

# Resident & Family Handbook

**WELCOME**

**TO THE**

**F.J. DAVEY HOME**



**F.J. Davey Home**  
long term care, long term comfort



Dear Residents and Family Members:

## *Welcome to the F.J. Davey Home*

The F.J. Davey Home is committed to providing excellent care and service to our clientele. Our goal is to provide high quality care, recognizing that each resident is a unique individual with his or her own wants and needs.

This booklet has been prepared to help you become acquainted with the services provided for your well-being. Please familiarize yourself with the procedures that have been established for your care, safety and comfort. We would like your stay to be as enriching and comfortable as possible.

Our management philosophy is one of open communication. Should you have any questions or concerns, please feel free to contact us at any time.

We encourage your participation and input in matters of your health and welfare, and in the operation of our home. With your feedback we can make continuous quality improvements in the care and services we provide.

Yours sincerely,

*The F. J. Davey Home Team*

A licence to operate the Home has been issued pursuant to the *Long-Term Care Homes Act, 2007*  
to the following licensee:

**733 Third Line East Sault Ste. Marie, Ontario P6A 7C1  
705.942.2204**

**Updated May 2024**



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**RESIDENTS’ BILL OF RIGHTS**

The following Residents’ Bill of Rights is set out in *The Long-Term Care Homes Act*

**Residents’ Bill of Rights**

3 (1) 1Every 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.



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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.



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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. Note: On a day to be named by proclamation of the Lieutenant Governor, paragraph 24 of subsection 3 (1) of the Act is amended by striking out “restrained” and substituting “restrained or confined”. (See: 2021, c. 39, Sched. 1, s. 203 (3))
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.



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## COMMITMENT TO RESIDENTS

The F.J. Davey Home's values are based upon our *Commitment to Residents*, which has a long-standing history within our company. We believe that each resident of the F.J. Davey Home is a unique individual with unique wants and needs. The F.J. Davey Home is committed to ensuring that each resident:

1. Will be encouraged to remain as independent as possible, and will be treated with courtesy, respect and dignity, free from mental and physical abuse, in a manner that recognizes one's status as an adult;
2. Will be provided with care without discrimination;
3. Will be provided with a safe, clean and healthy environment to ensure safety and to protect property;
4. Has access to programs that meet physical, spiritual, social, emotional and intellectual needs, and that provide opportunities to develop interests, abilities and potential;
5. Will receive nutritious meals and snacks appropriate to diet needs and which meet Canada's Food Guide;
6. Can view the facility as being one's Home and is welcome to enjoy personal belongings and furnishings provided space limitations and safety requirements are recognized;
7. Has privacy when receiving counselling, treatment or personal care, or when communicating with family, friends, lawyers, clergy, government representatives or any other person;
8. Can choose a personal physician, providing the physician follows provincial legislation as well as guidelines developed by Extendicare and the facility's Professional Advisory Committee;
9. Has one's condition, care and treatment explained in easily understood terms, and will be supported in the right to have input into decisions that affect quality of life;
10. Can refuse medical treatment and medications and is informed of the medical consequences of refusing;
11. Has freedom from chemical or physical restraints, except as authorized in writing by a physician for a specified period of time, or when necessary for prevention of injury;
12. Can refuse personal care to the extent that it will not interfere with the lives and safety of other residents;



13. Will not be transferred within the facility or to another facility without prior knowledge, unless such a move takes place during a life-threatening situation;
14. Has access to and is kept informed of changes to legislation, regulations, policies and services included in the monthly fee, and services provided at an extra cost.
15. Can manage one's own financial affairs, or can authorize another person to do so. In those cases where the facility administers trust funds for a resident, detailed information regarding financial transactions will be provided.
16. Will have one's financial, medical and other personal information kept confidential and made available only to authorized persons requiring such information in the resident's best interest.
17. Can form friendships and enjoy relationships with persons of one's choosing;
18. Can establish and participate in resident organizations and can express concerns, comments and suggestions to staff members or administration without fear of reprisal;
19. Is assured that all staff have been made aware of, and will honour, the F.J Davey Home's *Commitment to Residents*

## **FAMILY POA COMMUNICATION**



Please ensure that we do have your email address so that you can receive updates from our Family POA Communication email. Due to the changes and the updates that occur so rapidly, we as a home have developed a way for families to stay up to date with the happenings in the home. This email is not resident specific and you will not be able to respond to this email address.

To be removed off the list please contact at their email [helpdesk@fjdaveyhome.org](mailto:helpdesk@fjdaveyhome.org)



## ***ABOUT THE F.J. DAVEY HOME***

The F. J. Davey Home is a not for profit organization which opened in 2004 as a 374 bed Long Term Care Center in Sault Ste. Marie, Ontario. The F. J. Davey Home and Extendicare Assist entered into an agreement providing with Extendicare Assist providing full scope of services.

The F.J. Davey Home operates a community support program; the Meals on Wheels Program which provides meals to those in the community who are unable to get out to grocery stores or have other limitations. This program receives separate funding from Ontario Health North.

## ***OUR MISSION***

To provide high quality resident centered care in a caring and responsible manner with the available resources.

## ***OUR VISION***

That each resident enjoy safe, effective and responsible care to help them achieve their desired quality of life.

## ***GOVERNANCE***

F. J. Davey Home is operated by a Volunteer Board of Directors, licensed by the Ministry of Health and Long Term Care and operates under a service agreement with the North East Local Health Integration Network.

The Board of Directors, F. J. Davey Senior Management and Extendicare Assist Senior Management oversee the clinical and administrative operation of the facility. Senior members of both organizations and the Executive Director of the Home sit on this Committee.

## OUR VALUES

### **Resident Centred Care**

We recognize and value a social model as a framework for resident-centred living. This is demonstrated by providing a safe and homelike environment that focuses on the spiritual, psychosocial, cultural and physical needs of residents while maximizing independence and choice, and fosters supports and supports the involvement of families.

### **Dignity and Respect**

We acknowledged the rights and responsibilities of all persons and we treat each individual with dignity and respect.

### **Teamwork**

We encourage the contributions of staff, residents, volunteers, families, resident representatives and community partners through collaborative processes that value honesty, openness and fairness.

### **Workplace Safety Culture**

We endeavor to provide and promote a culture of workplace safety.

### **Accountability**

We believe that we are accountable to the residents, families, staff, medical professionals and the public for the achievement of our mission. Accountability is demonstrated through the provision of the best quality.

### **F.J Davey Home**

**733 Third Line East Sault Ste. Marie, ON P6A 71**

Phone: (705) 942-2204

Business Office Fax: (705) 942-2234

Web: [www.fjdaveyhome.org](http://www.fjdaveyhome.org)





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## **VISITOR RULES**

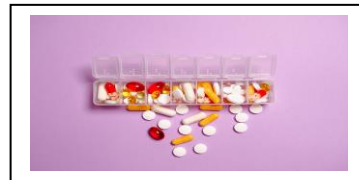
- 1) Do not visit our home when you are sick!
- 2) We are a scent free home. (Please no perfumes, cologne, flowers etc.)
- 3) Sign in and out using the guest book at the front entrance. This is used in the event of a fire and we must evacuate or infection control purposes.
- 4) Read and follow signage around the building.
- 5) Do not park in fire zones, handicap parking or Doctor's parking.
- 6) Do not share food or beverages with other residents without checking with nursing staff (many residents are on special diets) first as other Residents may have dietary restrictions or allergies.
- 7) Practice routine hand washing / hand sanitizing.
- 8) Do not permit residents to leave the building behind you without checking with reception.
- 9) Take note of emergency exits and fire pull stations / extinguishers (in case of emergency).
- 10) Confidential medical / personal information is only shared with the Power of Attorney (POA)/Substitute decision maker (SDM) and that person is responsible to share with other family members / visitors. F.J Davey Home employees are not permitted to share information with these other individuals.
- 11) All gifts of clothing must be labelled prior to being left in residents' rooms.
- 12) Food items must be labelled and dated and placed in a sealed container. Staff will dispose of unlabeled/spoiled items.
- 13) If you are taking a resident out, please remember to sign the Resident in and out at the nursing station.
- 14) The following items are not permitted in resident rooms: fridges, microwaves, electric blankets, toasters, kettles, heaters, humidifiers, extension cords appliances of any sort. Surge protected power bars are permitted after being inspected by the Maintenance Dept.
- 15) If plants are brought into the home, please research that the leaves are not poisonous if ingested. Please refrain from flowers as we are a scent free home.
- 16) Do not give residents alcohol or over the counter medications (Tylenol, Benadryl, etc.). These items must be left with the Registered Nursing staff, as the Resident requires an order from their physician to take.
- 17) Be patient with residents who have cognitive loss who may impose on your visit. The nursing staff can help you to re-direct these Residents. Just please ask.
- 18) Refer to Visitor Code of Conduct - under work place violence and harassment.
- 19) Review page Resident belongs, see pages 32-33

## PROHIBITED ITEMS

Please review the following list of **PROHIBITED ITEMS and Resident Belonging Policy** at the F.J. Davey Home. Feel free to share this information with friends and family members that may be bringing gifts into the home for our residents. For the consideration of all residents and staff in the home we ask that you follow the instructions below to assist us with keeping everyone's safety in mind.

### 1) Risk

- **Risk of ingestion** causing illness or injury to resident or others that may wander into their room
- **Ministry of Health violation**
- **Risk of lethal drug interactions when** physician and pharmacist are not aware of and taking into consideration all medications and medication interactions
- **Poison control management**



### Causative Agents

- All over the counter medications including: Aspirin, Tylenol, Advil, muscle/ arthritis rubs, prescription creams, herbal treatments, Chinese medicine, barrier creams, zinc creams, Vaseline (explosive if used near Oxygen)
- All cleaning products including, disinfectants, laundry soap, javex, stain remover, Windex, shoe polish, hand sanitizer, rubbing alcohol, beer or liquor, air fresheners
- Denture cream that may be mistaken for toothpaste

### 2) Risk

- **Risk of injury to other Residents/Staff**
- **Physical assault**

### Causative Agents

- Wire hangers (**we only use plastic hangers** here at the home.)
- Canes ( Physiotherapy will assess and provide recommendations for the most safest assistive device)



### 3) Risk

- **Infection control** – sharing of products that may infect others
- Any **mechanical device** that aides in the spread of infections
- **Pest control**

#### Causative Agents

- Bar soap
- Bubble bath – unable to be used without specialized tubs and can cause infections to residents
- Cloth recliners that cannot be wiped down. Leather or leatherette is fine.
- All deodorants, lotions, toothpaste, makeup, toothbrushes, denture cups, combs, brushes **MUST** be labelled at all times and not shared
- **Humidifiers and portable fans** – spreads viruses and bacteria in the air, risk of Legionnaire’s disease



- In a situation where toilets cannot be shared based on certain diagnoses, the home will provide a commode to prevent cross contamination
- **Refrigerators in resident rooms**, risk of ingesting outdated and spoiled food
- Food in drawers attracts insects and are at risk of causing illness to resident when spoiled, all food and candy **MUST** be stored in an airtight container clearly labelled with name of resident and date, family responsible to ensure these products are rotated. **Our home has family friendly refrigerators on each home area.**

### 4) Risk

- **Fire Hazard**
- **Slip, trip and fall hazard**
- **Electrical shock hazard**
- **Physical assault**
- **Burns**

### Causative Agents

- **All baby powders or Talcum powder**, these items are a risk of air borne ingestion causing illness to resident or their roommate, causes slippery floors and high risk of falls, and are carried in the air to the vents and smoke detectors which is the number one source of false fire alarms due to talcum coated sensors in the smoke detectors
- **Space heaters, electric blankets, electrical extension cords (not meaning power bars), microwave heating pad, electrical heating pads, microwaves, kettles or coffee makers, are NOT permitted to be used in resident rooms**
- Any other electrical devices must be inspected by the maintenance department
- **Tools: hammers, wrenches, scissors, knives** – any item that may be used as a weapon to inflict injury to others
- **Q tips**, risk of injury to the resident

Other products may be added to this list if deemed a risk to our residents

## **COMPLAINTS**

Complaints from residents and or families are regarded as priority issues. Complaints are addressed, investigated and followed up within a specific time frame as outlined below.

If you have any concerns that need to be addressed, please follow the following steps:

1. Speak with the Department where the problem occurred.
2. Have a Complaint Investigation Form filled out, if the issue cannot be resolved immediately.
3. Appropriate investigation and action will be taken.
4. Please speak with the Administrator if you feel your concerns were not dealt with appropriately.
5. If the concern requires further evaluation, you may contact the Regional Director or Vice President at the Extendicare Corporate Office.
6. The Ministry of Health and Long-Term Care will assist residents and families who feel their concerns have not been adequately heard within the Home

Written complaints can be received by any staff member of the Home who will immediately forward to the Department Manager, and in turn will then inform the Administrator of the complaint.

- If required, the Department Manager will contact the author of the complaint to obtain any further details;
- The Department Manager will initiate an investigation into the complaint;
- The Administrator will inform the Regional Director of the complaint and keep the Regional Director apprised of the investigation and outcome;
- Notes will be taken of all interviews, observations and other actions related to the investigation. Where possible witness statements should be written by the witness themselves, dated and signed;
- At the end of the investigation, the person conducting the investigation, the Department Manager and the Administrator will meet to review the findings and complete a written response to the author of the complaint.
- If the investigation is not completed within 10 days of receiving the complaint, the Administrator/Department Manager will contact the author of the complaint, acknowledge receipt of the complaint, indicate an investigation is on-going and that results of the investigation will be shared as soon as possible. The Administrator should provide the author of the complaint with an estimated date of completion for the investigation. If that date cannot be met, the Administrator is to update the author accordingly, keeping the person informed until resolution is achieved;
- The written response will include what the Home has done to resolve the complaint. Depending on the severity of the complaint a disclosure meeting may be required; the written response can be provided to the author of the complaint at that meeting;
- If after the investigation, the complaint is found to be unfounded, the written response to the author of the complaint will indicate the reasons why this conclusion was reached;
- Where required by provincial regulations, a copy of the written complaint and the response will be forwarded to the appropriate regulatory person as outlined in the regulations;
- When a verbal complaint is received, the person receiving the complaint will obtain as many details as possible regarding the complaint;
- Where possible, an investigation will be initiated immediately (missing laundry, missing glasses, etc.).

If the verbal complaint can be resolved within 24 hours, the person receiving the complaint or the department manager will verbally respond to the person making the complaint the outcome/resolution.



If the investigation cannot be initiated immediately and/or resolution cannot be obtained within 24 hours, then steps as per written complaints will be followed.

*The Ministry's toll-free telephone number for making complaints about homes and its hours of service (the Long-Term Care Family Support and Action Line: toll-free 1-866-434-0144; Hours of operation: 8:30 a.m.-7:00 p.m., 7 days a week)*

*Contact information for the Patient Ombudsman (on the internet: <https://patientombudsman.ca/Complaints/Make-a-complaint/SubmitComplaint> OR mail: Patient Ombudsman, Box 130, 77 Wellesley Street West, Toronto, Ontario M7A 1N3)*

## VISITING

F. J. Davey Home will ensure visitors have access to residents that respects resident rights. Visit access will be subject to applicable legislation, imposed limitations due to any emergency situation, or other identified health and safety risks.

F. J. Davey Home will follow province-specific directives and implement risk mitigation strategies to ensure a safe and secure home which includes the management of visitors. Risk mitigation strategies are intended to address and balance the following:

- The protection and safety of residents, visitors and staff;
- The well-being of residents when allowing visitations from families/friends to reduce any potential negative impacts related to social isolation; and
- Equitable access whereby all individuals seeking to visit a resident will be given, where possible, equitable visitation access, consistent with resident preference and with reasonable restrictions that safeguard residents.

**Note:** Any provincial or jurisdictional directives or resources, including Public Health directives that exceed the requirements set out in this manual shall supersede the respective content of this manual.

Homes have the discretion to end a visit or prohibit a visitor (including caregivers) from visiting in response to repeated and flagrant non-compliance with Extendicare's policies and/or provincial guidelines and where a visitor's behaviour may impact the home's ability to ensure a safe and secure home.

## ESSENTIAL CAREGIVERS

During the admission process the RAI coordinator/or designate- will review the meaning of an essential caregiver with the Resident/POA/SDM. 4 Caregivers can be requested by the Resident/POA/SDM or added throughout the Residents stay at the home.

*In Ontario, Caregiver means an individual who,*

- a. is a family member or friend of a resident or a person of importance to a resident,*
- b. is able to comply with all applicable laws including any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act,*
- c. provides one or more forms of support or assistance to meet the needs of the resident, including providing direct physical support such as activities of daily living or providing social, spiritual or emotional support, whether on a paid or unpaid basis,*
- d. is designated by the resident or the resident's substitute decision-maker with authority to give that designation, if any, and e. in the case of an individual under 16 years of age, has approval from a parent or legal guardian to be designated as a caregiver.*

As changes occur with assigned caregivers contact our RAI department at Ext. 330, or 327



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## KEY PERSONNEL CONTACT NUMBERS

**F.J Davey Home**                      **733 Third Line East Sault Ste. Marie, ON P6A 71**  
 Phone:     (705) 942-2204  
 Fax:        (705) 256-4207  
 Web:        [www.fjdaveyhome.org](http://www.fjdaveyhome.org)

Executive Administrator - Connie Lee	Ext. 217	<a href="mailto:connie.lee@fjdaveyhome.org">connie.lee@fjdaveyhome.org</a>
Executive Director of Nursing Services - Fran Conley	Ext. 220	<a href="mailto:francesca.conley@fjdaveyhome.org">francesca.conley@fjdaveyhome.org</a>
Director of Care (DOC) -Palma Gervasi	Ext. 238	<a href="mailto:palma.gervasi@fjdaveyhome.org">palma.gervasi@fjdaveyhome.org</a>
Director of Care (DOC) - Kerri Tanner	Ext. 235	<a href="mailto:kerri.tanner@fjdaveyhome.org">kerri.tanner@fjdaveyhome.org</a>
Infection Prevention and Control -Jessica Reed	Ext. 276	<a href="mailto:jessica.reed@fjdaveyhome.org">jessica.reed@fjdaveyhome.org</a>
Dietary Manager -Erica Sus	Ext. 236	<a href="mailto:erica.sus@fjdaveyhome.org">erica.sus@fjdaveyhome.org</a>
Resident Program Manager- Sue Burns	Ext. 221	<a href="mailto:susan.burns@fjdaveyhome.org">susan.burns@fjdaveyhome.org</a>
Director of Environmental Services -Anna Colasacco	Ext. 237	<a href="mailto:anna.colasacco@fjdaveyhome.org">anna.colasacco@fjdaveyhome.org</a>
Please note, if you have a concern that needs to be dealt with immediately please call and speak with a Director for immediate assistance, emails may not be answered as immediate as needed. Business hours 9 am to 4 pm Monday to Friday outside business hours please call RN at Ext. 271		
Assistant Director of Environmental Services - Michael Paquette	Ext. 237	
Social Worker- Christina Bailey	Ext. 270	
Dietary Supervisor- Chris Kertez	Ext 211	
Dietary Supervisor-Hannah Grisdale	Ext 213	
Office Manager (Resident Services & Trust Accounts) Merian Isagan	Ext. 232	
BSO (Behaviour Support Ontario)	Ext. 257	
Charge Nurse RN	Ext. 271	
Physio Therapy/Restorative Care	Ext. 246	
Dietitian - Interim Kaitlin Keizer	Ext. 302	
Activities Department	Ext. 242	

### Resident Home Area Extensions

#### Level One

Apple Orchard 1 Ext. 241  
 Driftwood Beach 1 Ext. 223  
 Birch Lane Ext. 294  
 Cedar Grove Ext. 295

#### Level Two

Apple Orchard 2 Ext. 243  
 Driftwood Beach 2 Ext. 245  
 Birch Lane 2 Ext. 296  
 Cedar Grove 2 Ext. 297

#### Level Three

Apple Orchard 3 Ext. 226  
 Driftwood Beach 3 Ext. 253  
 Birch Lane 3 Ext. 298  
 Cedar Grove 3 Ext. 299

# Quality & Performance Improvement

***How F.J Davey Home strives for continuous quality improvement***

## LEADERS IN QUALITY AND PERFORMANCE IMPROVEMENT

The F.J. Davey Home prides itself on providing high quality care to its residents. Extendicare, like all other long-term care homes in Ontario, is responsible for adhering to the Ministry of Health and Long-Term Care's standards as outlined in the long-term care homes program manual. Extendicare homes have an excellent compliance record; one of the best of the major chains in Ontario as indicated by the long-term care homes public reporting website.



We frequently review our quality indicators and make adjustments in our systems or processes to improve on these quality areas. We also have a very detailed list of policies and procedures under which we operate - many exceeding the expectations of the Ministry.

## ACCOMPLISHMENTS

### Awards

- **2023 Accreditation Canada – Accredited with Exemplary Standing**
- **2021 LTC Best Practice Spotlight Organization designation from the RNAO**
- **2019 Accreditation Canada - Accredited with Commendation**
- **OLTCA 2018 Work Place of the year : *Addressing work place violence***
- **OLTCA 2018 Personal Support Leadership Award: *Alison Caul, who has been a PSW here at the F. J. Davey Home for over 30 years.***
- **OLTCA 2018 Nursing Leadership Award: *Kerry Gartshore, a Registered Practical Nurse, Infection Control and Educator here at the F. J. Davey Home***
- **Pre-designate Best Practice Spotlight Organization with the RNAO** focusing on 3 Best Practice Guidelines (BPG's) -Patient and Family Centred Care- Preventing and Addressing Abuse and Neglect Older Adult - Assessment and Management of Pain

## **ETHICS COMMITTEE**

The F. J. Davey Home has an Ethics Committee that consists of an inter-disciplinary team and meets on a quarterly basis. This committee provides a forum to discuss and work through ethical issues, help foster an ethical climate within the Home and facilitate education on Ethics to the Home. This Committee is chaired by our Social Worker Ext 270



### **What is an ethical dilemma?**

An ethical dilemma is a conflict of human values affecting the well-being of another individual or individuals.

### **Principles to consider:**

- **Respect for Autonomy** - rational persons should make own decisions
- **Beneficence** - decisions should promote good/benefit
- **Non-maleficence** - decisions should prevent harm
- **Confidentiality** - must keep information private (respect for autonomy)

# Health Care Services

## *How we care for residents at the F.J. Davey Home*

### **NURSING CARE**

The Nursing Department at F.J. Davey Home is under the direction of the Executive Director of Nursing (EDON), Director of Nursing (DON) and Assistant Director of Nursing (ADON). Registered nurses- RN (Charge Nurse), Registered Practical Nurses-RPN Team Leader and Personal Support Workers (PSWs) provide comprehensive care to residents 24 hours a day, seven days a week. Care is resident-focused, goal-oriented and planned with the resident and family. The nursing department will work with you and other disciplines to plan and coordinate your care. The number of PSWs/HCAs in any given unit or shift varies and is based on the care needs of the residents on that unit.



### **ATTENDING PHYSICIANS AND NURSE PRACTITIONER- RNs (EXTENDED CLASS) CARE**

All residents are under medical supervision. Physician services are available to the home 24 hours a day, seven days a week. Each Resident home Area has a designated Physician. Upon admission to the home you will be assigned to a physician who will be responsible for your care on an ongoing basis.

Facility physicians visit the home weekly to attend to resident needs. Physicians/Nurse Practitioner examines residents upon admission; complete annual examinations refer residents to professional consulting services/therapies in the community and prescribe medications.

The professional nursing staff dispenses medications and provide treatments as ordered by the physician. Medications are not permitted at the bedside, including non-prescribed medications.

If you wish to speak to the Physician/Nurse Practitioner, please contact the RPN on your unit to make arrangements. After regular hours, an on-call physician will be contacted in the event of an illness. You may be transferred to an acute care facility following assessment and further discussion with you.

A resident or the resident's, POA Power of Attorney or SDM 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.

If a resident chooses to retain their own primary care provider (MD or RN Extended Class usually called Nurse Practitioners) these practitioners must meet the homes' standards.

## ***RESIDENT CARE PLAN & CARE CONFERENCE***

A care plan is a thorough plan of care for the resident that allows nursing staff to clearly understand the resident's evolving needs on a continual basis. A 24-hour care plan is completed directly upon admission. It is further developed in the weeks following admission once assessments have been completed, includes resident and family input, and can change as resident needs change.

During your admission meeting you will be given a date for your six week care conference. This will be held six weeks into your stay here at the Home and then it will be scheduled yearly thereafter. The meetings will involve representatives from disciplines in the home, and will provide you and your family an opportunity to express your goals and concerns. The meetings also ensure that staff has the opportunity to develop and communicate the strategies in place to help you achieve your goals. They allow your care plan to be developed and evaluated on a continuous basis, and promote therapeutic resident/family and staff relationships. Additional interdisciplinary conferences may be scheduled should a need arise.

## ***SOCIAL WORKER SERVICES***

The Social Worker at FJ Davey Home works with residents and their families to help promote emotional and mental well-being as they journey through the long-term care experience. The Social Worker's emphasis is on building on existing strengths, modifying risks and seeking solutions to issues that interfere with optimal quality of life for residents and their families. Social Work Services at FJ Davey Home include the following:

- Counseling services for residents and their families regarding a variety of issues including those associated with transition and adjustment issues, mental health issues such as anxiety and depression, end of life discussions, crisis problem solving, and grief and loss.
- My Wishes Program: allows the resident to think about what is important to them in living today and what is important as they journey through the end of life. This information is documented.
- Admission Process: involved with many different aspects of the admission process including completing the consent process, introducing residents and their families to their new home, and answering questions.

## ***RESIDENT COMPANIONS***

The F.J. Davey Home is staffed to give competent nursing care to all residents. However, if additional nursing service is required or desired, you or your family can make the necessary arrangements. The resident/Substitute Decision-Maker (SDM) is responsible for obtaining private duty staff and making their own financial arrangements to pay for this service. It is the responsibility of the resident/SDM to notify the home of the role the private duty companion will assume. Please consult with the Director of Care for advice in acquiring the services of a special duty nurse.

## ***BATHING***

Nursing staff assist you with bathing. There are two scheduled baths or showers during the week.



## **PHARMACY SERVICES**

MediSystems Pharmacy - provides pharmacy services, medications and education for the F.J. Davey Home. Medications are ordered by the attending physician/nurse practitioners and are delivered directly to the home. Drug allergies, interactions and adverse drug effects are carefully monitored. Where possible, the medications are covered by the Ontario Drug Benefit Program and/or any alternate drug plans. Any additional cost of medications is the responsibility of the resident. Only medication provided by our pharmacy is permitted in the home.

*(Please see the Welcome Package from MediSystems in separate booklet)*

## **SUBSTITUTE DECISION MAKER & ADVANCE CARE DIRECTIVES**

You are free to make your own treatment choices for the future. If, however, you are unable to make these decisions for yourself, you may have a substitute decision maker to make them on your behalf.

You can choose to appoint anyone who is willing and able to act on your behalf to be your substitute decision maker *except*:

- Someone who is paid to provide you with personal care, e.g. your nurse, unless this person is your spouse, partner or relative;
- Someone who is mentally incapable; or
- Someone who is under 16 years of age.

It is important that you discuss your intent to name the person ahead of time to make sure they are willing to act for you if it becomes necessary. If you become unable to make decisions, your health care provider must contact your substitute decision maker to seek their consent before they can give you treatment. An exception would be an emergency situation where a health care provider may not know your wishes and may need to act quickly.

An advance care directive is used to document your care wishes so your substitute decision maker can refer to it when making care decisions for you in the future. You do not need a lawyer to prepare any documents related to advance care directives, however they may be helpful in explaining your options and can help you prepare such documents. In addition, no special documents are required to do advance care directives.

## **PALLIATIVE CARE PROGRAM**

Palliative care is an approach that improves the quality of life of residents and their families facing the challenges associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and assessment and treatment of pain and other physical, psychosocial and spiritual challenges.

Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of resident care,
- offers a support system to help residents live as actively as possible until death;
- offers a support system to help the family cope during the resident's illness and in their own bereavement;
- uses a team approach to address the needs of residents and their families, including referrals to bereavement counseling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness; and
- is applicable early in the course of illness, in conjunction with other therapies that are traditionally used to prolong life such as chemo or radiation. With a palliative approach these therapies may be used as symptom management or to manage distressing clinical symptoms.

An ethical decision-making process will be utilized in the planning and provision of care to each resident residing in our homes. This decision-making process is aligned with the following principles: do no harm, promote freedom of choice for the resident/SDM, and support resident choice to die with dignity

The F. J. Davey Home also has the ability to consult with a Palliative Care Doctor, please ask one of our care team members for more information if interested.

## **MY WISHES PROGRAM**



"My Wishes" is an opportunity to think about what is important to you in living today and what is important as you journey through the end of your life. The process is personal to you. Our staff, instead of guessing will have peace of mind knowing the resident's wishes during significant changes in their health and at end-of-life.

## *Code Angel Initiative*

This program recognizes and pays special attention to the last part of a resident's life, here at the F. J. Davey Home.

It allows the home and the staff to show respect for the loved ones who leave our care. Once you're loved one passes, and the funeral home attends the home to bring your loved one to the funeral home of your choice. Prior to your loved one being escorted out of the building you may hear an overhead page

"Code Angel and the Resident Home Area". At this time staff will stop what they are doing, may attend the front entrance and give a moment of silence to your loved one as they are leaving the home.



## **LEAVES OF ABSENCE**

If you wish to leave the facility grounds for any amount of time, we ask that you sign yourself out in a sign-out book located at all nurses' stations. All overnight leaves must be authorized by your physician and will require 48 hours' notice to ensure adequate time to prepare medications. Some residents may not be able to leave the facility independently due to medical reasons; these residents must be accompanied by a family member or friend, and must communicate to the staff their departure and return time. Please note that you will continue to pay the accommodation charges during a medical, psychiatric, vacation or casual absence from the home.

### *Casual Leave*

Health permitting, you are allowed to leave the home for up to 48 hours per week (Sunday to Saturday) and the Ministry of Health and Long-Term Care will continue to subsidize your stay.

### *Vacation*

One or more vacations of up to a total of 21 days per year (starting at admission) may be taken without risk to the Ministry of Health and Long-Term Care subsidy.

### *Medical Leave*

A medical leave is the absence of a resident for a 30 day period (or less) for the purpose of continued hospital/acute care. The Ministry of Health and Long-Term Care subsidizes this leave.

### *Psychiatric Leave*

Leave for assessment and care, up to 60 days at a time in a psychiatric hospital is available and is subsidized by the Ministry of Health and Long-Term Care.

## ALCOHOL

Some residents may wish to consume alcoholic beverages. Alcoholic beverages will only be permitted for a resident with a physician's written order. All spirits will be kept with the registered staff and locked. To ensure resident safety and administered by a Registered staff member. Residents are responsible for their own alcohol purchases.

## Resident Services

***Non-medical services & programs that enhance residents' physical, intellectual, emotional and spiritual well being***

### RESIDENT PROGRAMS & OUTINGS

The recreation department provides a variety of programs to meet the physical, intellectual, social, emotional and spiritual needs of residents.

The Activity Department, plans the activities for the month, assesses new residents for their activity level, and runs Resident Council meetings. Activity aides engage all Residents in group or one-to-one recreational activities. A monthly events calendar identifying activities scheduled is distributed to all residents at the start of the month. Also posted on F. J. Davey Home website [www.fjdaveyhome.org](http://www.fjdaveyhome.org)



Some of the regularly scheduled activities include:

- group exercises
- intellectual games
- baking sessions
- music therapy
- games including cards, bowling, bingo
- outings and bus trips
- special events, such as entertainment



Programs are also held in the community. For details of each program's time and location, calendars are posted in a central location and on our website.

<http://fjdaveyhome.org>

Some of the events and activities have additional costs and the resident may be requested to help offset the cost involved (i.e. wheelchair bus trip). Family members are encouraged to participate in programs with residents.

### ***PET THERAPY***

The F. J. Davey Home acknowledges that animals benefit people socially psychologically, and physiologically. Resident owned animals are to visit the resident only as other residents may be frightened or have allergies to pets. All animals are to be leashed. Animals must be healthy and have all vaccinations up to date. Proof of vaccination is required.

Please call Resident Program Manager for more information and to register your pet.

### ***SPIRITUAL SERVICES***

Pastoral visiting is available upon request, and arrangements can be made with the Activity Dept. at ext. 221/ext. 222 or Social Services at ext. 329 Residents may have the clergy of their choice visit the home, or may go out into the community to attend service.

### ***PHYSIOTHERAPY, OCCUPATIONAL THERAPY AND RESTORATIVE CARE***

#### **Physiotherapy**

The contracted physiotherapist (PT) will work with you to develop a treatment plan to improve your mobility and physical activities - this includes transfers, positioning, balance and walking. The PT may also work with you for pain control and management, and can prescribe mobility aids. PT aides/assistants work under the direction of the physiotherapist to help you with your therapy routine.

#### **Restorative Care**

Restorative care enhances the quality of residents' lives by increasing and restoring functions or capabilities that have diminished, including walking, restorative dining and other activities of daily living.

## ***VOLUNTEER SERVICES***

Volunteers are an integral part of our team. They support residents by assisting with scheduled recreation programs, events and one-to-one interactions. Volunteers are clearly identified while onsite and trained in the roles they assume. A pledge of confidentiality and resident safety are key components of our volunteer orientation program. Friends and family members are encouraged to volunteer at the home. For more information, please contact the Resident Program Manager

## ***RESIDENTS COUNCIL***

The Residents Council of a Home provides a vehicle through which residents maintain a degree of control over their lives, share in the management of the Home, and thereby contribute to the welfare of all involved, including staff and administration. A Residents' Council can do anything the residents want it to do. Not all Residents' Councils are the same; residents choose the kind that best suits them, and their Home. In general, Councils have these goals in common to safeguard the rights of residents, and to promote a quality of life within the Home.

- To communicate with one another and with staff and administration, in a strong, positive continuing way
- To establish a sense of community, comradeship and friendship among residents
- To gather news and information of interest to all, ensuring that all residents are informed about things that may affect them
- To recognize, encourage and use the skills and talents of residents in working towards common goals.

A Residents' Council has been established in the Home. Only residents of the Home may become members of the Residents' Council. If you would like additional information about the Residents' Council and its role, you may contact the Resident Program Manager at (705) 942-2204 x221. Any concerns, or disclosures brought to Residents' Council are managed in accordance with Extendicare's National Whistleblower policy.

## **FAMILY COUNCIL**

All family members are invited to attend Family Council meetings held monthly, they review updates in the home or proposed changes. Notification and minutes of meetings are communicated via email and posted on the family board located across from the tea room. Educational forums are set up based on input from family members. Family members do not have to be “appointed” to be council members – it is opened for all to attend. Any concerns, or disclosures brought to Family Council are managed in accordance with Extencicare’s National Whistleblower policy.

## **Dietary Services**

***“Food is the most primitive form of comfort.” – Sheila Graham***

### **DIETARY SERVICES**

The dietary department consists of food service supervisors, cooks, dietary aides, and registered dietitians who work together to plan, prepare, and serve healthy, balanced meals for our residents. Our residents play an important role in menu planning through daily input to Our team members and discussions at Our Resident Council Meetings.



### **MEALS & SNACKS**

Resident are provided with three meals, a morning beverage pass and an afternoon and evening snack.

#### **All Dining Rooms:**

Breakfast-8:30 a.m. all dining rooms

Lunch -12:00 p.m. all dining rooms

Dinner – 5:00 p.m. all dining rooms

A variety of hot and cold breakfast options are available daily. A choice of 2 entrees, 2 vegetables, and 2 desserts are provided daily at lunch and supper. Residents are shown each menu option and given the opportunity to choose their preferred meal. If a

resident's nutrition needs cannot be met with the planned menu, the registered dietitian is available to discuss other options.

Residents are offered fluids mid-morning from the nourishment cart. Snacks and fluids are offered mid-afternoon and in the evening before bed. Beverages and snacks are available to nursing staff 24/7 if a resident requires something to eat or drink at other times of the day.

## ***MEAL CHOICES, ALTERNATIVES & SPECIAL DIETS***

Quality of life is an important consideration in long term care. While some dietary restrictions may be necessary, strict diets can negatively impact resident intake. Diets are liberalized in our home so that most residents receive a "Regular Diet" with or without texture modifications to enhance intake. Oral nutrition supplements (Boost, Ensure, etc.) are available if a resident is unable to consume enough food to meet nutrition needs. The Dietitian can assess and recommend these items.

## ***SPECIAL OCCASIONS***

Private family dining rooms are available for special occasions. The amount of people the rooms can accommodate is limited. All visitors must follow Public Health and MOLTC Directives. Rooms can be booked by contacting the Resident Program Manager at Ext. 221.



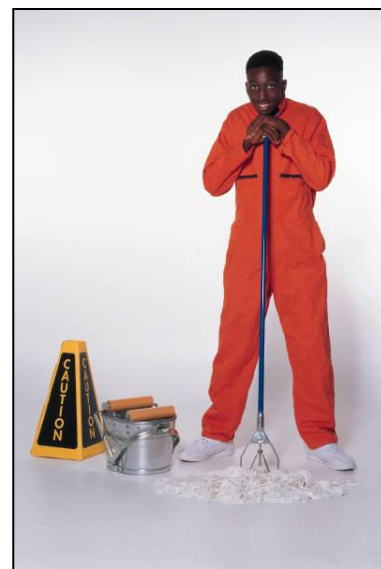
# Support Services

***The great people and services that help the F.J. Davey Home run smoothly every day***

## **ENVIRONMENTAL SERVICES LAUNDRY\HOUSEKEEPING\MAINTENANCE**

The laundry and housekeeping departments oversee the cleaning and sanitation of resident clothing, linens and of the home itself. Laundry and housekeeping staff is led by the environmental services manager and provide service 7 days a week.

Our commercial laundry system is designed to process hundreds of articles of clothing a day in a way that meets strict sanitary guidelines (for infection control, etc.) Residents should therefore avoid delicate or natural fabrics such as wool, silk, rayon or 100% cotton, unless families choose to wash their loved one's clothing; arrangements for this can be made with nursing staff/the environmental services manager. Polyester is an easy care fabric that will be most suitable for wear in the home.



Because closet space is often minimal, please keep enough clothes for the current season and clean out the closet from time to time to remove unused or worn clothing.

All residents are encouraged to bring in personal items to make their rooms as home-like as possible. Pictures, televisions, radios and small pieces of furniture are permitted pending review/approval by the maintenance department. Pictures can be displayed on the shelf or hung on the picture rail. You cannot use nails/tacks, we do not allow holes in walls. Housekeeping staff would be happy to assist in any way possible.

**Due to safety concerns the following items are not permitted: welcome mats/rugs, rocking chairs, glider rockers, stools, table and chair sets, fabric recliner/lounge chairs, (vinyl or leather accepted), personal bed/mattress and humidifiers.**

**If any equipment or furniture poses clutter or a safety risk to resident or staff, the items will be removed and you will be contacted for at pick-up.**

Resident rooms and common areas are cleaned daily to provide a sanitary and safe living and working environment. To assist us in maintaining a clean environment, please ensure any food brought from home is left in the common refrigerator and stored in a labelled and dated, airtight container.

## ***RESIDENT CLOTHING APPAREL***

### **Labelling**

Labelling of clothing and personal linens is provided by the Home and performed at admission. Any additions to personal belongings must be inventoried and labeled prior to being brought to the Resident. After admission family members can bring their items to the front reception area. There you will find forms to complete indicating all particulars'. The form is inserted in the bag/package. If special requirements are required i.e. "birthday gift" or "please try on prior to labelling" etc., please indicate on form. Add a contact number if required.

### **Purchasing**

Catalogues for adaptable clothing, and clothing guidelines are available upon request. Please contact the Personals Room at Ext. 216, leave a message and we will follow up.

### **Mending**

Basic mending services are provided. Extensive mending is available on a fee-for-service basis.

### **Clothing adaptations**

Requests for clothing adaptations are processed in coordination with the Resident and/or family member, The Resident Home Area manager and the Business Office on a fee-for-service basis. Please allow a five day turnaround time for alterations.

### **Dry Cleaning**

A dry cleaning service is provided with Tuesday-Thursday pickup and delivery. Dry cleaning is offered on a fee-for-service basis, charging senior rates. We do suggest trying to eliminate dry clean only apparel when residing here, as it can become costly over time.

### ***Early Bird Labelling is available...***

Special occasions are a very busy time for us in the Personals Room; Christmas, Mother's day and Father's day. Bring gifts in before the date they are to be given and we will label and return them to you.

When purchasing gifts of clothing, please consider the following:

- Fabric - easy care, wrinkle free
- Machine washable
- Consider shrinkage when sizing
- Unsure of size? Contact Personals - Ext. 216
- **Hand wash items are discouraged, but families may bring items home to wash.**
- Please consider looking at your family member's clothing twice yearly (major temperature shifts - spring/autumn) for size and quantity
- We are unable to wash down and feather filled items.

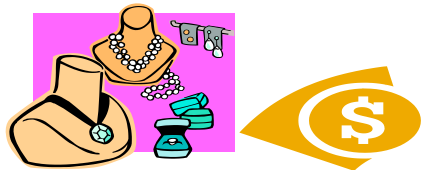


## **LOST/UNCLAIMED CLOTHING & LABELING**

To minimize occurrences of lost resident clothing, all resident clothes must be labelled upon admission and any time additional clothes are brought in. Clothing is labelled by laundry staff – please notify the nursing staff on the resident RHA of all clothes that require labelling.

If clothes are missing, notify the RPN Team Leader. We will check the lost and found; if they still cannot be found notify the nurse in charge on the unit or laundry department. Families should avoid bringing valuable articles of clothing or personal items such as jewellery to the home.

It is not the responsibility of the home to pay for lost or damaged glasses, hearing aids or dentures unless the home causes the loss or damage.



### **VALUABLES**

**Money and Jewellery found are directed to the Business Office**

**CALL THE BUSINESS OFFICE Extension 217 or extension 232  
For assistance in this type of missing item.**

## **MAINTENANCE SERVICES**

The Environmental Services department must inspect all electrical items to ensure compliance with legislated standards as well as to assess the availability of electrical supply in the Residents personal area. Please contact the Environmental Services at Ext. 237 or the Personals Room at Ext. 216. Please drop off your items at the rear of the building in the loading bay.

The maintenance department is responsible for ensuring the safety and security of our home. If you see any malfunctioning equipment anywhere in your room or in the home, please notify registered staff immediately.

## SEASONAL DECORATING

Decorations that have an electrical component must be checked & certified by the Environmental Services staff prior to being brought to our Resident home areas. Please bring them to our back door receiving.

Please ensure that any electrical items brought into the home feature one of the Canadian Standards Association and the Ontario Electrical Safety Code symbols (listed on the outer fold of this pamphlet).

Battery operated items are suggested in order to eliminate excessive/unnecessary electrical cords in Resident's personal space.

Wreaths or silk plants are always nice options for a seasonal decorative touch.

Light weight, non-breakable accessories are also a very safe option.

Picture Rails can also be utilized to hang decorative items. Hooks for picture rails are available in the tuck shop with examples of different hanging methods. Cards can be tucked above the ledge, pictures and decorative items need to sit safely on shelving.

Plate stands are suggested for medium pictures or clocks.

Memory box decorating is encouraged for special personal decorative items or family history memorabilia. The locked compartment keeps items secure.

\*\*\*\*\*Seasonal decorations also enhance the Memory Boxes. Contact the Team Leader RPN for access to locked memory boxes.

Labelling of your personal items is always very important. Please be sure to have your name on all new items brought to your room.

Items for the Special Care unit must be approved by the RHA manager prior to bringing to residential areas.



## SAFETY & SECURITY

The following Emergency Codes are used within the home:

Announce "Code"	Meaning
RED	Fire
GREEN	Evacuation
BLUE	Medical Emergency
YELLOW	Missing Resident
WHITE	Violent situation
BROWN	Chemical Spill
GREY	External Air Exclusion/ Natural Disaster/ Essential Service Disruption
ORANGE	External Emergency
BLACK	Bomb Threat
PURPLE	Hostage Situation
SILVER	Active Assailant/Weapon

Staff members are trained on these Emergency Codes on an annual basis

## FIRE SAFETY

Fire exits are located on each unit. Fire alarms and pull stations are located throughout the building. If you discover a fire, immediately call for help. If possible, move away from the area and listen for and follow instructions. The F.J. Davey Home is equipped



with sprinkler systems in each area for additional safety in case of fire. Our staff receive fire-drill training three times per month (once for each shift) and the entire home goes through fire safety training monthly.

Our emergency response plan is tested on a regular basis. Fire drills are conducted three times a month for the safety of residents and staff. Fire exits are clearly indicated throughout the facility. Partial horizontal evacuations are conducted during fire drills. When the fire alarm is activated, please cooperate with the request of staff. Fire safety plan can be found on our website

<http://fjdaveyhome.org/>

## SMOKING POLICY

Smoking is not permitted within any indoor area of the F.J. Davey Home. As per the City of Sault Ste. Marie by-law, smoking is also not permitted within nine (9) metres of the entranceway. Local public health officers carry out inspections to ensure that specified regulations are followed. Any person found in violation of this by-law can be fined. ✂

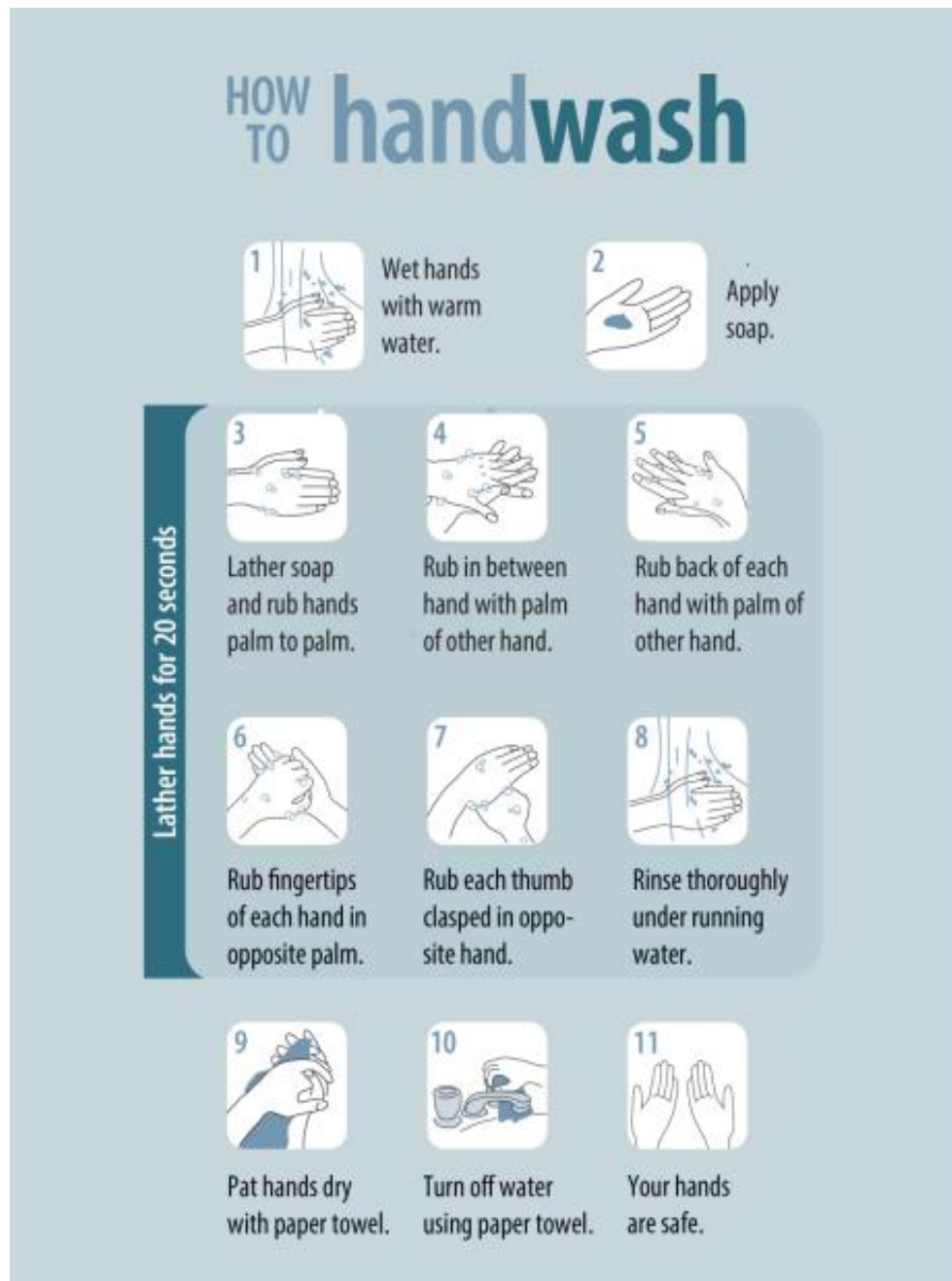
Residents who smoke can continue to do so outside the home in the designated smoking area. A smoking assessment will be conducted to determine safety and independence, as our staff does not provide any assistance or supervision with smoking. All smoking materials will be kept by the nurse in charge on your unit. Matches are not permitted, only lighters that will self-extinguish if dropped. Smoking materials cigarettes and lighters are not permitted in the rooms. The residents must return their smoking materials to the nursing station immediately upon returning to their home area. If staff express safety concerns, residents will not be allowed to smoke unless accompanied by a family member.

## INFECTION CONTROL

**Keep Our Resident's safe - Wash your hands.....**

	<p><b>Before entering and leaving the RHA and the building</b></p>
	


## Hand washing: Soap and Water





Hand Wash Video: <https://rb.gy/gxdtxu>


## Hand washing: Alcohol Base Rub


**HOW TO handrub**


**1**  Apply 1 to 2 pumps of product to palms of dry hands.


**2**  Rub hands together, palm to palm.


**3**  Rub in between and around fingers.

**4**  Rub back of each hand with palm of other hand.

**5**  Rub fingertips of each hand in opposite palm.

**6**  Rub each thumb clasped in opposite hand.

**7**  Rub hands until product is dry. Do not use paper towels.

**8**  Once dry, your hands are safe.

**Rub hands for 20 seconds**

Hand Rub Video: <https://rb.gy/znnw28>





# This is a mask-friendly environment

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**Please respect the choices of others.**

In some situations, wearing a mask is still required.

**Extendicare**

**Helping people  
live better**

**Although there maybe times that you will be asked to wear a mask, this will be indicated by signage.**

**Further educational videos**

**PPE Donning Video:** <https://rb.gy/bygtdk>

**PPE Doffing Video:** <https://rbgy/yx6q1i>

## **VACCINATIONS**

### **Influenza Vaccinations:**

Each fall, FJ Davey Home offers a flu vaccination clinic for the residents. A signed consent for the vaccine is required annually. Flu is caused by a virus so it is usually not treatable with antibiotics. People have to wait for their own immune system to fight back, however, as you know, the immune systems of elderly people are not as strong. In a nursing home setting, where so many people live under one roof, it is difficult to control a virus once it gets into the Home, and that is in spite of our strict infection control procedures. You can help by being immunized and not visit if you are feeling ill.

### **TB Screening:**

All residents require a TB screening as we follow direction from Public Health. For residents 65 years of age or older, a chest x-ray is required. This may be done 90 days prior to admission or 14 within days after admission, which needs to be arranged by your family member.

### **Tetanus and Diphtheria Vaccination:**

Tetanus and Diphtheria vaccination is offered at admission. This vaccine will be given as a “booster” dose every 10 years. This vaccine is given if someone receives a deep puncture wound, or a wound contaminated with dirt.

### **Pneumococcal Immunization:**

Pneumococcal vaccination is also offered at admission. Pneumococcal pneumonia is a serious disease that kills thousands of older people in Ontario each year. The National Advisory Committee on Immunization has recommended that persons aged 65 years and older receive pneumococcal vaccine because they have been found to be at increased risk of serious pneumococcal disease. We encourage you to give your consent for vaccination on admission.

### **Covid-19 Vaccination and Swabbing:**

Covid-19 Vaccination status is monitored prior to admission to the home. Bivalent Vaccination is offered here at the home. We will be following the Ministry of Health and Long Term Care Directives and Public Health regarding isolation and swabbing thought out your stay.

## ***DOOR ALARM***

For the security of our residents, all doors within the F.J. Davey Home are connected to an alarm and magnetic locking system to prevent unauthorized entry or exit. The front entrance and service areas are accessed by entering a code on the keypad. The code for the front entrance is: 733\*

The door is locked after 8:00 p.m. every evening and placed on the alarm system. To enter the building after this hour, you must ring the doorbell and a staff member will come to open the door.

Security cameras also ensure the front entrance is monitored and movements in those areas are visible at all times.

## ***CALL BELLS***

Call bells are placed in every resident room by the bedside, and in each restroom. Call bells are meant to alert staff when residents require assistance.

## ***ROAM ALERT/WANDERGUARD***

The F.J. Davey Home uses a Roam Alert system to monitor the movement of some residents who have a tendency to wander outside the front of the building and may pose a danger to themselves if not accompanied. Residents who have this tendency will wear a bracelet that activates an alarm or locks the door if the resident attempts to exit. **Please be mindful when leaving the building to ensure residents are not following you when alarms are ringing at the front door.**

## ***IDENTIFICATION BRACELETS***

All residents will be provided an identification bracelet; you are highly encouraged to wear it for medication/treatment identification and also in case of emergency. Please encourage your loved one to wear the identification bracelet.

## **OTHER SAFETY DEVICES**

The F.J. Davey Home also employs the use of other safety devices to benefit residents and staff. Mechanical lifts assist staff in safely lifting and transferring residents. F. J Davey Home follows a NO LIFTING POLICY. Grab bars, shower and commode seats in washrooms assist residents with activities of daily living. Handrails run throughout the home, assisting with mobility and enhancing resident safety.



### **Some things you can do to be safe:**

- Do not use open flames (candles)
- Please do not leave any sharp objects or hazardous materials in Resident rooms (i.e. nail file knives, nail clippers, laundry detergent, cleaning powders). Please check with nursing staff.
- Please do not visit if you are sick.
- Please use hand sanitizer dispensers on arrival and when you leave the home.
- Please do not transfer residents to toilet or bed; nursing staff will provide this care as needed.
- If you see a spill or unsafe condition, please report to any staff members.
- Please supply adaptive clothing when asked. This type of clothing prevents skin tears for residents.
- Proper seating for a resident is important to prevent skin breakdown and falls.

## ***BED RAIL MINIMIZATION***

The F. J. Davey Home is committed to providing a high quality of life for all of our residents, as well as preserving and promoting quality accommodation that provide a safe and comfortable living environment for Our Residents.

The F. J. Davey Home does have a bed rail assessment program. Upon admission, no resident will be issued any type of bedrails and a complete assessment will be completed within 21 days of admission including an assessment with the Physiotherapy department to assess the resident of the F. J. Davey Home and work to keep the individual as independent as possible yet safe from any injury that can be associated with bed rail entrapment.

Our objective is to move towards a bedrail device-free environment in this home, where use is deemed inappropriate based on not meeting specific criteria and assessment. The home considers that any situation, in which a resident cannot independently release a safety device, resulting in restricted freedom of movement, is deemed a restraint. Most residents if they were in their home do not normally have rails on their beds. Risks associated with bedrails are not new. Some examples of potential injury include bruises, skin tears, entanglement of limbs and strangulation up to and include death.



Bed rails are NOT a falls prevention intervention. Bed rails increase risk of injury to residents who are at risk of falling out of bed. Maintaining independence with turning and repositioning is important to the resident and to the F. J. Davey Home.

There are several options that will be considered including mats at the bedside, bed in the lowest position, bed alarms and perimeter mattresses.

Should you have any questions regarding the process, please feel free to contact the facility and arrangements can be made to have further discussions. The F. J. Davey Home looks forward to the continued working relationship with the residents and the Power of Attorneys/Substitute Decision Makers to ensure that the resident's needs are met and live in a safe and comfortable environment.

Thank you in advanced for your support for Resident safety at the F. J. Davey Home.

## EXTENDICARE POLICY OF MINIMIZING RESTRAINT

The F.J. Davey Home is committed to a restraint free living environment for residents and has a minimal restraint philosophy. Our goal is to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with the *Long-Term Care Homes Act, 2007*.

**WHAT IS A RESTRAINT ?**

**PHYSICAL RESTRAINT**  
A restraint is any physical or mechanical device that the resident cannot remove easily and restricts the resident's freedom of movement.

**Types of Physical Restraints**

- Seatbelt
- Lap-tray or tabletops on a wheelchair or gerichair
- Tilt feature on a wheelchair when engaged (in certain circumstances)

**CHEMICAL RESTRAINT**  
A chemical restraint is a medication that is used with the intent of inhibiting a particular behaviour or movement.

**WHAT ARE THE RISKS ?**

**PHYSICAL RESTRAINT**  
Some common risks associated with physical restraint use include:

- Skin breakdown
- Urinary incontinence
- Constipation
- Emotional distress
- Increased agitation
- Falls due to loss of muscle strength
- Entrapment

**CHEMICAL RESTRAINT**  
Some common risks associated with chemical restraint use include:

- Drowsiness
- Increased risk of falls due to loss of balance
- Increased levels of confusion
- Risk of side effects

**WHY USE A RESTRAINT ?**

Situations may arise where the safety of a resident or others is at risk. In such situations, interventions will be used to reduce the risk; the use of a restraint may be one intervention utilized.

Restraints are considered a temporary measure.

The Home has a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with the *Long-Term Care Homes Act, 2007*. To obtain a copy, please speak with the Director of Care.

## WHISTLE-BLOWING PROTECTION

The *Long-Term Care Homes Act*, offers protection against retaliation to any person who discloses information to an inspector, or a Director of the Ministry of Health and Long-Term Care, or who gives evidence in legal proceedings. This protection is known as the "whistle-blowing" protection.

Specifically, the whistle-blowing protection requires that the Home (or the Licensee) and its staff will not retaliate against any person, whether by action or omission, or threaten to do so because anything has been disclosed to an inspector or to the Director.

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 *Long-Term Care Homes Act*, 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 *Long-Term Care Homes Act*, or its regulations, or in an inquest under the *Coroners Act*.

The Home (or Licensee) 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. For the purposes of the whistleblowing protection, "retaliation" includes, but is not limited to, disciplining or dismissing a staff member, imposing a penalty upon any person, or intimidating, coercing or harassing any person.

A resident shall not be discharged from the Home, threatened with discharge, or in any way be subjected to discriminatory treatment (e.g. any change or discontinuation of any service to or care of a resident or the threat of any such change or discontinuation) because of anything mentioned above, even if the resident or another person acted maliciously or in bad faith. Further, no family member of a resident, substitute decision-maker of a resident, or person of importance to a resident shall be threatened with the possibility of any of those being done to the resident.

**EXTENCARE**  
... helping people live better

**ParaMed**  
Providing Care

**assist**  
ASSISTANCE  
MANAGEMENT & CONSULTING SERVICES

**SCP**  
PUBLIC ACCOUNTING  
FIDELITY  
NTRUST

## Whistleblower Hotline

Speak up with confidence.  
Report wrongdoing or unethical conduct.  
Ask questions safely, securely and confidentially.  
Remain anonymous, if you wish.

Extencare has established an anonymous and confidential reporting system with an independent contractor, Clearview Connects.

Team members (employees), residents, clients/patients and their families, and other community stakeholders can report concerns regarding:

- Potential violations of company policies or laws and regulations
- Matters relating to health and safety and resident/client/patient care
- Matters regarding accounting, internal accounting controls, auditing, and our code of Business Conduct

Choose one of four ways to make your confidential report:

- Online
- Live agent
- Voicemail
- P.O. Box

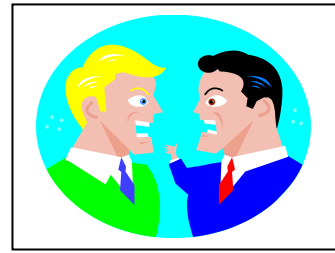
**CLEARVIEW CONNECTS**  
CLEARVIEW CONNECTS CONSULTING

Concerns? Submit your report to Clearview Connects today:

- clearviewconnects.com
- 1 866 888 6043
- P.O. Box 11017, Toronto, Ontario M1E 1N0

## WORKPLACE VIOLENCE AND HARRASSMENT

Bill 168 is an amendment to Ontario's *Occupational Health and Safety Act* ("OHSA"). It came into force on June 15, 2010 and aims to Protect workers from violence and harassment.



### **Policy Statement**

It is the policy of the organization that each individual has the right to work in a professional atmosphere, in a harassment, discrimination and violence-free workplace.

F. J. Davey Home promotes the awareness of and proactive approach to dealing with violence and harassment in the workplace, and therefore will take reasonable steps to identify potential sources of violence and harassment, and to eliminate or minimize these risks through the Workplace Violence Prevention Program.

The management of the F. J. Davey Home will not tolerate violence or harassment committed by or against any employee or the public within the work environment. No employee, resident or member of the public shall subject any person or persons (employee, resident, member of the public etc.) to workplace violence or allow conditions that support workplace violence. Any employee, resident or member of the public who subjects any person or persons to workplace violence or harassment will be identified and followed up by management of the home.

If you have any questions concerning our Workplace Violence Prevention Program, please speak with the Administrator.



## **VISITOR AND ESSENTIAL CAREGIVER CODE OF CONDUCT**

FJ Davey's commitment to Residents and fostering a home like environment is the foundation of quality care and is achieved through the Mission, Vision and Values. The Code of Conduct for visitors has been developed to set out expectations in a clear and concise manner and is an adjunct to the Extencicare Abuse policy and the Extencicare Harassment policy.

The Code of Conduct is not all inclusive and if a specific situation arises which is not outlined in the following information, it will be addressed in accordance with the general principles and standards established by this document.

### **CODE OF CONDUCT EXPECTATIONS**

#### **Confidentiality**

- Visitors are encouraged to respect privacy laws and refrain from using electronic recording devices for recording images, voices or actions of staff or residents without their express written consent.

#### **Respect for Others**

- Visitors and/or Essential Care Givers are to conduct themselves in a respectful manner when interacting with other residents, their families, employees and others. Kindness, courtesy and concern for others are important parts of this standard.
- Maligning or stating falsehoods, along with disruptive behavior is unacceptable and not condoned. We encourage you to bring concerns directly to Management should there be an issue or concern. We value this feedback so that we can continue to improve our processes.

#### **Threats, Intimidation and Harassment**

- Visitors and/or Essential Care Givers are not to threaten, intimidate or harass any resident or resident's family member at any time.
- The Occupational Health and Safety Legislation require the Home to take all reasonable precautions to protect staff from violence, abuse and harassment in the workplace. This includes any remarks or comments that one ought to know would be found offensive or hurtful.

#### **Resident Safety and Security**

- Visitors shall not endanger the safety and security of any resident at any time, be it physically, verbally, psychologically, financially, by neglect or otherwise. The home has a zero tolerance for any action of this kind and will require the immediate removal of the person engaged in such behavior.

## **HONESTY AND INTEGRITY**

### **Honesty**

- The home encourages honesty by all visitors in their dealings with residents, their families, employees and others.

### **Protection of Property**

- Visitors and/or Essential Care Givers will take care not to damage the property of residents, employees and others.

### **Removal/Use of Property**

- Visitors and/or Essential Care Givers are not to remove, borrow or use the property, equipment or information of residents who are not their family members without the approval of the Administrator of the building.

### **Theft**

- Theft or misappropriation of resident's money, property, or equipment will be reported to the police.

# Office Services

***Helping you manage your legal and financial obligations***

## ***BUSINESS OFFICE SERVICES***

The Business office is located on the second level in the middle of the core hallway.

The business office is the communication centre of the home, and helps you manage your legal and financial obligations. Our business office is open daily from 9 a.m. to 4:00 p.m. Monday to Friday. The Office Manager will be happy to answer your questions or any concerns. We only accept cash or cheque for payments of accounts.



Resident banking is done in the business office on Monday to Friday 1:30pm to 3:30pm

## ***TRUST ACCOUNTS***

Residents have the ability to have monies deposited into a non-interest bearing trust account. The Home has established and will maintain a non-interest bearing trust account at a financial institution in which it shall deposit all money entrusted to it on behalf of a resident. At no time will the Home hold more than \$5,000.00 in the trust account for any resident at any time. The Home will keep petty cash trust money, composed of money withdrawn from the trust account, which is sufficient to meet the daily cash needs of the residents who have money deposited in the trust account on their behalf.

Upon admission you will meet with our Accounts Office Manager you will be given options to choose from for cable, phone, foot care, dental, outings and Para bus money. You will be able to choose one or all of the options.

The Home has a written policy and procedures for the management of resident trust accounts and the petty cash trust money. The written policy and procedures is available to every resident and person acting on behalf of a resident who asks to have money deposited into a trust account. For further information, please speak to our Accounts Office Manager 705-942-2204 Ext.232

## **TRUSTEESHIP**

If a resident does not have any relatives or friends to assist with his/her finances and is physically and/or mentally incapable of handling financial matters, the business office will initiate a public guardian or trustee to manage the resident's finances on his/her behalf.

## **POWER OF ATTORNEY & OTHER LEGAL DOCUMENTS**

A 'Power of Attorney' is a legal document that gives someone else the right to act on a resident's behalf. Copies of such documents are required for the resident's file. The F.J. Davey Home staff and management are not permitted to participate in the development of or witnessing any legal documents. The financial POA is responsible for paying all accounts in the home. You can relinquish this responsibility by contacting Public Guardian and Trustee at

**Address:** 199 Larch St, Sudbury, ON P3E 5P9  
**Phone:** (705) 564-3185

If accounts are not paid timely the Public Guardian and Trustee will be notified to review.

## **RATE REDUCTIONS**

As a Resident of a Long-Term Care home, one is required to pay a co-payment for accommodation. The requirement is set out in the *Long-Term Care Homes Act, 2007* (the Act).

The Rate Reduction Program is intended to provide a reduction in the co-payment amount one is required to pay based on an individual's available income. Rate reductions are available to Residents who reside in basic accommodation or spousal reunification situation.

The Home's Administrator can provide a rate reduction application form to Residents to complete. The application must be in a form and manner acceptable to the Director, must include any supporting documentation required by the Director, and must include the Notice of Assessment issued under the *Income Tax Act (Canada)* for the Resident's most recent taxation year. Upon request of a Resident, the Home will provide assistance in completing the application. Please contact the Accounts Office Manager for further information.

The government also offers financial assistance programs to seniors.  
For more information, please contact:

Ontario Ministry of Finance  
Ministry of Health and Long-Term Care  
Financial Management Branch  
5700 Young Street, 12th Floor, Toronto, Ontario  
M2M 4K5  
Tel (416) 212 0522

## **REIMBURSEMENT OF ACCOMMODATION COSTS**

Residents discharged to another long-term care home will be reimbursed the daily rate effective from the date of transfer to month-end. The home receiving the Resident is entitled to bill from the date of admission. Residents discharged for other reasons will be reimbursed from the day following the discharge.

The reimbursement of accommodation costs will be mailed to the resident, family member or Power of Attorney upon discharge. If the refund is not received within six weeks after discharge, please contact the business office for immediate assistance.

## **RESIDENT CHARGES**

The Home will not charge a fee to a Resident for anything, except in accordance with the following:

1. For basic accommodation, a Resident shall not be charged more than the amount provided for in the Regulation under the *Long-Term Care Home Act, 2007* for the accommodation provided.
2. For preferred accommodation, a Resident shall not be charged more than can be charged for basic accommodation, unless the preferred accommodation was provided under an agreement, in which case the resident shall not be charged more than the amount provided for in the Regulation under the *Long-Term Care Home Act, 2007* for the accommodation provided.
3. For anything other than accommodation, a resident shall be charged only if it was provided under an agreement and shall not be charged more than the amount provided for in the Regulation under the *Long-Term Care Home Act, 2007*, or, if no amount is provided for, more than a reasonable amount.

4. A Resident shall not be charged for anything for which the Regulation under the *Long-Term Care Home Act, 2007* provide is not to be charged. The following charges are prohibited by the Regulation:
- (a) charges for goods and services that the Home is required to provide to a resident using funding that the Home receives from a local health integration network (including goods and services funded by a local health integration network under a service accountability agreement), or the Minister of Health and Long-Term Care;
  - (b) charges for goods and services paid for by the Government of Canada, the Government of Ontario, including a local health integration network, or a municipal government in Ontario;
  - (c) charges for goods and services that the Home is required to provide to Residents under any agreement between the Home and the Ministry or between the Home and a local health integration network;
  - (d) charges for goods and services provided without the Resident's consent;
  - (e) charges, other than the accommodation charge that every Resident is required to pay, to hold a bed for a resident during a medical absence, psychiatric absence, casual absence and vacation absence, or during the period permitted for a resident to move into the Home once the placement co-ordinator has authorized admission to the Home;
  - (f) transaction fees for deposits to and withdrawals from a trust account required to be established and maintained by the Home, or for anything else related to a trust account; and
  - (g) charges for anything the Home must ensure is provided to a Resident pursuant to the Regulation under the *Long-Term Care Home Act, 2007*, unless a charge is expressly permitted.

*The Long-Term Care Home Act, 2007* states that every licensee of a long-term care home shall ensure the following care and services are available at no additional cost:

1. **Nursing and personal support services.** "Personal support services" means services to assist with the activities of daily living, including personal hygiene services, and includes supervision in carrying out those activities.
2. **24-Hour nursing care (this is not defined as one on one care)** Our 24hr nursing team consists of 1 RN for building, RPN and PSW/HCA team on each RHA.
3. **Restorative care** that promotes and maximized independence and where relevant to the Resident's assessed care needs, includes but is not limited to, physiotherapy and other therapy services which may be either arranged or provided by the licensee.

4. **Recreational and social activities** the meet the interest of the residents and includes services for residents with cognitive impairments and Residents who are unable to leave their rooms.
5. **Dietary services and hydration** the meet the daily nutrition and hydration needs of the Residents. Residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied.
6. **Medical services** including information and assistance in obtaining goods, services and equipment that is relevant to the Residents' health care needs but are not provided by the licensee (excluding financial assistance).
7. **Religious and spiritual practices** to ensure that Residents are given reasonable opportunity to practise their religious and spiritual beliefs and to observe the requirements of those beliefs.
8. **Accommodations services** which include an organized program of housekeeping, an organized program of laundry services to meet the linen and personal clothing needs of the Residents and an organized program of maintenance services for the home.
9. **Volunteer program** for the home that encourages and supports the participation of volunteers in the lives and activities of the Residents.

## ***ROOM ACCOMODATION AND SAFETY***

Throughout years past there have been times when couples did share a room. F. J. Davey Home in conjunction with Health and Safety Committee has discussed the safety issues and has decided that only one bed will be allowed in each room.

The reasons behind this decision are due to many factors.

- The Resident rooms at the F. J. Davey Home are not considered Wardrooms.
- Increased clutter and tripping hazards
- Staff need to be able to care for the resident
- If a fall occurs staff are to use a lift to assist the resident up off the floor. The room needs to be able to accommodate a lift with at least 2 staff.
- Some residents require lifts for transferring in and out of bed.

The F. J. Davey Home does support spousal reunification and request that sleeping quarters are in separate joining rooms.

## ***MAXIMUM CHARGES FOR ACCOMMODATION***

The amount paid by Residents for their accommodation is called a “co-payment,” which varies according to the accommodation type. The Ministry of Health and Long-Term Care sets maximum accommodation co-payment rates.

During a medical absence, psychiatric absence, casual absence and vacation absence, a resident continues to be responsible for the payment of the maximum amounts that may be charged by the Home to the Resident for the same class of accommodation that was provided to the Resident immediately before the absence.

Even if the Home does not have an agreement with the resident, the Resident is responsible for the payment of amounts charged by the Home for basic accommodation calculated in accordance with the *Long-Term Care Homes Act, 2007*.

## ***PRE-AUTHORIZED PAYMENT***

Residents/family members/Powers of Attorney are encouraged to take advantage of the pre-authorized payment option. Pre-authorized payments are automatically deducted monthly from your chequing account. Save time and effort – there are no cheques to write or payment deadlines to worry about. Speak to the office manager to sign up for your pre-authorized payment plan.

## ***INFORMATION ABOUT FUNDING***

A new funding system for all long term care homes was introduced in July 1993. The system is based on dividing all funding into three separate “envelopes”:

- Nursing and Personal Care
- Program and Support Services
- Accommodation

Nursing and Personal Care includes all nursing services and medical and nursing supplies, as well as the personal care of residents. Ministry of Health funding for Nursing and Personal Care is based on a formula that reflects two often conflicting priorities: First, the amount of funding that the Ministry has and second, the number of Residents and their needs. The nursing and personal care funding formula is the same for private sector and public sector service providers and reflects the fact that private and public sector long term care providers must meet the same high standards of care. Regardless of the type of service provider, the funding from this envelope must be used only for nursing and personal care. If, at the end of the funding year a long term care



home has surplus nursing and personal care funds, the money must be returned to the Ministry of Health. An exacting audit process has been established to verify surpluses.

The Program and Support Services envelop includes funding for therapeutic services, pastoral care, recreation staff training and volunteer coordination. As with the Nursing and Personal Care envelope, funding is based on Resident needs, but in reality reflects available funds. Again, any surplus funds remaining at the end of the year are carefully audited and must be returned to the Ministry.

The Accommodation envelope includes funding for “room and board” expenses such as food costs, housekeeping, dietary services, laundry and linen services, administration, building and property operations and maintenance, including mortgage payments and taxes for private long term care providers. The Ministry of Health sets a predetermined minimum expenditure for food costs as well as specific requirements for dietary staffing levels. There are three types of accommodations: basic, semi-private and private.

## **Additional (Uninsured) Services**

***Services available to you at an additional cost. Residents are not required to purchase care, services, programs or goods from the Home and may purchase such things from other providers. However, the purchase of a drug supply for a resident is subject to any restrictions by the Licensee under the Regulation to the Long-Term Care Homes Act, 2007***

### **NON EMERGENCY TRANSPORT AND RESIDENT APPOINTMENTS**

It is the responsibility of the POA/SDM to book appointments and transportation.

The F.J. Davey Home is not responsible for personal, non-emergency transport. Taxis, wheelchair accessible taxis, or Wheel-Trans (wheelchair accessible public bus service) can be arranged for outings but must be booked in advance. Residents are responsible for payment of these services.



### **DENTAL CARE**

Arrangements for dental services can be made in the home. These services are provided in the home by a dental hygienist. Costs for dental services may be covered by your health insurance plan; additional fees are the responsibility of the resident.

### **OPTOMETRY**

Residents are encouraged to have an annual eye exam. Appointments and payments are the responsibility of the POA/SDM.

### **ADVANCED FOOT CARE**

Specialty foot care services can be hired by you from selected contracted services. Appointments and payments are the responsibility of the POA/SDM. Please speak with the Team Leader (RPN) on your loved ones Resident home area for further information. All specialty foot care service providers must have a contract with the home to ensure safety. Advanced foot care includes the following non-invasive measures beyond basic

skills, padding, strapping, techniques for cutting ram's horn nail, nail packing, assessment for potential problems for referral, corrective foot health education.

The F. J. Davey Home has worked with the following agencies to develop service contracts.

Service contracts ensure that the providers have:

- the appropriate registration under the College of Nurses of Ontario
- acquired the approved special courses on Advanced Foot Care and have at least 3 – 5 years of previous service in giving Advanced Foot Care
- Understand our Policies and Procedures for treatments, charting, etc.
- and sufficient insurance coverage and good standing in WSIB, etc

**LOCAL CONTRACTED FOOT CARE SERVICE AGENCIES** – (alphabetized)

**Joyce's Foot Care**

Joyce Gagne 705-941-5816

**Kobe's Quality Foot Care**

Kobe Amoah 705-971-8711

**Superior Nursing Foot Care**

Melody Pelletier-Cuillerier  
705-987-8161

***HAIR SALON***

Hair care services are provided at our hair salons located *on the third level*. The hair salon is open *Monday to Friday*. Please indicate your interest in this service by signing a consent form upon admission. The cost for this service is the responsibility of the resident. For more information or to book your appointments, please call the hairstylist 705-942-2204 Ext. 307 or Accounts Office Manager 705-942-2204 Ext. 232

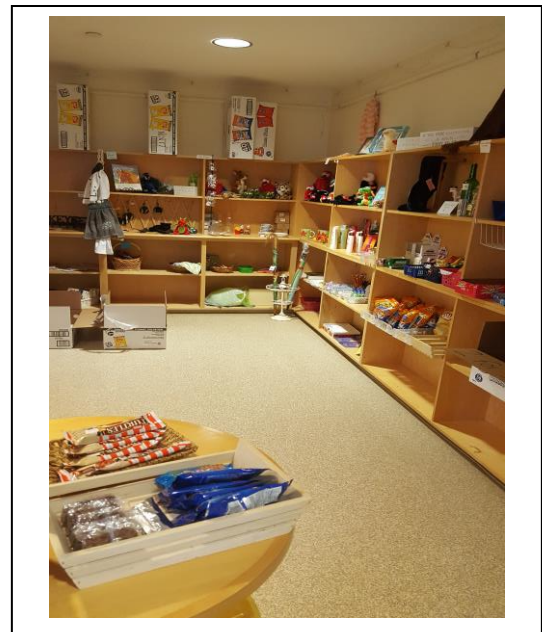
***TELEPHONE, CABLE AND INTERNET***

Public televisions are located in common areas of the home. If more privacy is desired, all resident rooms can accommodate telephone, and cable. Telephone, cable, connections can be arranged through contacting the Resident Services Office Manager

705-942-2204 Ext. 232. This connection could take up to 24 hours after notification. Thank-you, for your patience in advance.

## ***THE TUCK SHOP***

For small purchases of snacks and other items a tuck shop is available in the home. The Tuck Shop is located at the main entrance. It is staffed by volunteers. The Tuck shop is open daily from 2pm to 4pm. Residents are responsible for payment at the time of sale with cash or can be paid using the trust account though the business office (which is preferable)



# ZERO TOLERANCE POLICY ON ABUSE & NEGLECT

*The F.J. Davey Home has a zero tolerance policy for abuse and neglect of any kind towards anyone.*

The F.J. Davey Home is committed to providing a safe and supportive environment in which all residents are awarded dignity and respect. The philosophy of the F.J Davey Home is to ensure and protect the rights of each and every resident entrusted to our care. The Home has a zero tolerance of abuse and neglect of residents. The Home has a duty to protect their residents and every person has a legal obligation to report.



## Zero Tolerance of Resident Abuse and Neglect Program RC-02-01-01

LAST REVIEWED: November 2023

### APPENDICES:

- Appendix 1 – Possible Signs of Abuse or Neglect

### RELATED AND SUPPLEMENTAL POLICIES:

- RC-02-01-02, Zero Tolerance of Resident Abuse and Neglect: Response & Reporting, RCM
- RC-02-01-03, Zero Tolerance of Resident Abuse and Neglect: Investigation and Consequences, RCM
- Whistleblower Policy, National Policies
- RC-02-01-04, Commitment to Resident-Centered Care and Resident Rights, Resident Care Manual
- RC-09-01-04, Complaints and Customer Service, Resident Care Manual
- RC-02-01-05, Supervised Visitation, Resident Care Manual
- RC-09-01-05, Critical Incident Reporting (AB, MB), Resident Care Manual
- RC-09-01-06, Critical Incident Reporting (ON), Resident Care Manual
- RC-17-01-04, Responsive Behaviours, Resident Care Manual
- RC-01-01-05, Primary Nursing Care, Resident Care Manual

### REQUIRED DOCUMENTS:

- EDUCATION ATTENDANCE RECORDS – Ensure employees' names are documented upon completion of Zero Tolerance of Resident Abuse and Neglect education.
- STANDARDS OF CONDUCT SIGNATURE FORM, OP-03-01-01 A1 – Use to acknowledge that all staff, volunteers, students, agency/contractors and other relevant persons that they have read, understood and agreed to the policy during orientation and annual retraining.

## POLICY

Extencicare is committed to providing a safe and secure environment in which all residents are treated with dignity and respect and protected from all forms of abuse or neglect at all times.

Extencicare has zero tolerance for abuse and neglect. Any form of abuse or neglect by any person, whether through deliberate acts or negligence, will not be tolerated.

Prevention of abuse and neglect is fundamental to the zero-tolerance program.

All homes will implement a comprehensive zero tolerance of resident abuse and neglect program including measures to:

- prevent, detect and immediately respond to any alleged incident of resident abuse or neglect;
- promote fulsome and timely internal and external reporting and disclosure;
- promptly and thoroughly investigate all alleged or reported incidents in a fair and transparent manner;
- identify and address root causes using quality improvement methods and tools and interdisciplinary plan of care strategies;

# Extendicare

## Zero Tolerance of Resident Abuse and Neglect Program

### POLICY

- communicate with and support residents, families, witnesses, whistleblowers and others throughout the process; and
- monitor, evaluate and improve the program continuously.

Zero Tolerance of Resident Abuse and Neglect policies will be widely communicated and displayed in the home in a manner that is both highly visible and legible to all residents, staff and visitors.

The home will comply with all provincial, regional and local health authority written directives regarding Zero Tolerance of Abuse and Neglect.

*Note: This policy applies to all staff, agency/contractors, students, volunteers, families, visitors, board members, and individuals that are involved with the care of the resident and/or the safe operation of the home.*

*The policy and procedures herein operate subject to applicable legislation and collective agreements.*

### PROCEDURES

- |                              |  |
|------------------------------|--|
| ADMINISTRATOR<br>/ DESIGNATE | <ol style="list-style-type: none"><li>1. Display and communicate Zero Tolerance of Resident Abuse and Neglect policies in a manner that is both highly visible and legible to all residents, staff and visitors.</li><li>2. Post the Administrator/designate contact information as well as other contact information (e.g., provincial, regional and local health authorities) for reporting incidents of abuse/neglect.</li><li>3. Include information on the Zero Tolerance of Abuse and Neglect program policies, including how to report abuse, in the admission package for residents and families.</li><li>4. Conduct pre-employment/engagement screening for all staff, volunteers, students and others in keeping with Extendicare People and Culture policies, regulatory requirements and contractor policies. Personal Support Workers/Health Care Aides/Care Aides and Continuing Care Assistants will undergo a check of the provincial care aide registry, where available and required.<ol style="list-style-type: none"><li>a. In Manitoba, all individuals must be subject to a check of the Adult Abuse Registry prior to hire; and</li><li>b. In Ontario, a criminal reference check and vulnerable sector screen will be conducted in accordance with legislation.</li></ol></li><li>5. Orient all new staff, volunteers, students, agency/contractors and other relevant persons to all the policies supporting the Zero Tolerance for Abuse and Neglect program. At minimum, the following information will be available:<ol style="list-style-type: none"><li>a. Definitions of resident abuse/neglect and how to recognize and report it;</li></ol></li></ol> |
|------------------------------|--|

# Extendicare

## Zero Tolerance of Resident Abuse and Neglect Program

### PROCEDURES

- b. Consequences for abusing/neglecting a resident or failing to report it;
  - c. Whistleblower protection;
  - d. How to identify and manage signs and symptoms of caregiver burnout;
  - e. Strategies to promote trusting relationships, mitigate power imbalances and prevent situations that may lead to abuse or neglect;
  - f. Strategies to prevent resident to resident abuse including ways to manage responsive behaviours;
  - g. Extendicare Commitment to Residents;
  - h. Resident rights;
  - i. Least restraint policy and use of personal assistive devices;
  - j. Complaint procedures; and
  - k. Relevant regulations.
6. Provide annual refresher training on all components of the program to all full-time, part-time, casual and staff who have been off for an extended leave, volunteers, students, agency/contractors, and other relevant persons (e.g., care companions).
7. Ask all staff, volunteers, students, agency/contractors and other relevant persons to attest that they have read, understood and agreed to the policy during orientation and annual retraining. Use *Standards of Conduct Signature Form, OP-03-01-01 A1* located in Operations Manual or electronic equivalent.  
**Note:** *Completion of annual mandatory training is required.*
8. Identify and correct situations where abuse, neglect, and/or mistreatment can occur. At minimum:
- a. Identify and monitor secluded areas of the home;
  - b. Implement policy, *Primary Care Nursing RC-01-01-05* and ensure staff demonstrate knowledge of individual resident needs;
  - c. Assess resident capacity on a regular basis, especially if there are significant changes in the resident's condition;
  - d. Develop a comprehensive plan of care on admission, readmission, and at minimum quarterly thereafter, for residents with needs and behaviours that may lead to altercations, victimization or aggression and ensure all caregivers are aware of and compliant with its contents;
  - e. Provide shift to shift reporting and regularly communicate strategies that will assist front line staff to provide resident-centred care and address the needs of residents who refuse or resist care;
  - f. Promptly investigate resident-to-resident altercations, complaints and unexplained bruising or injuries to determine root cause and put in place measures to prevent recurrence; and

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## Zero Tolerance of Resident Abuse and Neglect Program

### PROCEDURES

- g. Implement Responsive Behaviour management strategies based on individual assessment (refer to Responsive Behaviour policies), assess progress and secure additional/external resources where available and if required.
9. Identify and address root causes using quality improvement methods and tools and interdisciplinary plan of care strategies.
10. Communicate and support residents, families, witnesses, whistleblowers and others throughout the process.
11. Monitor, evaluate and improve the program continuously.
12. Evaluate the Zero Tolerance program at minimum annually and revise as needed. The evaluation will:
  - a. Review all components of the program and its implementation in the home;
  - b. Solicit input from residents and families and staff at all levels to identify opportunities for improvement;
  - c. Include a root cause analysis of selected incidents, ideally conducted in collaboration with the CQJ or PAC Committee;
  - d. Maintain a written record of review results;
  - e. Implement changes and improvements promptly and communicated; and
  - f. Consider the following indicators to determine trends and assess the effectiveness of the prevention strategies:
    - i. Number of incidents of alleged resident abuse/neglect;
    - ii. Number of incidents of proven resident abuse/neglect;
    - iii. Number of recurrences; and
    - iv. Trends regarding types of incidents, location, time of day, persons involved and other factors.
13. Ensure the identified changes and improvements are promptly implemented, communicated and documented consistently.
14. Complete all steps related to the implementation of Zero Tolerance policy and procedures.

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#### ALL STAFF

1. Read materials and complete education/training on Zero Tolerance of Resident Abuse and Neglect as assigned and seek further information or training if required.
2. Encourage residents, families, substitute decision-makers, students, contracted individuals, and volunteers to:



# Extensicare

## Zero Tolerance of Resident Abuse and Neglect Program

### PROCEDURES

- a. Read and understand the definitions of abuse and neglect and relevant reporting requirements.
- b. Participate in training that supports the implementation of the Zero Tolerance of Abuse and Neglect Program.
- c. Report to the Director of Care any barriers to compliance with relevant policies.



- All persons, including but not limited to employees, physicians, residents, students, contracted individuals, and volunteers, are encouraged to report breaches of the home's policies and procedures that apply to the home. Refer to national policy, *Whistleblower Policy, National Policies*.



#### ABUSE

In relation to a resident, means physical, sexual, emotional, verbal or financial abuse.

#### PHYSICAL ABUSE

The use of physical force by anyone other than a resident that causes physical injury or pain; administering or withholding a drug for an inappropriate purpose, or the use of physical force by a resident that causes physical injury to another resident.

Examples: attacking, slapping, striking, hitting, pinching, pulling, rough handling, pushing, grabbing (in an attempt to control or destroy a part of one's anatomy), misuse of restraints, forced confinement to room, beating, cutting, burning, striking with any object or weapon.

**Note:** 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

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 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.

Examples: sexual speech, unwanted touching or molestation that is sexual in nature, engaging residents in conversation about sexual acts without clinical justification, sexual assault, sexual harassment, rape.

**Note:** Does not include 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.

Does not include 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 home or before the licensee or staff member became a licensee or staff member.

# Extendicare

## Zero Tolerance of Resident Abuse and Neglect Program

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### **EMOTIONAL ABUSE**

Any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization, that are performed by anyone other than a resident, or 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 its consequences.

Examples: humiliation, intimidation, infantilization, imposed or sudden isolation, sarcasm, mocking, ridiculing, name calling, scolding, any forms or acts of punishment, threats, instilling fear, withholding companionship or desired items, social isolation, withholding of critical information, denial of privacy, removal of the decision-making process, lack of acknowledgement or intentional ignoring.

### **VERBAL ABUSE**

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 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.

Examples: inappropriate tone of voice abusive language, yelling, swearing rude, offensive or sexual comments or gestures.

### **FINANCIAL ABUSE**

Any misappropriation or misuse of a resident's money or property.

Examples: theft, extortion, unauthorized consumption of resident food, misusing resident telephone to make local and long distance calls, withholding or borrowing money or valuables, money, valuables or property being taken away from a resident, forging of a resident signature, cashing a cheque or possessing/using a resident credit/debit card without authority, or falsely acting as a power of attorney.

### **NEGLECT**

The failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being - includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

Examples: unreasonably ignoring a call for assistance, refusing to provide assistance to the bathroom when the resident requests or requires such assistance, neglecting the resident's physical needs with respect to cleanliness, such as neglecting to provide grooming, bathing, hair care, or teeth and nail care, sensory deprivation (glasses, hearing aids, dentures, prolonged inactivity), withholding meals and/or nutritional fluids, or lack of necessary safety precautions to prevent injury to the resident.

# Extending

## Zero Tolerance of Resident Abuse and Neglect Program

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**Note:** Ontario LTC home staff should review the definitions of abuse and neglect as set out in the FLTCA and section 115 of the Regulation. Under section 28 of the FLTCA homes are not required to report an assault on a staff member. Although homes may be required to, or should report these incidents to other required bodies or entities such as the Ministry of Labour or the police.

### THERAPEUTIC RELATIONSHIP

At the core of care provided by healthcare providers is the therapeutic relationship. The relationship is based on trust, respect, empathy and professional intimacy, and requires appropriate use of the power inherent in the care provider's role. Regardless of the context, length of interaction and whether a healthcare provider is the primary or secondary care provider, these components are always present. A boundary in the therapeutic relationship is the point at which the relationship changes from professional and therapeutic to unprofessional and personal. Crossing a boundary means that the health care provider is misusing the power in the relationship or behaving in an unprofessional manner with the resident. The misuse of power does not have to be intentional to be considered a boundary crossing.

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Adult Abuse Registry Act, 2011, Manitoba

<http://web2.gov.mb.ca/laws/statutes/ccsm/a004e.php>

The Protection for Persons in Care Act, Manitoba C.C.S.M. c P144

<http://web2.gov.mb.ca/laws/statutes/ccsm/p144e.php>

Protection for Persons in Care Act, Alberta Regulation 104/210

[http://www.qp.alberta.ca/1266.cfm?page=2010\\_104.cfm&leg\\_type=Regs&isbncln=9780779750047&display=html](http://www.qp.alberta.ca/1266.cfm?page=2010_104.cfm&leg_type=Regs&isbncln=9780779750047&display=html)

RNAO.ca/elder-abuse

<http://rnao.ca/bpg/guidelines/abuse-and-neglect-older-adults>

Ontario Fixing Long-Term Care Act, 2021

<https://www.ontario.ca/laws/statute/21f39>

Ontario Regulation 246/22 made under the Fixing Long-Term Care Act, 2021

<https://www.ontario.ca/laws/regulation/r22246>

Alberta Nursing Homes Act, 2000

<http://www.qp.alberta.ca/documents/Acts/N07.pdf>

Alberta Nursing Homes Operation Regulation 258/1985, 2017

[http://www.qp.alberta.ca/documents/Regs/1985\\_258.pdf](http://www.qp.alberta.ca/documents/Regs/1985_258.pdf)

# Extendicare

## Zero Tolerance of Resident Abuse and Neglect Program

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Alberta Continuing Care Accommodation and Health Service Standards  
<https://www.alberta.ca/continuing-care-accommodation-and-health-service-standards.aspx>

Manitoba Health Services Insurance Act, RSM 1987, c. H35  
<https://web2.gov.mb.ca/laws/statutes/ccsm/h035e.php>

Manitoba Personal Care Homes Standards Regulation, 2005  
[https://web2.gov.mb.ca/laws/regs/current/\\_pdf-regs.php?reg=30/2005](https://web2.gov.mb.ca/laws/regs/current/_pdf-regs.php?reg=30/2005)

*Extendicare's Intranet is the official source of current approved policies, procedures, best practices and directives.*

# Duty to Report

## Keeping Residents Safe

Everyone shares a responsibility to ensure that residents can live with dignity and in safety, security and comfort. Ontario's long-term care homes are committed to providing the best possible care for residents. The Ministry of Health and Long-Term Care inspects homes to ensure that they are compliant with the *Long-Term Care Homes Act, 2007*.

If you see or suspect that any of the following has occurred or may occur that resulted in harm or risk of harm:

- improper or incompetent care or treatment of a resident
- abuse of a resident by anyone
- neglect of a resident by staff or the home's licensee
- unlawful conduct

Or, if you suspect that the following has occurred or may occur:

- misuse or theft of a resident's money, including money being held by the home in a trust account for the resident
- misuse or theft of funding provided to the home by the government

Then you have a duty to report this information immediately to the responsible Director at the Ministry of Health and Long-Term Care.

### Who must make a report?

Everyone (other than a resident) has a duty to report any of the issues listed above. Residents can report these issues but are not obligated to do so. However, reporting is a requirement for licensees, people who work in the home, and those who provide professional services in the areas of health, social work or social services work to residents and/or the licensee. They may be subject to penalties if they fail to report.

### How to report:

Call this confidential toll-free number:

# 1-866-434-0144

(7 days a week, 8:30 a.m. - 7:00 p.m.)

### Or send a letter to:

Director, Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor, Toronto ON M5S 2B1

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

The *Long-Term Care Homes Act, 2007* provides protection for people who report concerns to the ministry. People making reports do not have to give their name or any contact information. If you do provide your name, we are committed to protecting people's privacy and all reports are treated as confidential. Information about reports is only disclosed if a law requires or allows the ministry to disclose it. If you or someone else is treated unfairly because you made a report, contact the ministry.

**For more information on the duty to report, see section 24 of the Long-Term Care Homes Act, 2007 on [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca)**



# Do You Have a Concern or Complaint About a Long-Term Care Home?

If you do, take action and help improve care for residents

● **Follow the home's complaint process**

Homes are required to have a written complaint procedure and post it where people can see it. They are also required to respond to concerns and complaints.

OR

● **Contact the Ministry of Health and Long-Term Care**

The ministry is responsible for ensuring long-term care homes comply with the *Long-Term Care Homes Act, 2007*.

Call the ministry's toll-free, confidential Long-Term Care ACTION Line:

**1-866-434-0144**

(7 days a week, 8:30 a.m. - 7:00 p.m.)

Or send a letter to:

Director  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor, Toronto ON M5S 2B1

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

The *Long-Term Care Homes Act, 2007* provides protection for people who report concerns to the ministry. People making complaints do not have to give their name or any contact information. If you do provide your name, we are committed to protecting people's privacy and all complaints are treated as confidential. Information about complaints is only disclosed if a law requires or allows the ministry to disclose it. If you or someone else is treated unfairly because you complained, contact the ministry.



## FALLS MANAGEMENT PREVENTION REMINDERS TO FAMILY

### HOW WE HELP

- ▷ When you move into a long term care home, you are assessed for your individual risk factors of falling and you are reassessed regularly. Your care team will discuss prevention strategies with you and your family. Your input is encouraged and valued!
- ▷ We provide you and your family with information about falls.
- ▷ We assist with the proper equipment required to help you walk safely.
- ▷ At scheduled care conferences, we discuss plans to reduce your risk of a fall.

### DID YOU KNOW

- ▷ One in three older adults falls each year and 40 per cent of admissions to long term care homes are the result of falls.
- ▷ Falls are the sixth leading cause of death in older adults.
- ▷ Falling is also the leading cause of injury-related admissions to hospital for those over age 65.
- ▷ Resident rooms and bathrooms are the most common areas for falls to occur.
- ▷ More than one in three falls results in serious injury.

**EXTENDICARE**<sup>®</sup>  
... helping people live better



## PREVENTING FALLS

Information for  
residents and families

***NOTE: Safe foot wear is a high priority, please take steps to ensure foot wear is well fitting and firm shape foot wear. If your loved one cannot wear safe shoes or slippers, use slipper grip socks. Some examples below.***



## ARE YOU AT RISK?

- ▷ Are you over 65?
- ▷ Do you:
  - have a history of falling?
  - get regular activity?
  - have weakness in your lower legs?
  - have an illness that leaves you unsteady while standing?
  - have difficulty seeing or hearing?
  - have a need to go to the bathroom quickly?
  - get anxious or confused?
  - take multiple medications per day?
  - have an infection?
  - suffer from pain?
  - have difficulty sleeping?
  - have a fear of falling?
  - have arthritis, osteoporosis, dementia and/or depression?
  - eat and drink properly?
  - experience a language barrier?



Please use your  
call bell for  
assistance

## YOU CAN HELP PREVENT FALLS

Be aware of the common risks and causes of falls.  
You can prevent falls that cause injury:

- ▷ Ensure your hearing aides are working, your glasses are the correct prescription and that they are both used when walking.
- ▷ Wear non-skid socks or low-heeled footwear that fit properly.
- ▷ Try to walk a little every day and participate in the activities offered
- ▷ Eat healthy and nutritious meals. Skipping a meal can make you weak and light-headed.
- ▷ Discuss the need for Vitamin D and calcium supplement (for bone strength) with your physician.
- ▷ Ensure your pain is under control. If it isn't, ask your caregiver for help to relieve it.
- ▷ Ensure your room is not cluttered. Remove all items from the floor.
- ▷ Have personal items like your glasses, tissues and the phone, within easy reach
- ▷ Use the bathroom hand rails and grab bars.
- ▷ Before getting out of bed, sit for a moment to avoid the sudden drop in blood pressure that can make you dizzy.
- ▷ Ensure your room is properly lit day and night.
- ▷ Call for assistance when you need it.
- ▷ Use hip protectors to help prevent hip fractures if you are at risk of a fall (ask your care team for more information).
- ▷ Use mobility aides regularly as recommended for you.



## REDUCING PRESURE INJURIES

### You Can Help

You are an important member of your wound care team. To heal your pressure injury and/or to keep new ones from happening:

- Keep your dressings clean and dry;
- Change the dressing as instructed by your nurse and as needed if it gets dirty, falls off, or if it leaks through;
- Recognize the signs of wound infection and get help right away. Signs of infection include: redness/heat/ swelling around the wound, increased drainage, drainage that is green or pus and/or foul smelling, increased or new pain, and fever (38°C);
- Change positions as often as you can safely and comfortably, and avoid prolonged bed rest or when sitting (even if you are on a special mattress or cushion);
- Stop smoking;
- Eat a well-balanced diet with lots of protein (meat, eggs, nuts), and drink lots of non-caffeinated fluids;
- Take your medications as instructed by your doctor;
- Keep your blood sugars in good control (if you have diabetes);
- Achieve and maintain a healthy weight;
- Avoid sitting or lying on the wound;
- Don't massage or rub any warm, red, tender areas;
- Keep your skin clean and dry. Gently cleaning perineal skin at the time of soiling with a mild non-scented soap and warm water. Dab skin dry;
- Avoid long, hot baths—short, warm showers using a mild non-scented soap are preferable;
- Moisturize dry skin regularly with a mild, non-scented moisturizer to keep it from cracking;
- Keep your pain in control;
- Get enough rest/sleep;
- Keep a pillow between your knees and/or ankles to keep them from touching and elevate your heels off of your mattress using a pillow, even if you are on a special mattress;
- Avoid raising the head of the bed greater than 30 degrees, and avoid lying directly on your hips when on your side, i.e. use a 30 degree side lying position;
- Use any specialty mattresses, seating cushions, and other such devices properly and maintain and clean them as per manufacturer's instructions, and;
- Inspect your skin every day for red areas — if there are red areas, check if they are warm, firm, puffy/swollen, or painful. If so, let staff know IMMEDIATELY.

Contact Us:

F. J. Davey Home  
733 Third line east  
(705) 942-2204

## PRESSURE INJURIES

PREVENTIVE TIPS  
FOR RESIDENTS AND FAMILIES



WoundWise

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