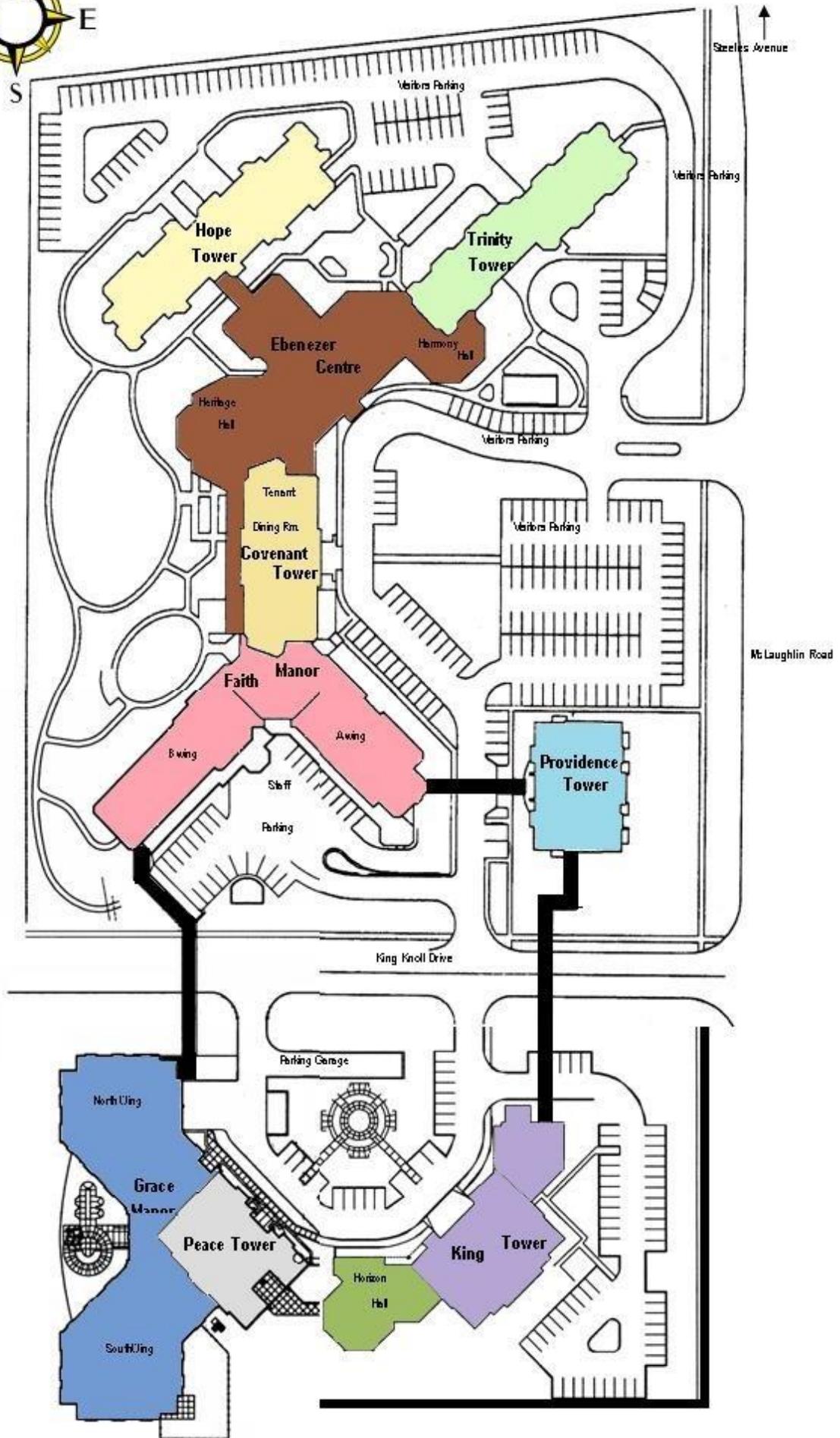


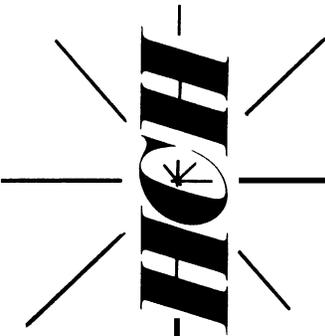
Grace Manor



Information Handbook For Residents and Families

LAST UPDATED: 3.3.2016





Holland Christian Homes Inc.

7900 McLaughlin Rd. S., Brampton, Ont. L6Y 5A7
Telephone: (905) 463-7002 ♦ Fax: (905) 459-8667 ♦ web site: www.hch.ca

Dear Resident and Family Member(s):

All of the staff at Grace Manor wishes to welcome you to our long-term care facility. We hope that you will consider this your home once you have made some adjustments to your new environment. You – as a resident ... are of vital importance to us – in ensuring that your general well-being is our priority at all times. Your family members and friends are invited to take part in Grace Manor – and we welcome them to visit and enjoy our home as well.

We understand that this is likely one of the biggest adjustments that you will have to make in your lifetime – especially as a result of having reached a time in your life when you need some extra assistance with your care. The process of admission to long-term care is complicated and can be very overwhelming for you and your family at this time. We have provided you with this 'welcome binder' to help you with information about Grace Manor ... and hopefully will help to answer some of the many questions you may have.

Some sections of this binder have many forms that need to be completed for our safekeeping and for your chart. You may keep copies of any forms that you sign in this binder to refer to in the future – if you feel the need to do so.

There is so much new information to 'take in' at admissions time; therefore, we hope that you find this binder helpful when you need to refer back to something that may have been discussed – either for reference purposes or to ask staff questions for further clarification.

Please assist us to help you to adjust to your new home. We want to come together as a team that works in your own best interests and to the greatest of our capabilities within this environment.

It is our privilege to welcome you to Grace Manor and thank you for your trust by choosing our Manor to help provide you with excellence in care.

May our gracious God bless you during your stay with us ...

Sincerely,

Peter Dykstra
Administrator – Grace Manor

Towers

Trinity

Hope

Covenant

Providence

King

Peace

Long Term

Care

Facilities

Faith

Manor

Grace

Manor

MESSAGE FROM THE DOCTORS

Moving to a nursing home is a difficult decision for both the resident and the family as it is usually the result of a significant change in health status and a loss of the independent ability to perform the activities of daily living. It involves a major change in the way of life and it often takes a considerable time to adjust to the new environment. Residents are often fearful of the loss of independence that this involves and family members often feel that they have failed to provide care for a loved one.

Nursing homes exist to provide the 24 hour skilled nursing care that residents require that even the most dedicated families cannot provide. Nursing homes also provide physiotherapy, occupational therapy and other rehabilitation therapies along with the services of professional dietitians and social workers. However nursing homes do not provide many of the services of an acute care hospital. Physician visits are usually weekly unless an acute medical emergency occurs, and an on-call physician is always available. Laboratory tests are also scheduled weekly except in unusual circumstances. Access to X-rays is limited to portable X-ray equipment and more advanced imaging requires transfer to hospital.

Residents may be transferred to hospital if a major change in health status occurs and it is determined that this will be of benefit to the resident. It should be pointed out however that transfers to hospital can have negative implications. The unfamiliar caregivers and surroundings may result in increased confusion or delirium and the resident may be exposed to drug resistant organisms in the acute hospital setting. Due to overcrowding in emergency departments residents may develop bedsores from lying for prolonged periods on hard stretchers. Unfortunately survival rates for nursing home residents admitted to acute care hospitals are depressingly low and so careful consideration of the risks and benefits is necessary before transfer to hospital. On-site treatment is often appropriate for many conditions including lacerations, infections such as pneumonia and urinary tract infection, and most neurological conditions including stroke and head injury.

On admission to long term care residents are often taking many medications prescribed by their previous physicians along with over the counter medications and herbal products. Although these have often been used for years without apparent harm, they may no longer be appropriate or necessary. The risk of drug interactions increases with the number of medications used and the attending physician and pharmacist review all medications and recommend changes as necessary. As a general rule changes to medications are made slowly so that changes in the resident's physical or mental status can be monitored.

A post admission conference is held within a few weeks of admission so that any issues related to the residents care can be discussed by the family and the caregivers. Physicians attend these meetings if there are significant medical problems or at the request of residents or family members.

At Faith Manor and Grace Manor we strive to provide compassionate skilled nursing and medical care that is appropriate to each residents condition and we welcome the help provided by families to achieve that goal.

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Section 1 - INTRODUCTION

On behalf of the Board of Directors, staff and volunteers, we welcome you to Grace Manor-Long-Term Care facility at Holland Christian Homes. Our caring staff strives to create a homelike environment for our residents according to our Vision, Mission and Purpose as outlined below:

Vision, Mission, and Purpose Statements:

Our Vision

To provide a centre of excellence in a caring Christian home for seniors, primarily of Dutch heritage.

Our Mission

In partnership with residents, tenants and caregivers, we provide a safe, caring community based on traditional Christian values. We provide a continuum of care to meet the needs of the residents while recognizing their individuality and dignity.

Purpose of Grace Manor

To provide a supportive, caring, quality, Christian environment in order to preserve the dignity and enhance the quality of life for people who require long-term care from a team of qualified professionals.

Core Values

Work together to ensure the effective stewardship of all our resources.

Take personal responsibility for making Holland Christian Homes a safe place to live work and visit.

Promote open communication and teamwork while allowing diversity.

Treat each person and their environment with respect and compassion.

Build and maintain meaningful partnerships in the community.

Ensure that significant stakeholders have appropriate and timely input into the decisions that affect them.

Administrative Positions for HCH

The administration offices are open Monday to Friday 8:30 a.m. to 4:30 p.m. - **905-463-7002**

CEO	Ken Rawlins	Ext. 5227	ken.rawlins@hch.ca
He is responsible for the overall operation of Holland Christian Homes and reports to a volunteer Board of Directors composed of 12 elected members.			
Accountant	Helen Bloemendal	Ext.5266	helebl@hch.ca
She is responsible for the monthly billings to families and provides financial information (i.e. subsidies, tax credits, etc.)			
Admissions Coordinator	Kelly Pereira	Ext.5250	kellpe@hch.ca
She is responsible for the admissions, transfers, and discharges of the six apartment towers. She also books the guest rooms.			
Accounts Payable	Sara VanVliet	Ext.5211	sarava@hch.ca
She is responsible for meeting room rentals (other than the family room in Grace Manor)			
Head Receptionist	Stacie Davey	Ext.5220	fronre@hch.ca
Our Front Reception (in Ebenezer Centre) is open from 9 AM to 9 PM daily and will gladly assist you in directing your question and concerns to the appropriate person.			

Administrative Positions for Grace Manor

Administrator	Peter Dykstra	Ext. 5255	petedy@hch.ca
He is responsible for the day-to-day operations of Grace Manor. He reports to the Executive Director. He attends Family Council and Resident Council meetings when invited.			
Director of Resident Care	Erica Alexander	Ext. 5274	erical@hch.ca
She is responsible for the provision of 24-hour nursing services to the residents in Grace Manor. Along with the Assistant Director of Resident Care she supervises all of the nursing staff and is also responsible for clinics and related services provided in Grace Manor for which a fee is charged. She attends Family Councils when invited.			
Assistant Director of Resident Care	Noreen Frederick	Ext. 5275	noreen.frederick@hch.ca
Staff Coordinator	Carol Overzet	Ext.5272	caroov@hch.ca
She is responsible for the Family Room bookings in Grace Manor and sits in the front of the Grace Manor office. She can direct your questions and concerns to the appropriate person in Grace Manor.			
Floor Secretary	Karin Nieuwenhuysen	Ext. 5272	karini@hch.ca
She provides support to the nursing staff by delivering nursing supplies and secretarial support.			
Activation Director	Janet Sooklal	Ext. 5233	janeso@hch.ca
She is the manager of all the activity staff that provide a variety of activities to the residents.			
Dietary Manager	Cislyn Hamilton	Ext. 5260	cislha@hch.ca
She is the Manager of the staff that prepare and serve all the dietary needs to the residents.			
Laundry Manager	Debbie Donker	Ext. 5239	debbdo@hch.ca
She is the Manager of the staff that clean linens and personal clothing. They also label all personal clothing. She coordinates the mending of personal clothing (purchased service)			
Housekeeping Manager	Anna Jacobs	Ext. 5273	annaja@hch.ca
She is the Manager of cleaning all areas of the home.			
Maintenance Manager	John Boonstra	Ext. 5237	johnbo@hch.ca
He manages the staff that inspect all electrical devices that come in with our residents and provide maintenance services as needed throughout the home.			
Social Service Worker	Shirl Hutchinson	Ext. 5277	shirhu@hch.ca
She meets with residents and families to help them adjust to long term care and provide social support when needed. She also organizes the Celebration of Life services and attends Family and Resident's Councils when invited.			
Volunteer Coordinator	Femie Terpstra	Ext. 5225	femte@hch.ca
The following positions provide leadership and support to the nursing staff in their area of expertise.			
Restorative care	Leanne Fernhout	Ext. 5303	leanfe@hch.ca
Behavioural Support	Shannon Persaud	Ext. 5212	shannon.persaud@hch.ca
RAI-MDS Coordinator	Puneet Gill	Ext. 5228	punegi@hch.ca

Nursing Units

Grace Manor 1st Floor	ext. 5371	gm1s@hch.ca
Grace Manor 2 North	ext. 5381	gm2n@hch.ca
Grace Manor 2 South	ext. 5383	gm2s@hch.ca
Grace Manor 3 North	ext. 5391	gm3n@hch.ca
Grace Manor 3 South	ext. 5393	gm3s@hch.ca

Grace Manor Door Codes

The main doors of Grace Manor are locked at all times.

To enter or exit this door - please press **1234#** on the keypad.

[... to gain access at off times --please use the intercom by the front door ...]

To exit the nursing units or go into Peace Tower (on the way to the restaurant) the code changes each month. The first two digits is the address (**45**) which remains constant and the last two digits is the month (**01** for January, etc.) plus the **#**. In other words **4506#** during the month of June.

Dealing With the Long-Term Care Decision

One of the most difficult decisions you may have to make in your life is to admit someone you love into a long-term care facility. It may be helpful to realize that the feelings you may be experiencing are common to many others facing this same decision. By the time you are reading this article, it is likely that you have accepted a placement for your relative in Grace Manor.

Feelings such as fear and concern - guilt and apprehension - may feel overwhelming. You may feel anxious about the care that is being provided ... or not understand what to expect from the staff working in Grace Manor. In order for you to cope with your own feelings - the best possible acknowledgment is that you are doing something out of love and need for more support than you or your other family members could possibly provide. It is likely you could no longer provide a safe living environment for your loved one either. If your family member who is having to move into Grace Manor is in disagreement with this placement - you are apt to feel even more anxious about this decision.

Despite how you may be feeling - understand that you are making a loving decision ... albeit a tough decision! Grace Manor is your relative's new 'home.' We, as staff, are not here to remove your place as family - but to incorporate you as 'head of a team' of caregivers to provide the best environment possible to promote life with dignity and respect and a sense of well-being and continued purpose in one's life. You will continue to be your relative's link to the outside world. You have many choices as to the level of participation in which you choose - without any guilt as to your choices. Our goals are to provide the proper perspectives to the family member's role in order to avoid unfulfilled expectations of what we can do. We hope to establish a trusting rapport with you as family to combine our relationship into a caring partnership - always with the focus of what is best for your relative.

Long-term care can be a blessing alternative - as it may now be your best and only option when age and/or health demand a new kind of living. You may find that your loved one is feeling a great sense of anger and injustice ... promoting strong feelings of guilt in you. Angry feelings are expected and a normal reaction to the gravity of the changes that are now taking place. One of the best methods of handling your relative's anger is providing a good listening ear ... and validating why they feel that way. If you are feeling guilty because of these types of emotions ... understand that guilt often lacks much logic ... it is a feeling that takes over the person's ability to cope well. Guilt is never constructive and provides nothing but misery and self -doubt, Try not to allow others to lay guilt upon you ... it takes two to create a guilt trip ... so try to deny its presence



in your mind and heart. One of the best ways to handle guilt is to tell ourselves that we do feel badly that we have had to make this decision; however, we had no other alternatives that were viable for the safety and care of your loved one.

Changes are hard in most everyone's lives. It may be a difficult adjustment for most who first come to Grace Manor. We will try and provide the responses to your concerns with education and feasible answers that help you to understand what it is we can do ... or what we cannot do. We are here - as a team of caring, professional health care providers - to help make this transition for you and your relative as painless as possible.

There is a three-tiered period of adjustment that often occurs for both the new resident and their family member(s):

1. You will both go through a period of being overwhelmed ... with paperwork ... facility routines ... new faces ... rules and regulations set out by the Ministry of Health and Long-Term Care ... what are my relatives rights and what are mine? ... meal times ... what activities are in place? ... with many other personal questions that you may wish answered that are significant and important for you all to understand.
2. There will be a period of adjustment. This is different for each person. Often it may appear that your loved one is 'ready' to move to long-term care; however, after the first week or two ... want to 'go home.' This is a normal and natural response to the significance of this change. Changes take time ...
3. Once an initial acceptance has taken place that this can and will be a viable and workable solution ... comfort levels begin to be established. You know who you can speak to for support and answers. As a family member ... you will finally be able to go home and rest assured that your relative is safe and getting the care that is now required for their own well-being.

Shirl Hutchinson
SSW-GER
Faith and Grace Manor

FREQUENTLY ASKED QUESTIONS (FAQ'S)

Do I need to supply my own bedding?

All bed linens are supplied to residents. You may supply your own bedspread/quilt if you wish. Down comforters are not appropriate as 'down' cannot be washed.

How often is a doctor in?

Specific doctors are in once per week. There is always a doctor 'on call' 24 hours a day. Each resident has a specific doctor designated to them. The doctor does not meet personally with each resident when he/she is on the unit unless there is a specific need as designated by the Charge Nurse and/or other referrals.

What if my loved one's glasses, hearing aids, etc. get lost or broken?

Staff will do their best to take care of these items; however, if they are lost or broken - Grace Manor - Holland Christian Homes - cannot assume responsibility for replacement costs.

Can we bring in a fridge or microwave for our family member's room?

Fridges and microwaves are no longer permitted in resident's rooms. There are fridges and microwaves in the Activity Rooms on each unit that can be used by residents and their family members - with the knowledge and supervision of the staff on the unit. Any food items placed in the fridge in the Activity Room must be labelled with the resident's name, room number and date. Refrigerators are cleaned periodically and any unmarked items will be discarded. These refrigerators are monitored daily for temperature control as per Ministry of Health and Long-Term Care regulations.

If I cannot bring my loved one to an appointment outside of Grace Manor - what should I do?

Please speak to the Charge Nurse on the unit if you require an escort to bring your loved one to an appointment off premises. It is best to allow at least 72 hours advance notice so that arrangements can be made to have a staff member accompany your loved one. There will be a minimum 4 hour charge plus transportation.

How can I get a phone connection for my loved one?

If you would like your family member to have a telephone - or internet service - please provide the appropriate equipment. There is a telephone connection in each room. Please see further information - 'Telephone and/or Internet Service Agreement' in this binder.

How many showers/baths do residents get per week?

Residents are given a minimum of 2 showers or baths per week as per Ministry of Health and Long-Term Care requirements. If a resident is used to just one bath or shower per week and would like to continue this pattern - please inform the Charge Nurse on the unit. If a resident requires additional showers or baths due to certain circumstances - then it will be provided. Residents will always receive this care when it is necessary for their cleanliness.

How much clothing should I bring in?

Personal laundry is done on alternate days for all residents in Grace Manor - unless otherwise specified by family members. Residents should have sufficient clothing for a 4 day period. A suggested list of clothing needs is supplied in the Laundry Services section. Please leave all new - clothing items with the Charge Nurse on the unit. The Laundry Department will label all new clothing prior to being placed in the resident's room; otherwise, it is likely to get lost. Please refer to 'Clothing and Toiletry Requirements' under the 'General Information' section of this binder for a list of suggested clothing items.

What do I need to know about 'end-of-life' care in Grace Manor?

Please refer to the purple brochure- 'Special Care Needs' in the front of this document. You will find helpful information to assist you through this difficult process. Staff will discuss with the resident - if possible - as well as the family members - re any personal wishes that are in place for the end-stage of life; such as 'Advanced Medical Directives' - funeral home arrangements as well as support that may be required. There is a 'Special Care Committee' in the Manor that is available to assist you with any questions that you may have. There is an established Volunteer Respite Committee that will 'sit' with your loved one if the family requires this assistance. The Charge Nurse on the unit can also answer questions for you - as well as concerns with respect to your loved one's belongings after their passing. You will find further information under the 'General Information' section of this binder.

When will I meet with the multidisciplinary team caring for my family member?

The designated first contact on your loved one's chart will receive a telephone call shortly after admission to arrange a meeting with the multidisciplinary team. This is called a PACC meeting - Post Admission Care Conference. This is a Ministry of Health and Long-Term Care requirement. Should you need any services from the various disciplines prior to this meeting - we will gladly make ourselves available to you.

How can I participate in Planning and Evaluation of Services and Progress

Residents, families and/or responsible parties are encouraged to participate in the planning and evaluation of programs and services. This will be done through surveys, conferences, family meetings and informal discussions.

What is the Annual Interdisciplinary Care Conference?

Conferences are held once yearly for each residence of H.C.H. – Grace Manor (or more often if needed). A letter will advise you when your loved one's conference will be held about one month in advance. Conferences are a calm forum for a composed discussion with all departments supplying services to your loved one, rather than a confrontation with one person.

Section 2 – OUR FACILITIES

Holland Christian Homes

Holland Christian Homes is comprised of two Long Term Care Facilities (Grace Manor and Faith Manor) of 120 beds each and six senior's apartment towers totalling 656 apartments. More information about this continuum of care organization can be found in the brochure we have in the inside pocket of the cover of this handbook or on our website at www.hch.ca.

Room Bookings

If you would like to book a room/hall or space of any kind for a special-event - please contact the administration office for their assistance. Often family members use HCH facilities for birthday parties, anniversaries and seasonal events. For rates and booking please call the front reception at 905-459-3333 or Fran VanVliet at extension 5276.

In case of a need for one of these rooms for memorial services please make those arrangements through the pastors. (contact information found under Religious/Spiritual support)

Family Room:

This room is located on the main floor across from the Chapel. There is a large table and chairs and has a capacity for 12 people. There is a microwave, a coffee machine and a sink. The room is available for booking at no charge for residents and their families. However, activities need to be contained in this room and not move out into the Atrium since it is a public resident area used by all residents and their families and visitors.

This is the only room that can be booked through the receptionist in the Grace Manor office at extension 5272

Heritage Hall:

This room is located between the Ebenezer Centre and Covenant Tower and has a capacity of 400 people. There is a partially equipped kitchen available to renters.

Horizon Hall:

This room is located between Peace Tower and King Tower and has a capacity of 100-120. This room has a fully equipped kitchen available to renters.

Harmony Hall:

This room is located between The Ebenezer Centre and Trinity Tower and has a capacity of 100-120. This room has a fully equipped kitchen available to renters.

Providence Tower meeting room:

This room is located inside the entrance of Providence Tower. It has a capacity of 24 people. A partially equipped kitchen is in the room and available to renters.

Covenant Tower lounge:

The area is located on the second floor of Covenant Tower (above the snack bar and overlooking the tenant's dining room). It has a capacity of 35 people. A partially equipped kitchen is available with this lounge.

King Tower Craft Room:

This room is located on the first floor of King Tower just before entering the (M)eating Place restaurant. It has a capacity of 25 people and has no kitchen facilities.

Grace Manor Chapel

This room is located on the main floor across from the Family Room. It has a capacity for 25 people and no kitchen facilities.

Guest Rooms

There are a total of 5 guest rooms (four are located on the second and third floors of Peace Tower and one in Trinity Tower). These are quite popular and are reserved for guests of the tenants and residents for Holland Christian Homes. They are booked through Kelly Piereira at extension 5250 or the Front Receptionist at extension 5220.

DUCA

There is a branch of DUCA Credit Union located just inside the main entrance at 7900 McLaughlin Rd.

Banking Hours:

Monday, Tuesday, Wednesday, and Friday - 9:30 a.m. to 5:00 p.m.;

Thursday - 9:30 a.m. to 7:00 p.m.

There is also an ATM banking machine located in the hallway outside of the Bank.

M(eating) Place Restaurant

We have a full service, licensed restaurant located by King Tower. They are also available for catering special events in any of our halls or meeting rooms.

Telephone: (905) 453-3511

Restaurant Hours

Tuesday to Friday - 10:30 a.m. to 7:00 p.m.

Saturday - 10:30 a.m. to 3:00 p.m.

Sunday & Monday - Closed

Shoppers Drug Mart Pharmacy

The Shoppers Drug Mart Pharmacy is located in the basement across from the Tower's Nursing Office.

Telephone: (905) 459-4141

Store Hours:

Monday to Friday from 9:00 a.m. to 5:00 p.m. Shopper's is closed on the weekends.

Sonya's Store

Sonya's Store is a mini mart/gift shop and sells a variety of food items as well as stamps.

Telephone: (905) 451-6524

Store hours:

Monday to Wednesday - 1:00 p.m. to 5:00 p.m.

Thursday - 10:00 a.m. to 5:00 p.m.

Friday - 11:00 a.m. to 5:00 p.m.

Saturday - 1:00 p.m. to 4:00 p.m.

Sonya's Store is closed on Sunday and Statutory Holidays.

Parking

The Brampton Parking Control monitors the assigned spaces for the handicapped. If the vehicle does not have a wheelchair sign, the owner of the vehicle could receive a parking ticket. The Brampton Parking Control has been known to give tickets to cars parked in front of Grace Manor to drop off or pick up. It does help to leave your hazard lights flashing and keep the time parked to a minimum. However, we have had a number of our family members receive tickets regardless. The area is designated as a fire route and cars may not be left there unattended. We have therefore designated the first parking spot closest to the front entrance to be a drop off spot which cannot be occupied for more than 10 minutes.

If any vehicle is parked in a spot reserved for a tenant, the doctor, or a 'No Parking' zone, the owner of the vehicle may have a wheel lock applied to their vehicle and a fine of \$25.00 will have to be paid before it will be removed. Any numbered spot that does not have a reserved sign on it is available for guests.

Parking is available behind King Tower and there is a fob keypad entrance up the back sidewalk that runs behind Horizon Hall and into Peace Tower. The code is the same as the one used to exit the nursing units and changes monthly.

Section 3 – INCLUDED GOODS AND SERVICES

Furniture

Each resident is provided with a bed, a small bedside night table (top drawer can be locked**), a chest of drawers and a chair.

Upon receipt of the key to the locked drawer, residents/family members are to ensure its safekeeping and return the key when the room is vacated.

We encourage our residents to bring in pictures, calendars etc. to help make their rooms look homey. They may bring their favourite chair; however please contact nursing staff first as to the chair's size and suitability. Private rooms enable the resident to bring more personal belongings, as the space in other rooms are more limited.

We kindly ask that families limit furniture brought in to allow safe access and care of their loved one and to permit effective house cleaning. Please see “Space Requirements” in the general information section for more information to help you furnish your room appropriately.

Outside each room, in the hallway, is a locked glass display box that can be used to help residents identify their room and display something special to them. This is shared by both residents in a standard room.

Nursing Services

There is one Charge Nurse - RN - on duty 24 hours a day. Each unit has one registered Charge Nurse if RPN - and two PSW's (Personal Support Workers). Residents/POA' are asked to sign a consent form enabling us to obtain previous health records. Grace Manor currently has three physicians caring for our residents and each physician visits once a week. We also have access to a Nurse Practitioner who assists with care in the absence of the doctors.

The following is a list of services provided through our nursing department

- Nursing staff, including registered staff are on duty 24 hours a day, 7 days a week. A call bell is located in each room by the bed, in all washrooms, shower and tub rooms, activity rooms and lounges. Each call bell summons staff at any time of the day or night.
- Medical care and administration of medications by assigned doctors and qualified registered staff.
- Certain medical supplies and nursing equipment that are necessary for the care of the resident.



Restorative Care & Nursing Rehab

Restorative Care is a philosophy of care that focuses on preserving and enhancing the quality of life of our residents. A resident is often admitted to a long-term care facility for various reasons; mainly due to a decline in physical and/or mental health and abilities. Residents experience some degree of loss of independence before and sometimes as a result of the transition. The act of providing Restorative Care to residents is an approach to care that intends to 'restore' them to their maximum functional potential within their given situation. Restorative Care is not just about functional potential within their given situation. Restorative Care is not just about restoring the resident physically but emotionally as well. By focusing on what a resident CAN DO, we can give residents back that sense of independence no matter how small the task may be. All departments at HCH play a part in Restorative Care through their approach to their job tasks - working towards ensuring maximum quality of life for the residents.

Nursing Rehabilitation is a formalized program that is driven by the Nursing Department and staff. The program has specific criteria and Ministry of Health and Long-Term Care requirements.

All residents have the opportunity to receive physiotherapy, (see 'physiotherapy' section), however; not all residents will be on a Nursing Rehab program. Residents cannot be completely independent or completely dependent in a particular activity of daily living in order to qualify for Nursing Rehab. When residents are on a Nursing Rehabilitation program, they must participate for 15 minutes per day, 6 days out of 7 days of the week. Nursing Rehab allows residents to practice their skills in the areas of walking, dressing/grooming, eating, transferring, active range of motion and toileting. Staff will provide interventions that enable the residents to do their 'activities of daily living' for themselves. As an example - in the dressing/grooming program, a resident may be able to brush their own teeth providing a PSW puts the toothpaste on the brush and hands it to the resident. This simple intervention means that the resident can do something they otherwise could not do on their own. Residents who are on the Nursing Rehab program will have a symbol of the green hand and with a leaf in it on their nameplate outside of their door.

For more information and to learn how you can participate in the Restorative Care and the Nursing Rehab program - contact Leanne Fernhout, Restorative Care Nurse at x5203 or leanfe@hch.ca

Occupational Therapy and Physiotherapy

MDR Physiotherapy Services have been the providers of OHIP funded physiotherapy services to residents of HCH for over 15 years. Recently the government has cancelled all OHIP funded physiotherapy services and replaced it with funding envelopes for each Long Term Care facility. We have decided to use that funding to allow MDR to continue their work in Grace Manor. They have dedicated physiotherapists who are on the units each week day providing one-on-one treatment. Upon admission, one of our highly trained and experienced physiotherapists will perform a complete physical assessment to determine how we can assist each resident to remain active and help to prevent falls. We will develop an evidence-based treatment plan that will meet mutually determined needs and goals. We use evidence-based rehabilitation equipment such as the NeuroGym to maximize the outcomes of personalized treatment plans. According to the Ministry of Health and Long-Term Care, seniors age 65 and over will not be denied physiotherapy services if it is deemed necessary.

MDR also strives to meet the needs for walkers, wheelchairs or positioning devices. Requests can be made to our Occupational Therapist (OT) to perform a physical and functional assessment at no cost. If a device is required, our OT will assist in applying for funding through the Assistive Devices Program (ADP) which covers 75% of the cost of the device. Simply ask the Charge Nurse on the unit for an ADP referral form to fill out and you will then be contacted by telephone to discuss the ADP and assessment process.

Activity Programs

Grace Manor Activation Staff run and oversee activity programs Monday thru Sunday. Our goal is to meet the physical, social, emotional, psychological and spiritual needs of the residents of Grace Manor by offering a large variety of activity programs. Activation Staff of Grace Manor are responsible for running small restorative exercise groups six days a week.

The Activation Staff also oversee and run special monthly events. ie. Special Event Teas in Horizon Hall, monthly birthday parties, bus trip outings, on-site restaurant outings, summer barbeques and programs involving special guests and choirs from the community.

A newly added therapy in our Department is our music therapy program. Our music therapist will conduct small group music therapy as well as 1:1 room visits with residents. Activation staff oversees music programs 3 times per week in the Grace Manor atrium with the assistance of volunteers and students.

Every month a calendar for each floor of Grace Manor is distributed to each resident's room and posted on our reality orientation board on each unit as well as being posted on our website for family members.

If any residents or family members have any questions, please call the Activation Director.

Volunteer Services

Holland Christian Homes values the important contributions that volunteers make to enhance the quality of life for our residents. The Volunteer

Services Department is committed to providing support for all volunteers. This support includes providing placement to best meet the needs of the Home and the volunteer, ensuring adequate training is provided for the volunteer and following up with all volunteers. As family members you may consider joining as a volunteer or benefiting from some of the training that we provide for our volunteers. Examples of training include meal time assistant and understanding dementia.

The Volunteer Services Department strives to promote the talents and contributions of our volunteers. To show the Homes' appreciation, both group and individual recognition events are planned on a regular basis.

Housekeeping Services

On a routine basis, the cleaning of our resident's room is looked after by the Housekeeping Department. If a resident has a lot of personal knick-knacks, we ask them to ensure that that residents or their families dust them regularly as it is difficult for the housekeeping staff to do so.

Laundry Services

The supply and laundering of all bed linens and towels is provided by the Laundry Department.

All articles of clothing brought in must be given to nursing staff to ensure that it is properly labelled. It is imperative that this be done as Holland Christian Homes cannot be responsible for articles of clothing missing due to improper labelling. Clothing maintenance and replacement is the responsibility of the resident/POA.

Every effort is made to avoid losing items; however, if clothing is lost, staff make the best effort to find the items.

If personal clothing is to be laundered by family or friends, a small laundry hamper with lid must be provided by the resident. We ask that residents notify the nurse if personal clothing is to be washed outside the facility.

All clothing must be washable. Fragile fabrics, such as wool or silk are not recommended as Holland Christian Homes cannot be held responsible for any damage or shrinkage.

Holland Christian Homes is not responsible for articles which must be dry-cleaned. It is the resident's responsibility to make their own arrangements for dry-cleaning.

Clothing & Toiletry Requirements

The following articles will be provided by the facility:

Combs, hairbrushes, toothbrush, toothpaste, deodorant, denture cleansing tablets, and K1eenex.

Please remember that residents often do go through numerous articles of clothing daily and the cleaning and returning cycle of soiled clothing may be a few days. For residents and families that have difficulty affording enough clothing to meet their needs, the laundry department does stock some donated clothing that may be suitable for their needs. If that is a need please make an appointment to see the Laundry Manager.

Please see the next page for a recommended Wardrobe.

Recommended Wardrobe

Ladies	Amount	Gentlemen	Amount
Dresses	6-8	Trousers	6-8
Blouses/skirts or slacks combination	4	Belts	2
Sweaters	4	Shirts	6-8
Slips	6	Undershirts	8
Undershirts	6	Underpants	8
Bras	4	Socks	6-8 pairs
Underpants	8	Pajamas	6-8 pairs
Nightgowns	6		

For both Gentlemen & Ladies

Ladies & Gentlemen	Amount
Slippers (washable with rubber soles)	1-2 pairs
Housecoat	1-2 pairs
Shoes	2 pairs
Boots	1 pair
Coat & Scarf	1
Gloves	2 pairs

For long-term care residents, we recommend either over the knee stockings or knee high cotton socks. Nylon stockings or pantyhose are usually unsuitable.

If incontinence is a problem, a sufficient supply of snug fitting underwear is recommended to help keep incontinence products in place.

Adaptive clothing: Open backed clothing (night gowns, dresses, blouses and shirts) and easy open slacks and pants are highly recommended if the resident is wheelchair bound or their health condition warrants it. Dressing is easier and less painful for the resident (e.g. stiffness in joints due to arthritis, contractures etc.)

Notices are posted in resident areas for the dates clothing companies who specialize in adaptive clothing will be at Holland Christian Homes.

Section 4 Purchased Services

There are services available to residents that are not covered or are partially covered by the funding we receive from the Ministry. All services that are not covered are optional for all residents. Grace Manor has arranged to have the services listed below be provided in our facility for the connivance of our residents. pos

Medication & Pharmacy Services

Our nursing staff is responsible for ensuring that our residents receive all their medication. For safety reasons, it is important that the residents do not keep any medications at their bedside; this includes laxatives, ointments or pain relievers. If medications are brought in at the time of admission, we ask that they be given to the nursing staff upon their arrival. He/she will contact the appropriate physician for medication orders and process them through the pharmacy which services our facility. All services and drugs are supplied by Classic Care Pharmacy. Any billable costs will be added to the monthly Grace Manor invoice, unless other payment has been made. Any medicines prescribed by the doctor that are not covered by OHIP, the designated contact (POA) will be contacted for approval.



"Setting the Standard for Care"

Dental Services

If a resident desires dental services, he/she should let the nursing staff know. The dentist will then contact the resident, and a family-member of the resident.

Therapeutic Foot Care Service:

Our Certified and Registered Foot Care Nurses provide therapeutic foot care services to residents of Grace Manor. Our nurses are on-site approximately every 6 weeks and treatments occur in a central area within each unit of Grace Manor. Simply complete the 'consent and registration' form located in this binder and leave it with the nursing staff on the unit. The fees for this service are: \$30 for the initial assessment and \$25 for treatments thereafter. Holland Christian Homes will invoice your account directly after you receive this service.

Our goal is to assist our residents in any way that we can to have a positive experience with any rehabilitation and physiotherapy needs. Please do not hesitate to contact us with any questions or concerns. We are always happy to hear from you! Contact Information:

Guest Meals

Arrangements for guest meals can be made at the Grace Manor Nursing office during office hours, Monday to Friday from 8:30 a.m. to 4:30 p.m. Arrangements may also be made at the First Floor Nursing Station after hours and on weekends so that visitors can eat with their loved ones in the Grace Manor dining rooms. The Dietary Department/unit staff make a concerted effort to provide you with a private table within the dining room if this is available.

Television

Residents are allowed to have a television in their rooms. In a semi-private room, a smaller television with an ear attachment is preferable to prevent the roommate from being disturbed. Residents are able to have cable connected to their television. Cable is a monthly subscription; cost is automatically added to the resident's monthly invoice.

Grace Manor has a cable service, which enables our residents to receive various television stations. This cable service includes our own Channel 990. Channel 990 broadcasts live Church

services and other activities held from time to time in Heritage Hall. At other times, information is listed including upcoming entertainment notices and messages.

We also have designated Channel 989 as Dutch satellite channel that is sponsored by Holland and provides a variety of programming in the Dutch Language.

Telephone and Internet Services

In both Manors, Holland Christian Homes supplies the telephone service for our residents. Other telephone service providers (i.e. Bell Canada) are not able to provide services since we have re-wired both Manors for our service. See accompanying contract for details regarding services provided and costs associated. All charges will be added to the monthly bill.

The communication system is a completely integrated solution which provides wireless phone connectivity to the registered staff (charge nurses) which will allow them to move about the building and always be in touch with fellow staff during emergencies, and with families and friends regarding residents.

There is also the option of wireless internet services for our residents if they do have computers, smart phones or note pads at additional cost (see contract). However, each of our activities rooms have supervised computers that are connected to the internet and may be scheduled for use by the resident. We also have Skype video calling set up on computers on each floor in the North home area activity room to allow residents to connect with family and friends around the world through video conferencing, Please ask the Activities staff how that can be arranged. There is a secure hot spot around each activity room that has SSID and password posted in the activity room.

A related area is our developing web site (www.hch.ca) which will be providing more and more information regarding our services and programs for the general public and is used to communicate important information to our families and friends through a restricted area. At the moment Activity Calendars are posted there and minutes and other material related to Family Council are there. In order to access these sections you will need to register. The instructions for registering are found on the home page of the website. Keep checking back to this site as we are constantly changing and enhancing it.

Please feel free to make suggestions on how we might be able to use technology and the web site to enhance the services we can provide for our residents.

H.C.H. Contact: Admissions Coordinator - Kelly Pereira - Ext. 5250 - kellpe@hch.ca

Section 3 - SUPPORT SERVICE

Grace Manor is a long-term care facility and is accredited through the MOHLTC [Ministry of Health and Long-Term Care.] This type of facility provides 24-hour care every day for those whose mental and/or physical health needs require active care and monitoring. Every effort is made to meet each resident's needs on an individual holistic basis - which also includes meeting the resident's psychosocial needs; such as, activities, social interaction and spiritual support. There is also a social worker who helps to provide support through the adjustment phase of admission to both family and the new resident - as well as advocacy, education, counselling and emotional support as required.

The resident will be encouraged to participate in their own care to the maximum level of their ability. This is done through a MOHLTC regulated review and by a professional assessor. This type of combined effort with restorative care and each individual continues to promote their continuing independence and continued sense of accomplishment and dignity of each person. This is considered a resident's 'home' ... and we encourage personal belongings that are of importance be brought to the resident's room to help provide, a home-like environment. The rooms have limited space for items; however, the efforts would be to try and provide an environment that supports a sense of comfort to your family member.

The residents have a 'Bill of Rights' which is mandated through the MOHLTC. Each new resident and family member should receive a copy of this Bill - which includes 27 rights of each resident living in long-term care.

Special Care Committee

There is a Special Care Committee within Grace Manor that promotes end-stage of life care at the Manor - without being transferred to hospital. All support services are involved with providing the appropriate support as required - for both the residents and family member(s). Most care that would be provided in a hospital setting is available within Grace Manor - with a focus to pain and comfort management. There are guest rooms within Holland Christian Homes which may be available if family from out-of-town wish to rent them to remain close by. These rooms are booked through the Admissions Coordinator (see Room Bookings for more information). A 'chair bed' is also provided in the resident's room where family may stay 24 hours/day through end-stage of life. Advanced Medical Directives are reviewed with management at admission that provides instructions to the unit charge nurse on how to proceed in an emergency. This may involve discussions around funeral arrangements and directives for care at end-stage of life.

Religious/Spiritual Support

Celebration of Life

There is a 'Celebration of Life' memorial service held for family members/friends who have had a loved one pass away in Grace Manor. An invitation will be sent out to family and friends when a Service date is arranged. We welcome you to attend - and to participate if you wish - in honouring the lives of our seniors.

Heritage Fellowship Christian Reformed Church

7900 McLaughlin Rd. S., Brampton, Ont. L6Y 5A7

Telephone: (905) 463-7002 ♦ Fax: (905) 459-8667 ♦ web site: www.hch.ca

Welcome! As the pastors/chaplains at Holland Christian Homes we pray that God will bless you in this place with his grace and love. To that end we are glad to serve you with pastoral care.

We are pastors of Heritage Fellowship Christian Reformed Church, a congregation of people who are resident in the Towers and the Manors of Holland Christian Homes. We also serve as



chaplains to all residents of Holland Christian Homes, including Grace and Faith Manors. We are happy to:

- Provide pastoral visits from time to time with any resident who is open to receiving them
- Make ourselves available for pastoral ministry to family members and caregivers
- Make Bible studies available on each floor of our Manors on a weekly basis
- Make hospital visits regularly to all resident who may be hospitalised, and who are open to receiving these visits
- Provide worship services in Heritage Hall on Sundays at 10:00 a.m. and 7:00 p.m., and on all other significant religious holidays. All residents who can attend these services are welcome. These services are also broadcast via in house television (channel 990)
- Other spiritual care as may be requested by residents.

Grace and Faith Manors also encourage the personal visits which your own pastors and priests may wish to bring to you. For our Roman Catholic Residents, Mass is provided through Saint Jerome ' s Parish every Monday in Harmony Hall at 10:00 a.m., and every Tuesday morning in the Grace Manor Chapel at 10:00 a.m.

Contact Information:

Pastor Henk Bruinsma	Faith Manor: both floors of A wing Grace Manor: Floor 2 North	Office: 905-459-8493 Cell: 647-784-6308
Pastor Hank Bylstra	Grace Manor: First & Third Floors	Office: 905-796-7424 Cell: 416-659-8205
Pastor Brent VanderHeide	Faith Manor: both floors of B Wing Grace Manor: Floor 2 South	Office: 905-459-8493 Cell: 289-459-8493

The Role of Social Work in Long-Term Care

Social Work is based upon the understanding of the individual and the environment. The main purpose of social work services is to promote the best possible quality of life for each resident based on their own unique needs. Social Work assists family members and friends with their own adjustment(s) when placing a relative/friend into long-term care - through emotional support, counselling, education and advocacy with various other disciplines within this setting. The primary mandate of Social Work is to advocate on behalf of residents and their families - with a focus on the social and emotional impact of physical and mental impairment while adapting to many losses and changes that occur at this time in a resident's life.

- enhancing resident's care, including promotion of holistic health care, maintenance of therapeutic relationships with residents and their families while providing specialized individual and family counselling, engaging in resident advocacy, family councils and resident councils;
- promoting a positive atmosphere and attitude while playing a leadership role in counteracting stereotyping, stigmatization and discrimination;
- sharing responsibility for educating residents, family members and staff colleagues; assisting with education around the MOHLTC (Ministry of Health and Long-Term Care) rules and regulations in this environment;
- emotional support for residents moving into long-term care; emotional support for families around guilt, grief, anger and other significant emotional challenges;
- challenging the status quo when necessary when advocating for residents;
- providing support (counselling, mediation, advocacy) to a resident and family members who are struggling with placement into long-term care;

- helping families re-define their role and relationship;
- completing psychosocial assessments on each resident; upholding the Residents' Bill of Rights;
- providing information and education around advance health care directives and health care decision making;
- assisting in mediation and conflict resolution as issues arise;
- facilitating and ensuring participation of the resident and family in the initial care conference and in care planning;
- advocate planning centred on the resident and family member's needs first and foremost;
- working with the resident and the team proactively to solve interpersonal or behavioural issues a resident may be experiencing;
- mediating concerns that may arise between the resident and the family and/or the health care team;
- to assist residents/family members with legal documentation around POA (Powers of Attorney for Personal Care and Property) - and other government documentation as required;
- assist residents/family members through crisis situations - changes in health - adjustments to environment - personal empowerment and emotional support through losses;
- provide emotional/educational support to family_- counselling and understanding of caregiver burnout;
- provide grief and bereavement support and education when required through the dying and death process.

Section 4 – Opportunities for Involvement

Resident's Council

Grace Manor has an active Residents' Council which meets on the last Thursday of each month, except for July, August and December. This is an opportunity for all of the Grace Manor residents to voice their concerns and/or ideas to the management of HCH. This meeting also provides an opportunity for the staff to inform our residents about items that we feel are important for them to be aware of. The meeting is presided over by a resident when possible ... and at the invitation of the residents – is co-facilitated by the Director of Activities and/or SSW. The minutes will contain an 'action' column for management's follow-up and the response letters indicate the relevant responses to each item. The minutes of each meeting are posted on the family bulletin boards on each unit. The minutes and management's response letters are also uploaded to our HCH website under 'Manors.'

Family Council

Grace Manor has a very active and productive Family Council – which meets five times yearly on a Saturday morning in the Grace Manor Chapel. The dates/times are posted throughout Grace Manor approximately three weeks prior to the meeting date – and are also posted on the HCH website. This Council is run by family members and there is at least one staff present at the invitation of the families. We encourage our family members / friends of those who have someone living in Grace Manor to attend – as this provides a forum for questions and concerns – as well as information from HCH that may help our families in understanding the long-term care environment. HCH recognizes that our resident's well-being is greatly dependent upon their families and friends and we hope that this channel of communication is used effectively for this purpose to help us, as HCH staff – continue to meet everyone's individual needs. The minutes and response letters from management are mailed out in the monthly billings to the primary contact and are also posted on the HCH website.

Family Council Program of Ontario

The Family Council Program of Ontario is an organized, self-led democratic group of family and friends of residents living in long-term care. A staff liaison is available to help support and facilitate the Council. This Program facilitates the development and sustainability of Family Councils in long-term care facilities. It is also facilitates Family Councils to meet within their respective regions. This Program is led by volunteers. The Program is supported through: (a) consultations – planning steps or addressing challenges via telephone or e-mail; (b) networking – opportunities to meet once or twice annually to share experiences and learn through educational support and discussions of common issues; (c) training and presentations – offers a wide variety of presentations tailored to specific needs of the Family Council in each facility; (d) resources – manual entitled 'Starting and Maintaining your Family Council' – fact sheets – tool kits – video(s) – semi-annual newsletter; (e) facilitators – trained volunteers to provide additional support. The Family Council Program of Ontario is funded through the MOHLTC (Ministry of Health and Long-Term Care).

Contact Information for the Family Council Program of Ontario:

- HCH website: <http://hch.ca>
- <http://www.familycouncilmembers.net>
- affiliate programs – 'Concerned Friends of Ontario Citizens in Care Facilities' – www.concernedfriends.ca
- staff liaison at HCH – Shirl Hutchinson – SSW-GER – Faith and Grace Manor – shirhu@hch.ca

The Family Council Program in Ontario is funded through the MOHLTC - (Ministry of Health and Long-Term Care).

We appreciate the contributions and involvement that we have through both the Resident's Council and the Family Council. It certainly helps us to improve and gives opportunities for us to explain the many complex issues in long term care.

Post Admission Care Conference

A multidisciplinary admission care conference will be held approximately six (6) weeks post admission. The first contact on the resident's chart will be called to arrange a date and time. All family members are welcome to attend. This is a Ministry of Health and Long-Term Care requirement.

The family members are encouraged to bring their loved one to this meeting if they are capable to speak on their own behalf. This meeting is an opportunity for families to ask questions and to receive a report from all of the team members; including, nursing, social work, dietary, activities, laundry and housekeeping.

These meetings are an excellent way for families to find out what is happening regarding their loved one and their care. By attending these conferences, families can actively participate in determining goals and specific routines of care. These meetings also provide an excellent opportunity for families to meet some of the staff directly involved with the care of their loved one.

Annual conferences are held for each resident at Holland Christian Homes (or more often if needed). A letter will advise the family members of the date and time of the meeting and will be mailed out in the billing one month prior to the scheduled time allotted.

Processes for Obtaining Information. Raising Concerns. Lodging Complaints or Recommending Changes

In order to serve our residents and families to the best of our abilities, there is a process in place to obtain information, raise concerns, lodge complaints and/or give recommendations for change. If there are problems or concerns, our residents & families discuss this first with the Charge Nurse on each floor. The nursing staff can forward the concerns to the specific Department via a 'Complaints/Concerns' form. The appropriate Department(s) will deal with the concerns.

If for some reason any resident or family member is not satisfied with the response, please contact the Assistant Director of Resident Care and/or the Director of Care. Should a resident and/or family member continue to be unsatisfied with the response - follow-up can be requested by the Administrator of Grace Manor and/or the Executive Director of HCH. All GM management have offices on the main floor to the right of the entrance and the Executive Director's office is located in the Ebenezer Centre near the main reception of the facility. We appreciate the opportunity to address and solve issues or implement good ideas submitted by residents and family members. We understand that there is always room for improvement. Residents and families have the right to contact the Long Term Care Action Line at 1-866-434-0144, seven days a week from 8:30 AM to 7:00 PM for any complaints/concerns that they feel are not being addressed. All concerns will be reviewed by the Ministry of Health and Long-Term Care.

All concerns are taken seriously and hopefully can be resolved quickly and to everyone's satisfaction. We kindly ask that families do not hesitate to access the needed resources to have their concerns addressed.

Section 5 - GENERAL INFORMATION

Financial Information – Nursing Homes (effective January 1, 2014)

1. Involuntary Separation

Most couples have their Old Age Pension and Federal Supplement cheque combined.

However, when one spouse has to be moved to a Nursing Home or elsewhere, this pension cheque can be changed.

Due to involuntary action, i.e. one spouse has to be separated from the other, the spouses can have separate cheques and this increases the amount of pension dollars received. This is probably welcome as the cost of Nursing Home care is expensive. For information, you or your children can call:

Federal Government Income Security Programs
P.O. Box 5100, Station D
SCARBOROUGH ON M1R 5C8
Phone: 1-800-277-9914

The change in pay rate will become effective the month following the separation.

2. Senior Citizen - Government Pension

How much are we getting - how much are we entitled to?

Below is some information from the Ministry that will give you an idea of what the pensions should be.

The Federal Supplement (GIS) is based on any other income you have, i.e. interest, pension from another country, etc. The gains is then calculated on the GIS amount.

If you have any questions, please ask your family to contact the address which is on your pension cheques and envelopes.

For your information and assistance we are providing you with the maximum guaranteed monthly income amounts payable to eligible Senior Citizens.

	Single	Husband and Wife	
Basis Old Age Pension (OAS)	\$ 558.71	\$ 558.71	\$ 558.71
Federal Supplement (GIS)	<u>\$ 757.58</u>	<u>\$ 502.34</u>	<u>\$ 502.34</u>
Sub-totals	\$1,316.29	\$ 1,061.05	\$1,061.05
GAINS A	<u>\$ 83.00</u>	<u>\$ 83.00</u>	<u>\$ 83.00</u>
Sub-totals	\$1,399.29	\$ 1,144.05	\$ 1,144.05
TOTALS	\$1,399.29	\$ 2,288.10	

3. Information on Subsidy

In order to apply for a reduction in Long Term Care facility accommodation fees, a resident has to reside in a Basic accommodation. If you are interested in this subsidy, please see Sara vanVliet-Rodgers – Accounting Assistant at ext. 5211

Once the resident has been awarded a Basic bed, an application can be obtained from the Accounting Assistant and needs to be returned to our Business Office upon completion.

If the resident is deemed eligible for this additional reduction in rates, the new rate will appear on your invoice, as soon as it has been approved.

Some Important Policies

Resident Abuse & Neglect

POLICY

Holland Christian Homes maintains a zero tolerance level towards abuse or neglect of residents or tenants.

HCH is committed to providing a safe environment for all residents, tenants, employees, visitors, volunteers, students and other service providers.

All abuse or neglect, whether suspected, alleged or witnessed must be reported immediately, investigated thoroughly and corrective action must be taken to avoid reoccurrence.

If the investigation determines that abuse or neglect occurred, then disciplinary action will be administered up to and including termination of the abuser.

PURPOSE

To prevent and/or eliminate cases of abuse towards residents and tenants by:

- raising awareness of what constitutes elder abuse and neglect.
- educating the staff, residents, volunteers, students and other service providers about elder abuse and neglect.
- ensuring that staff, students, visitors, volunteers, residents and other service providers are made aware of the consequences of failing to follow the policy.

SCOPE/SPECIAL INSTRUCTIONS

Every alleged, suspected or witnessed incident of abuse of a resident by anyone; or neglect of a resident by a staff member that is reported to the management team will be immediately investigated.

Any staff accused of any form of abuse will receive one to one counselling from Director of Resident Care (DRC), Assistant Director of Resident Care (ADRC), Executive Director, Administrator, Human resource personal or delegate before returning to work.

PROCEDURES

Staff will be trained on the resident abuse policies during orientation, and annually thereafter. Attendance at the mandatory in-services will be tracked in a database, and staff not in attendance will be assigned the training via an alternate format. Staff who do not complete the mandatory in-services within 30 days of being assigned the training will be subject to the progressive discipline process.

The Residents' Bill of Rights and the Policy on Zero Tolerance of Abuse and Neglect will be reviewed with each new employee during orientation and annually thereafter.

The staff training and education will include:

Resident Abuse and Neglect

Reporting Abuse and Protection Against Retaliation

Investigating Complaints of Abuse and Neglect

New employees shall sign off that they have read and understood the abuse and neglect policies prior to the commencing work on the floor/unit. All staff shall attend an annual re-training on abuse prevention and will sign the attendance sheet to confirm their attendance.

This policy will be posted in a highly visible public area of Faith Manor and Grace Manor.

RESPONSIBILITY

Executive Director, Administrator, Director of Resident Care, Assistant Director of Resident Care and Human Resource person.

DEFINITIONS

Abuse: A misuse of power, trust, respect or intimacy causing physical or emotional harm to a resident. Abuse can take the form of a single act or a repeated pattern of acts that undermines a sense of dignity, self worth and independence. O. Reg. 79/10, s. 2 (1).

Examples of Abuse:

Physical:

Any use of physical force that causes physical injury or pain. Includes, but is not limited to: hitting, biting, scratching, pinching, kicking, pushing, slapping, shaking, using force, rough handling, inappropriate use of medication or restraint, or physical coercion. Physical abuse does not include the use physical persuasion that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances. O. Reg. 79/10, s. 2 (2).

Psychological/Emotional Abuse:

Any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization. Includes, but is not limited to: sarcasm, retaliation, intimidation, manipulation, teasing/taunting, insensitivity to resident's culture, race, religious practices, economic status or education.

Verbal Abuse:

Any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth. Includes, remarks perceived to be exploitive, insulting, derogatory or humiliating, expressed through sarcasm, swearing, racial slurs, teasing or inappropriate tone of voice. O. Reg. 79/10, s. 2 (1).

Sexual Abuse:

Holland Christian Homes POLICY and PROCEDURE Subject/Name Resident Abuse & Neglect Page 3 of 4 Any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a staff member. Includes but is not limited to forms of physical sexual relations, touching of a sexual nature or behavior/remarks of a sexual nature. Sexual Abuse does not include touching, behaviour or remarks of a clinical nature that are appropriate to the provision of care or assisting a resident with activities of daily living. O. Reg. 79/10, s. 2 (3).

Financial Abuse:

Misappropriation or misuse of a resident's funds. Financial abuse includes but is not limited to theft or unlawfully withholding a resident's money, pension, securities, etc. Fraud, forgery and extortion using Power of Attorney, Substitute Decision making authority, or a family relationship in a manner that is detrimental to the resident or the resident's care and/or personal well-being.

Exploitation of a Resident's Property or Person:

2. Theft of or the unlawfully withholding a resident's property or possessions including food and items of monetary value. Borrowing of resident's personal belongings. Using the personal image/voice of a resident for personal or commercial purposes or in a manner that is detrimental to the resident's well-being.

Neglect:

The failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents. O. Reg. 79/10, s. 5.

Includes but is not limited to: malnourishment, dehydration, being left unattended for long periods of time in bed/chair, unkempt appearance, dirty or inappropriate clothing, untreated medical problems, ignoring requests or calls for assistance, leaving the person in soiled or wet linen. O. Reg. 79/10, s. 5

Prohibited Use of Restraints:

Application of any restraint that does not comply with the Holland Christian Homes and the Ministry of Health’s Least Restraint Policy.

Medical Abuse:

Any medical procedure or treatment performed without the informed consent of the resident or substitute decision maker.

Civic and Human Rights Abuse:

Any act that denies a resident’s rights as outlined in the Ontario Resident’s Bill of Rights.

REFERENCES & RELATED STATEMENTS

Long Term Care Homes Act, 2007 – Ontario Regulations 79/10 : subsection 2 (1), subsection 96-99

Reporting of Resident Abuse or Neglect

POLICY

All abuse or neglect, whether suspected, alleged or witnessed must be reported immediately, investigated thoroughly and corrective action must be taken to avoid reoccurrence.

PURPOSE

To establish the reporting mechanisms and responsibilities where abuse or neglect is alleged.

SCOPE/SPECIAL INSTRUCTIONS

Reporting Procedure for Abuse:

On becoming aware of abuse or neglect, or if there is a suspicion that a resident has been abused or neglected, the first person having knowledge of this shall immediately inform the Director of Resident Care or alternate.

Protecting Those Who Report Abuse:

Holland Christian Homes will do it’s best to protect anyone who reports abuse from any retaliation by others. Confidentiality of all of the individuals involved in the incident will be maintained at all times. * Failure to report witnessed abuse will result in disciplinary action to the individual who failed to report the abuse, and may result in criminal charges by police.

Education

If the investigation determines that abuse did not occur the team will decide what action to take, and the staff member will return to work only after receiving one-to-one education regarding the HCH abuse policies from a designated member of the team.

PROCEDURES

Responsibilities of Workplace Parties

Employees:

- Intervene if safe to do so, or identify needed interventions (e.g. call 911) to ensure resident/staff safety and well-being when incident of witnessed or unwitnessed abuse or neglect is occurring or has occurred.
- Report any witnessed, suspected, or alleged abuse to the charge nurse or Director of Resident Care immediately.
- Document or write a brief factual note (e.g. not allegations or opinion) in chart or patient record writing the details of the alleged or witnessed abuse or neglect as soon as possible.
- Maintain confidentiality regarding the report and names of all those involved in the incident.
- Report any retaliation actions experienced related to the reporting of abuse or neglect under this policy.

Charge Nurse:

- Notify the Director of Resident Care or designate (or if after hours the manager on call) immediately upon receipt of the report of alleged, witnessed or unwitnessed abuse or neglect.
- Immediately investigate the alleged abuse:
- Assess and examine the person, provide first aid treatment if required, complete the internal incident report and the Head to Toe Skin Assessment if warranted. The physician is to be notified if physical injury has resulted from abuse.
- Complete the incident report under the Risk Management Tab in PointClickCare.

Director of Resident Care or Designate:

- Immediately send the alleged abuser home. The employee will remain off work during the investigation.
 - The Executive Director will determine whether the employee will be placed on a paid or unpaid leave. This decision will be determined on a case-by-case basis, and if applicable in consultation with HCH's legal counsel.
- Immediately notify the Substitute Decision Maker (SDM) or person requested by the resident of the incident if the resident is harmed, and within 12 hours for all other situations of alleged or witnessed abuse or neglect. {LTCHA Section 97(1)(a) and (b)}
- Submit a report to the Ministry of Health and Long Term Care within 48 hour by CIS or by telephone on the week-end or a holiday.
- Notify the resident's Attending Physician
- The Director of Resident Care or designate will notify the police of all confirmed cases of abuse or neglect of a resident that may constitute a criminal offence (LTCHA Reg 79/10 s98) All incidents of abuse that cause physical injury, and non-consensual sexual behaviour must be reported to the police.
- A report must be submitted to the Ministry of Health and Long Term Care within 10 days that includes, but is not limited to, the results of investigation and any action taken in response to incident of abuse. If the report cannot be submitted within 10 days, The Director of Resident Care will submit a preliminary report to the MOHLTC
- Notify a CLAC Representative/Steward about the allegations and the action taken. Staff should have a CLAC Steward present when answering the allegations.

- Notify relevant Professional College, if applicable (any registered staff who is a member of a College under the Regulated Health Professions Act, 1991). Social workers have a duty to report under s. 24(4) of the LTCHA).
- Arrange for resident, family and employees affected by the incident to have counselling, if necessary. Holland Christian Homes can provide support from a Registered Social Worker, physician, Pastor of the Christian Reformed Faith or a Priest of the Catholic Faith. Upon request, residents and families will be provided with a list of agencies in the community licensed to provide counselling and support services. Employees have access to counselling services through the Employee and Family Assistance Program.

Executive Director or Administrator:

- Oversees the completion of all steps required by the policy and procedures, in order to manage the case to resolution.
- Accountable for ensuring that the proper reporting to MOHLTC has been undertaken.
- Responsible for contacting the law firm on retainer, particularly if the incident has the potential for lawsuit or criminal implications.
- Maintain the official copy of confidential investigatory file in their office in a secure manner.

Mandatory Reporting

1. HCH will report to the Ministry of Health and Long Term Care the results of every investigation that it conducts under this policy, and any action taken in response to any incident of resident abuse or neglect
 - a. Section 24(1) of the LTCHA requires the facility and certain staff members, to make immediate reports to the Ministry of Health and Long Term Care where there is a reasonable suspicion that abuse or neglect occurred or may occur. Staff should be aware that it is an offence under the LTCHA to discourage or suppress a mandatory report.
2. HCH will notify the resident and the resident's SDM, if any, of the results of the investigation immediately upon the completion of the investigation.

Detailed Report to the Ministry

Making a report to the MOHLTC under subsection 23 (2) of the Act, Holland Christian Homes shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.
2. A description of the individuals involved in the incident, including,
 - a. Names of all residents involved in the incident,
 - b. Names of any staff members or other persons who were present at or discovered the incident, and
 - c. Names of staff members who responded or are responding to the incident.
3. Actions taken in response to the incident, including,
 - a. What care was given or action taken as a result of the incident, and by whom,
 - b. Whether a physician or registered nurse in the extended class was contacted,
 - c. What other authorities were contacted about the incident, if any,
 - d. Whether a family member, person of importance or a substitute decision-maker of any resident involved in the incident was contacted and the name of such person or persons.

- e. The outcome or current status of the individual or individuals who were involved in the incident.
4. Analysis and follow-up action, including,
 - a. The immediate actions that have been taken to prevent recurrence, and ii) the long-term actions planned to correct the situation and prevent recurrence.
5. The name and title of the person making the report to the MOHLTC, the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector. O. Reg. 79/10, s. 104 (1).

Least Restraints Policies

Grace Manor shall be a least restraint home. Restraints will only be used if a resident is identified as an immediate danger to self or others. Any form of chemical or physical restraint shall only be used after all efforts to control the behaviour, e.g. behaviour modification and/or modification of environment have been attempted.

Least restraint is the minimal use of physical or chemical means, monitoring devices or confining measures, taking into account the person's physical and mental condition, minimizing the risk of injury and to prevent serious bodily harm to self and others.

“Restrain” and “Restraint” To “restrain” means to place a resident under control by mechanical means, environmental means, or by chemicals. A “restraint” is a device or chemical used to restrain a resident.

Physical: “Physical restraints” are physical or mechanical devices that are used to intentionally prevent movement of the whole or part of a resident's body in order to control that resident's physical activities. A physical restraint is any appliance, device or equipment attached or adjacent to a resident's body that the individual cannot remove easily and which restricts movement. Physical restraints include, but are not limited to: Geriatric chairs or wheelchairs with table tops in place; Full bed raise on both sides of the bed; Lap belts that the resident is unable to unfasten due to physical or cognitive limitations.

Chemical Restraints: are pharmaceutical agents that are used to restrain or control a resident by reducing the resident's functional capacity. Chemical restraints are not therapeutic agents; their use, to restrain a resident, is only permissible in situations of imminent risk, to prevent the resident from harming himself or herself, or others.

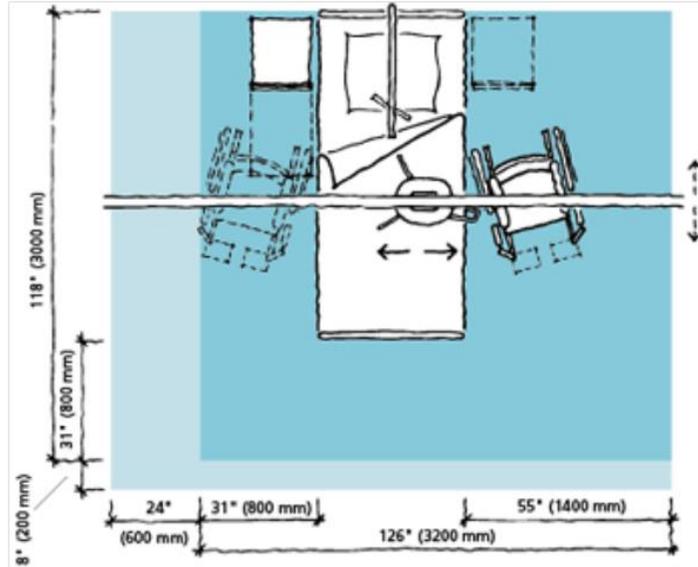
Environmental Restraints create barriers to a resident's freedom to move, for the purpose of confining that resident to a specific geographical area or space in the home. Environmental restraints include, but are not limited to: Areas of the home intended for residents' use and to which there is no free access (secured units); Monitoring devices, such as bracelets, wander-guards or resident-tagging systems; Coded access to the home's elevators.

Perimeter security and coded entrances intended for the general protection and safety of residents and staff are not considered to be environmental restraints for the purposes of these policies.

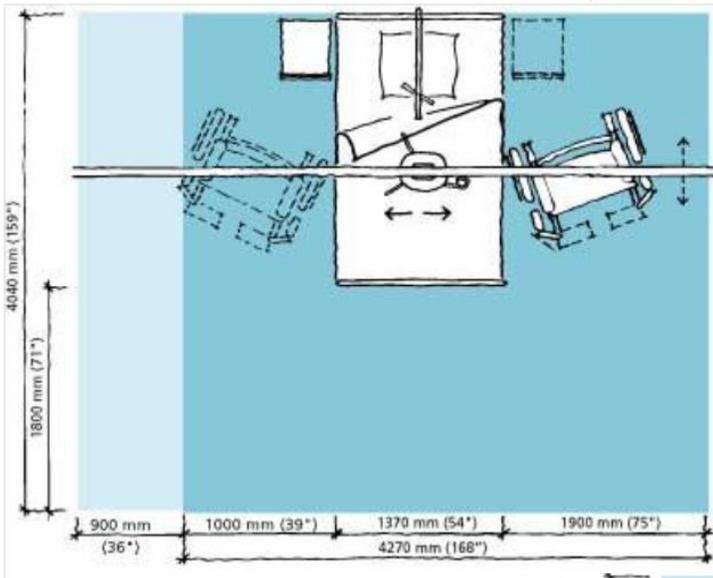
For more information regarding restraint policies please inquire with the Director of Care.

Space Requirements

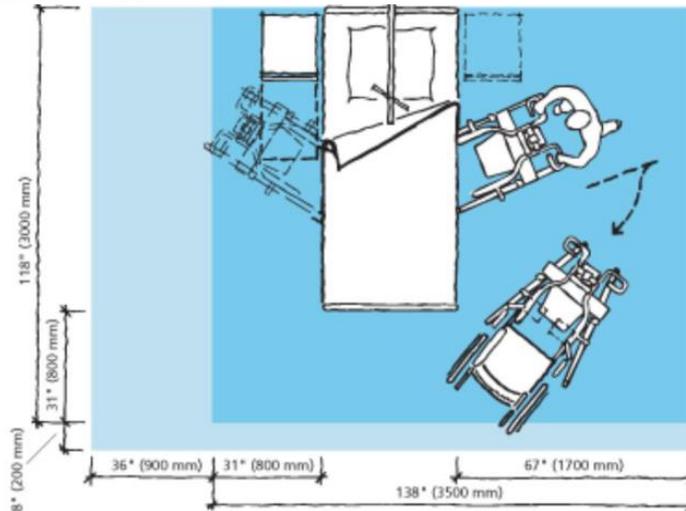
Resident with Wheelchair/Walker



Resident requiring Bariatric bed



Resident requiring Sit/Stand /Sling Lift



Family Bulletin Boards

A Resident/Family bulletin board is located on each floor to help keep our residents and family members informed. Also, an activity calendar is located on each floor to inform our residents of events taking place each day of the month in which they may wish to participate. Residents and families are encouraged to check the bulletin boards frequently for new postings.

Fire Procedures

All staff members are trained in fire safety procedures and know how to deal with emergency situations. Residents will be instructed in the fire safety procedures.

Regular drills of staff and residents are held monthly. Please follow staff's directions.

Leave of Absences

(According to Long-Term Care Homes Act, 2.007)

Psychiatric Leave 60 days/hospital stay

Medical Leave 30 days/hospital stay

Vacation Leave 21 days/year in total

Overnight Leave 2 days/week

Weekend Casual Leave

We do request that the registered staff be notified before a resident leaves the facility in order to ensure that their medications are not missed. The Dietary Department etc. will also need to be notified. Families will be notified as soon as possible prior to or at the time of a medical leave.

If a resident is going to be away on an extended leave of absence, i.e. more than four (4) days, we ask that you notify us at least forty-eight (48) hours in advance so that we can request medications from the pharmacy. We ask that all families check with the registered staff on the unit of allowable time away with their loved one.

There is a binder at each Nurse's Station containing Leave of Absence forms, which must be signed by a responsible person when a resident leaves the facility.

We recommend that all families advise the nursing staff if they are taking a resident to another part of the facility and when returning from an absence.

Mail Services

Mail delivery in-house is done by a volunteer. If residents do not wish their mail to be delivered directly to them or their room, they should inform the unit change nurse to have it dropped at the nursing desk. If a resident would like to receive newspapers, the resident must personally subscribe to a mailing list and a volunteer will deliver it directly to their room.

Maintenance

Any maintenance problems are looked after by the Maintenance Department. If any of our residents notice something in their room that needs attention, we kindly ask that they notify the staff on duty who will contact the Maintenance Department.

All electrical appliances must be checked by the Maintenance Department prior to being used in the resident's room.

Communication

Residents and family need to delegate a spokesperson, preferably the POA, to have contact with the staff regarding care and one person to be responsible for the financial matters. When too many persons get involved, the issues and concerns become unnecessarily complicated. It is important to exchange information with the staff on an ongoing basis, therefore; cooperation on both sides is crucial.

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Visiting Hours

Visiting hours are daily from 9:00 a.m. to 9:00 p.m. for family and friends. If the resident's condition deteriorates and/or end-stage-of-life is near, extended visiting is permitted and arrangements can be made for increased comfort. Please see our 'Special Care Needs' brochure in this package.