

# Grandview Lodge



## Resident & Family Information Booklet

**GRANDVIEW LODGE**  
**LONG-TERM CARE FACILITY**  
**657 Lock Street West , Dunnville, ON N1A 1V9**  
**(905) 774-7547**



GRANDVIEW LODGE  
INFORMATION BOOKLET – April 2021

**Table of Contents**

Welcome to Grandview Lodge!..... 3

Introduction to Grandview Lodge..... 4

Residents’ Bill of Rights..... 8

Code of Conduct for Visitors and Residents ..... 10

Services and General Information ..... 11

Rules and Regulations for Residents ..... 16

How Do I Obtain Information?..... 19

Departmental Services ..... 19

Freedom and Choices ..... 22

Restraint Use..... 23

Personal Matters Relating to the Resident ..... 24

Health and Safety..... 25

Safety and Security ..... 25

Infection Control..... 27

Resident Safety: Falls Prevention ..... 29

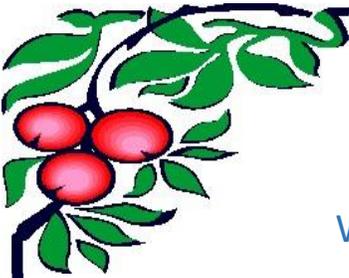
Resident Abuse ..... 31

Summary ..... 32

Appendix A – Complaint Process..... 33

Appendix B – Resident Advocacy ..... 35

Appendix D – Grandview Lodge Organization Chart ..... 36

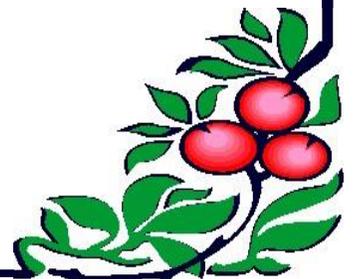


## Welcome to Grandview Lodge!

We, the staff, Residents and Volunteers of Grandview Lodge, bid you welcome to your new Home. We hope your stay here will be pleasant, and that you will make many new friends, as well as renew some old and golden friendships.

The staff are trained to respond to the needs of each individual. Please feel free to discuss any concerns you may have with them.

This handbook is designed to inform you about what to expect as a new Resident, as well as a reference for future use.



## Introduction to Grandview Lodge

Grandview Lodge is an Accredited Long-Term Care Home located in Dunnville, Ontario, operated by Haldimand County. The Home is situated on a picturesque property adjacent to the Grand River. The Thompson Creek Wildlife Preservation Area encompasses the western border of the property.

The Home has many welcoming patios and benches for everyone to enjoy the view and surroundings. Summer annuals are plentiful due to the considerable generosity throughout the summer of local greenhouse owners. The enclosed secured courtyards offer enjoyment of the outside for Residents, families and friends – while ensuring the safety of Residents.

Our Home has four (4) Resident Home Areas (RHAs). Each area supports 32 Residents for a total of 128 Residents in the Home. Two (2) of the RHAs encompass the North Wing of the Home and two (2) others encompass the South Wing. In each area you will find a dining room overlooking the gardens, a living room/den, and a family room for activities, a conference/treatment room and a large bathing suite.

Each RHA has a combination of private and basic rooms with ensuite washroom facilities. All rooms have a built-in closet, space for a TV, bed, bedside table, and a chair. All rooms are equipped with cable TV access, internet access, phone line, and have a window view of the outdoors. All related costs of TVs and connections, etc. are a direct cost to the Resident.

Each area has adopted a theme in keeping with the word “view” and is named accordingly:

**Hill View**

**Bridge View**

**Marsh View**

**Creek View** (the specialty/DementiAbility care unit)

The main corridor connecting the North and South wings of the Home provides large open spaces to allow visiting with your family and friends in a comfortable setting. Also included in this area are the hair salon, library, tuck shop, Fireplace Lounge, Family Dining Room and The Gathering Room (chapel). Other services located here include reception, volunteer services, use of the boardroom, family overnight suite (that can be rented nightly), Resident smoking lounge, Physiotherapy room, and administration offices.

## GRANDVIEW LODGE

Grandview Lodge in Haldimand County operates under the legislation of the Homes for the Aged and Rest Homes Act and Bill 101.

### MISSION STATEMENT

“With comfort, compassion and care, the Grandview Lodge Community supports a meaningful life for residents”

### VISION AND VALUES

“Grandview Lodge is a leader in long-term care services, with a focus on aging with independence and self-fulfillment. By combining the Montessori (DementAbility) and Butterfly Care philosophies, staff will develop emotional connectivity with the Residents. Staff recognize that promoting physical and psychological well being is equally important.”

Grandview Lodge supports and believes in the following core values:

-  G - Governance
-  R - Respect
-  A - Accountability
-  N - Nurturing
-  D - Dignity
-  V - Visionary Leadership
-  I - Inclusivity
-  E - Excellence
-  W - Working together as a TEAM

These values are recognized and supported by our stakeholders and creates the framework which we utilize in guiding our decisions, priorities, programs and vision.

#### **Governance:**

We are committed to maintaining a formal reporting structure so that we demonstrate effective stewardship to Haldimand County taxpayers and Council, Ministry of Health and Long-Term Care and to the Residents, Families, Volunteers, Stakeholders and Employees of Grandview Lodge

We live this value by providing transparency, adhering to legislation and standards and established policies for the Home

**Respect: (Rights for all)**

We are committed to upholding the rights for all-Residents, Families, Employees, Community Partners by supporting the uniqueness of one another.

We live this value by providing education to all, acknowledging individuals needs and embracing differences that will enhance improvement of services for all citizens

**Accountability:**

We are committed to conducting ourselves in a manner that supports a culture of integrity when managing resources, services and programs

We live this value by following legislation, policies and procedures and being accountable for our personal actions.

**Nurture:**

We are committed to the ongoing growth and development of Residents and Staff.

We live this value by providing educational opportunities , encouraging participation in decision making and quality improvement initiatives, supporting residents in reaching their goals and promoting both the physical and well-being of residents and staff

**Dignity:**

We are committed to preserving an individuals sense of pride in themselves and those they are caring for:

We live this value by ensuring that we all listen and support each other and provide privacy for all the residents, families, employees and stakeholders

**Visionary:**

We are committed as an organization to plan the future with input from all and to use imagination and wisdom to strive to develop innovative best practices in long-term care

We live this value by encouraging individuals to embrace change and growth, to think beyond normal boundaries, allow freedom of creative expression and to continue to collaborate with stakeholders to make such advances in long-term care

**Inclusive:**

We are committed to ensuring all individuals feel welcomed, safe, respected and valued

We live this value by ensuring everyone has a sense of belonging; feels respected, valued and seen for who they are as individuals; while feeling a level of supportive energy and commitment from leaders, colleagues and others so that all people – individually and collectively - can do their best work.

**Excellence:**

We are committed to providing high quality care and services driven by the blend of innovation and legislated care standards

We live this value by ensuring staff are educated and committed to maintaining their skill level, supporting a multi-disciplinary CQI team that leads quality/care improvement initiatives, and supports a culture where the Resident comes first.

**Working as a Team:**

We are committed to supporting and fostering a team approach in providing care and services which combines individual skill and collaborative action.

We live this value by respecting and valuing each others role and contributions with the accepted principle that staff do not work in silos and we work collectively to achieve our common goals.

## Residents' Bill of Rights

Grandview Lodge is the collective Home of the Residents. It is operated in such a way that the psychological, social, cultural and spiritual needs of each Resident are met.

Furthermore, each Resident should be given the opportunity to contribute, in accordance with his or her ability to the physical, psychological, social, cultural and spiritual needs of others.

The following rights of Residents are to be fully respected and promoted:

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 furnishing in his or her room subject to safety requirements and the rights to 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 of 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.
  - v. To be informed of his or medical condition, treatment and proposed course of treatment.
  - vi. To give or refuse consent to treatment, including medication, in accordance with the law, and to be informed of the consequences of giving or refusing consent.
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 to 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 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.
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.

\*\*\*A copy of the Bill of Rights, in English or French, is available at any time in the front entry way of the Home in the brochure stand.\*\*\*

## Code of Conduct for Visitors and Residents

Every individual has the right to freedom from harassment under the Ontario Human Rights Code. This can be during visiting or living at Grandview Lodge as well as for a staff member who is working at Grandview Lodge. It is expected that all visitors, family and Residents who believe that there could be a violation to report it to the correct Supervisor/Manager so that the complaint can be responded to appropriately.

It is also expected that visitors, family members and/or Residents treat each other and employees with respect. Concerns must be addressed in a confidential area that respects the privacy of all concerned. It is expected that the management team will be notified of any concern and will complete a full investigation. Results of the investigation will be evaluated and an individualized plan will be put into place to resolve the concern.

### Visitor Policy

All visitors must:

1. Report any health and safety concerns to Management, Registered Staff or designates
2. Not smoke in the smoke room-smoking can only take place in designated areas outside the building
3. Follow all posted signs and rules
4. Follow the instructions in the event of an emergency and remain in the designated areas until further instruction
5. Follow all policies and procedures during an outbreak in the Home, and ensure that you receive appropriate information
6. Follow the Haldimand County Code of Conduct Policy and adhere to the rules of the policy

## Services and General Information

### **Accommodations:**

The Ministry of Health adjusts accommodation rates yearly, usually July 1st. There are two (2) types of accommodations available for Residents of Grandview Lodge – Standard (basic) and Private (preferred). **The current rates for Basic and Private rooms are provided on admission day.**

### **Audiology Service:**

Hearing Life Canada provides this service at Grandview Lodge. A referral for this service can be obtained through the Registered Staff in your Unit. There is a fee for this service.

### **Bedroom Furnishings:**

Each Resident room is equipped with a bed; a bedside table, chair, closet space and TV stand. Bed rails are not part of the bed, an assessment must be completed to determine if a railing on a bed is required.

### **Boardroom/Meeting Space:**

The Home provides suitable accommodations and seating for meetings of Residents' Council and the Family Council.

### **Cardiopulmonary Resuscitation (CPR):**

CPR services will be discussed with the Resident upon admission with the Director of Nursing/designate. New admissions will be required to complete an "Advanced Directive" outlining their wishes regarding CPR.

### **Clothing:**

Marking/labeling of all clothing is done by the Laundry Department. The amount of clothing brought to the Home should be limited to 7 changes of clothing. All personal clothing is washed and dried on-site and returned to the Resident's room by the Laundry Department. In-house shopping for clothing and shoes is available at various times throughout the year, and will be communicated in the monthly Newsletter. When families bring in new clothing, all clothing must be properly labeled by the laundry department. Please give all new clothing to the nursing staff in the unit and the article will be sent to the laundry department for labelling, allowing up to one week for the newly labelled clothing to be returned to the resident.

### **Pub Night:**

Alcoholic beverages are offered through the "Pub Night Program," and also during some of our special programs.

### **Dental, Eye Care and Hearing Services:**

Appointments for such services may be coordinated through the RN/RPN in your unit. Residents are responsible for the payment of these services. There will be a Dental Hygienist onsite monthly. Appointments are booked through the Resident Services Clerk.



### **Drug Service:**

A pharmacy service is provided by the Home and dispensed by the Registered Nursing Staff under the order of the Home Physician(s). Some medications not provided by the Ontario Government

Pharmaceutical supplies will be charged to the Resident. Resident co-payment fee for all medications is waived.

**Equipment:**

Equipment for the general use of Residents including wheelchairs for “ transporting”, geriatric chairs, walkers, toileting aids and other self-help aids for activities of daily living are provided. Residents requiring individual equipment for their sole use must purchase and maintain these items.

**Family Conferences:**

Family conferences are held annually at Grandview Lodge or more often if required. Also, if a family representative is unable to attend at Grandview Lodge a teleconference can be arranged. Residents and their family members are encouraged and invited to participate actively in the continuing assessment, planning and evaluation of the individual Residents care.

**Family Council:**

Grandview Lodge has established a Family Council that works in conjunction with the Home staff to advocate for Residents and provide input into programs and services. The Family Council meets monthly. Family Council Information Boards are located at each end of the building before entering the Home areas. Amy Appel, Supervisor, Programs & Support assists the Family Council. Her contact number is 905 774-7547 at ext. 2233.

**Foot Care:**

Routine trimming of fingernails and toenails is done when the Resident has a bath/shower. Specialized care of corns, calluses and ingrown nails and Diabetic nail care is provided by an outside contracted service provider at a cost to the Resident.

**Hairdresser Services:**

These are provided on-site, and the fee for service is charged to the Resident’s comfort account. Times and costs are available by the service providers and with proper notice may be subject to change.

**Identification Bracelets:**

A bracelet is ordered for each Resident upon admission and must be worn by each Resident in Grandview Lodge.

**Wander Guard System:**

Residents identified by registered staff to be at risk of wandering that live in Marshview, Hillview or Bridgeview will be provided with a bracelet to wear at no cost to the Resident. The wander guard system is connected to the three doors that lead to the parking lots of the Home. The doors are activated when a Resident wearing the bracelet leaves the building. The Alarm is sent to the Personal Support Workers’ pagers.

**Incontinent Products:**

These are provided by the Home at no cost to the Resident. Specialty products not used by this Home are a direct cost to the Resident.

### **Library Service:**

The Activation staff, in conjunction with the Dunnville Library, provides large print books and reading material for our Residents.

### **Meal Services:**

Residents of the Home receive three (3) meals a day including snacks. Meals are served at 8:30 am, 12:00 noon, and 5:00 pm. Snacks are served at approximately 10:00 am, 2:00 pm and 7:00 pm. Should Residents wish to sleep in, they can enjoy a lighter breakfast offered during nourishment time and this can be arranged with the Registered staff in the unit.

### **Meals for Guests:**

Families and friends may purchase **Guest Meal Vouchers** at the main office during business hours for a prearranged meal. Please notify the dietary department one hour prior to the requested mealtime.

### **Medical Supplies:**

The following supplies are readily available for Resident use:

- ◆ Products and equipment for the prevention of, and care of, skin disorders.
- ◆ Products for incontinence care, infection control and sterile procedures.
- ◆ Products such as gastrostomy tube feeding, catheters, colostomy and ileostomy devices,
- ◆ Supplies and equipment for personal hygiene and grooming, including skin care lotions, shampoos, soap, deodorant, toothpaste, toothbrushes, denture cups and cleansers, toilet tissue, facial tissue, hair brushes, combs, razors/shavers, shaving cream, feminine hygiene products.

### **Office Services:**

Postage may be purchased at the office. Outgoing mail may be left at the Business Office/mail box.



Incoming mail is sorted and delivered to the Resident's room. Local newspapers are purchased by the Home and left in all lounges; however personal subscriptions should be ordered through your family and are a direct cost to the Resident.

### **Optometry:**

MultiGen Healthcare provides onsite optometry care to Residents. Clinics take place throughout the year and an Optometrist that has experience working with seniors comes to provide thorough eye examinations, ordering of glasses, and/or corrective lens if required. Engraving of the eye glasses is completed. The eye examinations are subsidized by OHIP although there is a fee charged, that must be paid by the Resident, to cover travel costs to the Home and provide onsite eye exams.

### **Palliative Care:**

Our employees are trained to provide palliative care here in our Home when it becomes necessary. The provision of these services can be a great comfort to our Residents as well as their Families. Senior Support Services are part of the Team that also helps us to provide "*quality of life for end of life*", ensuring our residents comfort and dignity.

**Physicians:**

Each Resident being admitted to the Home has a choice of one (1) of two (2) Attending Physicians (Dr. Ahmed Kamouna or Dr. Omar Ezzat) that visit Grandview Lodge regularly, or to retain their own primary care provider. If they choose their own doctor they shall then arrange their own appointments and transportation. Physicians that do not have privileges must follow the Long-Term Care regulations with respect to providing care to Residents who live in long-term care. Grandview Lodge's Attending Physicians are responsible to oversee all medical care provided at Grandview Lodge.

It is the mandate of Grandview Lodge that all new admissions meet with their choice of Attending Physician to review the Resident's medication and develop the best possible plan of care for the Resident. This is to ensure that the best plan of treatment can be reviewed by family and their Attending Physician.

Meetings can be set up through the Resident Services Clerk to meet with Dr. Kamouna or Dr. Ezzat at specific times each month.

**Physiotherapy and Occupational Therapy:**

These services, contracted through Lifemark Senior Wellness, are provided for Residents assessed as needing such therapies. For more information please contact Physiotherapy at ext 2232.

**Private-Duty Nursing:**

This is a direct cost to the Resident/Family. Please contact the Director of Nursing for more information.

**Private Gatherings:**

If you or your family wishes to have a private family gathering for a special occasion (e.g. birthday party) arrangements for the family dining room in the main corridor can be made for the event by contacting the Residents Services Clerk to reserve the room at ext 2221.

**Recreation:**

A variety of activities are planned for the Residents enjoyment. A monthly activity calendar is provided to each resident and copies are posted in the units and the bulletins boards outside each unit.

**Residents' Council:**

Members of Residents' Council represent the interests and concerns of the Home's Residents, with one elected official, the President. Council members are encouraged to take an active role in the daily function of the Lodge. Written responses to their concerns from management are provided. All Residents are welcome to attend the monthly meetings.

**Games Room:**

The Games Room is located in the centre corridor of the building and all supplies/games are available to be used by families/residents at anytime when a group activity is not taking place.

**Resident Food Committee:**

The Supervisor, Dietary Services and Residents meet monthly to discuss/review current menus and deal with any concerns or questions regarding dietary services. Family is welcome to attend these meetings, the dates of which are posted on the units.

**Spiritual Services:**

Dunnville has an active Ministerial Community that provides visitation, religious services and counseling, and will act as support when requested to Residents, family and staff. The religious services take place in the Home's Gathering Room. Please ask your recreationist in your unit for the schedule.

**Telephone:**

There are telephones available throughout the Home for Resident use. However, if you wish a private phone in your room one may be installed, with a provider of your choice, at a direct cost to the Resident or Family.

Please note: Residents relocating room to room, bed-to-bed will be charged a service fee by the phone service provider. It will be the responsibility of the Resident or family to contact a provider to initiate/cancel/change services.

**Television:**

There are televisions throughout the Home for Resident use. If you want a TV in your room it must be approved by the Maintenance Department first, as size may make a difference. All related costs of TV's and connections, etc., are a direct cost to the Resident. The Resident Services Clerk will order Basic Cable service for the resident; if an enhancement of TV services is required the family or resident are expected to place an order to Rogers Cable.

Earphones or wireless headphones must be used in standard rooms to prevent disturbance of other Residents, especially at night. WiFi is available throughout the building for Resident and family use.

**Transfers:**

If the Resident desires a transfer to another Long-Term Care Home, the LHIN must be contacted. If the Resident's condition necessitates transfer to a different area in the Home, this will be organized by the Nursing Department. Other reasons for transfer (i.e. compatibility or finances) will be made by the Nursing Department. All transfers will be coordinated with the Resident and family, and other staff whenever possible. If the Resident is transferred to hospital for medical care, there is a limit on the time that they can be out of the Home. This is set by the Ministry of Health and Long-Term Care. For a regular medical leave the limit is 30 days, for a psychiatric leave the limit is 60 days.

**Transportation:**

Transportation for Residents for medical appointments is available on a fee-for-service basis, Mondays and Tuesdays only. Families are encouraged to provide their own transportation if possible for their loved one, however, if that is not practical (i.e. vehicle not W/C accessible) then transportation can be arranged, by the Resident Services Clerk **depending on van availability and resident requirements**. Family members are always welcome to accompany the Resident to medical appointments.

**Tuck Shop:**

Volunteers at Grandview Lodge operate the Tuck Shop, which is open seven days a week from 2:00 – 4:00 pm. Proceeds from the Tuck Shop go to the Residents' Council to enhance the Residents lives through the purchase of equipment, trips and programs.

**Tours:**

Tours of the Home can be booked by calling Martina Collingridge, 905-774-7547 ext. 2223 Monday to Friday.

**Visiting Hours:**

The Home does not recognize specific visiting hours. Residents that have been deemed palliative may receive visitors 24-hours a day.

**Volunteers:**

We have a very active volunteer program within the Home. They participate in many of the activities, both in and out-of-the Home, providing life enrichment for all our Residents. Amy Appel oversees the volunteer program and can be reached at (905) 774-7547 at ext. 2233.

**Washing Machine and Dryer:**

A washer and dryer, located off the Evergreen corridor, are available for those Residents wishing to do their own laundry. Residents are responsible to provide their own washing and drying supplies and to keep them locked away.

**Wheelchairs:**

There are a few wheelchairs available in the Home for temporary use; however Residents who need to order their own wheelchair can apply to the Assistive Devices Program. (See the RN/RPN in your area.) Powered wheelchairs must be checked by the Maintenance Department and stored properly. All powered wheelchairs must have gel batteries. All costs and repairs to Residents' personal wheelchairs are the responsibility of the Resident/family. It is recommended that families do not try to fix /adjust wheelchairs.

Maintenance staff will be happy to make any minor repairs or adjustments but if under warranty the RN/RPN will ensure that the company representative is contacted. The use of power wheelchairs within the Home is based on the Resident's ability to safely maneuver the device. Prior to bringing an electric wheelchair into the Home for use, Residents will be asked to complete a power wheelchair device driving test. Electric wheelchairs can only be parked in the resident's room and only if safe to do so. There is no other area in the building to store such equipment.

## Rules and Regulations for Residents

**Noise:**

- ✦ Volume on all TVs in the Lounges should be controlled to reduce excess noise.
- ✦ TVs and radios must be turned down from **10:00 pm to 7:00 am**.
- ✦ Headphones or earphones are recommended for private use and may be purchased at the Resident's expense.
- ✦ The Nursing staff has the right to enforce quiet hours from **10:00 pm to 7:00 am** and to control volume during all hours.

**Nutrition and Diet:**

*Providing attractive, tasty meals which ensure optimum nutrition and hydration is a crucial goal of our service!*

Individual nutrition care plans for each and every Resident are achieved through a team approach with input from the Resident themselves (or the Substitute Decision Maker if need be), Family members, the Physician, the Supervisors, Dietary Services, the Registered Dietitian, as well as Nursing staff members. The nutrition care plans are reviewed regularly and revised as necessary.

Menus are planned by Dietary Services to meet the recommendations of "Canada's Food Guide for Healthy Eating" as well as precisely-defined Ministry of Health and Long-term Care Standards. The menus receive approval from Grandview Lodge Residents' Council and the Registered Dietitian prior to being implemented. Choice in terms of the beverages, entrée items and desserts served at each meal are built into the menu. Snacks are offered three times daily between meals. Therapeutic or texture-modified diets can be accommodated as required. Meal service is typically provided in the dining rooms at pre-determined/posted times. In the case of illness, meals may be provided to a Resident's room. Residents who choose to keep personal snacks in their rooms are requested to keep them in rigid, air-tight containers which are labelled, dated and stored at an appropriate temperature to ensure food safety. There is space available in the home area kitchenette refrigerators to store appropriately-labelled foods which have the potential to spoil easily (e.g. milk-containing items such as pudding or meat-containing items such as homemade soup). Adaptive utensils/equipment (such as curved cutlery, plates with rims on them, lightweight two-handled plastic beverage cups) are available as needed to assist with maximizing independence of the Resident with the task of eating.

### **Catering:**

Catered functions may be provided within the Home (e.g. Resident birthdays, luncheons) at a cost. Please see the Supervisor, Dietary Services for more details

### **Smoking:**

Under the smoking legislation Grandview Lodge is under the direction of the Tobacco Act and Municipal By-Laws in relation to smoking. No matches are permitted, safety lighters only. Once Residents are assessed they may smoke in the following designated smoking areas only:

- ✦ **Designated Smokers' Room**
- ✦ **Outside – 30' from the front door entrance**
- ✦ **Residents MAY NOT SMOKE IN THEIR ROOMS.**
- ✦ **Families are asked not to smoke in this Home.**
- ✦ **Smoking is permitted outside – in the designated area southeast of the building.**

### **Leave of Absence:**

Whether you are gone for a few hours or a few days, you and your family/friend are required to notify the Nursing Department on your exit and upon your return. A care plan document will be provided to you by the Registered Staff when a Resident goes out overnight or longer. This care plan provides information to the Resident's family on what care is required for the Resident. Staff will ask that you sign in and out of the Home on the appropriate forms provided at the Nurses' Stations.

### **Types of Leaves of Absence:**

- ✦ **Medical Leave** – Medical leave for purposes of hospitalization is up to thirty (30) days at a time and is available to all Residents of long-term care facilities and the Resident's bed must be held for thirty (30) days.
- ✦ **Psychiatric Leave** – Psychiatric leave for the purposes of hospitalization for assessment and treatment up to sixty (60) days at one time and is available to all Residents of long-term care facilities and the Resident's bed must be held for sixty (60) days.
- ✦ **Vacation Leave** – A vacation leave of absence of twenty-one (21) days a calendar year is available to all Residents of long-term care facilities.

Note: during both Medical and Vacation leaves of absence, the usual charges must still be paid for accommodation and the government will continue to pay the nursing and personal care and program costs.

**Medications:**

All medications are prescribed by the Attending Physician (s), and given by the Registered staff. It is to the Resident's benefit, as well as staff, that each visitor realizes the risks associated with even a simple aspirin or laxative. Residents are not permitted to keep over the counter, prescription medications or treatment creams at the bedside due to safety reasons. Please notify the nurse in charge if a Resident is requesting medication of any kind.

**Sweets:**

Please check with the Nursing Department before giving candies, donuts or other food to any Resident. The Resident may be on a specific diet or at risk for choking.

**Alcohol:**

This can be harmful to a person's health when taken with certain drugs. We ask that you receive approval from the Physician prior to purchasing alcoholic beverages for Residents. All alcoholic beverages must be left with the Registered Nurse who will dispense to a Resident upon request, as approved by the Physician. Beer bottles are not permitted – please use cans. Please inform the charge nurse on admission of any concerns you have in relation to Residents attending Pub Night.

**Tips and Gratuities:**

Resident comfort, happiness and safety are our concern. Our employees strive to fulfill all Resident needs in a timely, compassionate, understanding and safe manner. Staff are commended for their efforts in providing professional, compassionate, quality care and indeed deserving of recognition. Family members frequently ask what they can do to sincerely express their thankfulness to our employees. The Homes policy concerning staff recognition prohibits individual acknowledgement in the form of gifts and money. If you so desire, displays of appreciation may be made by way of donations to the Residents' Council, or a card of thanks and /or gift that can be enjoyed by all staff (e.g. chocolates, fruit basket, etc.).

**Remember:**

- ✦ Report safety hazards, security concerns or anything you feel requires attention.
- ✦ Treat all other Residents and staff with courtesy and consideration.
- ✦ Use all supplies with care.
- ✦ Grandview Lodge is not responsible for the loss of any personal valuables (Residents are encouraged to leave valuables at Home or stored in the lockable drawer in their room).
- ✦ Participation is the key – there are many opportunities to be involved in social interaction.

## How Do I Obtain Information?

• Our Website <a href="http://www.haldimandcounty.ca">www.haldimandcounty.ca</a>	• Day-to-day contact with the care team
• Admission Meetings	• Family Council & Family Information Board
• Admission Booklet	• Resident Information Boards
• Information Booklet	• Monthly Activation Calendar
• Home Tour	• Contacting a Supervisor/Department head
• 6-week post admission care conference	• Monthly Newsletter

## Departmental Services

Do you know who to speak to if you have a concern or question, or want to make a suggestion?  
Contact us! 905-774-7547



### **Jennifer Jacob, Administrator, Ext. 2224**

Jennifer oversees the financial and care services for all Residents of the Home. Jennifer works with a number of staff members including front office employees, supervisors, employees of GVL as well as contract staff to ensure appropriate care is given. Residents and/or families are invited to discuss issues directly with Jennifer.



### **Amy Appel, Supervisor, Programs & Support Ext. 2233**

This department consists of Recreationists, Volunteers and a Program Supervisor. The goal of this department is to provide therapeutic, social, recreational, and artistic activities for Residents. Recreationists encourage social participation and outings. The Program Staff offers hobbies and tasks to stimulate all interests. Volunteers and students augment all of these programs. Amy oversees this department and if there are any issues please discuss with Amy.



### **Kellen Mowat, Facility Operations Supervisor, Ext. 2241**

The Housekeeping staff is responsible for the cleanliness and tidiness of the Home. They also clean and dust your room on a regular basis. The Laundry staff will look after your laundry needs for your personal clothing, as well as providing clean linen for your bed, curtains, and bedspreads. The Maintenance department is responsible for the smooth running of the Home and for all equipment in the building. They also look after the Home's grounds and all repairs. Please address your concerns with Steve Schwoob.



**Jelte Schaafsma, Director of Nursing, Ext. 2234**

All Nursing staff and the operation of the Nursing Department are under the direction of the Director of Nursing. Registered staff (RNs and RPNs) are available 24-hours a day. Registered staff dispense medications, complete treatments, ensure that needs are met and act as an advocate. Please direct any questions or concerns to the Charge Nurse (RN or RPN) in your Home area and/or Director of Nursing if concerns cannot be resolved. Health Care Aides/Personal Support Workers will provide assistance with all of your activities of daily living.



**Kim Livingstone, Assistant Director of Nursing, 289-776-5185**

Clinic Lead

All Registered staff have been trained to provide cardiopulmonary resuscitation (CPR). On admission, you are requested to complete an “Advanced Directives” form, which will ensure that the Home abides by your wishes. You may change this decision at any time.



**Gary Arenburg, Supervisor, Dietary Services, Ext. 2228**

The Dietary Department offers seasonal menus for the Residents of Grandview Lodge. The menus themselves include a wide variety of food choices based upon “Canada’s Food Guide for Healthy Eating”. Snacks are offered three times daily between meals. Should a Resident be experiencing any chewing or swallowing difficulty, the texture of his/her diet can be modified to ensure comfort and safety. In the case of a special or “therapeutic” diet being warranted, this too can be accommodated. Adaptive utensils and equipment are available as needed to assist with maximizing independence with eating. Each home area kitchenette is stocked so if a Resident expresses hunger or thirst at a time when food/fluids are not typically served, these can be easily accessed.



**Kristen VanKuren, Supervisor, Dietary Services, Ext. 2237**



**Dr. Ahmed Kamouna, Medical Director and Attending Physician**

Appointments to meet with Dr. Kamouna may be booked through the Resident Services Clerk, ext. 2221. Family meetings can also include the Director of Nursing upon request.



**Dr. Omar Ezzat, Attending Physician**

Appointments to meet with the Dr. Ezzat may be booked through the Resident Services Clerk, ext. 2221. Family meetings can also include the Director of Nursing upon request.



**Dr. McDonough, Dentist:**

Dr. McDonough is available upon request. To book an appointment call the Resident Services Clerk, ext. 2221.



**Vicki Lance, Registered Dental Hygienist**

Vicki is here monthly. Appointments may be booked through the Resident Services Clerk, ext. 2221 or by calling 905-741-4735.



**Bobbi Jo Biggley, Hairdresser, Ext. 2239**

Bobbi provides hairdressing services in a salon in the centre area of the building. The days are usually Monday and Tuesday and she can be reached at ext 2239.

**Optical Services: Optical Services:** Multi Gen Healthcare offers optical services to our Residents through clinics that are held throughout the year at Grandview Lodge. If you are interested in having an appointment please contact Lori Beale at ext. 2221.

**Physiotherapy Services** are available by calling **Ext. 2232**

The Physiotherapist is onsite twice a week and Physiotherapy Assistants are here on a daily basis. Their goal is to rehabilitate all Residents to their optimum functioning level. The Physiotherapist also meets with family members if required. To set up an appointment with the Physiotherapist contact ext. 2232.



**Lori Beale**  
**Resident Services Clerk**  
**Ext. 2221**

Lori manages banking services for the Residents. Additionally, Lori is your first contact at reception and can assist where required.



**Pam Bonnett**  
**Accounts Clerk**  
**Ext. 2222**

Pam is responsible to maintain the monthly billing for all Residents of the Home. Questions on billing can be directed to Pam.

### **Education:**

This department coordinates the training needs of the staff to ensure optimum care of our Residents. Guest speakers can be arranged for Residents, as requested. Residents are also trained on the Homes Policies and mini in-services are presented to the Residents throughout the year.

## **Freedom and Choices**

Freedom to make choices in life is a primary source of personal dignity. The Health Care Consent Act presumes that all persons regardless of age, physical disability or other problems, which may impair communication, are capable of making decisions for the type of care they wish to receive. To be capable implies that the person is able to understand information that is relevant to making a decision and is also able to appreciate the reasonable consequences of either making or not making the decision.

The Home staff relies on the presumption of capacity. **Capacity is assumed until a Resident is medically declared incompetent.** Residents without capacity rely on Substitute Decision Makers or appointed Powers of Attorney for Personal Care to act and guide decision making based on the knowledge regarding Resident wishes. In cases where neither exists a Representative appointed by the capacity board may act on the Residents behalf.

The law recognizes Substitute Decision Makers in this hierarchy: spouse or partner, child or parent, sister or brother and then any other relative. The Public Guardian Trustee is the Substitute Decision Maker of last choice.

### **Freedom of Choice as it relates to Sexuality**

Intimacy and sexuality are a fundamental basic human right. They can only be restricted or denied when there are compelling reasons to do so. Maintaining intimacy in health care facilities can be challenging for loved ones. Residents and family members may want to discuss concerns with the Charge Nurse or Nursing Supervisor. This issue can become more complex when issues of competency arise.

### **Ethics Committee**

Grandview Lodge has coordinated an Ethics Committee to guide decision making for complex issues and assist the Home with developing policies to assist Residents, staff and families to make decisions that respect Resident Rights, privacy, confidentiality and to meet their needs.

## Restraint Use

Grandview Lodge has adopted the “least restraint” approach which supports our philosophy that Residents will live in the “least restrictive” environment possible. We believe the Residents do have the right to accept a degree of risk appropriate to their cognitive abilities.

Assessments of all Residents are individual and specific to each and every Resident, thus allowing a multi-disciplinary approach in determining restraint use. Resident/Family/POA consultation and inclusion in the process is mandatory and essential.

Physical restraints may be applied as a result of the above mentioned assessments. These come in the form of lap belts applied while the Resident is in a chair to prevent falling/slipping from the chair. In some circumstances a table over the chair is required so that the Resident may partake in routine activities i.e. meals/eating. These are known as Personal Assistance Services Devices (PASD’s) and they are normally removed following the activity they were intended for, however, if they are not removed, they are considered a restraint. Our secured unit (Creek View) is also considered a “restraint” as it prevents Residents with Dementia, at a risk for wandering, from leaving the Home and potentially meeting with harm/personal injury.

Responsibilities of all staff in the Home regarding restraints are strict and monitored. These responsibilities include assessments and documentation of restrained Residents on an hourly basis. Release, repositioning and reapplication of the restraint must take place every two (2) hours. During these assessments, staff is to be continually attempting to look at alternatives to restraints for each Resident who currently has one in use. If a Resident is in a secured unit, considered a restraint, documentation on an hourly basis is maintained.

Sometimes Residents will require a restraint permanently. We realize this as a reality in some circumstances. Our strict assessment and documentation continues as above.

We encourage Residents and families to come to us with any questions or concerns they may have regarding restraints.

**The restraint policy is in the Nursing Policy manual located in all nursing stations and a copy can be made available by contacting the Registered staff member in the Home unit.**

The Creek View unit offers Residents with wandering tendencies an environment with barriers to promote safe wandering. The Home can access the **Safely Home Program** established by the Alzheimer’s Society when identified as appropriate.

The Family Support Program at the Alzheimer Society of Haldimand/ Norfolk offers support and counseling for individuals and their families living with the personal and social consequences of Alzheimer’s disease and related dementias. Support is offered through one-to-one and family counseling, support groups, telephone support and by accessing our extensive resource lending library. They are only a phone call away at 905-765-6591 in Caledonia or 519-428-7771 in Simcoe. Contact Family Support Program staff via email at [alzhnfsp@alzhn.ca](mailto:alzhnfsp@alzhn.ca).

## Personal Matters Relating to the Resident

### **Power of Attorney for Personal Care:**

It is recommended that the Resident appoint a Power of Attorney for Personal Care in the event that the Resident becomes unable to give treatment direction. This information is available from the Ministry of the Attorney General. [www.attorneygeneral.jus.gov.on.ca/english/](http://www.attorneygeneral.jus.gov.on.ca/english/)

### **Resident Comfort Trust:**

Legislation stipulates that a Personal Trust Account (non-interest bearing account) shall be established for a Resident residing in the Home and that the Resident is to receive a monthly allowance. The money in this account is known as a “Comfort Trust” and is for the Resident’s own personal use and comfort. The money in this account can not exceed \$5,000.

### **Comfort Trust Account:**

A Comfort Trust Account allows for the safekeeping of your money and for the opportunity for withdrawals of cash when required by you or your family. Depositing the monthly pocket money allowance in the Comfort Trust Account provides a safe and convenient alternative to carrying large amounts of cash, and provides for in-house “charging” privileges for selected personal items and services. In order to ensure that accountability for the Comfort Trust is maintained, receipts and signatures for withdrawals are required. The trust account will remain strictly confidential.

### **Cash withdrawals – by Residents:**

Cash withdrawals can be arranged with the Resident Service Clerk in the Administration Office.

**Banking hours are from 10:00am – 12:00noon and 1:30pm – 3:00pm Monday to Friday.**

Withdrawals are limited to a maximum of \$200.00 a day in order to avoid depletion of the Home’s Trust Money on hand. For requests over \$200.00 a cheque would be processed for the required amount. The Accounts Clerk will approve this transaction.

### **Cash withdrawals – by Power of Attorney:**

Persons who have been granted *Financial Power of Attorney* (or Committeeship by the Court) are permitted to make withdrawals from the Resident’s Comfort Trust Account. Upon admission the Administration office will request a copy of the Financial Power of Attorney.

If Power of Attorney or Committeeship is granted after a Resident is admitted to the Home, the original Power of Attorney Certificate must be submitted to the Home’s Administration office. The Administration office will make a photocopy of the certificate, which is kept, on file and return the original to the Power of Attorney. At this point in time, the Power of Attorney is eligible to make withdrawals from the Resident’s Comfort Trust Account.

### **Purchases made on behalf of the Resident:**

Where a Resident cannot make his or her own purchases, the Home may reimburse family members for necessary purchases made for the Resident. Purchases must fulfill the purpose of the comfort allowance and be for the obvious benefit and well being of the Resident. Such purchases require a receipt before reimbursement can occur in order to maintain a record of disbursements from a Resident’s Comfort Trust Account, and satisfy accountability requirements for a trust fund. Receipts are to be submitted to the Resident Service Clerk who in return may reimburse up to \$200.00 at any one time. Arrangements

should be made through the Accounts Clerk for approval of special purchases **in excess of \$200.00 BEFORE the purchase is actually made.**

### **Charging items to Comfort Trust Account:**

For your convenience, Grandview Lodge offers a “charge” service for you when requiring selected goods or services, which are obtained through the Home. These services include hairdresser/barber, dental, and medical specialists as well as charges from the tuck shop, phone charges and basic cable television. Other direct costs involved are social and recreational outings, clothing, and medication purchases.

These necessary services can be obtained through the Home by charging back to the Resident’s Comfort Trust Account for services rendered.

### **Change of Address and/or Telephone Numbers:**

We ask families to notify the **Administration Office** when there is a change of address and/or phone number for next of kin.

### **Email Communication:**

If you or your family member are not on the contact list for Grandview Lodge and wish to receive email, please contact the front desk.

## **Health and Safety**

The staff at Grandview Lodge is dedicated to ensuring the safety and well-being of Residents, families and visitors to the Home. You can assist in this manner by the following:

- ✦ Ensuring that all footwear worn by Residents is non-skid (rubber-soled).
- ✦ Adhering to the “Wet Floor” signs. Please do not walk in these areas.
- ✦ Alerting Grandview Lodge staff to any spills immediately so that they can be addressed in the appropriate manner.
- ✦ When walking with a Resident who is unsteady please ensure that they use the handrails.
- ✦ Alerting a staff member if mobile equipment (wheelchair, walker) is not working appropriately.
- ✦ Alerting Grandview Lodge staff immediately to any icy walkways in the winter so they can be addressed in an appropriate manner.

## **Safety and Security**

Following are some of the ways in which we try to provide as safe an environment as possible for our Residents. Your cooperation in these areas will help to ensure that our mutual goals are met.

- 1. Security System:** There is a security system at the main entrance. The front doors will open automatically to enter the building. In order to exit outside from any door you must enter the code on the keypad (see numbers posted above keypad). Creek View, our gated community (secure), is available for our dementia Residents.
- 2. Location and Operation of Call Bells:** Each Resident’s room is equipped with a call bell located at the side of each bed. Each bathroom has a call bell as well. Common living areas throughout the building also are equipped with call bells. When the cord is pulled, a loud signal

will go off at the nurses' station, and on a staff pager, and a staff member will respond as soon as possible. If a visitor has been sitting on a bed during a visit, please make sure that the call bell is within easy reach of the Resident before leaving.

3. **Fire Regulations:** As a fire safety precaution all items of an electrical nature must be cleared through the Maintenance Department. The Home has a policy, which prohibits the use of extension cords and "octopus" electrical plugs. Power bars are an acceptable alternative. The Home's Emergency Plan is tested on a regular basis. Fire drills are conducted monthly for the safety of Residents and staff. Fire exits are clearly indicated within the Home. Please cooperate with the requests of staff members. There may be several important reasons why a request is made of you immediately, with little time for a full explanation.

**IF YOU DISCOVER A FIRE:**

- a) **Assist anyone in immediate danger.**
- b) **Confine the fire. Close doors behind you.**
- c) **Pull the nearest fire alarm.**
- d) **Staff will then call the Fire Department (911).**
- e) **Evacuate and follow the instructions of Grandview Lodge staff.**

**IF YOU HEAR A FIRE ALARM**

- a) **Remain calm. Fire doors will close automatically and exit doors will automatically be unlocked.**
  - b) **If there is no threat of fire in your immediate area, stay where you are. Follow instructions of Lodge Staff.**
  - c) **If the fire is in your area, evacuate room, closing doors behind you and move to the other side of the fire doors. Staff will provide assistance.**
4. **Smoking Policy:** Smoking is **never permitted in Resident rooms**, but is permitted in the designated smoking room. **It is for Resident's only.** The door to the room must be closed tightly at all times. Tobacco products and safety lighters may be left in the Resident's possession during the day provided the Director of Nursing/Designate, or Charge Nurse has decided that the Resident is not at risk. Otherwise, such materials will be held in safekeeping for distribution by the nursing staff. Residents **must** wear smoking aprons while smoking and all tobacco products and safety lighters will be removed from the Resident's possession **before retiring**. Family and friends of Residents must leave any purchased tobacco products and safety lighters at the nursing station. Do not give these items to the Resident. Matches are not allowed at any time. Visitors and staff are not allowed to smoke inside our Home. Smokers must go outside to designated smoking areas. Upon admission all Residents who smoke are assessed to determine their ability to safely smoke on their own/unsupervised.
  5. **Hand Washing:** During visits with a loved one, we encourage lots of hand holding, hugging and kissing! We do, however, want to keep the spread of germs to a minimum. Hand washing is the best method for preventing the spread of infections. Staff washes their hands often and we encourage Residents and visitors to do the same. Hands are best washed upon arrival, before leaving, and if anything unclean (tissues, soiled clothes, etc.) has been handled. Also, anti-bacterial solutions are found in various areas throughout the Home.

- 6. Scent Reduced Environment:** Many Residents and staff suffer from health problems as a result of people using perfumes. As well, some flowers produce a strong scent that has adverse affects on individuals such as headaches, dizziness, nausea, fatigue, insomnia, confusion, depression, anxiety, loss of appetite, upper respiratory symptoms, shortness of breath, and skin irritations. The severity of these symptoms can vary. We are encouraging you to help us in maintaining our reduced scent environment. We need to ensure that we continue to provide a safe and healthy environment for all concerned.

## **PLEASE HELP US MAINTAIN A SAFE AND HEALTHY ENVIRONMENT FOR OUR RESIDENTS!**

### Infection Control

Infection Control is a daily activity in the Home and includes the daily monitoring of Residents for infections. Residents are frequently at higher risk of developing infections because of existing medical conditions and by being in close contact with a large group of people that both live, work and volunteer at the Home.

#### **Recommendations:**

1. Residents and Family members are strongly encouraged to get a flu shot every year, just as the staff and volunteers are encouraged.
2. Family visitors will need to self-screen and ensure that they are free of illness before entering the Home. (**Visitors should not be entering the Home if they have cold or flulike symptoms**).
3. Hand washing is still the best protection against infection and we recommend that you hand wash upon entering and leaving the Home. Hand sanitizing gel is available at the entrance to disinfect hands as well as in all bedrooms to disinfect hands.
4. Visitors are expected to follow the instructions of Registered Nursing staff when Residents have infections. Signage is posted on Resident room entrances to alert visitors if a Resident has an infection. Respiratory infections will require that visitors: gown, mask, glove, wear eye protection, and wash hands well when entering and exiting the room.

Residents within the Home may need to be room isolated until the risk of communicable illness is over. Residents with cold symptoms will be asked to wear a surgical mask when others are in the room to prevent the spread of infection. Other illnesses that are considered communicable include: gastro-intestinal illnesses and influenza.

If a cluster of similar cases of infection has been identified on the unit within a 24-hour period, infection control precautions will be put into place to protect other Residents and other Resident Home Areas from becoming infected. The Resident Home Area will have to declare “Outbreak” status and the type of outbreak present. i.e. respiratory, gastrointestinal or other.

During an outbreak in a Resident Home Area, signage will be posted on the entrance to the Home to alert visitors of necessary precautions and if visiting restrictions have been implemented. Residents will not be permitted to enter other Resident Homes Areas and will be confined to their area even if they are not showing symptoms. Non-urgent Resident appointments will be cancelled and re-booked at a later date. Large group programs involving visitors, volunteers or family groups will be cancelled.

Although we would endeavor not to restrict visiting completely sometimes it is necessary to do so. If visiting is restricted completely, exceptions for compassionate reasons will be made, i.e. your loved one is extremely ill. Please ask to speak to the Charge Nurse if this is the case.

The Home works with the Public Health Department and the Ministry of Health and Long-term Care to report any concerns related to outbreaks. We may receive instructions from both groups as to how to manage our outbreaks. Our practices are subject to change without notice based on their recommendations.

To confirm whether an outbreak (upper respiratory, Influenza A, B or other) is at Grandview Lodge call the home number (905) 774-7547 and listen to the Infection Control Update. You will be able to confirm appropriate visitation information.



## Resident Safety: Falls Prevention

Falls are the top cause of accidents in people over the age of 65. Falls are also the main cause of serious injuries and accidental deaths in older people. Some causes of falls are normal changes of aging, such as poor eyesight or poor hearing, illness and physical conditions which can affect your strength and balance. Also the side effects of some medicines can alter your ability to maintain your balance.

Grandview Lodge has a Fall Prevention Program which includes an assessment tool to identify Residents who may be at risk for a fall and a Plan of Care which includes interventions, ongoing assessments and updated management which may include but is not limited to the following:

### **Interventions/Strategies to reduce Risk for falls:**

- ✦ Familiarize the new resident to their surroundings on admission especially the location of the bathroom.
- ✦ Organize furniture/bed to enable the resident to exit toward his or her stronger side whenever possible.
- ✦ Provide education on the following:
  - Teach residents proper ambulation and use of assistive devices, i.e. do not turn on the heel of the foot; use handrails in hallways, bathroom and tub rooms; wheelchair safety (brakes, pedals); and do not pull down on walkers when rising to a standard position.
  - Orientate residents to the use of the call bell system.
  - Teach residents to sit on the edge of bed for several minutes before rising. Other techniques for orthostatic hypotension may include: elastic stockings, keeping the head of bed elevated.
  - Teach residents to ensure the brakes are engaged before they transfer themselves out of or in to a wheelchair.
- ✦ Environmental Considerations:
  - Hallways and resident areas are free from clutter and free of spills.
  - Ensure lighting is adequate, especially for residents who get up at night. Use of a night light.
  - Hand rails are secured and unobstructed.
  - Tables and chairs are sturdy.
  - Level of stimulation is controlled especially for the cognitively impaired, i.e. reduce group size, control noise level, minimize traffic through group areas.

### **Post Fall Assessment and Management**

- ✦ When a resident has fallen, the resident will be assessed regarding the nature of the fall and associated consequences, the cause of the fall and the post fall care management needs.
- ✦ Residents identified as a falls risk may have some of the following preventative measures implemented:
  - Provide resident with a low to floor bed; to be in low position when resident in bed.
  - Provide a falls mats (protects resident from injury if they roll out of low to floor bed).
  - Bed alarms or chair alarms may be used to alert staff if a resident attempts to transfer independently.
  - Provide a night light in the bedroom for a resident that may get up at night.



## Footwear Guidelines

The features outlined may assist in the selection of an appropriate shoe.

Heel	<ul style="list-style-type: none"> <li>• Have a low heel (e.g. less than 2.5 cm) to ensure stability and better pressure distribution on the foot. A straight through sole is also recommended.</li> <li>• Have a broad heel with good round contact.</li> <li>• Have a firm heel counter to provide support for the shoe.</li> </ul>
Sole	<ul style="list-style-type: none"> <li>• Have a cushioned, flexible, non-slip sole. Rubber soles provide better stability and shock absorption than leather soles. However rubber soles do have a tendency to stick on some surfaces.</li> </ul>
Weight	<ul style="list-style-type: none"> <li>• Be lightweight.</li> </ul>
Toebox	<ul style="list-style-type: none"> <li>• Have adequate width, depth and height in the toebox to allow for natural spread of the toes.</li> </ul>
Fastenings	<ul style="list-style-type: none"> <li>• Have buckles, elastic or Velcro to hold the shoe securely onto the foot.</li> </ul>
Uppers	<ul style="list-style-type: none"> <li>• Be made from accommodating material. Leather holds its shape and breathes well however many people find walking with shoes with soft material uppers are more comfortable.</li> <li>• Have smooth and seam free interiors.</li> </ul>
Safety	<ul style="list-style-type: none"> <li>• Protect feet from injury.</li> </ul>
Shape	<ul style="list-style-type: none"> <li>• Be the same shape of the feet, without causing pressure or friction on the foot.</li> </ul>
Purpose	<ul style="list-style-type: none"> <li>• Be appropriate for the activity being undertaken during their use. Sports or walking shoes may be ideal for daily wear. Slippers generally provide poor foot support and may only be appropriate when sitting.</li> </ul>
Orthotics	<ul style="list-style-type: none"> <li>• Comfortably accommodating orthotics such as ankle, foot or other supports if required. The podiatrist/orthoptist or physiotherapist can advise the best style of shoe if orthotics are used.</li> </ul>

This is a general guide only; some people may require specialized footwear as prescribed by a podiatrist.

## Resident Abuse



*Grandview Lodge is committed to providing a safe and supportive work environment in which all Residents, regardless of their cognitive ability are awarded dignity and respect. The philosophy of Grandview Lodge is to ensure and protect the rights of each and every Resident entrusted to our care. Grandview Lodge enforces a “zero tolerance” Resident Abuse policy.*

**Resident Abuse is defined as** any action or inaction, misuse of power and/or betrayal of trust or respect by a person against a Resident, who knew or should have known, would cause (or could reasonably be expected to cause) harm to the Residents safety or well-being.

***Abuse to a Resident can be facilitated from a number of sources including:***

- Abuse committed by a Staff member or Volunteer or student
- Abuse committed by a Resident’s family member, Substitute Decision Maker, or Visitor
- Abuse committed by another Resident
- Abuse committed by any other person (e.g. independent contractor)
- Resident Abuse of any kind **Will NOT** be tolerated

***Abuse Includes but is not limited to:***

- Physical Abuse
- Sexual Abuse & Assault
- Verbal abuse
- Financial abuse
- Neglect
- Prohibited use of restraints
- Measures used to discipline a Resident
- Exploitation of a Residents property

Any person may report witnessed or suspected abuse to any of the following:

- The Administrator (or designate) of Grandview Lodge
- The Ministry of Health and Long-Term Care
- The toll free Long-Term Care ACTION LINE: **1-866-434-0144**

## Summary

This information booklet is designed to answer all your immediate questions. If you familiarize yourself with its contents, you will be more comfortable on your admission.

You may also view a helpful video “A Day of Life” Understanding Long-term Care in Ontario, which can be borrowed in DVD format from the front office on a 2 day rental basis.

Any admission to a Long-Term Care Home can be filled with fears and unknowns, we are here to help. If there are questions we have not answered, please ask any staff member. If you feel that we have omitted information that would be useful to others please do not hesitate to suggest revisions or additions for the future.

We hope you feel right at Home!

Welcome to Grandview Lodge!

## Appendix A – Complaint Process

The management of this Home endeavor, to the best of their ability, to ensure harmonious relationships between Residents, families, staff and management personnel. Inevitably, there will be occasions when disagreements occur. At these times, there are established mechanisms to help resolve any problems.

1. All Residents and their family members should be aware that we are anxious to resolve any problems or complaints quickly, so as to maintain harmonious relations.
2. Any person having a complaint or concern is asked to bring it to the attention of Management, either verbally or in writing. Depending on the nature of the complaint, it can be initially directed as follows:

Nursing:	Jelte Schaafsma, ext. 2234	Director of Nursing
Dietary:	Pauline Grant, ext. 2228	Dietary Supervisor
Support Services:	Kellen Mowat, ext. 2241	Supervisor, Home Operations
Activation/Program:	Amy Appel, ext. 2233	Program Supervisor

3. If the above-named person is not available, please bring the complaint to the charge nurse on duty.
4. Management of this Home has an open-door policy. Residents and /or families are invited to discuss issues directly with the Administrator or Director of Nursing, if they prefer. Certainly if the issue is not resolved through the process outlined in Step 2 as above contact:

Jennifer Jacob                      Administrator, ext. 2224

Every effort will be made to resolve problems at the individual Home level; however failing resolution, the problem/complaint should then be addressed to the County's Chief Administrative Officer, 53 Thornburn St., Cayuga, ON N0A 1E0, Telephone 905-318-5932.

If the party wishes to contact the Ministry of Health directly with respect to any matter, the address is as follows:

Karin Fairchild, Director, Health and Long-Term Care  
Performance Improvement and Compliance Branch  
905-546-9294 [karin.fairchild@ontario.ca](mailto:karin.fairchild@ontario.ca)

General Inquiry:      416-327-7461  
Fax:                      416-327-7603  
Address:                1075 Bay Street, 11th Floor  
                                Toronto, ON M5S 2B1 **OR**

Call the toll-free Long-Term Care Action Line: 1-866-434-0144 (7 days/week, 8:30am-7:00pm)

### **Duty to Report:**

Management has the duty to report potential harm or risk of harm to a Resident to the Ministry of Health and Long-term Care. The following is what is required to report to the ministry:

- 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 licensee 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 a Resident
- Misuse or misappropriation of a Resident's money
- Misuse or misappropriation of funding provided to a licensee under the Act or the Local Health Integration Act

Residents are not required to report, however, Residents have the option to report. Everyone (other than a Resident) has a duty to report any of the issues listed above. Residents can report these issues but are not obligated to do so. However, reporting is a requirement for licensees, people who work in the Home and those who provide professional services in the areas of health, social work or social services work to Residents and/or the licensee. They may be subject to penalties if they fail to report. Regulated Health Professionals are required by law to report however staff, family and volunteers are expected to report to protect Residents in long-term care.

### **Concerned that making a report will impact you or others?**

The Long-term Care Homes Act, 2007 provides protection for people who report concerns to the Ministry. People making reports do not have to give their name or any contact information to the Ministry. If you do provide your name, the Ministry will protect people's privacy and all reports are treated as confidential. Information about reports is only disclosed if a law requires or allows the Ministry to disclose it.

### **Whistle-Blowing Protection**

No person shall retaliate against another person, whether by action or omission, or threaten to do so because anything has been reported to the Director, Ministry of Health and Long-term Care. No legal or other action can be taken for reporting incidents and there cannot be retaliation, i.e. a Resident cannot be discharged, staff dismissed or threatened with retaliation such as discipline or suspension. If you or someone else is treated unfairly because you made a report, contact the Ministry at 1-866-434-0144.

## Appendix B – Resident Advocacy

- ✦ To act on matters pertaining to advocacy on behalf of the Resident.
  - ✦ To promote the rights of the Residents in accordance with the Ministry guidelines.
  - ✦ External advocacy and support agencies include the following:
1. Advocacy Center for the Elderly Suite 905 –  
120 Eglinton Avenue East Toronto, Ontario  
M4P 1E2
    - a. Phone: (416) 487-7157
  2. Ministry of Citizenship/Office for Seniors' Issues 76  
College Street, 6<sup>th</sup> Floor  
Queens Park  
Toronto, Ontario M7A 1N3
    - a. Phone: (416) 327-2422
    - b. Fax: (416) 327-2425
    - c. TDD: (416) 327-2488
  3. Ministry of Health, Long-Term Care Division  
Attention: Compliance Officer 119  
Kings St. West, 11<sup>th</sup> Floor Hamilton,  
Ontario L8P 4Y7
    - a. Phone: (905)-546-8278

## Appendix D – Grandview Lodge Organization Chart

		The Corporation of Haldimand County		
		C.A.O.		
		General Manager, Corporate & Social Services		
		Administrator		
		Medical Director		
Programs & Community Support Services	Nutritional Services	Nursing Services	Facility Operations/ Support Services	Administration Services
Supervisor, Programs and Support	Clinical Dietician	Director of Nursing & Assistant DON	Supervisor, Facility Operations	Accounts Clerk
Recreation Programmers	Supervisors, Dietary Services	Scheduling Clerk <i>(all departments)</i>	Maintenance Workers	Administrative Assistant
Residents' Council	Cooks	Unit Clerk	Housekeeping Aides	Resident Services Clerk
Family Council	Dietary Aides	Administrative Assistant <i>(all departments)</i>	Laundry Aides	
Volunteers		Registered Nurses		
Pastoral Care		Registered Practical Nurses		
Fundraising/Public Relations		Health Care Aides/ Personal Support Workers		