

Grandview Lodge

Comfort. Compassion. Care.



Resident & Family Admission Booklet

Grandview Lodge Long-Term Care Facility

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Dunnville, ON N1A 1V9

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Haldimand
County

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Grandview Lodge

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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:

Hillview

Bridgeview

Marshview

Creekview (the specialty/DementiaAbility 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, and 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 Fixing Long-Term Care Act, 2021

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 individual's 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 other's 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:

Residents' Bill of Rights

3 (1) Every licensee of a Long-Term Care Home shall ensure that the following rights of residents are fully respected and promoted:

RIGHT TO BE TREATED WITH RESPECT

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.
2. Every resident has the right to have their lifestyle and choices respected.
3. Every resident has the right to have their participation in decision-making respected.

RIGHT TO FREEDOM FROM ABUSE AND NEGLECT

4. Every resident has the right to freedom from abuse.
5. Every resident has the right to freedom from neglect by the licensee and staff.

RIGHT TO AN OPTIMAL QUALITY OF LIFE

6. Every resident has the right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference.
7. Every resident has the right to form friendships and relationships and to participate in the life of the Long-Term Care Home.
8. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
9. Every resident has the right to meet privately with their spouse or another person in a room that assures privacy.
10. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop their potential and to be given reasonable assistance by the licensee to pursue these interests and to develop their potential.
11. Every resident has the right to live in a safe and clean environment.
12. 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.
13. Every resident has the right to keep and display personal possessions, pictures and furnishings in their room subject to safety requirements and the rights of other residents.
14. Every resident has the right to manage their own financial affairs unless the resident lacks the legal capacity to do so.
15. Every resident has the right to exercise the rights of a citizen.

RIGHT TO QUALITY CARE AND SELF-DETERMINATION

16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.
17. Every resident has the right to be told both who is responsible for and who is providing the resident's direct care.
18. Every resident has the right to be afforded privacy in treatment and in caring for their personal needs.
19. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of their plan of care,
 - ii. give or refuse consent to any treatment, care or services for which their 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 their care, including any decision concerning their admission, discharge or transfer to or from a Long-Term

Care Home and to obtain an independent opinion with regard to any of those matters, and

- iv. have their 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 their records of personal health information, including their plan of care, in accordance with that Act.
20. Every resident has a right to ongoing and safe support from their caregivers to support their physical, mental, social and emotional wellbeing and their quality of life and to assistance in contacting a caregiver or other person to support their needs.
 21. Every resident has the right to have any friend, family member, caregiver or other person of importance to the resident attend any meeting with the licensee or the staff of the Home.
 22. 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.
 23. 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.
 24. Every resident has the right not to be restrained or confined, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
 25. Every resident has the right to be provided with care and services based on a palliative care philosophy.
 26. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

RIGHT TO BE INFORMED, PARTICIPATE, AND MAKE A COMPLAINT

27. 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.
28. Every resident has the right to participate in the Residents' Council.
29. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of them self 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 IX, a member of the committee of management for the Home under section 135 or of the board of management for the home under section 128 or 132.
- iv. staff members.
- v. government officials.
- vi. any other person inside or outside the Long-Term Care Home.

Further guide to interpretation

- (2) Without restricting the generality of the fundamental principle, the following are to be interpreted so as to advance the objective that a resident’s rights set out in subsection (1) are respected:
 - 1. This Act and the regulations.
 - 2. Any agreement entered into between a licensee and the Crown or an agent of the Crown.
 - 3. Any agreement entered into between a licensee and a resident or the resident’s substitute decision-maker.

Enforcement by the resident

- (3) A resident may enforce the Residents’ Bill of Rights against the licensee as though the resident and the licensee had entered into a contract under which the licensee had agreed to fully respect and promote all of the rights set out in the Residents’ Bill of Rights.

Regulations

- (4) The Lieutenant Governor in Council may make regulations governing how rights set out in the Residents’ Bill of Rights shall be respected and promoted by the licensee.

*** A copy of the Bill of Rights 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 the complaint may be responded to appropriately.

It is also expected 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 the management team will be notified of any concern and a full

investigation will be completed. Results of the investigation will be evaluated and an individualized plan will be put into place to resolve the concern.

Visitor Policy and Procedure

All visitors must:

1. Report any health and safety concerns to Management, Registered Staff or designates.
2. **Not** smoke in the smoke room – smoking may only take place in designated areas outside of 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 receiving 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 accommodation available for Residents of Grandview Lodge – Standard (basic) and Private (preferred). **The current rates for Basic and Private rooms are provided on admission day.**

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.

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.

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.

Clothing

Marking/labeling of all clothing is done by the Laundry Department. The amount of clothing brought to the Home should be limited to seven (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.

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.

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.

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.

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.

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.

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.

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 Moore, Supervisor, Programs & Support assists the Family Council. Her contact number is (905) 774-7547 at ext. 2233.

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.

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.

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.

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.

Private-Duty Nursing

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

Palliative Care

WHAT IS A PALLIATIVE APPROACH TO CARE?

A palliative approach to care is a focus on care that improves the **quality of life** of an individual who has a diagnosis of a life-limiting illness. A palliative approach to care:

- Offers a support system to help an individual live as actively as possible until death.
- Provides relief from pain and other distressing symptoms.
- Treats all active issues while preventing new issues from occurring.
- Includes investigations to characterize and manage distressing clinical complications.
- Helps the individual and their family prepare for and manage end-of-life choices and the dying process.
- Uses a team approach to address the needs of an individual and their family.
- Helps the family cope with loss and grief.

- Is applicable early in the course of illness in conjunction with other therapies that are intended to prolong life.

THE PALLIATIVE APPROACH TO CARE IN LTC HOMES

Within a Long-Term Care Home, a palliative approach to care is **patient-centered** care that aims to relieve suffering and improve the quality of life for an individual and their family. A plan of care that has a palliative approach would address the physical, psychological, social, cultural, spiritual and practical issues of both the individual and family; it continues to provide support to the family into bereavement. A Palliative approach to care does not include ‘deeming’ an individual palliative or a medical order for Palliative Care, rather it is an approach to care that includes;

1. **Communicating about a palliative approach to care** focuses on early understanding of an individual’s values, preferences for care that inform goals of care decisions via ongoing communication with the individual and their family as well as holistic care.
2. **Specialized palliative care services to manage declining health** is in place where LTC Home staff can seek advice and support from palliative care specialists (e.g., nurses, physicians, others) and partners to manage complex issues related to an individual’s deteriorating health. Palliative care specialist teams will not take over the care of the individual but will provide expert knowledge and advice on complex issues.
3. **End-of-life care** is appropriate when an individual is in the final days or weeks of life. Care decisions are reviewed more frequently and the focus is on the individual’s immediate physical comfort as well as their emotional, social and spiritual needs and supporting the family.

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.

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.

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.

Pub Night

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

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 any time when a group activity is not taking place.

Library Service

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

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.

Boardroom/Meeting Space

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

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.

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. Wi-Fi is available throughout the building for Resident and family use.

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 may be booked by calling the Unit Clerk, 905-774-7547 ext. 2227 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 Moore oversees the volunteer program and can be reached at 905-774-7547 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.

Education

Grandview Lodge has an education department that coordinates the training needs of 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.

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 them self (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 Home Area dining room 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 purchase cans. Please inform the charge nurse on admission of any concerns you have in relation to your Resident 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 may 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.

How Do I Obtain Information?

• Our Website www.haldimandcounty.ca	• 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



Amy Moore, Administrator, Ext. 2224

Amy oversees the financial and care services for all Residents of the Home. She works with a number of staff members including the Supervisors, Admin Staff, Front Line Staff, as well as contracted staff to ensure appropriate care is given. Residents and/or families are invited to discuss issues directly with Amy.



Cathy Fisher, Supervisor, Programs & Support Ext. 2233

Cathy oversees programming within the Home. 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 offer hobbies and tasks to stimulate all interests. Volunteers and students augment all of these programs. If there are any issues please discuss with Cathy.



Kellen Mowat, Facility Operations Supervisor, Ext. 2241

Kellen oversees facilities for Grandview Lodge. This departments consists of Housekeeping, Laundry and Maintenance. The Housekeeping staff are responsible for the cleanliness and tidiness of the Home. The Laundry staff launder Resident personal clothing, linens, curtains, and bedspreads, and the Maintenance department keeps the Home running smoothly. Maintenance is responsible for facility equipment, repairs, landscaping, and all other building needs. Please address your concerns with Kellen.



Kim Eros, Director of Nursing, Ext. 2234

Kim is responsible for all Nursing staff and the operation of the Nursing department. 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.



Charlotte Hutchinson, Associate Director of Nursing, Ext. 2226

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



Taryn Lynn, Supervisor, Dietary Services, Ext. 2228

Taryn Lynn oversees the dietary department on a full-time basis. This department offers seasonal menus for the Residents of Grandview Lodge. The menus 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.

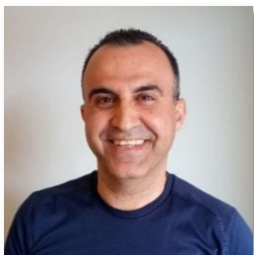


Kristen VanKuren, Supervisor, Dietary Services (PT), Ext. 2237

Kristen oversees the dietary department on a part time basis, assisting with the duties to keep the department running smoothly. Any dietary concerns can be addressed with Kristen or Taryn Lynn.

Kaitlyn Myles, Dietician, Ext. 2240

Kaitlyn works in conjunction with the dietary supervisors to counsel residents on nutrition issues and healthy eating habits.



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 may 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.

Jackie Barbour & Rosanne Turenne, Registered Dental Hygienists

Jackie and Rosanne are here monthly. Appointments may be booked through the Resident Services Clerk, ext. 2221 or by calling 905-741-4735.

Lisa Medeiros, R.P.N.,C.F.C.N.,C.R., Foot Care Services

Lisa is contracted through Lifemark and visits on a monthly basis. Footcare appointments may be booked through the Resident Services Clerk, ext. 2221 or by calling 905-741-4735.



BobbiJo Biggley, Hairdresser, Ext. 2239

Bobbi provides hairdressing services from our in house salon. She operates from Monday to Wednesday each week. For any hairdressing inquiries contact BobbiJo.

Physiotherapy Services, Ext. 2232

The Physiotherapist is on-site 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.



Pam Bonnett, Accounts Clerk, Ext. 2222

Pam handles resident finances. She is responsible for maintaining monthly billing and reviewing Resident Comfort Trust accounts. Billing questions may be directed to Pam.

Jodi Walsh, Resident Services Clerk, Ext. 2221

The Resident Services Clerk is the first point of contact in the Home. She is responsible for mail delivery, Resident banking and addressing/ directing requests from Residents and family members.

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 (Creekview) is also considered a "restraint" as it prevents Residents with Dementia, at 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 continually attempt 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 continue 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 may be made available by contacting the registered staff member in the Home unit.

The Creekview 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.

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.ius.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 may not exceed \$5,000.

Comfort Trust Account

A Comfort Trust Account allows for the safekeeping of your money and the opportunity to withdraw 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 wellbeing of the Resident. Such purchases require a receipt before reimbursement may 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 Services 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 acquiring 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). Creekview, 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 nursing station, and a staff pager; 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 Grandview 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, that is to be used **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. **Handwashing:** 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. Handwashing is the best method for preventing the spread of infections. Staff wash 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 effects 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. Handwashing 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 and 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.

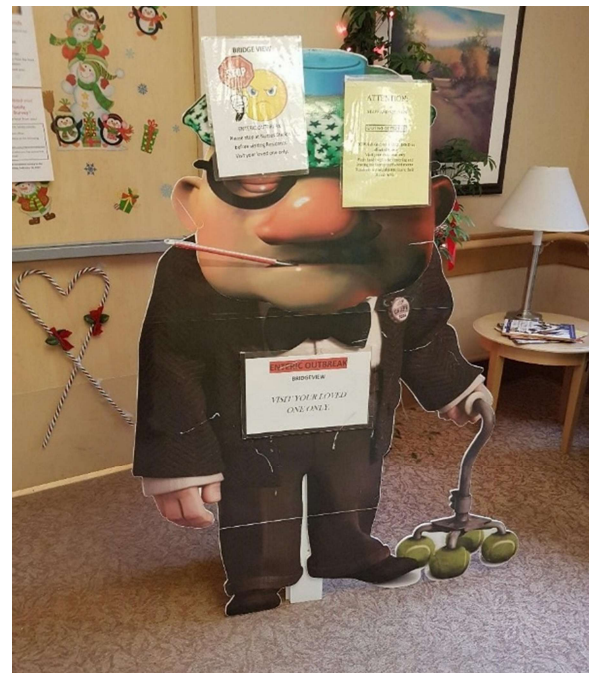
Residents within the Home may need to be room isolated until the risk of communicable illness is over. Residents with cold symptoms will be asked to wear a surgical mask when others are in the room to prevent the spread of infection. Other illnesses that are considered communicable include: gastro-intestinal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

Heel	<ul style="list-style-type: none"> • 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. • Have a broad heel with good round contact. • Have a firm heel counter to provide support for the shoe.
Sole	<ul style="list-style-type: none"> • 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.
Weight	<ul style="list-style-type: none"> • Be lightweight.
Toebox	<ul style="list-style-type: none"> • Have adequate width, depth and height in the toebox to allow for natural spread of the toes.
Fastenings	<ul style="list-style-type: none"> • Have buckles, elastic or Velcro to hold the shoe securely onto the foot.
Uppers	<ul style="list-style-type: none"> • 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. • Have smooth and seam free interiors.

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Safety	<ul style="list-style-type: none">• Protect feet from injury.
Shape	<ul style="list-style-type: none">• Be the same shape of the feet, without causing pressure or friction on the foot.
Purpose	<ul style="list-style-type: none">• 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.
Orthotics	<ul style="list-style-type: none">• 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.

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 with the transition into our Home.

Any admission to a Long-Term Care Home may 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!



Haldimand
County

Grandview Lodge

Comfort. Compassion. Care.

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; 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 may be initially directed as follows:

Division	Name	Position	Ext
Nursing:	Kim Eros	Director of Nursing	2234
	Charlotte Hutchinson	Associate Director of Nursing	2226
Dietary:	Taryn Lynn	Supervisor, Dietary Services	2228
Support Services:	Kellen Mowat	Supervisor, Facility Operations	2241
Activation/Program:	Cathy Fisher	Supervisor, Programs & Support	2233
Administrative	Amy Moore	Administrator	2224

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.
5. 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.
6. All complaints will be addressed in writing to the complainant with ten (10) business days.

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

Ministry of Health,
Long-Term Care Division Regional Office
119 King St W, 11th Floor,
Hamilton ON L8P 4Y7
Telephone: 1-866-434-0144 (8:30am – 7:00pm, 7-days a week)

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 may 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 peoples' 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,

- a) anything has been disclosed to an inspector
- b) anything has been disclosed to the Director, Ministry of Health and Long-Term Care.

No legal or other action may be taken for reporting incidents and there shall not be retaliation against residents, i.e., a Resident shall not be discharged from a Long-Term Care Home; staff may not be 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
120 Eglinton Avenue East, Suite 905
Toronto ON M4P 1E2
Phone: (416) 487-7157

2. Ministry of Citizenship/Office for Seniors' Issues
76 College Street, 6th Floor
Queens Park
Toronto ON M7A 1N3
Phone: (416) 327-2422
Fax: (416) 327-2425
TDD: (416) 327-2488

3. Ministry of Health, Long-Term Care Division
Attention: Compliance Officer
119 King St W, 11th Floor
Hamilton ON L8P 4Y7
Phone: (905) 546-8278

Appendix C – Grandview Lodge Organization Chart

