

Glenview Supplementary Care Services

Revised 12072022

Glenview staff will assess and monitor tenants for needs that are not provided as part of the base rent. You will be notified of the need for your Service Agreement to be amended to include any of the Supplementary Cares.

Each Supplementary Care Service is billed monthly at \$200.

1) Ambulation

- a. Alarm pads for safety _____
- b. Wheelchair Propelling _____
- c. Gait Belt or Assist of One to Transfer or Walk _____

2) Eating Assistance

- a. Hands-on Feeding Assistance _____

3) Behavior Management and Reorientation

- a. Redirection throughout the day (more than 3 times daily) _____
- b. Reassurance throughout the day (more than 3 times daily) _____

4) Incontinence Assistance

- a. Scheduled Toileting Program _____
- b. Bowel incontinence with clean up assist ___time per week or more _____
- c. Scheduled incontinence pad change assistance _____
(staff schedules, reminds, provides hands-on assistance)

5) Oxygen, C-Pap and/or Nebulizer Management

- a. Staff monitors and orders supplies and nebulizer medications _____
- b. Staff checks oxygen placement _____
- c. Staff monitors for use of prn oxygen and nebulizers _____
- d. Staff monitors placement and provides night checks for c-Pap _____
and provides assist with tubing changes and equipment cleaning

6) Insulin Administration

- a. Staff administers insulin via a pen. _____

NOTE: (Due to skilled nature of *sliding scale insulin administration*, Glenview Personal Assistants cannot administer)

Tenant/Rep Signature Staff Signature Date

