

**H. J. MCFARLAND MEMORIAL HOME**

**RESIDENT/FAMILY ORIENTATION GUIDE**

August 10, 2007  
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RESIDENT FAMILY ORIENTATION GUIDE

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### **WELCOME!**

On behalf of the Residents, staff, and volunteers, I would like to welcome you to H. J. McFarland Memorial Home.

As the Municipal Home for Prince Edward County, we have a population of 84 Residents. Although the current majority of our Residents are seniors, we do accept applications from all ages over 18. We are funded through the Ministry of Health and Long Term Care/ Local Health Integration Network, Resident Accommodation charges, and supported as necessary through the Corporation of the County of Prince Edward.

We know that our Residents are here because they have care needs that can no longer be met at home. We appreciate the hard transition it is for them to go from being independent at home to a Resident in a Long Term Care Home. We do everything we can to help our Residents make the transition as easily as possible. We offer a range of services and programs that enrich the Quality of Life of our Residents and help them adjust to their new home.

We are looking forward to getting to know you and your family and friends. We want to work with you to provide you with the best possible care and a meaningful quality of life. To do this, please plan to attend your care conferences with your Substitute Decision Maker and/or family. These conferences are your opportunity to meet with all departments to discuss any concerns as well as to receive any input you may have into the planning of your care. You have the right to know about your care and safety. There is always someone here for you to talk to- we have Nursing staff on duty 24 hours per day. You may ask any questions, discuss any concerns or offer any suggestions at any time.

We thank you for choosing our Home. We will strive to meet all of your needs in a manner that is Resident Focused, respectful, and compassionate.

Sincerely,



C. Elizabeth Piper

C. Elizabeth Piper, Administrator

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**SECTION 1: ADMINISTRATION**

H. J. MCFARLAND MEMORIAL HOME  
603 Highway 49, RR 2  
Picton, ON  
K0K 2T0

613-476-2138

**LIST OF DEPARTMENT HEADS / MANAGERS/ SUPPORT STAFF**

Administrator	Beth Piper bpiper@pecounty.on.ca	Ext.132
Director of Resident Care	Karima Lutzak klutzak@pecounty.on.ca	Ext.141
Nutritional Manager	Phyllis Cole pcole@pecounty.on.ca	Ext. 135
Environmental/Safety Manager	Susan Ferguson sferguson@pecounty.on.ca	Ext. 137
Resident Services Manager	Tammy Doxtator-Jones tdoxtator-jones@pecounty.on.ca	Ext. 134
Financial/Budget Officer	Carol Harvey charvey@pecounty.on.ca	Ext. 143
Receptionist/Secretary	Karen Reddick kreddick@pecounty.on.ca	Ext. 131

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

#### **Mission Statement:**

To provide Compassionate, Resident-Centered Care, incorporating Freedom of Choice, Respect, Dignity, and Continuous Quality Improvement, in compliance with the Long Term Care Homes Act.

#### **Vision Statement:**

To be the Long Term Care Home of choice in Prince Edward County.

#### **Values:**

Resident Centered Care- We put the Residents first

Respect- For everyone connected to the Home

Safety- For everyone entering the home

Autonomy- The ability of Residents to direct their own care, and make choices regarding their care.

*\*Revised August, 2010*

### **RESIDENTS' 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.

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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,
  - i. participate fully in the development, implementation, review and revision of his or her plan of care,
  - ii. 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,
  - iii. participate fully in making any decision 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
  - iv. 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.

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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 herself 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,
  - i. the Residents' Council,
  - ii. the Family Council,
  - iii. 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,
  - iv. staff members,
  - v. government officials,
  - vi. 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 lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

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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.

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### **ACCOMODATION RATES**

The Maximum amount that a Resident can be charged under paragraph 1 or 2, subsection 91 (1) of the Long Term Care Homes Act, 2007 is subject to change according to Provincial mandates, and is currently as follows:

Long Term Care Resident Co-payment rates:

<u>Type of Accommodation</u>	<u>Daily</u>	<u>Monthly</u>
*Basic Accommodation	\$53.23	\$1,619.08
Semi-Private Accommodation	\$61.23	\$1,862.41
Private Accommodation	\$71.23	\$2,166.58

\* All Residents are obligated to pay the Basic Accommodation fee and will not be charged for an amount greater than the Basic Accommodation fee unless they have applied for and agreed to Preferred Accommodation, in which case they will not be charged any more than the maximums for semi-private or private accommodation for whichever type of preferred accommodation they have agreed to.

If you wish to change your type of accommodation, then you can apply for this at the Business Office, and you will be placed on an internal wait list.

### **RATE REDUCTIONS**

A Resident in Basic Accommodation may apply for a rate reduction based on affordability and income

To apply for a Rate reduction, an application must be made to the Director, under the Long Term Care Homes Act, Ministry of Health and Long Term Care.

Steps to take:

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- 1) Complete the application with the Financial Officer of the Home
- 2) Provide all supporting documentation including your "Notice of Assessment" issued under the Income Tax Act for the most recent taxation year
- 3) The Financial Officer will verify that the application is accurate, complete and will submit the application to the Director
- 4) The Financial Officer will retain a copy of the application, and once approved, notify the resident of the amount payable for
- 5) basic accommodation
- 6) Residents will be left with a minimum comfort allowance of \$128.00/ mth

### **ABSENCES**

Residents may be absent from the Home for the following reasons:

Medical Absence- 30 days

Psychiatric Absence- 60 days

Casual Absence- 48 hours/ week (Saturday midnight to the following Saturday midnight)

Vacation Absence- 21 days/ year

During the above absences, you will be required to continue to pay the accommodation rates for the same class of accommodation that was provided to you immediately before you left, and unless your needs have changed, you can expect to return to the same room and the same bed as you had prior to leaving.

Under the Long Term Care Homes Act, Residents shall be discharged if their Medical, Psychiatric, or Vacation absence exceeds the above allotments unless the Resident is unable to return due to an emergency in the Home, or an emergency or disaster in the community.

### **SERVICES PROVIDED THROUGH FUNDING AND ACCOMMODATION CHARGES**

**MULTIDISCIPLINARY TEAM:** We operate under the philosophy that all employees of the Home are integral to your care. We want to

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provide you with the best experience possible. Our multidisciplinary team includes the Administrator, Managers, Medical Director, Doctors, Registered Staff, PSWs/ HCAs, Pharmacy team, Cooks, Dietary Aides, Dietician, Activation Aides, Restorative Aides, Physiotherapist, Physiotherapy Aides, Laundry Aides, Housekeeping Aides, Maintenance Workers, Reception, Financial Officer, and Volunteers. We work together to put our Residents first and to meet all of your needs.

**MEDICAL CARE:** The Home retains the services of a Medical Director, who is a qualified physician, and provides medical care to Residents wishing to be on her roster. Alternatively, you may retain the services of another local physician or a Registered Nurse in the Extended Class.

As a resident, you may require medical attention outside the Home. Such appointments are made by the staff on your behalf. It is the expectation that the family, or Substitute Decision Maker, will accompany the Resident to the appointment, as necessary. Transportation is the responsibility of the Resident/ family, however Registered Nursing staff will assist you to make alternative transportation plans when you are unable to travel easily by regular family vehicle. The cost of transportation is at the Residents expense. Further information is available Section 2, Nursing Services.

**NURSING CARE:** We employ a Registered Nurse as our Director of Resident Care. A Registered Nurse is on duty twenty-four hours a day, seven days a week. Registered Practical Nurses work the day and evening shifts, seven days a week. Registered Nursing staff are responsible for assessing Residents, planning their care, providing necessary medical treatments, medication administration, and evaluating the effectiveness of care and treatments. Direct care, that encompasses all aspects of daily living that Residents require, is provided 24 hours per day by Health Care Aides (HCA) and Personal Support Workers (PSW). Our nursing staff work collaboratively with you and other team members, to support you to manage your care as independently as possible, respecting your freedom of choice and autonomy. Each floor posts a list of staff on duty for each shift. Further information is provided in Section 2, Nursing Services.

**PHARMACY SERVICES:** Pharmacy Services are contracted to

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Medical Pharmacies. They will provide you with the prescription pharmaceutical preparations/medications listed in the Ontario Drug Benefit formulary, subject to the small co-payment fee that the government requires you to pay.

The Pharmacist routinely visits the Home to ensure that medications are being delivered in the safest possible way. The Pharmacist also reviews your medication profile upon your admission to the Home and then annually thereafter. The Pharmacist will then make recommendations to your Physician. The Pharmacist is also available for consultation as required. Further information is available in Section 2, Nursing Services.

**DIETARY SERVICE:** A qualified, full time Nutrition Manager is employed to oversee this department. We employ a full time Cook, as well as Food Services Workers. The Dietary Department ensures that food products are handled and stored in a safe manner and all legislated requirements are following in the preparation and delivery of meals and snacks. The Home also employs a consulting dietician.

Meal service, hydration and meals (three meals daily, snacks between meals and at bedtime), special and therapeutic diets, dietary supplements and devices enabling residents to eat with minimum assistance are provided.

On admission, a nutritional assessment is completed for each resident denoting any specialized diet, likes, dislikes or assistive devices required. The nutritional assessments are then completed every three months or sooner, if required. Residents are encouraged to participate in menu planning through the Resident's Council, menu surveys and the suggestion box. Further information is provided in Section 4, Dietary Services

**RECREATION/ LEISURE:** Under the supervision of our Resident Services Manager many daily, weekly, monthly and seasonal activities are planned and organized based on the interests of our Residents. Some examples are films, dances, crafts of all natures, bus trips to community events, gardening, birthday parties, etc. All suggestions for possible programs are welcome. Further information is available in Section 5, Programming Services.

**RESTORATIVE CARE PROGRAMS:** are also offered and provided by

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qualified staff who concentrate on specialized therapy services such as gait training, passive exercises, walking programs, heat therapy, and speech therapy, as identified in the plan of care. This program is overseen by the Resident Services Manager in collaboration with the Physiotherapy department and Nursing department.

**PHYSIOTHERAPY PROGRAMS** are available for each resident as

required on an on going basis and are provided by a contracted service provider, Active Management. The Physiotherapist and Physiotherapy Assistants are there to help you maintain or regain your strength, balance, coordination, and mobility. They offer individual and group programs. A consent for physiotherapy services is required.

**LAUNDRY:** The Laundry staff ensure that bedding, and towels are kept clean and fresh. All of your machine washable clothing/items are laundered at the Home and promptly returned to you. Anything requiring dry cleaning is sent out at your expense. All items are labeled with the name of the resident by the Laundry staff. Minor mending is also provided at no additional cost, by Laundry staff.

**MAINTENANCE:** Maintenance staff keep the buildings, walkways, and equipment safe and in good repair. There is a Preventative Maintenance schedule in place to ensure all of the Home's equipment is in operational condition.

**HOUSEKEEPING:** Housekeeping services are scheduled daily. The staff work diligently to provide you with a clean, safe, and comfortable home. They excel in Infection Control procedures and contribute to the overall health of the Residents in the building.

**VOLUNTEERS:** We have dedicated Volunteers who give their time to the Home in a number of ways. The lead for the Volunteer Department is the Resident Services Manager. The Volunteers assist with the Activity programs and Services of the Homes. Further information is available in Section 5, Programming Services.

**FINACIAL SERVICES:** The Home employs a Financial Officer, who is responsible to assist you with all financial matters pertaining to your admission to the Home. Services include the maintenance of a trust account on behalf of the Resident. Further information is available in

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### Section 1, Administration.

**RECEPTION:** The Home employs a staff member in the capacity of Reception/ Secretary/ Ward Clerk. This staff member is located in the Administration Office and is available to answer inquiries into services and to refer you to the appropriate resources and people you need to answer your questions. The Reception staff assists our Home to run smoothly.

**SUPPLIES:** all supplies required for personal hygiene and grooming, including skin care lotions, powders, shampoos, soap, deodorant, toothpaste, toothbrushes, denture cups, razors and incontinent products are supplied. Certain medical supplies and nursing equipment required for Resident care are also provided

**EQUIPMENT:** for the general use of the residents including mechanical lifts, wheelchairs, geriatric-chairs, canes, walkers, toilet aids and other self-help aids for the activities of daily living. Mobility devices are for the short term use of the Residents and those Residents requiring long term use of mobility devices will be encouraged to purchase or obtain their own devices. Long term mobility devices should be customized to meet the Resident's unique needs. There is assistance available for such purchases, pending approval.

**MEDICAL DEVICES:** such as catheter, colostomy and ileostomy are also supplied.

**BEDROOM FURNISHINGS:** such as beds, bed rails, bedside tables, desks, bedside lamps are provided by the Home. Residents may furnish their rooms providing all furnishings and equipment have been checked by our Environmental/Safety Department. Resident care requirements may limit the amount of personal items permitted.

Bedding and linen, including firm comfortable mattresses with waterproof and fire retardant covers, pillows, bed linen, wash cloths and towels are provided. The room arrangement can be customized within safety requirements for the staff and resident.

*PLEASE NOTE: you cannot and will not be charged for any care/ services/ or products that are otherwise included in the funding and accommodation fees*

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**OPTIONAL SERVICES AVAILABLE:**

Barber services	\$9.00
Hairdressing Services	
Set	\$10.00
Shampoo/ Set	\$11.00
Shampoo/ Set/ Conditioner-	\$11.00
Haircut	\$10.00
Perm	\$49.00
Hair Colour	\$30.00
Weekly colour rinse	\$ 3.00
Cable Service	\$ 25.00/ mth
Telephone Service- arranged through Bell Canada	
Call 310-BELL	Bell Canada cost
Newspaper subscriptions	subscription cost
ODB Medications through Medical Pharmacies	
Dispensing fee	\$2.00
Non prescription drugs	prescription cost
Non ODB covered drugs	prescription cost
Staff Accompaniment to appointments (based on staff availability, lack of family/other assistance & Resident condition & need)	
Up to 4 hours	\$100.00
Subsequent hours	\$25.00/hr
Major alterations/ sewing/ mending	\$25.00/hr
	(pro-rated for times less than 1 hour)
Dry Cleaning	business cost
Taxi Fare- subject to normal fares	\$7.00 (Picton)
Immediate Return-	\$10.00
Prince Edward County Specialized Transit Service	
To apply	613-476-1159

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For current rates 1-866-992-9640

Multi-Gen In House Dental Services- contracted to provide dental services to Residents but Residents retain the right to choose an alternate provider

For current rates 1-877-459-3273

Personal Mobility Equipment- for purchase, maintenance, and repair-call for quotes

Kelly's Home Health 613-966-4302

Shoppers Home Health Care 613-967-0782

Motion Specialties 613-966-6300

- Note that Residents are not limited to the above list but may purchase care, services, programs or goods from other providers and businesses, but subject to the approval of the Home where those purchases impact Resident Care or safety
- Also note that the Home may not charge the Resident for any costs beyond the agreed to accommodation cost unless it is for goods/ products/ or services that are not included in the accommodation cost and which the Resident/ Substitute Decision Maker has expressly consented to.

**TRUST ACCOUNTS**

Trust accounts are available to be set up for Residents. This will allow them to deposit or withdraw reasonable amounts of money at the Financial Office of the Home. It is a non-interest bearing account and there are no transaction fees for withdrawals, deposits or anything else related to the money held in trust. Should you wish to set up an account, a copy of our written policy and procedures for trust accounts will be provided to you. For further information, contact the Business Office.

**ADMISSION AGREEMENT**

Each resident/responsible party will be required to sign an admission agreement. The admission agreement is between the H. J. McFarland

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Memorial Home and the resident/responsible party and lays out the responsibilities of each party. This is part of the admission paperwork that you will need to complete with the Business Office upon admission.

### **UNINSURED SERVICES**

This form outlines services provided by the Home such as cable TV, telephone charges, transportation costs, etc., providing the resident/responsible party agree to these services. You will need to

indicate what services, if any, you would like to arrange. You can revise this form at any time and add or delete any of the offered services. This is also part of the admission paperwork that you will be able to complete with the Business Office upon admission.

### **BUSINESS OFFICE**

The Business Office is open Monday through Friday, 8:30-4:30. The Financial Officer is available to discuss optional uninsured services, room rates, trust account information and any other related financial concerns.

### **ADMINISTRATION OFFICE**

The Administration Office is open from 8:30 a.m. - 4:30 p.m., Monday to Friday, for any inquiries, information, etc.

### **RESIDENT/FAMILY COMMUNICATION BOARD**

There is a board on the wall outside the Main floor Dining Room. This is where we post all communications to Residents and families. The Long Term Care Homes Act requires that certain information remain posted on the Board. Other notices, such as meeting dates and events, and communications from the Ministry of Health and Long Term Care will be posted in a timely fashion

### **MAIL**

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Mail is delivered to the front office, Monday to Friday, where it is sorted and then delivered by the Programming staff to the resident's room. Outgoing mail may be placed in the mailbox outside the Administration Office. Stamps can be purchased from the Administration Office.

### **CABLE TELEVISION/TELEPHONE**

Cable TV is available in each resident's room, as well as personal

telephone service, providing the resident and the responsible party has agreed to these services. Telephone service must be arranged by the family. Arrangements can be made with Bell Canada for special features, i.e., hearing impaired programmable sets, etc. should the resident require them. ***Please notify the Administration office of the resident's phone number once service has been arranged for.***

It is also important that families notify the Administration office if they **cancel** the telephone and/or cable service. This helps to keep our records accurate.

### **VISITING HOURS**

Visiting hours are from 0900 - 2100 hours. The doors are locked at dusk. Residents returning after the doors are locked can gain admission by ringing the front door bell. It is also advisable to notify the Home by telephone of your approximate time of late arrival. Visiting hours can be adjusted for compassionate reasons.

### **PARKING**

Parking is available on the premises for those residents who have their own cars at no charge to the resident and free parking is also available for family members and visitors.

### **IDENTIFICATION BRACELETS**

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It is desirable for all residents to wear an identification bracelet. On admission, the Home will supply a plastic band for identification purposes. Family may wish to make other arrangements for identification purposes. In emergency situations, all residents will be provided with an identification band.

### **VISITOR SIGN IN**

The sign in desk is located in the Main Entrance to the Home. We require all family members and visitors to sign in when they arrive and sign out when they leave. If an emergency were to occur, this is our record of who is in the building. In emergencies, the Sign In book is taken to the Charge Nurse. The Charge Nurse is then able to determine the whereabouts and safety of visitors. If you don't sign in, you are not accounted for and we cannot ensure your safety in an emergency.

### **VISITING PETS**

Animals have been shown to decrease stress, improve mood, increase communication and decrease loneliness.

Visiting animals are welcome under the following guidelines:

- a) Visiting pets can be dogs or cats
- b) The pet must be regularly assessed by a veterinarian
- c) A copy of the Proof of Vaccination must be given to the Administration office yearly
- d) The pet must be controlled at all times. Dogs must be on a leash.
- e) Hand hygiene is important. Please use the alcohol scrub when arriving and leaving. Please help your loved one to use the scrub after your visit.
- f) Please visit only with your loved-one.
- g) Pets must be temperament tested. Pets with a poor temperament will be excluded from further visits.
- h) Pets are not allowed in any dining rooms.

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### **STAFF APPRECIATION**

Please note that staff are strictly prohibited from accepting personal gifts. Staff are always happy to hear words of appreciation. Any compliments received by Management are always passed to the staff being complimented, and any Thank-you cards that come in are posted in the staff lunch room.

If Residents or families feel strongly that they would like to purchase

a gift, we request that it be something that can be enjoyed by all staff in all departments. Treats brought in are put in the Staff Room for everyone to enjoy.

Alternatively for those wishing to do so, a donation can be made to the Staff Appreciation fund. This money is used for specially catered lunches and treats for all staff, and staff are informed of who the event has been sponsored by, unless we are otherwise directed by the donor.

### **Process to Initiate Complaints**

Any person wishing to lodge a complaint or concern regarding the operation of H. J. McFarland Memorial Home is encouraged to do so.

A verbal complaint can be lodged with the Administrator, or other member of the Management Team, in person or by telephone.

A written letter of complaint can be sent to the Administrator, who will forward it to the Director, Performance Improvement and Compliance Branch, MOHLTC.

A complaint or concern can also be lodged on the Compliment/ Concern form located at the Sign-In desk at the main entrance to the Home, and can be left in the Administration mail box. A copy will be forwarded to the Director, Performance Improvement and Compliance Branch, MOHLTC.

Complaints can also be lodged directly with the Ministry of Health and Long Term Care by calling 1 866 434 0144. Their hours of service are

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830am to 7pm, 7 days per week.

You will receive a response from the Home within 10 business days.

**MANDATORY REPORTING TO THE DIRECTOR, PERFORMANCE  
IMPROVEMENT AND COMPLIANCE BRANCH, MINISTRY OF  
HEALTH AND LONG TERM CARE**

According to the Long Term Care Homes Act, 2007, Section 24, the following circumstances must be reported by anyone suspecting:

- Improper or incompetent treatment or care of a Resident that resulted in harm or a risk of harm to the Resident
- Abuse of a resident by anyone or neglect of a resident by the Home or staff that resulted in harm or a risk of harm to the Resident
- Unlawful conduct that resulted in harm or a risk of harm to the Resident
- Misuse or misappropriation of a resident's money
- Misuse or misappropriation of funding provided to the Home under the Long Term Care Homes Act or the Local Health System Integration Act

Residents may make a report regarding the above circumstances but it is not mandatory that they do so.

It is considered to be an offence to make a false report when the person reporting knows the information they are giving is false.

Reports are to be made to:

Director  
Ministry of Health and Long Term Care  
Performance Improvement and Compliance Branch  
Ottawa Service Area Office

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55 St. Clair Avenue West, 8<sup>th</sup> floor, Suite 800  
Toronto, ON  
M4V 2Y7  
Telephone: 1 866 434 0144 (7 days per week, 8:30 am to 7:00 pm)

### **WHISTLE BLOWING PROTECTION**

Section 26 of the Long Term Care Homes Act, 2007, provides protection for any person reporting concerns or disclosing information

to the Director, or to an Inspector with the Ministry of Health and Long Term Care:

Staff will not be dismissed, disciplined, suspended, penalized, intimidated, coerced or harassed because they disclosed information

Residents will not be discharged from the home, threatened with discharge, or in any way be subjected to discriminatory treatment because they disclosed information, whether the information was accurate or not

Family members, substitute decision makers, or persons of importance to the Residents will not be threatened with any of the above actions because they or the Resident disclosed information to the Ministry of Health and Long Term Care

No person shall be discouraged from disclosing information to the Director or Inspector, Ministry of Health and Long Term Care

No person shall be encouraged to fail to report concerns to the Director, or Inspector, Ministry of Health and Long Term Care

No legal actions shall be commenced against any person for reporting or disclosing information, unless the person reporting is not a Resident and has acted maliciously or in bad faith

## RESIDENT FAMILY ORIENTATION GUIDE

### **SECTION 2**

### **NURSING SERVICES**

### **MEDICATION POLICY**

While it is appreciated that many residents like to be able to independently give themselves medicines that they have been used to taking for many years, this does not enable us monitor possible dangerous over usages or interactions with other drugs. Also, some medicines may be contra-indicated either by virtue of allergy or other medical condition the resident may have.

Residents are encouraged to advise the staff of their medical needs at any time of the day or night. If it is an emergency, pull the call bell in the bathroom. Any treatment that is not already anticipated in the resident's chart can be referred to the physician for assessment. If it is not an emergency, arrangements will be made when your physician is available.

Relatives of residents (or friends) are requested not to bring in medications, even vitamins, antacids, laxatives, cold remedies, etc. If there are any certain needs that relatives or friends feel are being overlooked with a specific resident, please contact the nurse and discuss it with her/him so that appropriate management of the problem can be undertaken.

Any prescriptions given by physicians seen out of the Home should not be filled at the drug store but given to the nurse on duty to arrange for dispensing.

Please note that some medications, creams, ointments are not covered under the drug benefit program and the resident will be billed

## RESIDENT/ FAMILY ORIENTATION GUIDE

directly for these medications. We will obtain your approval before ordering these medications.

Our pharmacy services are supplied by the Medical Pharmacies, Picton Clinic Pharmacy. Consultation services are provided by the pharmacist, Medication supplied by other than this pharmacy will not be administered.

Thank you for your co-operation in these matters. If there are any questions, do not hesitate to discuss them with the Director of

Resident Care or the nurse on duty

**MEDICAL DIRECTOR: Dr. A. Nancekievill MD**  
**DIRECTOR OF RESIDENT CARE: Karima Lutzak RN BScN**

### **ALCOHOL**

Many residents enjoy alcoholic beverages. Pub Night and Happy Hour is scheduled regularly (see Calendar for specific times). Additionally, residents can enjoy their own beverages. Please discuss this with the nurse so that we can include this in the plan of care. Alcoholic beverages must be provided or paid for by the resident/family and approval must be obtained from the physician.

### **RESTRAINT POLICY**

There is a least restraint policy in place. If a restraint is recommended for a resident, consultation with the resident/family must take place prior to any restraint being applied (except in extraordinary circumstances where the safety of the resident is a priority).

Residents/families do have a choice in this decision to restrain or not to restrain. The policy of the Home is one of least restraint. Alternative measures for safety will be considered before a physical restraint is used.

You may request a copy of our least restraint policy at the Administration Office or directly from the Director of Resident Care.

## RESIDENT FAMILY ORIENTATION GUIDE

### **ADVANCE DIRECTIVES**

No treatment is provided without consent and this includes decisions related to care expectations when a resident is experiencing failing health. The treatment options will be discussed as part of the admission process and will be documented on the "Advance Treatment Directive" form. Any decision made can be changed, at any time. It is also reviewed yearly at the Care Conference.

We ask that you carefully review the Advance Treatment Directive and ask any questions you may have. It is desirable to have this form completed, as soon as possible, in order that the care providers are informed of the Residents wishes.

### **NOTIFICATION OF FAMILY**

When a resident's condition changes, family will be notified as soon as possible by the Nursing Department.

### **DOCTOR'S VISITS**

The H. J. McFarland Home has a multi-practitioner service whereby residents are able to maintain the services of their own family doctor. Within seven days of admission, the family doctor will visit the resident and do a complete medical. Doctors visit the Home routinely and whenever necessary depending upon the resident's care needs. Residents without a family physician will be cared for by our Medical Director, Dr. Anne Nancekievill.

### **USE OF CALL BELL SYSTEM**

Beside each resident's bed and washroom there is a nurse call bell system. If assistance is required, you must press the red button on your bedside cord bell or pull the cord in your washroom. Residents, on admission, will be instructed on the use of the call bell system by the nursing staff.

## RESIDENT/ FAMILY ORIENTATION GUIDE

### **LOCATING RESIDENT CARE STAFF**

If you need to find a staff member (PSW/HCA or nurse), look for a red light showing outside of a resident room. The light is located on the ceiling outside of the door and will show as a steady (non-blinking) light. Wait outside the door until the staff member exits the room.

### **CONSENT FORMS**

Upon admission to the Home, the resident/responsible party will be required to sign the following consent forms:

- 1) Privacy consent form
- 2) Consent for pneumo-vax vaccine.
- 3) Consent for influenza vaccine
- 4) Consent for Tami flu
- 5) Advance Treatment Directive
- 6) Consent to Treatment
- 7) Consent for Physiotherapy services
- 8) Restraint consent
- 9) Consent for the administration of naturopathic remedies

An informed consent process is used and Residents are encouraged to be involved in the consent process, as able.

### **PALLIATIVE CARE SUITE**

A suite is available for residents and their families, when needed, for palliative care. Palliative care can be provided in the resident room, but for some residents, the privacy and comfort of the suite is desirable for end-of-life care.

## RESIDENT FAMILY ORIENTATION GUIDE

### **SECTION 3**

### **HOUSEKEEPING/LAUNDRY**

#### **CLOTHING**

##### Suggested Clothing List:

7 complete changes of clothing, including underwear and socks  
Outdoor jacket/coat  
Non-skid slippers  
2 pairs Non-skid shoes  
2 sweaters  
Belts or suspenders as desired  
7 pajamas  
Housecoat/ Robe  
Electric Razor as required

Laundry is done seven (7) days a week. Name tags are provided by the Home at the time of admission and are applied to every item of clothing. Wash and wear clothing is recommended. Woolens, linens, etc., need to be dry cleaned. Dry cleaning charges are paid by the resident. Local merchants carry a good variety of clothing for seniors.

Please advise other family members that all clothing must be marked. Clothes needing to be marked may be taken to the laundry department. There is limited storage space, residents with an extensive wardrobe may be asked to store off season clothes at another location.

You will be notified if clothing replacement is required.

## RESIDENT/ FAMILY ORIENTATION GUIDE

Dependent upon resident need, "open-back" clothing or other adapted clothing items may be required. This will be discussed with the resident/family. Resident clothing may be able to be altered to accommodate this need, or specialty clothing may be ordered in. We also have a specialty clothing vendor that visits the Home 1-2 x per year. Residents and/or families will be notified of those dates.

### **LOST ARTICLES**

Although the Home is not responsible for lost items, we will make every effort to assist Residents to find any items they have misplaced. We highly recommend that you limit the amount of valuables that you bring into the Home. We also suggest that you only keep small amounts of cash on hand. For those valuables that you do bring in, please ensure that they are properly identified prior to admission. We also request that a photo be provided of personal valuables such as jewelry and watches. This assists us to identify any articles we find and to return them to the appropriate Resident. Each resident is provided with a locked dresser drawer at the time of admission. All belongings will also be tabulated on a property sheet at the time of admission.

### **FURNISHINGS**

We encourage residents to personalize their own rooms. Residents may bring in the following:

- an easy chair
- television
- plants, pictures, etc.

Any other electrical equipment such as lamps or fans must be checked through the Environmental department during the week. On the weekend, please check with the Charge Nurse on duty.

Safety is our first concern so it is important that residents are able to

## RESIDENT FAMILY ORIENTATION GUIDE

move about freely in their rooms without a fear of falling over too many items. Dependent upon resident care needs, personal items may be limited.

- \* Extension cords are not to be used at any time. Power bars may be acceptable after discussing with the Environmental Manager.
- \* Floor rugs are not permitted due to safety issues.

### **STORAGE/ITEMS**

The Ministry requirement for prompt offering of available beds is that beds must be offered to potential incoming Residents within 24 hours after the previous Resident is discharged or deceased. Therefore, we must request that rooms be packed up and items removed within the 24 hours. In rare cases, due to family difficulties, staff may assist to pack up the belongings. We do not have storage space in general and no secure storage space. We will hold the items we pack for up to 2 weeks but we are not responsible for any lost items.

If items are not picked up within this time frame, the Home reserves the right to send the personal effects to a charity of their choice.

Please contact the Environmental Manager, Susan Ferguson, for further information or clarifications.

## RESIDENT/ FAMILY ORIENTATION GUIDE

### **SECTION 4**

### **DIETARY**

#### **MEAL TIMES**

Meals are served in the main dining room as follows:

Breakfast: 8:30 a.m. Willow Wing Breakfast: 9:00 a.m.  
Lunch: 12:00 noon  
Supper: 5:00 p.m.

The nourishment cart goes to all Residents mid-morning and offers beverages, the cart goes again mid-afternoon and evening and offers both beverages and snacks. There are refrigerators in the kitchen areas of both floors where Residents may keep any perishable food, however please note that space is limited. Please label all your food supplies.

For residents who prefer to sleep in, a continental breakfast can be provided.

#### **GUEST MEALS**

The Home can provide guest meals to resident's family members or friends.

We do request advance notice and a limit of two guests per resident.

In extenuating circumstances, we could extend the guest limit.

RESIDENT FAMILY ORIENTATION GUIDE

Please call the Nutritional Manager to arrange this service.

The cost for guest meals are:

**Lunch: \$6.00**  
**Supper: \$8.00**

Guest meal tickets may be purchased, Monday to Friday, at the Dietary Department.

Family members wishing to bring "take out food" into the Home to

share a meal with a resident should first notify the Dietary Department so that table arrangements can be made. We also offer the Family Dining Room, subject to availability, where Residents can enjoy a meal with their family in a private setting.

If further information is required, please contact the Nutritional Manager, Phyllis Cole.

**SECTION 5**

**PROGRAMMING SERVICES**

**RECREATION/LEISURE & REHABILITATIVE PROGRAMS**

The Home employs a Resident Services Manager who oversees the Rehabilitative & Recreation/Leisure program plans and organizes programs on a daily, weekly, monthly and seasonal basis. These programs are posted daily and monthly on the bulletin board across from the dining room. Recreational activities offered include bingo, monthly birthday parties, fun and fitness classes, manicures, sing-along, shopping trips, picnics, movie nights, barbeques and family dinners.

Rehabilitative services focus on restorative care, where the goal is to improve the Resident's functional level or to prevent deterioration. Rehabilitative staff work with the physiotherapy team to provide restorative care.

Residents and family members are encouraged to participate in all programs. Suggestions for improvements or new programs are always welcome.

**SOCIAL PROGRAMS**

While we do not employ any Social Service Workers, the Home will make arrangements for any Resident requiring Social Services/ Counselling to be seen by an appropriate service provider.

## RESIDENT FAMILY ORIENTATION GUIDE

### **BIRTHDAYS**

A special recognition of birthdays is done by posting the resident's name and birth date on our bulletin board in front of the dining room.

A special birthday celebration is also held every second month whereby all those residents who have celebrated birthdays in the past two months are honored.

Families wishing to celebrate a birthday party or special occasion are

welcome to use the Home for these events, subject to a reasonable number of guests. Families are responsible for providing the catering for these events. Please book your event with the Nutrition Manager or Resident Services Manager.

### **RELIGIOUS SERVICES**

Religious services are held at the Home and schedules for these services are posted outside the entrance to the Chapel which is located at the front of the Home.

### **VOLUNTEERS**

We are privileged to have volunteers who devote their valuable time to enhance the services of our Home. There are many ways that Volunteers support us including assisting with quality improvements, assisting Residents to eat at meal times, and snack times, satisfaction surveys, becoming involved in the Activities program for Residents such as participating in teas, bazaars, tuck shop, happy hour, shopping trips, etc. We are always looking for volunteers to assist us in areas that interest them. If you are interested in volunteering at the home, please contact our Resident Services Manager.

**SECTION 6**

**RESIDENTS COUNCIL**

The purpose of the Residents' Council is:

1. To give Residents greater participation in the operations of the Home
2. To make suggestions for improvements, and to assist the Administrator and management in providing better services and programs
3. To promote friendship, clarity, and understanding
4. To provide and receive necessary information for the benefit of all Residents

Under section 57 of the Long Term Care Homes Act, 2007, a Residents' Council has the power to do any of the following:

- Advise Residents of their rights and obligations
- Advise Residents of the rights and obligations of the Home
- Attempt to resolve disputes between the Home and Residents
- Sponsor and plan activities for Residents
- Collaborate with community groups and volunteers concerning activities for Residents
- Advise the Home of any concerns or recommendations the Council has about the operation of the Home
- Provide advice and recommendations to the home regarding what the Residents would like to see done to improve care or quality of life in the Home
- Report to the Director, under the Long Term Care Homes

## RESIDENT FAMILY ORIENTATION GUIDE

Act, any concerns and recommendations that in the Council's opinion ought to be brought to the Director's attention

- Review the operation of the Home, inspection reports and summaries received by the Home, the detailed allocation by the Home of the funding received, and any financial statements relating to the Home filed with the Director, or provided to the Local Health Integration Network

Residents Council membership is all Residents of the Home. Meetings occur monthly. The dates of meetings are notated on the Activity

Calendar. The Minutes of Meetings are posted on the Resident/Family Communication Board. Election of officers is held yearly.



## RESIDENT FAMILY ORIENTATION GUIDE

We thank all donors for their much appreciated support.

### **SECTION 8:**                    **RESIDENT SAFETY**

#### **HEALTH AND SAFETY**

The Home has a Health and Safety Committee. This committee works to ensure that the Home provides a safe work environment for all staff.

We also have a Continuous Quality Improvement Committee. This committee works to improve the quality of our services and ensure we are providing the safest care and environment possible for both Residents and Visitors. We have provided a form at the Sign In desk for suggestions for Quality Improvements and/or Resident Safety. All suggestions are welcomed. Upon completion, please place in the locked mailbox at the Reception Office.

We believe that safety is a key part of every job at every level of the Home. Our goal is to keep the Home safe for all residents, visitors, and staff. We encourage safety hazards and/or incidents to be reported by anyone noticing them. Safety notices may be posted throughout the Home.

Also please note that Resident care needs may require the re-organization of the resident furnishings and/or a room change to ensure the safety of Residents and/or staff. You will be kept aware of such needs. Please do not rearrange your furniture. All reorganizations of any room require approval by the Environmental Manager. Please direct any safety concerns you may have to the Environmental Manager or the nursing staff.

## **INFECTION CONTROL**

Our goal is to prevent and control infections and illnesses among Residents, staff, and visitors. We provide Resident and Family/ Visitor education individually, through posters, and at our Town Hall meetings held every 2<sup>nd</sup> month. There are also some basic rules that you, staff, and visitors can follow to reduce the spread of germs and to prevent infections and illnesses:

**Hand washing:** Please clean your hands before and after using the washroom, after you blow your nose, before you eat, before and after leaving your room, and when entering or leaving the Home. If your hands are visibly dirty, then wash them well with soap and water, otherwise the use of hand scrubs are effective. Public washrooms are available for visitors, and every Resident has close access to washrooms. Alcohol scrubs are available at the front entrance upon entering or exiting the building, and near the doorway of Resident Rooms.

**Respiratory hygiene:** Please ensure that you cough and sneeze into your sleeve. If you use a tissue, or cover your mouth with your hand, then please make sure the tissue goes directly into the garbage, and that you wash your hands immediately.

**Visiting:** We ask that family members and visitors not visit if they are feeling unwell in any way. Please do not enter the building if you have a fever, sore throat, cough, diarrhea, vomiting, and/or unusual aches and pains. Our Residents are often frail and easily susceptible to infections brought in from the community.

**Outbreaks:** We work hard at Infection prevention to avoid Outbreak situations, however when they do occur, we ask that you follow the directions of the Nursing Staff. Some Residents may be isolated, other Residents may be requested to take certain medications to prevent them from becoming ill, visiting may be limited, and personal protective equipment may be required by staff and visitors. If you are a visitor and see a sign on the door announcing that we are in an Outbreak situation, then please see the Charge Nurse before entering any Resident's room.

## RESIDENT FAMILY ORIENTATION GUIDE

**Vaccinations:** We offer yearly Influenza Vaccination clinics for all Residents and Staff. We strongly encourage everyone who is able to, to take the Flu Shot. We also highly recommend that Family and Visitors get their Flu shot. In times of Outbreak, we may require that you show proof of immunization before being allowed to visit in the Home.

Residents over the age of 65 or with multiple health issues are also offered the Pneumococcal Vaccination. Residents or their Substitute Decision maker must give consent for all vaccinations given in the Home.

### **KNOW YOUR CONDITION**

Every Resident, or their Substitute Decision Maker should:

1. Advise the Nursing team promptly of any allergies you may have, including drug, food, and environmental allergies.
2. Stay advised about your medication- know the names and dosages of your drugs, what they look like, and why you are taking them
3. Ask for information about your condition- note that you can receive it in writing as well.
4. Make sure that you completely understand any treatment that you are consenting to. If after the nurse has explained it to you, you still do not have a clear understanding, then ask for more information. You must be fully informed and understand what you are consenting to.
5. Be aware of your Care Plan, and what care you are to be assisted with and what equipment staff are expected to use.
6. Be aware of your Lifting Logo. For your safety and the staff safety, all Residents ability to transfer themselves are assessed and a "Lifting logo" assigned. It is kept on the inside of your cupboard door. Staff must follow it as a minimum lifting requirement. They can use a more advanced lift if necessary but can never use less than the lift indicated. As needed, your lifting logo will be changed based on your condition.
7. If you cannot participate fully in your care or the planning of your care, then please involve a family member to assist you.
8. If you ever feel that something is just not quite right, please bring it to the attention of your doctor or to the Registered Staff. You know your health the best
9. Make sure that you know who your care team is each day. The

## RESIDENT/ FAMILY ORIENTATION GUIDE

names of the Nursing staff are posted on each floor, and every staff member is to be wearing a name tag. Staff members are also to introduce themselves when they approach you.

10. A requirement is that we have 2 resident identifiers when giving medications or treatments. Therefore, you may be asked to identify yourself by the nursing staff, your identification bracelet may be checked, your photo may be viewed on the records, you may be asked what your previous home address was, or longer term staff may recognize longer term residents

## **DISCLOSURE OF ADVERSE EVENTS**

H. J. McFarland Memorial Home firmly believes that if something goes wrong and it affects you, that you have the right to know what happened and to receive the appropriate support to deal with the situation. We have a Disclosure policy, and you as a Resident, or your Substitute Decision Maker will be promptly informed of any adverse event. We investigate all errors and formulate plans to prevent similar situations from occurring in the future. We keep you informed of improvements we have made to prevent a similar situation from occurring again.

## **BUILDING SAFETY**

We are committed to providing our Residents with a safe environment. This means that our entrances and exits to the building are secured and require a code for entry. The code changes after regular visiting hours to prevent unknown people from entering the building when there is less staff available to intervene or redirect them. If Visitors on compassionate reasons are coming to the Home after regular visiting hours, they can ring the doorbell at the Main entrance, and it will be answered by staff.

We have a Secure Unit. This Unit is only accessible by swipe card. There is a door bell and staff will open the doors to allow Visitors in and out. Swipe cards are only available to staff and must remain with staff at all times for the purposes of Resident safety on the Unit.

Because we do have other Residents who are not on the Secure Unit and who need to be supervised when outside, please make sure that

## RESIDENT FAMILY ORIENTATION GUIDE

any Resident following you out the exit doors is accompanied by a staff member or family member, or let staff know that a Resident is attempting to exit the building. Residents who are able to be outside without staff supervision know the code and can let themselves out.

### **FALLS PREVENTION**

H. J. McFarland Memorial Home has a Falls Prevention Program. All Residents are assessed on admission and at least quarterly thereafter by the Physiotherapist. Resident/ Substitute Decision Maker consent

is required for Physiotherapy services. Residents identified as being at high or moderate risk for falls, or who have had 2 or more falls in a 4 week period, will be put on our "Falling Star program". These Residents will have a discreet star placed at their bedside and on their mobility devices. This will provide a heightened awareness to all staff and family visitors that there is a potential for falls, and allow them to follow appropriate steps to decrease the risk. Any falls will be recorded and reviewed at a Fall Prevention Committee meeting, trends analyzed and quality improvement plans made for the program

#### **Safety tips to prevent falls:**

- Let us know if you have a history of falls
- Residents should wear supportive shoes with non-skid soles when walking
- Never walk in sock feet
- Limit the amount of clutter in your room
- Keep your floor clear- no rugs should be on the floor
- Use the mobility device that has been designated for you- it has probably been customized for your safety.
- Make sure that the lighting is adequate in your room and let staff know right away if it is not
- If you notice any spills on the floor or any other factors that could cause a fall, please let staff know right away
- If you are at high risk for falls, have your visitors let the staff know when they are leaving. Staff try to allow you privacy for your visits and may not check on you as frequently when you do have visitors.
- If your are feeling dizzy, lightheaded, or weak, don't get up without staff assistance

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- Ring your call bell if you require staff assistance

**SMOKING POLICY**

H.J. McFarland Memorial Home is a SMOKE FREE facility.

Smoking is allowed on the premises in designated areas and must be at least 30 feet from the building. This is strictly enforced. We must ensure the Health and Safety, and comfort, of all of our Residents, staff, family, and visitors by limiting their exposure to second hand

smoke.

Only Residents who have been assessed as being independent and safe may smoke in the designated areas.

Residents assessed as being as unsafe will not be permitted to smoke unless supervision is provided by the family. Staff are not permitted to supervise smoking.

For safety, we request that all smoking materials be kept with the nurse.

*WE THANK YOU FOR NOT SMOKING!*

**FIRE AND SAFETY PROCEDURES**

TO ALL RESIDENTS: BE ALERT TO THE FOLLOWING SAFEGUARDS:

Good housekeeping is the best assurance against fire. Do all you can to maintain your room in good order. Do not let newspapers accumulate in your room. Do not use under your bed for storage. Frequent fire and emergency drills are held to ensure rapid and appropriate response by staff. During such drills, residents and visitors may be directed to a safe location.

**IN THE EVENT YOU DISCOVER A FIRE**

Pull the nearest fire alarm.

## RESIDENT FAMILY ORIENTATION GUIDE

They are located by all exit /stairwell doors.

### FIRE PLAN- INSTRUCTIONS FOR RESIDENTS

1. Stay in your room or safe areas as designated by staff
2. Keep any doors and windows closed
3. Await further instructions from staff or the announcement of "Code Red Cancelled" before leaving the area.

### FIRE PLAN- INSTRUCTIONS FOR VISITORS

1. Stay with the Resident you are visiting
2. Keep any doors and windows closed
3. Await further instructions from staff or the announcement of "Code Red Cancelled" before leaving the area

\*Please note that we try to control the movement of staff, Residents, and visitors throughout the building thus ensuring that we can know who is in the building and where they are located- extra time spent looking for people who have left their last known area or left the building wastes valuable time that is needed to safely evacuate all those needing to be evacuated and creates an extremely unsafe situation. Please follow the above procedures for all drills and fire emergencies.

CAUTION: DO NOT USE THE ELEVATOR WHEN YOU HEAR THE FIRE ALARM.

### **ZERO TOLERANCE FOR RESIDENT ABUSE POLICY**

H. J. McFarland Memorial Home promotes zero tolerance of abuse and neglect of residents in compliance with the Ministry of Health and Long Term Care expectations, and the LTC Homes Act.

Resident Abuse is any action or inaction that jeopardizes the health or well-being of any resident.

## RESIDENT/ FAMILY ORIENTATION GUIDE

The Bill of Rights for Long Term Care Facility Residents in the Province of Ontario states that Residents have the right to dignity, respect and freedom from abuse and neglect.

Examples of Resident Abuse:

Physical Abuse includes but is not limited to:

- The use of physical force by anyone that causes physical injury or pain
- Administering or withholding a drug for inappropriate purposes
- Forced confinement in a room, bed, or chair
- Providing physical care without consent
  
- Prohibited use of restraints

Emotional Abuse includes but is not limited to:

- Any threatening, insulting, intimidating or humiliating gestures, actions, behaviours, or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement, or treating a resident like a child
- Failure to communicate respectfully with any resident
- Any act that compromises the dignity of any resident
- Denying residents their rights under the Residents Bill of Rights, not allowing residents to participate in decisions regarding their care and/or life
- In Resident to Resident interactions, any threatening or intimidating gestures, action, behaviour or remarks by a resident that causes alarm or fear to another Resident where the Resident performing the gestures, actions, behaviour or remarks understands and appreciates their consequences

Verbal Abuse includes but is not limited to

- Any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self worth
- In Resident to Resident interactions, any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the Resident making the communication understands and appreciates their consequences.

## RESIDENT FAMILY ORIENTATION GUIDE

Financial Abuse includes but is not limited to:

- Misappropriation or misuse of a Resident's money or property including forcing a person to sell property, or stealing a Resident's money, pension cheques, or possessions
- Fraud, forgery and extortion
- Wrongful use of Power of Attorney

Neglect includes but is not limited to:

- Failure to provide any of the residents basic needs
- Failure to provide a Resident with a required Treatment
- Withholding food, drink, and/or health services
- Failure to offer choices
  
- Deliberately failing to meet a dependent Residents needs
- Ignoring call bells

Sexual Abuse

- Any consensual or non-consensual touching, behaviour, or remarks of a sexual nature or sexual exploitation that is directed towards a Resident by a Staff member
- Any non-consensual touching, behaviour, or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a staff member

The Criminal Code of Canada, section 265, defines assault as:

- The intentional application of force to another person without that person's consent.
- Includes attempts or threats to use force, including gestures that may imply serious threat

There are 3 types of Resident abuse covered by our policy:

- 1) Staff on Resident
- 2) Resident on Resident
- 3) Family/Visitor/Other on Resident

## **PRIVACY PROTECTION**

Your personal health information is protected under the Personal Health Information Privacy Act.

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Your information is used and shared only with those directly involved in your care and who require the information to provide the most safe and optimal care that we can provide.

Your information can only be shared with you, or your Power of Attorney if you are unable to understand your condition and/or are unable to make decisions about your care. We will not release information about you, and your health or condition, to anyone else unless you expressly consent to the sharing of this information with that person.