

The Victorian Assisted Living Residence



BROAD REACH
VICTORIAN ASSISTED LIVING



389 Orleans Road • North Chatham • Massachusetts 02650 • (508) 945-1211

Mission and Philosophy

Mission

Broad Reach Assisted Living at The Victorian is a part of the Broad Reach campus of health and wellness services in North Chatham, which includes Broad Reach Outpatient Rehabilitation Clinic, Broad Reach Rehabilitation and Skilled Care Center at Liberty Commons, and Broad Reach Hospice and Palliative Care.

Recognizing the changing health care environment within which seniors' needs for assistance are met, The Victorian is our commitment to that portion of our senior population with needs for assistance and long-term residence.

Assisted Living is a concept whose definition is continually evolving. As that definition changes, the obligation of this facility to reassess and modify its approaches to the delivery of services within the program is hereby recognized.

Our program's objective is to provide a comprehensive, cost-effective and outcome-oriented approach to serve residents requiring assistance without being totally dependent. It is our goal that the program be utilized either as an alternative to home health when a resident's needs and sense of security are compromised at home or to prevent premature nursing home placement. This affords members of our community the opportunity to receive services in an environment that is closer to the strength and support of local family and friends.

To the maximum degree possible, we empower staff to develop and maintain the skills necessary to afford ongoing enhancement in the collective capabilities of the program.

Philosophy

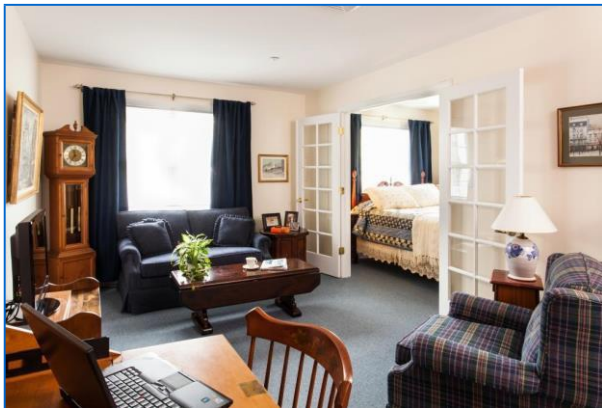
We recognize the variety of interests, abilities and needs of the elderly. We also believe in the social model for services and programming which emphasizes involvement in activities of life at whatever level possible or desired.

All services focus on assistance. Our role is not to "do for" but to "assist with" each resident's identified needs. By emphasizing assistance, we support independence and promote dignity for the residents at this facility.

Activity and service intensity is determined by the interest, abilities and functional limitations of the identified resident's needs. An individualized assistance/service plan is developed for each resident, using a team approach with resident, family and staff participation.

Services and Amenities

Three daily meals and snacks
Personal care assistance
Medication management
Housekeeping and flat linen service
24 hour staffing & wireless call system
Social and recreational programs
Cable television hookup
Telephone hookup



Transportation to local medical
Appointments

Valet car service

Climate controlled environment

Microwave and refrigerator in each suite

Scheduled transportation to shopping,
banking, religious services and cultural
events

Access to other Broad Reach Health Services including:

- Inpatient Rehabilitation & Skilled Care at Liberty Commons
- Physical, Occupational & Speech Therapies
- Beauty Salon

*The Victorian Assisted Living Residence is available to all persons
regardless of race, color, religion, sex, handicap, familial status, or national origin.*



BROAD REACH
HEALTHCARE

Broad Reach Assisted Living at *The Victorian*

Monthly Residence Fees

MONOMOY

<u>Upper level</u>			<u>Lower level</u>		
Unit 1	260 sq ft	\$ 5,760	Unit 9	432 sq ft	\$ 7,140
Unit 2	260 sq ft	\$ 5,760	Unit 10	260 sq ft	\$ 5,760
Unit 3	241 sq ft	\$ 5,393	Unit 11	260 sq ft	\$ 5,760
Unit 4	241 sq ft	\$ 5,393	Unit 12	241 sq ft	\$ 5,492
Unit 5	356 sq ft	\$ 6,224	Unit 13	241 sq ft	\$ 5,492
Unit 6	356 sq ft	\$ 6,224	Unit 14	356 sq ft	\$ 6,224
Unit 7	475 sq ft	\$ 7,140	Unit 15	356 sq ft	\$ 6,224
Unit 8	415 sq ft	\$ 7,140	Unit 16	234 sq ft	\$ 5,393
			Unit 17	234 sq ft	\$ 5,393
			Unit 18	369 sq ft	\$ 7,140

THE COTTAGE

Unit 1	Studio 362 sq ft	\$ 5,520
Unit 2	Studio 392 sq ft	\$ 5,520
Unit 3	Studio 313 sq ft	\$ 5,520
Unit 4	Studio 313 sq ft	\$ 5,520

- Any unit can be occupied by two persons for an additional fee of \$1,000 per month.
- A \$1000 non-refundable deposit is required to be placed on the waiting list.
- One-time community fee of \$4,000 is due upon move-in.



BROAD REACH
HEALTHCARE

Broad Reach Assisted Living at *The Victorian*
Monthly Residence Fees
AVALON

<u>Upper level</u>			<u>Lower level</u>		
Unit 1	251 sq ft	\$ 5,760	Unit 12	556 sq ft	\$ 7,604
Unit 2	257 sq ft	\$ 5,760	Unit 13	252 sq ft	\$ 5,760
Unit 3	430 sq ft	\$ 7,293	Unit 14	255 sq ft	\$ 5,760
Unit 4	520 sq ft	\$ 7,293	Unit 15	442 sq ft	\$ 7,293
Unit 5	315 sq ft	\$ 6,224	Unit 16	520 sq ft	\$ 7,293
Unit 6	225 sq ft	\$ 5,210	Unit 17	320 sq ft	\$ 6,224
Unit 7	325 sq ft	\$ 6,224	Unit 18	269 sq ft	\$ 6,224
Unit 8	315 sq ft	\$ 6,224			
Unit 9	305 sq ft	\$ 6,224			
Unit 10	392 sq ft	\$ 7,140			
Unit 11	421 sq ft	\$ 7,140			

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VICTORIAN ASSISTED LIVING



The Victorian Assisted Living Residence
Resident application

Name _____ Date of birth _____

Street _____ Town/City _____

State _____ Zip _____ Phone _____

Current Medical Diagnosis _____

Physical Health Limitations _____

Height _____ **Weight** _____ Has there been a significant weight change in the past six months? ☐ Yes ☐ No

If 'Yes', please explain _____

Mental Health Limitations _____

Medication ☐ Self administered
☐ Needs assistance with self administration
☐ Needs medication administered by licensed nurse

Treatments/Therapies ☐ Respiratory ☐ Physical ☐ Occupational ☐ Speech ☐ Hearing

Comments _____

Diet Can diet be met with regular diet? ☐ Yes ☐ No

If 'No', list dietary requirements _____

Does this individual's health status require continuous nursing care or convalescent care for more than seven (7) consecutive days? ☐ Yes ☐ No

If 'Yes', this individual's health status is not appropriate for Assisted Living care without supplemental services.

Signature: _____ **Date:** _____

Eating	<input type="checkbox"/> No assistance required <input type="checkbox"/> Chokes easily <input type="checkbox"/> Swallowing problems <input type="checkbox"/> Problems chewing <input type="checkbox"/> Minor assistance required <input type="checkbox"/> Assistance with entire meal		
Ambulation	<div> <input type="checkbox"/> Independent with/without device Type of Device <input type="checkbox"/> Wheelchair <input type="checkbox"/> Unsteady Gait <input type="checkbox"/> Walker <input type="checkbox"/> Walks with continuous human support <input type="checkbox"/> Crutches/Cane <input type="checkbox"/> Bed to chair - total help <input type="checkbox"/> Other_____ </div> <div> <input type="checkbox"/> Bedfast <input type="checkbox"/> N/A <input type="checkbox"/> Falls frequently due to_____ </div>		
Wheelchair Use	<input type="checkbox"/> Independent <input type="checkbox"/> Unable to transfer <input type="checkbox"/> Assistance with difficult maneuvering <input type="checkbox"/> N/A <input type="checkbox"/> Wheels a few feet		
Bladder Control	<input type="checkbox"/> Continent <input type="checkbox"/> Occasional incontinence (Once a week or more and able to handle occurrences independently or with assistance) <input type="checkbox"/> Frequent Incontinence <input type="checkbox"/> Total Incontinence	Bowel Control	<input type="checkbox"/> Continent <input type="checkbox"/> Total Incontinence <input type="checkbox"/> Ostomy
Hearing (with or without devices)	<input type="checkbox"/> Good <input type="checkbox"/> Limited (must speak loudly) <input type="checkbox"/> Virtually/Completely deaf <input type="checkbox"/> Uses aid appropriately <input type="checkbox"/> Identify aid _____ _____	Communicates	<input type="checkbox"/> All needs well met <input type="checkbox"/> Limited (must speak loudly) <input type="checkbox"/> Special device or specially trained staff required to communicate <input type="checkbox"/> Explain _____ _____
Bathing	<div> <input type="checkbox"/> Tub required <input type="checkbox"/> No assistance <input type="checkbox"/> Shower <input type="checkbox"/> Supervision only <input type="checkbox"/> Sponge bath <input type="checkbox"/> Assistance required <input type="checkbox"/> Must be bathed </div>	Dressing	<input type="checkbox"/> Dresses Self <input type="checkbox"/> Minor assistance needed <input type="checkbox"/> Partial assistance needed <input type="checkbox"/> Total assistance needed
Sight	<div> (with/without glasses) <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Unable to read - see details <input type="checkbox"/> Vision limited --gross object deferential <input type="checkbox"/> Blind <input type="checkbox"/> Uses aid consistently and appropriately Identify aid_____ </div>		

Can this individual's needs be met in a living environment for adults which provides medical stand-by assistance only? ☐ Yes ☐ No

Assessment completed by _____Assessment date _____

The Victorian Assisted Living Residence

Financial Information Worksheet

Applicant Name: _____

Spouse=s Name: _____

Joint Statement: ☐ Yes ☐ No

The purpose of this form is to ensure that the applicant has sufficient resources available to pay for the expected costs of your residency.

Income Sources	Please list names	Amount	Total Yearly
Social Security		\$ per month	\$
Pensions		\$ per month	\$
Annuities		\$ per month	\$
Trusts (check one) <input type="checkbox"/> Revocable; <input type="checkbox"/> Irrevocable		\$ per month	\$
Rental		\$ per month	\$
Dividends		\$ per month	\$
Interest		\$ per month	\$
Bonds		\$ per month	\$
Other (describe-->)		\$ per month	\$
Other (describe-->)		\$ per month	\$
Totals			\$

Please note any time (or lifetime) limits on:

Pensions: _____

Annuities: _____

Trusts: _____

Rental: _____

Other (describe): _____

Applicant's Assets:		Life Insurance (on applicant's life or owned by applicant): policy #1 policy #2		
Equity in residence	\$	Company		
Savings in CD's	\$	Policy #		
Stocks	\$	Face Value:	\$	\$
Bonds	\$	Cash Value:	\$	\$
Other R.E. Equity	\$	List additional sources of income or assets below:		
Other _____	\$			
Other _____	\$			
Total Assets	\$			

1. Are there any debts, mortgages, obligations, etc. affecting the income or assets? ☐ Yes ☐ No

If yes, please explain _____

2. For the purposes of this transaction, must your present home be sold? ☐ Yes ☐ No

3. Will you need to arrange for a short-term loan with your bank to complete this transaction? ☐ Yes ☐ No

4. Does your pension (income) cease when you die? ☐ Yes ☐ No

If no, does it continue to go to your spouse? ☐ Yes ☐ No

5. Does your pension increase with the cost of living? ☐ Yes ☐ No

Your attorney: _____

Address: _____ City _____ State _____ Zip _____

Power of attorney, held by whom: _____

Address: _____ City _____ State _____ Zip _____

Financial Advisor: _____

Address: _____ City _____ State _____ Zip _____

Signature: _____ Date: _____



BROAD REACH

HEALTHCARE

Liberty Commons Rehab & Skilled Care Center

Broad Reach Outpatient Rehab Clinic

The Victorian Assisted Living Residence

Broad Reach Hospice

**389-391 Orleans Road
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www.BroadReachHealth.org**