

BOARD OF HEALTHCARE FUNDERS NPC Company Registration No. 2001/003387/08

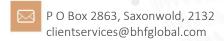
PCNS APPLICATION VERIFICATION QUESTIONNAIRE FOR COMPREHENSIVE PHYSICAL REHAB CENTER

This document is to be submitted together with the Application form; supporting documents and completed criteria to pcns_admin@bhfglobal.com

QUESTIONNAIRE FOR COMPLETION BY A PRIVATE HOSPITAL APPLYING FOR COMPREHENSIVE PHYSICAL REHABILITATION UNIT STATUS IN TERMS OF THE BHF BENCHMARK TARIFFS FOR STROKES, BRAIN DYSFUNCTION (TRAUMATIC AND NON-TRAUMATIC), SPINAL CORD DYSFUNCTION (TRAUMATIC AND NON-TRAUMATIC), ORTHOPAEDIC (LOWER JOINT REPLACEMENTS), AMPUTATION (LOWER EXTREMITY), CARDIAC, PULMONARY, MAJOR MULTIPLE TRAUMA CASES. OTHER NEUROLOGICAL OR ORTHOPAEDIC IMPAIRMENTS WILL REQUIRE SPECIFIC LETTERS OF MOTIVATION. THIS EXCLUDES SUBSTANCE ABUSE.

Name of Facility	: .		0
Name/s of Owner/s	:		
Physical Address			
Physical Address	٠.	1100000	
	-	/////	
	-	/////////	
Postal Address		111111111111111111111111111111111111111	
1 Ostal Additess	•	1110000000000	
	-		
Telephone No.	:	######################################	
Facsimile No	: .		
Emergency Tel No E-Mail Address	: .		
VAT number	: .		
PROPRIETOR Person in Charge			
reison in Charge	•		
Name/s of Owner/s			
	•		
Physical Address	: .		









Current Certificate of Registration in terms of R158

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The answers to this questionnaire are to be interpreted by the surveyors per the guidelines as set down in the Manual of Criteria for awarding a Private Hospital Comprehensive Rehabilitation Unit Status in terms of the Benchmark Tariffs.

Those items in the questionnaire marked with an asterisk, thus*, are to be regarded as essential elements. Failure to comply with these items will result in the applying hospital being refused Comprehensive Rehabilitation Unit Status recognition.

Recommendations by the surveyors can only be made following an on-site inspection of the respective hospital.

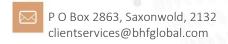
The following documents and records, if applicable, should be made available for scrutiny by the surveyors at the time of inspection:

Seen

Yes

1.4	COPY OF CURRENT CERTIFICATE OF REGISTRATION TO BE ATTACHED HERETO.		
1.3*	Date of original Registration		
1.2*	Has the institution been granted any exemptions from compliance with these Regulations?	Yes	No
1.1*	Does your institution comply with the Regulations governing Private Hospitals as published under Government Notice R158 in Government Gazette 6832 dated 1 February 1980?	Yes	No
REGISTR <i>A</i>			
Orug Register		Yes	No
Patient Register		Yes	No









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SURVEYORS' CON	JRVEYORS' COMMENTS:							

2. WARD ACCOMMODATION

Bed numbers:

2.1	bed fidfibers.		
	Number of beds in general wards		
	Number of beds in semi-private wards		
	Number of beds in private wards		
То	tal number of beds	1	11000000

2.2* Services

2.2*	Services	110000		
			•	1
	2.2.1*	Are the hospital wards piped for oxygen, or is mobile oxygen available?	Yes	No
	2.2.2*	Are the hospital wards piped for vacuum, or is mobile vacuum available?	Yes	No
	2.2.3*	Does each bed have an adequate nurse call system?	Yes	No
		•	100	
	2.2.4*	Can every bed be made private through the use of inter-bed curtains?	Voc	No



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2.2.5 Are all toilets and bathrooms serviced by a call system?	Yes	No
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2.3 Emergency trolley

		<u> </u>	<u> </u>
2.3.1*	Does each ward section have access to an emergency trolley?	Yes	No

2.3.2 Does each emergency trolley contain adequate equipment and drugs as listed below?

	V	<u> </u>
Intubation apparatus	Yes	No
Defibrillator	Yes	No
Monitor	Yes	No
CPR Board	Yes	No
AMBU-bag or equivalent	Yes	No
Suction apparatus	Yes	No
Correct emergency drug supplies	Yes	No
Emergency oxygen supply	Yes	No

2.4 Staffing - wards only

Number of SRN's	/)	/	WAN			A
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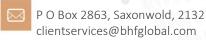


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Nun	nber of SEN's			
Nun	nber of ENA's	S		
SURV	'EYORS' COM	IMENTS:		
*	Staffing ra	atios adequate?	Yes	No
3.		PEUTIC FACILITIES		
	3.1	Services rendered in respect of following disease conditions to be indicated: Stroke	Yes	No
		Brain Dysfunction (traumatic and non-traumatic)	Yes	No
		Spinal Cord Dysfunction (traumatic and non-traumatic)	Yes	No
		Orthopaedic (Lower Joint Replacements)	Yes	No
		Amputations (Lower Extremity)	Yes	No
		Cardiac	Yes	No
		Pulmonary	Yes	No
		Major Multiple Trauma	Yes	No
		Other Neurological or Orthopaedic impairments	Yes	No
	3.2	How is the multi-disciplinary team structured in terms of specific categories of health care providers and number in each category?		8
		Categories of Health Care Providers	Nur	mber
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3.3	Describe the therapeutic area/s available to the multi-disciplinary team.		
Is the	re an ADL facility?	Yes	No
Is the	re a hydrotherapy area?	Yes	No
* Staffing ra	atios adequate?	Yes	No
SURVEYORS' CO	PMMENTS:		
		10	
	SIVE CARE UNIT (if applicable) ary surgical/medical ICU		
4.1	Number of beds		
			101

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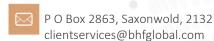




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4.2 Is an isolation cubicle available?	Yes	No
4.3 Equipment in ICU. Specify number and type		
* Ventilators * Defibrillator * Blood gas analyser * IV controllers		
Are monitors linked to a central console?	Yes	No
4.4* Piped services: Oxygen	Yes	No
Vacuum	Yes	No
Compressed air Y	Yes	No
	1000	
4.5* Is a properly equipped emergency trolley located in the ICU?	Yes	No
4.6 Number of power points per bed		
4.7* Is the unit serviced by an air-conditioner?	Yes	No
4.8* Staffing in ICU	10	00
Number of SRN's with ICU diploma		
Number of SRN's without ICU diploma		106
Number of SEN's		
Number of ENA's		









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SURVEYORS' COMMENTS:			
SORVETORS COMMENTS.			
		T	
* Staffing ratios adequate?		Yes	No
5. HIGH CARE WARD (if applicable)			
5.1 Number of beds		,,,,,,	55
	1110	1000	00
2 Equipment in HCW. Specify number and type			
	11110000	900	0
* Monitors			
* Defibrillator			
* Respirator			G
* IV controllers			
• #			
5.3* Piped services: Oxygen	Yes	No	
Vacuum	Yes	No	
	10/4		
			•

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5.4*	Is a properly equipped emergency trolley located in the HCW area?	Yes	No
5* Staf	ing in ICU		
	Number of SRN's with ICU diploma		
	Number of SRN's without ICU diploma		
	Number of SEN's		
	Number of ENA's		
SURVEYORS	COMMENTS:		
•••••			
		000	
Staffin			6
Staffir	g ratios adequate?	Yes	No
PHA	RMACY SERVICE		
6.2	Is a dispensary serving the hospital located on the premises?	Yes	No
		10	06
6.2	If no, how are dispensary requirements obtained?		
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6.3	If yes, attach a copy of the current Pharmacy Boa	rd approval of registration		
6.4 How many full-time qualified pharmacists are employed?				
6.6*	Is a properly equipped emergency cupboard avail	able in the hospital?	Yes	No
6.7	6.7 Is an inflammable-store facility available?			No
* Staffing rat	ios adequate?	1100000000	Yes	No •
7. CATERII	NG FACILITIES			
7.1	Is a main kitchen provided on the premises?		Yes	No
7.2	If no, how are patient meals provided?	11/10/20	08	90
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No

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If no, answer 9.2

8.4

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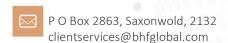
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€.	PLANT A	AND EQUIPMENT				
				100000		
	9.1*	Hot water and/or steam supp	ply			
		Supplied by: Diesel/gas/coal-	-fired boilers		Yes	No
			11000		=/4	
			142900		0//	04
		Electrical boilers			Yes	No
					1/	
		Steam generators		1	Yes	No
	9.2*	Disposal of waste other tha	n refuse			
						•
		Incinerator			Yes	No
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1	Macerator	Yes	No
9.3* E	Emergency power plant		
ğ	9.3.1* Is an emergency power plant installed?	Yes	No
9	9.3.2* Does the system operate automatically in the event of a power failure?	Yes	No
Ç	9.3.4* List of facilities which are served by the emergency power plant		
	Strategic corridor lights	Yes	No
	Socket outlets -		
	ICU	Yes	No
	/////		200
	нсм	Yes	No
	Air compressor	Yes	No
	Bed lift	Yes	No
9	9.3.5* What is the KVA rating of the emergency power plant?		









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9.4.1	Wards
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	Are the ward areas air conditioned?	Yes	No
	If yes, what kind of system is installed?		
9.5	Maintenance		
	9.5.1 Does the hospital employ its own maintenance staff?	Yes	No
	If yes, what is the staff compliment by category?	1100	
	9.5.2 If no, how are preventive maintenance and/or repairs affected?		X.
		001	Z
	9.5.3 What is the general state of all plant rooms and workshop facilities?	886	
_			
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DIRECTORS NJ Khauoe (Chairperson) • G Goolab (Deputy Chairperson) • JK Mothudi (Managing Director) • GA Bartlett • BC Kamanga (Malawi) • NPB Khumalo • JH Joubert • SM Mkhonta (eSwatini) • TM Mloyi-Ncube (Zimbabwe) • CM Mokgosana (Botswana) • BOS Moloabi • FM Mosoeu • MS Mphomela • RR Nandkoomar • FV Nompumza • HC Schäfer (Namibia) • MC Wilson

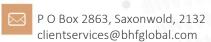
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RACTICE CODE NUMBERING SYSTEM		ERING SYSTEM	Company Registration No. 2001/00338
9.6	Fire pro		
	9.6.1	Specify number and type of fire extinguishers insta	alled in the hospital
	9.6.2	Specify any other form of fire protection devices install	ed in the hospital
			111100000
			11111111111
	9.6.3	Specify emergency/evacuation planning	
		/////	000000000
9.7	Vacuui	m system	
	9.7.1*	Specify type of system installed	686°

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9.7.2* What back-up facilities are available in the event of a power failure?	
Oxygen and Nitrous oxide supply	
9.8.1* Specify the type of supply system installed	
9.9.2* What back-up facilities are available in the event of a failure of the main	
9.8.2* What back-up facilities are available in the event of a failure of the main system?	
	ō
	0
9.8.3* What low-level alarm system is in use?	
	91
Lifts - applicable in multi-story buildings	
9.9.1* Specify the number, type and size lifts available in the building	
Tanga and a said	
	9.8.2* What back-up facilities are available in the event of a failure of the main system? 9.8.3* What low-level alarm system is in use? Lifts - applicable in multi-story buildings



KACIICE CUDE	NOMDEKING 2121EM	Company Registration No. 2001/003387,
9.10	Compressed air supply	
	9.10.1* Specify type of system installed	
SURVEYORS' COM	IMENTS:	

SURVEYORS' COMMENTS:	
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	1111000000

10. RADIOLOGY FACILITIES

10.1* Indicate what radiology facilities are available in the hospital	111111111111111111111111111111111111111
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	100000000000000

10.2* Ar	re emergency X-ray facilities available after hours?	Yes	No
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SURVEYORS' COMMENTS:	



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11.	LABORA	TORY FACILITIES		
	11.1	Is a pathology laboratory located on the premises?	Yes	No
	11.2 If	no, what arrangements are made for the collection of specimens?		
				00
		////		
12.		RECORD ANY OTHER FACTS OR OPINIONS WHICH YOU MAY WISH TO BRING TO THE ATT	ENTION	OF THE
	SURVEY	Ons.		
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SURV	EYORS' COM	IMENTS:		6
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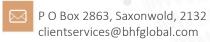
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12	NANAE	OF DEDCOM COMPLETING OFFICE OFFI	г	
13.	NAME	OF PERSON COMPLETING QUESTIONNAIR		
			DESIGNATION	
			SIGNATURE	
			DATE	
KINDLY RE	ETURN TH	IE COMPLETED QUESTIONNAIRE TOGETH	ER WITH THE APPROF	PRIATE SURVEY FEE TO:
				111111111111111
		e Funder of Southern DNWOLD; 2132		
		lockdown we are accepting email applic min@bhfglobal.com	ations. The complete	d application form and supporting documents
RECOMM	ENDATIO	NS OF SURVEYORS TO RAMS		######################################
	14.1	Date of on-site inspection of hospital		
	14.2	TheRehabilitation Unit Status in terms of the		I / should not be granted Comprehensive
	14.3	Reasons for recommendation		
				MARCHINES OF THE
				WWW
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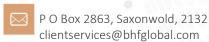
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14.4	BHF advised of recommendation on	
14.5	Hospital advised of recommendation on	

Names of Surveyors	Designation	Signature	Date
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			100000
		///000	
		1110000	00000
			4000



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