



QUEENS VILLAGE FOR SENIORS

518 Queens Avenue, London, Ontario N6B 1Y7
Tel: 519-433-4066 ☐ Fax: 519-433-0731 ☐ www.queensvillage.ca

Short Term or Respite Tenancy Agreement

**BETWEEN
AND
RESIDENT**

Queens Village for Seniors

1. Commencing on the _____ day of _____, 20____, until the _____ day of _____, 20____, Queens Village will provide the following accommodations:

Unit No. _____ Room Type: _____

2. Queens Village will provide care services, meals, laundry, and housekeeping services according to Schedule "A" attached. Queens Village will not be responsible for any lost or theft of valuables.

3. The Resident agrees to pay Queens Village a daily rate of _____ payable as follows:

a) Under respite care stay (14 days) the full amount is payable upon move-in date.

b) Under Short term stay periods from a minimum of 30 days to a maximum of 90

days, an invoice shall be payable on a monthly basis, the first month payable upon move-in date. Anyone staying after the 90 day short term agreement will be asked to sign a Long Term agreement which falls under the Residential Tenancy Act 2006.

An invoice shall be issued to the resident or responsible party. ie., POA or Family member.

4. The Resident agrees to the following guidelines:

- **keep room clean and free of hazardous materials**
- **when in dining room wear clean and appropriate clothing and shoes**
- **smoking is only permitted in the smoke room or designated areas outside the building. See Queens Village Smoking policy.**
- **treat all staff and other residents with respect and maintain privacy**
- **long distance calls will be monitored and invoiced to the resident**
- **keep noise level down especially during the evening**
- **Queens Village will have the right to ask visitors to leave our premises if they are the cause of noise and disruption**
- **because of fire regulations, and medication requirements, residents and/or visitors, must sign the book in the front lobby and notify the nursing staff prior to checking in and out of the building and indicate a time of return**
- **residents must keep building safe and secure especially during the night hours ensuring that all doors are locked and alarm system is armed (see nurse on duty upon leaving and returning)**
- **visiting hours for family are limited to 9:00 a.m. to 11:00 p.m., friends are asked to leave the premises by 9:00 p.m. so as to respect the privacy of our long-term residents.**
- **residents must be compliant with the medical regime prescribed by their health care providers.**
- **Any illegal substances brought on premises will be cause for automatic eviction.**

Please remember that because we are a health care facility, we are accountable for your safety while you are in our building. Breaking any of these rules will result in your termination of residency at Queens Village without notice.

Resident's Name (Please Print)

Resident's Signature

OR

AGREED TO AND SIGNED BY THE RESPONSIBLE PARTY:

Responsible Party's Name

Signature of Responsible Party

Address: _____

Telephone # H

W

C

AGREED TO AND ACCEPTED BY THE OWNER - *QUEENS VILLAGE FOR SENIORS*

Per: Francine Lacroix

Signature

Title: Managing Partner

Or

Per: Lucy Warren

Signature

Title: Administrator

Witness: _____

THE RESIDENT HEREBY ACKNOWLEDGES receipt of a fully executed duplicate original of this agreement on the date set out below.

Date: _____

SCHEDULE "A"

INCLUDES THE FOLLOWING:

RESIDENTIAL FACILITIES

Included for accommodations for specific room/suite and for whole complex heat

- hydro
- water
- air conditioning in common areas
- ensuite bathroom
- ensuite broadloom and sheers/blinds
- common dining room
- laundry room
- landscaping
- snow removal
- parking

Vehicle Make: _____ License #: _____

CARE SERVICES

- personal emergency response system - must have facility phone for specific identification
- medication administration/docette management
- on-site Director of Care (management of nursing staff and consultation)
- minimum of one R.N./R.P.N./Nurse's Aide on duty at all times for emergency response
- assistance with bathing once a week
- activation program tailored to meet needs of residents
- housekeeping - weekly dusting, vacuuming, cleaning of bathroom
- provision of bed linens and towels
- personal laundry at least once a week

MEALS

- 3 meals and 3 snacks per day, 7 days per week
- meals available on tray delivered to room, when authorized by Director of Nursing
- therapeutic diets available, upon authorization of Director of Nursing