



Our family caring for yours  
laviecare.co.za



# WATERKLOOF MARINA

Waterkloof Ridge, Pretoria

## SERVICES

- Frail Care
- Dementia Care
- Home Based Care
- 24/7 Emergency Call-Out
- On-call Physicians
- Physiotherapy
- Medication Management
- Wound Care
- Respiratory Care
- Occupational Therapy
- Speech and Language Therapy
- Respite & Palliative Care



### 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.



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FRAIL CARE • DEMENTIA CARE • HOME 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, personalised care to each individual resident while creating a homely and nurturing environment. Our world-class facilities are staffed by highly skilled healthcare professionals, dedicated to provide the best quality service. This group inter alia has more than 28 years' experience in health care services in retirement villages, presently operational as service providers in the following retirement villages and estates:

- i. La Vie Care at Country Life Retirement Village**  
32-bed Frail Care Facility
- ii. La Vie Care at Eldoraigue Retirement Estate**  
32-bed Frail Care Facility
- iii. La Vie Care at Lynnwood Retirement Village: Lynnmed Clinic**  
29-bed Sub-Acute & Rehabilitation Hospital, with 8 Frail Care beds
- iv. La Vie Care at Celebration Retirement Estate**  
30-bed Frail Care Facility
- v. La Vie Care at Pretoria East Retirement Estate**  
30-bed Frail Care Facility
- vi. La Vie Care at Waterkloof Marina Retirement Estate**  
30-bed Frail Care & 16-bed Dementia Care Facility

Approximately 4000 residents in retirement villages/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 350 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 resident 'check-in' services to Dementia care.

We have extensive experience in 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 general frail care centres.

At Waterkloof Marina we have the opportunity to introduce a wonderful specifically designed D/A facility.

This document provides a brief overview of the services that we will be offering in Waterkloof Marina Retirement Estate:

- Dementia / Alzheimer's Care
- Frail Care and D/A Care in the Care Centre
- Home Care in living units, ranging from short check-in services to 24 hours a day care.

## 2. Our staff

LVC provides on-going in-house training to our staff at all levels. Even though LVC is a fast-growing group, we believe in 'growing our own timber' and we have had great success in growing the team organically. Institutional training is highly valued, but securing funding from skills development funds (against the substantial skills development levies that we contribute) from the *HWSETA* to provide accredited training, is extremely difficult. In our larger group of companies is 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. This training centre will in future be positioned to serve the industry at large, contributing to professional growth in the industry.

Our care workers working in our new D/A unit will receive additional in-house training on how to provide specialised care in the facility. We also encourage and send our care workers to training sessions elsewhere.

We are members of *South African Geriatrics Association*, *Alzheimer's SA*, and the National Hospital Network where we attend meetings and training regarding the geriatric environment.

Health talks with residents of *Waterkloof Marina* will be arranged, including what to look out for and what can be beneficial to counter D/A. La Vie Care has an open internet wellness blog that provides information on numerous health topics.



### 3. Definitions

In order to promote understanding of the task at hand in a Retirement Village/Estate that provides care for D/A patients, the salient features of these diseases should be understood to appreciate the requirements for the establishment of a D/A facility.

Furthermore, taking note of care practices and service delivery processes, value will be added to the facility, the patients and family support.

In compiling this document, direct abstracts from various leading organisations' publications are freely used, acknowledged per section. Expanded use of this information will require detailed reference to the relevant sources used.

### 4. 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 loss of 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 the 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 aged 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 the middle-aged than in 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.

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 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 of symptoms. 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.

## 4.1 Different stages of Dementia

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

Many people understand what dementia is and how it may affect someone's life, but often do not 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.

### 4.1.1 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. Though there is not a cure for D/A, progression of this disease can be retarded by early diagnoses and correct treatment of the patient.

**Common difficulties experienced by patients may include:**

- Coming up with the right word or name
- Remembering names having been 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 may in future not be able to participate in decision-making.

### **4.1.2 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 patient 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, family (spouse) caregivers may want to consider respite care or day care for a patient so they can have a temporary break from caregiving while the patient continues to receive care in a safe environment from us.

### **4.1.3 Advanced Dementia**

This might be the most difficult stage of dementia to cope with as a family member 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. Loved ones developing more advanced levels of dementia, 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. At this stage many families seek full time nursing support for their loved one or start to consider placing them in a dedicated care facility.

**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 patient 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.

## **5. 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 thus caused by the destruction of nerve cells, resulting in the death of brain 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.

## **6. Definitions & descriptions of care options**

### **6.1 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
  - Other impairments

### **6.2 Respiratory Care**

A respiratory therapist is a specialized healthcare practitioner who works most often in intensive care and operating rooms but are also commonly found in outpatient clinics and home-healthcare environments.

Respiratory therapists are specialists 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 conscious sedation.

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.

### **6.3 Occupational Therapy**

OTs use scientifically chosen meaningful activities to assist diverse clients with a range of problems to maximize their functioning. This empowers clients to be as independent as possible and to experience dignity and quality of life at work, at home and at play.

#### **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, OT support is required as a result of D/A, neurological, medical, orthopedic, or surgical injury or illness.

### **6.4 Speech & Language therapy**

Speech-language therapists are educated to assess speech and language development and to treat speech, language and 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:

- D/A patients with impairments
- Stroke
- 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.

## **6.5 Respite Care**

Respite care is the provision of short-term accommodation outside the private home in which an impaired loved one may be placed. This provides temporary relief to those who are caring for impaired 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 care givers. Respite care also provides a positive experience for the impaired person receiving care.

## **6.6 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 is a person who is in need of care either on a temporary or a permanent basis. Frail care is fundamental nursing care. Frail care is typically offered as full-time live-in care in a frail care facility, or in many possible combinations as home care in a person's living unit.

## **6.7 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 team of doctors, nurses and other specialists who work with family members to provide an extra layer of support.

## 7. What LVC offers

### 7.1 Overview

- All the support and interventions described in this document
- Interaction with *Alzheimer South Africa (ASA)* and other memory institutions
- Placement in our D/A Facility, also see section 7.2
- Support group for family and friends on what to expect and how to cope with the changes
- Religious support
- Environmental assessment
- A beautician is available to visit persons at home or in the facility upon request
- Medication regimes
- Training for family members – e.g. memory boards, sticky notes
- Occupational therapy sessions (group and individual)
- Physio and speech therapy as individually required
- Mobility enhancement (exercise programs)
- Placement in the frail care facility
- Respite Care
- We have respiratory therapists at hand, if needed
- Patient stimulation such as arts and crafts, music sessions, exercise plans, etc.
- Home Care in own living unit in the estate, also see section 7.3
  - Check-In service
  - Medication administering
  - Home based care (day care, night care or 24hr care)
  - Assistance with hygiene care
  - Household care



## 7.2 Frail, Dementia & Alzheimer's care in our care facility

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 (on request)	
Doctor (GPs): Available on set hours, as rush service or house calls Call-out service: 24/7   Appointment at care room	
Check-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 tea-time and in the evening	



<b>HOUSEKEEPING</b>
Laundry services (washing and ironing)
<b>INFORMATIONAL</b>
Monthly health information sessions
Quarterly health expos
Open library to make use of
Online LVC 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, dressing and making of bed
Assistance with preparation for bed at night
Oral hygiene assistance (x2 per day)
Dental check and 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

## 7.3 Home Care

General, Dementia & Alzheimer's

LA VIE CARE: WATERKLOOF MARINA
<b>HOME CARE SPECIFIC</b>
24/7 Home-based care on the levels required by the residents in their home
*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
<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
Doctor (GPs): Available on set hours, as rush service or house calls Call-out service: 24/7   Appointment at care room
Check-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
Online LVC 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, dressing and making of bed (on request)



## 7.4 Home Care specific

Taking care of people residing in their own living units

### BATH / SHOWER

- Resident is showered daily or on request
- Bathroom is cleaned

### CHECK-IN SERVICE

- Residents is showered daily or as per request and assistance with getting dressed
- Bathroom is cleaned
- Dishes are washed
- Bed is made up
- Floor is cleaned
- Breakfast is made (if needed)
- Visiting the resident regularly to make sure everything is going well
- Making sure the resident drinks water
- Making sure the panic button is around their neck
- Obtain meals from the kitchen (on request)
- Cut the meat (if needed)
- Feed (if needed)
- Wash dishes and clean up
- Assist with dressing in pajamas (on request)
- Service available Monday - Friday (07h30 - 16h00)
- Service available Monday - Sunday (07h30 - 16h00)

### MEDICATION MANAGEMENT

- Arrange for the packaging of medication
- Control and regulate the provision and reception of medication
- Make sure the correct prescription is at the pharmacy at all times
- Senior Nurse takes the medication to the resident's 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 homoe or in the consulting room
- Costs are determined by duration of the consultation / visit
- 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 the resident's needs, 24/7
- Care centre serves as backup for the caregiver

## 8. Pricing

ITEM		RATES: 1 May 2020 to 30 April 2021 (VAT included)	
<b>D/A TARRIFFS</b>			
(Rates may increase/decrease depending on a patient's unique healthcare requirements)			
C1	Early Dementia	Cost depends on need of patient and the family. It can range from R1,300.00 to R20,000.00 per month.	
C2	Moderate Dementia	Cost depends on need of patient and the family. It can range from R18,500.00 to R32,000.00 per month.	
C3	Advanced Dementia	Cost depends on need of patient and the family. It can range from R26,000.00 to R32,000.00 per month.	
<b>HOME BASE – AND SUNDRY CARE*</b>			
(Rates may increase/decrease depending on a patient's unique healthcare requirements)			
C4	Peep-in Service (2 or 3 times a day as required) Monday to Friday Monday to Sunday	R1,380.00 /month R1,960.00 /month	
C5	Bath only (every day of the month)	R2,680.00 /month	
C6	Bath & peep-in (3 x per day) Monday to Friday (Bathing, dressing, catheter care, etc.) Monday to Sunday	R3,360.00 /month R4,850.00 /month	
C7	Services in own living unit (Bathing, dressing, catheter care, etc.)	R100.00 /hour weekdays R140.00 /hour Sundays R190.00 /hour Public Holidays <b>(Minimum charge: 1 hour)</b>	
C8	Dispensing of medicine to resident in living unit	R90.00 /dispense R1,720.00 /month	
C9	Home Care: Staying in own unit (charged per hour) <b>*Minimum shift is 6 hours</b> Monday to Sunday: 9-hour shifts Cost for 4 weeks: 9-hour shifts	R54.00 /hour weekdays R80.00 /hour Sundays R106.00 /hour Public Holidays R3,620.00 /per week R13,800.00 /per month	
C10	Home Care: 24 hour stay-in care	R26,790.00 /per month	
C11	First emergency call per incident	<b>No charge first call</b>	
C12	Emergency call responses: Visit living units (Serious cases, typically involving hospital submissions)	R160.00 /call-out visit	
C13	Non-emergency call outs from living units	R148.00 /call-out visit	
C14	Wound Care: Minor cuts, injuries, etc. in clinic Wound Care: Minor cuts, injuries, etc. in living unit	R85.00 /attendance R125.00 /attendance	
C15	Blood Pressure in Clinic Blood Glucose test in Clinic Urine test in Clinic	R20.00 /test R55.00 /test R65.00 /test	

	Injections in Clinic	R27.00 /injection
	Cholesterol test in Clinic	R80.00 /test
C16	Oxygen in Clinic	R148.00 /session
	Oxygen in living unit	R295.00 /session
*Nursing service costs only applicable when NOT supplied by Village Nurse. Consumables chargeable.		

NOTE: PERSONAL CONSUMABLES, MEDICATION, MEDICAL PRACTITIONER AND THERAPIST FEES ETC. ARE NOTE INCLUDED IN THE ABOVE RATES.