



- **Equipment for the general use of Residents, including portering wheelchairs, geriatric chairs, walkers, mechanical lifts, shower chairs, and raised toilet seats. This does not include items that are customized for a specific Resident.**
- **Meal services, including three meals daily, afternoon and bedtime snacks, therapeutic diets, dietary supplements, and specialized formula as recommended by a licensed dietician. Supplies and equipment required for tube feeding may be provided with approval by Department of Health and Wellness.**
- **Laundry, including machine washing and drying of personal clothes.**
- **Bedding and linen, including mattresses, pillows, bed linen, washcloths and towels.**
- **Bedroom furnishings including beds, bedside table, chairs, bureau, and wardrobes or closets.**
- **Private accommodation with private washroom.**
- **The housekeeping and maintenance of accommodations.**
- **Resident trust account services.**
- **Social, recreational, and physical activities and programs, including the related supplies, equipment and staff.**
- **Satellite TV, telephone and internet is available in each Resident shared living room.**

**Residents may continue to have their personal physician provide care to them in the facility if already under the services of a local physician. Those Residents who are not cared for by a local physician will have a physician assigned to them for the length of their stay.**

**The Resident/Guarantor is responsible for any costs for the following optional services (Fee schedules will be provided upon request):**

- **Hairdressing/Barbering**
- **Telephone service in Residents room**
- **Satellite TV and internet services in Resident room (wall mounts for flat screen TVs are provided. Flat screen TVs are the responsibility of the Resident).**
- **Transportation services (Medical appointments, dentist, eye exams, etc.)**

**The Resident/Guarantor is responsible for the following as required:**

- **Appropriate clothing and adequate footwear.**
- **Medications and other treatments or aids ordered by a physician unless otherwise provided as “basic services” of the facility or as benefits of Medical Services Insurance, (MSI). Lawtons Drugs is the contracted drug supplier, and the Facility is bound by their regulations.**
- **Eyeglasses, dental care, prosthetic devices (dentures, hearing aids, etc.), anything else which may be necessary.**
- **Assistive devices (wheelchair, walker, cane, etc.), as prescribed by a licensed Occupational Therapist or Physiotherapist may be obtained through Red Cross Services. A financial assessment will determine what if any charge will be billed to the Resident by Red Cross; and,**
- **Needed repairs and/or replacement of the above personal effects.**

**Any costs associated with the funeral of the Resident are the responsibility of the Resident/Guarantor or the Resident's estate. Please advise the facility of any prearranged funeral arrangements.**

**The Resident/Guarantor will be invoiced at the beginning of each month for the current month's accommodation. Payment will be withdrawn on the last day of the current month. The method of payment is pre-authorized debit.**

**Please fill out the automatic withdrawal form (attached).**

**If payment is dishonored by the bank, the payment must be made to the home within 10 business days by bank draft.**

**Residents may risk discharge from this facility if payments are not received in a timely manner.**

**It is the responsibility of the Resident/Guarantor to advise the DoHW's Eligibility Review Unit at (902) 424-4653 of any changes in their financial or marital status within 30 days of the change.**

**Harbourview Lodge is not responsible for the loss of Resident's personal property. When Residents come here to live, we ask that any items of value, such as jewelry, be locked up when they aren't being used, or taken off the premises for safe keeping.**

**It is the responsibility of the Resident/Guarantor to review the HVL policies that are relevant to their care (list attached).**

**Any questions concerning this document may be addressed to the Facility by phone or email at one of the following:**

<b>Business coordinator</b>	<b>902-885-3630</b> <a href="mailto:ronda.faulkner@nshealth.ca">ronda.faulkner@nshealth.ca</a>
<b>Health services manager</b>	<b>902-885-3616</b> <a href="mailto:amy.donnely@nshealth.ca">amy.donnely@nshealth.ca</a>

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**Signature of Resident**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Guarantor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Long-Term Care Facility**

\_\_\_\_\_  
**Date**