



## Cozy Nest Care Home

*New Resident Moving Package*



## Welcome

We, the team at Cozy Nest, welcome you to Cozy Nest Care Home. The home is operated in partnership with the Saskatchewan Health Authority. This 83-bed Long-Term Care facility is located 10 minutes from Saskatoon on Highway 11 South.

The 'Cozy Nest' is the latest addition to a family of six other senior care homes scattered throughout the City of Saskatoon. Each facility has 15 residents and embodies our commitment to creating a homey atmosphere where residents feel valued, comfortable, and cared for.

We made sure to continue the same tradition of excellence established through long years of delivering "The Art of Caring".

Drs. Sudhir and Rekha Suryavanshi, along with their son Safal Suryavanshi, are the proprietors and have worked with the ones who need care. Together with their decades of experience as hospital managers, their knowledge guarantees that every facet of our care is painstakingly planned and executed to provide the best possible standard of care. We take great pride in providing individualized attention. We at Cozy Nest, recognize the value of individualized care

Our dedication to excellence extends beyond the present, with a focus on preparing for the future. We prioritize prudent resource management, ensuring that we can continue to provide exceptional care for generations to come.

Admission to Cozy Nest is conducted through the Saskatchewan Health Authority, adhering to their standard policies and protocols.

We strive to work closely with SHA to ensure seamless transitions with utmost care. At Cozy Nest Care Home Inc., we are more than just a facility - we are a team dedicated to enriching the lives of our residents with compassion, dignity, and respect.

### Valuables Policy

Upon your move to Cozy Nest, you will be bringing personal items with you. In order to keep track, kindly list all belongings on the “Belongings List” form (attached), from clothes to eyeglasses to footwear, etc. This form will be kept & updated accordingly. All items added or taken from the resident’s belongings will be recorded on this list accordingly.

All reasonable efforts will be taken to keep your valuables & personal effects safe, however, we cannot guarantee that items will not go missing or be damaged.

**Clothes & Other Belongings.** All clothing items will be labeled & kept in the closet & drawer. Laundry will be done in the home. There may be changes in the resident’s physical status which necessitate the use of adaptive clothing for which you/ your family will be asked to provide. Adaptive clothing will ensure that you are wearing appropriate & comfortable clothing. Other belongings such as a furniture, radio, wall art, etc., may be kept (and even encouraged) in order to make the living space home-like. You will be notified of any broken items.

**Jewelry.** Jewelry like wedding & engagement rings, earrings & bracelet, etc, are worn at your own risk since there is tendency for these items to get lost. Please do not bring costly or “items of sentimental” value. We highly recommend for these to be kept by your POA/ SDM/ family instead of wearing it here. Any jewelry found unattended will be returned to your POA/ SDM for them to take home.

**Hearing Aid, Dentures, Eyeglasses.** These will be engraved with your name & efforts made to keep them in good working condition. However, these items, especially the hearing aids, could get lost or damaged. Although we have a protocol in place to protect hearing aids, it is beyond our control if a resident removes it & it gets misplaced or broken.

**Cash Money.** We do not recommend keeping cash in your room; instead, you may make cash withdrawals at the Business Office for personal use. These withdrawals will be charged to your account.



**Resident Belongings Record Move In**

Quantity	Item (Clothes & Clothing Items)	Description (Color, etc.)	Taken (Person's Full Name)
<p style="text-align: center;">Total</p> <hr style="width: 50%; margin: auto;"/> <p style="text-align: center;">(Move-In)</p>			

Quantity	Item (Eyeglasses, Hearing Aid, Dentures etc.)	Description (Color, etc.)	Taken (Person's Full Name)
Quantity	Item (Radio, TV etc.)	Description (Color, Type, etc.)	Taken (Person's Full Name)
Quantity	Item (Jewelry, Watch, etc.)	Description (Color, Type, etc.)	Taken (Person's Full Name)

Above Items Received From (name/date): \_\_\_\_\_ Received By  
(name/date): \_\_\_\_\_

Sent to Laundry (name/date): \_\_\_\_\_ Received from Laundry  
(name/date): \_\_\_\_\_



FORM A

**RETURN TO:**  
 Drug Plan and Extended Benefits Branch  
 3475 Albert Street  
 Regina, Saskatchewan S4S 6X6  
 PHONE: 1-800-667-7581 or 306-787-3317  
 FAX: 306-787-8679  
 EMAIL: dpeb@health.gov.sk.ca

## SENIORS' DRUG PLAN APPLICATION CRA CONSENT

- If you do not file income tax, please complete FORM B.
- Please ensure you have provided all information. Incomplete applications will result in delays in processing.
- Coverage is effective the date complete information is received, subject to approval.

<b>APPLICANT</b>	
<b>SURNAME</b>	<b>FIRST NAME</b>
<b>CURRENT ADDRESS</b>	
<b>CITY</b>	<b>POSTAL CODE</b>
<b>DATE OF BIRTH (DD / MM / YYYY)</b>	<b>PHONE NUMBER</b>
<b>HEALTH SERVICES NUMBER (HSN)</b>	<b>SOCIAL INSURANCE NUMBER (SIN)</b>

### DECLARATION AND CONSENT

<b>This consent authorizes Canada Revenue Agency (CRA) to provide Saskatchewan Ministry of Health with Line 23600 for this and <u>future</u> years as long as you file income tax.</b>	
Is the Power of Attorney (POA) signing on behalf of the applicant? <span style="float: right;">YES <input type="checkbox"/></span> If YES, then copies of the POA documents <b>MUST</b> be attached. <b>NOTE: If a Trustee, Guardian or POA is signing for the Applicant, a copy</b> <span style="float: right;">NO <input type="checkbox"/></span> of the legal document must be attached to this consent form. Due to the variety of POA documents, some may not be considered acceptable for CRA , such as POA specific to or limited to a bank or financial institution.	
I hereby consent to the release, by the Canada Revenue Agency to an official of the Saskatchewan Ministry of Health, of information from my income tax returns, and, if applicable, other required taxpayer information about me. The information will be relevant to, and used solely for the purpose of determining and verifying my eligibility and the general administration and enforcement of: the Seniors' Drug Plan pursuant to <i>The Prescription Drugs Act</i> and regulations made thereunder, and will not be disclosed to any other person or organization without my approval.	
This authorization is valid for the most relevant of the two taxation years prior to the year of signature. It is also valid for each subsequent consecutive taxation year during which my family unit seeks coverage under the Seniors' Drug Plan requested by me or on my behalf. I understand that, if I wish to withdraw this consent, I may do so at any time by writing to Saskatchewan Ministry of Health, Drug Plan and Extended Benefits Branch.	
<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>
If applicable, <b>SIGNATURE OF GUARDIAN / TRUSTEE / POWER OF ATTORNEY.</b> A Witness is necessary if Applicant signs with an "X" or a mark.	<b>DATE</b>
<b>PLEASE PRINT YOUR NAME IF GUARDIAN / TRUSTEE / POWER OF ATTORNEY</b>	<b>DAYTIME CONTACT NUMBER OF GUARDIAN / TRUSTEE / POWER OF ATTORNEY</b>

304534 Township Road 350, RM of Dundurn, SK, S7C 0E2

admin@cozynestcare.ca

www.cozynestcare.ca

(306) 978 6266

## Supporting Natural Death in Long Term Care

Determine the resident's choice to resuscitate.

CPR guidelines indicate that CPR will not be started unless the cardiac arrest is witnessed.

### What is CPR?

Cardiopulmonary resuscitation (CPR) is an emergency procedure to restart the heartbeat & breathing if these were to stop. The reality is very different from that portrayed in television programs Such as "ER." CPR is an aggressive and sometimes traumatic treatment

### Risks & Side Effects of CPR on a Frail Person

Broken ribs Nerve damage  
Skin burns Bruising  
Broken sternum Collapsed lungs  
Stroke  
**Coma**  
Need for artificial ventilation

Ensure your wishes are recorded & known to your physician & care partners.

The chances of CPR restoring the heartbeat and returning a person to his/her previous health vary under different circumstances.

If the heart beat stops because of a sudden heart attack or abnormal heart rhythm in an otherwise healthy individual, the chances of restarting the heart are only 3% in the community & 12% if it occurs in hospital.

If CPR is successful, all that pounding on the body usually results in major physical trauma. This trauma often includes broken ribs, lung bruising, damage to the airway & internal organs, and internal bleeding.

On top of that, the existing health conditions that caused the heart failure in the first place make it even less likely that they'll recover at all or have a reasonably good quality of life.

Because of all this, some people argue that using CPR on seniors leads to an unnecessarily prolonged & painful death.

This doesn't mean that CPR isn't a valid choice for older adults. It means that it's important to understand the facts and realistic outcomes before making a choice.

In a study, when older adults over 85 years old were made aware of their chances of survival, only 6% chose to have CPR.



## MY STORY

My Legal Name	
Preferred Name	
Date of Birth	
My Position in the Family	
My Siblings (Name and where they live)	
Children (Name and where they live)	
My Grandchildren (Name and where they live)	
Other family/friends that are important to me?	
My Heritage, nationality/ culture is:	
Where I was born and raised	
Places I lived as a child	
Chores and responsibilities I had at home	
I played these games as a child	
The schools I attended	
The first job I had	
My first car was a	
<b>MY ADULT LIFE</b>	
These are some of my major life accomplishments &/or milestone.	
I Married (insert name) _____ on (month/ day) ____, (year) _____. We Got Married at (location) _____ (Or Never Married. ____ Divorced _____)	

This is how I met my spouse/partner	
People most likely to visit/ stay in touch with me	
The last job I had before I retired, which was	
After I retired, I occupied my time by	
My special interests/ hobbies/ sports	
I belonged to these clubs or groups (Past and present)	
<b>OTHER THINGS YOU SHOULD KNOW ABOUT ME</b>	
My favorite type/s of music	
I play (or played) a musical instrument.	
I had pets (please provide name & kind of pet; how it was with you).	
Religious preferences & spiritual practices that are important to me	
My family traditions are	
Things that I enjoy doing or being a part of My "simple pleasures",	
Ethnic foods that I enjoy are	
I have always wanted to (things you dream of doing)	