

Resident Handbook

Welcome to Algoma Manor

Welcome to Algoma Manor Nursing Home. Our compassionate staff and their respect for the individual needs and/or preferences of residents and families make our home a true community of caring. Our philosophy is to ensure all residents are provided with choices for daily living while ensuring consistent quality and level of care.

What does this mean for you or your loved one? It means that we sincerely care about what you think, we will listen to your concerns and always welcome your input. It means that we will always be ready to help when needed while respecting the resident's privacy and dignity.

Algoma Manor is licensed under the Ministry of Health and Long-Term Care. We strive to exceed all legislated regulations and requirements of the Ministry.

The information provided in the Resident Handbook outlines many programs that are provided by our home. Please take the time to review this information, and if you have any questions, please do not hesitate to contact me.



Diversity, Equity & Inclusion

Differences in race, ethnicity, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, cognitive ability, and age are acknowledged, celebrated, and welcome in all those living, visiting, and working in this community.

Land Acknowledgment

We recognize the unique and enduring relationship that exists between Indigenous Peoples and their traditional territories. We acknowledge that Algoma Manor is situated on the traditional territory of the Anishinaabe Peoples, in lands of importance to Treaty 60. We strive to be mindful of the connection this land holds to the Indigenous Peoples of this territory, as well as the animals and plants with whom we share this space. Let this acknowledgement serve as a reminder of our necessary commitment and responsibility in improving relationships between nations, and to improving our own understanding of local Indigenous Peoples and their cultures.

From coast to coast to coast, we also acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people that call this land home. We acknowledge the harms and mistakes of the past and we invite you to consider with us how we can each, in our own way, move forward in a spirit of reconciliation and collaboration.

Meet Our Team



Pamela Ficociello- CEO / Administrator

Pamela.Ficociello@algomamanor.com | (705) 842-2840 EXT. 135

The CEO/Administrator is responsible for the overall management of the home. She reports directly to the Algoma Manor Board of Management, more specifically, Donna Latulippe. The CEO/Administrator's office is located in the main administration area. Any serious concerns should be directly addressed to the CEO.



Danielle Mercer - *Director of Care*

Danielle.heubner@algomamanor.com | (705) 842-2840 EXT. 137

The Director of Care is responsible for maintaining the highest quality of nursing care standards throughout our entire residence. She is also directly responsible for our nursing department and all care that is facilitated within the home. The Director of Care office is located in the main administration area and reports directly to the CEO.



Jennifer Fogal - *Director of Finance & Health Services*

Jennifer.fogal@algomamanor.com | (705) 842-2840 EXT. 133

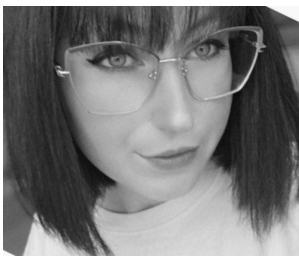
The Director of Finance & Health Services is responsible for overseeing the site's accounting procedures and processing (including petty cash, banking, accounts payable, procurement and month-end accounting processes). The Director of Finance & Health Services is located in the administration area and reports directly to the CEO.



Tina Peppler - *Environmental Services Manager*

Tina.Peppler@algomamanor.com | (705) 842-2840 EXT. 132

The Environmental Services Manager is responsible for our maintenance, laundry, and housekeeping departments. The Environmental Services Manager is also responsible for maintaining the Health and Safety of our home. She is located in the main-kitchen, and reports to the CEO.

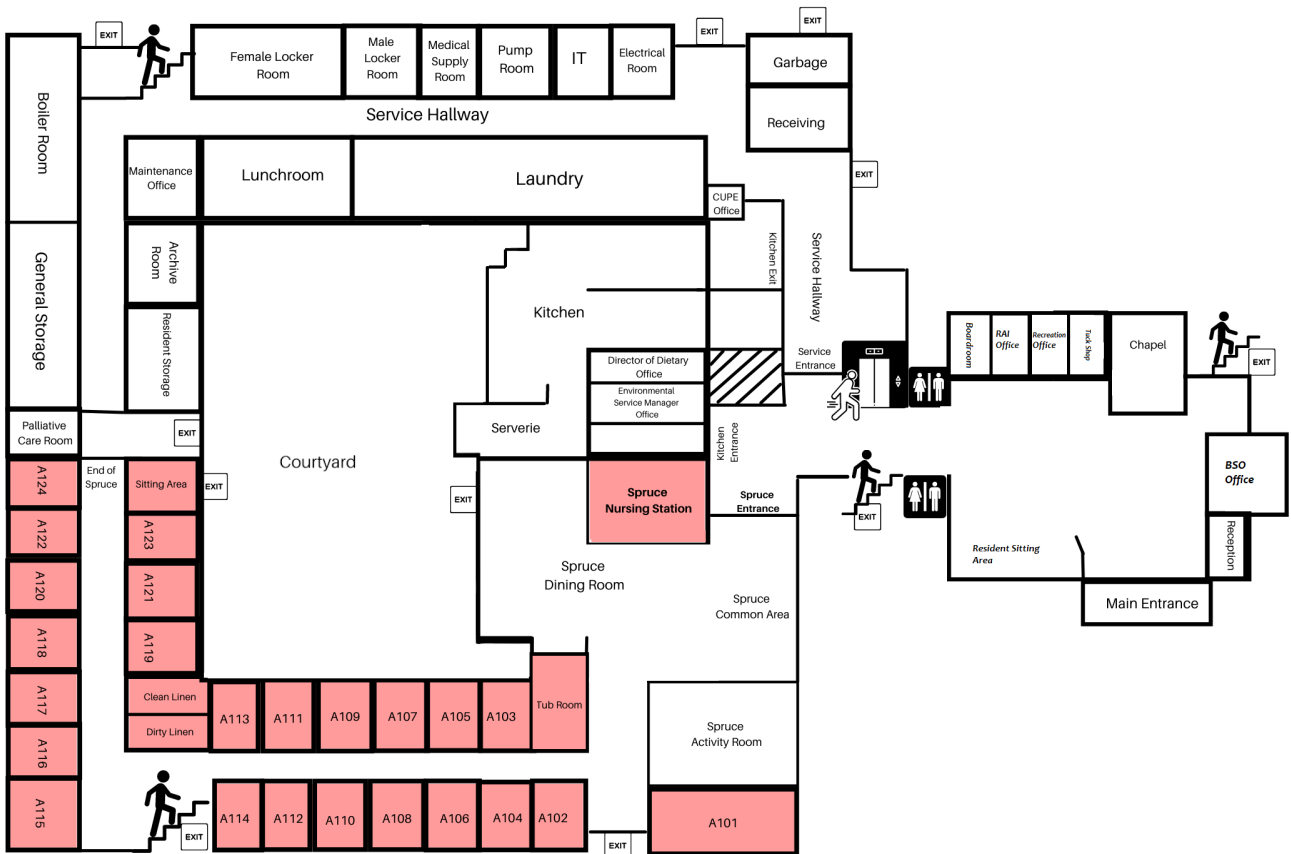


Jenny Daoust - *Director of Administrative Services*

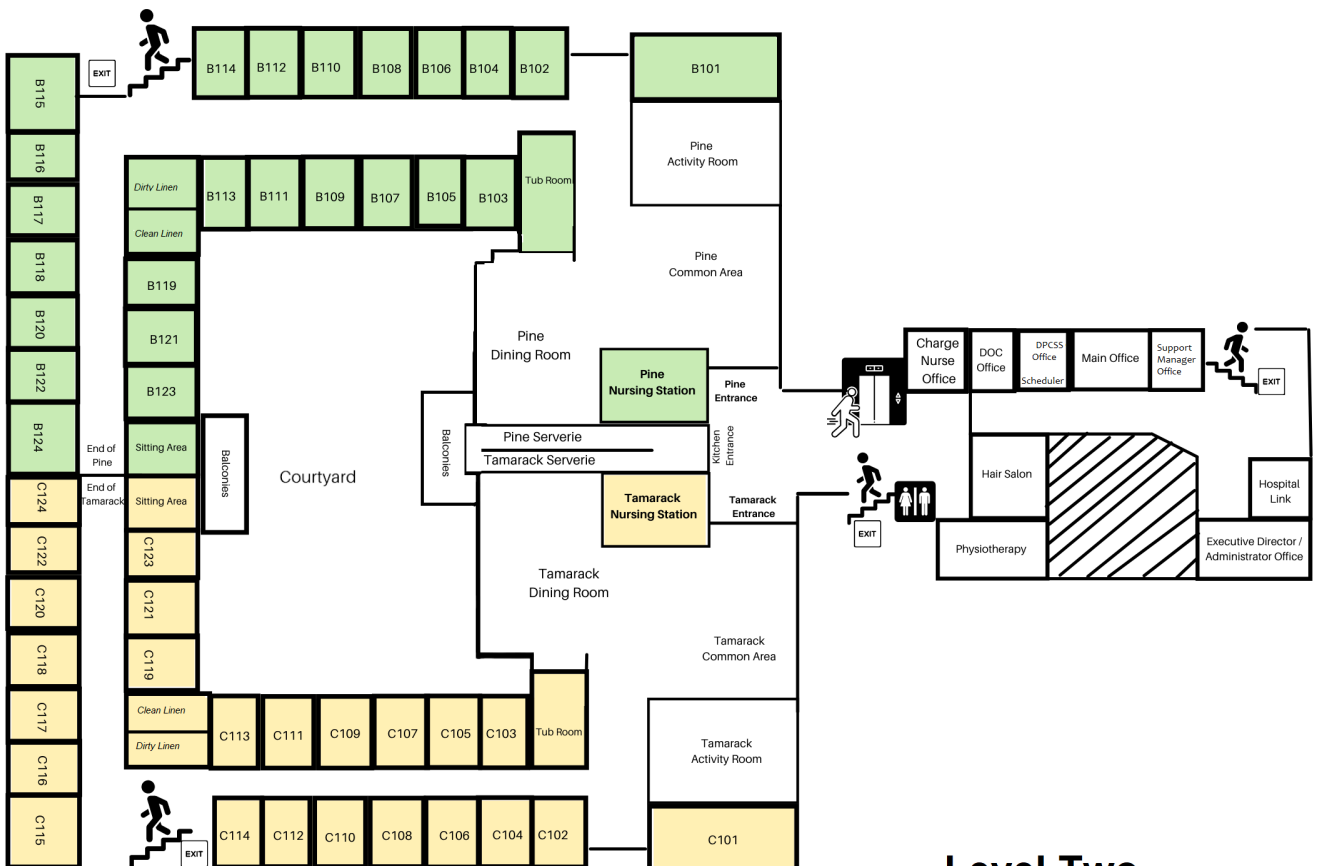
Jenny.daoust@algomamanor.com | (705) 842-2840 EXT. 134

The Director of Administrative Services is responsible for assisting in clerical duties, and completes operational requirements by assigning administrative projects and expediting work results. The Director of Administrative Services is located in the administration area and reports directly to the CEO.

Building Layout



Level One



Level Two

Section I: Our Home and Resident Rights

Our Organization

Algoma Manor Nursing Home is a not-for-profit and CARF accredited long term care home. Algoma Manor first opened in 1967 and has been providing reliable and quality care ever since! We are located in Thessalon, Ontario, and can be found between the junction of HWY-17 and HWY-129 on the North Shore of Lake Huron. Our home provides elderly and non-elderly residents alike the opportunity for 24-hour nursing care. Not only do we accommodate a total of 96 residents with 22 private, 24 semi-private, 48 basic and 1 short stay, but we also accommodate residents who range from fully-mobile to bed-ridden.



Our Mandate

Algoma Manor's **Mission** is to help our residents to live fully, every day

Our **Vision** is to awaken our community to the positive possibilities of life's next chapters. To provide quality care through innovative teamwork in a warm, nurturing home where residents can be themselves.

Our **Values** are respect, responsibility, passion, growth, and teamwork. We respect and value each other from our residents to our co-workers. We hold ourselves to the highest standards of safety and quality. If we see a problem, or an opportunity, we own it. "Not my job" is not in our vocabulary. We're in this together - coworkers, volunteers, physicians/healthcare providers, supplies, communities, families and residents.

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, 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 themselves 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.

Section II: Accommodation, Legal and Financial Information

Signing Agreements

Provincial legislation requires that the Residency Agreement and Unfunded Services Agreement be signed upon admission by the resident and/or residents' representative and that they receive a copy of these agreements. Any agreement signed between the Home and a Resident, prospective resident, or residents' representative is voidable by the resident, prospective resident, or residents' representative for ten (10) days after it is made.

Power of Attorney

It is strongly recommended that residents arrange to have legal Power of Attorney (POA) for Personal Care and Power of Attorney (POA) for Property at the time of admission. When completed, the home will require a copy.

The name and contact information of the POA for Personal Care, Substitute Decision Maker, or responsible party is listed on the Residents' file. Every effort is made to notify this person if a resident is injured or has a change in health status.

The resident or representative must designate one primary contact and ensure that this information is kept up-to-date. *An emergency contact shall be provided when the responsible party is out of town.*



Trust Accounts

Trust Accounts can be set up so that residents can securely keep and access their money within the home. The home will maintain a dedicated non-interest-bearing trust account to which it will deposit money entrusted to it on behalf of residents (maximum \$5,000 per resident). The resident and POA for Property may request to see the account to verify resident spending at any time. Trust account statements are sent quarterly to the responsible party.

Residents can access their trust account during the following hours: Monday to Friday between 8:00AM-4:00PM

You will receive a written receipt for all monies when a deposit is made to a trust account. The trust account may be used for charges such as goods and services provided upon written authorization specifying the charge.

If pocket money is essential to the resident, we suggest they keep at most \$20.00 on their person.

Residency Agreement

The Ministry of Health and Long-Term Care sets accommodation rates annually. The current rate information is included in this information package. The Residency Agreement is signed on the day of admission and reviewed annually at the annual care conferences.

Resident monthly accommodation fees are due on the first of each month.

A rate reduction is available if a resident is unable to afford the maximum basic or ward rate. Reductions are based upon income levels as the actual level of income will determine the actual rate paid. The Ministry of Health's rate reduction application will be provided by CCAC and brought to the Home by the resident, along with all required documentation to support the application.



Services Included in Charge for Basic Accommodation

- Nursing and personal care on a 24-hour basis, including medication administration and assistance with activities of daily living.
- Medical care that is available in the home
- Medical supplies and nursing equipment necessary for resident care (e.g. for wound/skin disorders, continence care, infection control and sterile procedures)
- Medical devices such as catheters
- Supplies and equipment for personal hygiene and grooming (lotion, soap, shampoo, deodorant, toothbrush, toothpaste, denture cups & cleansers, toilette tissue, facial tissue, hairbrush, comb, razor/shaver, shaving cream, feminine hygiene products)
- Equipment for general use of residents (upon availability: wheelchair, geriatric chair, cane walker, toilet aide, and other self-help aids for activities of daily living). Facility walkers/wheelchairs can be loaned until residents' own can be secured through motions.
- Meal service and meals (three (3) meals, between meal snacks and at bedtime, dietary supplements and devices enabling residents to feed themselves).
- Social, recreational, and physical activities and programs, including the related supplies, equipment and staff.

- Laundry, including labelling, machine washing and drying personal clothes.
- Bedding and linen (mattresses with waterproof covers, pillows, bed linen, washcloths and towels).
- Bedroom furnishings (bed with adjustable head and foot, adjustable bed rails, bedside table, chair and wardrobe/closet).
- Standard ward accommodation.
- The cleaning and upkeep of accommodation.
- Suitable accommodation and seating for meetings of Resident and Family Councils.
- Prescription pharmaceutical preparations listed in the Drug Benefit Formulary (Pharmaceutical supplier dispensing fees not included).
- Special preparations or medical devices may be obtained from the Ontario Drug Benefit Program as interim non-formulary benefits.
- ‘Insured’ devices, equipment, supplies and services available to residents through programs such as the Home Care and Assistive Devices programs.
- Non-prescription drugs, medication treatments and supplies obtained through Ontario Government Pharmaceutical and Medical Supply Services (i.e. Tylenol, Gravol, Benadryl, etc.).



Services Available at Extra Cost

The Unfunded Services Agreement lists all services available and the Charge for each service. You will be asked to approve the change whenever there is a change to the charges of any of the services you requested. Please take a look at the Unfunded Services Agreement for details.

Please note that residents are not required to purchase care, services, programs or goods from us and may purchase such things from other providers, subject to *Fixing Long-term Care Act, 2021* restrictions concerning the supply of drugs.

Continuation of Accommodation Payment

Resident leaves of absence will be permitted according to provincial regulations and billed at full accommodation rates for the accommodation type occupied by the resident.

Casual Leave

A resident is permitted a casual leave of absence of up to forty-eight (48) hours per week between the hours of midnight on Saturday to midnight of the following Saturday.

Vacation Leave

A resident is permitted a vacation leave of twenty-one (21) days per year. Vacation leave can be combined with casual leave days to extend the period of time available.

Medical Leave

A medical absence refers to a leave of absence for a maximum 30-day period for the purpose of receiving medical care (other than psychiatric care) or for the purpose of undergoing medical assessment (other than psychiatric assessment). If the resident does not return to the community when the 30 days expire, the resident is considered discharged from the community.

Psychiatric Leave

A Psychiatric absence is a leave of absence for up to a 60-day period for the purpose of receiving psychiatric care or undergoing psychiatric assessment. If the resident does not return to the community when the 60 days expire, the resident is considered discharged from the community.



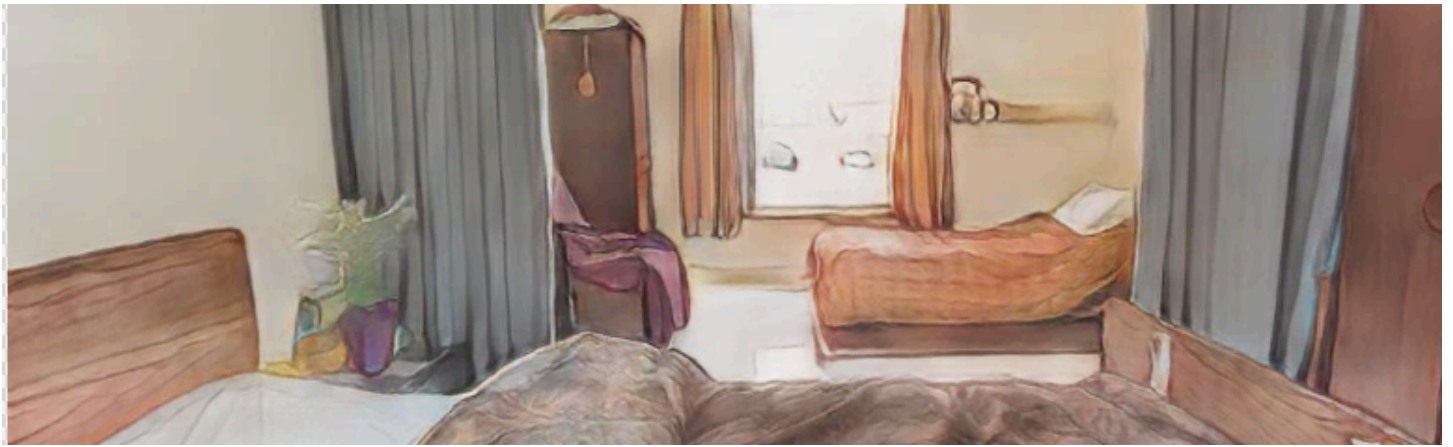
Furnishings & Hospitality Services

Each room is furnished with a bed, a bedside cabinet, an armchair and a wardrobe. Residents are invited to bring a favourite chair, dresser, lamp, plants, afghans and pictures to make their rooms more homelike, personal and comfortable. For safety reasons, flat-screen televisions must be no larger than 32" and placed on an appropriate table/stand. Flat-screen televisions cannot be wall-mounted. Also, for safety and appearance reasons, please consult with the Environmental Services Manager or Director of Care before you hang pictures or rearrange furniture - our Maintenance staff will help you with these tasks. Please remember that a crowded room impedes resident and staff movement, and housekeeping services may cause safety hazards.

Residents in private rooms may also have a mini-fridge in their room if the resident or family members ensure that the fridge is cleaned, temperatures are taken regularly and contents are maintained. Please notify the Administration Office to sign an agreement for the fridge. Residents are encouraged to provide bulletin boards for their rooms to keep things neat and tidy and prevent wall damage.

Linen, bedspreads, washcloths, and towels are provided. You may wish to decorate with your own bedspread as per resident preference.

Residents' and/or families must consult with the Environmental Services Manager or Director of Care before purchasing personal appliances or operating such appliances in the home (e.g. fans), as fire and safety legislation must be followed. Our Maintenance staff must inspect all electrical appliances to ensure they are CSA-approved and are in good working order. Instead of extension cords or "octopus" plugs, power bars must be used.



Valuables

Due to fire and safety regulations, resident rooms cannot be locked. Algoma Manor cannot protect residents' valuables (jewelry, collector items, etc.) from breakage or loss. Therefore, it is suggested and recommended that Residents' do not bring in articles of value into the long-term care home.

Section III: Getting Involved with Our Community

Residents' Council

Residents' Council is established to provide a strong line of communication between the residents and administration to achieve many goals and provide suggestions for improving the quality of care. They are a group of residents and their representatives who meet at least quarterly to discuss pertinent issues related to the Home. Residents' Council has the mandate to advise residents about their rights and obligations under the Fixing Long Term Care Act, 2021, sponsor activities for residents, and provide recommendations to the Home regarding what residents would like to see to improve the quality of care or the quality of life in the Home.

Family Council

The Family Council is an organized, self-led, self-determining, democratic group composed of family and friends of the home's residents. Home Family Council is mandated to provide assistance, information and advice to residents, family members and friends of residents. They also support activities for residents, collaborate with community groups and advise the Home of concerns or recommendations. The Administration office is available as a liaison to help and facilitate the council. Minutes of the Family Council meetings are posted on the Family Information Board. All family members and friends of residents are welcome to participate as part of the Family Council.



Opportunities for Improvement

All concerns are taken in confidentially and are followed up quickly to make any possible improvements. We have numerous ways for you to provide feedback and voice any concerns you may have.

Satisfaction Surveys

Satisfaction Feedback Surveys are conducted regularly throughout the year, so each resident, their families, and staff have a confidential opportunity to evaluate our services formally. The survey results will be reported to the residents and families and used to make improvements. Suggestions made on the satisfaction surveys are also used during Operational Planning to improve the quality of life for residents.

Management of Concerns

There are processes for obtaining information, raising concerns, lodging complaints or recommending changes regarding the Home and its services. We encourage residents and/or families to voice any of the above issues in the following way:

- Discuss with the Registered Staff in charge of the residents' care
- Discuss with the Director of Care
- Discuss with the CEO/Administrator of the LTCH
- Discuss with the Residents Council or Family Council

If the above interventions have not resolved your concerns, you may contact the Ministry of Health and Long-Term Care. They will conduct an independent inquiry into any complaint or concern a resident or family member may have.



Response to Complaints

Every written or verbal complaint made concerning the care of a resident of the operation of the home will be dealt with as follows:

1. The complaint will be looked into and resolved where possible, and a response will be provided within ten (10) business days of receiving the complaint. Where the complaint alleges harm or risk to one or more residents, the investigation shall commence immediately.
2. For complaints that cannot be investigated and resolved within ten (10) business days, an acknowledgement of receipt of the complaint shall be provided within ten (10) business days of the receipt of the complaint, including the date by which the complainant can reasonably expect a resolution and a follow-up response shall be provided as soon as possible in the circumstances.

Reporting a Complaint or Concern

Any complaint (verbal, written, telephone, email or text) received by Algoma Manor from residents, families, visitors, and team members shall be investigated, and actions shall be taken for resolution. The responsibility to resolve complaints lies with all team members (**Policy XXIII-E-10.00**). Any complaint that alleges harm or risk of harm, including, but not limited to, physical harm, to one or more residents, must be forwarded to the Ministry of Long-term Care (MLTC) as per Ministry regulations.

Make a Complaint to the Long-Term Care Home

By Law, all LTCHs in Ontario must have a formal complaints process. If your complaint alleges harm or risk of harm to one or more residents, the home must investigate the complaint right away. They must also immediately send the complaint to the Ministry of Long-Term Care. For all complaints, staff must let you know that the home has received your complaint within ten (10) business days.

They must call or write to let you know:

- What they are doing to resolve your complaint now
- What they plan to do to resolve your complaint in the future
- When you can expect the complaint to be resolved

If the home believes there is no cause for complaint, they must explain why.

Contact the Ministry of Long-Term Care Family Support and Action Line

The Ministry is responsible for overseeing long-term care homes' compliance with the *Fixing Long-Term Care Act, 2021*. If you are not satisfied with the homes' response, you can contact the Ministry of Long-Term Care directly through the Long-Term Care Family Support and Action Line by telephone at: **1-866-434-0144** (toll free).

*The hours of operation are 8:30AM - 7:00PM
7/ Days a week*

Information to Include:

- ☐ the name of the LTCH
- ☐ the address of the home (as depicted below)

*Algoma Manor Nursing home
145 Dawson Street
Thessalon, ON P0R 1L0*

- ☐ a description of what happened (for example, is this an ongoing problem?)
- ☐ for a specific event, when and where it happened (for example, outside or inside the home)
- ☐ who was involved?
- ☐ what you would like the home to do to resolve your complaint

After you submit your complaint, one of the following actions will be taken:

- The Ministry will take steps to make sure the home is following Ontario's regulations for long-term care homes.
- The home may be inspected if there's reason to believe it is breaking these rules.

Send a Complaint to the Ministry of Long-Term Care by Mail or Email

If your concern is not time sensitive, you can contact the Ministry of Long-Term Care by mail.

You will receive a reply to let you know that the Ministry has received your complaint. The Director will pass your complaint to an inspector who will look into the matter.

Director

Long-Term Care Inspections Branch
Long-Term Care Operations Division
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON M7A 1N3

You can also contact the Ministry directly by sending an email to mltc.correspondence@ontario.ca

The Patient Ombudsman

If you have already contacted the home directly and the Long-Term Care Family Support and Action Line, and were not able to reach satisfactory resolution, you can contact the Patient Ombudsman

- Online
- by calling **1-888-321-0339** or **416-597-0339**
- TTY: **416-597-5371**



Mandatory Reporting to the MOHLTC

A person who has reasonable grounds to suspect that any of the following has occurred or might occur shall immediately report the suspicion and the information upon which it is based to the Ministry of Health and Long-term Care:

- 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 a 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 the Corporation under the Fixing Long Term Care Act, 2021.

Whistle Blower Protection

Provincial legislation and Algoma Manor policy (**Policy XXIII-D-10.30**) guarantees 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, including, without limiting the generality of the foregoing,
 - (i) a report has been made under section 28, or the Director has otherwise been advised of anything mentioned in paragraphs 1 to 5 of subsection 28 (1),*
 - (ii) the Director has been advised of a breach of a requirement under this Act, or*
 - (iii) the Director has been advised of any other matter concerning the care of a resident or the operation of a long-term care home that the person advising believes ought to be reported to the Director;*
- (c)** anything has been disclosed to any other personnel of the Ministry, or to any other individual or entity that may be provided for in the regulations, or
- (d)** evidence has been or may be given in a proceeding, including a proceeding in respect of the enforcement of this Act or the regulations or in an inquest under the Coroners Act.

Zero Tolerance of Abuse/Neglect

The policy of Algoma Manor regarding abuse is zero tolerance (**Policy VII-G-10.00**), and it applies to all staff, volunteers, family members, and visitors.

All staff members have an obligation to report any incident or suspected incident of resident abuse. Employees who fail to report any incident or concerns will be disciplined. Algoma Manor will investigate and respond to all such concerns and complaints.

Every resident will be treated with courtesy and respect and in a way that fully recognizes the resident's dignity and individuality and to be cared for free from mental and physical abuse.

The full policy is posted and available in your Admission package of materials.

Section IV: Departmental Services

Dietary Services

Nutritious, attractive and appetizing meals are essential to the residents' wellbeing. Our four-week seasonal menus, developed in consultation with Resident Food Committee Members, are reviewed by our Dietician to meet all Ministry of Health regulations.

All meals are serviced in our home-like dining rooms as we believe in the holistic benefits of socializing with others. Lunch and dinner include two entrée choices, offered verbally and visually. Various beverages and snacks are served mid-morning, in the afternoon and evening.

Nutritional goals are developed by each home's Registered Dietician with input from the resident, family members, and the care team. To maintain independence, assistive devices such as rimmed plates, special cups, and built up utensils are available.



Nursing Services

Registered Nurses (RN), Registered Practical Nurses (RPN), and Personal Support Workers (PSW) are available 24 hours a day, seven days per week, to provide care and assistance. A registered staff member who is a Registered Nurse or a Registered Practical Nurse oversees each Residents' home area. An RN or RPN is responsible for the day-to-day functioning of the home area as well as distributing medications and administering treatments. A Personal Support Worker provides direct care, such as bathing, grooming, toileting, mobility assistance, and meal assistance.

Medical Director

Our Medical Director is available to serve the residents' medical needs. The home's Nurse Practitioner(s) visit regularly and provide emergency coverage. Families wishing to connect directly with the home's Nurse Practitioner should speak with the Registered Nursing staff to make an appointment. Residents can retain their physician or registered nurse in the extended class, providing the physician or registered nurse in the extended class signs an agreement with the home. If you would like more information, please contact the Director of Care.

Medications

An RN or RPN administers all medications based on the physicians' order. Residents are not permitted to keep any medications in their rooms. This includes medicated skin preparations, eye or ear drops and non-prescription drugs. All of your medications, including herbal remedies and vitamin supplements, must be appropriately labelled in a standardized manner using the packaging system of the contracted pharmacy. The pharmacist conducts medication reviews annually, or when requested, for each resident.

Care Conferences

Within six (6) weeks after admission, the care plan planning team meets to discuss the initial care plan for each new resident. The core staff members on the team consist of nursing, dietary, and programs with input from medical advisors, pharmacy, therapists and administration as needed. Families and residents are invited to the initial care conference annually, as you are considered partners in planning the best ways to provide care and support to each resident. We will review the resident's care plan whenever there is a significant change in health or other conditions. Families can also call the Director of Care to request a care conference.



Least Restraint Policy

Restraint is any device or action that interferes with a resident's ability to decide or restricts their free movement. Restraint is a measure used to control a person's physical or behavioural activity or to control a portion of a person's body. A restraint may be physical, chemical, or environmental. In every case, we view restraints as a last resort. If restraint is deemed necessary, we aim to use the least restrictive form of restraint for the shortest period. The care team will try to determine the cause of the current situation and work with everyone to come up with alternatives. Consent to restrain is requested from the resident or substitute decision-maker. The decision to use any form of approved restraints is not taken lightly and is only used when other methods are ineffective. Please note that bed rails are considered a restraint, and risks versus benefits must be discussed with the Director of Care before implementation.

Recreational Therapy

The Recreation Department strives to provide high-quality programs to meet the unique leisure needs of all residents. Recreation activities are offered seven days a week, at times convenient to residents. Recreation activities come in many forms, from individual visits to large group programs within the facility and the community. Some programs include picnics, barbecues, pet therapy, gardening, exercise, baking, current events, happy hour, musical entertainment, pub night, outings, theme dinners, movies, reminiscing, and mental gymnastics.

Monthly calendars are posted in each home area on the resident information bulletin board for details of each activity's time and location. All residents are encouraged to participate in their chosen recreation activities and help plan future events. Family members are always welcome.



Environmental Services

Housekeeping

Regular housekeeping ensures the environment is clean, pleasant and safe. This includes daily cleaning of washrooms, emptying garbage, general light cleaning, and tidying rooms. A more thorough cleaning is scheduled at regular intervals. If able, residents are encouraged to assist with routine housekeeping tasks. It is beneficial for physical conditioning and social interaction.

Laundry

Laundry services are available seven days a week. All clothing articles should be machine-washable, able to be dried in commercial-style dryers and clearly labelled with the resident's name. Please bring any new or unlabeled clothing to the nursing station, and the RN or RPN will ensure that the items are permanently labelled. Some families choose to launder the resident's personal clothing items themselves.

Maintenance

Each nursing station has maintenance work order requisitions for needed repairs. All repairs will be taken care of as soon as possible. Residents are responsible for the costs of repairs to their appliances and equipment.

Section V: Safety and Emergency Procedures

Building Security

For the safety and security of our residents, specific resident home area doors and elevators are alarmed to prevent unauthorized entry or exit. Please use the main entrance doors to enter or exit the facility, and be mindful of confused residents who may try to exit with you. In an emergency, staff will provide directions for alternative exits and stairways.

Location and Operation of Call Bells

Each resident's room has a call bell at the head of the bed. Each bathroom has a call bell, and every common space has a call bell. Push the red PUSH button to use the call bell, and a signal will go off at the nurses' station/staff pagers/telephone. A staff member will respond as quickly as possible.

Fire Regulations

Please take a moment to get familiar with our fire safety procedures. The home's Emergency Plan is tested regularly. Fire drills are conducted on each shift each month for the safety of residents and staff. Fire exits are indicated within the facility. Please cooperate with the requests of staff members during emergencies. There may be several important reasons why a request is made of you immediately, with little time for a full explanation. The external Fire Access route is a NO PARKING zone. Signs are posted clearly, and the routes must be kept free to allow access by emergency vehicles.

Emergency Preparedness Plan

In conjunction with local and provincial authorities, the home has prepared and maintains an Emergency Preparedness Plan, which would be implemented during a significant crisis. The plan is tested regularly, and staff are trained in emergency preparedness.



Emergency Response – Residents & Visitors

Upon Hearing the Fire Alarm

Residents

If you are:

- In your room
 - Remain there
- In the hallway near your room
 - Go to your room and remain there
- If you are in a community room (and it is safe to do so)
 - Remain there or move to a safe area
- Close doors to the area you are in to help keep smoke and fire out
- Await instructions for evacuations

Visitors

- Stay with the resident you are visiting
- Close doors to the area you are in to help keep smoke and fire out
- Follow alarm instructions for residents
- Await further instructions from staff

If you Discover a Fire

Residents

- Leave fire immediately
- Close all doors behind you to confine smoke and fire
- Sound alarm and/or alert staff
- Await instructions for evacuation

Visitors

- Assist anyone in immediate danger to move to a safe area and remain there
- Close all doors behind you to confine smoke and fire
- Await instructions from staff
- If instructed, assist with evacuation

Remember. Do not use elevators and always remain calm. If you encounter smoke in the corridor or stairway, use an alternative exit if all stairways are affected; it may be safer to stay in your area.



Thank You

Thank you for the opportunity to share information and care philosophies with you regarding Algoma Manor. This information will help you understand the specific strategies and signature programs we enact to create our communities of caring.

Because of your involvement as a family member/caregiver and our compassionate staff, we can successfully ensure respect for the individual needs and preferences of residents and families that make our home a true community of caring. Our Enabling CHOICES philosophy of care provides choices for daily living while ensuring that the quality and level of care are consistent.

We hope you will better understand the care your loved one will receive through the information provided in this Resident Handbook. Please do not hesitate to contact any of our leadership/care team members should you have any further questions.