenient for you.

Sincerely,

**Glenda Pilon
Administrator**

**David Pilon
Administrator**

Heritage Court Retirement Home

Amenities

- Designed for comfort and security. There is 24 hour supervision from professionally trained staff, and 24 hours call bell monitoring.
- Three appetizing meals served daily in our gracious dining room. Between meal refreshments and snacks are served at the resident's leisure. The staff are always open to requests and suggestions.
- Tray service is available when required due to illness.
- Rates include air conditioning, heat, and all utilities.
- Residents enjoy a variety of planned activities, exercise programs, games, entertainment and social events tailored to meet each individual resident. There is always someone to chat with, take a pleasant stroll or enjoy a friendly game of cards. Visiting family and friends are always welcomed.
- In house hairdressing/barber is available on a fee for services basis.
- Adequate parking is available.
- Daily housekeeping and laundry services provided.
- Weekly thoroughly cleaning of rooms (vacuum, dust, floors washed, bed linens changed, bathroom sanitized).
- Short term, respite, convalescent, and vacation stays are available.
- Lounges and dining room are available to relax and visit with family and friends.
- Patio and Gazebo are available to enjoy the outdoors.
- Supervision and assistance with bathing, personal hygiene, dressing, and grooming.
- Administering and supervision of medications and treatments as prescribed by a Medical Physician.
- Visiting - On Call Physician: Dr. Ng.
- Special events and outings arranged on a fee basis.
- Cogeco Cable and Bell Telephone outlets in all rooms.
- Assistance with furniture placement and picture hanging.
- Furnished rooms available.
- Daily mail delivery.
- Family and friends are more than welcome to have a meal with Resident for a donation. (please advise ahead of time)

Heritage Court Retirement Home

Packing and Planning Checklist

The following list has been prepared to assist new residents/responsible parties as they prepare for admission:

- _ Medical history- This form must be completed by the Resident's Physician prior to admission. We would appreciate receiving the history form at least 2 days before admission.
- _ Prescriptions- We would appreciate having the prescription, not later than 1:00 pm the day prior to admission. If this is impossible, please contact the Administration Office to make alternate arrangements.
- _ 2-step TB Test- must be completed prior to admission, by the physician as required by the local health unit.
- _ Admission Time- should be confirmed in advance. It is preferred that admissions arrive by 3:00 pm the day of. Special arrangements can be made in exceptional circumstances.
- _ Payment for the 1st month's accommodation is required on the day of admission. Please remember your cheque book.
- _ Telephone arrangements for a telephone should be made prior to admission. Arrangements are made by Resident or Family.
- _ Clothing- keep in mind that personal laundry is done on a daily basis...be sure you have enough. Clothes requiring dry cleaning or hand-washing are not recommended. Our laundry staff are not responsible for shrinkage etc.
- _ Laundry hamper or labeled laundry bag- it is recommended that a hamper or bag is brought in to place on the floor in the closet where soiled clothes can be placed until laundry pick up.
- _ Grooming supplies:
 - Soap
 - Shampoo
 - Denture Cup
 - Lotion/Powder

Heritage Court Retirement Home

-Toothbrush

-Toothpaste

-Deodorant

-Bath Oil/Bubble Bath

-Electric razor

-Hairbrush/Comb

-Sunscreen

_ Assistance devices- walkers, canes, bath seats, safety bars, wheelchairs, etc., for your exclusive use. These items must be clearly marked with your name.

_ Bedding- if you wish to use flannelette sheets or your own bedding, please be sure to label it well. We supply bedding for twin size beds only. If you wish to bring your own pillow, please label it as well.

_ Hangers- we encourage you to pack your own to ensure there are enough.

Heritage Court Retirement Home

Respite Care Assistance

- **Ambulatory Care assistance**
- **24 Hr. Nursing supervision and Personal Care provided**
- **Supervision and assistance with bathing, and personal hygiene**
- **Personal Health Care Planning**
- **Post Op Patients welcomed**
- **Incontinence Management**
- **Assisting with transferring**

Heritage Court Retirement Home

Medical Assessment

Date:			
Facility:			
Mr. Mrs. Ms. Surname:		Name:	
Address:			
Telephone number:	Age:	Height:	Weight:
Behavior Assessment:			
Is your client under treatment for any current, chronic, or longstanding illness or conditions?			
Yes: No: If yes, list diagnosis and present status:			
1.			
2.			
3.			
List present medications with dosage and frequency:			
Is client able to administer own medications? Yes No			
List drug allergies and sensitivities:			
B/P;	Pulse:	HBG;	
Electrolytes:	Urine:	Sugar:	
Date and place of last X-Ray:		Result:	
Mantoux Test:			
Vision:		Hearing:	
Dietary Requirements:			

Do you recommend Rehabilitation Services for your client? Yes No		
Physiotherapy:	Occupational Therapy:	Speech Therapy:
Ambulation Assessment:		
Brief Medical History and Comments:		
I HEARBY CERTIFY THAT THE ABOVE IS A TRUE STATEMENT OF MY FINDINGS TO THE BEST OF MY PROFESSIONAL KNOWLEDGE:		
Physician Signature:	Telephone Number:	
Do you wish to retain the client's care on admission to our facility: Yes No		
Please attach a prescription for medications you wish our staff to administer to your client		
I HEARBY AUTHORIZE MY PHYSICIAN TO RELEASE THE ABOVE INFORMATION		
Signature:	Date:	

Heritage Court Retirement Home

Application For Residency

Name: (Mr.) (Mrs.) (Miss)		
Admission Date:		
Present Address:		City:
Postal Code:		Telephone:
Accommodation Type Requested:		Room #
Personal Information		
Date of Birth:	Marital Status:	Religion:
Social Insurance #:	Health Card #:	Vision:
Family Doctor:		Telephone #:
Smoker (<input type="checkbox"/>) Non-Smoker (<input type="checkbox"/>)		
Financial Responsibility: Self (<input type="checkbox"/>) Other (<input type="checkbox"/>) Name:		
Address:		Telephone #:
Person To Contact In Case Of Emergency		
POA Financial:		
1. Address:	Relationship:	Telephone #:
POA Personal Care:		
2. Address:	Relationship:	Telephone #:
Other Contact:		
3. Address:	Relationship:	Telephone #:
Dietary Restrictions (if any):		
Medical Received:	Yes	No
Deposit Received:	Yes	No
Applicant or Responsible Party Signature		Date

Heritage Court Retirement Home

Medical Directives

Name:

The medications below may be administered for the symptoms indicated with a physicians order.

The time and reason for the administration and effect of the medication will be charted on the back of the Marr Sheet. The medication or treatment must be clearly identified as "Medical Directives."

CONDITION	MEDICATION	MAX/DOSAGE	PHYSICIAN INT.
Pain Headache Fever > 38 C	Tylenol 325-650mg Q 4-6hrs & prn	6 Doses in 24 hours	
Indigestion Heartburn	Maalox 30 cc q 4hrs & prn	3 Doses in 24 hours	
Nausea/Vomiting	Gravol 25-50 mg Q 4hrs & prn	4 Doses in 24 hours	
Constipation	Milk of Magnesia 30 cc	Dose 30 cc x1	
Arthralgias	Analgesic Rub Ben Gay/A-535 Topically q 4hrs prn	5 Applications /24hrs	
Cough/Cold Symptoms	D.M. Syrup 5-10 ml Qid & prn	4 Doses in 24hrs	

Date:

Physicians Signature:

Heritage Court Retirement Home

Accommodation Type "A"

Private Small

Approx. 130 Square Feet

Room # 6, 7, 14, 15

Accommodation Type "B"

Private Medium

Approx. 195 Square Feet

Room # 4, 5, 8

Accommodation Type "C"

Private Large

Approx. 215 Square Feet

Room # 13, 18

Accommodation Type "D"

Private Deluxe

Approx. 300 Square Feet

Room # 1, 2, 9, 10

Accommodation Type "E"

Semi-Private

Approx. 300 Square Feet

Room # 11, 12

Accommodation Type "F"

Deluxe (Couple)

Approx. 300 Square Feet

Room # 1, 2, 9, 10