Long Term Care

Your guide to the process and home selection

Presented by: Living Transition

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Questions needing to be answered

- When is it time to apply and what can I expect?
- What will be the cost and are there hidden fees?
- What do I look for in a home?

Change

It's human nature to be fearful of change. If you are doing all you can to avoid or deny it, you may feel like you're losing control and feeling powerless.

To embrace change, you need to regain control by acquiring the facts and then deciding on a course of action. Change is much less stressful if you have resources to work with and you know what to expect.

Have a plan.

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About Living Transition

The Living Transition team was founded by Larry Hoover in 2011.

Larry brings over 20 years as a sales and marketing professional. A business graduate from Ryerson University, he believes satisfied clients must be earned, and this comes from understanding their needs, being responsive and treating them as he would wish to be treated himself. Larry's' personal experiences and those shared with friends and colleagues fed a passion to ensure our elder loved ones' needs are met so that they may enjoy the highest possible quality of life they deserve.

Larry is a volunteer with the Alzheimer Society and sits on the Board of Directors for Youth Haven. He moved to Barrie from Oakville in 2005. He's the proud father of two beautiful, independent daughters.

Living Transition is also supported by a team of subject matter experts with many years of experience in the Elder Care services field. This practical expertise includes extensive backgrounds in Retirement Home, Long Term Care and Community Care Access Centre (CCAC) environments, as well as other support service providers supporting seniors.

The team believes in being extremely thorough and to constantly question. Discovering the true facts and honestly communicating those leads to a more positive living transition and experience for all.

Having a Plan

Living Transition believes it is important to be proactive by having a Plan. Understanding your options and being educated before a compelling event occurs can remove much of the fear of the unknown.

Family doctors tell us that almost every instance where an elderly patient is recommended to seek a Long Term Care facility, it is a crisis situation. Most families haven't prepared for an inevitable end result, and thus panic sets in. You don't need to act on your Plan until you feel the time is right.

Disclaimer

Living Transition has endeavored to ensure completeness and accuracy of the information presented in this guide. However, Living Transition assumes no liability whatsoever for any errors or omissions, nor guarantees the accuracy of the information. Information is collected over time and as such, details may change pertaining to pricing, service offerings and other facts.

Living Transition does not engage in rendering legal or medical advice. The information presented represents the opinion of Living Transition based on our research. It should not be interpreted as unofficial or official policy of any government or other body. Living Transition has no personal or financial interest in any of the residences or services mentioned.

Types of Service Providers

Community Support Services

- Services that help support living at home
- Non-medical in nature
- Examples include home maintenance, transportation, meal preparation & delivery, security checks, homemaking & visits, companionship

Home Health Care

- Higher level of services that help support living at home
- Examples include services mentioned above
- Additional range of services include nursing care and specific therapies, companionship, activities of daily living (ADL. i.e. showering)

Independent/Supportive Living

- Apartment-style facilities that may offer services such as homemaking, meals, 24-hour staffing & social activities
- Options may include rental, condominium or life-lease

Retirement Residences

- Homes provide accommodation, various levels of care & supportive services
- Non-regulated, non-profit, primarily for-profit facilities, non-subsidized
- Governed by:
    - Residential Tenancies Act: i.e. rent controls, standards
    - Health Protection & Promotion Act: i.e. sanitation, water quality, food prep
    - Ontario Building & Fire Codes

- Typical services include meals, social programs, 24-hour staffing, housekeeping, laundry, medication management, various levels of support for daily care
- No regulation in place managing care standards

Assisted Living

- Usually located in a designated section within the residence
- For those needing a greater level of nursing care often due to frailty
- Frequent assistance for daily activities such as dressing & bathing

Long Term Care

- For those not able to live independently & require 24-hour nursing attention
- Regulated, licensed & funded by the Ontario Ministry of Health & Long Term Care (MOHLTC)
- Formerly managed by Community Care Access Centres (CCAC).
- As of May 2017, managed by Local Health Integration Networks (LHINs).
- Eligibility for admission must be managed by a local CCAC/LHINs.
- Resident pays for accommodation, care & programs are paid by the province

Alzheimer Care

- Specialized care & supportive programs for those with Alzheimer disease or other similar conditions
- May be community or facility-based

Hospice Care

- May be in-home or facility-based
- For those with a terminal illness needing to relieve suffering & improve quality of life
- Support may include symptom or pain control, other support services

Glossary of General Health Care Services Terms

Activities of Daily Living (ADL)

Tasks that independent people do daily such as bathing, dressing, eating, toileting, walking or wheeling, and getting in and out of bed.

Administrator

Someone who is responsible for the daily operations of a facility, usually accountable to the home operator.

Alzheimer's Disease

A type of dementia. A progressive and irreversible disease where the brain cells degenerate, leading to dementia. Alzheimer's usually occurs in the elderly. It starts with forgetfulness and progresses to severe memory loss and disorientation, lack of concentration or loss to calculate numbers. In the advanced state, the severity of all symptoms increases and the person's personality may change considerably.

Assessment

A formal evaluation of the resident's physical and psychological state and ability to perform activities of daily living. This is required to determine the care needs of a resident.

Caregiver

Someone who cares for an elderly person or individual with physical and/or mental limitations.

Patient Care Coordinators (PCC)

Formerly called Case Workers. CCAC staff that authorizes all placements in a LTC home for both permanent and short-stay admissions. Short term stays may be for the purpose of post-surgical rehabilitation or respite (primary caregivers taking personal time). They may meet clients in their own home, hospital or retirement home. Each CCC may be responsible for up to 250 clients each at any one time.

The CCC is also responsible for assessing the clients' eligibility for in-home health services and assists the client, their caregivers and families to participate in the planning of their care by coordinating appropriate services and continually monitoring, supporting, managing and evaluating the plan of care through assessments with clients.

Applicants must be a regulated health professional (RN, PT, OT or MSW) and having a baccalaureate degree is preferred. A vehicle and a valid driver's license are required. Proficiency in French is an asset.

Cognition

Knowing, being aware of thoughts. The ability to reason, understand and think clearly.

Community Care Access Centre (CCAC)

CCACs are agencies funded by the Ministry of Health and Long-Term Care that assist people in need of home and community care services, including admission into long-term care (LTC) homes. There are 14 CCACs in Ontario. There is an application process that must be completed by all applicants for placement into a LTC home.

Dementia

A progressive mental disorder that affects memory, judgement and cognitive ability. There are many forms of dementia.

Discharge Planner

A Social Worker or nurse who helps patients and their families with health care planning after a hospital stay.

Family Council

An autonomous (self-led and self-determining) group of families and friends of residents that meets on a regular basis with an emphasis on mutual support and advocacy. This group provides a voice in decisions that affect their loved ones and strives to develop a better understanding between families and management/staff of a long-term care home. Sometimes this group is known by other terms such as Family Advisory Committee.

Health Care Aide (HCA)
Someone certified who performs tasks similar to a PSW. This level is below a PSW.

Long-Term Care Facility (LTC)

Government-regulated institutions designed for people who require the availability of 24-hour nursing care and supervision within a secure setting. In general, long-term care homes offer higher levels of personal care and support than those typically offered by either retirement homes or supportive housing. Often called nursing homes, homes for the aged or charitable homes.

Management Firm

Some long-term care (LTC) home operators retain a management firm to manage the day-to-day operations in their home. The name of the management firm is listed in the Home Profile section of Reports on Long-Term Care Homes only if the LTC home operator has chosen a management firm to manage their home. This firm does not include service firms or contractors who only manage specific services in a home such as maintenance or food services.

MARS

Medication Administration Reports

Occupational Therapist (OT)

A person who evaluates, treats and consults with those who can't cope with the tasks of everyday living because of physical illness or injury. psychosocial disability or developmental deficits. They may work in hospitals, rehabilitation agencies, LTC or other health care organizations.

Palliative Care

Coordinated support for individuals and families who are living with a life-threatening illness, usually at an advanced stage. It focuses on physical, psychological, social, cultural, emotional and spiritual needs of the ill person and his or her family. Palliative care services are delivered in various types of facilities. The term "End of Life Care" is also used to refer to "Palliative Care".

Personal Support Worker (PSW)

An accredited individual who assists with activities of daily living such as walking, getting in and out of bed, bathing, dressing, toileting and eating. Accreditation is often completed in a 6 to 12-month program. May also be referred to as a Resident Attendant (RA) or Personal Attendant (PA).

Physical/Physio Therapy/Physiotherapist

Services to relieve pain, restore maximum function and help prevent disability or injury. These services are offered by speciality trained and licensed physiotherapists.

Power of Attorney for Finances

A legal document that allows one person to act on another's behalf for financial dealings.

Power of Attorney for Personal Care/Health

A legal document that allows one person to act on another's behalf for health-related dealings when the principal can't make or communicate decisions on their own.

Pre-admission Screening

An assessment of one's functional, social, medical and nursing needs. This is to decide if one is a suitable candidate for a particular facility.

Preferred Accommodation

This is accommodation in either a semi-private or private room. The long-term care (LTC) operator may charge additional accommodation costs of up to $8.00 per day for semi-private and $18.00 per day for private rooms. The Ministry of Health and Long-Term Care mandates that no more than 60 per cent of the beds in a LTC home may be preferred accommodation beds.

Private Room

In long-term care (LTC) homes built after 1998, a private bedroom is a room with one bed and a private washroom. In LTC homes built before 1998, a private room is a room with one bed that may have a private or shared washroom.

Registered Nurse (RN)

A nurse who graduated from a formal program of nursing education and passed a governing body administered exam. RNs have more formal training than licensed practical nurses (LPN), and a wider range of responsibility of care. A 4-year Bachelor degree is required. The RN organizes the plan of care for each Resident and directly supervises the nursing staff.

Registered Practical Nurse: (RPN)

The RPN assists the RN by providing treatments and administering medications. Certification is often completed in a 3-year program

Resident Care Plan

A written plan of care for a Resident. An interdisciplinary team develops the plan early in the admission stage in conjunction with family input. Services covered include medical, nursing, mental and social needs. Although the plan is refreshed annually, ongoing adjustments may be made.

Residents' Council

An independent, self-determining group made up of residents in a long-term care (LTC) home. All residents are entitled to be members. The Residents' Council may have an elected Executive. It meets regularly to receive and discuss residents' concerns, to plan activities, and to have a voice in their home's decisions and routines that affect their daily lives. A friend or family member who is the substitute decision maker for a resident may represent that resident in the Council. If a Residents' Council does not exist in a LTC home, the Administrator must inform all residents once a year of their right to form a Council. The LTC home is required to support a Residents' Council if at least three residents wish to form one

Respite Care

Scheduled short-term stay in a facility for some who requires a certain level of care. The purpose is to allow the caregiver some relief and personal time.

Semi-Private Room

In long-term care (LTC) homes built after 1998, a semi-private bedroom is a one-bed room

with a shared washroom or a room with two beds that has a shared washroom. In LTC homes built before 1998, a semi-private room is a room with two beds.

Standard Room

In long-term care (LTC) homes built after 1998, a standard bedroom is a room with one or two beds and a shared washroom. In LTC homes built before 1998, a standard bedroom is a room with three or more beds. The Ministry of Health and Long-Term Care mandates that at least 40 per cent of the beds in a LTC home must be available at the basic accommodation rate. LTC home operators must not charge more than the regulated maximum government basic accommodation rate for a standard bedroom. A resident paying the basic accommodation rate may be eligible for a rate reduction, dependent on specific criteria.

How Do I Know When It's Time to Apply for Long-Term Care

There is no simple rule to tell when it's time to apply for long term care. Each person has a unique blend of care needs and available resources. Making a decision about when to seek long term care requires time and planning because there are a number of factors to be considered. People often make the decision to explore Long-Term Care homes when:

- Family caregivers are no longer able to provide care.
- Their health condition requires a high level of personal support or ongoing nursing care.
- They are unable to return home after hospitalization.
- Their needs exceed what can be provided by other services in the community.
- It is no longer affordable to maintain the required level of care by other services in the community

Sample Resident Requirements

The following is a sample assessment to describe the search criteria that best supports i.e. Mom Smith's needs.

Location

Our search will focus on the city of Barrie because the majority of close family members live in the general area. Barrie provides a fairly strong selection of options with approximately 8 Long Term Care homes to choose from. Various ownership models are represented including not-for-profit, corporate chains and private. Facility capacities vary from approximately 57 Residents to 161. Ages of each facility range from 1 year to 70 years.

A quiet residential neighbourhood would be preferred.

Timing

Mom Smith has been living in a Retirement Residence in Toronto for several years. Over the last year, her mobility has declined. However, it appears that accelerating dementia has affected her ability to understand her environment. Various physical conditions have set in whereby Mom Smith has been transported to hospital 3 times. Conversation with the family has begun regarding CCAC intervention in order to assess her suitability for a Long Term Care Home where she can be safe and well cared for. It therefore makes sense to conduct a search at this time so that we know our options and are best prepared to make a move within 3 months.

Services Required

Medical & Supportive

Mom Smith will move from her current location in Oakville, Ontario and will require the services of a new doctor to manage her overall care. Although she manages with a walker, the availability of support for regular bathing would be helpful.

Mom Smith qualifies for regular physiotherapy treatments through OHIP. An effective and appealing physiotherapy area is preferred.

Since Mom Smith has dementia and appears to be worsening, it would be preferred to locate a facility that can demonstrate above average care for this condition.

Social

Mom Smith historically enjoyed card games and board games. Activities focussing on these would be appealing.

Mom Smith has enjoyed the presence of a large family with many grandchildren. It would be preferable to identify an environment where children may be present or teenage volunteers are common.

Gardening has been important to Mom Smith so we should consider the availability of a raised garden or green house.

Music has been an important part of her life so Mom Smith would like to have activities geared towards this, particularly live music.

Mom Smith is a movie buff so we need to look at a facility that can support this.

Facility

Mom Smith admits that her needs aren't extravagant so she is flexible with the age of the facility as long as the decor is updated. Natural light and open spaces are important. We must consider a facility that isn't too constricting in the size of common areas and rooms nor has clutter.

Mom enjoys gardens so it is important to have pleasantly manicured grounds to comfortably sit in and enjoy. Both covered and open sitting areas are preferred.

Suite

Mom Smith is comfortable with a private suite. Natural light is also important so oversized windows are attractive. It would be preferred if the view overlooked greenery.

Community

Mom is still fairly comfortable interacting with others so a moderate to extensive "vibrant community" environment might be most appealing. This is assuming her cognitive condition doesn't prevent her from doing so. She has no obvious concern for a larger facility as long as there is a "family feel" to the home.

Financial

As discussed with Mom Smith and the family, we will consider private accommodation with the monthly fee fixed as noted (see Fees).

Long Term Care Home Overview

Long Term Care homes are designed for people who require the availability of daily personal care, 24-hour nursing care and supervision within a secure setting. In general, LTC homes offer higher levels of personal care and support than those typically offered by either Retirement Homes or other types of supportive housing. Typical services, items and expectations include:

- 24-hour nursing & personal care
- Regular & emergency medical care by the on-call physician
- Medication administration
- Furnishings (i.e. bed, easy chair, night stand, wardrobe or closet)
- 3 meals & 3 snacks daily (including special diets)
- Bed linens, pillows, towels & laundry
- Personal hygiene supplies
- Assistance with the essential activities of daily living (i.e. dressing, toileting, personal hygiene)
- Pastoral services
- Social activities & recreational programs
- communication with families and substitute decision makers

LTC homes may be owned and/or operated by various organizations such as:

- Private corporations.
- Municipal homes for the aged are owned by municipal councils. Many municipalities are required to build a home for the aged in their area, either on their own or in partnership with a neighbouring municipality.
- Charitable homes are usually owned by non-profit corporations, such as faith, community, ethnic or cultural groups.

There are over 600 LTC homes in the province and growing. Many operators are recognizing the increasing need for LTC homes as the aging population grows faster than any other demographic. There are approximately 76,000 beds in the province with an approximate waiting list of over 26,000 individuals. The waiting list is generally considered growing faster than the growth rate of bed availability.

Government Legislation and Monitoring

There are three pieces of provincial legislation governing long term care homes. These are:

- Homes for the Aged and Rest Homes Act
- Nursing Home Act

- Charitable Institutions Act

The Ministry of Health and Long Term Care (MOHLTC) sets standards for care and inspects LTC homes annually. It also sets the rules governing eligibility and waiting lists. All homes must post and follow a Residents' Bill of Rights. The MOHLTC conducts annual compliance reviews and homes are required to post this report to make it available to residents, families and prospective residents.

LTC homes are provincially regulated long term care homes and are accountable to the Ministry. They are regulated under Bill 140, an Act respecting LTC homes, which was passed in May 2007. This Act sets out both the rights of the residents and the responsibilities of the home and includes provisions for family and resident councils.

The MOHLTC is responsible for monitoring, evaluating and taking action to ensure that all long-term care homes comply with the applicable acts and regulations, the terms and conditions of the service agreement, the Program Manual, and Ministry policies and directives. The Program Manual sets out the standards and guidelines for the day-to-day operation of the home. Compliance advisors have the primary responsibility for monitoring and evaluating facilities' performance. These inspections are held annually. The LTC home is typically given an inspection date rather than unannounced. A resident, family member or advocate who is concerned about the care or conditions in a facility and has been unsuccessful in resolving the problem with the home, should contact the service area office to make a complaint to the Compliance Advisor.

Besides adhering to the MOHLTC standards, LTC homes may seek voluntary accreditation through Accreditation Canada (formerly Canadian Council for Health Services). They are an independent, non-profit organization responsible for accreditation of health care facilities across Canada. Most homes in Ontario are accredited by Accreditation Canada.
Each home is reviewed and measured against standards aimed to evaluate the care and service provided. Evaluation includes observing and interviewing staff, Residents, families and various team members. The MOHLTC encourages this accreditation by providing a funding incentive to accredited homes.

Each LTC home is required to abide by and post the Residents Bill of Rights.

LTC homes will attempt to accommodate married couples in the same room.

Accommodations

Accommodation options vary, often depending on the age or renovation dates of the facility. Options may include:

1) Basic/Standard/Ward: Shared by up to 4 Residents

2) Semi-private: Shared by 2 Residents
3) Private: Single occupant

Some LTC homes may provide Basic plus one type of preferred option. LTC homes can have a 60% maximum number of beds offered at the private or semi-private level while a minimum of 40% must remain at the basic level. Residents are commonly separated for privacy by a curtain sliding across the ceiling. Some newer facilities may separate Residents by a half-wall, open at the ceiling. All beds must be hospital-like beds with adjustable railings for safety.

Items typically permitted include:

- lamps
- easy chair
- plants
- foot stool
- pictures
- radio
- shavers
- hair dryers
- clock
- fans
- mini fridge
- bed spread

Items typically not permitted include:

- beds
- mattresses
- drapes & curtains
- floor mats & rugs
- dehumidifier
- heater
- razor blades
- heating pads
- kettles
- coffee makers
- extension cords
- microwave
- non-prescription medications
- matches/lighters

All clothing will be labelled upon admission and returned to the room. When new clothing is obtained, it must be labelled as well. You must provide a waterproof laundry bag for storage of soiled items. Family members are permitted to do laundry but labelling is still required. Laundry trolleys may be available in some LTC facilities.

Out of season clothing is often stored outside the home. Some facilities provide additional storage, often for a fee.

Hand rails are prevalent in hallways, common areas and suites. Grab bars are located in all washrooms for safety. Some LTC homes have tiled floors versus carpeting for safety and health purposes. Odour management is a common measurement of the quality of a facility.

There is normally a single bathroom provided in a suite, whether there are one or 4 Residents in the room. Some homes have suites that share a bathroom between two suites, connected by their own doors. Sinks must be raised for wheelchair accessibility unless the facility is older. There are no personal showers or bathtubs in the suite bathrooms. Bathing is scheduled

and conducted in a common bath or shower room. Residents must be accompanied by a Support Worker when bathing. Lift devices are provided if necessary as well.
Bathing must be provided twice per week.
All LTC homes have at least one dining room, multiple common rooms (lounge, activity, craft), and may also have features such as a gift shop or cart, beauty salon, library or book cart, computer room, physiotherapy room, chapel or garden.

Some newer LTC homes may be divided in to "home areas" where a certain number of Residents are assigned to their own lounge, activity room and/or dining room.

Most LTC homes allow you to bring a few pieces of your own furniture, providing it doesn't interfere with Resident care, safety and mobility. Some provide minimal storage outside the suite, commonly used to exchange seasonal clothing. A wardrobe or closet is provided as well as a night table. Residents commonly provide their own television (flat screens with a stand are ideal). Family photos, a wall picture and small personal items are highly encouraged.

Small kitchen appliances are not permitted. Electrical items are inspected and documented upon admission. They may be inspected on an annual basis.

Personal phones and cable services may be installed. This must be managed by the family including billing obligations.

Pets are not permitted in a LTC home. However, "Pet Therapy" is very common as organizations will regularly visit with small pets – most often dogs. Occasionally, a family animal may be permitted with proof of current vaccinations and on-leash ruling.

Housekeeping and laundry services are provided at all LTC homes. Levels of service must be consistent with MOHLTC policy. Resident rooms are cleaned daily.

Food is permitted in a room but it should be reported to staff beforehand. This can contribute to potential hygiene, dietary and safety (choking) issues. Storage of perishable food must be arranged with staff. It is recommended that family periodically inspects closets or dressers for this purpose, as well as to encourage tidiness.

Upon admission, Residents are asked dietary questions such as specific diet issues, likes & dislikes, weight, eating patterns and problems you may have with particular foods. Input is also derived from a dietician and the Resident Food Committee. Special and therapeutic diets are prepared in accordance with Doctor's orders with available nutritional supplements if necessary.

Assistive devices are made available to help eat. These may include rimmed plates, special cups and customized utensils. It is encouraged to eat meals in the dining room unless one is ill, where meals will be provided in the room as per medical staff approval.
LTC homes will provide dining for a family member with meal costs posted.
Alcoholic beverages are permitted only with a Doctor's order to ensure it doesn't conflict with medications. Beverages must not be stored in the Resident's room. They must be labelled and stored in the locked medication room.

Smoking is governed by the Ontario Smoke Free Act. All smoking materials must be kept at nursing stations and not left with a Resident. Smoking is not permitted within 9 meters from the building.

Medications of any kind must not be kept in a Resident's room. All medications, including over the counter, must have a physician's order and be closely monitored by staff.

Hair care services are provided within the LTC home. Pricing and schedules are provided upon admission.

Each home must provide spiritual or religious programs. Spiritual care services operate during the week. Programs should allow the Resident to express their spirituality. Family and friends are often encouraged to attend.

Activities are managed by an "Activation" department. Programs are delivered to stimulate social, physical, emotional, cognitive and spiritual needs. The depth and breadth of activities can influence the vibrancy, sense of community and quality of life within the LTC home. This holds true for the number of volunteers a home maintains. Activities must be delivered daily, weeknights and moderately on weekends. Calendars are posted within the home and sent to family members monthly. Activity interests are part of the admission process.

LTC homes often support the student community by offering the facility as a teaching environment.

Transportation is commonly not provided. Staff will endeavour to help arrange 3rd party transportation services or families may arrange this at an additional cost.

Councils

LTC homes are required to offer the creation of a Resident Council. This is a representative body from the Resident community and staff leadership that commonly meet monthly. This provides a forum to discuss general issues, announcements or ideas that improve the quality

of life. Minutes are often taken and followed up at a subsequent meeting. These meetings are often open to family members as well.

LTC homes are required to offer the creation of a Family Council. The purpose is to provide a forum for staff leadership to communicate changes, announcements and other worthy news. It also allows family to voice any concerns in support of their Resident family member.

A Food Committee is required to provide Residents the opportunity to participate in menu planning and offer improvements. The Director of Food Services attends this monthly meeting.

Medical Services and Therapy

Nursing care is provided on a 24-hour basis under the supervision of a Registered Nurse (RN). Care is provided by a qualified team of Personal Support Workers (PSW) and Registered Practical Nurse (RPN).

LTC Homes must have a minimum ratio of Caregivers to Residents of 11.5 to 1. Many homes exceed this minimum standard.

Various programs are delivered on site at the LTC home. Restorative Care programs promote the maintenance of the highest level of functioning by a Resident. Programs are designed for each individual with doctor approval and complete assessments by Restorative Caregiver Manager.

Physiotherapy helps to improve or maintain physical functions that may be limited by illness, injury or aging. Referrals for an assessment can be made by the Restorative Care staff on site and contracted to a 3rd party service provider. Physiotherapy treatment is generally covered by OHIP.

Occupational therapy promotes independence and is provided through CCAC. Referrals for assessment are initiated through discussion among various medical professionals with Resident and family input.

Foot care may be provided by external service providers. Specialist care beyond this is often provided by a visiting Podiatrist contracted by the home.
Common podiatry services include the trimming of finger and toe nails. Some incontinent products are supplied by the LTC home. You may also provide your own.

When ordered by a Physician, it is common for Lab Technicians to conduct blood work, x-rays, electrocardiograms and other tests on site.

Most LTC homes contract 3rd party providers to support Residents needing oxygen therapy or those using personal oxygen containers. This may be offered at no cost provided certain criteria are met and approval is obtained from appropriate medical staff.

Homes are required to have a medical director and an attending physician on staff to provide medical care to all Residents. Residents are able to keep their own doctor if they have visiting privileges in the home. It is requested that such visits are coordinated by the staff. Physicians providing services in the home may be required to sign and meet requirements outlined in a Physician Agreement. LTC homes will most likely connect a Resident with a doctor if needed.

The Resident is responsible for sourcing and maintaining wheelchairs and walkers. The Restorative Care staff can help with referrals and assessments if government funding support is required from the Assistive Devices Program (ADP).

LTC homes often contract with external service providers for dental care. Services are delivered on site, commonly once or twice a year. Homes that contract with providers that offer on-site services more frequently are considered more attractive. Dental hygiene needs don't follow an annual or biannual schedule and are best addressed on an as-needed basis. Otherwise, an elder may suffer in a number of ways. Residents are welcome to utilize their own dental services off-site.

Referrals to additional health care services must be coordinated through the nursing staff. Transportation and personal accompaniment must be arranged by the family.

Personal Health Care Directives (or Advanced Directives)

Personal Health Care Directives (or Advanced Directives) outline your requests to your doctor and the care staff, essentially outlining end-of-life wishes. The document details your instructions regarding the type of health you may or may not wish to receive if certain mental or physical conditions occur and you are incapable of providing instructions yourself. It is critical that this is discussed and agreed upon sooner rather than later.

If a Resident is hospitalized, a copy of the personal health care directive will be sent to the hospital with them. Instructions may be changed anytime and will be reviewed annually at the Resident's care conference.

Care regarding comfort levels that are commonly asked to select from within the LTC home only may include:

- Do not transfer to hospital
- Relief of pain including narcotics
- Oxygen as necessary
- Suctioning
- Fluid by mouth as tolerated
- Positioning, skin care, mouth care
- Treatment of fever
- No CPR if heart stops or breathing ceases

Interventions of a higher level of care:

- Includes comfort measures listed above
- Assessment and treatment of unexpected illnesses
- Transfer to hospital if necessary
- Antibiotics as indicated
- Appropriate drugs as indicated
- No CPR if heart stops or breathing ceases

Interventions of the highest level include:

- Do everything medically and surgically possible to save Resident and prolong life
- Transfer to hospital
- CPR and intensive care (life support) if necessary

LTC homes may differ in how they offer palliative care. Some homes may provide comfort measures to a resident in their final hours within their room. Other homes may have a separate room for palliative Residents. In either case, a family member may spend the night(s) with the Resident. There is often a trained palliative care team and program in place to support the Resident and family through this final part of life's journey.

Security

It is policy to have a call bell-type system in each suite. There must be one located by the head of the bed and another in the bathroom. They ring to the nursing station. Some LTC homes have a small light outside each room that lights when the call bell is activated.

The Resident is commonly free to come and go as they please unless they are at risk of harm to themselves or others. Residents are commonly asked to notify staff a few hours in advance of leaving for safety and possible medication reasons. One must sign in and out at the reception area. Most facilities lock their doors anywhere from 7:00 pm to 10:00 pm. Re-entering the building is commonly done by accessing a buzzer or intercom system connected to a nursing station. Some facilities also utilize camera surveillance equipment at a primary entrance, exits, outside the building and perhaps within hallways or segregated areas within the home.

Some facilities might segregate residents by floor or area who suffer from dementia and may be at risk of wandering. Although this condition may not be noted by the physician's medical assessment or observed at the admission screening phase, it's important to understand that symptoms may begin to appear fairly rapidly. It's good practice to understand how the facility deals with this behaviour.

It is common to see facilities with a key pad security system within the facility. This helps to ensure that those with dementia are less able to enter and exit a particular area. However, it isn't uncommon that such a Resident may attempt to exit with a visitor unknowingly allowing them to pass. Some homes may require Residents who are at risk of wandering to wear either electronic tracking bracelets or a simple wrist band containing their contact information.

LTC homes allow visitors and each home determines their own visiting hours. Most homes don't have fixed visiting hours.

Fire drills are conducted monthly. A mock evacuation is conducted annually to practice the formal evacuation plan.

Leave of Absence

Residents are able to leave the home for up to 48 hours per week to continue the Ministry subsidy. A week usually begins on Sunday. It is preferred that staff be given two day's notice.

When leaving the LTC home overnight, it is expected that a weeks' notice is provided in order to obtain physician's approval for the leave of absence and that the Resident departs with a responsible adult. The responsible party must sign a "Release of Responsibility" form and also provide details such as where you are staying, contact information and estimated time and date of return. This vacation leave is available for up to 21 days each calendar year. Vacation must be approved in writing by a physician.

Hospital Stays

If you have to go to hospital for medical reasons while you are in the LTC home, you are required to continue paying your accommodation fee. The home must hold your bed for a maximum of 30 consecutive days.
If a Resident has a hospital stay beyond 30 days for medical leave or 60 days for psychiatric leave, a bed holding fee is charged by the Ministry. If this fee is chosen not to be paid, the Resident must be discharged from the home and be placed on the waiting list for LTC placement with CCAC. Medical and psychiatric leave don't reduce available vacation or casual leave days. Residents can combine vacation leave and weekend leave so that the leave can be

extended to a 31-day period. During this time you are required to continuing paying the accommodation fee.

If a Resident's medical condition changes, the attending physician or registered staff may consult with you or an official substitute decision maker regarding hospitalization. If a decision is made to hospitalize, family will be immediately notified.

Meals

Most Residents can generally make their own way to the dining room unassisted. However, personal support is available when needed. The home will tailor meals and snacks to Residents' dietary restrictions. Some may need to be referred to a registered dietician for an assessment. Meal times are commonly at 8:00, 12:00 and 5:00.

Menu rotation usually follows a 3-week cycle and a Fall/Winter and Spring/Summer theme. Primary holiday menus are offered as well throughout the year.

Food is prepared in the kitchen and plated from there or delivered to a "server" area within each home area dining room. Seating is fixed where Residents are matched with others who may have similar interests, backgrounds, etc. Name cards at the tables are common.

LTC homes provide three meals plus three snacks daily. Breakfasts include a variety of hot and cold meal selections. There are two choices each at lunch and dinner. It is common to offer an alternative if the Resident doesn't prefer either option. Menus are rotated every 6 weeks and by season. Meals are commonly prepared on site, supplemented by frozen foods (i.e. meats) from a 3rd party (i.e. Gordon Foods).

Food and liquids intake at each meal is observed and recorded. It's important to understand whether there are reasons behind any deviations to the norm for the safety of the Resident. Deviations are reported to the nursing staff and followed up on.

If someone doesn't show unexpectedly for a meal within a reasonable time, staff will call their room and follow up.

Trust Accounts/Comfort Account

LTC homes provide an interest-bearing bank account where money is deposited and entrusted to its care. This is to cover off any ongoing minor expenses and is especially convenient for those with family living far away or not available for long periods of time.

Some homes charge an administration fee of $0.50 per transaction up to a monthly maximum (i.e. $5 per month).

Restraints

Restraint use may be a contentious topic.

Homes vary in their use of restraints, but all homes must follow Ministry policy of "Least Restraint". A restraint is used to place one under control by either mechanical means (lap or seat belts), environmental or monitoring means (barriers such as doors with coded panels, chair/bed alarms, wander guards, coded elevators), or by medication (drugs used specifically to control movement or behaviour). The home may ask families to review and sign a restraint policy upon admission.

Restraints may possibly be used only if:

- it is used as a last resort
- the Resident is harmful to self or others
- all other interventions have proven to be unsuccessful
- the restraint is as minimal as possible
- the Resident is assessed on a regular basis to ensure the resident's safety and comfort, and to establish if the restraint is still required
- the family must be informed before use and provide written authorization
- the use of the restraint is documented, as well as each time the restraint is assessed

It's strongly advised to receive documentation and engage in a discussion with the LTC home regarding the use of restraints.

Typical Roles in a LTC Home

Administrator/General Manager

Typically the most senior position in the facility. They ensure the efficient operation of the facility is carried out in accordance with the corporate mission, vision, values, goals, philosophy, policies, procedures and all legislative requirements. There is often one or more administrative staff as well.

Director of Care (DOC)

The most senior position with overall responsibility for managing and delivering nursing services to meet the needs of the Residents. Will assume the Administrator's role in their absence.

Co-Director of Care

Reports to the DOC, is responsible for ensuring that optimum care is provided. Manages and coordinates programs for the facility.

Unit Co-ordinator

Reports to the DOC, has the same responsibilities as the Co-Director of Care

Resident & Family Services Coordinator (RFS)

Act as the Resident advocate by providing support to the Resident and families before, during and after admission. Commonly responsible for interacting with prospective new residents and their families, conducting site tours, manage the admission process for new residents.

Life Enrichment Coordinator (LEC)

Responsible for identifying and developing all the various internal and external recreation, leisure and education activities offered to the Residents. This includes extensive interaction with the local community and perhaps other LTC facilities.

Coordinator of Volunteer Services

Responsible for recruiting and managing the volunteer community that addresses the social, physical, spiritual, cultural and emotional needs of the Residents.

Restorative Care Coordinator (RCC)

Responsible for the referral for therapy services to CCAC, coordinates the services and participates in the delivery and evaluation of the services. They also work with the Physiotherapist and Kinesiologist.

Staff Education Coordinator (SEC)

Responsible for providing ongoing education and orientation of the program and nursing staff based on their needs.

Food Services/Nutrition Management

Working with the chief chef, provides a program of dietary services in response to the nutritional care needs of Residents and provide safe and personally acceptable nutritious food.

Environmental Services Supervisor (ESS)

Is responsible for ensuring a safe and clean environment for all.

Community Care Access Centre (CCAC)

- In order to apply for Long Term Care, you must contact your local CCAC office. As of May 2017, this process is managed by Local Health Integration Networks (LHINs).
- Eligibility for admission must be managed by a local CCAC/LHINs, with 14 in Ontario. They will also connect you with the care you need at home and in your community. They help you stay in your own home longer by providing Care in Your Home and by coordinating Care in Your Community, including specialized support services.
- They help provide you with information about Long Term Care options if it becomes too difficult for you to live independently at home.
- They assess eligibility for admission to a LTC home and help complete required documentation.
- They help with application forms and facilitate the process.
- They establish and maintain all waiting lists, inform you of bed availability from your choice of homes when one becomes available, approve escalation of placement due to physical or cognitive needs with supporting physician input.

In total, there are 14 CCACs in communities across Ontario that are funded by Local Health Integration Networks (LHIN's) through the Ministry of Health and Long-Term Care (MOHLTC). This means that CCAC advice and services are covered by OHIP.

Each CCAC will assess your needs, determine your requirements for care, answer your questions and develop a customized care plan that meets your individual needs. If services are provided to you by your CCAC, they'll arrange for health-care professionals – nurses, physiotherapists, social workers, registered dieticians, occupational therapists, speech therapist and personal support workers – to provide a range of care and supportive services to help support you at home and help you enjoy the best possible quality of life. Approved services are often measured in number of hours per day.

As of 2017, there were approximately 627 LTC homes in Ontario. They include:

- 57% privately owned
- 24% not-for-profit
- 17% provincially owned
- Over 40% have 96 or fewer beds

As an example, Simcoe County Muskoka District is supported by the North Simcoe Muskoka (NSM) CCAC. The primary office is located in Barrie, Ontario with a staff of approximately 150 people. Roughly 50 staff are responsible for administration and support. The remainder are Client Care Coordinators (CCC) who assess suitability to admission and "quarterback" ongoing

needs. They may assess clients in their own homes, hospital or Retirement homes. Each CCC may be responsible for up to 150 clients each at any one time. However, NSM CCAC region is expanding their CCC numbers in order to provide a greater level of support.

All CCAC staff and approved Service Providers are required to wear a photo ID badge showing their name, photo and agency name. It is recommended you ask to see this identification when they meet you. If you aren't confident of someone's identity, don't allow them into your home. To confirm their identity, you can call CCAC before you allow them to enter.

Your CCC and Health Care Providers don't require information regarding your bank accounts, credit cards, Personal Identification Numbers (PIN) or debit cards. Applications for LTC homes must provide some financial information such as Old Age Security, but not banking information.

Waiting times may vary depending on location and type of room requested. This may be several months to several years. There are currently approximately over 26,000 names on the waiting list.

Over 50% of LTC Residents are 85+ years of age.

Applying for LTC Placement – The Process

In order to be eligible for placement in a LTC home, you must:

- have a valid Ontario health card
- be 18 years of age or older

The next step is to locate your local Community Care Access Centre (CCAC) office. They will assist you with completing the documentation and determine if you are eligible for LTC home placement or whether your needs might be met by community or in-home programs.

You will be connected with the new referral team within 1 or 2 days of your initial call. You will experience a type of on-boarding conversation where your basic information is recorded and a case file is created. Usually within 2 days, you'll receive a call from a Client Care Coordinator. Medical-related questions are asked and a documented assessment record is created. This step may also be conducted in-person.

During the application process, forms that must be completed include:

• Health Report: May be filled out by your family doctor, a registered nurse or a nurse practitioner.

• Evaluator Questionnaire re: Capacity to Make Admission Deadlines: During part of the assessment process, it is the responsibility of the Client Care Coordinator as a regulated health professional to determine whether or not you are capable of making the decision to be admitted to a LTC Home. If you are not capable and need help making this decision, you will be informed of this. You will be given a Rights Information Sheet with directions for you to take, should you not agree with the decision. If you are not assessed as capable, the Client Care Coordinator will ask your Substitute Decision Maker (SDM) to sign the consent form and choice list on your behalf. If you are assessed as being capable, you will need to sign the consent form and choice list yourself.

• Long Term Care Home Choice List: You must fill out both sides of this form. It is suggested you submit up to 5 home selections in order of most to least preferred.

If the CCAC determines that you are not eligible for LTC home placement, they will help you determine the best place for you to get the help you need. Your assessment record will be retained for a possible future occasion. Even though you may not be eligible for a LTC bed, you may be approved for in-home support services. You may appeal a decision by contacting:

Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, Ontario
M5S 2T5
416-327-8512 Toll-free 1-866-282-2179
www.hsarb.on.ca

CCAC will arrange for a physical, functional, and social assessment to determine your care needs. If you are eligible for placement, you will be asked to submit a list of up to 5 LTC homes in order of most to least preferred. Your type of preferred accommodation must be stated as well. CCAC will then forward your application to the homes, and staff at the home will review your application to determine if they can meet your care needs. If the home approves your application, they will notify the CCAC and advise them when a bed becomes available. If the home can't meet your needs, a reason will be provided to you and may be required to look at alternatives. CCAC, not the LTC home, will call you to advise you when a bed is available and the date of your admission. The time you wait depends on the number of beds available in the home, whether available rooms are for males or females, whether beds are private, semi-private or basic rooms, etc.

While waiting for a bed, you may be asked to submit medical updates from a physician to ensure your records are kept up-to-date and that your application is maintained in good standing at the LTC home of your choice.

If you are in the hospital waiting for long term care, the hospital discharge planner may ask you or your caregiver to consider choosing a Long Term Care Home that has a shorter waiting list than your preferred choice(s). This will enable you to be placed in the most appropriate care setting in a timelier manner. You can remain on the waitlist for other homes and when an appropriate bed becomes available, you will be contacted with a bed offer. Your Client Care Coordinator will also inform you about interim LTC beds available only for hospital clients waiting for placement. Often a Social Worker may be involved in arranging discharge to a LTC bed if the medical staff at the hospital advises against returning to your home.

When a bed becomes available at one of the homes of your choice, CCAC staff will contact you to offer the bed. You must provide a response within 24 hours of receiving the call. During this time, you can speak with your family or caregivers about this decision.

If you choose to accept the offer you are expected to move in the next day. If you are waiting for a LTC bed from home, you may hold the bed up to 5 days but must be moved into the home by the 5th day or you will lose the bed. The home will charge a fee for holding the bed up to 5 days until you move in. If the bed that is offered to you is not your preferred choice, you may also choose to keep your name on the waiting list for your other choice(s).

If you are waiting for a LTC bed and refuse the offer, your application to all chosen homes will be cancelled. You can't re-apply for 3 months unless there is a significant change in your condition or circumstance.

Waiting Periods

LTC homes have various waiting periods. Generally, the average waiting period for most facilities is approximately 4 - 6 months, depending on the type of room you require. Due to the popularity of some LTC homes, waiting lists may be as high as several years.

Waiting lists are longer for the Basic accommodation level as this is where the greatest demand lies. Generally, waiting times are shorter for Semi-Private and Private accommodation.

CCAC manages waiting lists for all LTC homes in their region. Individuals with the highest health care needs and those in hospital are given first priority to a home bed. If someone has more severe physical or cognitive conditions, they may be deemed "critical" and may only wait up to a few weeks to be placed in a LTC home.

If the homes that you choose have a waiting list (almost all do), you will be asked to order them according to your first and last choice. You will be asked to submit a list of 5 homes. If one of the 5 has a bed available, you may be called, regardless of where it sits on your list.

Should a bed become available, but it is not on your preferred list, you can decline the bed offer and maintain your position on the waiting list of the homes of your choice. However, if you reject a bed offer from a home on your list, you will be removed from all waiting lists and you will be forced to wait 3 months to reapply for home placement.

If your health situation significantly changes within this time period, you are allowed to reapply. Once you are offered a bed, you have 24 hours to accept the offer, and you can usually move in the next day. If you are not ready to move in the next day, you can hold the bed for 5 days, however a bed holding fee will apply.

If, once you move into the LTC home, you decide that you want to relocate to another home, you can apply for a transfer.

Short Stay Programs

There are two types of Short Stay Programs including:

The Short Stay Respite Program

A Short Stay Respite Program arranges for temporary care for clients whose family or caregiver are going on vacation or need a rest. Short stay beds are located in some LTC homes and are allocated on a first come/first serve basis. It is recommended that you book early to ensure that the right space is available when needed.

• Short stays can be used for a maximum of 90 days in a calendar year.

• Typically, a short stay can be booked for up to 30 days; exceptions can be made for stays up to 60 days.

To book a short-term stay, you must call CCAC and ask about the Short Stay Program. An assessment by a Client Care Coordinator will be done to determine your eligibility for the Program. Consent is needed from you or your substitute decision-maker if you wish to apply for the Program. If you require a physician's service during your Short Stay, your regular doctor must provide this. Short Stay Program bookings are tentative until your application is approved by the LTC home.

Once a space is booked, you should:

• Make an appointment to visit the Long-Term Care Home prior to the Short Stay.
• Make an appointment with your family doctor a few weeks prior to your Short Stay admission date; the Short Stay facility will require a signed medical order including activity level, diet restrictions and medications.
• If you are the caregiver, talk with your family member to give him/her time to adjust to the idea of a Short Stay.
• Inform any service providers of the planned Short Stay (day programs, transportation, meal services, other private care, etc.).
• Plan time for completing admission paperwork at the LTCH. This takes about an hour and can be completed in advance if arranged with the LTCH. If you are not able to sign the paperwork yourself, a family member must be present to discuss issues of consent, Power of Attorney, and advanced directives.
• Arrange transportation to and from the Short Stay, including any appointments you may have while at the Short Stay.

It is suggested you take:

- Adequate, comfortable clothing (no wool). If the LTC home is to do laundry, label clothing with a laundry pen or labels.
- Personal toiletries and appropriate footwear.
- Do not bring valuables or large amounts of money; you may need a small amount of cash for

personal needs such as snacks or hair care.
- Bring your medication in the original pharmacy labelled container.

The Convalescent Care Program (CCP)

The CCP program provides appropriate quality care to eligible applicants who require extra support following surgery or illness to regain the strength to return home. It is:

• Available to clients from the hospital and the community.
• Best suited to clients who are motivated to return home, committed to participating in activities that will make this possible and capable of learning.
• Clients must have clear, realistic goals and timeframes. The CCP is not for individuals who require Active Rehab in a hospital setting, Complex Continuing Care, Palliative Care or Permanent Long-Term Care Home Admission.

Services available include:

- Nursing Care
- Therapies OT/PT
- Therapeutic Recreation
- Medical Care
- Restorative Care
- Nutritional Support
- Spiritual Support
- Case Management

A client's average length of stay will be 30-45 days. The minimum length of stay is 7 days. The maximum length of stay is 90 days.

Interim Long Term Care Beds

Long term care beds are funded only on an interim basis by the Ministry of Health and Long-Term Care. Only persons in acute care hospital can be placed in an interim long-term care bed.

Fees

The MOHLTC is responsible for determining fees, often referred to as "co-payment". Residents pay the "accommodation" or room and board portion which generally includes:

- rent
- heat, hydro & water
- housekeeping
- bed, nightstand, easy chair, wardrobe or closet
- personal hygiene supplies
- some medical/clinical supplies & devices (i.e. walkers, wheelchairs for occasional use)
- furnishings
- bed linens
- laundry

The Ministry pays for the remainder or "care" portion which generally includes:

- 24-hour nursing & personal care
- recreational & social programs
- personal support services
- meals & snacks

The general costs covered by the Province are approximately 65% of the total. The Resident is responsible for the remaining 35%.

Fees are consistent regardless of the type of facility chosen or location. Fees are increased annually at a minimum, and are usually tied to inflation. Recent average increases have been approximately $240 per year.

The most recent LTC Resident co-payment rates in 2016 were approximately:

1) Basic/Standard/Ward: Monthly: $1,794 Annual: $21,528
2) Semi-private: Monthly: $2,163 Annual: $25,956
3) Private: Monthly: $2,563 Annual: $30,756

There may be a daily charge to the Resident to hold their room for up to 5 days following acceptance for admission.

Families have the right to source their own providers for equipment and devices, rather than solely relying on the LTC home and CCAC.

Financial Assistance

Under the Long Term Care Homes Act, an individual may apply to receive a reduction in their co-payment. If you do not have enough annual income to pay for the basic room, the government can help you through a subsidy that will bring the cost down to a level you can afford. The subsidy is not available to people requesting semi-private or private rooms. A CCAC Client Care Coordinator can help you apply for the subsidy. The LTC home Administrator may also provide a rate reduction application form for Residents to complete. If deemed to be eligible for placement in a LTC home, no one will be refused because of an inability to pay.

If you wish to apply for a subsidy, you must provide your Notice of Assessment from the Canada Revenue Agency, which provides proof of your annual income. If you cannot find your Notice of Assessment, you can call the Canada Revenue Agency at 1-800- 959-8281 and request a new copy. Only those who apply for a rate reduction are required to undergo a financial assessment.

Applying for a subsidy requires you to disclose only your annual yearly income. It does not include the value of your assets. Assets and other investments do not impact your accommodation fee. You will not be required to sell your house.

If you are moving into a LTC home and your spouse requires financial assistance to remain in his or her home, there is a government benefit called "Exceptional Circumstances" for people with lower incomes or couples who have to live separately. For more information, contact your local CCAC.

If a large portion of your pension income will be going towards payment for the home and leaving your spouse with little or no income, you can call the Income Security Programs at 1-800-277-9914 for further information.

Optional Fees

Items that may not be included in the base services may include:

- telephone
- cable & internet
- parking & transportation
- hair care
- dry cleaning
- mending & ironing
- in-room air conditioner: installation and/or seasonal use
- other types of supportive services such as foot care, eye care, dental, non-basic therapy, audiologist

CCAC may assign a Client Care Coordinator (CCC) to assess and coordinate additional support services. These services are often delivered on site and may be paid for by MOHLTC. These services may include:

- Social work
- Occupational therapy
- Physiotherapy
- Speech pathology
- Oxygen therapy

Discretionary Spending: The Comfort Allowance

Each Resident must have approximately $130 per month available for personal spending. This may include items such as hair care, clothing, transportation, hearing aids, books, gifts, foot care, dental care and drugs.

Sample Optional Service Fees: "Unfunded Services"

	Optional Services	Fee
Guest meals	breakfast	$6
	lunch	$8
	dinner	$10
Air conditioner: summer season	annual	$400
Hair dresser	cut	$15
	wash & set	$20
	wash, set & cut	$30
	full Perm	$50
	permanent hair colour	$30
Aesthetician	manicure	$15
	pedicure	$25
Phone as per provider	mthly	$45
Cable: in-home provider, "Ultimate Package"	mthly	$80
Storage	mthly	$15

Bill of Rights for Long Term Care Home Residents in Ontario

1) Every resident "has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's dignity and individuality, and to be free from mental and physical abuse."

You have the right to be treated with respect. The staff at your long-term care home must be polite to you. They must recognize your dignity and your rights as a person. No one is allowed to abuse you mentally or physically. Mental abuse is when someone humiliates, insults, frightens, threatens, or ignores you, or treats you like a child. Physical abuse is when someone sexually assaults you, handles you roughly, or slaps, pushes, or beats you.

2) Every resident "has the right to be properly sheltered, fed, clothed, groomed, and cared for in a manner consistent with his or her needs."

You have the right to receive proper care. Your special needs should be looked after by the staff at your long-term care home. Your care should include: a proper place to live, enough good food to eat, clean clothes to wear, and help with looking clean and tidy.

3) Every resident "has the right to be told who is responsible for and who is providing the resident's direct care."

You have the right to know who is looking after you. The people who are responsible for your medical and personal care are: doctors, the director of care, registered nurses, registered practical nurses, health care aides, extra staff for nights or weekends, and volunteers. This may vary from LTC home.

4) Every resident "has the right to be afforded privacy in treatment and in caring for his or her personal needs."

You have the right to privacy. You should feel that you are being treated with respect when you are given medical care. For example, when your doctor is treating you, the privacy screen or curtain around your bed should be closed. You should also feel that your privacy is being respected when your personal needs are being looked after. For example, when you take a bath or use the washroom, there should be a door you can close if you want to.

5) Every resident "has the right to keep in his or her room and display personal possessions, pictures, and furnishings in keeping with safety requirements and other residents' rights."

You have the right to keep personal things in your room. Remember, this is your home. As in any home, it is important to have personal things around you to make you feel comfortable or to remind you of special people and special times.

For example, you might have a favourite quilt, cushions, books, or clothes. You might have pictures of your children or grandchildren, or other important pictures. You might also have your own furniture, a lamp, a radio, or a television.

Talk to the staff about what you would like to have in your room. Your personal belongings should not interfere with the safety or rights of other people who live in your long-term care home.

6a) Every resident "has the right to be informed of his or her medical condition, treatment, and proposed course of treatment."

You have the right to understand your treatment. Your doctor or someone else in charge of your care should tell you: what kind of health care you need, what treatment you are getting, and what treatment is being planned for you.

6b) Every resident "has the right to give or refuse consent to treatment, including medication, in accordance with the law, and to be informed of the consequences of giving or refusing consent."

If your doctor suggests a way to help you, you can decide to: do what the doctor says, not take the doctor's advice, or talk to another doctor or qualified person. You must be told what will happen to you if you agree to have a treatment or take prescribed drugs and what will happen if you do not. You can make your own decisions if you are competent. You are competent if you understand what you are doing and you understand the consequences of your actions. You have the right to be involved in decisions about your treatment. You can have someone help you make decisions if you wish.

6c) Every resident "has the right to have the opportunity to participate fully in making any decision and obtaining an independent medical opinion concerning any aspect of his or her care, including any decision concerning his or her admission, discharge, or transfer to or from a long-term care facility."

You have the right to talk to someone outside your long-term care home to get a second opinion about the kind of care you need. You have the right to have family, a friend, or an

advocate with you when you meet with doctors and nurses. This person can help you decide what to do. You have the right to be involved in any decision that could change where you live, such as a discharge or transfer from your long-term care home. If you do not agree with the decision, you can get a second opinion.

6d) Every resident "has the right to have his or her records of personal health information…kept confidential in accordance with the law."

The law says your health and medical records are private. Only the people responsible for your care can see these records, unless you give your permission to someone else. Your records must be kept in a place where others cannot see them.

7) Every resident "has the right to receive reactivation and assistance towards independence consistent with his or her requirements."

You have the right to get help to become as independent as you can. You have the right to participate in programs at your long-term care home that can help you keep or improve your independence. You could do exercises, play games, make crafts, and take part in other activities that are available.

8) Every resident "who is being considered for restraints has the right to be fully informed about the procedures and the consequences of receiving or refusing them."

You have the right to get information about restraints. A restraint is anything that limits your movement. Some examples of restraints are: medication or drugs, wheelchairs with lap belts, mittens — so you do not scratch yourself, and bed rails — so you do not fall out of bed. Restraints should not hurt you or make you uncomfortable. Sometimes you may need a restraint for your safety. Your doctor has to tell you if he or she is planning to use a restraint on you. Your doctor must explain the steps. You must be told what will happen to you if you agree to the restraint and what will happen if you do not.

If you are competent, no one can make you use a restraint if you do not agree. You may want a friend, family member, or advocate to help you decide.

9) Every resident "has the right to communicate in confidence, to receive visitors of his or her choice, and to consult in private with any person without interference."

You have the right to meet and talk with people. Because this is your home, you can invite your family, friends, or anyone else to visit you. If you want to speak to someone alone, you have a right to do so. Tell the staff at your long-term care home if you do not have enough privacy in your room. They should make special arrangements if you give them enough notice.

10) Every resident "whose death is likely to be imminent has the right to have members of the resident's family present twenty-four hours per day."

You have the right to have your family with you when your health is critical. Regular visiting hours will not apply to your family at this important time. They can be with you all day and night, if you want them there.

11) Every resident "has the right to designate a person to receive information concerning any transfer or emergency hospitalization of the resident, and where a person is so designated to have that person so informed forthwith."

You can choose the person your long-term care home must call right away if you are transferred to another home or sent to a hospital.

12) Every resident "has the right to exercise the rights of a citizen and to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the residents' council, long-term care facility staff, government officials, or any other person inside or outside the long-term care facility, without fear of restraint, interference, coercion, discrimination, or reprisal."

You have the right to speak freely. No one can punish you for speaking out. You keep all your rights as a citizen. You can talk about things that concern you and suggest changes to your home's rules and services. You can do this for yourself or for others.

There are many people who make decisions that affect or help you. You may want to give them suggestions or tell them your concerns. Some of these people are members of the residents' council, staff at your long-term care home, and government officials.

13) Every resident "has the right to form friendships, to enjoy relationships, and to participate in the residents' council."

You have the right to make friends and to be with them. This can be an important part of your life at the long-term care home. You have the right to participate in a residents' council. The residents' council is a good place to meet people and to get involved in things that affect you.

14) Every resident "has the right to meet privately with his or her spouse in a room that assures privacy; and where both spouses are residents in the same long-term care facility,

they have a right to share a room according to their wishes, if an appropriate room is available."

You have the right to be alone with your spouse. It does not matter whether you are married or not, and it does not matter whether your spouse is of the same or opposite sex. If your spouse comes to visit, you may want some time alone. The long-term care home should have a place for you to meet in private. If you and your spouse live in the same home, the two of you should be allowed to share a room if an appropriate one is available. You may have to wait for the right kind of room and it could cost more.

15) Every resident "has the right to pursue social, cultural, religious, and other interests to develop his or her potential and to be given reasonable provisions by the long-term care facility to accommodate these pursuits."

You have the right to do things that interest you. You do not stop being the person you were before you moved into the long-term care home. You may want to continue your hobbies, to follow your religion, and to do other activities. The home should make it possible for you to do these things, within reason.

16) Every resident "has the right to be informed in writing of any law, rule, or policy affecting the operation of the long-term care facility and of the procedures for initiating complaints."

You must be told about increases in the basic fee of your long-term care home. You must also be told about cost increases for extra services such as ironing, mending, and hairdressing. If these services become more expensive, you must be told in writing, and you must give your response in writing.

All policies about vacations, visiting hours, discharge, and the use of restraints should be explained to you. Most policies are set out in the laws called the Nursing Homes Act, the Homes for the Aged and Rest Homes Act, and the Charitable Institutions Act. The home's policies must follow these laws.

There are ways to make complaints about problems. The staff should tell you how to make a complaint within your long-term care home. You can also make complaints to people outside it.

17) Every resident "has the right to manage his or her own financial affairs where the resident is able to do so, and where the resident's financial affairs are managed by the long-term care facility, to receive a quarterly accounting of any transactions undertaken

on his or her behalf and to be assured that the resident's property is managed solely on the resident's behalf."

You have the right to manage your own money while you are in the long-term care home. There are three ways you can do this:

- You can do it yourself if you are able.
- You can choose someone else to take care of your business. This can be a friend or relative, or anyone else you trust.
- The home can keep your money for you in a special account called a trust account. You must get regular statements that show what has been done with your money.

18) Every resident "has the right to live in a safe and clean environment."

You have the right to have a clean and safe place to live in. The long-term care home must be safe and everything should work properly. Smoke alarms must work, fire exits must be clearly marked, and stairways must be clear. The building must be clean. Garbage should be taken out regularly. There should be no bad smells, and the building must have a good air supply.

19) Every resident "has the right to be given access to protected areas outside the long-term care facility in order to enjoy outdoor activity, unless the physical setting makes this impossible."

You have the right to go outside as long as it is safe for you. You should be able to enjoy nature, fresh air, and outside activities whenever possible.

Complaint Process

There are four common ways to register a complaint or concern. These include:

Directly to the Home

There are two ways to do this. The first is to raise the concern directly with the home's management or through a staff member. The second is as per the process outlined in the home's formal complaint process. You are entitled to request and receive a copy of this process.

The Residents' Council

Every home has a Residents' Council which meets regularly, monthly is recommended. The Resident's Council provides a strong line of communication between the home and residents and provides a formal structure for raising concerns.

Raise it with the Family Council

More and more homes now have formal Family Councils which are comprised of family members of residents. They provide a supportive environment for families and a forum to discuss common issues and concerns.

Phone the Long Term Care Action Line

A Long Term Care Action Line, established in 2004, serves clients receiving Home Care through their local CCACs and residences of a LTC Home. The Action Line gives a voice to these clients and their family members who have concerns or complaints about their services. The LTC Action Line is checked daily and routed appropriately to a single access point.

The service operates 8:30 a.m. – 7:00 p.m. seven days a week. Calls are anonymous and go directly to the Ministry. All calls are investigated, immediately if they suggest a risk of harm to a resident.

The LTC Action Line will facilitate the referral of CCAC client complaints to an independent third party called an Independent Complaint Facilitator when requested by a CCAC client. CCAC clients are encouraged to first contact their CCAC or their service provider agency in addressing their complaints before considering contacting the LTC Action Line.

The Action Line can be accessed at: 1-866-876-7658 or 1-800-387-5559

Inspections

LTC homes must abide by the Homes for the Aged and Rest Home Act (government owned homes), Nursing Home Act (privately owned homes) or the Charitable Institutions Act (non-profit homes). All LTC homes must be licensed.

The MOHLTC conducts annual inspections at every LTC home. They may not necessarily be announced beforehand. They'll conduct more frequent inspections if they have concerns and/or in response to a complaint.

Each LTC home is assigned a Compliance Advisor who regularly monitors and inspects the facility. Annual inspection report results must be posted in a conspicuous location so that all Residents and family members can easily access and read the report. Upon the completion of an inspection, the Compliance Advisor presents the home with a report that indicates if there were any areas of non-compliance. The Administrator develops a compliance plan, which outlines when and how the issues will be corrected. Compliance Advisors usually conduct a follow-up visit to ensure that all areas of non-compliance have been corrected.

If a home has not corrected the identified problem(s) or if Residents are deemed to be at risk, the government has several options:

- stop admissions to the home
- revoke, suspend, or refuse to renew the home's license
- reduce or withhold funding
- occupy, operate or takeover the home
- suspend or remove the ability to operate the home
- cease carrying on activities

Residents and families have the right to make complaints without fear of restraint, interference, coercion, discrimination or reprisal.

A Resident has the right to see the home's inspection reports.

Inspection Criteria: The Long-Term Care Homes Program Manual

Each section of the Long Term Care Homes Program Manual deals with one of the following services:

Dental Services are those that should be coordinated and provided within the home, or for which arrangements should be made outside the home, in a manner as to meet the dental care needs of residents. This section has **1 standard and 4 supporting criteria**.

Diagnostic Services refer to those that are to be arranged to meet the residents' needs as ordered by the residents' physicians. This section has **1 standard and 1 supporting criterion**.

Dietary Services refer to those that are organized to provide nutritious, safe and acceptable food to residents. This section has **1 standard and 38 supporting criteria**.

Environmental Services refer to those that provide a safe, comfortable, clean and well-maintained environment for residents, staff and visitors. This section contains **4 standards and 82 supporting criteria**. This section includes general management of waste, pests, water, and temperatures (air and water); and the management of the maintenance, housekeeping and laundry services within the home.

Home Organization and Administration refer to the organization of the home as a whole and each of its programs and services. This section includes Quality and Risk Management programs, and the provision of an organized system for records, including collection, access, storage, retention and destruction of health records. The section contains **4 broad standards and 56 supporting criteria.**

Foot Care Services refer to those that should be coordinated within the home or by arrangements made to access foot care services to meet residents' foot care needs. In other words, a qualified staff may provide these services to residents and/or external foot care providers may do so through contractual arrangements with the home operator. This section **has 1 standard and 6 criteria**.

Medical Services refer to those provided to meet residents' medical needs and are consistent with the professional standards of medical practice. This section has **1 standard and 17 supporting criteria.**

Nursing Services refer to those required to support the provision of nursing and personal care to all residents of the home consistent with professional standards of nursing practice. **This section has 1 standard and 20 supporting criteria.**

Pharmacy Services refer to those that are organized to meet the residents' needs. This section includes the pharmacy service, pharmacy review process, prescription ordering and transcribing of physicians' orders, dispensing of medications by the pharmacy, drug records, drug storage, drug disposal and reporting of medication errors and/or adverse drug reactions. This section has **8 standards and 28 supporting criteria.**

Recreation and Leisure Services refer to the provision of age-appropriate activities and programs that are based on and are responsive to the respective abilities of individual residents, their respective strengths, needs, interest and their former lifestyle. This section has **1 standard and 12 supporting criteria.**

Resident Care and Services refer to the assessment, planning, implementing, monitoring, evaluating and documentation of each resident's needs for care and services. This section contains **5 broad standards and 76 supporting criteria**.

Resident Safeguards refer to the promotion and support of the residents' rights, autonomy and decision-making, including proper use of physical restraints and the establishment of Residents' Councils. This section includes requirements related to the admission agreement, information related to the accommodation, care, services, programs, and goods that will be provided to the resident. It also outlines the obligation of the resident with respect to their responsibilities to pay for services rendered and their option of purchasing other services that may be available to them in the home. This section contains **2 standards and 46 supporting criteria.**

Social Work Services refer to those that should be provided either as an organized program or be made accessible in an effort to meet the residents' psychosocial needs. This section has **1 standard and 1 supporting criterion.**

Spiritual and Religious Programs refer to programs that are required to respond to the spiritual and religious needs and interests of the residents. This section has **1 standard and 6 supporting criteria.**

Staff Education refers to education for all employees, including new, existing and agency staff. This includes the orientation for new staff, including agency staff, where appropriate, and the ongoing education of staff in accordance with their learning needs. This section has **2 standards and 16 supporting criteria.**

Therapy Services refer to those that may be provided by qualified therapists employed by the home or by therapy services accessed through contractual arrangements. This section has **1 standard and 9 supporting criteria.**

Volunteer Services refer to those programs provided by people on a volunteer basis in support of the residents and the home. This section has **1 standard and 5 supporting criteria.**

Other Approved Programs are those that the home may organize to respond to other residents' needs and/or preferences. This section has **1 standard and 3 supporting criteria.**

LTC Home Inspection Reports

The Reports on Long-Term Care Homes website provides basic information (location, operator size etc.) about Ontario's over 600 plus long term care homes in Ontario. It also contains the results of the home's last annual inspection report as well as a record of any verified complaints. It will also indicate whether or not sanctions are currently being applied against the home. Residents and families should be aware of the following when visiting the web site. The site:

- contains data on a home that could be several months old
- does not indicate if any identified issues have already been fixed
- only specifically identifies which of the over 400 standards and criteria that a home did not meet, not how many the home did meet
- does not differentiate between serious or not-so-serious infractions

Packing & Planning Checklist

1) If possible, sign the admission contract prior to admission day.

2) If possible, deliver personal items and selected furniture prior to admission day.

3) Ensure all documentation required on admission day is accounted for, accurate and completed prior to admission.

4) A 2-step TB test must be completed prior to admission by the physician as required by the local health unit.

5) Ensure an up-to date list of medications is provided – don't assume.

6) Confirm the best time to arrive for admission day. Confirm the process and time required.

7) Ensure money is set aside to pay for the first month's accommodation fee and any optional services such as cable, internet or phone.

8) Telephone, cable and internet arrangements should be made prior to admission.

9) Assistive devices, walkers, canes, wheelchairs, hearing aids, dentures, etc. should be clearly marked with your name.

10) Ensure you have forwarded newspapers, magazines, other services. Be sure to forward all mail such as friends and family to your new address.

Personal Items: What to Bring

Some LTC homes recommend to pre-label clothes with a laundry marker. This will help ensure articles aren't lost before permanent labels are affixed to clothing soon after admission. Avoid slippery footwear – non-skid treads are desirable.

Ladies are recommended to bring:

- One housecoat
- One pair of non-slip slippers with heel-backs
- Four bras or undershirts (acrylic), avoid tight elastic tops
- Three slips
- Six pairs of stockings and/or socks
- Five nightgowns
- Six to eight washable dresses
- Six to eight pairs of slacks

- Five to seven comfortable tops
- Two cardigans
- Glasses, hearing aid, dentures (labelled)
- Cosmetics, costume jewellery
- Hats (sun hat & warm winter hat)
- Include appropriate outdoor clothing if intending to go outdoors (hat, coat, gloves, boots)

Gentlemen are recommended to bring:

- One dressing gown
- One pair of shoes – running shoes with Velcro closures recommended
- One pair of non-slip slippers
- Four pairs of pyjamas
- Six to eight undershirts
- Six to eight shirts or tops
- Six to eight trousers (washable trousers recommended if challenges with incontinence or cognition)
- Six to eight pairs of underwear & socks
- Two washable sweaters
- One belt or suspenders
- Electric razor (blades not permitted)
- Glasses, hearing aid, dentures (labelled)
- Hats (sun hat & warm winter hat)
- Include appropriate outdoor clothing if intending to go outdoors (hat, coat, gloves, boots)

Admission Day at a LTC Home

Prior to admission day, it is good practice to ask the LTC home who will be your primary point of contact. It is highly recommended that a family member, friend and/or appointed advocate be present during the admission process. When you enter a LTC home, you will be asked to bring the following documents with you:

- Power of Attorney for Finances (if one)
- Power of Attorney for Care (if one)
- Social Insurance Number
- Notice of Assessment (if you are applying for a rate reduction)
- Advanced Health Care Directives: best to have read beforehand
- Ontario Health Card (a copy will be made) & any other medical coverage cards
- Veteran's Benefit Number (if applicable)
- Admission Agreement: best to have read beforehand
- Up-to-date list of medications
- List of Key Contacts

It is common to allow a new Resident to make arrangements to bring personal belongings and selected furniture prior to or after admission. If possible, it might be helpful to have signed the admission contract in advance. The admission contract sets out payment terms, summary of services with pricing for those not included in the monthly accommodation fee, and the rights and responsibilities of all parties. It is most common that LTC homes prefer pre-authorized payment. It is common to provide first and last month's accommodation payments upon admission.

Generally, the preferred time to arrive on the first day is mid-morning. This allows staff to complete their morning tasks (mornings are typically the busiest time in the home). It is common to require 2 to 4 hours to complete the admission process, often with the Administrator, a Nursing staff member and Resident & Family Services Coordinator.

A new Resident has their height and weight recorded upon admission, with weight being recorded monthly. An oral assessment is also conducted upon admission.

The Resident's picture will be taken on admission day. This serves several purposes including:

- staff becoming familiar more quickly
- acts as a safety measure for fire safety, therapeutic nutritional requirements, elopement (leaving the facility unaccompanied) and medication dispensing

Families should consider retaining a private caregiver service to make the transition over the first several weeks as smooth as possible. This also allows the family to better understand all the details of what to expect, and how their senior loved one should be supported.

Ideally, a friend, advocate or family member should accompany the Resident to lunch on admission day.

Bring all medications including over-the-counter in their originally labelled containers. Filling prescriptions beforehand isn't an issue as all medications will be filled going forward by a contracted pharmacy supporting the LTC home. A Nurse will review the list of medications and consult with the attending physician and pharmacist to confirm they are current and appropriate.

Ideally, bring 5 to 7 changes of clothing that is easy to care for (machine washable) before admission day for labelling. All clothing will be labelled to help ensure nothing is misplaced. Personal grooming products and certain toiletries will be provided. You may provide your own if you choose.

Staff might help you to hang pictures on walls.

Forward subscriptions such as newspapers and magazines to your new address.

Label personal items such as wheelchair, cane, walker, dentures and hearing aids.

Phone, cable and internet services are best arranged as early as possible. These are not provided by the home and must be managed on your own. Home staff might help guide you through this process.

Resident Care Conferences are meetings between family and each department head. The purpose is to review all aspects of the Resident's Care Plan and provide feedback on where things are at. Each department head must have had this interaction before 6 weeks after admission, either individually or with other staff present. Care Plans are conducted annually, with alterations and updates on an as-needed basis in the interim.

Do not leave your elder loved one without scheduling your next phone call and visit.

When a Loved One Enters a Home

By Kathy Kinsella

People don't generally want to place a loved one in a home. The decision, in most cases, is a traumatic one for both the individual and their families.

For whatever reason, though, a decision has been made that a loved one must enter a home. Be prepared for a period of adjustment. No matter how carefully the move may have been planned, this is a major change and the person may be upset for a while. It should be easy to understand why, and that it takes time to get over the losses a move involves.

Family members frequently have mixed feelings about placement of a relative in a home. They may feel angry that there were no choices but institutional care available to them. They may feel great sadness and grief at having to accept the inevitable. They may experience a sense of relief that a decision has finally been made and, at the same time, guilt for wanting someone else to take over the burden.

Guilt is an emotion often associated with such a decision. Feelings of betrayal must be dealt with head on. If it has been decided that a relative needs the kind of attention and services not available to them in their own home then be assured that it is not a matter of "putting them away" but rather a positive step in response to a clear and immediate need.

Guilt happens even though it may be clear that everything possible has been done and that the last choice was placement. Those who experience guilt are often the ones who should not. Why? Because the person who feels guilty is usually a concerned person who has tried to do all that could be done. It is often the person that does not feel guilt – who just doesn't give a darn – who should be carrying the burden of conscience but doesn't.

Added to this is the guilt relatives and friends apply by comments such as "Oh, I'd never have done that!" or "I hear that place is no good". The elderly person, too, may in times of mal-adjustment add to the guilt and blame the family for the move. "After all I've done for you!" or "Alright, if you don't want me, put me away!"

It is not unusual for family members to disagree about plans. Some family members may want the person to remain at home while others feel the time has come to enter a home. It is helpful if all family members discuss the problem together. Misunderstandings and disagreements are often worse when everyone does not have all the facts.

Other family members may not visit because they find it hard to face visiting the home or don't know what to talk about when they get there. It is sometimes easier to find reasons not to visit.

Here are some practical things to help someone orient the elderly to his or her new home.

1) Don't let the individual down after entering the home. The person needs to know they are important and thought of by friends and relatives.

2) Help the individual learn the daily routine of the home (make a schedule).

3) Show an interest in the home – walk around, read the bulletin boards, talk to other residents, help the individual identify landmarks for getting around.

4) Be sure to know the staff at the home and help the staff understand the needs of the individual.

5) Decorate the individual's room to make it "his/hers". Organize the closet with the resident.

6) Take the individual for rides, shopping, home for dinner, to church. Even if the individual resists going back to the home after an outing, they may eventually come to accept the routine and may benefit from the knowledge they are still part of the community. Occasionally, if it continues to be difficult, it may be better to visit them in the home.

7) Continue to involve the individual in family outings – keep them involved in special family events. Inform them of sad events. Don't be over protective. If the older person is persistently treated in a patronizing manner or if options are removed by others who take control, they can react in two ways: resist and fight back or give up.

8) Tell the individual exactly when you'll visit and keep your commitment, perhaps mark on a monthly wall calendar.

9) Take old photo albums and clippings to the individual that might trigger events of the past and encourage them to talk and reminisce.

10) Take tape recordings, digital photos or online teleconferencing of the family or children at a distance.

11) Help with self-care, with a manicure, eat a meal together, bring a treat you can share.

12) Take children to visit but prepare everyone for the event as a visit may be upsetting. The elderly may be upset until they adjust to a new setting. Remember, depression is not an unusual reaction for any person who has been removed from what has been his or her normal role as an income earner, housewife, involved citizen. It is not so much an aging problem as it is a human problem.

13) Encourage independence and self-esteem. What makes it worthwhile to get up in the morning? For ourselves, it may be having something to do (job, hobby), activities that interest us, feeling needed, experiences adventures and variety. The aged need it too. Encourage them and enhance the positives. Talking down to an elderly person lowers their self-esteem. Seniors prefer adult-to-adult communication. Don't close the path

to independence by being over solicitous because of a need to nurture or because it is convenient. Catering may be quicker and easier but it can't be considered a kindness when we do for someone they could or could learn to do for themselves. Focus on abilities rather than disabilities.

14) Try to postpone other activities or changes until after everyone has adjusted to the move.

15) There may be unfinished business to take care of. Involve the individual in the plans as much as possible. He or she is still a person and participation in plans and decisions is important. Discuss the choices that are available and what action you feel is necessary. Tactful honesty will spare a lot of family grief. Don't deceive the individual. Help them express their fears and concerns. People who have been hoodwinked into a move may become angry and suspicious and their adjustment to the new home may be extremely difficult.

16) If the individual has complaints, investigate. A complaint may be legitimate or may be trivial, covering up what is really being felt – like fear of the future. A complaint may not necessarily be directed at yourself or the home. It may be a cry for help, a manifestation of inner turmoil. Acknowledge the feelings and help talk them out. Remember, the individual may be kicking up their heels just to let you know they exist! Would you rather your loved one be forever manageable and docile, or independent and spunky?

Older people can and do cope. They have faced some momentous changes in their lifetimes and they had to be hardy to survive it all.

The change in lifestyle means major adjustments. It takes time and energy for staff, residents and family and it can be a painful process. Giving up a familiar routine and setting is very difficult especially for those who must bear the burden of loss of independence. Moving to a home means giving up a familiar place and often familiar possessions.

But everyone can learn. It may take longer for some as they may need more time to digest new information. Some people cling to old points of view and resist learning. This behaviour is not necessarily a product of old age. It may have more to do with the individual's personality.

Occasionally, a person may never adjust to the move. The person who is warm and considerate through early years will likely be the same in later years and the same may be true of the intolerant, complaintive person.

When a problem arises, it is best solved before it becomes a crisis. If your loved one is not getting the care you would like, discuss it with staff. But remember, although geriatric care can be a rewarding task, it is also very physically and emotionally demanding. Staff members

need to know relatives appreciate their efforts. Make your voice heard whether it is to complain or to praise.

Change is difficult. No place will be like “home” and therefore, some adjusting and compromises will be necessary. However, it can also be a time of new beginnings, new friends and new interests.

How Residents Have Input into Decision Making

ABC Home is committed to providing optimal care and service to all clients. The Home strives to promote an environment which supports the rights of clients to dignity, self-esteem and independence. A variety of options are available for each Resident and/or family member to obtain information, raise concerns, lodge complaints or recommend changes regarding ABC Home and its services.

Residents' Council

The Resident's Council is an elected body of Residents who meet bi-monthly to discuss Resident's concerns, participate in problem solving, and offer suggestions for programs and services. Elections are conducted annually with any Resident living in the Home eligible to run for office or become a floor representative. All Residents may attend and participate in Residents' Council meetings. Notices of elections and meetings are posted and communicated to Residents by the Department of Program Support and Volunteer Services.

Family Council

Elections take place annually with any family member or friend of a Resident living in the Home eligible to run for office or become a floor representative. All families and friends are welcome to attend and participate in meetings. Meeting notices and elections are posted and communicated by the Department of Program Support and Volunteer Services. Staff are assigned to assist the Council and act as a liaison.

The main purpose of the Council is to facilitate communications amongst Residents, management, families and the Home staff in an advisory capacity.

Council will:

- act as a forum to support and promote Residents rights, autonomy, and Resident, family participation in the decision-making process for Residents.
- provide support and education to Residents and families regarding programs, services and resources.
- provide constructive comments and suggestions to Home management to enhance living conditions, quality of life, programming and the safety of Residents.
- provide a forum to collectively address concerns to management in a formal and timely manner.

- act as a forum for information sharing.
- assist in fundraising activities to enhance the Home's services and environment.

Food Committee

Residents may attend monthly Food Committee meetings with the Director of Food Services. This allows Resident input into the menu planning process and to offer suggestions for improvements.

Residents' Rights and Responsibilities

The purpose of the Rights and Responsibilities is to clarify expectations of Residents and their designated family members or significant others. Rights are based on the Ontario Bill of Rights which clearly identifies that all people residing in Ontario enjoy the same freedoms of discrimination.

Advocacy

LTC Home is committed to upholding and protecting the rights of its Residents by establishing and supporting an effective advocacy process which is available to all Residents and their families. An Advocate is someone who speaks on your behalf but doesn't have the authority to make decisions for you.

Resident Care Conferences

The needs and aspirations of individual Residents are of prime importance. The can best be achieved through an interdisciplinary care planning process driven by Resident values, desires and needs.

The interdisciplinary process in long term care fosters a co-ordinated and comprehensive approach to individualized care. At each scheduled Resident Care Conference, disciplines provide information regarding assessment and are responsible for the implementation of assigned strategies.

These perspectives, when integrated and co-ordinated with Resident/family direction and input, encourage a plan of care that supports the strengths, needs and desires of the Resident.

Resident/Family Satisfaction Survey

ABC Home maintains a system to evaluate the level of Resident and Family satisfaction related to service and care through the use of a documented Resident/Family Satisfaction Survey questionnaire. These questionnaires are forwarded on a regular basis, commonly on an annual basis. Any areas of concern identified are followed by the Chief Executive Officer and/or relevant Department Management of the Corporation.

Pre-Authorized Payment Authorization: Terms and Conditions

I/we authorize the ABC Home and the financial institution designated to begin deductions as per my/our instructions for regular monthly recurring payments from time to time, for payment of all charges arising under my/our account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 5th day of each month. ABC Home will provide at least ten calendar days written notice before each and any change in the amount of the PAD or payment date(s). ABC Home will obtain my/our authorization for any one-time or sporadic debits.

This authorization is to remain in effect until ABC Home has received written notification from me/us of its change or termination. This notification must be received at least ten business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpac.ca.

The ABC Home may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten days' prior written notice to me/us.

I have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursements for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Pre-Authorized Payment Authorization

Name(s): YES, I want to join and enclose my "void" cheque

Address:
Phone:
Financial Institution (FI):
FI Account Number: FI Transit Number:
Address:

I/we authorize ABC Home to process a debit, in paper, electronic or other form on my/our account on the 5th day of each month, beginning in the amount of $____ to be changed only upon written notification.

I/we acknowledge that I/we have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment and that I/we received a copy.

Signature: _____ Date: _____

Signature: _____ Date: _____

Sample Authorization for Purchase of Unfunded Goods and Services

Name of Resident: _____

The following unfunded goods and services are to be taken out of the Residents Comfort Trust Account:

Item	Yes (initial box)	Charge
ID Bracelets		$14 + $1.82 HST = $ $15.82
Activation outings/entertainment		varies per event
Transportation costs (BACTS/wheelchair/taxi)		varies
Cable TV		$38 + $4.94 HST = $42.94/mo.
Hairdressing/barber		
Telephone		
Tuck shop		
Air conditioner		
Storage		
Guest meals		
Other		

_____ I give permission for ABC Home to take funds from the above named Resident's Comfort Trust Account to pay for the services initialled above. ABC Home has attempted to list all comfort charges that would normally come out of the Resident's Comfort Account. However, any other charges not listed above that are under $50.00 will be taken from the Comfort Account.

OR _____ I do not want to use the Comfort Trust Account to pay for any Unfunded Goods and Services.

Date: _____ Signature: _____ Print Name: _____

Key Contacts List

Resident Name:

1) Financial Power of Attorney
   Name: Relation:
   Address: Business phone:
   City & Postal code: Home phone:
   Comments:

2) Personal Power of Attorney
   Name: Relation:
   Address: Business phone:
   City & Postal code: Home phone:
   Comments:

3) Alternate Contact
   Name: Relation:
   Address: Business phone:
   City & Postal code: Home phone:
   Comments:

4) Alternate Contact
   Name: Relation:
   Address: Business phone:
   City & Postal code: Home phone:
   Comments:

Please return to ABC Home Administration office when completed

Sample Admission Agreement

Between: _____

a corporation incorporated under the laws of the Province of Ontario
and having its head office in the city of _____ .

_____ a Long Term Care Facility
(hereinafter called the "Home"

and _____ Resident (means a person admitted to and lodged at the Home hereinafter called "the Resident")

and _____ Guarantor(s) ("Power of Attorney" means legal authority given by the Resident to another person, to make personal care and/or financial decisions on their behalf hereinafter called "the Guarantor(s)")

do hereby agree to the following arrangements in respect to the care and services of the Resident and his/her admission as a Permanent Admission.

This agreement details the obligations and responsibilities of the Home, the Resident and the Guarantor. The Resident and Guarantor agree that, by virtue of this agreement, the Home is providing a service for which a regulated charge is levied and for which they are jointly and severally responsible.

In consideration of the admission of the Resident and the provision of services to him/her, the Home, the Resident and the Guarantor, as the case may be here agree as follows:

1. Accommodation Fees

1.1 The Home agrees:

1.1.1 To communicate changes in the basic and preferred accommodation fees, as outlined in Schedule A, to the Resident as rates change from time to time. in the Province of Ontario.

1.1.2 To provide notification at least 30 days in advance of any fee changes to Schedule A.

1.1.3 The previous month's balance of the comfort trust account is available on a monthly basis through the Administration Office to the Resident/Guarantor on the first business day following the fourth (4^{th}) of each month. Statements are mailed out to the Resident/Guarantor monthly.

1.2 The Resident agrees:

1.2.1 To pay basic accommodation fees, and preferred accommodation fees, as outlined in Schedule A, as the rates may be adjusted from time to time by the Province of Ontario. Basic and applicable preferred accommodation fees will be charged for both the day of admission and the day of discharge. The charges are due and payable on the fifth (5^{th}) of each month for the current month. A $40.00 administration fee will be charged for N.S.F. cheques or insufficient funds from a pre-authorized debit arrangement.

1.2.2 That should financial circumstances require it; the Resident may request a reduction in the accommodation co-payment. The Resident shall be entitled to a reduction in the accommodation co-payment upon submission of an Application for Rate Reduction using the required form; being eligible for such reduction; (and only after a reduced rate basic accommodation bed becomes available in the Home). Until that time, the Resident shall pay the basic accommodation fees and any preferred accommodation fee as per the signed Admission Agreement.

1.2.3 That if the Resident is unwilling, or becomes unable to pay the preferred accommodation fees he/she will be transferred to basic accommodation subject to availability as determined by the Home as soon as possible thereafter.

1.2.4 If the Resident no longer resides at the Home any outstanding arrears shall forthwith become due and payable and will be billed to the Resident and/or Guarantor.

2. Financial

2.1 The Resident agrees:

2.1.1 To pay charges, which are not covered by the Ontario Ministry of Health & Long Term Care, related to:

(a) Hospitalization, ambulance transfer, and other transportation.
(b) Bed holding fees which will apply where hospitalization exceeds the Ministry of Health & Long Term Care Standards.
(c) Any physician's fees, medications and other treatments ordered by a physician which are not covered by an insurance plan.
(d) Services which the Resident requests. The cost of these services is stated in Schedule B (attached) or established with the direct supplier and may be amended from time to time on written notice to the Resident/Guarantor. The charges are due and payable when services are rendered and are billed directly by the supplier to the Resident/Guarantor or are deducted from the Resident's comfort trust account.
(e) Any storage/disposal fees beyond 48 hours post discharge (Guarantor 7.5. (d)).

3. Goods and Services

3.1 The Home agrees:
To provide or make available, at the request and cost of the Resident and at no expense to the Home, the non-insured goods and services listed in Schedule B, subject to the availability of such goods and services.

3.2 The Resident agrees:

To pay forthwith for the non-insured goods and services described in Schedule B which are authorized by or on behalf of the Resident, at the rates established from time to time by the Home or individual vendors. The authorization shall remain in effect until written notice is received from the Resident that the specified goods and services are no longer required.

4. Responsibility and Liability

4.1 The Home agrees:

4.1.1 To inform the Resident of opportunities to participate in care planning, care conferences and the annual review meeting.

4.1.2 To respect and promote the rights identified in the Ontario Residents' Bill of Rights contained in the Long Term Care Homes Act, 2007.

4.1.3 To provide care and service in accordance with the Long Term Care Homes Act, 2007. Regulations and the Home policies and procedures.

4.2 The Resident agrees:

4.2.1 To abide by the Long Term Care Homes Act, 2007, Regulations, and the Home policies and procedures.

4.2.2 To release, waive and forever discharge the Home officers, agents and employees from all claims, demands, damages, costs, expenses, actions and causes of action in respect of:

(a) the loss of money, valuables and personal effects of the Resident unless these were respectively and specifically deposited to be held in safe keeping by the Home.

(b) the loss or destruction of clothing, dentures, dental bridges, hearing aids, eye glasses or any other prosthetic device of the Resident unless the loss or destruction occurred as a result of proven negligence on the part of the Home.

(c) any responsibility related to his/her welfare and care requirements when off the premises of the Home except when such absence includes a staff escort.

4.2.3 To provide on an ongoing basis appropriate clothing and footwear, prosthetic devices (glasses, dentures, hearing aids, etc.) and anything else, which is reasonably necessary for the Resident's comfort and functional ability in the Home. The Resident agrees to pay for any needed repair or replacement of these necessary personal effects.

4.2.4 To respect the right and privacy of other persons in the Home and to treat those persons in the Home with dignity, courtesy and respect.

4.3 The Resident has been advised:

4.3.1 That the Home discourages the keeping of large amounts of cash or valuable personal items (i.e. rings, other jewellery, etc.) in the Home and that the Home not liable for their loss or disappearance, unless they were respectively and specifically deposited to be held in safe keeping by the Home.

4.3.2 That the Resident is solely responsible for any financial loss or harm occurring as a consequence of the Residents' management of his/her financial affairs.

4.3.3 That the Resident is expected to name a substitute decision-maker or continuing Power of Attorney: (1) For Personal Care; (2) for Property/Finances and provide a copy of the most currently executed Power of Attorney documents to the Home.

5. Provision of Care

5.1 The Home agrees:

5.1.1 To provide a range of resident care and services, including transfer, discharge planning, and discharge, as required by changes in the Resident's health status and/or treatment in accordance with the requirements of the Long Term Care Homes Act, 2007, Regulations, and the policies of the Province of Ontario. The Home has the right to allocate room location and make changes therein as necessary, considering the Resident's comfort and preference as much as is practical, and assumes responsibility to inform the family of such changes. Should the Home request a room reallocation there is no charge. Should the Resident or substitute decision-maker request a room reallocation, there will be a moving charge of $125.00.

5.1.2 To arrange for the provision of medical care by the Home's Medical Director or delegate, or alternatively by the Resident's own family physician should he/she choose and the family physician be willing to provide such service by signing an Attending Physician Agreement with the Home. If the opinion of the Resident's physician and that of the Home Medical Director conflict, the Home will follow the opinion of its Medical Director.

5.1.3 To transfer the Resident to a hospital and notify the Guarantor and/or family of such transfer, where in the opinion of the Medical Director or delegate, such intervention is required.

5.1.4 To keep the Resident informed regarding his/her medical condition, treatments and proposed course of treatment, including access to his/her health care record, if the Resident requests such information.

5.1.5 To make a reasonable attempt to accommodate spouses of each other, who are Residents in the Home and who express the wish to share a room on an ongoing basis, and where an appropriate room is available. In the instances where the spouses of each other share a room on an ongoing basis, the two Residents will each be responsible for the payment of the cost of the standard or semi-private accommodation.

5.2 The Resident agrees:

5.2.1 To provide all pertinent information regarding his/her health status and care requirements and respond to any requests for such information.

5.2.2 To authorize his/her personal physician, any heath care institutions, any support service agency and/or caregiver(s) to disclose such information as may be required by the Home.

5.2.3 To authorize the Medical Director or delegate to release to the medical staff of any hospital and/or clinic to which the Resident may be referred, information relating to the Resident's information relating to the Resident's health status and treatment which are required for the provision of ongoing care, and to indemnify the Home, its

officers, agents and employees, and the Medical Director or delegate from any and all liability arising out of the release of such information.

5.2.4 To authorize the Medical Director or delegate to provide such medical services as are, in the Medical Director's opinion necessary, including examination, diagnoses, and treatment, while the Resident is under the care of the Home.

Included Consent: Unless it is not reasonable to do so in the circumstances, a health practitioner is entitled to presume that consent to a treatment includes:

(a) consent to variations or adjustments in the treatment, if the nature expected benefits, material risks and material side effects of the changed treatment are not significantly different from the nature, expected benefits, material risks and material side effects of the original treatment; and

(b) consent to the continuation of the same treatment in a different setting, if there is no significant change in the expected benefits, material risks or material side effects of the treatment as a result of the change in the setting in which it is administered.

5.2.5 To retain the right to refuse specific treatment(s) in accordance with the policy of the Home. In that event, the Resident assumes full responsibility and liability for any harm, damage or injury to himself/herself or others occurring as a consequence of the Resident refusing medication, treatments, prescribed safety devices, or other medical orders including the use of restraints.

5.2.6 That where, in the opinion of the Medical Director, Chief Executive Officer, and the Director of Resident Care, the Resident can no longer be cared for in the Home, or if the Resident becomes a hazard to the health and safety of themselves, other Residents or staff, the above mentioned may take steps to transfer or discharge the Resident to another facility where appropriate care can be given. This will be done in consultation with Community Care Access Centre and the Ministry of Health & Long Term Care.

5.2.7 That upon Resident/Guarantor request, they will pay for the provision of supplemental staffing for additional nursing care beyond that which is provided for by the Ministry of Health & Long Term Care Standards.

5.2.8 To co-operate with the staff of the Home in moving to a different room in the Home if the staff determines that the Resident's health care requirements or the Resident's behaviour make a move necessary.

5.2.9 To allow staff to move or remove room furnishings and/or goods if it can be shown that it is in the interest of the Resident's or staff safety to do so.

6. General

6.1 Notwithstanding the termination of the agreement for any reason whatsoever, all of the obligations of the Resident and Guarantor pursuant to this Agreement, shall survive any such termination and shall remain in full force and effect until discharge, and be binding upon their heirs, executors, administrators, successors and assigns.

6.2 Failure of the Resident and/or Guarantor to comply with the terms of this Agreement may result in the discharge of the Resident from the Home.

6.3 No delay on the part of the Home in the exercise of any right or remedy against the Resident or Guarantor pursuant to this Agreement shall operate as a waiver thereof, and no single or partial exercise by the Home of any right or remedy shall preclude other or further exercise of any other right or remedy.

6.4 The undersigned agree to all the provisions of this Agreement and understand their meaning with respect to the Resident, the Guarantor, and the Home. The undersigned have read and voluntarily agree to execute this Agreement and further agree that they do not rely on any oral representations, statements or inducements. The undersigned understands that the Resident can only be admitted to the Home if this contract is fully understood and signed.

6.5 The undersigned understands that this contract is renewed annually and that the accommodation agreed to and signed for is in effect for the period of one year but not to exceed June 30th of each calendar year.

In Witness Whereof this agreement has been executed at (city, province) in duplicate, on the (day, month, year).

Home Administrator: _____

Resident/Guarantor: _____

Print Name: _____

7. Guarantor

In consideration of the admission of _____ ("Resident") to the Home and the provision of services to him/her, the Home and _____ ("Guarantor") hereby agree as follows:

7.2 The Guarantor agrees to pay all costs, fees and charges which are incurred by the Resident during his/her stay at the Home, including but not limited to the obligation to pay any outstanding arrears not paid by the Resident.

7.3 The Guarantor agrees that this Agreement, upon execution by the Home and the Guarantor, constitutes a continuing, binding obligation of the Guarantor, regardless of whether the admission agreement attached hereto is executed by the Resident, in the event that the Resident commences residing in the Home.

7.4 The Guarantor agrees that the Home shall not be bound to seek or exhaust its recourse against the Resident before being entitled to receive payment from the Guarantor pursuant to this agreement.

7.5 The Guarantor agrees:

(a) to assist the Home when called upon to do so, to enable it to carry our those duties referred to in section 5.1.

(b) to give permission for photographs of the Resident to be taken with the understanding that these photographs may be displayed at public events or published in the media.

(c) attend any meeting, at a mutually convenient time, for the purpose of discussing the welfare of the Resident or any other matter covered by this agreement.

(d) to inform the Home of changes of contact information of the Guarantor and/or next of kin, or persons responsible for the above-named Resident, and

(e) to remove items of furniture and personal effects from the Home within 48 hours of the Resident's date of death or discharge. If unclaimed within that time, a packing and storage fee of $50 + HST will be levied to cover a one week period beyond the 48 hours and thereafter $100 + HST fee will be charged for disposal of the effects.

The Home is not responsible for the disposal of Resident items.

Guarantor

I/we hereby acknowledge reviewing this Agreement and specifically confirm that I/we accept responsibility for the Resident's covenants contained herein.

Guarantor (Power of Attorney/Guardian): _____

Print Name: _____ Print Name: _____

Relationship to Resident: _____

Dated at (City, Province), this (day, month, year)

Any difference of opinion that may arise and can't be resolved amicably, the Ontario Ministry of Health & Long Term Care may be contacted at the numbers below to assist in facilitating a resolution to any such issue.

Compliance Advisor
Ontario Ministry of Health & Long Term Care
Performance Improvement & Compliance
Simcoe County office: (705) 739-7401

or

Long Term Care Action Line
(866) 434-0144

Sample Admission Agreement

Copies of the following documents with respect to the Resident and the Home have been provided to me at the time of admission, for my information and understanding.

Resident's Rights and Responsibilities ____

How Residents have input into Decision Making ____

Resident Care Planning Process ____

Resident Complaint Form ____

"Advocacy for You" Brochure ____

Care, Programs & Services provided at no additional cost to the Resident ____

Cost of Accommodation (Schedule A) ____

Unfunded Goods and Services (Schedule B) ____

Policies on Resident Abuse & Least Restraint ____

Advance Directives Information & Form ____

Suggested Clothing List ____

____ I understand that my family member's picture will be taken and posted in the MARS book.

____ I give permission for my family member's name and room number to be posted on the board in the entrance way of the Home.

Date: _____ Initials: _____ Print Name: _____

Advanced Directives (Personal Health Care Directives)

On Admission Day, you may be required to state your Advanced Directives.

According to the Health Law Institute, Dalhousie University;

Advance directives are directions given by a competent individual concerning what and/or how and/or by whom decisions should be made in the event that, at some time in the future, the individual becomes incompetent to make health care decisions.

There are two types of advance directives:

Instructional Directive

Instructional directives state what (or how) health care decisions are to be made when you are unable to make these decisions yourself. This type of directive may set out specific instructions or it may set out general principles to be followed for making your health care decisions. Instructional advance directives are also known as “living wills”.

Proxy Directive

Proxy directives specify who you want to make decisions for you when you are no longer able to make the decisions yourself. This type of directive is also known as “durable powers of attorney for healthcare”.

Canadian courts have indicated that advance directives must be respected.

Adjusting to a New Home: Advice to the Caregiver

1) If your parent is moving from a hospital, try to make a final visit to their home. This allows them the opportunity to say goodbye and select any items they wish to take with them.

2) Assist with sorting and packing. This is an opportunity to share memories and to pass on family stories. Encourage them to share their feelings with you, either positive or otherwise.

3) Be available as often as possible during the settling in phase. Visit often and do the things you both enjoy when together. Ensure they are involved in your life as much as possible. Provide ongoing updates regarding family, particularly grandchildren.

4) Schedule outings and trips together, regardless of how trivial they may seem to you.

5) Encourage and support their independence as much as possible.

6) Don't promise to visit unless you are certain you can keep the commitment. A short visit is better than none at all.

7) Get to know the staff at the residence and help them to get to know your loved one.

Try to remember that security, regular healthy meals, proper medication management, stimulating social support and care-giving all contribute to their quality of life.

Sample Questions & Observations: May also be used for Retirement Homes

Exterior Photos Taken:

Name of Long Term Care Home

100 ABC Street, Barrie, ON
L3V 4Z4
(705) 325-5555

NOTES

Distance from me:

Tour conducted by:

Management Team

Administrator
Director of Care
Co-Director of Care
Resident & Family Services Coordinator
Director, Food Services
Director, Environmental Services
Social Director

Mgmt. team names posted at main entrance

Mgmt. staff hours

Bulletin Board

Resident Council meeting minutes
MOHLTC: inspection results: issues corrected

Corporate

Website: comment

Ownership type, history

Describe interaction with HQ/owners

Philosophy of Care: is there one

Accreditation Canada

1st impression

How was I greeted: was I welcomed,
treated respectfully

Was I introduced to other staff or Residents

Interior: bright, cheery, out-dated decor

Staff smiling, enjoy being there,
interacting with Residents

Atmosphere: feel like a community

Pictures

Furniture: comfortable, updated, condition

Temperature comfortable

Residents neatly dressed, wearing shoes

Clean: well maintained, high traffic areas

Home feel vs. Institutional

Facility

Long Term Care – 100% LTC?

Location: describe

Exterior/grounds: patios, walking paths, gardens

Parking

Public transit: describe

Capacity

Waiting list

Respite rooms offered

Age of facility/additions

If something you could add/change

Describe layout from basement up

Decorating: comment

Air quality overall: stale/fresh

Condition of high traffic areas

Lighting

Kitchen

Hallways: comment

Facility Amenities

Library

Beauty salon/barber

Recreation/games room

Crafts room

Exercise/physiotherapy room: equipment

Computer available

Greenhouse/raised garden

tuck shop/cart

ATM: working?

Bathing: separate bath/shower rooms

Chapel: dedicated multi-denominational

Air conditioning: common areas, suites

Storage lockers

Names posted on suites

Noise levels: comment

Facility Safety & Security

Surveillance cameras: working?

Security: describe, door locks, when, main entrance, exterior doors

Secure gardens/courtyards

Emergency response system in suites

Smoke/carbon monoxide/heat alarms

Sprinkler system

Emergency exits, signs, extinguishers visible

Railings/grab bars: common areas: washrooms, hallways

Smoking policy

Resident suites: fire safe doors

Fire drills: frequency, inspections, staff training

Evacuation plan

Auxiliary Power

Locking drawer in rooms

Visiting hours

Pets

Resident Suites

Room size: smallest to largest: sq. ft., FL plans

Bathrooms

Windows open, easily

Bright, natural light, clean paint, condition

Floors: carpet, hardwood, tile, drapes

In room air & heat ctls, cost if supply own

Closet/shelf space

Kitchenettes

Bar fridge: supplied or bring own

Policy on other small kitchen appliances

Patio/balcony: sliding door access to outside

Lighting/fixtures: bring own

Wiring: phone, cable, Internet: costs

Restrictions to painting, decorating, wallpaper

Residents

Where Residents come from/geography

Gender mix

Appear happy, alert vs. lethargic

Residents appearance, well groomed, (clean clothing, season appropriate)

Resident attendance in common areas

Staff

Staff # total, all in (F/T & P/T)
How many are Caregivers (PSW's)

Caregivers (PSW's) per shift

Shift rotation

Shift change process

Staff turnover

Describe screening process for staff

Always knock & wait before entering room

Acknowledge Resident by name

Staff discuss Residents indiscriminately

Wear name tags

Languages supported

Friendly, approachable

Treat Residents with respect

Training: comment

Abuse policy

Policy on room change

How support staff (appreciation): care for caregivers

Mgmt. meet to discuss updates, Residents issues

Health Care Services

Nurse availability

Physician

Medication supervision/administration

Assistance: dressing, bathing-frequency

Walkers, wheelchairs, scooters accepted

If Resident health deteriorates

Segregated area for special care

Oxygen: self-managed/filling station onsite

Supportive Services

Housekeeping

Laundry services

Religious needs meet

Transportation

Palliative Care Pgm

Health Services

Physiotherapy

Dental

Denturist

Massage

Hair Salon

Foot Care

Dietary/Food

Dining Rooms

Private Dining room

Prepared on site

Dietician available: Accommodate special diets

Medication support if miss a meal

Menus

Visually show meals before ordering

Breakfast

Lunch

Dinner

Sufficient time given to eat

What if don't like what is offered

Snacks: open pantry, beverages

Fresh fruits

Room tray service

No show policy

Monitor food/liquids intake

Alcohol policy

Interaction/Intervention

Educational speakers

Resident Council

Family Council

Surveys: Residents, family, staff, 3rd party

How issues/problems managed

Activities

Details in Care Package/calendar

What are the most popular

Any scheduled at night, weekends

How inform/encourage Residents to attend

How do Residents have input

Celebrate special holidays

Offsite outings: frequency, describe

Activities focussed on male Res

Volunteers: describe, # of

Observations

What would Residents say they like best

What would Residents most likely say wish see improved/changed

What does ABC Residence excel at

Financial

Unusual increase pending: potential capital expenditure

How payments made

Cash management/valuables

Home Care Package

Additional service charges summary sheet

Admission

Describe Day 1

Sample Ministry Inspection Results

Date of Last Inspection	Aug 23, 2015
Total no. of Unmet Standards and Criteria	4
Total no. of Citations under Legislation	0
Total no. of Verified Complaints	0

Details of Unmet Standards/Criteria Issued

	# Unmet	Inspection Date	Prov. Aver. per 100 beds
Resident Safeguards	3		0.54
A1.15 (x1)		19-Aug-09	
A1.19 (x1)		19-Aug-09	
A1.15 (x1)		26-Jan-10	

	# Unmet	Inspection Date	Prov. Aver. per 100 beds
Resident Care & Services	1		1.21
B3.16 (x1)		19-Aug-09	

A1.15

The use of a physical restraint may be continued only on the written order of a physician who is attending the resident. The type of restraint, and orders for application shall be documented on the resident's record and reviewed at least quarterly following the interdisciplinary team conference.

A1.19

Minimum interventions for physically restrained residents shall include but not be limited to, hourly checks to monitor the resident’s safety, comfort and position of the restraint and the release of the restraint and repositioning every two hours when the resident is awake.(See B3.40, B3.41, B3.44).

B3.16

Each resident's environment shall be maintained to minimize safety and security risks. Action shall be taken to protect each resident from identified potentially hazardous substances, conditions and equipment.

LTC Reference: Staff Member (Confidential)

Name of Home:

Date:

Your role: describe, who report to

How long there

If worked at other RR's before, how compare

What like most about what you do

How do others show appreciation for what you do
ie, staff apprec pgms, how are you supported

Surveys: frequency, share results

Feelings about Admin staff

Feelings about Care givers staff

Comment on staff turnover

If something you could improve in working environment, what would it be

Resident needs being met

Would you place your parent here, why

Would you recommend it as an employer, why

If you had an offer to work in any other home, where would it be, why

Other thoughts

LTC Reference: Family Member of another Resident (confidential)

Name of Home:

Date:

Relationship to Resident

How long living there

Where you live, where did Res live

Describe process went through to select this home, # meetings, time spent

Describe your CCAC experience

Greatest concern/challenge you experienced during process

Thoughts on Admin. staff

Thoughts on Care giver staff

What like most about the home

What like least about the home

Any needs not being met, examples

If had to do over again, what do differently

Would you make same decision, why

Would you recommend this home to others, why

Sample Summary of Findings: Long Term Care Homes

Your Key Criteria	Home 1	Home 2	Home 3
3 = above average 2 = average 1 = below average			
Location			
- proximity to family			
- quiet neighbourhood			
Facility			
- updated décor			
- general condition			
- odour management			
- natural light			
- layout & openness			
- exterior grounds			
- transportation provided			
Suite			
- size			
- natural light			
Staff			
- friendly, outgoing			
- interact above & beyond			
Social			
- frequency & variety of outings			
- variety of activities			
- music activities			
- volunteer community			
- raised garden			
Community			
- vibrant, family feel			
Timing			
- availability of preferred suite			
Score			
Financial			
- monthly cost			

Do you have a plan…?

Long Term Care

Your guide to the process and home selection

Living Transition
Larry Hoover - President
(705) 796-3299
LarryHoover@rogers.com