

SERVICE COMPARISON GUIDE

Haven Manor Assisted Living... **PLUS+**

*Where Care
and Caring
Come Together*



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NURSING SERVICES	HM	#1	#2
• Pre-admission assessment	<u>NC</u>	___	___
• Restorative nursing program	<u>X</u>	___	___
• Consulting RN to oversee resident care 24 hours per day	<u>NC</u>	___	___
• Licensed nurses on staff	<u>NC</u>	___	___
• Licensed nurses on call 24 hours per day to monitor daily health needs, with weekly visits and monthly health assessments	<u>NC</u>	___	___
• Approved medication assistances available 24 hours per day	<u>NC</u>	___	___
• Individualized plan of care, medex and clinical record	<u>NC</u>	___	___
• Coordinate for laboratory services	<u>NC</u>	___	___
• All staff CPR trained	<u>NC</u>	___	___
• Fluid intake and output monitoring	<u>NC</u>	___	___
• Monitoring for bowel functions	<u>NC</u>	___	___
• Toileting and incontinence care	<u>X</u>	___	___
• Bathroom schedule every two hours or as needed	<u>X</u>	___	___
• Routine family care plan meetings	<u>NC</u>	___	___
• Assistance for wheelchair-bound residents	<u>X</u>	___	___
• Hospice and home health care available	<u>X</u>	___	___
• Coordinated health maintenance (weight, blood pressure, pulse, temperature, and respiration)	<u>NC</u>	___	___
• Smoking in designated outside area	<u>NC</u>	___	___
• Care of superficial wounds	<u>NC</u>	___	___
• Coordination with all outside agencies	<u>NC</u>	___	___
• Routine ordering of personal health supplies	<u>NC</u>	___	___
• Fingernail care for diabetics/ coumadin provided by licensed nurse.	<u>NC</u>	___	___

MEDICATIONS	HM	#1	#2
• 24-hour medication administration as needed	<u>NC</u>	___	___
• Lock box provided for self administration if desired	<u>NC</u>	___	___
• Coordination with pharmacy to review medication quarterly	<u>NC</u>	___	___
• 24-hour pharmacy delivery service	<u>NC</u>	___	___
• Administration/monitoring of oxygen under 10 minutes	<u>NC</u>	___	___
ACCOMODATIONS			
• Residential neighborhood	<u>NC</u>	___	___
• Small, homelike facility	<u>NC</u>	___	___
• Locally owned and operated	<u>NC</u>	___	___
• Long- and short-term stays	<u>X</u>	___	___
• Activities seven days per week (shopping trips, dining out, special events, wellness activities)	<u>X</u>	___	___
• Cable TV, newspaper, and telephone available in community area	<u>NC</u>	___	___
• Coordination of birthday and anniversary celebrations	<u>NC</u>	___	___
• Full-furnished resident rooms including flat linens (if desired)	<u>NC</u>	___	___
• Beautiful indoor garden – CVN	<u>NC</u>	___	___
• Phone and cable TV available in each resident room	<u>X</u>	___	___
• Sun rooms, gas grills, and large porches	<u>NC</u>	___	___
• All utilities paid	<u>NC</u>	___	___
• Private supervision provided for all uses of the telephone	<u>NC</u>	___	___
• Pastoral visits and in-house church services available	<u>NC</u>	___	___
• Meeting room for parties, dances, or meetings	<u>NC</u>	___	___

Make a choice you can truly live with.

Choosing an assisted living or short stay facility can be one of the most difficult and important decisions you'll ever face. That's because there are so many things to consider and compare.

At Haven Manor, our smaller, homelike facilities and local ownership allow us to provide excellent personal attention and quality health care. We invite you to use this Service Comparison Guide to help gather information as you search for the perfect assisted living or short stay accommodations.

We recognize that individual needs differ and Haven Manor may not always be the most appropriate choice. Should you choose Haven Manor, you have our heartfelt assurance that we will do our absolute best to meet the needs of every one of our residents.



All the services listed are offered by Haven Manor, and are pre-marked with an "X." Those services offered at no charge are marked with an "NC."

DAILY LIVING ACTIVITIES

	HM	#1	#2
• One-to-two minute response to personal emergency system	<u>NC</u>	___	___
• Every two-hour visual checks (if desired)	<u>NC</u>	___	___
• Wake up call when you want	<u>NC</u>	___	___
• Verbal reminder for dressing	<u>NC</u>	___	___
• Assistance with dressing	<u>X</u>	___	___
• Assistance with turning and positioning	<u>X</u>	___	___
• Supervision/assistance with wheel-chairs, walkers, braces, slings, ted hose, etc.	<u>X</u>	___	___
• Range of motion	<u>X</u>	___	___
• Standby assistance	<u>X</u>	___	___
• One and two-person assisted pivot transfer for non-ambulatory residents	<u>X</u>	___	___
• Assistance with bed mobility	<u>X</u>	___	___
• Total assistance for bathing (private showers or whirlpool, handicap accessible equipment)	<u>X</u>	___	___
• Bath that exceeds normal time frame due to residents limitation	<u>NC</u>	___	___
• Catheter maintenance care	<u>X</u>	___	___
• Assistance with grooming (hair, nails, glasses, hearing aids, etc.)	<u>X</u>	___	___
• Assistance with oral hygiene	<u>X</u>	___	___

DIETARY SERVICES

• Alternate meal selection available	<u>NC</u>	___	___
• Special diets planned by a registered dietitian, if desired	<u>X</u>	___	___
• Most therapeutic diets welcome	<u>X</u>	___	___
• Three great meals per day plus snacks	<u>NC</u>	___	___
• Assistance with eating	<u>X</u>	___	___
• Convenient snacks always available in kitchen or from the staff	<u>NC</u>	___	___

	HM	#1	#2
• Private dining room for parties	<u>NC</u>	___	___
• Restaurant-style dining	<u>NC</u>	___	___
• Guests welcome	<u>X</u>	___	___
• Monthly nutritional monitoring by registered dietary technician on staff	<u>NC</u>	___	___
• Breakfast menu by individual choice at your preferred time	<u>NC</u>	___	___
• Leisurely lunch and dinner at traditional mealtimes	<u>NC</u>	___	___

ENVIRONMENTAL SERVICES

• Handicap accessible	<u>NC</u>	___	___
• Secured environment (magnetic locks) for resident safety	<u>NC</u>	___	___
• Independent or assisted personal laundry services	<u>NC</u>	___	___
• Full fire protection package	<u>NC</u>	___	___
• Bed and bath linens provided and laundered	<u>NC</u>	___	___
• Independent or assisted housekeeping	<u>NC</u>	___	___
• Thorough room cleaning once per week plus daily spot cleaning	<u>NC</u>	___	___
• Non-smoking facilities	<u>NC</u>	___	___

FINANCIAL

• Buy-in fee with ownership?	<u>NO</u>	___	___
• Community fee?	<u>NO</u>	___	___
• Refund for partial month stay	<u>YES</u>	___	___
• How many months in advance must be paid?	<u>ONE</u>	___	___
• Penalty for not giving notice?	<u>NO</u>	___	___
• Assistance for new placement if a change in care requires new placement	<u>NC</u>	___	___
• Assistance in obtaining assisted living benefits from insurance organizations	<u>NC</u>	___	___

ORIENTATION

	HM	#1	#2
• Redirection or frequent periods of confusion	<u>X</u>	___	___
• Structured routine to help residents complete daily tasks and events	<u>NC</u>	___	___
• Staff specially trained in interventions for dementia-related behaviors	<u>NC</u>	___	___
• Coordination with formal and informal support systems (church, family, psychologists, etc.)	<u>NC</u>	___	___

RESPIRE CARE

• Short stays with health maintenance for persons needing care after eye surgery, chemotherapy, orthopedic or pulmonary procedures, during family vacations, etc.	<u>X</u>	___	___
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SUPPORT SERVICES

• Management and nursing available 24 hours per day, seven days per week to assist you	<u>NC</u>	___	___
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SPECIAL SERVICES

• Travel arrangements made by staff	<u>NC</u>	___	___
• Travel accompanied by staff	<u>X</u>	___	___
• Treatments, inoculations and injections available	<u>X</u>	___	___
• Cosmetology visits weekly	<u>X</u>	___	___
• Free hearing examinations on site	<u>NC</u>	___	___
• Podiatrist services available on site	<u>NC</u>	___	___
• Personal emergency system (not "wall pulls")	<u>NC</u>	___	___
• Hospice and home health services	<u>X</u>	___	___
• Frequent resident comfort checks on all shifts (if desired)	<u>NC</u>	___	___