



Resident Handbook

(Please refer to our Website at www.umh.ca for further information)

United Mennonite Home; 4024 Twenty Third St., Vineland L0R 2C0; 905-562-7385

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Welcome to the United Mennonite Home

As Executive Director, I would like to take this opportunity to extend to you a warm welcome to our Home. We deliberately refer to this facility simply as our “Home” because everything we do here is for your comfort, your, care, and your satisfaction. It is a place where not only your care needs are met, but also your social and emotional needs as well, just like at home.

Getting adjusted to a new place is always filled with many challenges. To help you with the adjustments, we have prepared this Handbook to assist with the orientation, answer many of the questions you may have. Obviously not everything is covered in these pages. That’s why you should feel free to come to us with any of your unanswered concerns, regardless of the nature, regardless of the time of day.

Similarly, we welcome your suggestions on any topic, any time. Together, we can make you feel just like you were in your own home.

Again, welcome and God Bless!

Sincerely,

Walter Sguazzin, B.Sc., M.H.A., CHE.
Executive Director

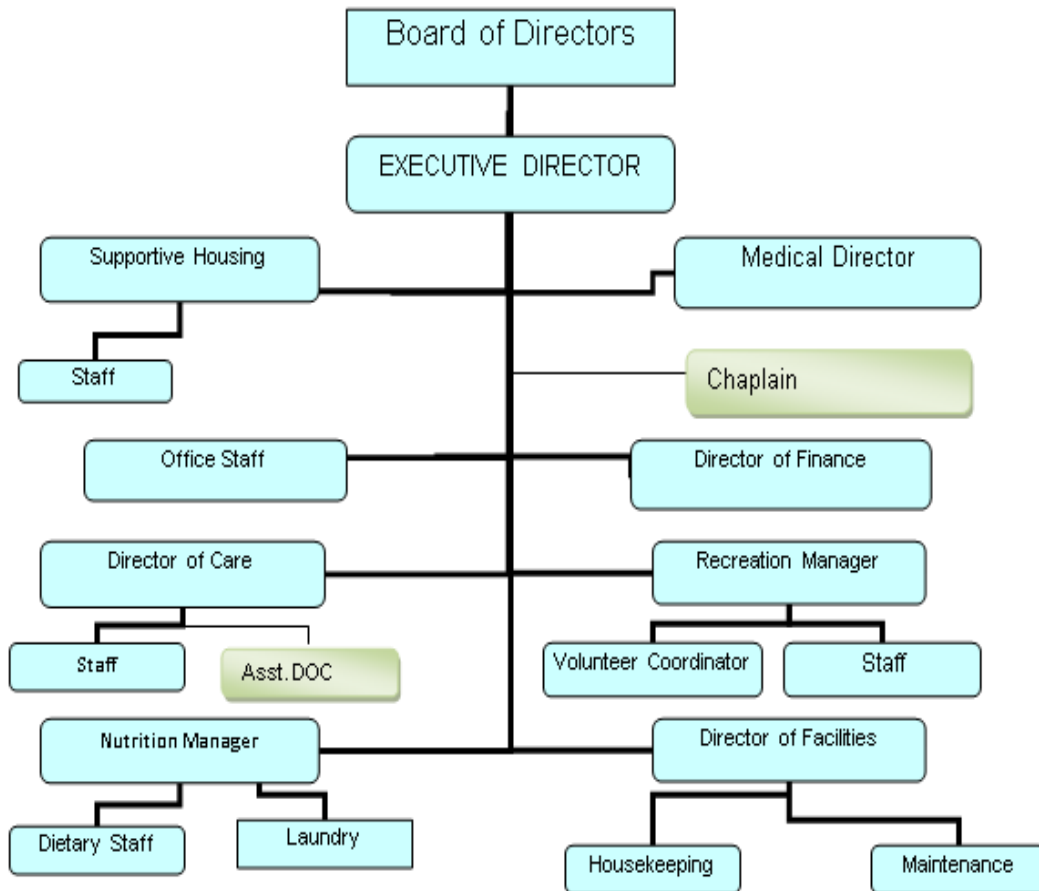
Organization Structure

United Mennonite Home for the Aged is a non-profit, charitable, 128 bed LTC facility. The adjacent building, Orchard View Apartments (48 apartments), and the Life Lease townhouse complex known as Vineland Park estates (42 units on Simons Lane), are owned and operated by the Home.

The facilities are managed by an Executive Director who reports to a 9-member Board of Directors.

The Board is selected from a constituency of 9 sponsoring churches.

United Mennonite Home Organizational Chart



MISSION STATEMENT

United Mennonite Home is a Christian not-for-profit, charitable organization. The purpose of the Home is to provide professional care with compassion following the fundamental principle that a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and respect, in security and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met. This fulfills the Home's mandate "to do unto others as you would have others do unto you."

VALUES

Motivated by Christian principles, the Home cares for its residents in a manner as you would have others do unto you. As an added measure, we care for our residents with compassion. These principles suggest the highest commitment of uncompromised, personal care. They far exceed any ministry guidelines or industry standards.

VISION

The vision of the Home is to appeal to seniors' province wide, regardless of their background or status in life.

CARE PHILOSOPHY

- To ensure availability of the most appropriate services while maintaining the highest possible quality of life.
- To recognize and support families as part of the care giving process.
- To recognize and respect the rights of the residents.
- To provide life enrichment programs and a sense of self-worth.
- To provide an environment where spiritual needs are cared for.

ADVOCACY

1. You and/or your appointed representative shall be encouraged and supported to participate in the planning and evaluation of programs and services.
2. You and/or your representative shall be informed of opportunities to participate in your own interdisciplinary care conferences. (at 6 weeks post admission, then annually)
3. You and/or your representative shall be encouraged to participate in the assessment, planning, provision and evaluation of your care.
4. You shall have access to and an explanation of your plan of care and shall receive assistance, where necessary, to read and understand the record.
5. With your consent, your representative shall have access to and an explanation of your plan of care and shall receive assistance to read and understand the record.

Note: If you are unable to give consent, the person who is lawfully authorized to make decisions regarding personal care shall have access to your plan of care.

6. You shall be informed of advocacy/support agencies, which can assist you in promoting your rights.
7. You shall be assisted in accessing advocacy/support agencies according to your requests.

RESIDENTS' BILL OF RIGHTS

The following basic rights of all residents living in United Mennonite Home are the foundation of our services, policies, and standards. We will endeavor to uphold these rights for you within the limitations of our physical facility and available resources. You have the right to:

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 license 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 has the right to meet privately with their spouse or another person in a room that ensures 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 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 contracting 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 to not 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 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.

RESIDENTS' COUNCIL

United Mennonite Home has established Resident Council, which it supports. We encourage you to participate in council activities and/or on the Council itself. Family members or other individuals from the community may attend residents' Council meetings by invitation of the Residents' Council.

The purpose of the Council is to promote good relations and fellowship among the residents of the Home, to co-operate in arranging programs, and to provide liaison between the Council and the management of the Home.

You shall, by means of minutes posted on the resident information bulletin board, be informed of the results of residents' Council meetings along with feedback where requested, from the Executive Director and/or his designate. Suggestions and complaints from residents' Council shall be documented, investigated and responded to in writing by the Executive Director and/or his designate within 10 days.

Meetings are generally held every other month. Where residents do not choose to have, or are unable to participate in such a council, the facility shall call an annual general meeting for residents and their representatives, to which members of the community are invited to attend.

Everyone is invited to attend, unless stated otherwise. (Refer to the monthly calendar for date and location of meetings)

FAMILY COUNCIL

The United Mennonite Home facilitates and supports a Family Council. Families and friends are encouraged to attend and participate in the Family Council Meetings. The purpose of the council is to provide support and advocate for the concerns of the residents at a regional level. (Refer to monthly calendar for dates and location of meetings).

ZERO "0" TOLERANCE POLICY ON ABUSE & NEGLECT

United Mennonite Home is committed to providing a safe and harmonious environment those residents, visitors and family members enjoy. Real, alleged, or suspected abuse will be promptly reported by our staff members and will be thoroughly investigated and acted upon. Resident abuse by an employee, another resident, visitor, or family member will not be tolerated ("0" tolerance).

This means within this policy, that we shall:

- Uphold the rights of the residents to be treated with dignity and respect, and to live free from abuse and neglect

- Neither abuse, nor allow the abuse of any resident in the Home by Staff or Volunteers, nor condone the abuse of any resident by any other person(s) at the home
- Provide information and education regarding abuse and the prevention of abuse
- Treat every allegation of abuse as a serious matter
- Investigate every allegation of abuse
- Take corrective action, including sanctions or penalties against those who have committed abuse against a resident
- Report to the Ministry of Health and Long Term Care every suspected or confirmed incident of abuse
- Make every effort to eliminate abuse through the quality and risk management programs.

All abuse and neglect is wrong. Some forms may also be offences under the Criminal Code. When criminal activity is suspected, the police must be contacted.

It is the responsibility of all who provide or are in receipt of services within or associated with United Mennonite Home to display appropriate conduct and behaviour which respects the dignity of all.

While it is understood that disease conditions and treatment often produce high levels of anxiety, confusion, frustration and stress amongst residents, families, staff, physicians and others, United Mennonite Home will strive to provide an environment where:

- Residents, families, staff, physicians and others are free from abuse to the fullest extent possible
- No individual is required to tolerate any type of abuse from another
- Any complaint/allegation of abuse will be investigated.

Definitions

Abuse in relation to a resident means physical, sexual, emotional, verbal or financial abuse, as defined below. Neglect means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents

“Physical abuse” means: (i) the use of physical force by anyone other than a resident that causes physical injury or pain; (ii) administering or withholding a drug for an inappropriate purpose; or (iii) the use of physical force by a resident that causes physical injury to another resident. Physical abuse does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances.

“Sexual abuse” means: (i) any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member; or (ii) any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member. Sexual abuse does not include: (i) touching, behaviour or remarks of a clinical nature that are appropriate to the provision of care or assisting a resident with activities of daily living; or (ii) consensual touching, behaviour or remarks of a sexual nature between a resident and a licensee or staff member that is in the course of a sexual relationship that began before the resident was admitted to the long-term care home or before the licensee or staff member became a licensee or staff member.

“Emotional abuse” means: (i) any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement that are performed by anyone other than a resident, or (ii) any threatening or intimidating gestures, actions, behaviour or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behaviour or remarks understands and appreciates their consequences.

“Verbal abuse” means: (i) any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident’s sense of well-being, dignity or self-worth, that is made by anyone other than a resident, or (ii) any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences.

“Financial abuse” means any misappropriation or misuse of a resident’s money or property.

Program for Preventing Abuse

Through information sharing with residents, resident’s representatives, staff, and volunteers, United Mennonite Home communicates in a number of ways that resident abuse is not tolerated and must be reported immediately. This is further enhanced by the professional license requirements of staff members holding a professional designation, such as a Registered Nurse, Registered Practical Nurse, and by the resident’s attending physician; all of whom are governed by a code of ethics.

United Mennonite Home will hold information sessions on abuse annually and make in-services to staff mandatory in this area.

Criminal Reference Checks and Vulnerable Sector Screen:

Criminal reference checks and vulnerable sector screening is a precautionary measure to determine whether persons providing services to vulnerable adults have a criminal history which could potentially make them unsuitable for certain positions of trust.

Confidentiality:

1. Given that it is difficult for an individual to come forward with a complaint of abuse, the interests of the complainant must be protected through strict confidentiality of the investigating process to the extent practical and appropriate under the circumstances.
2. The complainant may need reassurance that there will be no retaliation for registering a complaint.
3. Any allegations must remain confidential to protect the accused individual from false allegations.
4. All records of complaints, including details of meetings, interviews, results of investigations and other relevant material, shall be kept confidential, except where disclosure is required by a disciplinary or remedial process or judicial process.

Mandatory Reporting to the Ministry of Long-term Care:

When an investigation indicates that a resident has, or is likely to have suffered abuse, we shall notify the Ministry's Service Area Office – by telephone, within 24 hours of having determined that abuse may have taken place, has taken place, or is likely to have taken place. In addition, United Mennonite Home completes a Critical Incident System report form. After which we shall complete the investigation of any reported abuse within one month of the initial report. United Mennonite Home shall submit a final report to the Ministry that outlines the findings of the investigation and the corrective actions taken to date.

If circumstances (such as concurrent investigation by an outside agency such as the police) prevent the completion of the final report within the one month period, the United Mennonite Home shall report the circumstances to the Ministry's Service Area Office. If upon completion of the investigation, it is concluded that the abuse did not take place as initially suspected we will advise the Ministry.

Investigation Procedures

United Mennonite Home shall take immediate action in response to any alleged, suspected or witnessed incident of abuse within the Home. This includes, but is not limited to

- Protecting all residents immediately from further harm
- Investigating all incidents of alleged, suspected or witness abuse
- Identifying all people involved in the incident, while maintaining individual's confidentiality, as required by law and as appropriate, and obtain written statements from all witnesses immediately following the alleged incident
- Reporting to the Director, Performance, Improvement, and Compliance Branch, all incidents of suspected or witnessed abuse, in accordance with the relevant legislation and this policy
- Notifying a resident's family members, resident's representative, or others specified in the resident's plan of care, when abuse of that resident has, or is suspected to have occurred.

- Providing a place for private discussion when a resident retains an independent advocate
- Taking a corrective action when abuse has occurred, or where there exists a strong suspicion, but no conclusive proof, that abuse has occurred.
- Intervening and following up on the incident, in accordance with Ministry policies and applicable laws

United Mennonite Home shall investigate immediately every report of alleged, suspected or witnessed incident of abuse

Consequences

United Mennonite Home will undertake the necessary steps to ensure that actual and alleged instances of abuse do not re-occur. These steps will be shared with the resident/resident's representative soon after the outcome is reached. These steps include, but are not limited to:

- a) If evidence exists to substantiate an allegation of abuse of a resident that warrants notification of the police, we will notify the police and shall inform the resident/resident's family of the incident.
- b) If circumstances warrant, discipline, re-assignment, suspension or termination of the implicated employee may result. Any decision shall be made subject to the collective bargaining agreement procedures and the governing college, if applicable.
- c) If an allegation is substantiated, the allegation is to be recorded in the employee's personnel file, along with any recommendations for counselling, training or other corrective recommendations.
- d) Disciplinary action resulting in dismissal of the employee will be reported to the employee's college, association or union as applicable.
- e) If disciplinary action is required in the case of persons with nursing home privileges, contractors or agents of the organization, we will report the conduct to the college, association, or outside agency as applicable.
- f) Inappropriate or false allegations by employees shall be subject to disciplinary action.
- g) Internal investigation does not prevent the informant from contacting the police to press criminal charges or from contacting the regulatory body of professional as per the Regulated Health Professions Act or other professional regulatory body as appropriate.

Whistle-Blowing Protection

United Mennonite Home will make every effort to deal with allegations of abuse in an expeditious manner and conduct a full investigation. Should the persons associated with the allegation not agree with conclusions arrived after a full investigation, United Mennonite Home and its staff will not retaliate against that person whether by action or omission, or threaten to do so because anything has been disclosed to an inspector or to the Director (Ministry of Long-Term Care). This includes, but is not limited to,

disclosure of: (i) improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident; (ii) abuse of a resident by anyone or neglect of a resident by the Home or its staff that resulted in harm or a risk of harm to the resident; (iii) unlawful conduct that resulted in harm or a risk of harm to a resident; (iv) misuse or misappropriation of a resident's money; (v) misuse or misappropriation of government funding provided to the Home; (vi) a breach of a requirement under the Fixing Long-Term Care Home Act (2021); or (vii) any other matter concerning the care of a resident or the operation of the Home that the person advising believes ought to be reported to the Director.

In addition, no person will encounter retaliation because evidence has been or may be given in a proceeding, including a proceeding in respect of the Fixing Long-Term Care Home Act (2021) or its regulations, or in an inquest under the *Coroners Act*.

United Mennonite Home or its staff will not do anything that discourages, is aimed at discouraging or that has the effect of discouraging a person from doing anything mentioned above. Nor will the Home (or Licensee) or its staff do anything to encourage a person to fail to do anything mentioned above.

INTERNAL COMPLAINTS PROCEDURE

Residents, family members, and/or their representatives are encouraged to convey their concerns or complaint to the Charge Nurse on duty who will document your concern/complaint and will take the necessary steps to address it. It is our policy to document each complaint or concern, which is then reviewed by the Department Head.

If your concern/complaint is not dealt with in a satisfactory way, please contact the Executive Director, who will deal with your issues immediately.

United Mennonite Home will ensure that every written and verbal complaint concerning the care of a resident or the operation of the Home will be dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 (below) provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.
2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 (below) shall be provided as soon as possible in the circumstances.
3. A response shall be made to the person, who made the complaint, indicating,
 - i. what the licensee has done to resolve the complaint, or

- ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.
4. We shall ensure that a documented record is kept in the home that includes,
- (a) the nature of each verbal or written complaint;
 - (b) the date the complaint was received;
 - (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
 - (d) the final resolution, if any;
 - (e) every date on which any response was provided to the complainant and a description of the response; and
 - (f) any response made in turn by the complainant.
5. United Mennonite Home shall ensure that,
- (a) the documented record is reviewed and analyzed for trends at least quarterly;
 - (b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and
 - (c) a written record is kept of each review and of the improvements made in response.

OTHER METHODS FOR COMPLAINTS:

As per article 26 – 27 of the Fixing Long-Term Care Act (2021); a person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. 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.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.
5. Misuse or misappropriation of funding provided to a licensee under the Act 2007.

For complainants may not wish to submit their complaints through the Home, there are three other ways to do so.

Call the Ministry:

Call the Long-Term Care Family Support and Action Line toll free at 1-866-434-014. Hours are open from 8:30 a.m. – 7:00 p.m., seven days a week.

Complainant

The person who answers the call will:

- Take down the complainant information
- Ask some questions
- Give the information to an inspector for follow-up

The complainant will hear back within two business days.

Write to the Ministry:

Complainants can send a written letter, by mail to:

Director
Long-Term Care Inspections Branch
Long-Term Care Operations Division
119 King St. W, 11th Floor
Hamilton, Ontario, L9P-4Y7

The complainant will receive a reply letting them know that the ministry has received the complaint and that it will be forwarded to an inspector for follow-up.

Contact the Patient Ombudsman:

If the complainant has already contacted the Home directly and the Long-term Care Family Support and Action Line and was not able to reach a satisfactory resolution, they can contact the Patient Ombudsman:

- On line
- By calling 1-888-321-0339

Any reporting of any such matters is protected and no legal or other action will be taken for reporting incidents, and further there will be no acts of retaliation of any kind for any such reporting

RESIDENTS' RESPONSIBILITIES

As in all human societies, individuals not only have rights, but also obligations and a responsibility to one's fellow Residents and to the Management and Staff of the Home in which one is receiving care and shelter. In this regard we require that you and/or your representative actively participate in assisting the Home to meet your day-to-day needs. You and/or your representative have a responsibility to:

1. Ensure that your personal belongings are in good working order and in safe condition, and, when this is not the case, to take personal responsibility for having the item fixed.
2. Observe the rules and regulations of the Home as in effect at the time of admission and as altered from time to time.

3. Treat fellow residents and staff with courtesy and consideration, and to bear in mind their rights at all times.
4. Observe at all times the NO smoking regulations for your own protection and that of other residents and staff.
5. Co-operatively participate, always and with promptness, in fire and disaster drills.
6. Use, with care, all of the Home's supplies, linens and furnishings as if they were your own.
7. Provide truthful information to the appropriate staff concerning all aspects of your mental, physical, and financial status, and to keep them informed of any change in these areas.
8. Consider that other residents may require more assistance, and more urgently, than oneself. You cannot always be served first.
9. Report promptly anything you feel needs attention, i.e. safety hazards, security, or anything you feel is not right.
10. Give the floor RN/RPN, Director of Care, Medical Director or any of the staff an opportunity to correct a complaint by speaking to them directly. If you do not obtain satisfaction within a reasonable time, contact the Executive Director. (Please see section entitled Internal Complaints Procedure)
11. Be fair and loyal to your fellow residents and the staff of United Mennonite Home.
12. Participate in as many of the Home's activities as you desire. They are planned for the benefit and entertainment of all.
13. Sign out, in accordance with Home policy, when you go out and upon returning. This is for your own benefit and safety.
14. Associate and communicate privately with a person of your choice and send and receive your personal mail unopened, unless medically contraindicated as documented by your physician on the medical record. You may refuse to see a visitor. A visitor may be restricted by Administration for unreasonable disruptive behavior as documented on the chart.
15. Retain and use your personal clothing and retain and maintain your possessions as space permits.
16. Co-operatively participate in maintaining your room in a neat and tidy manner, free from clutter. Ensuring that staff is able to maneuver with or without equipment required to meet your care needs.

17. If applicable, ensure that food items kept in a refrigerator in your area are stored appropriately in sealed containers and are named and dated. Nursing must approve food brought into facility.
18. Removal of personal belongings after discharge/death, is to be completed within 48 hours. If unable to meet the 48 hours, staff will be available to collect and store your family/friends belongings until you are able to pick them up. Personal belongings include but are not limited to clothing, personal hygiene items, mobile devices such as wheelchairs, furnishings, etc.

DONATIONS

Many of the Home's added services, equipment, furniture, or donor and volunteer recognition could not exist if it were not for donations of time or money from groups, churches and individuals.

Financial gifts in memory of a loved one are greatly appreciated. Not all programs and/or equipment are funded by the Ministry of Health and Long-Term Care. (Such as pastoral care, electric beds, walkers, etc.)

A contribution assists us to raise capital for building projects and the ongoing care of the Residents at the Home to make this a better place to live.

UPON ADMISSION

ROOM ASSIGNMENT

The Home offers basic and private accommodations. On admission you are assigned to a floor and room according to availability, your care requirements, and your ability to pay.

Nursing call bells are located in all resident rooms and washrooms. By pulling the string nursing staff will respond to your needs.

CLOTHING

Clothing should be of wash and wear material, suitable for laundering by commercial machinery. All clothing will be properly labeled or marked with your full name. (Remember, belts, socks, panty hose, doilies, hankies-anything that is washable - must be labeled.) Nursing staff will bag all the items and leave them in the appropriate linen basket for laundry staff to pick up. We encourage you to arrange with family members the laundering at their home of any special clothing, in order to avoid possible damage in a commercial laundry. The Home does not assume responsibility for the purchase and condition of resident clothing, or for lost clothing.

Several times per year the mobile clothing stores comes into the Home. You and/ or your family members are encouraged to do your shopping at that time. See monthly calendars for date, time and location.

STORAGE OF CLOTHING

As space available for storage of out of season clothing is limited, we encourage you or your representative to store all unused clothing off the premises.

GLASSES, HEARING AIDS & DENTURES

Please have glasses, hearing aids and dentures clearly and permanently marked with your personal identification.

The Home **cannot** assume responsibility for either repair or replacement of lost or damaged items, although we will assist you in maintaining or securing regular maintenance servicing.

MOBILITY AIDS - WALKERS, CANES, WHEELCHAIRS

Mobility aids such as walkers, canes and wheelchairs should be clearly labeled with your name. Should you require the use of any of the above-named aids (and do not have your own) you will be assessed for your needs following admission. The cost for the acquisition, repair, or replacement of these aids is your responsibility.

If you wish to purchase mobility aids, you may qualify for financial assistance from the Ministry of Health's Assistive Devices Program. This can be arranged through our staff members.

VALUABLES-MEMORY BOXES

It is not advisable to carry or keep in your room large sums of money (no more than \$5.00 or \$10.00). We encourage you to set up a Trust account in your name in the Business Office of the Home. (Please refer to Trust accounts).

Each resident will have a memory box, which will display his or her name beside it. This locked box will be large enough to display pictures and other personal treasures the resident would like to share with others. Upon request, keys are available through the charge nurse on that unit.

United Mennonite Home will not accept responsibility for any loss of personal articles. If you wish insurance coverage on the above items you should do so through your own insurance agent.

FURNISHINGS

Room furnishings include a bed, dresser, bedside table, lamp, lounge chair and all linens.

You are encouraged to make your room as comfortable as possible by bringing into the Home your personal effects. Items can include pictures and memorabilia, afghans, etc. Please label these as well.

Please keep in mind that adequate space must be left for walking about the room. **The bed should not be moved.** Too much furniture causes unsafe situations especially for those requiring walkers or wheelchairs.

If you are in doubt as to what will fit comfortably in your room, please contact the Director of Facilities. The Home assumes no responsibility for your personal items, where excessive amount will be the responsibility of family and or friends.

ELECTRICAL EQUIPMENT

Personal electrical equipment must be first checked by the Maintenance Department upon admission or when initially brought into the Home. Always inform the maintenance department when bringing any new electrical equipment into the Home. Also making sure they are labeled. The following electrical equipment is permitted:

- Television set
- Lamp
- Air fan
- Clock
- Electric razors
- Electric Chairs

Electrical equipment not permitted includes:

- Space heater
- Electric blanket
- Heating pad
- Kettle or hot plate
- Toaster
- Humidifier
- Iron
- Air conditioners
- Any appliances (for example small refrigerators)

United Mennonite Home will not accept any responsibility for the acquisition, repair, or replacement of your personal appliances or equipment. The Home reserves the right to remove permissible electrical appliances from your room if they are found to be unsafe. Cable television is offered through Cogeco, you will be responsible for costs incurred should you choose to subscribe. Please contact the service provider directly.

TELEPHONES

You are welcome to have a telephone in your room. Monthly allocation charges will be billed to you by the Home & withdrawn from your Trust Account, as appropriate. Arrangements for a telephone can be made through the business office.

NEWSPAPERS

Anyone wishing to subscribe to any newspaper must contact the newspaper's office directly. Papers are delivered on the day of arrival to all rooms and to the nursing station, Monday to Saturday.

MAIL SERVICE

Incoming mail, including parcels, is sorted at the main office. Mail is delivered to all residents. Stamps can be purchased in the Tuck Shop in Orchard View Apartments. If

you do not want your family member to receive mail, please have it redirected to your address. All incoming mail will be delivered to the resident.

WI-FI SERVICE

Wi-Fi service is available to new residents for the first week or so, until arrangements have been made with the local cable provider for network and phone service. Family members and guests can access Wi-Fi service for up to 4-hour time periods. Requests should be made at the nurse's station or the Administration Office.

ACTIVITY CALENDAR

The one-page calendar shows special events, the Sunday services, as well as special Communion, and religious services throughout the week.

A monthly calendar is posted on Bulletin Boards throughout the Home and lists the entire regular programming as well as all trips and events. Please submit your email address to the Recreation Department, if you would like to have it sent electronically.

LIBRARY

The residents' library is located in the lounge of each unit. It is stocked with a variety of books, journals and magazines. You may borrow books and enjoy reading them in the library or take them to your room. Many large print books are available.

“AT YOUR SERVICE”

RECREATION DEPARTMENT

The Recreation Department provides a variety of activity programming and services. These programs include events that relate to the social, intellectual, physical and spiritual needs of seniors. A monthly calendar is posted on Bulletin Boards throughout the Home listing all the activities for the entire month. The Recreation Manager can generally be contacted between the hours of 8:00 a.m. and 4:00 p.m. Monday to Friday.

TRANSPORTATION SERVICE

Our bus is provided for regularly scheduled sightseeing trips to areas of interest, summertime picnics to local parks. Please refer to the activity calendar with respect to bus schedules, regarding the above stated activities.

The Home's bus is not intended to be used for your personal appointments. In this regard, if you make a personal appointment outside of the Home and your family members are unable to provide the necessary transportation, you may wish to request the services of Ontario Patient Transfer the cost of this service is your responsibility.

Notice from West Lincoln Memorial Hospital:

Patients discharged from West Lincoln Memorial Hospital will be financially responsible for the cost of transportation back to their place of residence.

It is the responsibility of all individuals to arrange for transportation to their place of residence upon discharge from a hospital. If a resident of UMH cannot arrange for transportation back to UMH, WLMH will arrange transportation on their behalf, to be paid for by the individual. WLMH has obtained preferential pricing from Niagara Patient Transfer to transport discharged patients locally. Niagara Patient Transfer will make arrangements to bill the discharged patient or POA for the discharge directly.

CRAFT/ACTIVATION SERVICE

Crafts are done in the activity area on the days scheduled by the Recreation Department. You are encouraged to participate in this area by sharing craft ideas, working on something special or even just dropping in to socialize.

VOLUNTEER SERVICE

Many volunteers from the community are assisting in various activities. They supplement and extend the work of the staff with their valued contributions of time and skills. For more information or your participation, please contact the Volunteer Coordinator.

THE TUCK SHOP

The Mennonite Home Volunteers organizes stocks and operates the Tuck Shop through the week. It is open to you, staff and public. The hours are posted on the door.

The Tuck Shop is located on the main floor of Orchard View Apartments.

If you have any special shopping needs, which are not found in the Tuck shop, you may leave your request with the Volunteer member working in the shop that day. Usually the Volunteer brings in items the following day.

If you or a member of your family would like to join the Volunteers, please inform the Volunteer Coordinator who will make arrangements for you.

THE VILLAGE CAFÉ

The Village Café is located on the main floor of the Home next to the elevators.

Coffee and Tea will be offered in this self-serve Café. It will be funded strictly by the honor system. Prices will be posted.

BUSINESS OFFICE INFORMATION

OFFICE HOURS

Monday to Friday, 8:00 a.m. to 4:00 p.m. except for statutory holidays.

The Business Office staff will assist you with all aspects of monthly billing and Trust accounts.

RESIDENT BASIC PAYMENTS

You are responsible for the basic accommodation costs if your income permits (see Schedule "A"). A rate reduction will be considered if the Resident's taxable income is below the allowable limits. Application for a reduction from the maximum fee is made through the Executive Director, and office staff will be available to assist in making the application during regular business hours. Upon presentation of appropriate documentation of income (e.g. Notice of Assessment, information slips, other sources of income, etc.) an application for a rate reduction will be made.

The Province of Ontario pays for the nursing and personal care as well as the program and support services component. An Accommodation Agreement will be available for signing by the Home and the resident.

PREFERRED ACCOMMODATION

In addition to the maximum basic accommodation fee, Long Term Care Homes in Ontario are allowed to charge for preferred accommodation for private rooms, as established by the Ministry.

There is no rate reduction for preferred accommodation.

RESIDENT TRUST ACCOUNT

A resident Trust account may be set up with the Business Office upon admission. This account is implemented in conjunction with a local bank. Appropriate records and statements are kept. A Trust account authorization will be signed as part of the Purchase of Services Agreement.

Deposits and withdrawals may be made during office hours.

Charges for barber, hairdressing, telephone, tuck shop, activity trips, transportation services, etc., may be paid from your account.

You and/or your representative will be sent out a ledger sheet when the Trust account is low.

CHANGE OF ADDRESS, PHONE NUMBER

Should the person listed as your next of kin or contact person change a telephone number or address, it is imperative that you report the change to the Business Office and the Registered Nurse. In order to contact the next of kin in emergency situations, staff must have accurate information in your record.

RESIDENT BED HOLDING

Residents may hold a bed for a maximum of 30 days following leave of absence in addition to the medical, psychiatric, or vacation leave days available.

To hold a bed you or your representative shall agree in writing to be responsible for all charges incurred during the bed-holding period. All charges include the basic accommodation fee plus the nursing and personal care as well as the program and support services cost, and the preferred accommodation costs if applicable.

RESIDENT LEAVES OF ABSENCE AND RELATED COSTS

When you are on an approved medical, psychiatric, or vacation leave of absence, you will continue to be responsible for your basic accommodation costs. The government will continue to fund the nursing and personal care and program and support services cost.

CASUAL LEAVE: Casual leave of absence of up to 48 hours per week is available and is permitted throughout the year in addition to vacation or medical/psychiatric leaves taken. For calculation of the period of the period for casual leaves the first day of the week is considered to be Sunday.

VACATION: Vacation leave of absence, of up to 21 days per year, is available. For those residents who enter United Mennonite Home during the calendar year, the eligible vacation period is based upon government regulations. Please see the Executive Director in this regard. Vacation leave is not cumulative from year to year. Casual leave days may be combined with vacation leave to extend the period of time available. Bed holding is not permitted to extend a casual or vacation leave of absence.

MEDICAL: Medical leave in a hospital for up to 30 days at a time is available. This type of leave does not reduce your available vacation or casual leave days. The authorization of an attending physician is required for a medical leave.

PSYCHIATRIC: Psychiatric leave for up to 45 days at a time is available. This type of leave does not reduce your available vacation or casual leave days. The authorization of an attending physician is required for a psychiatric leave.

If your leave of absence is longer than any one of the periods of time specified above, you will become responsible to pay the full per diem if you wish to have your bed held for you. The full per diem includes the amount the government is paying on your behalf including the nursing and personal care and program and support services cost: In this regard a bed can be held for you for an additional 30 days beyond your approved leave of absence. (See bed-holding charges above)

RESPONSIBILITY FOR CARE WHILE ON VACATION OR CASUAL LEAVE:

Prior to leaving on vacation or casual leave you or your representative are required by the government to sign a statement acknowledging understanding of your care requirements, and accepting responsibility to provide appropriate care, etc.

Where it is not possible for you to sign, then your representative, who is 19 years of age or older, will acknowledge and accept responsibility to:

- Provide appropriate care for the resident as instructed by the facility and

- Notify the Executive Director if you are admitted to a hospital by signing the statement and submitting the same to the Director of Care.

LEAVING THE PREMISES - SHORT TERM

If you leave the building, you must sign out in a book kept at the Nursing Station. The staff in the Home must be aware, for emergency purposes, of all residents who are out of the building, as well if the resident needs medications during their absence.

We need to know:

1. Where you are going and who is taking you.
2. Approximately when you will return.

For absences, which include one overnight or more, please refer to the section entitled “Resident Leave of Absence and Potential Costs” for further information.

GOODS AND SERVICES INCLUDED WITH ACCOMMODATION

The following list provides information about the goods and services included in basic or preferred accommodation:

1. Nursing and personal care on a 24-hour basis, the administration of medications, and assistance with activities of daily living
2. Medical care and restorative care as available in the home
3. Certain medical supplies and nursing equipment that are necessary for the care of the resident
4. Supplies and equipment for personal hygiene and grooming
5. Certain equipment for the short-term use of the resident
6. Meal service, hydration and meals (three meals daily, snacks between meals and at bedtime), special and therapeutic diets, dietary supplements and devices enabling residents to eat with minimum assistance
7. Social, recreational, spiritual and physical activities and programs
8. Laundry, including labelling
9. Bedroom furnishings, bedding and linen
10. Cleaning and upkeep of accommodations
11. Maintenance of a trust account on the resident’s behalf
12. Information package for residents

13. Prescription pharmaceutical preparations listed in the Ontario Drug Benefit Formulary (the government requires residents to pay a small co-payment)
14. Special preparations or medical devices that may be obtained from the Ontario Drug Benefit Program as interim non-formulary benefits
15. Insured devices, equipment, supplies and services that are available to the resident through certain programs, such as the Ontario Assistive Devices Program (the government covers part of this cost and residents must pay the rest)
16. Non-prescription drugs, medication and treatment products, and supplies obtained through Ontario Government Pharmaceutical and Medical Supply Services upon request

Note: The resident (or Power of Attorney for Property/ Guardian/ Trustee on behalf of the Resident) may purchase additional goods and services from the Home under a separate agreement.

HOME POLICIES

VISITING

In keeping with the Residents Bill of Rights, #6, this policy is provided to safely receive visitors while protecting residents, staff, and visitors. The home is open to residents, their family members, and significant others seven days a week

This visiting policy is guided by the following principles:

- Safety – Any approach to visiting must balance the health and safety needs of residents, staff, and visitors, and ensure risks are mitigated
- Emotional Well-Being – Allowing visitors is intended to support the emotional well-being of residents by reducing any potential negative impacts related to social isolation
- Equitable Access – All residents must be given equitable access to receive visitors, consistent with their preferences and within reasonable restrictions that safeguard residents
- Flexibility – The physical characteristics of the home, its staffing availability, whether the home is in an outbreak and the current status of the home with respect to personal protective equipment (PPE) are all variables that can affect visiting.
- Equality – Residents have the right to choose their visitors. In addition, residents and/or their substitute decision-makers have the right to designate caregivers
- Visitors should consider their personal health in determining whether visiting is appropriate.

Visitors provide important mental, emotional, spiritual, and physical benefits to residents. A resident's right to determine and receive visitors will only be altered in outbreak conditions or due to other risks impacting workforce availability, personal

protective equipment availability (PPE), or other events affecting the health and safety of residents, staff, and visitors.

Generally accepted visiting hours to ensure the rights of all residents will be set by the individual home.

Visiting Hours for general visitors will be from:

9:00 AM – 12:00PM
1:30 PM - 4:30 PM
6:30 PM – 8:30 PM

(these times are a general guide and can be changed according to resident need and operations of the unit/Home).

For ill or palliative/end-of-life residents, visiting by family members or significant others 24 hours per day will be supported.

Management reserves the right to alter the visiting practices of the home during an outbreak and at other times under the direction of the local Medical Officer of Health, Chief Medical Officer of Health, or other provincial directives.

SMOKING (Including Recreational Cannabis Use)

United Mennonite Home is a smoke free environment for residents, visitors, and staff alike. This includes the use of vapour products such as e-cigarettes.

Similarly, smoking of cannabis for recreational or medical use for residents is not permitted on premises.

SCENT-FREE HOME

It is United Mennonite Home's policy to minimize scents and odours from the Home. No perfumes, cologne, or air fresheners or highly odorous flowers are allowed in the Home.

GRATUITIE, TIPS AND GIFTS

The staff at United Mennonite Home is proud to provide quality care with compassion. Gratuities, tips and gifts for individuals are not allowed. Donations for staff recognition can be made to the Home to be used in staff appreciation initiatives.

SOLICITING

Solicitation or canvassing for funds is not permitted at United Mennonite Home without the written permission of the Executive Director.

SECURITY

On admission each resident will have their picture taken for our files.

The entrance door is locked at 9:00 p.m. nightly. If you are returning to the Home after this time from outside visits you are requested to call the Charge Nurse at extension 6000.

SURVEILLANCE CAMERAS:

Signage at the entrance of the building indicates that we use surveillance cameras in various locations in the Home. United Mennonite Home utilizes surveillance cameras primarily as a deterrent for acts of abuse/neglect of residents, harassment, assault, vandalism, theft and other criminal offences. Residents and families may choose to utilize surveillance cameras in their private rooms, for personal monitoring.

United Mennonite Home supports the use of cameras to enhance the safety of residents, families, staff members and community partners without violating the recognized rights of individuals.

Video Surveillance in Resident Rooms:

United Mennonite Home will permit video surveillance of residents by next-of-kin, family members, and/or substitute decision makers under certain conditions and must complete an Acknowledgement letter to those conditions. Please review this with the Director of Care. Video equipment used without the express permission of United Mennonite Home and without a signed Acknowledgement will be removed/disabled at the person's expense.

IN CASE OF FIRE

Monthly fire drills are held to ensure that staff is well prepared for the unlikely event of a fire. Should a genuine emergency occur, you would be informed and assisted by our staff. If you are able to evacuate on your own, please follow the evacuation procedures posted at each exit and at each pull station.

Each Home Area is a separate zone on the fire alarm system. When the fire alarm is activated, the zone where the fire is located must be evacuated. Residents in the fire zone will be evacuated to one of the areas away from the fire and will be ready to evacuate. Staff will assist in the evacuation.

If you are on the elevator when the alarm is activated, the elevator will automatically go to the bottom floor and open up allowing you to get off.

Fire doors separating the fire zones are located throughout the building. They close automatically when the horns sound. Electric magnets control them. They will be re-opened as soon as the alarm system has been reset.

Locations of Fire Exits are visible throughout the Home.

INFECTION CONTROL

United Mennonite Home takes the prevention of Infection and the spread of disease seriously. But that can be a challenge in an environment with many individuals living in close quarters and with visitors coming and going. The staffs of the Home are educated regularly to ensure that they are up to date regarding the prevention of infection and

how to prevent its spread. We encourage you and your family, friends, and visitor to adhere to the following guidelines to ensure everyone's safety while in the facility:

Residents:

- Ensure that you keep your hands clean by washing them with soap and water or by using Alcohol Based Hand Rub after personal care activities (eating, coughing/sneezing, or using the washroom) and when entering and exiting your room.
- Avoid moving about the facility if you have an infectious illness. Ask Nursing staff if you are unsure.

Visitors:

- Visit only when you are well. If you appear to be ill or have an infectious illness, you may be asked to postpone your visit until you are well. (Ask Nursing staff if you are unsure). Unfortunately, this is how many of our outbreaks start – see Outbreaks section for more details.
- Please use the Alcohol Based Hand Rub when you enter and exit the Home as well as when you enter and exit a Residents room.

OUTBREAKS

The staff of the United Mennonite Home work diligently to prevent the spread of infection. However, there are times of the year when infectious illness spreads faster than we would like. In those instances, where there are several residents that are ill on the same unit with the same illness, we need to declare an outbreak. We do try to keep activities going as is safe, as well as allow visiting to continue, but we do try to keep it to a minimum in order to contain the illness and prevent further spread. You will be made aware of areas that are limited via signs at the entrance of the facility and/or the unit, and resident's rooms that are affected by the Outbreak. These signs will indicate the symptoms to be aware of and any suggestions or guidelines you will need to follow during that time. During outbreaks, we ask family and friends, that if it is possible to postpone your visit, which you do so to prevent potential spread of that illness. Please be sure to adhere to the infection control guidelines as stated previously.

Public Health advises that you only visit your own friend / relative in their own room and wash hands before and after the visits.

It is also recommended that during an outbreak that no outside food is brought in from friends / relatives. Also, if there is an outbreak on the unit where your friend / family live, it is advised that you may take them out for doctor's appointments only. Personal outings are not recommended.

PERSONAL SERVICES

NUTRITION AND MEAL SERVICE

United Mennonite Home provides a Dietitian's services to ensure that nutritional requirements are met. The Dietitian is available to meet with you to discuss your particular dietary likes and dislikes.

Please arrange to consult with the Dietitian through the Nutrition Manager. Diets can be reviewed as your needs change, for medical, religious, pharmacological or physical reasons.

The Nutrition Manager is available Monday to Friday, 8:00 a.m. - 4:00 p.m. The office is located in the basement.

RESIDENT MEALS

Approximate meal times in all dining rooms are as follows:

Breakfast	8:15 a.m.
Lunch	12:15 p.m.
Dinner	5:00 p.m.

Snacks and drinks/juice are available to you the resident.

Families and friends are welcome to enjoy a supper meal during in the evening with residents at a reasonable charge. Please call the Dietary Department the day before, to ensure that space is available. A guest table will be set up for you and your family/friends in the Community Room.

Special occasion meals (i.e. Christmas) are also open to families or friends at a reasonable charge but seating is limited, so it is best to book early by contacting the Dietary Department.

BATHING

Nursing staff monitors residents' personal hygiene and assistance is given whenever needed. For those who are totally dependent upon staff care, bathing in the form of showers or tub baths is regularly scheduled. (At least two times per week)

HAIRDRESSER

United Mennonite Home contracts out its salon services. The Beauty Salon is located on the 1st floor. The hairdresser will make arrangements to have you escorted to the Salon and returned to your room, if required. The salon is open Wednesday to Friday 8:30 – 1200 p.m. for your convenience, except for statutory holidays. Entire ranges of services are available to you at reasonable prices. The prices are posted on the Salon Door. Please contact **Marion** at 905 562-7385, ext. 5011, or at her home number 905 938-0461 to make appointments.

BARBER

Barber services are also available at reasonable prices. Please check your activity calendar to see when he/she is in next. To make arrangements for haircuts please contact the activity department.

CHAPEL AND RELIGIOUS SERVICES

Church services are held in the building at various times each week. For your convenience the times of these services are printed in the monthly activity calendar. Services are offered in both English and German. Communions are held at various times throughout the year.

HOUSEKEEPING AND LAUNDRY

The Housekeeping, Laundry and Maintenance services are provided on sight. The Director of Facilities or Nutrition Manager can be contacted between 8:00 am and 4:00 PM, Monday to Friday.

The Housekeeping Department has the responsibility of maintaining a clean, safe, and pleasant environment in the Home for residents, staff and visitors. Resident areas are cleaned on a regular basis.

You and/or your family can assist the Housekeeping Department by:

1. Not over-crowding rooms with personal furniture and knick-knacks.
2. Not storing open packages of food in rooms (air-tight containers should be used for storage of cookies and snacks)

LOST AND FOUND - CLOTHING

Occasionally, articles of clothing may be lost in the system. Please notify the Laundry Department immediately. As well, there is a "no name" rack located in the laundry where articles not labeled are kept, for up to six months as per policies and procedures. You are welcome to go through the no-name rack during laundry hours to determine if items are yours. All lost and found articles, except clothing, should be reported to the Nutritional Manager. Although we try our best to ensure that clothing is not misplaced, we cannot assume responsibility for lost or missing personal items.

DRY CLEANING

Dry cleaning service is not available. We encourage you or your representative to look after your own dry-cleaning needs.

CLOTHING REPAIRS

Major clothing repairs, zippers, etc. are not done by the Home. Families are responsible for their own repairs.

RESPONSIBILITIES OF THE NURSING DEPARTMENT

DEPARTMENT OF NURSING

The primary aim of the Nursing Department of United Mennonite Home is to maximize the independence of each resident and to provide as much support and comfort as possible.

The Department consists of the following levels of staff:

- The Medical Director who is responsible for overall medical care of the Home.
- The Director of Care who is responsible for the overall operation of the Nursing Department.
- The Director of Care holds the responsibility of the floor's overall operation. Residents and family members are requested to direct their questions and concerns regarding resident care to the Director of Care.
- Two Associate Director of Care staff are responsible for surveillance and infection precaution and continuous quality improvement. In addition, they are responsible for MDS-RAI, which is ensuring residents plan of care and assessments are up to date and reviewed routinely. They are also designates of the Director of Care.
- The Pain and Palliative Care Lead is responsible for coordinating residents change of health condition, as it pertains to end of life. Assessments are completed, and close communication with the resident and their POA during this time is essential.
- The Social Service Worker is an integral part of your care. She is available at the time of admission, and will assist with the transition to your new home. The Social Service Worker is available any time for counselling or emotional support.
- Registered Nurse is responsible for the overall care of the Resident Home Areas and develops your individual plan of care.
- Registered Practical Nurses also oversee the care in Resident Home Areas and ensure that you receive your medications as per doctor's orders.
- Personal Support Workers assigned to each area.

RESIDENT CARE CONFERENCES

The purpose of the resident care conference is to provide continuity of care and enhance communications between family, residents and departments of the Home.

You and/or your representative may request to meet with appropriate departments of the Home to develop a plan of care and discuss any problems that may have arisen. Six-week conferences are scheduled after your admission.

Care conferences are held annually (or as required thereafter to review and update your plan of care). Your participation and involvement is encouraged and requested.

You and/or your representative have access to your plan of care. You and/or your representative shall receive assistance, where necessary, to read and understand the record.

RESIDENT INTERNAL TRANSFERS

It is necessary, at times, to transfer residents from one area of the Home to another. If, for example to a nursing area that provides a lighter level of care; whereas if your health deteriorates, you may require more care and/or supervision, thus necessitating a move to a nursing area that has a higher staffing ratio.

You and/or your designated representative will be contacted prior to a move to explain the reasons necessary for the transfer and to receive your additional input.

MEDICAL AND THERAPEUTIC SERVICES

MEDICAL DIRECTOR

United Mennonite Home employs a Medical director to:

1. Be responsible for the development, implementation, and evaluation of medical services
2. To provide advice to the Board on matters pertaining to medical care and services
3. To provide advice to the Executive Director in the areas of developing, implementing and evaluating services and policies
4. To monitor and evaluate the medical care and services provided by the physicians and to take action when standards are not met

Family members are requested to accompany you to specialist appointments arranged outside of the Home, such as x-rays, clinical appointments, etc. as required. Please see the section entitled "transportation service" for more information.

ATTENDING PHYSICIANS AND REGISTERED NURSES (EXTENDED CLASS):

A resident or the resident's substitute decision-maker may retain a physician or registered nurse in the extended class to perform the following services:

- (a) a physical examination of the resident upon admission and an annual physical examination thereafter, and to produce a written report of the findings of the examination;
- (b) attend regularly at the Home to provide services, including assessments; and
- (c) participate in the provision of after-hours coverage and on-call coverage.

OPTOMETRIC CLINIC

An optometrist visits the Home on a regular basis. Anyone requiring this service is requested to contact the Director of Care who will make the arrangements.

If you are able to and wish to continue visiting your own eye doctor or optometrist in the community you are encouraged to do so. Any expenses associated with this service, including travel arrangements, are your responsibility.

DENTAL CLINIC

The Home has made arrangements with a qualified dentist who will make visits to the Home and complete simple dental procedures such as extractions. Any work that cannot be done in the Home or his/her office will be done at local hospitals.

Dentures may be repaired or altered by a denturist who visits the Home on request. Appointments for this service must be made through the Recreation Department Office.

You are welcome to continue with the services of your own dentist or denturist. In this regard, travel arrangements, if necessary, as well as any associated costs, are the responsibility of yourself and/or a family member.

HEARING AID SERVICE

A local hearing aid specialist visits the Home regularly to inspect/repair or assess for hearing aids. (Appointments must be made through the Recreation Department) You are welcome to continue with the services of your own hearing aid specialist, by making your own arrangements.

RESPIRATORY SERVICES

Specialized respiratory devices such as oxygen concentrators are available from a local company. Your physician will have you assessed and order whatever is required for you. The Nursing Department will make the necessary arrangements.

GERIATRIC PSYCHIATRY SERVICES

Psychiatry Services for the elderly are available in our community. Arrangements to provide the service will be made by your physician and the Director of Care should a need arise. Any costs in this regard, including transportation, would be your responsibility.

PHYSIOTHERAPY

Your physician orders physiotherapy routinely. A physiotherapist is contracted to provide this therapy Rehab, which includes assessment and follow-up by a Registered Physiotherapist and services of a Physiotherapy Assistant (PTA). The PTA has been specially trained to assist you in maintaining your optimum level of care.

Physiotherapists and PTA's have specific areas of responsibilities. Your needs will be met by the appropriate person. Your therapist can also help you access appropriate funding for equipment i.e.; walkers, and can as well provide in-home treatment modalities such as laser and ultrasound. You are also free to make your own arrangements in this regard.

LABORATORY SERVICES

A visiting laboratory provides service to the Home for many routine and emergency tests. Arrangements will be made through the Physician when a need arises.

CHIROPODY CLINIC (FOOT CARE)

UMH will make arrangements to provide this service for a fee. You may request this service if you so desire. You are welcome to continue the services of your own chiropodist by making your own arrangements. Contact **Kenidi** at ext. 5009.

DRUG THERAPY (MEDICATIONS)

The Ontario Drug Plan pays for most medications. On occasion, a physician may order a drug or treatment that is not covered by this plan. You would incur the cost of these medications.

United Mennonite Home does not charge for the following items as the Government of Ontario or other insuring agents pay them for:

- Prescription pharmaceutical preparations listed in the Ontario Drug Benefit Formulary.
- Special preparations or medical devices, which may be obtained from the Ontario Drug Benefit Program as interim non-formulary benefits.
- Insured devices, equipment, supplies and services available to residents through other programs such as Home Care Program and Assistive Devices Program.
- Medical devices, such as catheters and colostomy and ileostomy devices. Continence care products that meet residents' needs for comfort and dignity shall be available at no charge to the resident requiring them.

Prescriptions are in a pre-packaged dispenser. They are delivered routinely to the Home. Should medication be required in an emergency, a special delivery will be made. A medication profile is kept and is reviewed every three months by the Physician.

Note – If you should obtain a prescription from a Specialist/other Physician outside the facility, do not fill that prescription outside the facility. The Nursing dept. will look after filling the prescription.

Any questions you or your family may have regarding your medications should be directed to the Director of Care or the Physician. If you are leaving on vacation for more than one day, please notify the RN/RPN at least one week in advance so that your medications can be prepared for your time away.

FLU VACCINE:

The flu vaccine is offered to residents, presently in the fall of each year, courtesy of the Government of Ontario. Your physician will order the vaccine for you if he feels it is appropriate for you to have the injection. Despite the staff's best efforts to prevent the spread of infection and due to the close contact with so many individuals, it is highly recommended that you/your family member receive the flu vaccine for your protection

from Influenza. You will be asked to sign a consent form agreeing to have the vaccine administered upon admission. You may refuse the injection if you do not wish to receive it.

RESTRAINTS

Chemical restraints (medications) and/or mechanical restraints (physical devices used to prevent residents from hurting or injuring themselves or others) are used with extreme caution in the Home, and only upon instruction from a physician and written approval from next of kin. All possible alternatives will be investigated prior to using restraints.

Although the Home's policy is to **minimize** the use of restraints, it is necessary at times, to use them to provide for the well-being and safety of our residents. The Home has a policy on minimizing the restraining of residents in accordance with the Fixing Long-Term Care Act (2021) .

COST OF SERVICES

The Government of Ontario through the provincial health plan or other programs pays many of the services outlined under the section entitled Therapeutic Services for. In the event that the Government of Ontario ceases to provide these benefits, it is understood that barring any legislative requirements, the costs of these services would become your responsibility or the responsibility of your personal representative.

Transportation arrangements and costs related to the above services are your responsibility. Please see the section entitled "Transportation Services" for more information.

SCHEDULE "A"
RESIDENT ACCOMMODATION AGREEMENT
RESIDENT PAYMENT RATES

Residents in basic accommodation are charged a sliding scale based on income. There is no rent reduction for Semi - Private or Private accommodation.

The Ministry sets accommodation ceilings from time to time.

Please refer to Ministry Rate Sheet.

SCHEDULE "B"
OPTIONAL SERVICES PROVIDED ON A FEE FOR SERVICES BASIS

UNINSURED SERVICES	COST	FREQUENCY	PAYABLE
Guest/family meals in dining room with resident -- supper	\$ 5.50	Per request	At times of consumption

Private/Semi-Private Accommodations See attached Schedule "A"

Private Telephone: Trust accounts will be billed \$ 28.00 monthly for basic service excluding long distance. If you wish a telephone please contact the office of the Home for arrangements.

Cable, if desired, must be ordered and paid for by the resident/family.

Hairdressing/Barber Services See fee schedule posted at the salon

FOR YOUR INFORMATION:

Newspaper subscriptions, if desired, must be ordered and paid for by the family.

Medications which are not covered by the Ontario Drug Benefit and which are ordered by the Physician will be charged at drug store prices directly to the Responsible party.

There is a prescription dispensing fee, per prescription which is charged directly to Responsible Party by the Pharmacy. This does not include Government Pharmacy stock.

Foot Care - \$35.00/per visit for outside provider - verified by POA



RESIDENT HANDBOOK SIGNATURES:

The Resident or designate signature shows that he or she has received the Resident Handbook and undertakes the responsibility to read and understand its contents.

Resident

Signature of Resident or Power of Attorney for Property/Guardian/Trustee:

Print name if Power of Attorney for Property/Guardian/Trustee:

Witness

Witness signature:

Print name:

United Mennonite Home;
4024 Twenty Third St., Vineland LOR 2C0; 905-562-7385

Care with Compassion

4024 Twenty-Third Street
Vineland, On LOR 2C0
(905) 562-7385 fax (905) 562-3711