



Our family caring for yours  
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WATERKLOOF MARINA  
A FRIELANDGOLD - RETIREMENT ESTATE



# WATERKLOOF MARINA

Waterkloof Marina Retirement Estate, 297 Orion Avenue, Waterkloof Ridge, Pretoria

## SERVICES

- 24/7 Home-based Care
- Specialised Dementia Care
- Live-in Frail Care
- Individual Companionship
- 24/7 Emergency Call-Out
- Registered Village Nurse
- Social Workers
- Medication Management
- Specialised Wound Care
- Speech and Language Therapy
- Palliative Care
- Physiotherapy



### FACILITIES

Various La Vie Care facilities in Gauteng.



### WELLNESS

We follow a holistic wellness approach.



### SOCIAL MEDIA

Connect with us @LaVieCare

Our goal at La Vie Care is to deliver the highest-quality, personalised care to each individual resident while creating a homely and nurturing environment.

*We have more than 27 years' experience & take care of 3400+ residents to date!*

HOME CARE • FRAIL CARE • DEMENTIA CARE



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## 1. WHO ARE WE?

La Vie Care is a private group of Sub-Acute and Rehabilitation Hospitals, Frail Care and Dementia Facilities, based in Gauteng. Our objective is to offer the highest-quality, personalized care to each individual resident while creating a homely and nurturing environment. Our world-class facilities are staffed by highly skilled healthcare professionals, whom are dedicated to provide the best quality service.

La Vie Care Group (LVC) is part of a privately help group of companies. This group inter alia has more than 27 years' experience in health care services in retirement villages, presently providing the following:

- i. La Vie Care at Country Life Retirement Village**  
32-bed Frail Care Facility
- ii. La Vie Care at Bronberg Retirement Estate**  
32-bed Frail Care Facility
- iii. La Vie Care at Eldoraigne Retirement Estate**  
32-bed Frail Care Facility
- iv. La Vie Care at Lynnwood Oord**  
21-bed Sub-Acute & Rehabilitation Hospital, with 8 Frail Care beds
- v. La Vie Care at Celebration Retirement Estate**  
30-bed Frail Care Facility
- vi. La Vie Care at Pretoria East Retirement Estate**  
30-bed Frail Care Facility
- vii. La Vie Care at Waterkloof Marina Retirement Estate**  
World-Class Frail Care & Dementia Facility

Approximately 3400 residents in retirement village/estates are presently being taken care of by LVC, whilst many patients from other regions are also accommodated in the frail care and sub-acute facilities which LVC operates.

LVC presently employs more than 300 persons and is part of a larger group of private companies.

It is to be noted that the term 'Frail Care' is used as inclusive of all levels of services in the estate, ranging from 'peep-in' services to Dementia.

We have extensive experience in most of our facilities taking care of persons with Dementia/Alzheimer's (D/A).

Although our experience in this regard is not rooted in the management of a dedicated facility, it is probably more difficult to do so in a general frail care centre.

## 2. OUR STAFF

LVC provides on-going in-house training to our staff on all levels. Though LVC is a fast-growing group, great success is being achieved by 'growing our own timber' where possible. Institutional training is highly valued, but securing funding from skills development funds (against the substantial skills development levies we pay) from the *HWSETA* to provide accredited training, is extremely difficult. LVC is part of a larger group of companies which also house an education and training company called *Career Excel Academy*. The latter is in the process of being registered as a Private Higher Education Institution. Based on the experience thus gained, the intension is to now also establish a registered training centre which can offer accredited health worker training. If successful, this training centre may in future serve the industry at large, contributing to general growth in the industry.

Our care workers working in the Alzheimer unit will receive additional in-house training on how to care for Alzheimer and Dementia patients. We also encourage and take of our care workers along to training sessions at *Livewell*.

We are a member of *South African Geriatrics Association*, and *Alzheimer's SA*, where we attend monthly meetings and training on what is changing in the geriatric environment. Health talks with the residents of *Waterkloof Marina* will take place, including what to look out for and what can be beneficial to avoid Alzheimer disease. *La Vie Care* has a wellness blog that will give relevant information on numerous health topics.

## 3. DEFINITIONS

In order to address the viability of formally marketing a Retirement Village/Estate as a facility that provides care for Alzheimer and Dementia (AD) patients, the salient features of these diseases should be understood to appreciate the requirements for the construction of an AD facility.

Furthermore, taking note of care practices and service delivery processes, value will be added to the facility planning process.

In order to compile this report as a matter of urgency, direct abstracts from various organizations are freely used, acknowledged per section. Expanded use of this report will require more detailed reference to the relevant sources used.

## **i. WHAT IS ALZHEIMER'S DISEASE?**

*(This section is based on an abstract of the Alzheimer Society, Canada)*

Alzheimer's disease is the most common form of dementia. Alzheimer's disease causes symptoms of dementia such as memory loss, difficulty performing daily activities, and changes in judgement, reasoning, behaviour, and emotions. These dementia symptoms are irreversible, which means that any loss of abilities cannot come back.

The disease was first identified by Dr. Alois Alzheimer in 1906.

He described the two hallmarks of the disease:

- 'Plaques' are deposits of a protein called 'beta amyloid' or A-beta. When A-beta molecules clump together in the brain, they form plaques which prevent signals from being transferred between nerve cells in the brain, ultimately causing the cells to die.
- 'Tangles' are fibre clumps of a protein called Tau. Tau proteins can be seen as parallel railroad tracks within the brain. Nutrients and other important material are transported along those tracks, keeping brain cells alive. In healthy brain areas, tau proteins make sure that nutrients can reach their destination. In unhealthy brain areas, the tau protein collapses and twists, forming tangles which prevent nutrients from reaching brain cells, resulting in cell death.

Memory decline, personality changes, problems carrying out daily activities and other symptoms of Alzheimer's disease are caused by the destruction or death of nerve cells.

As Alzheimer's disease progresses and affects different areas of the brain, various abilities and behaviours become impaired. Once an ability is lost, it is not known to return.

## **ii. WHAT IS DEMENTIA?**

*(This section is based on an abstract of the National Institute of Aging)*

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—and behavioural abilities to such an extent that it interferes with a person's daily life and activities. These functions include memory, language skills, visual perception, problem solving, self-management, and the ability to focus and pay attention. Some people with dementia cannot control their emotions, and their personalities may change. Dementia ranges in severity from the mildest stage, when it is just beginning to affect a person's

functioning, to the most severe stage, when the person must depend completely on others for basic activities of living.

Signs and symptoms of dementia result when once-healthy neurons (nerve cells) in the brain stop working, lose connections with other brain cells, and die. While everyone loses some neurons as they age, people with dementia experience far greater loss.

While dementia is more common as people grow older (up to half of all people age 85 or older may have some form of dementia), it is not a normal part of aging. Many people live into their 90s and beyond without any signs of dementia. One type of dementia, frontotemporal disorders, is more common in middle-aged than older adults.

The causes of dementia can vary, depending on the types of brain changes that may be taking place. Alzheimer's disease is the most common cause of dementia in older adults. Other dementias include Lewy body dementia, frontotemporal disorders, and vascular dementia. It is common for people to have mixed dementia—a combination of two or more types of dementia. For example, some people have both Alzheimer's disease and vascular dementia.

## **DIFFERENT STAGE OF DEMENTIA**

*(This section is based on a Livewell Villages publication)*

Most people understand what dementia is and how it may affect someone's life but very few realize that there are actually different stages to this disease. Dementia has distinct stages that shape treatment and impact on health in different ways. According to experts, there are 7 stages of dementia with three distinct categories (early, moderate and advanced). No staging system is perfect, and the stages often overlap. Symptoms may appear at certain stages, then resolve, while others may get progressively worse.

### **EARLY DEMENTIA**

Dementia may sometimes begin with a mild decline in cognitive function. For example, a person may forget a recent conversation or the name of a familiar object. We may all have problems with memory from time to time, and these are not necessarily an indication that one is developing dementia. Dementia goes beyond this. There may, however, be possible early warning signs of dementia, particularly in the elderly, and should be investigated by a healthcare practitioner who is experienced in this field. Some of the early symptoms may include being unable to perform tasks that were familiar, such as paying bills or following a recipe or personality changes. If someone is in the early stages

of dementia, they may even realize that something is not right themselves. However, the topic of dementia is a very emotional one and many may choose to hide their symptoms and live in denial.

*Common difficulties may include:*

- Coming up with the right word or name
- Remembering names when introduced to new people
- Having difficulty performing tasks in social or work settings
- Forgetting material that was just read
- Losing or misplacing a valuable object
- Experiencing increased trouble with planning or organizing

During the early stage, it's possible for people with dementia to live well by taking control of their health and wellness and focusing their energy on aspects of their life that are most meaningful to them. In addition, this is the ideal time to put legal, financial and end-of-life plans in place because the person with dementia will be able to participate in decision-making.

## WHAT WE OFFER

- Interaction with *Alzheimer South Africa (ASA)* and other memory institutions
- Support group for family and friend on what to expect and how to cope with the changes
- Religious support
- Environmental assessment
- Beautician to visit the person at home or in the facility
- Home Care
  - Peep-In service
  - Home based care (day care, night care or 24hr care)
  - Assistance with hygiene care
- Medication
- Training for family members – e.g. memory boards, sticky notes
- Occupational therapy sessions (group and individual)
- Mobility enhancement (exercise programs)
- Admission in the frail care depending on the ability of the resident
- Respite Care
- Cost depends on the needs of the family and patient, can range from

R 1 300 to R 20 000 per month

### MODERATE DEMENTIA

As dementia progresses, symptoms become harder to hide and more noticeable symptoms may develop. In this middle stage of dementia, which in most cases is the longest stage of the disease, brain damage is extensive enough that a person has trouble expressing their thoughts, performing daily tasks, and has more severe memory issues than in the earlier stage. Some of the common symptoms during the moderate stage include wandering and sometimes being lost, behaving inappropriately, becoming very repetitive, being neglectful of personal hygiene, forgetting to eat etc.

*Symptoms, which vary from person to person, may include:*

- Being forgetful of events or personal history
- Feeling moody or withdrawn, especially in socially or mentally challenging situations
- Being unable to recall information about themselves like their address or telephone number, and the high school or college they attended
- Experiencing confusion about where they are or what day it is
- Requiring help choosing proper clothing for the season or the occasion
- Having trouble controlling their bladder and bowels
- Experiencing changes in sleep patterns, such as sleeping during the day and becoming restless at night
- Showing an increased tendency to wander and become lost
- Demonstrating personality and behavioral changes, including suspiciousness and delusions or compulsive, repetitive behavior like hand-wringing or tissue shredding

In the middle stage, the person living with Alzheimer's can still participate in daily activities with assistance. It's important to determine what the person can still do or find ways to simplify tasks. As the need for more intensive care increases, caregivers may want to consider respite care or an adult day center so they can have a temporary break from caregiving while the person living with Alzheimer's continues to receive care in a safe environment.

## WHAT WE OFFER

- Interaction with *Alzheimer South Africa (ASA)* and other memory institutions
- Support group for family and friend on what to expect and how to cope with the changes
- Religious support
- Beautician to visit the person at home or in the facility
- Environmental assessment
- Home Care
  - Home based care (24hr care)
- Medication administration
- Training for family members – e.g. memory boards, sticky notes
- Occupational therapy sessions (group and individual)
- Mobility enhancement (exercise programs)
- Physiotherapy
- Respite Care
- Admission in the Alzheimer Unit
  - 4 Occupational therapy sessions included
  - 24/7 nursing care (ratio start at 3 to 1; RN and EN on duty)
  - Arts & Crafts 1 x per week included
  - Music therapy 1 x per week
  - Exercise plan
  - All other services also available
- Cost depends on the needs of the family and patient, can range from R 18 500 to R 32 000 per month

## ADVANCED DEMENTIA

This might be the most difficult stage of dementia to cope with as a family member because it means watching the one you love slowly decline even further. At this point communication can be lost, verbally and or physically. They might not be able to express themselves and simple tasks will need to be completed by an aid, nurse, family member or friend. Those people who are developing more advanced levels of dementia, and are losing their independence, require an increasingly high level of dementia care. People with severe dementia are vulnerable to infections, including pneumonia, and they may be unable to move around. This is when many families seek full time nursing support for their loved one or start to consider a dedicated care facility.

Given the fact that the underlying medical conditions that may be contributing to dementia symptoms can often be treated, and the progression of dementia symptoms may be delayed with appropriate therapies, it is important for the syndrome to be diagnosed and treated as early as possible. Many types of dementia are progressive, meaning symptoms start out slowly and gradually get worse. See a doctor soon to determine the cause. Professional evaluation may detect a treatable condition. And even if symptoms suggest dementia, early diagnosis allows a person to get the maximum benefit from available treatments and it also provides time to plan for the future.

*At this stage, individuals may:*

- Require around-the-clock assistance with daily personal care
- Lose awareness of recent experiences as well as of their surroundings
- Experience changes in physical abilities, including walking, sitting and, eventually, swallowing
- Have difficulty communicating
- Become vulnerable to infections, especially pneumonia

The person living with Alzheimer's may not be able to initiate engagement as much during the late stage, but he or she can still benefit from interaction in ways that are appropriate, like listening to relaxing music or receiving reassurance through gentle touch.

### WHAT WE OFFER

- Support group for family and friend on what to expect and how to cope with the changes
- Religious support
- Physiotherapy
- Admission in the Alzheimer Unit
  - 4 Occupational therapy sessions included
  - 24/7 nursing care (ratio start at 3 to 1; RN and EN on duty)
  - Arts & Crafts 1 x per week included
  - Music therapy 1 x per week
  - Exercise plan
- Cost depends on the needs of the family and patient, can range from R 26 000 to R 32 000 per month

## OTHER DEFINITIONS

### iii. PHYSIOTHERAPY

The branch of treatment that employs physical methods to promote healing, including the use of light, infra-red and ultraviolet rays, heat electrical current, massage, manipulation and remedial exercise.

The Physiotherapist treats the following conditions:

- Cervical headaches
- Sinusitis
- Back and neck problems
- Respiratory complications
- Arthritis
- Joint stiffness and pain
- Muscle strengthening
- Sport injuries
- Rehabilitation for:
  - Strokes
  - Head injuries
  - Cerebral palsy

### iv. RESPIRATORY CARE

A respiratory therapist is a specialized healthcare practitioner who has graduated from a University and passed a National Board certifying examination. Respiratory therapists work most often in intensive care and operating rooms but are also commonly found in outpatient clinics and home-health environments.

Respiratory therapists are specialists and educators in cardiology and pulmonology. Respiratory therapists are also advanced-practice clinicians in airway management; establishing and maintaining the airway during management of trauma, intensive care, and may administer anesthesia for surgery or conscious sedation.

Respiratory therapists are often in charge of initiating and managing life support for people in intensive care units and emergency departments, stabilizing, treating and managing pre-hospital and hospital-to-hospital patient transport by air or ground ambulance.

In the outpatient setting respiratory therapists are often educators in asthma clinics, ancillary clinical staff in pediatric clinics, and sleep-disorder diagnosticians in sleep-clinics. They also serve as clinical providers in cardiology clinics and cath-labs.

At La Vie Care we have respiratory therapists at hand, if and when needed.

## v. OCCUPATIONAL THERAPY

"OTs use scientifically chosen meaningful activities to assist diverse clients with a range of problems to maximize their functioning. This empowers them to be as independent as possible and to experience dignity and quality of life at work, at home and at play." – Ratified @ OTASA Council 31-2001

*Who would benefit from OT?*

Anyone who is no longer coping with their activities of daily living e.g. dressing, walking, bathing, cooking etc. Generally, as a result of neurological, medical, orthopedic, or surgical injury or illness.

## vi. SPEECH & LANGUAGE THERAPY

Speech-language therapists are educated to assess speech and language development and to treat speech and language, as well as swallowing disorders.

*Who would benefit from speech therapy?*

A speech-language therapist deals with the evaluation and treatment of patients with speech-, language and/or swallowing difficulties caused by one or more of the following:

- Stroke
- Closed head injury
- Neurological conditions, e.g. Parkinson's disease
- Head and neck surgery
- Congenital defects
- Deviant or delayed speech and language development
- In patients who have had a stroke or head injury, the speech-language therapist can help determine the nature of the person's language, speech and/or swallowing impairment and assist with therapy for improvement of communicative and swallowing abilities.

## **vii. RESPITE CARE**

Respite care is the provision of short-term accommodation in a facility outside the home in which a loved one may be placed. This provides temporary relief to those who are caring for family members, who might otherwise require permanent placement in a facility outside the home.

Respite programs provide planned short-term and time-limited breaks for families and other unpaid care givers of children with a developmental delay and adults with an intellectual disability in order to support and maintain the primary care giving relationship. Respite also provides a positive experience for the person receiving care. The term "short break" is used in some countries to describe respite care.

## **viii. FRAIL CARE**

Frail Care deals with the care of persons who are in a weak or poor state of health due to old age or degenerative conditions or persons recuperating from surgery, physical trauma or medical treatment. A frail client/patient means a person of any age who is in need of 24-hour care either on a temporary or a permanent basis. Frail care is fundamental nursing care.

## **ix. PALLIATIVE CARE**

Palliative care is specialized medical care for the terminally ill and their families. It focuses on providing patients with relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a specially trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support.

## 4. OUR SERVICES

### HOME CARE SPECIFIC

<b>LA VIE CARE: WATERKLOOF MARINA</b>
<b>HOME CARE SPECIFIC</b>
24/7 home-based care on the levels required by the residents in their home
<i>*Ad-hoc home-based care as needed is available to residents, may be selected from the available list of services</i>
<i>*24/7 emergency call-out services to all residential units</i>
<b>GENERAL</b>
Accommodation in a secure environment backed by new technology
Generous care worker to patient/resident ratio – above industry norm
<b>TRANSPORTATION &amp; MEDICAL EQUIPMENT</b>
Silver Express: Available to all residents/patients
Silver Select: Medical Equipment Hire
State-of-the-art, 24-hour medical emergency assistance
Medical Waste Removal Services
<b>FAMILY SUPPORT GROUPS</b>
Family Development Training
Church Services
Communal Garden
Lounge and Common Areas
<b>SERVICES</b>
<b>PRIMARY</b>
Blood Pressure, Blood Glucose, Urine Test: As per Registered Village Nurse's evaluation and/or prescription
Social Worker Services
Individual companionship assistance is available as required
CCTV cameras available in all rooms – 24/7 monitoring (on request)
Day Care: 9/12 in-house care OR 24-hour live-in care
Doctors (GPs): Available on set hours, as rush service or house calls
Call-out service: 24/7   Appointments at Care Room
Peep-in Services
Panic button with 24/7 assistance
Monitoring Vital Signs (on request)
Medication Management (on request)
<b>HOUSEKEEPING</b>
Laundry Services (washing and ironing) – on request
<b>INFORMATIONAL</b>
Monthly Health Information Sessions
Quarterly Health Expos
LVC online Wellness Blog
<b>ENTERTAINMENT, DEVELOPMENT &amp; INTERACTION</b>
Activities Programme & Social Events: Spring/Summer Walks; Family Days; Small/Short concerts with popular artists as entertainment
<b>CLEANLINESS &amp; BEAUTY</b>
Assistance with bath/shower and dressing and making of bed (if requested)
Assistance with preparation for bed at night (if requested)
Catheter Care (on request)
<b>STAYING ACTIVE</b>
Physiotherapy
Passive Exercises

## DETAILED LIST OF SERVICES OFFERED FOR HOME CARE

BATH / SHOWER
Resident is showered daily or as request
Bathroom is cleaned up
PEEP IN SERVICE
Resident is showered daily or as per requested and assistance with getting dressed
Bathroom is cleaned up
Dishes are washed
Bed is made up
Floor is cleaned
Breakfast is made (if needed)
Visiting the resident throughout the morning to make sure everything is still going well
Making sure the resident drinks water
Making sure their panic button is around their neck
Visit again at noon
Take the meal from the kitchen (if requested)
Cut the meat (if necessary)
Feed (if necessary)
Wash dishes and clean up
Visit home again before 4 pm in the afternoon
Making sure the resident drinks water
Clean-up for the last time
Assist with dressing in nightgown (if requested)
Service available Monday to Friday 7h30 - 16h00
Service available Monday to Sunday 7h30 - 16h00
MEDICATION ADMINISTRATION
Arrange for the packaging of medication
Control and regulate the provision and reception of meds
Make sure the correct prescription is at the pharmacy at all times
Senior Nurse takes the medication to the residents' unit
Morning, noon, evening and night (sleeping pills)
Make sure they drink medication with a full glass of water
Evaluate the resident's well-being
If necessary, take blood pressure
WOUNDS
Wound care can be done at home or in the clinic
Costs are determined by duration
All consumables must be paid additionally
FULL TIME (stay in service)
Caregiver is provided to live with the resident
Overall medical supervision and assistance with everything the resident may need 24/7

Care centre serves aids as backup for the caregiver
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Also make sure the unit is neat and clean
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Caregiver is entitled to 1 hour meal in the day, 1 hour meal in the evening, and 3 hours rest (night)
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Caregiver is fully on call and available even during her 3 hours rest period
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Different options can be handled as needed: Day/Night or Full Care
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## FRAIL CARE & DEMENTIA CARE SPECIFIC

LA VIE CARE: WATERKLOOF MARINA	
FRAIL CARE SPECIFIC	DEMENTIA CARE SPECIFIC
24/7 live-in frail care in the frail care centre	24/7 live-in dementia care in the specialised unit for dementia
*Ad-hoc home-based care as needed is available to residents, may be selected from the available list of services	
*24/7 emergency call-out services to all residential units	
GENERAL	
Accommodation in a secure environment backed by new technology	
Generous care worker to patient/resident ratio – above industry norm	
TRANSPORTATION & MEDICAL EQUIPMENT	
Silver Express: Available to all residents/patients	
Silver Select: Medical Equipment Hire	
State-of-the-art, 24-hour medical emergency assistance	
Medical Waste Removal Services	
FAMILY SUPPORT GROUPS	
Family Development Training	
Individual room air-conditioning available on request	
Church Services	
Communal Garden	
Lounge and Common Areas	
SERVICES	
PRIMARY	
Blood Pressure, Blood Glucose, Urine Test: As per Registered Village Nurse's evaluation and/or prescription	
Social Worker Services	
Individual companionship assistance is available as required	
CCTV cameras available in all rooms – 24/7 monitoring	
Doctors (GPs): Available on set hours, as rush service or house calls	
Call-out service: 24/7   Appointments at Care Room	
Peep-in Services	
Panic button with 24/7 assistance	
24-hour nursing care under direct supervision of a registered nurse	
Hourly positioning for bedridden residents	
Weekly Blood Pressure Clinics	
Daily monitoring of vital signs	
Medication Management (3-6 times per day)	
Respiratory Care	
Occupational Therapy	
Speech and Language Therapy	
Respite Care	
Palliative Care	
MEALS	
3 balanced meals per day	
Snacks at teatime and in the evening	
HOUSEKEEPING	
Laundry Services (washing and ironing)	
INFORMATIONAL	
Monthly Health Information Sessions	
Quarterly Health Expos	
Open library to make use of	

LVC online Wellness Blog
<b>CONTACT</b>
Telephone calls to family members & friends
Unlimited wifi connectivity
Whatsapp, Skype & Email services available
<b>ENTERTAINMENT, DEVELOPMENT &amp; INTERACTION</b>
Activities Programme & Social Events: Spring/Summer Walks; Family Days; Small/Short concerts with popular artists as entertainment
TV (with satellite)
Music Therapy & Experiences
Kiosk & Coffee Shop
Arts & Crafts
<b>CLEANLINESS &amp; BEAUTY</b>
Hair & Beauty Salon
Assistance with bath/shower and dressing and making of bed
Assistance with preparation for bed at night
Oral Hygiene Assistance (x2 per day)
Dental Check & Changes: Dr Tooth Little
Toilet rounds and commode assistance
Catheter Care
Wound Care
Podiatrist Services
Hearing Aid Assistance: Kind2Hearing
<b>STAYING ACTIVE</b>
Physiotherapy
Passive Exercises
Mobility Enhancements
**Tailored Care, with regularly monitored best practice in Dementia and Alzheimer's care

## 5. PRICING

ITEM		RATES (VAT included): 1 March 2020 to 28 February 2021
<b>A</b>	<b>Clinic Care: RESIDENTS</b> (Rates may increase/decrease depending on patient's condition)	
A1	Overnight stay with breakfast in clinic	R 380.00 / night
A2	Post-operative or sickness ward care, all meals in clinic	R 950.00 /night
A3	Short-stay / Respite care, maximum 14 days	R 950.00 /night
A4	Full-time stay in clinic, all meals, laundry: Sharing Room (2 or 3 beds)	R 19 750.00 /month
A5	Full-time stay in clinic, all meals, laundry: Sharing Room with a Bathroom (& Kitchen if applicable)	R 24 500.00 /month
A10	Full-time stay in Alzheimer Unit – Private room – average price indicated – resident subjected to evaluation to determine if extra care is needed	From /month R 26 000
<b>B</b>	<b>Clinic Care: OUT-PATIENTS</b> (Rates may increase/decrease depending on patient's condition)	
B1	Overnight stay with breakfast in clinic	R 560.00 / night
B2	Post-operative or sickness ward care, all meals in clinic	R 1 150.00 /night
B3	Short-stay / Respite care, maximum 14 days	R 1 150.00 /night
B4	Full-time stay in clinic, all meals, laundry: Sharing Room (2 or 3 beds)	R 23 820.00 /month
B5	Full-time stay in clinic, all meals, laundry: Sharing Room with a Bathroom (& Kitchen if applicable)	n/a
B6	Full-time stay in clinic, all meals, laundry: Private room with Shared Bathroom	n/a
B7	Full-time stay in clinic, all meals, laundry: Private room with Own Bathroom	n/a
B10	Full-time stay in Alzheimer Unit – Private room – average price indicated – resident subjected to evaluation to determine if extra care is needed	From /month R 28 000
<b>C</b>	<b>HOME BASE CARE *</b> (Rates may increase / decrease depending on patient's condition)	
C1	<b>Home care:</b> "Peep-in" service (2 or 3 times per day as required) Monday – Friday	R 1 380.00 /month
	Monday to Sunday	R 1 960.00 /month
C2	<b>Home care:</b> Staying in own living unit	R 54.00 /hour weekdays
	Charged per hour	R 80.00 /hour Sundays
	Monday – Sunday: 9-hour shifts	R 106.00 /hour Public holidays
	Cost for 4 weeks: 9-hour shifts	R 3 620.00 /week R 13 800.00 /month
C3	<b>Home care:</b> 24-hour Stay-in care	R 26 790.00 /month
C4	<b>First emergency call per incident</b>	No charge first call
C5	<b>Emergency call response:</b> visit living units (serious cases, typically involving hospital submission)	R 160.00 /call-out visit
C6	<b>Non-emergency call outs</b> from living units	R 148.00 /call-out visit
C7	<b>Services in own living unit</b> (Bath, dressings, catheter care, etc.)	R 100.00 / hour weekdays
		R 140.00 /hour Sundays

		R 190.00 /hour Public holidays
		<b>(minimum charge: 1hr)</b>
C8	Dispensing of medicine to resident in living unit	R 29.00 /dispense
		1 x per day – monthly
		2 x per day – monthly
		R 1 720.00 3 x per day - monthly
C9	Wound Care: Minor cuts, injuries, etc. in clinic	R 85.00 /attendance
	Wound Care: Minor cuts, injuries, etc. in living unit	R 125.00 /attendance
C10	Bath only – Every day of the month	R 2 680.00 / month
C11	Bath 3 x per week + “Peep In”	
	Monday – Friday	R 3 360.00 /month
	Monday – Sunday	R 4 850.00 /month
C12	Health Risk Assessment in clinic	R 135.00 /assessment
	Health Risk Assessment in living unit	R 200.00 /assessment
C13	Blood pressure in clinic	R 20.00 /test
	Blood glucose test in clinic	R 55.00 /test
	Urine test in clinic	R 65.00 /test
	Injections in clinic	R 27.00 /test
	Cholesterol test in clinic	R 80.00 /test
	Test done at village Nurse Clinic	Only /test consumables
C14	Oxygen in clinic	R 148.00 /session
	Oxygen in living unit	R 295.00 /session
* Nursing services costs only applicable when NOT supplied by Village Nurse. Consumables chargeable		

NOTE: PERSONAL CONSUMABLES, MEDICATION, MEDICAL PRACTITIONER AND THERAPIST FEES ETC. ARE NOT INCLUDED IN THE ABOVE RATES.