Central Carleton Nursing Home Foundation

INFORMATION PACKAGE
With APPLICATION

PHYSICAL ADDRESS:

135 Rockland Road
Hartland, NB E7P 1E9

Administrator: Scott Green

Office Staff: Whitney Campbell

BUSINESS OFFICE ADDRESS:

139 Rockland Road
Hartland, New Brunswick E7P 1E9
Tel: (506) 375-3033 Fax: (506) 375-3035

Email: operations@ccnh.ca

Carleton Place

General Information

Carleton Place was built in 2000. The facility is connected to the Central Carleton Nursing Home by way of an indoor walkway. The objective of Carleton Place is to provide supportive housing for individuals who require services such as meals, laundry, and light housekeeping. Carleton Place does have a limited number of apartment units for more independent tenants. Apartment tenants are responsible for their own housekeeping and laundry services. Meal plans may be purchased by apartment tenants. Carleton Place is a non-smoking facility.

Accommodations at Carleton Place

There are currently 12 small bed-sitting rooms, 2 double bed-sitting rooms and 3 large bed-sitting rooms at Carleton Place. In addition, there are (2) 2-bedroom apartments and (2) 1-bedroom apartments. All rooms have a private bathroom. Please note the guidelines of allowable & non-allowable furniture, which have been developed for safety reasons. All tenants of Carleton Place will be required to sign a lease. A 30-day written notice must be provided to terminate the monthly lease.

Carleton Place

Summary of Non-allowable Items by Unit Type

Furniture must be supplied by the tenant, including TV wall mounts if desired

Please note that these guidelines have been developed for safety reasons.

Small Bed-sitting Room:

-No Tea Kettles / Hot plate/toaster/toaster oven/ air fryer
-Window sills must remain clear of items
-No area rugs
-No microwaves
-Nothing must be placed on or touching the baseboard heaters.

Double Bed-sitting Room:

-No Tea Kettles / Hot plate/ toaster /toaster oven/air fryer
-Window sills must remain clear of items
-No area rugs
-No microwaves or toasters
-Nothing must be placed on or touching the baseboard heaters.

Large Bed-sitting Room (downstairs):

-No area rugs
-Window sills must remain clear of items
-Nothing must be placed on or touching the baseboard heaters.

Independent Apartments

-No deep frying permitted

Carleton Place

Shared facilities

There is a large dining room where tenants eat their meals. Meals are prepared by the Central Carleton Nursing Home Dietary Department and served by Carleton Place Staff. Guests are able to purchase their meals while visiting family member. Parking facilities are available at the rear of Carleton Place. A lounge area is also available for the use of tenants and their families.

Application for Residency

An application for residency is required for perspective tenants. The application must include the names of two references and the person(s) to contact in case of an emergency plus general information.

Dietary Profile

In order to ensure that Carleton Place staff is aware of eating preferences and any unique circumstances, such as food allergies, applicants for residency at Carleton Place are asked to complete the attached dietary profile.

Meals may be purchased by tenants living in the independent apartments.

Vial of Life Medical Profile

The **Vial of Life** is a medical profile form that allows individuals to have their medical information ready in the event of an emergency. The tenant's medical information is obtained in case the tenant is unable to speak or remember this information in an emergency. Please complete the Vial for Life form & return it with your application. We strongly encourage tenant to purchase Life Line. www.lifeline.ca

If a tenant's health changes and they require care, the family or contact person will be notified.

If interested,

please fill out the following

2-page Application Form,

Plus, the Dietary Profile,

and the Vile for Life Medical Information Form;

detach, and return to the business office at:

Central Carleton Nursing Home Foundation

139 Rockland Rd, Hartland, NB E7P 1E9

APPLICATION FOR RESIDENCY

Please return all 4 pages to the Administrator

Page 1 – Contact Information

- Date of Application: _____
- Applicant Names: a) _____

  b) _____
- Present Address: _____

  _____
- Telephone Number: _____
- References: a) _____Phone #: _____

  b) _____Phone #:_____
- Family Contact: _____ Phone #: _____

  Alternate Contact: _____ Phone #: _____

Carleton Place

Page 2: General Information

- Name: _____Date of Birth: _____

- Which best describes the applicant's current mobility? Mobile with cane ◯ Mobile with walker ◯ Mobile Unaided ◯ Wheelchair ◯

b) Can the applicant get up and down from chairs and sofas unaided?

Yes____ No ____

- Can the applicant safely administer their own medications?

Yes ___ No____

- Is the applicant able to attend to their own personal needs, such as bathing, brushing teeth, etc.? Yes___ No ___ (If no, does the applicant have a home care attendant to assist with personal needs? Yes___ No___)

- Are there any medical conditions that staff should be aware of? (ie Has the applicant had a recent flu vaccine, and was there any reaction to it?)

Yes___ No ___

If yes, please explain _____

- Who is the applicant's family physician? _____

_____ _____

Signature Date

Carleton Place

Page 3: Dietary Profile

Name: _____ Phone #: _____

Person responsible (in case of emergency):

_____ Phone #:_____

Special Diet: _____

Food Allergies: _____

Do the following foods give you a problem related to your health:

Corn? Yes / No Spicy Foods? Yes / No Seeds? Yes / No

Nuts? Yes / No Other Foods? _____, _____

Portion Size: LARGE _____ REGULAR _____ SMALL _____

Texture: REGULAR_____ CUT SMALL _____ GROUND _____

Eating aids needed? _____

Note:

FOOD ITEMS DESIRED BETWEEN MEALS ARE THE RESPONSIBILITY OF THE RESIDENT.

_____ _____

Signature Date

VIAL FOR LIFE – INFORMATION RECORD

Please note that all information disclosed on this form will be kept confidential and will only be utilized in the event of an emergency. Three copies are made: one in the Carleton Place Binder, one in the medicine Cabinet in the tenant's room and one copy at the Nurses Station @ CCNH.

Name: _____ Medicare: _____Exp_____

Date of Birth: _____ Telephone: _____ (375-3006)

Address: Carleton Place, 135 Rockland Rd, Hartland, NB E7P 1E9, Unit #____

Family Physician: _____Telephone: _____

Person to be notified: Name_____ Relationship _____

Telephone Number(s) _____

Alternate Contact: Name_____ Relationship _____

Telephone Number(s) _____

Funeral Arrangements: Yes _____ No _____

Funeral Home: _____ Telephone: _____

Current Medical Conditions _____

_____

Current contact information of Pharmacy used for prescriptions:

_____

Allergies or Sensitivities to Medications _____

_____

Any other Pertinent Health Information, such as past medical history/ hospitalizations, contact lenses, false teeth, artificial limbs, health directives etc.

_____

Are you a client of Extra Mural Services? Yes/No

Date Completed (or last date reviewed)_____

Please update each time medical information changes and review annually.