



# **Resident and Family Handbook**



# **Long Term Care Rufus Guinard Health Centre**

November 2012



*Dear Resident/Family Member:*

*We would like to welcome you to our Long Term Care Home. We will strive to make this your Home and provide you with quality services.*

*We realize that moving can be quite stressful for residents and their families, but we hope that you or your loved one settle in to their new room and neighborhood. Our goal is to create a welcoming, positive living experience for all residents and families.*

*Please allow yourself time to get settled. This may take some time but our staff is available to help with the adjustment period and to answer any questions you and your family may have. Please feel free to discuss any issues with the Patient Care Coordinator or Social Worker.*

*Please keep this handbook during your stay and refer to it as needed.*

*We truly want this to be a positive experience and hope you will soon feel like this is your "Home."*

*Sincerely,*

*Paulette Lavers  
Director of Health Services*

# TABLE OF CONTENTS

<b>Introduction</b> .....	5
<b>Confidentiality</b> .....	5
<b>Admission to Long Term Care</b>	
• <i>Upon Admission</i> .....	5
• <i>Medications</i> .....	6
• <i>Family Involvement</i> .....	6
• <i>Visiting Hours</i> .....	7
• <i>Resident Identification</i> .....	8
• <i>Concerns and Complaints</i> .....	8
• <i>Positive Feedback and Compliments</i> .....	8
• <i>Satisfaction Survey</i> .....	9
• <i>Furniture and Belongings</i> .....	9
• <i>Equipment</i> .....	10
• <i>Clothing and Footwear</i> .....	10
• <i>Glasses, Hearing Aids, and Dentures</i> .....	11
• <i>Valuables</i> .....	12
• <i>Lost, Theft or Damaged Items</i> .....	12
• <i>Electrical Appliances</i> .....	13
<b>Communication</b>	
• <i>Information Bulletin Boards</i> .....	13
• <i>Telephone and Cable</i> .....	13
• <i>Mail and Newspapers</i> .....	14
• <i>Room Assignments</i> .....	14
• <i>Day/Overnight Pass</i> .....	14
• <i>Interdisciplinary Care</i> .....	14
• <i>Discharge</i> .....	15
• <i>Death of a Resident</i> .....	15
<b>Our Services</b>	
• <i>Clinical Nutrition and Meal Services</i> .....	15
• <i>Personal Laundry</i> .....	16
• <i>Linen Services</i> .....	17
• <i>Housekeeping</i> .....	17
• <i>Medical Services</i> .....	17
• <i>Nurse Practitioner</i> .....	17
• <i>Nursing</i> .....	18
• <i>Occupational Therapy</i> .....	18
• <i>Pharmacy</i> .....	19
• <i>Physiotherapy</i> .....	19

- *Social Work*..... 19
- *Therapeutic Recreation*..... 20
- *Pastoral Care*..... 20
- *Hairdresser and Barber Services*..... 21
- *Volunteer Resources Department* ..... 21

**General Information**

- *Visitor Parking*..... 22
- *Restraints* ..... 22
- *Advanced Health Care Directives* ..... 22
- *Power of Attorney* ..... 23
- *Resuscitation* ..... 23
- *Foot Care* ..... 24
- *About Me* ..... 24
- *Special Attention* ..... 24
- *Wandering and Elopement* ..... 24
- *Gifts*..... 25
- *Scent Free Policy* ..... 25
- *Fire Drills and Security* ..... 26
- *Allergies and Swallowing Difficulties*..... 26
- *Choking Risk and Feeding Supervision* ..... 25
- *Alcoholic Beverages* ..... 26
- *Smoking*..... 27
- *Donations*..... 27
- *Memorial Services* ..... 27
- *Celebrations*..... 27
- *Pets*..... 27
- *Website* ..... 27

**Frequently Asked Questions on Finances** ..... 28

**Tips for Successful Visiting** ..... 30

**Suggestions for Helping Improve Communication** ..... 32

**Your Rights & Responsibilities as a Resident of Long Term Care**..... 33

**Telephone Numbers** ..... 36

**Emergency Response – Residents & Visitors** ..... 37

## ***INTRODUCTION***

Welcome to Long Term Care. The purpose of this handbook is to give you information about our services at Long Term Care Rufus Guinchard Health Center.

## ***CONFIDENTIALITY***

Any information concerning residents will be held in the strictest confidence by physicians and staff of the Home. Information will only be shared with the individual(s) identified as “next-of-kin”, substitute decision-maker or an alternate contact identified by the resident or next-of-kin upon admission. The individual contacted by our staff is responsible for communicating the information to the remaining family members.

## ***ADMISSION TO LONG TERM CARE***

- ***Upon Admission*** - The resident/family will be contacted in advance by the social worker/patient care coordinator regarding the vacancy. A tour will/can be offered when the client is placed on the Long Term Care waitlist. The standard time for admission is 2:00 pm. The resident and family will be met by the social worker or designate and shown to his/her room, introduced to his/her roommate(s) and the nursing staff. The nurse will spend some time with the resident and family to obtain needed information. The name of next-of-kin, along with their address, telephone number and any other contact information will be verified at that time for purpose of contact by the Home if necessary. Resident’s families are asked to notify the nursing staff of any changes to the next-of-kin’s address or telephone number. This information is very important when contact with the family is needed.



- **Medications** – When you move into the Home, ensure you bring all your medications with you. These should include prescriptions, creams, ointments, vitamins, cough, cold, pain and herbal preparations, etc. Your medications will be checked to ensure the best possible medication history and that you receive the best and correct medication therapy.
- **Family Involvement** - It is very important that a family representative come with the resident on the day of admission for the purpose of providing information for care planning as well as to help the resident settle in his/her new home. The involvement of the family in the care planning as well as ongoing participation is encouraged.

When a person becomes a resident of a Long Term Care Home, he/she often experiences separation anxiety which is a feeling of loneliness and detachment from family and friends. Family involvement provides an opportunity to reduce this anxiety and to show the resident that he/she, though away from home, is still a very important part of the family and is still dearly loved and not forgotten.



We encourage family participation in the resident's day-to-day care. Our staff, however, understands that the responsibility for resident care remains with them, even when family members are helping out. Staff will advise family members what they may do to help their loved one and also provide direction with equipment such as a geriatric chair to ensure safety of the resident. Some ways you can help include:

- Assist with grooming (hair, nails, shave, cosmetics, etc.)
- Assist with meals (with guidance)

- Tidy table/desk tops and shelves
- Walk or take for a ride in wheelchair (possibly outside if weather permits)
- Assist with exercises and recreational activities
- Assist to bathroom (with guidance)
- Get refreshments (i.e. juice/milk from kitchen)
- Read books, magazines, newspapers
- Keep resident abreast of family happenings (e.g. weddings, births)
- Take resident out for ice cream, ride, special events
- Bring pet for a visit
- Encourage children to visit

Family members or visitors must not provide care to other unrelated residents without discussing this with nursing staff to ensure privacy and safety of all involved.

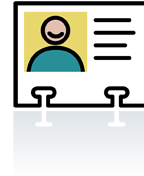
- **Visiting Hours** –Visitors are welcome at anytime but should be aware that the early morning hours are used for personal care such as washing and



bathing. Visitors must observe all fire, smoking and alcohol regulations. The nurse-in-charge should be informed whenever the resident leaves the unit with a visitor for whatever reason. The entrances are locked after 9:00 pm.

In keeping with Infection Control policies, visitors with cold and flu-like symptoms are asked not to visit the Home to decrease the spreading of illness. At times, LTC Rufus Guinchard may be closed to visitors due to an outbreak of highly contagious illnesses such as Influenza, Norwalk, etc.

- ***Resident Identification*** – A picture of each resident will be taken for identification purposes.



- ***Concerns and Complaints*** – The goal of Long Term Care is to provide quality care to residents; however, there will be instances where residents and families may wish to bring forward concerns about care and services,



and we want to know. The first step is to discuss the matter with the registered nurse, the patient care coordinator or the social worker. If the matter is not addressed satisfactorily, an appointment with the long term care manager can be arranged. We encourage residents to address

concerns directly through the designated family representative/next-of-kin. Concerns can be expressed verbally or in writing. We maintain confidentiality. When looking into a concern, information will only be shared with those involved on a need-to-know basis in order to thoroughly address the issue that is being raised. All concerns are investigated, and a follow up on your feedback will be given to you in a reasonable time frame or through ongoing updates.

- ***Positive Feedback and Compliments***

Your compliments and positive feedback can be shared in writing, email or



by calling the unit or manager. Positive feedback is so important to our staff, and we appreciate when our residents and family members take the time to express this. Compliments encourage our employees by letting



them know that what they do has been noticed and appreciated. Positive comments and feedback is shared with the staff involved.

- ***Satisfaction Survey*** – At different times, residents and families are asked to complete questionnaires or take part in group discussions to determine the level of satisfaction with the care and services provided. Your feedback is very important.

- ***Furniture and Belongings*** – Long Term Care attempts to accommodate personal furniture and belongings as long as space is available for staff to work and fire regulations are maintained. All residents' rooms are furnished with single beds, over-bed tables, and dressers; however, people usually wish to bring in some personal belongings as well. While we wish to create as warm and as comfortable environment as possible, the following points should be taken into consideration:



- The patient care coordinator or nurse must be consulted before personal furniture or equipment is brought to the Home.
- A small TV may be permitted. When sharing a room with another resident, headphones are suggested while roommate(s) are present to be respectful of other residents and their families/visitors.
- Suitcases and other luggage must be taken home by families.
- Knick-knacks, plants and other items should be kept to a minimum. If these items accumulate over time, families may be asked to assist in moving or storing items, especially in the event of a room change.
- Rugs and mats are not allowed as they are potentially unsafe.

- Rooms and cupboards will be checked periodically for perishable food items.
- Furniture with cloth material is discouraged from being brought into the Home. Furniture must be upholstered with a material which can be wiped down and disinfected (i.e. vinyl, leather).

**PLEASE NOTE: If permission is not given for furniture or belongings to be brought in, you will be asked to remove the items if they potentially pose a safety risk.**

- **Equipment** – If a resident has equipment such as a walker or wheelchair, or is considering the purchase of such equipment, please contact the on-site occupational therapy or physiotherapy department for input into appropriate choices. Resident and family members are required to have all personal walkers or wheelchairs clearly identified with the resident’s name prior to admission.



- **Clothing and Footwear** – All clothing, including bed clothes, must be labeled upon admission to the Home. A labeling machine is located on the unit for use by family and/or staff. Any new clothing purchased for the resident must be labeled prior to being worn. Laundry services are provided free of charge. Hangers can be brought along for clothing. We ask that



residents limit the amount of clothing brought to the Home due to limited space. Residents will require enough outfits for 6-7 days. Families are asked to take off-season clothing home. We recognize that

families may wish to continue with laundering their loved ones clothing. If

this is the case, please have clothing labeled in order to minimize loss of such items.

Due to the degree of frailty of some of our residents, “regular” clothing may not be suitable. When there are special needs, the family should speak to the nursing staff prior to purchasing or altering clothing. There are catalogues available from clothing shops for seniors that offer clothing that is appropriate, easy to wear, and affordable. All clothing must be wash and wear. The Home cannot take responsibility for wool, silk, linen or other fine fabrics that require special care. It is recommended that residents have comfortable and appropriate footwear.

- ***Glasses, Hearing Aids and Dentures*** – It is not possible to ensure that eyeglasses, hearing aids and dentures will never be damaged or misplaced. If these types of articles are lost, we will do a reasonable search. If these items cannot be found or are broken beyond repair, please consult with the social worker. There may be a means of replacement if the resident qualifies for financial subsidy under the Advanced Education and Skills Program. If the resident does not qualify for subsidy under this program, the resident will have to pay the cost of having their dentures, eyeglasses, or hearing aids replaced. If possible, these items should be marked or engraved prior to admission. Requests to purchase or repair eyeglasses, dentures or hearing aids are made through the patient care coordinator. If there are any financial concerns, the social worker will be contacted. Arrangements can also be made to have a dentist or optometrist visit the resident at the Home.



- **Valuables** – Residents are permitted to bring in articles which will help personalize their room and surroundings, however, resident rooms may not



be locked. As a result, we are unable to protect valuables (e.g. eyeglasses, hearing aids, dentures, jewelry, and collector items, etc.), furnishings or personal belongings from breakage or loss. Sometimes a

resident, who suffers from dementia, may remove an article of their own or enter another resident's room thinking that it is their own room and accidentally cause an article to be damaged or misplaced. The Home cannot replace or compensate financially for any lost or damaged personal furnishings or belongings. Therefore, it is strongly recommended that residents not keep valuables in their rooms, especially those that, if lost or broken, would cause great stress to the resident or family. If an item is missing, please let the registered nurse know and staff will do a reasonable search for the item.

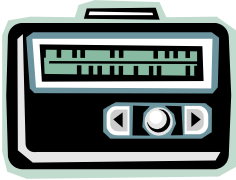
- **Lost, Theft or Damaged Items** – Eyeglasses, dentures, hearing aids, jewelry or other valuables are sometimes lost or damaged by a resident. The



replacement of items, where the actions of the resident contributes to the loss or damage, will

be the responsibility of the resident or family. The Home will replace broken, damaged or misplaced articles **only** if it can be determined that a staff member was responsible for the damage or loss. The Home is not responsible for loss or theft of any personal items or money. If items are missing, a search will be done by the staff and, if needed, the police will be called.

- **Electrical Appliances** – Appliances such as TVs, radios, shavers and hair



dryers may be brought to the Home but must be CSA approved. An electrical check is required by maintenance staff before use. These appliances

must be plugged directly into the wall outlet or appropriate power bar; extension cords are not allowed. If a resident has a radio and it is disturbing others, then headphones or earphones may be needed. A TV is provided in the lounge. A kettle, toaster, microwave oven and refrigerator are available for resident and family use in the kitchenette area. If a food item is left in the refrigerator, please ensure that it is labeled with the resident’s name and date.

**Note: Kettles, toasters and microwaves etc, are NOT PERMITTED in resident’s rooms**

## COMMUNICATION

- **Information Bulletin Boards** – There is a bulletin board which is used to inform residents and families of meetings, recreation activities or other items of interest. Signs and posters may also be posted throughout Long Term Care notifying residents and families of special events.



- **Telephone and Cable** – Cable hookup is available in each room for each resident at a minimal cost. A telephone line can be set up through Bell Aliant and resident is responsible for the cost.



- **Mail and Newspapers** – Mail will be delivered to the residents. Stamps can



be purchased at the Administration Office. Residents and families are responsible for making arrangements for the delivery and payment of newspapers.

- **Room Assignments** – Transfers within the Home may be required or requested. This could occur due to changes in the level of care of the resident, the need to accommodate emergency situations or the resident/family may request a move for personal reasons. Long Term Care reserves the right to make necessary room changes, but will make every effort to keep changes to a minimum and to notify families prior to the transfer. If it has not been possible to notify the family prior to transferring their relative, they will be notified in writing. Long Term Care reserves the right to allocate private rooms based on the greatest need.

- **Day/Overnight Pass** – Residents are encouraged to go out for daily outings, family functions and extended visits with family. If residents wish to go out for the day or overnight, the nursing staff must be notified in advance. The resident or person accepting responsibility will sign a form of accountability for both the resident and his/her medications. The expected time of return must be given. The board and lodging rate remains the same during the time away from the Home.



- **Interdisciplinary Care** – Staff from many departments work as a team to provide the best possible care for residents and this is called interdisciplinary care. After admission, the resident is seen by staff from different departments who assess the resident's needs. A team meeting is then held

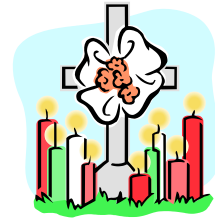
approximately two months after admission to provide the opportunity for the family and resident to meet with the staff to discuss the care needs of the resident. Future meetings will be held yearly or as needed to discuss the care of residents. The social worker/patient care coordinator will discuss the interdisciplinary meetings with you on admission.



- **Discharge** – If a resident decides to leave Long Term Care, the social worker and staff can help with making plans for care in their new home.



- **Death of a Resident** – The family is contacted by the nurse when a resident passes away. It is expected that a family member make funeral arrangements and contact the funeral home at the time of death. Details and costs of funerals are the responsibility of the resident and the family. Pre-planned funerals are encouraged. The Home has a policy for removal of belongings following death. Due to the high demand for beds in the Home, we ask that this task be done within 24 hours of the resident's death.



## **OUR SERVICES**

- **Clinical Nutrition and Meal Services** – Clinical Nutrition Services are provided by one half-time registered dietitian. Services offered include: wound management, swallowing assessments, bowel care, hydration assessments and intake supplementation. It is important that residents and visitors check with the dietitian or nursing staff before giving residents any

food or liquids. The dietitian will complete a nutrition assessment within 8-10 weeks of admission.

Food Services are pleased to provide a three-week menu cycle offering many traditional Newfoundland foods that are cooked on site.



Residents are offered three meals a day and an evening snack. All residents are encouraged to enjoy their meals in the beautiful dining room. The goal of meal service is to provide meals that are nutritious and appetizing to residents. In the event that your loved one has any special requests that cannot be accommodated in-house, families are welcome to bring special items in. There is a kitchen at the Home equipped with foods like tea, juice, milk, bread, biscuits, yogurt, puddings and other nutritious snacks for residents to have between meals if desired. We will continue to seek resident and family input in our menu services through the Resident and Family Council.

- **Personal Laundry** – Soiled clothing is placed in a blue linen bag. Clothing is distributed after washing and placed into resident's closets and dresser drawers. If families are taking responsibility for the resident's personal laundry, please advise the laundry or nursing staff. Residents are encouraged to have clothing that is easily washed in hot water and dried in automatic machines at high temperature. All personal laundry should have a name tag attached.





- ***Linen Services*** – All bed linen is washed at Rufus Guinchard Health Centre.
- ***Housekeeping*** – Staff provide a clean, safe, pleasing and functional environment for residents, staff and visitors.
- ***Medical Services*** – Residents are seen by the primary care nurse practitioner. As deemed necessary, residents may be referred to outside agencies/physicians for consultant services and treatment. Transfer to the Acute Care Unit at Rufus Guinchard Health Centre is available in urgent situations.
- ***Nurse Practitioners*** – A nurse practitioner is a registered nurse who has additional education and nursing experience. Nurse practitioners can diagnose and treat illnesses, order tests, and prescribe medications. Rufus



Guinchard Health Centre has two full-time nurse practitioners who provide services to residents in LTC Rufus Guinchard. They complete a medical history and physical exam on each resident following admission and, then, once a year thereafter. Nurse practitioners may also attend to the day-to-day medical needs of residents as requested. They are active

members of LTC Rufus Guinchard Interdisciplinary Team and collaborate with other disciplines to provide care to the residents.

- **Nursing** – Nursing care is provided by registered nurses (RNs), licensed practical nurses (LPNs) and personal care attendants (PCAs) on a 24-hour basis. LTC Rufus Guinchard is staffed by a registered nurse who is responsible for the



direction and coordination of resident care on a day-to-day basis. LTC Rufus Guinchard is also staffed with LPNs and PCAs who provide resident care and report to the registered nurse. Patient care coordinators (PCCs) work Monday to Friday and provide leadership to the nursing staff and oversee the resident care units.

- **Occupational Therapy** – Occupational therapists support everything that people do in their lives that has meaning and value for them. This includes activities such as looking after themselves (self-care), enjoying life (leisure)



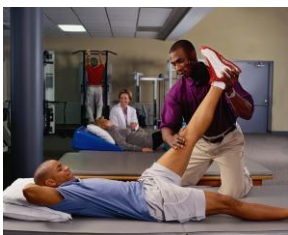
and contributing to work, purpose, and productivity.

Occupational therapists work with residents to help them break down the barriers to meeting their every day activities. For example, the occupational therapist may help a resident to become more independent in feeding themselves by suggesting special utensils; or may help a resident move around the Home by recommending special seating or a wheelchair. Any member of the Interdisciplinary Care Team can refer a resident to the occupational therapist. The occupational therapist has an office and treatment space in the Home.

- Pharmacy** – Medications required by residents in Long Term Care are provided by the Pharmacy Department at Western Memorial Hospital. The Pharmacy Department provides services that include safe medication distribution, and storage of resident’s medication therapy. Regular visitation from a pharmacist is provided as well as training for staff. If the resident is planning to be away for a period of time, the nursing staff should be notified in advance. This will allow the nursing to prepare medications for the visit. Any questions regarding the cost associated with medications can be discussed with the social worker/patient care coordinator.



- Physiotherapy** – Physiotherapy helps residents with range of motion, strength, balance, ability to transfer and independence. There is a physiotherapist and an assistant assigned to provide services. All residents



admitted to Long Term Care are assessed by the physiotherapist. Physiotherapy services can be accessed by nurse practitioner/physician referral or the recommendation of the registered nurse.

Physiotherapy treatment will be started, if deemed needed, after an assessment by the physiotherapist. The physiotherapist has an office and treatment space at Rufus Guinchard Health Centre.

- Social Work** – When a vacancy occurs, contact is made by the social worker with the applicant and/or family to discuss the admission process and to offer a tour of the Home. Social Work Counseling Services are available to



all residents/families and can be initiated by contacting the social worker at the Home. Interdisciplinary care conferences are coordinated by the social worker/patient care coordinator and include the resident, family members and interdisciplinary team members. The social worker can assist with financial services and patient care coordinator with the coordination of financial and services to residents. Prior to admission, residents are required to have a financial assessment completed. Following admission, the social worker will meet with the resident and family to review the financial information and discuss eligibility for programs in Long Term Care.

- ***Therapeutic Recreation*** – Therapeutic recreation provides leisure opportunities and therapeutic programs to all residents for the purpose of promoting quality of life and enhancing normalization. The recreation specialist assesses the needs of the residents and develops a care plan that is



followed by the recreation worker. Planned activities include: bus outings, entertainment, physical exercise, baking, cooking and more. As well, there are many more one-on-one activities like reminiscing, autobiography, interests and activities. The activity schedule is posted monthly. At times, families will receive invitations to attend some of the special events that are planned. Photos are regularly taken and they can be shared with the residents and their families upon request.

- ***Pastoral Care*** – Pastoral Care Services assist with religious and spiritual needs. This is provided by chaplains, parish clergy, and trained volunteers. Inform the nurse if you wish to see someone from Pastoral Care Services. These services



include individual visits, weekly worship services, and special events. There are interdenominational worship services: Anglican, Pentecostal, Roman Catholic, and Apostolic.

- **Gift Shop** – A gift shop located in the main lobby area of the Home is operated by a local Gift Shop Committee. Residents and families can purchase books, personal hygiene items, and treats, etc. Money raised by the Gift Shop Committee is used to provide supplies and equipment needed by the residents.



- **Hairdresser and Barber Services** – In-house hair services are provided at a cost to residents. Requests for hair service may be directed to the nurse or the hair salon.



- **Volunteer Resources Department** – The Volunteer Resource Department enhances quality of care by bringing additional services to residents and families. Volunteers assist in the nursing areas and other departments and may include: delivering magazines and books, assisting with church services, recreation programs, providing music and entertainment, and more. Volunteers are an important part of our health care team. Inquires may be directed to the recreation therapy worker.



## **GENERAL INFORMATION**

- **Visitor Parking** – Parking is available at the front of the Home for family and visitors.
- **Restraints** – Western Health promotes a belief of least restraint and a person’s right for freedom, dignity, respect, and choice. Restraints such as medications or devices that restrict movement can pose a safety risk. In some cases, we use seat belts on wheelchairs to assist a resident with safe independent mobility. A gerichair/wheelchair, when used to assist with positioning, mobility or quality of life, would not be considered a restraint. Other methods of restraints are only used in extreme cases and for brief periods after team assessment and after discussion with the resident or family.
- **Advanced Health Care Directives** – It is recommended that each person entering Long Term Care have an Advanced Health Care Directive (AHCD). It is a written copy of a person’s healthcare wishes which is used when an illness or injury leaves a person unable to make their health wishes known to others. Residents and families may want to discuss this with their doctor in advance. This should reduce problems over deciding what treatments a person would want. There is no cost to make an AHCD and anybody can write one.



For further information or help with making an AHCD, you can call your doctor, public health nurse or social worker.

- **Power of Attorney** – A Power of Attorney is a legal document which gives one or more persons the power to act on behalf of another person for their financial affairs. A Power of Attorney is not valid when a person becomes legally incompetent. For this reason, Enduring Power of Attorney is useful as it allows a person to determine, prior to any incapacity, how he or she wishes to have their financial affairs handled should mental incapacity occur.



The preparation of an Enduring Power of Attorney, a Living Will, and an Advanced Health Care Directive are ways to ensure that one's wishes are carried out when they are unable to express them. Advance preparation will help ease the difficulties faced by family members and loved ones in unexpected circumstances, including lengthy disability.

- **Resuscitation** – Residents have the right to accept or refuse treatment by a doctor. The right to decide about treatment also includes the right to decide about Cardiopulmonary Resuscitation (CPR). CPR is done to restart the heart and lungs when they suddenly stop working. Some residents choose



not to have CPR. This does not mean that all medical treatment will stop. We will continue to give care, comfort and support to residents and their families.

When death is near, our aim is to allow residents to die with peace and respect. After admission, a registered nurse will talk to you about your resuscitation wishes and make plans for the doctor to speak with you about your decisions.

- **Foot Care** – Foot care is provided at the Home. All nursing staff is able to complete foot care, but advanced foot care is provided by specially trained registered nurses.



- **About Me** – Residents and families are encouraged to fill out the “About Me” life history profile so our staff can gain knowledge about the resident’s past work, hobbies, talents, etc. The more staff know about a resident, the better chance they have of finding activities that will be of interest to them and making them feel comfortable.



- **Special Attention** – There may be times when your loved one requires special attention because he/she is experiencing increased agitation or is having a difficult time. For example, they could be having problems settling in, having a medical procedure that requires someone to sit with them, or needing assistance with meals. As part of our care team, there will be times when we will ask family to come into the Home and assist us in settling the resident by sitting with them. This family support will be a tremendous help to your loved one.
- **Wandering and Elopement** – Following admission, each resident is assessed for their risk of wandering and elopement. If there is a risk of elopement, the resident may be transferred to a more secure unit or provided with a wander alert device as supplied by the Home. The decision as to the appropriate unit is at the discretion of the Interdisciplinary Team in consultation with the family. Residents are reviewed regularly to determine



if their risk of elopement has changed and to determine if the current unit/home is appropriate for the resident's care needs.

- **Gifts** – If family is looking for suggestions for appropriate gifts for a loved one, please check with nursing staff. This is important with respect to safety.



For example: artificial plants versus real plants, the need to avoid sharp or breakable objects, and so on. The use of scented products such as perfume, lotion and hairspray are not permitted due to the number of residents and staff who become ill when these products are used. It is requested that families do not buy powder for the resident as it is not permitted in Long Term Care.

- **Scent Free Policy** – Western Health has a “Scent Free (No Scent/Low Scent) Environment Policy”. Some residents and staff have allergic reactions to scented products.



Family/Visitors are asked not to wear scented products when they visit, or bring scented items into the building for residents (i.e., powders, perfumes, aftershaves, certain flowers, etc.).

- **Fire Drills and Security** – The Fire Alarm System is activated on a regular basis for the purpose of testing our fire procedures. The alarm is sounded and the residents and visitors are given directions by staff on the unit. If visiting when the fire alarm sounds, please remain calm and take direction from staff.



- **Allergies and Swallowing Difficulties** – Some residents and staff may have allergies to certain foods or products. Nuts, shellfish, chocolate and fruit, etc. are of particular concern. This does not mean residents cannot have these items; however, you must check with nursing staff prior to bringing them in to ensure the safety of others. Other residents may have difficulty swallowing as a result of a medical condition. Please do not offer any food to a resident who may not be able to tell you of his/her situation. Please check with the nurse first to ensure the safety of all residents.

- **Choking Risk and Feeding Supervision** – There is often a risk of choking for residents and we have safety steps in place to reduce this risk. They are:



- a) A Feeding Screening Tool is completed upon admission and when any change is noted in your loved one's feeding;
- b) If needed, there is supervision during meal times;
- c) We encourage residents to have their meals in the common dining area.
- d) We also encourage families to participate in the caregiving for your loved ones as appropriate; however, we ask that you not feed or provide care to any other residents.

- **Alcoholic Beverages** – It is requested that alcoholic beverages not be left with residents but, instead, left at the nursing station so that staff can give to the resident safely. It is requested that alcohol not be shared with other residents unless



discussed with the nursing staff. Alcohol could have a serious reaction with medications. Alcohol is sometimes used at social functions but it is closely monitored.

- **Smoking** –There is a “No Smoking Policy” for all Long Term Care facilities and properties.

- **Donations** – Monetary donations to the Home in remembrance of a loved one is very much appreciated. If other types of donations are being considered, please contact the patient care coordinator before any purchases are made.



- **Memorial Services** –To remember residents who have passed away, a service of remembrance is held once a year. Refreshments and fellowship will follow the service. All denominations are represented and every family is welcome.

- **Celebrations** – If families wish to have a birthday party or family gathering for a resident, please contact the recreation therapy worker to make arrangements for a time and space.



- **Pets** – Pets on a leash are permitted to visit.



- **Website** – Western Health’s website ([www.westernhealth.nl.ca](http://www.westernhealth.nl.ca)) offers information about all of our programs and services.

## **FREQUENTLY ASKED QUESTIONS ON FINANCES**

A financial assessment is done to determine an individual's eligibility or level of subsidy.

### ***Who Do I Contact?***

You will need to contact a community support nurse or social worker in your area to have the Continuing Care Assessment Tool completed. Once the Continuing Care Assessment Tool has been completed, a social assistance worker will complete the financial assessment.

### ***What is the Cost of Long Term Care Per Month?***

The rate for Long Term Care is \$2800.00 per month. A financial assessment will be completed in order to determine long term care eligibility for a subsidy.

### ***What is Needed to Complete the Financial Assessment?***

Financial assessments are based upon the income and liquid assets of the applicant and spouse. Verification of income and liquid assets will be required. Some common living expenses and debts can be used in the financial assessment to determine the subsidy for long term care. Proof of all expenses should be forwarded to the social assistance worker to determine if they are eligible expenses or debts.

### ***How is Payment Made?***

If you are receiving a subsidy, it is a requirement to change the address of all income sources to the Finance Office. Private paying individuals can make payments at the Finance Office in the Home. If the resident has a spouse living in

the community, the resident's income sources may remain with the spouse. It is the responsibility of the spouse to make monthly payments which are due on the 1<sup>st</sup> of each month.

### ***How Much Money Will I Have Each Month?***

Subsidized residents receive \$150.00 comfort allowance from their income which can be held in their Trust Account at the Finance Office. The comfort allowance is used to cover the cost of medications not covered by the Newfoundland and Labrador Drug Prescription Program, as well as personal items needed by the resident. The resident can access this money as well as the Power of Attorney. Next-of-kin can access the comfort allowance held in trust when receipts are presented.



## TIPS FOR SUCCESSFUL VISITING

Visiting is encouraged by family, including children, friends and pets. Visitors are the resident's link to the community. They provide continuity of the resident's previous life to the present one. Their visits often add to the resident's quality of life and provide reassurance that they are still loved, valued and remembered.

Please consider the following Tips for Successful Visiting in the Home:

- Visit at a “good time of day” for the resident remembering that personal care is often done between 08:30 and 11:00 am. If the resident's door is closed, please knock or check with nursing staff before entering.
- Check the activity schedule and plan visits to be able to accompany the resident.
- Coordinate visits with others so the resident benefits from receiving several visits rather than everyone visiting at the same time. Residents respond better when one or two visitors come at a time.
- Set realistic expectations for yourself in terms of visitation. Don't set yourself up for failure and feelings of guilt because you are unable to visit as often as you think you should.
- Try to include the resident in conversations with other residents and staff.



- Find an area in the Home where you feel most comfortable to visit with the resident such as the chapel, lounge, dining room or activity area. Vary where you visit with the resident if you prefer.
- Bring along something to read or work with (i.e. knitting) in case the resident is sleeping but you wish to keep him/her company.
- Ask for guidance and information on how to interact with the resident if there is a physical or memory change and you are uncertain about approach.
- Coming to terms with your feelings about the admission and resident's limitations can ease some of the stress experienced during visitation. Ask for help in dealing with your feelings. Remember that nursing home admission means adjustment for family as well as the resident.
- Reminisce with the resident. You can show appreciation of the resident's life by looking at photo albums together, sharing stories and memories, comparing how things used to be and how they are now; talking about places visited, etc.
- Make a list of activities you can do with the resident such as: reading together, listening to music, changing room decorations according to the season, and enjoying time spent together.
- Place yourself at eye level when talking with the resident.
- Don't feel you have to talk the whole time you visit. You might want to sit quietly and hold the resident's hand.
- Bring gifts for special occasions or "just because" such as flowers from your garden, bright colored autumn leaves or seashells you picked up on a beach.



- Plan to spend quality time with the resident. Create new memories – “Remember when you visited me and we did such and such together?” or “I remember visiting when you were not feeling well and in bed and I sang some of your favorite hymns to you? I’ll never forget how you smiled at me despite your misery.”
- Allow residents to do whatever they can for themselves as long as possible. Acknowledge and reinforce this during visits. Accent the positive, always mindful of the residents’ abilities and limitations.
- Lend support to other family and friends who may be visiting.
- Do not provide any care such as feeding or moving unless you check with nursing staff.
- Residents with Alzheimer’s or other types of dementia respond better when visitors come alone or in groups of two.





## **SUGGESTIONS FOR HELPING IMPROVE COMMUNICATION WITH RESIDENTS WITH COMMUNICATION PROBLEMS**

### **HELPING COMMUNICATION Remember K.I.S.S. (Keep It Short and Sweet)**

1. The best place is quiet with no distractions (e.g. turn off the TV).
2. Make sure person is not too tired.
3. Talk to them one on one or in a small group.
4. Get the person's attention before speaking.
5. Make sure you face them and make good eye contact.
6. One person speaks at a time.
7. Say the most important thing first.
8. Keep your sentences short.
9. Use simple words and sentences.
10. Talk slowly, clearly, and slightly louder if needed.
11. Repeat things using the same words.
12. Ask questions that require a "yes/no" response.
13. Give them choices (e.g., Instead of, "What do you want to drink?" say, "water or juice").
14. Give the person time to understand (wait 30 seconds).
15. Use gestures to help communication (e.g., point, wave good-bye).
16. Watch the person's body language (facial expression, eye contact) for clues to what they might be trying to communicate.
17. If they can read, write down the word or short sentence.
18. If they can write, ask them to write the word or sentence.

## YOUR RIGHTS AND RESPONSIBILITIES AS A RESIDENT OF LONG TERM CARE

When a person enters a long term care home it is now their Home. Caregivers must remember this when making decisions and doing activities. Each resident has his/her own wants and needs and has rights and responsibilities.

1. Residents have the right to be treated with politeness, respect and free from abuse.
  - Residents must treat roommates, other residents, visitors, volunteers and staff with respect.
2. Residents have the right to have food, clothes, and a clean place to live.
  - Residents must keep their room tidy as much as they can.
  - Residents must have proper clothes and footwear, prosthetic aids and anything else that is necessary for living in the Home.
  - Residents must tell staff if family is doing their laundry.
3. Residents have the right to have their own things as long as it is safe for them and others.
4. Residents have the right to be told who is looking after them.
  - Residents can tell staff how they want to be cared for.
5. Residents have the right to have treatment and care done in private.
6. Residents have the right to have their own health information kept private.
7. Residents have the right to be told about their health, care and treatment in words that are easy to understand.



- Residents must give true medical information and keep the staff informed of any changes. They should ask about information they do not understand.
8. Residents have the right to take or refuse treatment, which includes care and medication. Residents must be told what will happen if they refuse or accept treatment, care and medication.
  9. Residents have the right to make decisions about their medical care and get a second medical opinion.
    - Residents must tell staff about appointments and if they are taking any home remedies, herbal or natural products.
  10. Residents have the right to take part in social activities that they enjoy and are able to do.
    - Residents must also respect what other people like to do.
  11. Residents have the right to visit others in private.  
Residents have the right to see or not see visitors.
  12. Residents have the right to visit with their spouse in private. When both spouses live in the same Home, they have a right to share a room if they want to and are able.
    - Residents must make sure any sexual activities are done in private. Residents must not have any sexual activity with a person who does not agree.
  13. Residents have the right to die at the Home and have their family and friends with them.



- Residents must tell staff what they want done if they become sick. They must give a copy of an Advance Health Care Directive if they have one and tell staff of any funeral plans that are done.
14. Residents have the right to have family and friends told when they go to the hospital.
  15. Residents have the right to freely suggest changes in policies and services to the Resident's Council or staff.
    - Residents must tell staff when they see others doing something wrong.
  16. Residents have the right to know about any law, rule or policy that affects the residents of the Home. They have the right to know where to go with any complaints or concerns.
  17. Residents have the right to manage their own money when they are able. When the Home manages a resident's money, they can ask for a record of how the money is spent.
  18. Residents have the right to go outside to enjoy fresh air and outdoor activity when it is safe.
    - Residents must tell staff when they are going to be away from the Home.

**MAIN NUMBER: (709) 861-3139**



<b>JOB TITLE</b>	<b>PHONE NUMBER/ EXTENSION</b>
<b>Administration Support</b>	21
<b>Dietitian</b>	18
<b>Director of Health Services</b>	11
<b>Finance Office</b>	21
<b>Lead Hand</b>	37
<b>LTC Nursing Unit</b>	14
<b>Nurse practitioner</b>	58 / 59
<b>Occupational Therapy</b>	29
<b>Patient Care Coordinator</b>	60
<b>Physiotherapy</b>	29
<b>Recreation Therapy</b>	40
<b>Social Work</b>	
<b>Switchboard</b>	10

## EMERGENCY RESPONSE – RESIDENTS AND VISITORS

### IN CASE OF FIRE ALARM SIGNAL:

<b>Upon Hearing Fire Alarm</b>	
<b>RESIDENTS</b>	<b>VISITORS</b>
<ul style="list-style-type: none"> <li>• If you are in your room, remain there.</li> </ul>	<ul style="list-style-type: none"> <li>• Stay with the resident you are visiting.</li> </ul>
<ul style="list-style-type: none"> <li>• If you are in the hallway near your room, go to your room and remain there.</li> </ul>	<ul style="list-style-type: none"> <li>• Close doors to the area you are in to help keep smoke and fire out.</li> </ul>
<ul style="list-style-type: none"> <li>• If you are in a common room such as a lounge or dining room and it is safe to do so, remain there or move to a safe area.</li> </ul>	<ul style="list-style-type: none"> <li>• Follow alarm instructions for residents.</li> </ul>
<ul style="list-style-type: none"> <li>• Close doors to the area you are in to help keep smoke and fire out.</li> </ul>	<ul style="list-style-type: none"> <li>• Await further instructions from staff.</li> </ul>
<ul style="list-style-type: none"> <li>• Await instructions for evacuation.</li> </ul>	

### IN CASE OF FIRE:

<b>If You Discover a Fire</b>	
<b>RESIDENTS</b>	<b>VISITORS</b>
<ul style="list-style-type: none"> <li>• Leave fire immediately.</li> </ul>	<ul style="list-style-type: none"> <li>• Assist anyone in immediate danger to move to safe area and remain there.</li> </ul>
<ul style="list-style-type: none"> <li>• Close all doors behind you to confine smoke and fire.</li> </ul>	<ul style="list-style-type: none"> <li>• Close all doors behind you to confine smoke and fire.</li> </ul>
<ul style="list-style-type: none"> <li>• Sound alarm and/or alert staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Await instructions from staff.</li> </ul>
<ul style="list-style-type: none"> <li>• Await instructions for evacuation.</li> </ul>	<ul style="list-style-type: none"> <li>• If instructed, assist with evacuation.</li> </ul>

**REMAIN CALM**