

SAMPLE COMPREHENSIVE RESIDENCE INFORMATION PACKAGE

1. Types of Available Accommodation and Alternative Packages of Care Services and Meals

a) Accommodation:

One Bedroom Includes bathroom and kitchenette with small refrigerator and 2 ring hotplate

Studio Includes bathroom and kitchenette with small refrigerator and 2 ring hotplate

Shared Studio

b) Care Services and Meal Packages

Basic Plan (described below)

Extra Care/Assisted (described below)

Living Plan (available in shared studio accommodation)

2. Total Charges for Accommodation Types with Packages

One Bedroom with Basic Plan Php _____/month

Studio with Basic Plan Php _____/month

Shared Studio w/Basic Plan Php _____/month

Shared Studio w/Extra Care Plan Php _____/month

3. Charges for Care service, Meal Packages and Description

Basic Plan

Charge: Php _____/month

- Call/bell monitoring (personal emergency response services)
- Supervision of nursing requirements
- Medication administration/dosage management
- Activation program tailored to meet needs of residents
- Housekeeping (describe the level of housekeeping in some detail, especially how often)
- Provision of bed lines and towels (including laundering)

- 3 meals and 2 snacks per day, 7 days a week
- Meals available on tray delivered to room, when authorized by Nursing Head
- Therapeutic diets available, upon authorization by Nursing Head

Extra Care Plan:

Charge: Php _____/month

(Only available in shared studio accommodation on _____ floor

Includes the following care services, in addition to those care services and meals plan described in the Basic Plan:

- Availability of one (1) Caregiver per _____ residents between the hours of _____ a.m. and _____ p.m.
- Assistance with bathing
- Ambulatory assistance
- Weekly personal laundry
- Dressing assistance
- Assistance with personal hygiene

**Note: Detailed description of services is optional.

20. Frequency of Increases (Optional)

Every _____ months on notice.

21. Additional Services and Meals (User pay Basis)

Assistance with Bathing : Php _____ per month

Personal Laundry Php _____ per month

Monthly Theatre Visit Php _____ per month

Limousine Services

22. Minimum Staffing Levels and Staff Qualifications

Nursing Head On-site 8:00 a.m. to 6:00 p.m.
BSN, RN

RN on Call 1 every 12 hours per day
BSN, RN

Caregiver Minimum of 2, from 8 a.m. to 10:00 p.m.

Housekeeping Supervisor On-site 8:00 a.m. to 6:00 p.m.

Others

23. Emergency Response System
(Describe. If none, indicate that there is no emergency response is in place)

24. Complaint Procedure

(If none – state no internal procedure in place for addressing complaints)

25. General Information (Optional)

The undersigned acknowledges receipt of this Comprehensive Residence Information package on the _____ day of _____, 200____.

Witness

Resident/Prospective Client