



# Collingwood Nursing Home

## A Family Run Home for Families™



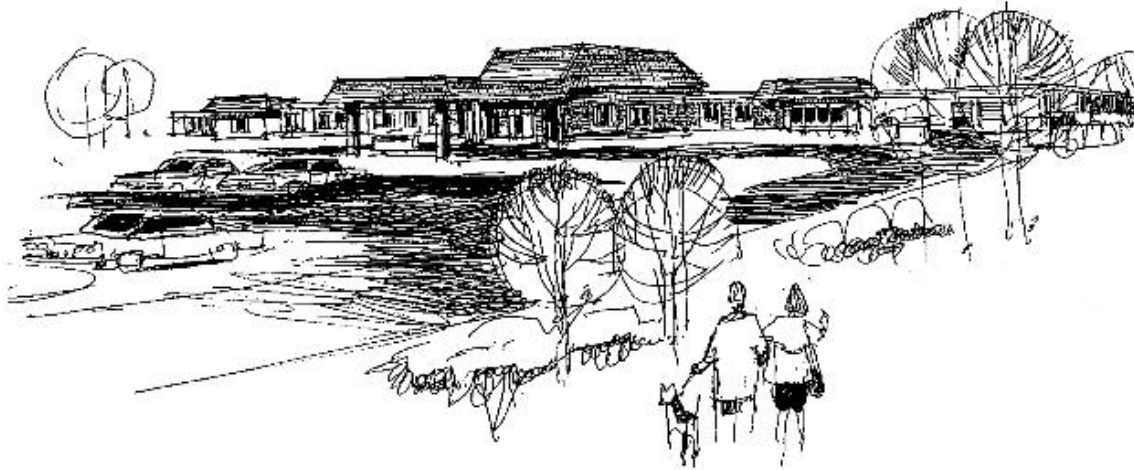
Our main priority is your loved one's care. We are quality focused and goal driven.

Family Run...

Great Staff...

Team Orientated...

A Great Place To Be Cared For...



Come for a visit, take a tour, become a volunteer

Visiting Hours:

8:00 a.m. - 8:00 p.m.

Members In Good Standing:

Ontario Long Term Care Association

Supported by / Avec le soutien de



**Ontario**

North Simcoe Muskoka Local  
Health Integration Network

Réseau local d'intégration  
des services de santé de  
Simcoe Nord Muskoka

**Peter Zober, President & Administrator**

**Wendy Curran, Director of Care**

**Debi Hughson, Assistant Director of Care**

**Assured Care Consulting, Management Company**

Contact Information:

250 Campbell Street, Collingwood, ON L9Y 4J9

(705) 445-3991 Fax (705) 445-5060

E-mail [cnh@collingwoodnursinghome.com](mailto:cnh@collingwoodnursinghome.com)

Web Site [www.collingwoodnursinghome.com](http://www.collingwoodnursinghome.com)

## Table of Contents

- Administrators Welcome
- About Us
- Mission Vision and Values
- Services Provided
  - Prohibited charges
  - Maximum Charges for Accommodation
  - Responsibility for accommodation charges while absent from the home
  - Optional Services
  - Resident Home Areas
- Abuse and Neglect
- Admission Agreement
- Alcohol
- Antiviral Medications
- Artwork (Personal)
- Bedbug Policy
- Building Safety
- Care Assessment and Planning
- Care Conference
- Clothing
- Clothing Labels**
- Clothing Sales
- Communications
- Complaint and Concern Procedure
- Confidentiality of Resident Information
- Consent
- Continence and Bowel Management
- Death of a Resident
- Deliveries
- Dental Assessment
- Dentures
- Dietary Department Information
  - Sharing a meal with a resident**
  - Guest Meal Tickets**
- Discharge following transfer to hospital
- Electrical Appliances/Equipment
- Emergency Response
- Falls
- Families, Visitors, Private Events
- Family Council
- Fax
- Fire Safety
- Foot Care
- Fragrance Sensitive
- Funding – Ministry of Health and Long Term Care

Funeral Arrangements  
Gifts  
Goals of Resident  
Government Financial Assistance Program  
Hairstylist  
Health Insurance Cards (OHIP)  
Hospitalization  
Identification  
Immunization  
Infection Control  
Internet  
Language  
Latex Free  
Laundry -Fabrics Suitable/Not Suitable for Laundry  
Laundry Repairs  
Leave of Absence  
    Casual Leave  
    Medical Leave  
    Psychiatric Leave  
    Vacation Leave  
Legal Documents  
Legislation and Service Agreements  
Mail  
Maintenance  
Medical Examinations  
Medical Director and Attending Physicians  
Newspapers, Subscriptions and Library  
Non-Arm's Length Relationships  
Nursing Staff  
Nutrition Services  
Outbreak  
Parking  
Pastoral Care Services  
Payment  
Personal Assistance  
Personal Belongings  
Pets  
Pharmacy Services  
Photographs  
Photocopying  
Private Resident Functions  
Rate Reduction Application  
Record Management  
Recreation Program/Activation  
Resident Appointments outside of the home  
Residents' Council

Residents' Food Council  
Resident Rooms / Valuables / Furnishings  
Resident Safe Handling  
Resident Lifts and Transfers  
Restraints  
Risk Management  
Room Change Policy  
Safety  
    Creating a Safe and Respectful Environment  
Security  
Smoking  
Social Services  
Spiritual Care  
Staff identification  
Students  
Suggestions  
Tax Matters  
Television/Telephone  
Temperature Control in Resident Rooms  
Therapy Services  
Transfer to other Long Term Care Facilities  
Transportation  
Trust Accounts  
Volunteers  
Wheelchairs and Walkers  
Statement of Resident Rights  
Statement of Resident Responsibilities  
Senior's Resource List

Welcome!

On behalf of our staff and volunteers, it is my pleasure to welcome you to Collingwood Nursing Home. If you are reading this, you or your loved one have just moved or are contemplating moving into Collingwood Nursing Home.

We know that you have asked many questions about long-term care over the past few months, and we are certain that you will have many more questions to ask in the near future. If your questions are not answered in this handbook, please do not hesitate to ask questions of any of your care team. Our dedicated staff is here to help in any way possible and we encourage you to speak to them if you have any questions, concerns or just need some additional information. Because there are staff on duty twenty-four hours a day, there is always someone here to whom you may speak.

We are looking forward to getting to know you and your loved ones as we work together to develop a plan of care that will maximize your abilities and ensure the care you receive is based upon your preferences and customary routines. To facilitate this, we encourage you to become as involved in your care as possible, further recognizing that family members play an important role in the health, well-being and care of their loved ones. It can take up to 3 months for new residents to feel safe and at home. We value and appreciate your involvement with the care of residents at Collingwood Nursing Home.

The trust that you have placed in us to provide you care and support is one that we take seriously; hence our commitment to you that we will continuously strive to meet your needs in a professional, compassionate, and respectful manner.

Sincerely,

Peter Zober  
Administrator

## ABOUT US

Since 1977, we have been a family run Home, owned and operated in Collingwood. Back then, we cared for 33 residents at our former Cedar Street location. In April of 1991, we opened the doors to our new 60 bed nursing home. We are proud that our staff and management are committed, and care for the well being of our residents through our personal attention; home like atmosphere and on-going contact with residents and their families. We strive to promote a warm, caring and friendly environment for everyone.

Our goal continues to be for consistent quality resident care. Caring for today's resident while preparing for tomorrow's trends, needs and expectations.

### Our Employee and Management Team

Our staff and management are dedicated care givers and professionals who take pride in providing quality care in a personal and considerate manner. Skills are regularly upgraded and maintained.

Good management and employee relations are very important to all of us at Collingwood Nursing Home. We feel that striving for a good rapport is one of the primary reasons our environment is relaxed and peaceful. We are very proud and supportive of our employees.

### Contact Us (Information about the Licensee)

250 Campbell Street, Collingwood, ON, L9Y 4J9

Tel: (705) 445-3991 Fax: (705) 445-5060

E-mail: [cnh@collingwoodnursinghome.com](mailto:cnh@collingwoodnursinghome.com)

Website: [www.collingwoodnursinghome.com](http://www.collingwoodnursinghome.com)

Licensee: Collingwood Nursing Home Limited

Should you need to call for any reason; if possible, please avoid calling during our busiest resident care times. It would be greatly appreciated if calls were limited during these times in order to allow our staff to focus on the care requirements of our residents.

### Busiest Resident Care Times:

Breakfast Medications:	8:00 a.m. - 9:00 a.m.
Lunch Medications:	11:30 a.m. - 12:30 p.m.
Dinner:	5:00 p.m. - 6:00 p.m.
Bed Time Medications:	7:30 p.m. - 9:00 p.m.

## **OUR MISSION, VISION AND VALUES**

Collingwood Nursing Home is committed to providing exemplary long-term care services to residents. Our focus is on the provision of individualized care that respects, supports and enables residents to be as independent as possible. The scope of services that we provide includes:

- A program of 24 hour nursing and personal care
- Resident Centered Care
- Restorative and Rehabilitative Services
- Recreation and Leisure Services
- Nutritional Care Services
- Environmental Services

We value the input of our Residents, their family members and the community we serve and work cooperatively to continually improve care and services provided in the home.

### **MISSION STATEMENT OF OUR HOME**

- To provide a Home-like environment to all residents, including families, which allows for a protective environment for each resident while promoting the maximum level of autonomy and independence.
- All nursing and personal care requirements to be met by knowledgeable well trained staff, while promoting dignity, self-worth, respect and independence at all times. Each resident will have their care requirements assessed individually and reviewed on a regular basis.
- Ensure that each resident has reasonable access to all resources within the Home/Community.
- To include residents, their family/substitute decision makers, relations and friends to participate and give input into all aspects of care.
- The promotion of participation of all residents in programs and activities to the desire and degree of the residents choosing and/or ability.

### **VISION**

Collingwood Nursing Home strives to be a leader in the long-term care field, recognized for high quality care and service and its commitment to working in partnership with residents and their families. We strive to design and deliver programming that meets the growing and changing needs of residents and the community we serve, and to provide a rewarding and empowering work environment.

We are committed to providing high-quality care and service through a Resident-Centered approach. We strive to create an environment that supports each resident's rights to dignity, self-esteem and independence.

## **VALUES**

Collingwood Nursing Home is committed to providing service in a manner that respects, supports and enables residents, families, staff, volunteers and community stakeholders. The overarching goal is to enrich the lives of the people we serve.

We are guided by the following values:

### **Accountability**

We regard accountability as achievable and a crucial component of service delivery. We believe that individuals and groups are accountable for the performance of tasks delegated to them.

### **Compassion**

We respect individual feelings, needs and wishes, and provide compassionate care to residents and their families.

### **Customer Focus**

We design our work processes and systems with a focus on customer satisfaction, in order to direct our resources in the best manner possible to respond to their needs and expectations.

### **Ethical Decision-making**

We support and act in the best interests of our clients, ensuring that decisions related to care and service are sensitive to moral and cultural issues.

### **Excellence**

We strive to provide the highest quality care and service.

### **Innovation**

We embrace innovative ideas and talents. Creativity assists us in achieving the most effective and efficient use of resources.

### **Safety**

We value the creation of a culture of safety, so that the environments where residents, visitors, volunteers, students and staff live, visit and work promote safety, comfort and well-being.

### **Teamwork**

We value co-operation with each other and believe that by learning from one another, we obtain greater knowledge. We believe that we achieve more by working together for a common purpose. We recognize that skills are complementary and functions are interdependent.



## **SERVICES PROVIDED AT COLLINGWOOD NURSING HOME**

The Collingwood Nursing Home has accommodation for 60 residents, with three room options:

- Private: A spacious room with a closet and a private washroom.
- Semi-Private: Consists of all the amenities of a private room - is shared between two residents.
- Basic: Consists of the same amenities as the semi and private room - is shared between four residents.

Each room has a large window with pleasant views, along with space for personalized accessories; is decorated tastefully; has a private closet and a bedside dresser. Personal possessions such as a television, phone, radio, chair/recliner, quilt, pictures and dressers are welcomed, with consideration made for available space and safety.

The services listed below are all available to Collingwood Nursing Home residents:

1. Nursing and personal care over a 24 hour basis, including care given by, or under the supervision of a Registered Nurse or a Registered Practical Nurse, as well as the administration of medication and assistance with activities for daily living.
2. Medical care that is available in the Home.
3. Supplies, equipment, and devices necessary for the provision of medical, nursing and personal care and activities of daily living as offered by the Home.
4. Supplies and equipment for personal hygiene and grooming. These include skin care lotions; shampoos; soap; deodorant; toothpaste; toothbrushes; denture cups and cleansers; toilet tissue; facial tissue; hair brushes; combs; disposable razors; shaving cream; and feminine hygiene products.
5. A meal service that includes three meals per day, snacks between meals and at bedtime. Provision is also made for special therapeutic diets; dietary supplements and assistive devices for self feeding.
6. Social, recreational and physical activities and programs, including related supplies and equipment.
7. Rehabilitation services and some related supplies and equipment.

8. Laundry, including labelling of clothes, machine washing, and drying of personal clothing.
9. Bedding and linen including mattresses, pillows, bed linen, wash cloths and towels.
10. Bedroom furnishings such as bed, adjustable bed rails, bedside dresser, comfortable easy chair, hospital type adjustable bed with head and foot board.
11. Standard basic accommodation, unless otherwise specified.
12. The cleaning and maintenance of the accommodations.
13. All other services required under the Long Term Care legislation.

The Home will not charge a fee to a resident for anything, except in accordance with the following:

1. For basic accommodation, a resident shall not be charged more than the amount provided for in the Regulation under the Long-Term Care Home Act, 2007 for the accommodation provided.
2. For preferred accommodation, a resident shall not be charged more than can be charged for basic accommodation, unless the preferred accommodation was provided under an agreement, in which case the resident shall not be charged more than the amount provided for in the Regulation under the Long-Term Care Home Act, 2007 for the accommodation provided.
3. For anything other than accommodation, a resident shall be charged only if it was provided under an agreement and shall not be charged more than the amount provided for in the Regulation under the Long-Term Care Home Act, 2007, or, if no amount is provided for, more than a reasonable amount.
4. A resident shall not be charged for anything for which the Regulation under the Long-Term Care Home Act, 2007 provide is not to be charged. The following charges are prohibited by the Regulation:
  - (a) charges for goods and services that the Home is required to provide to a resident using funding that the Home receives from a local health integration network (including goods and services funded by a local health integration network under a service accountability agreement), or the Minister of Health and Long-Term Care;
  - (b) charges for goods and services paid for by the Government of Canada, the Government of Ontario, including a local health integration network, or a municipal government in Ontario;
  - (c) charges for goods and services that the Home is required to provide to residents under any agreement between the Home and the Ministry or between the Home and a local health integration network;

- (d) charges for goods and services provided without the resident's consent;
- (e) charges, other than the accommodation charge that every resident is required to pay, to hold a bed for a resident during a medical absence, psychiatric absence, casual absence and vacation absence, or during the period permitted for a resident to move into the Home once the placement co-ordinator has authorized admission to the Home;
- (f) charges for basic or preferred accommodation for residents in the short-stay convalescent care program;
- (g) transaction fees for deposits to and withdrawals from a trust account required to be established and maintained by the Home, or for anything else related to a trust account; and
- (h) charges for anything the Home must ensure is provided to a resident pursuant to the Regulation under the Long-Term Care Home Act, 2007, unless a charge is expressly permitted.

### **MAXIMUM CHARGES FOR ACCOMMODATION:**

As of October 1, 2022;

Current maximum charges for basic accommodation: \$63.73 per day or \$1,938.46 per month

Current maximum charges for semi accommodation: \$72.77 per day or \$2,204.30 per month

Current maximum charges for preferred (private) accommodation: \$83.38 per day or \$2,536.14 per month.

During a medical absence, psychiatric absence, casual absence and vacation absence, a resident continues to be responsible for the payment of the maximum amounts that may be charged by the Home to the resident for the same class of accommodation that was provided to the resident immediately before the absence.

Even if the Home does not have an agreement with the resident, the resident is responsible for the payment of amounts charged by the Home for basic accommodation calculated in accordance with the *Long-Term Care Homes Act, 2007*.

### **OPTIONAL SERVICES**

Optional services are available to residents at Collingwood Nursing Home for which there is additional cost.

Optional services and associated costs include:

- Cable TV connection and monthly charges for resident's personal use.\* (Not arranged by the home; family/resident must arrange through outside provider).
- Specialized foot care services – available on site \*
- Continence care products not part of Collingwood Nursing Home's continence care system \*

- Dental and denturist services – are available on site \*
- Hairdressing and barber services (Price list is posted)
- Newspaper subscription delivered to the resident's room \* (Not arranged by the home; family/resident must arrange through outside provider)
- Non-prescription drugs, medication and treatment products not available through the Ontario government pharmaceutical and medical supplies\*
- Preferred accommodation (Private = \$19.17/day over basic rate)
- Rental or purchase of walkers, wheelchairs and geriatric chairs for exclusive resident use \*
- Telephone connection and monthly charges for resident's personal use \* (Not arranged by the home; family/resident must arrange through outside provider)
- Transportation services (Taxi, Transfer Service, etc.)\*
- In-house clothing and shoe sales from mobile vendors \*
- Nominal fee may be charged to a resident for services such as email and/or faxes that are delivered to a resident. This fee depends upon frequency.

Rates for optional services denoted with \* are set by outside service providers

The Resident or the Power of Attorney for Property must authorize in writing purchase of, or arrangement for, any of the above list of optional services

Residents are not required to purchase care services, programs or goods from the Home and may purchase such things from other providers. **However, the purchase of a drug supply for a resident is subject to any restrictions under the Regulations to the Long Term Care Homes Act, 2007.**

### **Resident Home Areas**

The Nursing Home contains two Resident Home Areas containing 30 beds as well as a common dining room, sitting areas, and a TV lounge for resident use.

The Administrator's and Director of Care's office is located beside the front door.

Please note that the voice mail system at Collingwood Nursing Home is confidential. Office hours for managers are generally from 8:30 a.m. until 4:30 p.m. Do not leave important or urgent voicemail messages on any phones. Instead please speak directly with a Manager, Charge Nurse or staff member for best service and results.

If you wish to speak to the Charge Nurse, please do not call between 8am-9:30 am, Noon – 1:30 pm or 5 pm – 6:30 pm as the Charge Nurse and other staff will be busy with resident care and meals. Calls will usually be transferred to voice mail during these times.

### **ABUSE AND NEGLECT**

Any abuse or neglect that is alleged, suspected or eye-witnessed must be reported immediately to the Charge Nurse, any Manager, the Director of Care or the Administrator at the earliest opportunity. Collingwood Nursing Home has a zero tolerance for any type of

abuse or neglect and we strongly urge people to report it even if they are not sure or are somewhat uncomfortable doing so.

This home is committed to providing the highest level of quality care, which encompasses the dignity, respect and rights of the resident. We support a ZERO TOLERANCE POLICY and will not tolerate abuse or neglect of the very people we are charged with helping. Nor will we tolerate abusive behaviour towards our Staff, Visitors, or Families by any person within the facility. Abusive behavior will not be tolerated by anyone, and actions will be taken if abuse is found to have occurred.

**PLEASE SEE THE ATTACHED COPY OF THE HOME'S COMPLETE DETAILED ZERO TOLERANCE POLICY WHICH INCLUDES WHISTLE BLOWING PROTECTION AND THE DUTY TO REPORT ABUSE**

**ADMISSION AGREEMENT**

The resident and the Home have responsibilities to one another. The residents or responsible person will be required to sign an Admission Agreement that will include, but not limited to, the following:

1. Responsibility for uninsured services, where authorized.
2. Payment for accommodation is the first of each month. **All residents/responsible parties are legally responsible to ensure that their copayments are paid in full each month. Collection efforts will be taken against residents who do not meet this obligation.**
3. Personal clothing and effects should be provided, as needed or desired.
4. Responsibility for hospital charges and costs for transportation to hospital, if required.
5. Responsibility for payment of physician's fees, medications and other treatments or aids ordered by the physician and not covered by existing benefit programs.

The Nursing Home has an Admission Agreement for each resident that outlines who is responsible for financial matters. Please be sure to review the information in the Admission Agreement with the individual who is processing your admission. This will ensure we have the correct contact name(s) and number(s) of whom should be contacted in case of an emergency or a change in resident status.

In assuming responsibility for a considerable portion of the care of the resident, staff at the home very much assumes an advocate role. Residents are always encouraged to participate fully in making decisions concerning their care.

The resident/designate will be asked to identify the person/s who we should notify in case of an emergency. The resident or his/her next-of-kin will also be asked if the resident has given anyone Power of Attorney and to bring a copy for our records. Having a Power of Attorney for Property allows the designated person to act on the resident's behalf in a situation when the resident cannot act for his/herself in relation to property and finances.

Power of Attorney for Property can handle the resident's finances and can sign on their behalf with respect to his/her assets.

A Power of Attorney for Personal Care can make personal care decisions, for example, treatments, medical procedures. Powers of Attorney can be held by a family member, friend, lawyer or by another authorized person.

**If the resident has named more than one person as Power of Attorney for Care, we will ask the resident and all those named as Power of Attorney to provide us with one primary contact name. In the event of an emergency or change in resident's condition, staff will notify the primary contact and ask that families develop their own communication methods for sharing that information among those who require it.** Valuable staff time is much better spent caring for the residents rather than trying to contact multiple Powers of Attorney to notify them on any change in condition.

**Please be advised that the Power of Attorney takes effect only when a resident is not capable of making an informed decision. It may also depend on the topic. A resident may be capable of making a decision with respect to their care but not their finances or vice versa. It may also be dependent on the day depending on their mental state at the time.**

**Also The Power of Attorney "dies" with the resident. At that moment, it is the role of the Executor/Executrix/Estate Trustee to take over and make decisions and all arrangements regarding the deceased resident.**

**Please provide the name and contact information on admission for the named Estate Trustee as indicated on the resident Last Will and Testament. We do not need a copy of the Will, only the name of the Estate Trustee.**

## **ALCOHOL**

Although permitted in most cases, alcohol should be used cautiously due to possible adverse reactions with the resident's medication (thus presenting a health risk). Regular consumption of alcohol is not permitted, either on the property or while out on a day pass. Alcoholic beverages may be allowed with a Physician's written order, stating in writing the type, amount, and frequency. The Collingwood Nursing Home will therefore not be held responsible in any way, for any adverse effects of alcohol consumed, contrary to Physician's orders.

## **ANTIVIRAL MEDICATIONS**

Influenza (the flu) is a serious, contagious, viral illness that most often occurs during the winter months. In healthy individuals, influenza causes fever, cough, headaches, muscle aches, a stuffy nose and a sore throat. However, in the elderly and people with chronic lung or heart disease or compromised immune systems, influenza may cause serious illness, and may be complicated by life-threatening bacterial pneumonia and death. Vaccination against influenza greatly reduces the risk of illness and death in people who live in long-term care facilities. However, the vaccine is not 100% effective and, in spite of vaccination, influenza outbreaks can still occur.



Antiviral medications are available to prevent and treat influenza. Side Effects of antiviral medications are minimal. In the event of an influenza outbreak at the home, the Medical Director may recommend the use of an antiviral agent. It is important that the medication be given to all residents as soon as possible and prompt action to be taken to control an outbreak.

### **ARTWORK (Personal)**

Residents are encouraged to bring artwork to hang in their rooms in order to promote a more home-like environment. They may also bring art to hang in the corridors if suitable. It should be identified with the resident's name and instructions what to do when the resident is no longer at the home.

### **BED BUG POLICY**

We work closely with Public Health to prevent any problems with bedbugs and other infestations and to do so we have a prevention policy. New resident belongings may be placed in quarantine upon admission for a predetermined amount of time should it be required. This procedure is solely at the discretion of the Environmental Services Supervisor, Administrator and/or Director of Care. Do not bring anything into the home prior to first consulting with one of the above staff members. After the quarantine period, the items are examined by the Pest Control technician for any signs of infestation. If the inspection is unremarkable, the items are returned to the resident. Brand new store bought items do not need to be quarantined. Our prevention policy has been very successful in preventing any bed bug infestation to date at the home.

### **BUILDING SAFETY**

Safety rounds are conducted on a regular basis to identify risks and ensure follow up with any recommendations from reported safety hazards or incident investigations. If you notice anything that may constitute a safety hazard or cause some level of concern or risk please speak directly with the charge nurse.

Our facility has its own unique monitoring system. A call bell near your bed, in your bathroom and in all common area of the center will alert the care staff that they are needed to assist you. We also have an on-call schedule to ensure a physician is available to assist the care team as required.

We are committed to providing you with a safe, respectful environment. Because of this, exits are alarmed or secured in our centre. Please check with staff for the access codes of secure doors. Outside doors are locked at night at 8 pm with access to the centre obtained by ringing a doorbell at the centre's main entrance or by calling the nursing home directly. Visiting Hours are from 8 am to 8 pm.

### **CARE ASSESSMENT AND PLANNING**

Once admitted, staff of various disciplines will assess the resident. Each resident is assigned to a primary nurse who does a nursing care assessment. The Life Enrichment Coordinator assesses the resident's interest in participating in recreational programs and activities. The Dietician does a nutritional assessment. The Physiotherapist (under the direction of the

physician) and the consulting Chaplain may become involved as needs indicate. A coordinated resident care plan is developed. This is completed in the first few weeks following admission.

Residents, families and other next-of-kin are very much involved in the assessment and planning of care. At any time, concerns should be brought to the attention of the nursing staff or the staff of other departments. If the issue is of a nature that it affects a number of persons, a care conference may be called to address the issue.

Each resident has his/her care and service needs reassessed quarterly or when there is a change in the resident's health status, needs or abilities.

### **CARE CONFERENCE (Ministry Policy)**

A Care Conference is an interdisciplinary meeting held within 6 weeks of admission and annually thereafter to review the resident's care plan. Staff will contact the resident, family and physician to arrange a date and time for the care conference. A care conference may be required more frequently depending upon resident needs and may be requested by the resident and/or POA at any time.

This conference is an excellent opportunity to share information in an informal setting, at a scheduled time with all the Nursing Home departments represented. The Director of Resident Services and Administrator are also available for family conferences at other times, if required. Concerns or questions can be addressed to the nursing staff at anytime.

Staff working in the nursing unit continually evaluate the plan of care and update the approach based upon resident's status. The resident and family are encouraged to be active participants in all components: the assessment, planning of care and the evaluation of outcomes discussed. Also, the resident and family members are encouraged to become involved in the provision of care to the extent that they are able and willing. The resident and/or family member may have access to the plan of care, upon request. If they require assistance to read or understand the contents and its intent, this can be provided.

### **CLOTHING**

Residents provide garments and footwear which suit their size, style, and colour preference. We recommend certain fabrics when garments are to be included in the Home's laundry. **(See: Laundry)** Off season clothing cannot be stored at the home as space is limited. Residents should have 3 – 4 days or daily clothing plus one piece of seasonal outerwear.

The following are suggestions for clothing needed in our Home (incontinent residents may require additional supplies):

Males	4 pairs of pyjamas	1 bathrobe
	2 pairs of washable slippers	1 pair of walking shoes
	6 pairs of washable pants	4 shirts
	3 washable sweaters	4 T-Shirts or undershirts
	6 pairs of underwear	6 pairs of socks
	2 belts or suspenders	2 seasonal outdoor wear



Females	4 washable dresses	2 slips
	6 pairs of underwear	4 (under) vests
	3 washable sweaters or shawls	3 bras (if worn)
	4 pairs of stockings	4 pairs of ankle socks (if worn)
	4 pairs of pyjamas/nightgowns	1 housecoats
	2 pairs washable slippers	1 pair walking shoes
	1 purse (if desired)	2 seasonal outdoor wear

Please ensure that when bringing in clothing items, only a reasonable amount of clothing is brought into the Home. Ensure that the clothes are items currently worn by the resident. **Reviewing the quality of clothes is the responsibility of a family member and should be monitored every few months, so that worn items can be removed and replaced.**

In the event that a resident requires the use of a mechanical lift for transfer, it may be necessary for the resident to wear adaptive clothing. These garments open at the back and allow for safer transferring and toileting for both resident and staff. New clothing may be purchased or garments in use can be modified by a seamstress to be arranged by the Resident or Power of Attorney.

### **CLOTHING LABELS**

All clothing needs to be labelled and this is done on admission at the home's expense. **When bringing in additional or new clothing items, please ensure that our staff receive ALL items prior to being placed into the residents room.** The clothing must be clean and in good condition. The label indicates the resident name and is heat-sealed to the inside of the collar or waistband. Additions to a resident's wardrobe (from shopping, gifts or off-season storage) need to be labelled so that they may be promptly returned to the resident.

Please leave garments needing labels with the Charge Nurse or Unit Clerk in a clear plastic bag and clearly marked for whom it should be labelled.

Please consider that institutional washers and dryers use much higher temperature than conventional washers and dryers used at home. If labels are not properly heat-sealed to the resident's personal garment they may fall off in the laundering process.

### **CLOTHING SALES**

In-house clothing sales are held periodically in the Activity room. Catalogues are available for the purchase of specialized clothing to suit resident needs. The activity department organizes this service and events are listed in the activity calendar. Purchases are at the resident's expense and arrangements are made for labels before they go to the resident's room.

### **COMMUNICATIONS**

Residents may exhibit some degree of impairment in their vision, hearing and cognitive abilities. As a result, the communication process can, at times, be more difficult. To interact more effectively with other residents you should:

1. Approach the person face to face, at his/her level and establish eye contact.
2. Tell the person who you are and why you are approaching him/her.
3. Speak slowly and in lower tones. It may help to speak in a slightly louder voice but shouting is not helpful. If the person is wearing a hearing aid, do not assume it is turned on.
4. Use gestures and/or physical cues to help the person understand the idea you are trying to share.
5. Use short sentences with the most important words at the end of the sentence.
6. If the person does not understand your message, try again using different words and on-verbal cues.
7. Be patient! Give the person extra time to respond to your communication. It is not unusual for an elderly person's response time to be delayed or for him/her to use a similar but incorrect word.

Listening is a very important part of communication. It may be one of the most important things that you can do for the person. Taking the time to listen conveys a feeling that he/she is important and that you care.

## **COMPLAINTS AND CONCERNS**

**(Please see the attached copy of the home's complaint/concern policy and procedure for full details)**

Residents and/or their family or friends who may wish to raise a concern, lodge a complaint, obtain information about or recommend change involving Collingwood Nursing Home , can do so by sharing the issue (depending on its nature) with:

- Any staff member, Dept. Manager or the Administrator/Director of Care
- Resident Council
- Food Committee
- Members of the Board of Directors
- Ministry of Health and Long Term Care, Director of the Performance Improvement and Compliance Branch
  
- Minister of Health and Long-Term Care: Long-Term Care INFO line – 1-866-434-0144

A current contact list is posted and copies provided outside of the Ward Clerk office. **Collingwood Nursing Home encourages residents and families to express their concerns to facility staff prior to contacting ministry staff. It is anticipated most issues will be dealt with to the satisfaction of all concerned.**

Serious issues must be put in writing. The Administrator will respond within ten days to a resident's (or his/her family/friend) requests, suggestions and complaints, indicating possible plans of action.

In accordance with legislation, our annual audited statement findings of the annual Ministry of Health review and Residents' Bill of Rights are always available for public review at the front entrance or on the Resident and Family Information Board.

### **CONFIDENTIALITY OF RESIDENT INFORMATION**

All records, reports and information concerning the residents of the home are treated with the utmost of confidentiality. Many of the residents at the home feel very much "at home" and confide in the staff. Facts intimate to residents will not be disclosed or discussed with other employees, residents and persons, except during professional meetings when the information may have a direct effect on the resident's health and the provision of care. Staff are aware that discussions of any information pertaining to residents and their respective care is not to occur in public places or areas where others present are able to overhear the conversation. We value open and honest communication. If an error occurs, we will let you know as soon as possible. We take errors very seriously. We will investigate so you are aware of what happened and develop an action plan so we can prevent similar situations from occurring in the future.

### **CONSENT**

Consent is required for admission, discharge, treatment, sharing of resident information, and to authorize purchase of goods or services on behalf of a resident. The resident or his/her Power of Attorney may provide consent depending on the capacity of the resident to give consent. Depending on the situation, staff may ask for consent in writing or verbally. In many instances, government agencies require the home to provide them with personal resident health information for the purposes of compiling statistics to determine the effectiveness of health care in various settings. Letters/discussion will be sent in these circumstances to residents/families/Powers of Attorney advising that we will provide the information unless we receive notice that we are to exclude a specific residents' personal health information from the information requested by government agencies.

### **CONTINENCE AND BOWEL MANAGEMENT**

We are committed to promoting continence thereby relieving bladder distention, constipation, preventing skin breakdown and restoring self confidence. The goal of the bladder and bowel management program is to:

- 1) address the resident's individual needs with respect to continence of bladder and bowel through an assessment process
- 2) initiate appropriate strategies and interventions
- 3) provide learning opportunities
- 4) monitor and evaluate resident outcomes

If you have any further questions, please direct your questions to the Charge Nurse.

## **DEATH OF A RESIDENT**

Whenever possible, registered staff will notify the family that a resident is palliative. Family members are encouraged and supported by the home's staff to be with residents at this time. Residents will remain in their own room unless specific direction has been given for transfer to a hospital. (See Palliative Care). Generally speaking we do not advise transfer of Residents to hospital for Palliative Care as we do not feel it is in the best interests of the Resident. Please speak to the Director of Care regarding any decision to transfer the Resident for End-of-Life Care.

Following a resident's death, nursing staff may contact a funeral home if this instruction has been provided for them in writing. Families are asked to immediately notify the staff as to the identity and address of the deceased resident's Executor/Executrix/Estate Trustee if this information was not provided on admission. **The nursing home staff can legally only deal with the Estate Trustee at this time.** The deceased resident's belongings must be collected by the Executor/Executrix/Estate Trustee no later than the day following death unless otherwise arranged. If this is not possible, staff may be asked to pack and store belonging for collection at a later date. A final statement is prepared and mailed to the Estate Trustee. A refund cheque if applicable will follow in a few weeks payable to the Estate of the Resident and mailed to the Estate Trustee. It cannot be made payable to the family. The resident's health card will be destroyed following submission of a report to the Ministry of Health.

## **DELIVERIES**

Residents and families are asked to contact Unit Clerk/ Ward Clerk if they are expecting a delivery (e.g. furniture, drug store, pizza) so that an appropriate response may be given on arrival. During Outbreak, items may be left at Ward Clerk for delivery to resident rooms. Items are usually delivered once in the morning and once in the afternoon. Please do not leave perishables or any valuables at the Nurses Station or with any staff members.

## **DENTAL ASSESSMENTS**

New residents have an oral assessment as part of the admission medical and nursing assessments. When residents require dental treatment or other services not provided by the home, assistance will be provided to arrange a referral to a dentist or other dental personnel of the resident's choice. This can only be done when the resident or his/her Power of Attorney has authorized payment and plans for transportation have been made.

## **DENTURES**

Dentures must be marked for easy identification. This has to be done off-site at the residents chosen Denture Clinic.

Arrangements will be made to provide emergency dental services for residents as required, when the resident or his/her Power of Attorney for Personal Care authorizes payment.

## **DIETARY DEPARTMENT INFORMATION**

### Meal times

Breakfast	8:00 a.m. - 9:00 a.m.
Snack	10:30 a.m. - 11:00 a.m.
Lunch	12:00 p.m. - 1:00 p.m.
Snack	2:30 p.m. - 3:00 p.m.
Dinner	5:00 p.m. - 6:00 p.m.
Snack	7:30 p.m. - 8:00 p.m.

### Diet & Nutrition

Good nutrition and attractive tasty meals are an essential part of our service. Nutritional goals are achieved by consulting with our Registered Dietitian; Food Supervisor; staff; Resident's Council and the resident. Three meals a day, plus three nutritious snacks are provided. Alternative selections are available at each meal and residents are made aware of their choices each time food is served. Special and therapeutic diets are prepared in accordance with doctor's orders and a nutritional supplement is provided for the resident as required. Feeding devices are also available if necessary. (For example: rimmed plates, special cups and built up utensils). For the most part, meal services are provided in the dining room. If a resident is acutely ill, meals may be provided in his/her room.

The Home has a responsibility to our residents to ensure we provide the proper nutritional and dietary care as set by the Ministry of Health's Program Standards and orders set by the resident doctor. To this degree our Home cannot:

- store food in our Home that is brought in by resident families/visitors.
- serve food not prepared by the Home.
- allow the use of the Home's food preparation equipment (i.e. blender) that is brought into the Home from an outside source.
- permit our staff to give a resident any food that is not within the resident's dietary care plan/ assessment.

### **Sharing a Meal With a Resident**

Family or visitors who want to share a meal that is brought into the Home from an outside source, may do by booking the Homes "Sitting Room" in advance. This can be booked through the Business Office Manager.

### **Guest Meal Tickets and Sitting Room Charges**

The cost of a guest meal ticket is \$15.00 per person. Guest meal tickets can be purchased from the charge nurse at the Nursing Station.

Bookings for the sitting room must be scheduled through the Business Office. There is a two hour limit with an exception for holidays. On holidays, such as Christmas Day, the sitting

room has a booking limit of one hour. Meal tickets for Christmas, Thanksgiving or other holidays are \$15.00 per person. Booking private space is based on availability.

If outside meals are brought into the sitting room and there is a request for the use of the Nursing Home supplies, like cutlery or beverages, a \$5.00 charge will be applied for each person dining.

Additional charges will apply if food, dishes, garbage or carpet stains are left behind in the sitting room.

There are two choices provided at lunch and dinner with corresponding vegetables and choice of dessert for each menu choice.

Residents are encouraged to provide feedback and comments about the food and the meal service. A Residents Food Committee meets every 3 months after the Residents' Council meetings to discuss likes and dislikes and to approve all changes and make recommendations for each new menu. Menus are changed seasonally to reflect the fresh food available at those times.

Residents are encouraged to drink at least 1.5 litres of fluids per day to prevent dehydration and resulting problems like confusion and infections.

Please note that in many cases, medication and the onset of dementia and other medical conditions may alter the sense of taste and the taste of many foods for those individuals affected. Our menu is considered No Added Salt in order to promote heart healthy living, avoid conflicts with different medications and those to address problems that are associated with the levels of sodium in the diet. That is why there are no salt shakers on the dining room tables.

Nursing Staff do record food and fluid intake daily for each resident and the residents are weighed regularly to check that their dietary needs are being met by the Dietary Dept. Any concerns are addressed promptly. Research has shown that 34% of seniors living alone in Canada are at nutritional risk. It is quite common that the health of new residents dramatically improves once they arrive at the home with monitored medication administration, regular activities, contact with others and nutritious well balanced meals and fluids provided by the Dietary Dept.

### **DISCHARGE FOLLOWING TRANSFER TO HOSPITAL (Ministry Policy)**

A resident's condition and/or circumstances may change sufficiently to consider discharge to another community living arrangement, home or facility. Staff will make every effort to assist the resident and his/her Power of Attorney in discharge planning.

If you are thinking about the possibility of discharge, please discuss this matter with the registered staff. The North Simcoe Community Care Access Centre is available to assist residents with discharge planning to alternate care facilities.



Upon transfer to an acute care hospital for medical or surgical care, a resident is entitled to **30 days** of medical leave. Upon transfer to a hospital for psychiatric care, a resident is entitled to **60 days** of psychiatric leave. During these leaves of absence, the resident or financial POA continue to be responsible for payment for the Long Term Care bed. Upon discharge of a resident, staff will pack and store resident belongings for a family to pick up at a later date, prearranged by family and facility.

We are unable to hold a bed beyond the 30 or 60 days of hospitalization. We are required to discharge a resident if the hospital indicates that the resident cannot return to home within the available medical leave period due to changes in the resident's condition or care needs.

### **ELECTRICAL APPLIANCES/EQUIPMENT**

If electrical appliances are brought in, such as an electric shaver, television, or radio, the equipment must be checked by the Maintenance Supervisor at the Home for the safety of its use. Such appliances should be labelled with the C.S.A., ULC or Ontario Hydro label on the appliance.

### **EMERGENCY RESPONSE**

Situations involving fire are covered by our Emergency Response -Code Red. Other situations involving the physical integrity of the building or the supply chain are also covered by our Emergency Codes, such as Code Yellow for a missing person, Code Brown for a hazardous material spill. The emergency response to an individual life threatening health crisis of a resident, Code Blue, varies according to the resident's or their representative's written direction. There is no resuscitation equipment at the home, however Registered Staff are trained to provide CPR and we rely upon the "911" emergency response available within the community. Using the "Advanced Directives" form, residents/their representatives are asked to identify the level of response desired in emergency life-threatening situations. In the absence of such direction, everything possible must be done.

### **FALLS**

Our goal is to balance personal safety with your independence and mobility. We try our best to minimize your risk of falling by providing handrails, adequate lighting, reduced glare on smooth-surface flooring and by keeping hallways and care areas clear of clutter or other hazards. We also utilize fall mats, motion-activated night lights and other devices as appropriate. Our Falls Prevention Team reviews all the falls that happen at the home and will implement a variety of interventions to maintain the resident's safety and mobility with a goal of preventing further falls.

### **FAMILIES, VISITORS, PRIVATE EVENTS**

Families of residents and significant others are encouraged to maintain an active relationship with residents. Creating a friendly and open atmosphere is important for establishing this good relationship. Positive involvement and interaction between staff and the resident's family often means the difference between success and failure in the resident's adjustment to the nursing home. Families are encouraged to participate with the resident in care planning and reviews as well as in most of the activities. There is no restriction in visiting

hours but when the resident is living in a shared room, visitors are asked to be sensitive to the roommate's personal space and needs.

Some guidelines for visitors:

1. Please come to visit often. Normal visiting hours are from 9 am – 8 pm. Many residents retire early so please visit on request quietly after 8:00 p.m. Arrangements can be made to stay after 8 pm under special circumstances. Please contact the Charge Nurse, Director of Care or the Administrator.
2. When young children come with you to visit, please do not let them run around in the halls. It is fun for them but dangerous for us. Please be aware of wheelchairs and other hazards to children. Please bring toys for them to play with while they are here.
3. If there are more than two visitors for a resident who is sharing a room, it would be appreciated if you could visit in the lounge, Sitting Room, Dining Room or the Activity Room. Please keep in mind the "noise" element which may be disturbing to other residents.
4. This is the Residents' home. We would appreciate it if you show respect for the furnishings and equipment while you are here.

In the interest of resident health, visitors who are not feeling well are asked to reschedule their visit or call on the telephone instead. Signs with information will be posted at the front entrance in the event of a resident outbreak. Visitors are asked to thoroughly wash their hands or use hand gel provided before and after visiting to prevent the spread of germs.

Visitors wishing to bring an animal with them on a visit are asked to see the "PET" section.

We are supportive of private events involving residents held at the Home, however regularly schedule resident activities are given first priority. Those wishing to organize an event are asked to contact the Ward Clerk to reserve space for their events.

The Collingwood Nursing Home encourages family and other personal celebrations. We will endeavour to provide a room for personal parties, such as Birthdays, Christmas, Anniversaries or private visits with advanced notice. The use of candles are restricted to certain areas due to fire safety hazards. There are smoke and heat detectors throughout the Nursing Home. If you are planning to use candles, or any device which may activate our fire alarm, please inform us prior to the event.

**COLLINGWOOD NURSING HOME RESERVES THE RIGHT TO ASK ANY VISITOR TO LEAVE. IF ANY VISITOR IS ABUSIVE TO THE STAFF THEY WILL BE ASKED TO LEAVE IMMEDIATELY AND MAY LOSE FUTURE RIGHTS TO RETURN TO THE FACILITY.** We ask that all visitors conduct themselves respectfully to all residents, staff, volunteers and all other individuals within the home. Please refer to the home's abuse policy for more information.



**FAMILY COUNCIL**

A Family Council has been established at Collingwood Nursing Home and family and friends of residents may become members of the Family Council. If you would like additional information about the Family Council, please contact the Acting Family Council President, or speak with our Activities Director.

**FAX**

Our fax number is (705) 445-5060. There will be a charge for long distance faxing. Fax messages addressed to residents will be forwarded via the in-house mail system.

**FIRE SAFETY**

Every resident must be shown the fire safety plan as it affects him/her and participate in regular fire drills. Residents are regularly instructed in the procedures that they are to follow. We have fire detection devices located throughout the building, and there are fire pull stations at all exits. In case of fire, residents are to follow the direction of the staff. Those who are capable of turning in the fire alarm at the pull station must do so. As well, they are to ensure that staff are aware of the problem. Until the Fire Department arrives, Managers and staff are responsible to guard the safety of residents and to instruct them in what to do. The Fire Captain assumes control at the time of arrival.

Each month, we have a fire drill for each shift, during which time staff, volunteers, visitors and residents practise clearly defined procedures as if there were a real fire. Do not hesitate to ask questions.

Because of fire regulations, residents may not have some electrical appliances such as kettles in their rooms and may not use boxes for storage under the beds. As well, residents are not allowed to have open flame such as a lighted candle in their room. Smoking is NOT permitted anywhere in the building.

Please refer to the attached direction for occupants of the building for fire emergency procedures.

**FOOT CARE**

New residents have a nursing assessment of their feet on admission. Each resident's basic foot care needs are assessed and cared for by the registered staff as required as part of routine nursing care. Basic foot care will include the following non-invasive measures: assessment, identification of infection, injury and other problems, and care of the skin and nails.

Advanced foot care will be provided only by chiropodists, podiatrists or qualified registered nursing personnel. This latter care will be done on a fee-for-service basis, on the authorization of the resident or his/her Power of Attorney.

## **FRAGRANCE SENSITIVE**

We are a fragrant free facility (i.e. perfume) and flowers with strong fragrances i.e. lilies, hyacinths are not permitted in the facility.

## **FUNDING – MINISTRY OF HEALTH**

We receive funding from the North Simcoe Local Health Integration Network for Nursing and Personal Care, Food, Programs and Support Services and other Building Operations related Costs. There is also funding for some special programs and initiatives from time to time.

The following is a summary of the current base Level of Care (LOC) per diem funding

<b>Envelope</b>	<b>Funding as of April 1, 2022</b>
Nursing and Personal Care	\$101.76
Program and Support Services	\$12.24
Raw Food	\$11.00
Other Accommodations	\$56.52
<b>Total</b>	<b>\$183.64</b>

## **FUNERAL ARRANGEMENTS**

It is advisable that residents have funeral arrangements organized. Where arrangements are established, please be sure to notify registered staff so that they can document the information into the residents chart. It is usual that our staff collect together a. Our staff may assist family members to collect a deceased resident's belongings in their time of grief, out of respect and consideration for the person they have cared for and their family.

## **GIFTS**

Staff are not to solicit and/or accept monetary gifts or significant gifts-in-kind from residents, families or significant others.

Questionable and unusual circumstances concerning gifts to staff, or gifts of an excessive value, must be referred for consideration to the Administrator.

## **GOALS OF RESIDENTS**

Our staff attempt to provide each resident with the opportunity, assistance, support and encouragement to meet his/her individual goals. It is understood that some residents may not choose or be able to use all of the available support, programs and services. Effort is made to promote as much decision making and autonomy as possible on the part of residents. For those residents who have diminished cognitive capacity, staff will work with a

Power of Attorney or a designated next-of-kin to assist the resident in expressing his or her wishes and meeting his or her goals.

### **GOVERNMENT FINANCIAL ASSISTANCE PROGRAMS**

There is government financial assistance programs available to residents aged 60 years and over who do not have income sources sufficient to pay the established basic accommodation rate. These include:

- Ontario Disability
- Canada Pension Disability
- Reduced Canada Pension
- Spouse's Allowance
- Involuntary Separation Applications
- Exceptional Circumstances Rate Reduction

### **HAIRSTYLIST**

A hairstylist is available for shampoos, sets, cuts, permanents, etc. Standing appointments can be made upon admission. The salon is open on Thursdays or as posted. A list of fees and direct contact for these services is posted on the hairdressing window.

### **HEALTH INSURANCE CARDS (OHIP)**

A resident's Ontario Health Insurance card is required upon admission and is added to the resident file that is maintained in the facility. From this location it can be signed out by the resident or POA when going to the doctor's office, for medical testing, on discharge, or on vacation leave.

The Unit Clerk orders replacement cards, required due to loss, damage, or expiry on behalf of the resident. New cards are automatically issued when a resident who has a green health card is admitted to reflect the new address. Upon death, the Ministry of Health and Long-Term Care is notified and the card is destroyed as required. We automatically notify service providers of health card changes.

### **HOSPITALIZATION**

When a resident requires medical or psychiatric testing or care, which cannot be provided at the home, he/she is transferred to the hospital. Even if the resident is admitted to hospital, he/she remains a resident and charges accrue. When the resident is ready for discharge from the hospital, the registered staff is contacted by the hospital. The hospital will contact family to arrange return transportation.

### **IDENTIFICATION**

You will be asked upon admission if your photo can be taken to assist with identification process. Standards require staff to use at least two (2) identifiers before providing any service or procedure such as delivering medications.

## **IMMUNIZATION**

During the flu season, which generally runs from November to March, you are vulnerable to developing influenza. Each year, we offer vaccinations for influenza to all people in our care and strongly promote it as a means to guard against the flu.

Bacteria and viruses can cause pneumonia along with potential complications. Residents who qualify for pneumococcal vaccine will be offered it upon admission.

The staff will also be obtaining information from you and your physician about your immunization status for diphtheria and tetanus to ensure that your immunizations are up to date and will offer immunization to those residents who qualify.

Within the first two weeks of admission to the home nursing staff will conduct an assessment and screening for tuberculosis.

You will find additional information related to Immunization in your admission package. If you have any questions related to Immunization please speak with a Charge Nurse.

## **INFECTION CONTROL**

Our goal is to prevent and control infections among our residents and staff. Our Infection control Practitioner provides expertise to all staff and departments on infection control issues to support staff, volunteers and families in providing safe resident care. The service includes education, outbreak surveillance and management, consultation, resident immunization and policy development based on best practice evidence. The Infection control Practitioner works collaboratively with the Employee Health and Safety department and externally with Public Health Department.

There are some basic rules you can follow to substantially reduce the spread of germs and protect yourself and the health of all residents, staff, volunteers and visitors.

1. Hand washing: hand washing with soap and water is strongly recommended for you, your family, visitors and staff as the best infection prevention strategy. You will also find numerous alcohol hand sanitizer stations throughout the unit and care centre to support good hygiene practice. We strongly encourage you to wash your hands before and after meal times and washroom breaks. Please encourage anyone entering your room to remember to practice good hand hygiene as well.
2. Respiratory etiquette: Cover your mouth and nose when coughing or sneezing. Please sneeze into your sleeve or if you use a tissue, make sure you put the tissue in the garbage, followed by washing your hands.
3. Responsible visiting: Please do not visit if you are feeling ill or have symptoms of vomiting, diarrhea or influenza (fever, cough, sore throat, generalized aches and pains).

## **INTERNET**

Our general email address is [cnh@collingwoodnursinghome.com](mailto:cnh@collingwoodnursinghome.com). Residents can access the internet and email with the assistance of Activation Staff. Voluntary assistance can be arranged by the Staff to assist residents with internet, emails and computer basics. Family members with computer expertise are welcome to participate on-line with residents.

## **LATEX FREE**

We are a latex free facility. All gloves worn in the facility are silicone based. Please refrain from bringing in latex balloons. Mylar balloons are acceptable.

## **LAUNDRY**

All personal laundry service is provided should the resident/family wish to use our services. Laundry is collected daily and residents' personals are processed and returned within 48 hours. We are not responsible for residents' personals that are lost or damaged during processing. **We can only handle "wash 'n wear" clothing. We will not be responsible for the care or washing of materials that may be sensitive to shrinkage or any other special washing needs/drying. Additionally, we cannot keep specific hangers in a resident's room.** Concerns about missing items need to be identified as soon as possible to the home so that staff may assist in tracing the whereabouts of the item.

Resident clothing requiring special care such as dry cleaning or hand washing, is the responsibility of the family. If a resident is to have clothing that require special care, the resident or family must provide a laundry hamper in the resident's room. These items will be left in a hamper provided by the family to attend to.

### **FABRICS SUITABLE FOR LAUNDRY**

For sanitary reasons, laundry water temperature is 49 C or hotter. Please see below for the type of fabrics which are and are not recommended.

- 65% POLYESTER and 35% COTTON BLEND FABRIC easy care fabric that requires little or no ironing
- 100% POLYESTER this is perfect for Central Laundry processing
- MACHINE WASH AND TUMBLE DRY

### **FABRIC NOT SUITABLE FOR LAUNDRY**

- Wool or wool blend fabrics
- Specialty fabrics or trims such as silk, satin, suede or fur
- Rayon, acetate or other man-made fibres
- Instructions indicate "No Bleach" or "Air Dry" or "Flat Dry" or "Dry Clean Only"
- Lace, lace edging or loose weaves

## **LAUNDRY REPAIRS**

All laundry repairs are the responsibility of the family/POA as is the purchase of replacement clothing that is worn out or no longer usable by the resident.

## **LEAVE OF ABSENCE (Ministry policy)**

### **Casual Leave**

Casual leaves of absence of up to 48 hours per week are available to residents in long-term care facilities. Casual leaves are permitted throughout the year regardless of vacation or other medical leaves taken. For calculation of the period for casual leaves, the first day of the week is considered to be Sunday. Casual leaves are considered separate from medical and vacation leaves.

### **Medical Leave**

A resident's condition may change requiring assessment or treatment in a hospital. If this occurs, a Medical Leave of Absence in a hospital for up to 30 days is available to the resident. (Use of the Medical Leave does not reduce the resident's available casual or vacation leave days). Authorization by the resident's physician is required for all Medical Leaves.

If a resident is not well enough to return to the home after the thirty (30) days, the resident shall be discharged from the facility.

### **Psychiatric Leave**

A Psychiatric Leave in a hospital for up to sixty (60) days at a time is available to residents for the purpose of assessment, treatment and stabilization of a resident's psychiatric status. The use of psychiatric leave days does not reduce a resident's available casual or vacation leave days. If the resident's condition or care needs require absence from the home beyond the available leave the resident must be discharged.

### **Vacation Leave**

A Vacation Leave of Absence of up to twenty-one (21) days a year is available to residents of long-term care facilities. For residents who enter the home during the calendar year, the available vacation days are calculated as follows:

- three days vacation leave following the first full calendar month of admission;
- one and a half days vacation leave for each of the next ten calendar months, following the first full calendar month of admission; three days vacation leave following the 12th full calendar month of admission

The resident's physician must authorize all resident vacation leaves. Please see the registered staff well in advance of the requested leave. The resident or financial POA is responsible for payment to the home during all leave of absences.

## **LEGAL DOCUMENTS**

If a lawyer or other business advisor is coming to the home to conduct business with a resident who does not have a private room, please contact the Administrator/Director of Care to arrange use of the Conference Room for a private consultation. Staff are not permitted to witness legal documents, even at the request of a lawyer or other visitor. This is the home's policy and staff will not be permitted to do this. All such matters must be referred to the

Administrator. Residents/families are responsible for arranging any witnesses for any legal documents.

## **LEGISLATION AND SERVICE AGREEMENT**

We are governed by the Long-Term Care Act, Bill 140, and regulations 79/10. The Long-Term Care Statutes Law Amendment Act, 1993, states that a Service Agreement between Collingwood Nursing Home and the Ontario government is required and is negotiated annually. This agreement outlines the expectations, rights and responsibilities of both the home and the government. Standards and criteria have been explicitly defined in the Ministry of Health's Compliance Standards. Our facility, like other LTC facilities, is expected to achieve these standards and criteria in the provision of care, programs and services to residents. Results of reviews are available in two ways:

1. Copies are placed on the "Resident and Family Information Board" in the small foyer between the main and interior entry doors.
2. The public Reporting Link on the Ministry of Health and Long Term Care website is [www.health.gov.on.ca](http://www.health.gov.on.ca)

## **MAIL**

Mail should be addressed to residents "c/o"

Sample:

Resident Name, Rm#  
c/o Collingwood Nursing Home  
250 Campbell Street  
Collingwood, Ontario L9Y 4J9

Mail is picked up daily from our "Super Box". Out-going mail can be left at the Business Office. Please note that parcels larger than a shoe box, will not fit into our "Super-Box". Canada Post will not deliver these larger parcels and we do not able to pick parcels up at the post office. A courier service is required if large parcels are being sent to a resident.

Mail is distributed to the resident Monday to Friday.

## **MAINTENANCE**

All electrical, plumbing, heating and other maintenance problems, which occur within the home, should be reported to the registered staff as soon as they are noticed and is documented in the maintenance book. The Maintenance staff will take care of the problem as soon as possible. Our staff do preventative maintenance regularly. Safety is of prime concern. When resident appliances are not working, maintenance staff may help to assess the problem and may do minor repairs. We also request that only power bars and not extension cords be used in resident rooms.

## **MEDICAL EXAMINATIONS (Ministry policy)**

Each resident's physician is responsible for preparing an admission medical history and performing a physical examination within 7 days of admission, yearly medical reassessments



and a medical reassessment of the resident following readmission to the home from an acute care hospital. Quarterly medication and diet reviews are also mandated for all residents.

### **MEDICAL DIRECTOR AND ATTENDING PHYSICIANS**

We have one Medical Director, and a number of Attending Physicians who monitor all medical care and deal with major medical issues. We also have a Professional Advisory Committee (PAC) that advises regarding clinical matters, particularly those of a policy nature.

Residents may continue to have their current Physician provide care for them if they are located in the Collingwood area. Each Physician is required to sign a contract agreeing to provide the care that is required. Attending Physicians will be expected to meet the standards and criteria established by the Government of Ontario.

Doctors who practice at the home (Attending Physicians) must have a signed agreement with the home and be prepared to follow certain mandated medical protocols. This allows many residents in the home to retain their own family physicians or Nurse Practitioner to continue to provide care while a resident at the home. If their current care provider is unable to continue providing care and services while the resident is in the home, our Medical Director will assume the role.

We do not restrict attending privileges of doctors. We will, however, consult or request attendance of another doctor if physician responsibilities have not been complied with, as required by the physician contract, meaning the Home Policies and Provincial Legislation. If a resident does not have a local doctor, the resident or family, upon consultation with the Home, will assist in selecting a doctor.

### **NEWSPAPERS, SUBSCRIPTIONS AND LIBRARY**

We subscribe to a daily newspaper for use by residents which can be found in the lounge areas. Residents may arrange for personal subscriptions for newspapers or magazines which will be delivered to the Resident's room by the Ward Clerk on arrival.

### **NON-ARM'S LENGTH RELATIONSHIPS**

Currently, there are no non-arm's length relationships that exist between the Licensee and other providers who may offer care, services, programs or goods to residents.

### **NURSING STAFF**

Registered Nurses, Registered Practical Nurses (Registered Staff) and certified health care aides/ personal support workers provide care in each of the resident home areas. Registered nursing staff are on duty at all times. They administer all medications and help residents with medical and health care problems. The Health Care Aides and Personal Support Workers work with the registered staff to ensure the residents are given help with their personal care needs.

Medical supplies and nursing equipment necessary for the care of residents, including the prevention and care of skin disorders, continence care, infection control and sterile procedures are available. The cost of some medications/medical supplies is not covered under Provincial regulations. When this occurs, the resident/family is informed.



Additional nursing assistance may be beneficial to a resident in certain circumstances. Arrangements need to be made by the resident's representative to contract and pay for such services. Staff will assist with the co-ordination of care routines to facilitate meeting the resident's needs.

**Please avoid contact with the Charge Nurse during Medication Administration Rounds unless it is an Emergency. It is very important that the Nurse is fully focused on the residents at the time that medication is being given to the residents.**

### **NUTRITION SERVICES**

We provide three nutritious meals each day. Menus change semi-annually (spring/summer and fall/winter) and follow a three-week menu cycle. Menus are altered for special events and Christmas. Special diets ordered by physicians are available. We employ a dietician, a Food Services Manager and dedicated nutrition service workers.

Meals are served at regular intervals. Times, menus, and a seating plan are posted in the dining room. Staff checks on all residents who are missing at meal times. Residents who are ill receive nourishments and/or tray service in their room if necessary.

### **OUTBREAK**

When a communicable infection is identified at the home control measures are established in conjunction with the Public Health Unit. Visiting may be restricted during an outbreak. We attempt to but may not be able to notify families individually when an outbreak begins.

Thorough hand washing is recommended at all times before and after visiting with a resident.

In situations when the death of a resident seems imminent, residents often want to stay in their own room rather than be sent to hospital. Staff are trained and very skilled in providing good palliative care. Families and clergy are free to visit whenever they wish.

### **PARKING**

There are two Disabled Parking spaces at the Main Entrance. Under no circumstances should cars be parked by the service entrance, along the main driveway or near the front entrance area in the fire routes. Vehicles parked at the front of the building greatly impede service by emergency vehicles and buses. Vehicles in violation of parking regulations will be asked to move immediately.

### **PASTORAL CARE SERVICES**

Pastoral services are available to meet the spiritual needs of all the residents. Participation in spiritual programs is voluntary at all times. Non-denominational services are provided. Pastors are available to meet with individuals via our visitation program. For more details or special requests, please contact our Activity Director.

### **PAYMENT**

Upon admission, residents or their Power of Attorney for Property are required to sign an authorization to have the monthly accommodation fee automatically withdrawn from the

bank account and paid to Collingwood Nursing Home (Direct Debit) on the first day of the new month. At the beginning of the month, the resident or designate will receive a statement showing how much is outstanding for the previous month.

In the same mailing, a monthly statement of personal trust spending activity is also provided along with any pertinent information. Questions about either statement can be directed to the Business Office.

Please ensure that payment is received prior to the beginning of the next month. **Simple Interest of 2% per month plus any NSF charges will be charged on the full outstanding balance at the end of each month that is not processed through PAD.**

### **PERSONAL ASSISTANCE**

Residents who may wish to have assistance with their correspondence, reading or accomplishing other personal tasks, should make their requests known to the staff, who in turn will contact the Activity department.

Residents are encouraged to continue to use all the personal hygiene and grooming products they have been using prior to coming into the home. We do provide free of charge all of these items. Examples are skin care lotions, shampoos, soap, deodorant, toothpaste and tooth brushes, denture cups and cleaners, facial tissue, hair brushes and combs, razors/shavers and shaving cream. Please note that we support a Scent Free Environment due to serious allergies to scented products.

If you are having any problems with personal hygiene, for whatever reason, please discuss your concern with the nursing staff. Families are often looking for ideas at Christmas and birthdays for such gifts. The staff can usually help with practical ideas.

Please note that powder and talc are not used for resident personal hygiene at the home as they cause bacterial growth when trapped in skin folds. In addition powder is a serious slip hazard when on the floor for residents and staff.

### **PERSONAL BELONGINGS**

We do not have storage room or the capacity to store personal belongings. If personal belongings are left in a room that is no longer occupied, the Admission Contract is still in force and regular Room & Board fees will be applied. Please note that residents wanting admission, cannot be admitted until the room is vacant.

### **PETS**

We have a number of visiting pets and registered therapy dogs, who visit the home weekly. All pets must be in good health, fully vaccinated and of good nature. Lap dogs are to remain on the lap of the owner or individual family member only. Non-lap dogs must be leashed and muzzled. No dogs are permitted in any area in which food and/or beverages are being set out/or served.

Please keep in mind this is a home for ALL\_our residents. We ask that anyone who brings in a dog be courteous and aware that some residents and staff have a fear of dogs. Individuals may be approached by management if concerns are raised.

### **PHARMACY SERVICES**

We have an organized pharmacy service under the direction of a registered pharmacist. All the drugs and drug products are supplied by a single accredited pharmacy or pharmacy service. Only Registered Nurses and Registered Practical Nurses are allowed to administer medications. Multi-dosing packets are used for medications for resident safety. Please avoid disturbing the Nurse during Medication Administration Rounds.

On admission, we will obtain a supply of medications as ordered by the resident's physician. The registered staff maintain a record of the medications the resident requires and receives. All reordering of drugs and ordering of new medications will be taken care of by the registered staff in consultation with the resident's physician or the Medical Director.

Each resident has a complete medication profile and administration record. All prescriptions are written and signed and each resident's physician must do a quarterly medication review. Resident self medication must follow our policy and Ministry of Health protocol. A copy will be given to resident/POA if resident self medication is utilized.

Medications and instructions are provided for residents who will be away from the home on a casual or vacation leave.

Medications must be provided and dispensed through our pharmacy. We cannot give any medications provided by other sources.

### **PHOTOGRAPHS**

On admission, a digital photo of each resident is taken and added to their data base file for identification purposes. Additionally, residents may be photographed or videotaped while engaged in routine activities within the home. Consent is required if a resident is clearly identifiable and the material is to be used in the community. If upon admission or readmission to the facility a resident has a condition which needs photographic documentation (i.e. open areas, wounds or bruising) photos shall be taken and placed on a resident's file for future reference.

### **PHOTOCOPYING**

Residents may have written materials photocopied or enlarged at a nominal cost. Materials for photocopying are to be left at Ward Clerk. An attempt will be made to accommodate your request within 24 hours. A cost quotation for the work requested can be provided.

## **RATE REDUCTION APPLICATION (Ministry policy)**

Residents in basic accommodation may apply annually for a reduction in the accommodation rate. In order to complete this application, a resident's Notice of Assessment for the previous year is required and the rate reduction can only be initiated for the month in which it is signed by the resident or his/her designate. The home is under obligation to charge the full basic rate until the required information is provided. It is the responsibility of the resident/POA to complete the Rate Reduction Form and to provide the Office Manager with the current Notice of Assessment.

If your income is not sufficient to pay for the basic accommodation rate, there is a subsidy available to reduce your accommodation rate. Subsidies are only available for basic accommodation.

Where a long-stay resident of a long-term care home has accessed all sources of income to maximize his or her annual net income, the resident may apply to the Director for a reduced amount payable by the resident for basic accommodation.

The Home's Administrator can provide a rate reduction application form to residents to complete. The application must be in a form and manner acceptable to the Director, must include any supporting documentation required by the Director, and must include the Notice of Assessment issued under the *Income Tax Act (Canada)* for the resident's most recent taxation year. Without the Notice of Assessment from the prior year; a rate reduction CANNOT be processed.

Upon the request of a resident, the Home will provide assistance in completing the application. Please see the Business Manager for further information on rate reductions and to determine whether or not you qualify.

## **RECORD MANAGEMENT**

We would ask you to inform us of any changes to your contact information i.e. phone number, address, Power of Attorney, funeral home, Estate Trustee, etc. This information allows us to keep our records up-to-date. Please also let us know when you will be away on vacation, business trips and leave alternate contact information or phone numbers.

## **RECREATION PROGRAMS/ACTIVATION**

A variety of regular recreation activities are held within the home to facilitate resident enjoyment of sports, crafts, social games, music, and intellectual pursuits. Information about times and places can be found on the activity schedules in the Activity room as well as each resident's room. Every resident is welcome at these activities as a participant or a spectator. Special events, entertainment and outings are held regularly.

The envy of any Activity Club The Collingwood Nursing Home strives to give our residents a wide variety of programs and activities, that not only keep the young at heart active, but offers a supportive environment for those who want as little, or as much activity in their lives. Our list of activities are extensive, and we welcome and encourage new ideas for events and activities.

Some of our regular activities are as follows:

Our exercise programs are both fun and comprehensive. Outdoor events include shopping excursions; visits to the library; beach; museum; or an outdoor barbecue. There are crafts and games for those with hobbies, as well as space for individual projects.

For residents who are 'green fingered' or simply enjoy nature, there are a variety of indoor plants and an abundance of outdoor garden space. One-to-one visits; group discussions; music therapy; and pet therapy are also offered.

There are Family Care Conferences that are designed to help us focus on the resident's quality of life, provide the opportunity for their family and/or substitute decision maker's to communicate their input and choices. This enables an open flow of communication between the staff of the Home and the key decision makers.

There are special occasions celebrated such as birthdays, special days in the lives of our residents and calendar holidays. There are also plays performed by local schools, sing-alongs by musicians, as well as day and/or evening entertainment. An activity calendar is displayed at the front entrance of the Nursing Home, and a copy is included with each monthly invoice

### **RESIDENT APPOINTMENTS**

Residents may have appointments for medical services outside of the home. These are usually referrals from the Attending Physicians for services not offered at the home. Family members may be required to accompany the resident to the appointment. In addition, resident/family are responsible to arrange transportation. Families are responsible for ensuring that all residents get to any required outside appointments. The home staff will not be responsible for accompanying a resident OR securing transportation.

### **RESIDENTS' COUNCIL**

A Residents' Council has been established in the Home. Only residents of the Home may become members of the Residents' Council. If you would like additional information about the Residents' Council and its role, you may contact our Activation Manager for more information.

We support the activity of a Residents' Council. Residents may get involved in a variety of ways by volunteering for office or simply by attending the monthly meetings. The Council serves in an advisory capacity to the Administrator. Minutes of Council meetings are posted at the front door. The Council reviews suggestions at the monthly meeting and initiates a tracking form for each. A recommendation for follow-up will be made to the Administrator and a response received by the next meeting.

### **RESIDENTS' FOOD COUNCIL**

This meeting follows the Residents' Council Meeting and is held every 3 months or sooner on request from the Residents' Council. The Food Service Supervisor will attend and

provide information about the next seasonal menu and address any food-related concerns from the Residents' Council meeting.

### **RESIDENT ROOM / VALUABLES / FURNISHINGS**

A Resident's room is arranged to suit the resident's and/or representative's preferences providing that the following considerations are addressed:

- Furnishings are arranged so that the staff do not have difficulty in the provision of the Resident's care
- Safety hazards are not present in the room
- We are expected to expend undue time, effort, or cost in restoring the room to its normal appearance when the resident leaves
- Rapid egress from the room is not impeded by furnishings

We provide basic furnishings for the use of the resident. The resident may choose to bring additional furniture for his/her use, which adhere to the above considerations.

Housekeeping and general repairs are made to a Resident's room as needed to maintain a safe and attractive appearance.

Residents/representatives are informed through the Admission Agreement that we cannot assume any responsibility for loss and/or damage to any resident's personal property. This includes all personal items, clothing, furnishings, glasses, hearing aids, dentures, mobility aids, watches, paintings, jewellery, etc. It is the resident's responsibility to arrange for insurance for his/her belongings if possible. **Generally speaking given that the doors have no locks, no insurance coverage is available.** We cannot be responsible for the care and security of Resident belongings and therefore we ask that you do not bring valuables or large sums of cash to the home.

### **FURNISHING PROVIDED BY COLLINGWOOD NURSING HOME**

- Bed, with mattress and side rails and/or electric controls as needed to meet the resident's care needs. All bedding for the resident is supplied by the home including a fire-retardant mattress, bed linen and a pillow.
- Wardrobe, fixed position for safety
- Bedside table and overbed lighting
- Comfortable seating
- Waste receptacle
- Drapery

If there is adequate space and the furnishing is in good repair, it can usually be added to the resident's room. Furnishings need to be labelled in an inconspicuous location when they are brought to the home.

The following give some guidelines.

- One of the following - a dresser, chest or desk
- An additional chair. If the fabric is not soil resistant and the resident becomes incontinent, families may be asked to remove the chair.



- A television and VCR or DVD player      \*\* See television\*\*

We are not able to store resident furniture items. Safety hazards are defined as those items which pose a risk to the resident, staff who work in the room, or other residents in the area. Items that are prohibited include the following:

- area rugs
- refrigerators or microwave ovens
- small electrical appliances which heat up e.g. kettles, coffee makers, irons, toasters, hair dryer, curling irons
- anything which creates or invites an open flame e.g. candle, oil lamp, matches or lighters
- polyurethane mattress or chair pad (egg-crate appearance) and mattress pads which are not fire retardant and waterproof
- electric blanket or heating pad
- portable humidifier or space heaters
- lava lamps
- electrical equipment, extension cords or outlet adapters which are not in good repair and/or not “CSA Approved” or “UL”.

We touch up the paint prior to admission and thereafter as required. Wallpaper and decorative borders, paper or painted ones, are not permitted. Painting the resident’s room is not permitted.

Maintenance staff provide picture hooks and hang items as desired by the resident. We do caution against including heirloom items or porcelain figurines in a resident’s room due to security and cleaning issues. If the resident decides to bring these items to the home, an appropriate display area is to be supplied by the resident/family and a cleaning routine needs to be established by the family.

Any assistive device, which requires attachment to the wall, floor or ceiling, must first be approved by management and, once approved for use, be installed by our maintenance staff.

### **RESIDENT SAFE HANDLING**

As a resident’s physical condition changes an assessment is done by registered staff to determine the safest method of assisting the resident relating to lifts, transfers, and repositioning. The resident may be assessed as requiring a mechanical lift which sometimes necessitates the use of adaptive clothing. We encourage residents/families to be aware that these changes are being made for the sole purpose of keeping both residents and staff safe.

### **RESIDENT LIFTS AND TRANSFERS**

Do to the high risk to both our Residents and Staff, nursing home employees are not permitted to assist in transferring a Resident to or from an automobile. Staff are not permitted to leave the facility to perform duties outside of the building unless by express consent of the Administrator. For your understanding the homes lift equipment is not designed to be used outside or on uneven/unlevelled surfaces and this would pose an extreme hazard. The lifting



equipment is not designed to be used outside, and staff are not in a position to assist using acceptable Health & Safety techniques outside of the Home.

## **RESTRAINTS**

We promote the values of respect and support residents and their families to achieve the highest quality of life. Residents have the right to be treated with dignity, respect, and freedom of movement. Our philosophy of least restraint in resident care demonstrates this commitment to residents and families.

We believe that our residents have the right to be free from restraints. We also believe that our residents have the right to take risks. We believe in only using restraints as a last resort and when we do have to use a restraint we use the least restrictive type of restraint. This is in accordance with Long Term Care Homes Act.

However, this philosophy does expose the resident to the possibility of falls and other unfortunate incidents, both inside and outside of the home. While staff do their best to care for residents, it is not possible to monitor every resident every minute of the day. Unforeseen circumstances and situations may arise from time to time which results in an unfortunate injury to the resident. We cannot sacrifice a Resident's dignity and freedom in order to restrain them in order to prevent the possibility of an injury. Every injury is investigated but the findings will not change the basic philosophy.

You will find additional information regarding restraints attached to this package in our least restraint policy.

## **RISK MANAGEMENT**

Risk management is an important component of our Total Quality Services program. Risk management activities include all those strategies designed to reduce and control actual or potential risks to the safety, security, welfare and health of residents, staff, volunteers and visitors or to the safety and security of the facility.

As an employer, we has a legal obligation to provide a safe working environment for staff. The employer provides equipment and training to staff to enable them to work safely. This in turn results in a safer living environment for our residents.

## **ROOM CHANGE POLICY**

Residents may be moved to another room within the home. This is done in due consideration for the safety and comfort of all residents with their needs in mind. This is ultimately up to the discretion of the management of the home.

The priorities used to determine room changes are:

1. safety considerations
2. resident care needs
3. ability to pay for preferred accommodation
4. resident preference

Requests for room changes are recorded by the Director of Care and can be made at any time following admission. Residents are prioritized on the Internal Wait List according to the date that they requested their name be added to the Internal Wait List.

We must notify the Community Care Access Centre of each available bed within 24 hours, so internal transfer decisions must be made quickly, as admissions to basic rooms are alternated between internal residents and those awaiting admission to the home (Ministry policy)

Residents who would like to know where their names fall on the Internal Wait List should speak with the Director of Care to obtain this information.

## **SAFETY**

We promote continuous learning, quality improvement and customer service to support residents' quality of life. We recognize safety as a foundation upon which quality of care and services are built.

We believe that safety is a key part of every job, at every level of the organization, and strive to create a supportive environment in which safety hazards or incidents are mitigated to the greatest extent possible and readily reported when they occur.

We inform and educate residents and families about their role in safety, recognizing choice and independence must be balanced with potential risk to safety. We encourages residents and families to help staff identify and report safety issues.

We focus on preventive approaches and making the necessary system changes along the way in order to better safeguard residents from harm. However, it is important to recognize that it is not possible to protect each resident from every possibility every minute of the day and no matter how much is done, unfortunate incidents such as falls, may still occur from time to time despite our best efforts. These incidents are always fully investigated, documented and reported by the staff and may also be investigated by the Ministry of Health and Long Term Care at their discretion at a later date.

## **CREATING A SAFE AND RESPECTFUL ENVIRONMENT**

Collingwood Nursing Home is committed to:

- Fostering a healthy, safe and caring environment for residents, staff, volunteers and all visitors.
- Creating an atmosphere of trust, respect and dignity in all our relationships.
- Protecting against disrespectful behaviour, abuse, violence, discrimination and harassment.
- Ensuring everyone follows the relevant policies and legislation.

### Disrespectful Behaviour

Disrespectful behaviour includes but is not limited to:

- Written or verbal comments and behaviours that are rude, degrading or offensive.
- Jokes that are demeaning and result in embarrassment or insult.

- Bullying or shouting, this demeans an individual.
- Attempts to discredit an individual by spreading false information about him or her.

### Zero Tolerance Abuse Policy

We support a zero tolerance policy towards abuse and neglect and will not tolerate abuse or neglect towards any resident, family member, visitor or staff member. A copy of our abuse policy is attached to this package for your review. **The Administrator has a legal obligation under Occupational Health and Safety legislation to provide a safe resident and staff working environment and is legally required to take the appropriate action if there is a situation to the contrary such as a complaint regarding Resident/Workplace Harassment or Abuse.** If you have any questions, please consult with the Administrator at your earliest convenience.

We expect all staff, volunteers, residents, family members, visitors and other service providers to treat each other with respect, dignity, honesty and courtesy. Behaviour and/or situations that go against these expectations will not be tolerated and must be addressed by the Administrator. If you have a concern with the way you or a resident is being treated by anyone at the home we strongly encourage you to bring your concern forward to a Manager, the Charge Nurse, the Director of Care or the Administrator. Similarly, family members and Powers of Attorney must behave in a respectful and non-abusive manner towards residents, staff members, volunteers and any other person present any time.

### **SECURITY**

The outer front entrance doors are locked at 8 pm every night. A "night" buzzer is located outside the front entrance.

Each resident is asked to sign out, in a book at the Nurse's station, when he/she leaves the home and to sign in, when he/she returns. All residents are strongly discouraged from keeping large sums of money in pockets, wallets or purses or unlocked in their rooms. It is recommended that jewellery and valuable papers are stored off-site. We are not responsible for loss of resident personal items with only rare exceptions such as staff mishandling of a resident personal item.

### **SMOKING**

Collingwood Nursing Home does not have a controlled smoking area. As a result, any resident who wishes to smoke must do so out-of-doors at least nine meters from any entrance or window. We do not have resources sufficient to provide assistance to residents who wish to smoke. Families may provide assistance or make alternate arrangements for the resident who requires assistance. Smoking supplies must be left at the Nurse's Station when not in use. Residents who smoke are assessed for safety and the results of the assessment will be shared with the resident and his/her representative. In order to smoke while at the home, a resident, when awake and alert, must be oriented to time, place and person, and must be able to ambulate independently or self-propel safely in a wheelchair.

Should a resident decide to stop smoking, we will provide assistance in developing a cessation program to support the resident.

## **SOCIAL SERVICES**

The home does not have a social worker at this time.

## **SPIRITUAL CARE**

The spiritual needs of residents and caregivers are recognized and nurtured at Collingwood Nursing Home under the direction of our Pastoral Care Coordinator. Caregivers and members of local faith communities work closely to ensure ongoing spiritual support. Residents and families are encouraged to seek help for residents as required.

Information about spiritual activities is available on the activity schedule. Services are held regularly in the Chapel and residents are invited to attend at any time regardless of denomination. Other spiritual activities take place regularly in various locations throughout the home. All residents and their caregivers are welcome to take part in pastoral care programs and services.

## **STAFF IDENTIFICATION**

Staff must wear visible nametags at all times when they are on duty. If you notice someone who is carrying out a staff role but not wearing a nametag, please notify a member of your care team.

## **STUDENTS**

We provide co-operative, job experience placements for local high school students, as well as students from community colleges, local university and other community and government agencies. Please help make all students feel that they are part of the team.

## **SUGGESTIONS.**

A Suggestion Box is located near the main entrance. Residents and family are encouraged to submit ideas, questions and/or suggestions. A signature is optional. The box is checked regularly for submissions which are copied and forwarded to the appropriate Committee, manager, or to the Board. The Administrator gets a copy of each submission. A written response is provided for each individual who makes a signed submission.

## **TAX MATTERS**

Property Energy Tax Credits

A “Summary of Accommodation Charges” Letter is prepared annually for each resident by the end of February. Generally speaking the Canada Revenue Agency (CRA) may allow up to 75% of accommodation costs to be claimed as a Property and Energy Tax Credit for Income Tax purposes. Please consult with your Professional Tax Preparation Expert with respect to any claim for Tax Credits.

## **TELEVISION/TELEPHONE**

There are a number of large screen televisions, many with companion VCR/DVD units, for use by the residents. Residents who wish to have Cable for a television or their own telephone

in their room may do so at their expense. Residents/family are responsible for arranging these services directly with the supplier.

The television must be CSA approved and in good condition, both in appearance and in operation. The set must be a flat screen up to 22 inches for setting on a table top. Wall mounted TVs up to 32 inches are acceptable and will be installed by our Maintenance staff at no charge. Please speak to the Administrator if you have any questions.

### **TEMPERATURE CONTROL IN RESIDENT ROOMS**

Each room has a thermostat mounted on the wall beside the entrance to the room to provide control for both heating and air-conditioning in the room.

### **THERAPY SERVICES**

When ordered by the resident's physician, physical and/or occupational therapy is available. A licensed physiotherapist provides service at the home.

### **TRANSFERS TO OTHER LONG TERM CARE PROVIDERS**

A resident who desires transfer to another long-term care facility must contact the Community Care Access Centre to request a place on the waiting list for that facility. Informing your physician, your home area staff, and the Director of Care of your desire to transfer will help facilitate the move. A discharge plan must be put in place before a resident can leave the home.

### **TRANSPORTATION**

If a resident goes into the community for a medical appointment such as an eye examination or to a dentist, it is the resident's responsibility to cover the cost of transportation. We will make arrangements for transportation by taxi or patient transfer service if this cost has been authorized.

When a resident is sent for medical services, the service provider often requires that the resident be accompanied. An example of this would be the cast clinic. Our staff are not available to accompany residents on medical appointments. When family are not able to accompany a resident and an outside attendant is required, the resident is responsible for this added expense.

If a resident is sent from the home to the hospital for emergency services, the ambulance provides transportation. On discharge from the hospital, if the ambulance is not required, the resident is responsible for the cost of the transfer service. During the day, if family are not able to bring the resident back to the Home and the resident is unable to come by taxi, a transfer service is required and the hospital will expect the family to make these arrangements at the resident's expense.

### **TRUST ACCOUNTS**

We maintain a financial management system that provides residents with the opportunity of retaining money in the home in specifically designated accounts. The Personal Trust account

is for the management of each resident's personal funds. These funds come through deposits by the resident or his/her representative.

Residents are strongly urged not to retain any significant amount of money in their rooms or on their person. We are not responsible for resident belongings including any monies withdrawn from the Trust Account. Trust Accounts may not have more than \$5000 at one time as per regulations. Please speak to our business manager for set up and withdrawal information.

Residents/Power of Attorney's will be provided with monthly trust account statements.

## **VOLUNTEERS**

All volunteers are under the direction of the Volunteer Coordinator. We have a dedicated group of registered volunteers who help in many areas of home. Volunteers make a significant contribution to the home and help enhance the quality of life of the residents. Volunteers may be identified by their name tags.

Family members and friends are welcome and encouraged to volunteer. A wide variety of interesting opportunities exist for persons of all ages. Time commitment can be as little as one hour per week. For more information please contact the Life Enrichment Coordinator.

## **WHEELCHAIRS AND WALKERS**

We have a limited number of wheelchairs, walkers and geriatric chairs. Because of differing sizes and options available in walkers and chairs, a specifically prescribed assistive device is best for the resident who requires it daily.

The Ontario Assistive Devices Program is currently available to help those who qualify with the purchase of equipment. In order to utilize this program, an assessment by an OT/ and or physiotherapist is required. When an application is approved, the resident pays for one-third of the cost of the equipment.

Our walkers, wheelchairs and geriatric chairs are loaned to residents, under the following circumstances:

- As a tester so the resident has a chance to try the equipment prior to purchase
- As a loaner, to be used when the resident's own equipment is being repaired
- As a trainer, when the equipment has been identified as being needed for only a short period of time

## **Statement of Resident Rights and Responsibilities**

### **A. RESIDENT'S BILL OF RIGHTS**

1. *Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.*
2. *Every resident has the right to be protected from abuse.*
3. *Every resident has the right not to be neglected by the licensee or staff.*



4. *Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.*
5. *Every resident has the right to live in a safe and clean environment.*
6. *Every resident has the right to exercise the rights of a citizen.*
7. *Every resident has the right to be told who is responsible for and who is providing the resident's direct care.*
8. *Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.*
9. *Every resident has the right to have his or her participation in decision-making respected.*
10. *Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.*
11. *Every resident has the right to,*
  - a. *participate fully in the development, implementation, review, and revision of his or her plan of care,*
  - b. *give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,*
  - c. *participate fully in making any decisions concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and*
  - d. *have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.*
12. *Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.*
13. *Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.*
14. *Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.*
15. *Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.*
16. *Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.*
17. *Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,*
  - a. *the Resident's Council,*
  - b. *the Family Council,*



- c. *the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,*
  - d. *staff members,*
  - e. *government officials,*
  - f. *any other person inside or outside the long term care home.*
18. *Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.*
  19. *Every resident has the right to have his or her life-style and choices respected.*
  20. *Every resident has the right to participate in the Resident's Council.*
  21. *Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.*
  22. *Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.*
  23. *Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.*
  24. *Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.*
  25. *Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.*
  26. *Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.*
  27. *Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home*

## **B. RESIDENT RESPONSIBILITIES**

*COLLINGWOOD Nursing Home expects the following:*

- 1. The resident has the responsibility to observe COLLINGWOOD Nursing Home's policies and procedures to the level of his or her capacity.*
- 2. The resident has the responsibility to promptly report safety and security hazards.*
- 3. The resident has the responsibility to treat with care anything that is owned or supplied by COLLINGWOOD Nursing Home or others.*
- 4. The resident has the responsibility to treat fellow residents and caregivers in a civil manner at all times.*
- 5. The resident has the responsibility to express his or her needs, and/or complaints, directly to staff or volunteers in order that these issues may receive attention.*
- 6. The resident has the responsibility to recognize the validity of other residents' needs and understand that staff may not always be able to respond.*
- 7. If capable, the resident has the responsibility on admission to appoint Powers of Attorney to provide guidance and direction to staff and other caregivers as required, at some future time. These Powers of Attorney would apply in situations of decision-making concerning the management of his or her personal and health care and his or her property, should he or she be deemed as no longer capable of making the decision or decisions.*

## SENIOR'S RESOURCE LIST

### Financial

Service Canada	G.A.I.N.S.	1-800-622-6232
Service Canada	GST Credit Information	1-800-622-6232
Service Canada	Canada Pension Plan	1-800-277-9914
Service Canada	Guaranteed Income Supplement	1-800-277-9914
Service Canada	Old Age Security	1-800-277-9914
Service Canada	Involuntary Separation Supplement	1-800-277-9914
Service Canada	Spouse's Allowance (SPA)	1-800-277-9914
Service Canada	Widowed Spouse's Allowance (SPA)	1-800-277-9914
Family Benefits Allowance / Personal Needs Allowance		1-800-622-6232
Income Tax Inquiries		1-800-622-6232
Property/Sales Tax Grant		1-800-622-6232
Veteran's Affairs Canada		
Ministry of Finance Information Centre		1-866-668-8297

### Health/Human Services

Community Care Access Centre & Placement Coordination Services	<b>(PCS) 705-721-8010</b>
Red Cross Van Transportation Services	705-721-3313 ext 237
Assistive Devices Program	1-800-268-6021
Blue Cross	1-800-667-6853
211 Ontario	211
Office For Disabled Person's	1-800-622-6232
Advocacy Centre for the Elderly	1-855-598-2656
Seniors Info Line	1-800-622-6232
Director, Performance Improvement & Compliance Branch	
Ministry of Health & Long Term Care	
11 Floor	
1075 Bay St. Toronto, ON M5S 2B1	
Phone: (416) 327-7603	
Fax: (416) 327-7603	