



Norfolk County

Norview Lodge

**Resident
Information
Package**

November 26, 2024

J: Resident Information Booklet – COVID19 edition.doc

Welcome to Norview Lodge

Dear Resident and Family:

Thank you for choosing our home to provide the care and services to meet your needs. We consider it an honour and a privilege that you have chosen Norview Lodge to be your home. We will do our best to earn your confidence and to make you as comfortable as possible.

Together, with input from you, your family, the staff and volunteers of Norview Lodge, we are able to better meet your goals and best interests by working together to make decisions about your care. Our commitment to you is to foster an open, honest, two-way sharing of information. While we cannot know the full extent of your personal situation or history, we can and do understand what you may be feeling at this time.

The decision to move into any long-term care home, whether this decision has been made by you or for you, can be very stressful. You and your family may be relieved because you are immediately provided safety and security. This will give your family much-needed peace of mind. Your transition to your new home and surroundings may be difficult but we want you to know that the people here are dedicated to your care. Everyone adjusts in their own way and in their own time. We will support you during this transition.

Your well-being depends on the involvement of everyone who is important in your life - your spouse, family, friends, minister and / or neighbours. We are inviting you to partner in your care with us by including those people who will **participate in making decisions in your best interests**.

As you journey through this stage of your life and adjust to your new surroundings, many questions and concerns may be going through your mind. We encourage you to talk and to ask questions about issues as they arise. In doing this, we will have a better understanding of your needs. We fully appreciate the feelings that surround your move here and sometimes those feelings may result in unnecessary confusion. We are here to make your experience as positive and happy as possible. It is important to talk to the staff at any time about anything on your mind, no matter how trivial you may perceive it to be.

If you have any questions and are not sure who to ask, start by asking the Registered staff in charge of your Resident home area. If your question or concern is not answered or addressed to your satisfaction, or you do not feel comfortable bringing it to the Charge Nurse, then you can go to the Supervisor of Nursing and Personal Care in charge of your resident home area, the Manager of Nursing & Personal Care, or the Administrator of the home.

This Resident Information Package was developed to provide a quick and easy-to-use reference booklet for Residents and their families. Please take a moment to complete the Evaluation Form at the back and submit it to the Main Office. This input will better able us to service you and others in the future.

Again, we thank you for the privilege of serving you. We look forward to providing you with care and compassion.

Sincerely,

The Norview Lodge Team

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Policy Attachments:

1. Advocacy – Resident Safeguards
2. Managing and Reporting Complaints
3. Zero Tolerance of Abuse and Neglect
4. Staff Reporting and Whistle Blower Protection
5. Restraints
6. Personal Assistive Service Devices (PASD)
7. Assistive Devices Program (ADP)
8. Financial Accountability-Trust Account Management
9. Heat Related Illness Prevention and Management Plan
10. Visitor Policy

Attachment Folder:

1. Admission Survey
2. Therapy Handout- Millea Therapy Services
3. Dental Handout
4. Roulston’s Pharmacy
5. “Too Many Pills” Article
6. Shingles Vaccine
7. Safety
8. Tena
9. M.O.H. Drug Program Notice
10. Health Privacy
11. Resident Bill of Rights (English & French)
12. Ministry of Health-Accommodation Co-Payment Rates
13. How to Report a Complaint to Ministry of Health

14. Veterans and/or Surviving Spouses



MISSION STATEMENT

“To honour, respect and care for our Residents.”

VISION

Norview Lodge will be recognized as a centre of excellence for its delivery of Resident-focused compassionate care and service, as well as providing an environment that excels in teamwork and personal growth while recognizing the value of family, volunteers and community partnerships.

VALUES

Our Values are to provide individualized quality care and service to our Residents

Respect:

We are committed to respecting the dignity and value for those we serve. We also believe in the provision of a respectful and supportive work environment.

Excellence:

We are committed to enhancing the quality of life for those we serve through everyday best practices, honesty and continuous quality improvement initiatives.

Compassion:

We are committed to understanding the feelings, needs, and desires for those we serve and take action to enhance their quality of life.

Accountability:

We are committed to honesty and integrity in achieving desired outcomes for those we serve through a safe and secure home environment.

Supportive:

We are committed to assist our Residents to enjoy their life to the fullest physically, spiritually, and emotionally.

**Norview Lodge Organizational Structure
and
Accountability Mechanisms**

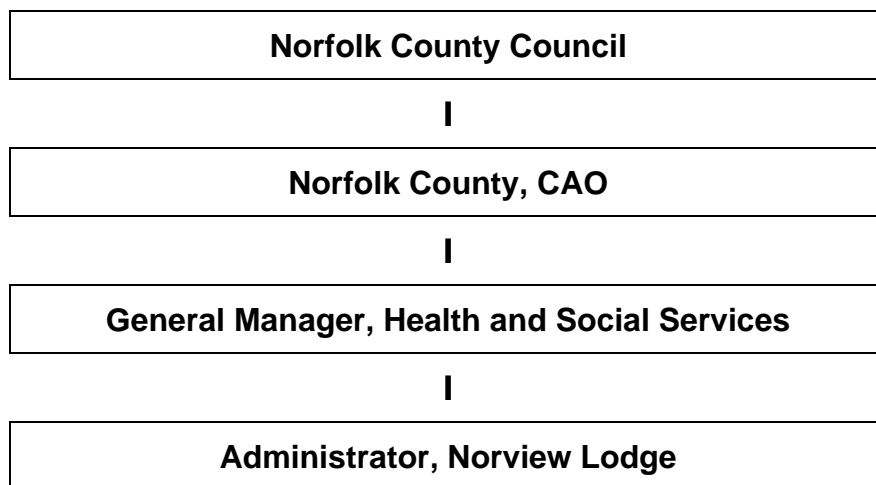
Address: 44 Rob Blake Way
Simcoe, Ontario
N3Y 0E3

Phone: 519-426-0902

Fax: 519-426-9867

Website: www.norfolkcounty.ca

Norview Lodge, a 179 bed long-term care home, is owned and operated by Norfolk County and operates within the Fixing Long Term Care Act, 2021 and Ontario Regulation 79/10 and the Ministry of Health and Long-Term Care standards and in compliance with our Accountability Agreement with the Home and Community Care Support Services.



Office Hours: Monday to Friday (excluding statutory holidays) from 8:30 a.m. to 4:30 p.m.

Norfolk County	519-426-5870 or 226-NORFOLK	
Mayor	Amy Martin	ext. 1220
CAO of Norfolk County	Al Meneses	ext. 1225
General Manager, Health and Social Services	Sarah Page	ext. 3120
Norview Lodge	519-426-0902	
Administrator	Bill Nolan Bill.Nolan@norfolkcounty.ca	ext. 4224
Manager, Nursing and Personal Care	Vicky Florio Vicky.Florio@norfolkcounty.ca	ext. 4225
Supervisor, Facilities Services	Steven Maes Steven.Maes@norfolkcounty.ca	ext. 4228
Supervisor, Programs and Volunteer Services	Nicole Tweedie Nicole.Tweedie@norfolkcounty.ca	ext. 4232
Supervisor, Nutritional Services	Emily Witmer-Petitti Emily.Witmer-Petitti@norfolkcounty.ca	ext. 4255
Coordinator, Business Services	Pam Bonnett Pam.Bonnett@morfolkcounty.ca	ext. 4223
Supervisor, Support Services	Jody McCulley Jody.McCulley@norfolkcounty.ca	ext. 4257
Supervisor, Nursing and Personal Care (Chestnut Hill, Spruce Court, Orchard Grove, Willow Walk)	Gina Gibbons Gina.Gibbons@norfolkcounty.ca	ext. 4229
Supervisor, Nursing and Personal Care (Maple Crescent, Evergreen Lane, Poplar Heights, Norfolk Pinery)	Connie Brown Connie.Brown@norfolkcounty.ca	ext. 4245
Supervisor, Infection Prevention and Control	Tiffany Smith Tiffany.Smith@norfolkcounty.ca	ext. 4256
Supervisor, Education and Training	Selina Garganis Selina.Garganis@norfolkcounty.ca	ext. 4254
Registered Dietitian	Hanifah Hussain Hanifah.Hussain@norfolkcounty.ca	ext. 4226
Home Physician/Medical Director Physician Nurse Practitioner Social Service Worker	Dr. Paul Medve Dr. Michael Davison Laura Castles Jaime Chapman Jaime.Chapman@norfolkcounty.ca	ext. 4235 ext. 4219

Evergreen Lane Nurses Station	Ext 4260	Norfolk Pinery Nurses Station	Ext 4264
Maple Crescent Nurses Station	Ext 4261	Poplar Heights Nurses Station	Ext 4265
Chestnut Hill Nurses Station	Ext 4262	Orchard Grove Nurses Station	Ext 4266
Spruce Court Nurses Station	Ext 4263	Willow Walk Nurses Station	Ext 4267

Ministry of Long-Term Care

Long-Term Care Family Support and ACTION Line
Open seven days a week, from 8:30 a.m. to 7:00 p.m.

1-866-434-0144

Director
Long-Term Care Inspections Branch
Long-Term Care Operations Division
119 King St. W, 11th Floor
Hamilton, ON L8P 4Y7

905-546-8294

Patient Ombudsman

1-888-321-0339
416-597-0339

Minister of Long-Term Care

Stan Cho

Absences

Short Term (Day) Absence:

Defined as leaving the home's property for social or other reasons that does not include an overnight stay.

All short term (day) absences are co-ordinated with the Registered Staff assigned to the Resident's home area.

Temporary Absence:

Defined as leaving the home's property for social or other reasons that includes one or more nights.

All temporary absences are to be co-ordinated with the Registered Staff assigned to the Resident's home area.

Any Resident showing symptoms of COVID-19 which are new, unusual or worsening will be placed on droplet/contact isolation and tested.

Residents are no longer required to complete asymptomatic testing with any leave of absence.

The Long-Term Care Homes Act and Regulations provide for the following absences from the home:

Medical leave (hospitalization):	30 days
Psychiatric leave:	60 days
Vacation leave:	21 days per calendar year

In addition, the Resident has the right to 48 hours Leave of Absence (LOA) weekly.

If these leaves are exceeded, the Resident will be discharged from the home.

While the Resident is off the premises of the home on an authorized leave, the Resident / responsible person is responsible for his / her own welfare. Please notify the Registered staff when a Resident is leaving the premises for any reason.

Access to the Home

The main entrance doors and all areas are secured with a keypad entry system. This provides a safe environment for our Residents. Access to the home may be restricted due to Outbreaks or Directives provided by the Ministry of Long Term Care. Please refer to the Visitor Policy. For the most up to date information, please visit our website.

Accommodation

There are 8 Resident home areas, each providing accommodation for 22 or 23 Residents. Each resident home area has bedrooms, an activity room, dining room and family room (fireplace and television), spa (tub and shower), kitchen and serving area. All Resident home areas have outdoor access to an outdoor patio or courtyard with walking paths and sitting areas.

In all Resident home areas there is a combination of basic (2-bed) rooms and private (1-bed) rooms with ensuite bathroom with toilet, sink, mirror and lockable drawer (key available through the Registered staff).

Each Resident is provided with a bed and waterproof-covered mattress and pillows, a bedside unit and chair. The home is totally air conditioned and each Resident has access to a thermostat for controlling the temperature of his / her own bed space. A personalized environment is very important to many of the Residents. The bedside unit can be replaced with a personal dresser but we ask you to keep in mind the space and care requirements of the Resident (e.g. lifts, wheelchairs, walkers, etc.). Please check with staff before bringing in any additional furniture or equipment (see Furniture and Belongings). Three (3) picture hooks are located in each Resident's bed space and pictures are to be hung in these places only, to prevent damage to the walls or millwork. If there is damage it would be investigated and invoiced for repairs if necessary.

If a Resident is not admitted to their room of choice, we will do our best to move them into their preferred choice as soon as it becomes available. It may be necessary for the Resident to be on a waiting list for a time until the request can be accommodated. Please contact the Registered staff or Social Worker if you have a request for an internal transfer.

Every Resident will be charged the rate for basic accommodation, and they are obligated to pay for basic accommodation unless there is an agreement to pay the preferred (private accommodation) rate. Any Resident who is placed in a private room due to unforeseen circumstances (i.e. crisis admission, Ministry Top Up Funding, etc.) will be transferred to a basic room when available unless preference for private accommodation is financially agreed upon.

A Resident must pay basic accommodation charges, even if the home does not have an accommodation agreement with the Resident. To charge a Resident for preferred accommodation, a home must have an accommodation agreement with the Resident. Payment for accommodation charges is due and payable on the first of each month. An Electronic Funds Transfer (EFT) payment plan is available. Resident rates are included in this information package indicating the maximum amount that a Resident can be charged for each type of accommodation.

Preferred Accommodation (private room):

Ministry of Long-Term Care sets the charge for private accommodations on an annual basis.

Rate Reduction for Basic Accommodation:

If the Resident is in basic accommodation, he or she may apply to the Ministry to request a rate reduction in his / her long-term care home (LTCH) co-payment. For more information, please go to: <https://www.ontario.ca/page/get-help-paying-long-term-care>.

A Resident will be required to access all income available to him / her before an application for a reduced rate can be made. Residents with reduced rates are required to apply for new rate reduction annually.

In order to apply for a rate reduction in the basic rate, the home will require a copy of the Notice of Assessment issued under the Income Tax Act (Canada) or proof of income Option "C" printout for the Resident's most recent taxation year. To apply for a rate reduction, please contact the Coordinator of Business Services at Norview Lodge at the Main Office – Monday to Friday between 8:30 a.m. and 4:30 p.m. or call 519-426-0902 extension 4223.

Where both spouses who are Residents in Norview Lodge express the wish to share a room on an ongoing basis and where such a room is available, each Resident will be responsible for the payment cost of the accommodation charges as assessed for the level of accommodation provided.

Advanced Care Planning

Advanced care planning is about choices made now, when you are capable, about how you wish to be cared for in the future if you should become incapable of making your own decisions. It is also about giving someone you trust the information and the authority to act on those directions on your behalf and with your best interest in mind. This person is called your Legally Authorized Substitute Decision Maker/Power of Attorney (POA).

To obtain more information on this subject, a free booklet A Guide to Advanced Care Planning is available free of charge from the Government of Ontario by calling (888) 910-1999 or visiting their website at www.gov.on.ca/mczcr/seniors

Cardiopulmonary Resuscitation (CPR) is a procedure that attempts to restart your breathing and heart immediately after they have stopped, through the use of mouth-to-mouth resuscitation and chest compression.

The Resident, on admission, will make their wishes known regarding CPR in case of an emergency. If the Resident requests CPR, and requires it, CPR will be initiated at the Basic Cardiac Life Support (BCLS) level and Emergency Medical Services (EMS) will be summoned by staff by calling 911. Residents may change their decision regarding CPR at any time by notifying the Registered staff.

A “Do Not Resuscitate (DNR)” order affects you only if your heart stops and you stop breathing. If you have a DNR order, the doctor, Registered staff, and other health care professionals will not start Cardiopulmonary Resuscitation (CPR).

This order will not affect any other treatment you may require, such as emergency care, pain management or medical treatment for illness. When considering this intervention, there are many factors to take into account, such as the success rate with elderly people when they are resuscitated, religious convictions, and quality of life. The purpose of discussing this is to state, in advance, the Resident’s wishes in regard to this intervention.

If the Resident is unable to make this decision, the Legally Authorized Substitute Decision Maker/POA can indicate to staff what the Resident’s wishes would be. This decision can be very difficult to make. We strongly encourage you to discuss this with other family members, your own family doctor, your clergy or a social worker if you feel the need for such guidance.

Alcoholic Beverages

The use of alcoholic beverages must be approved by the Physician, as alcohol does react with some medications. Beverages brought in for a Resident must be kept locked in the Medication room in their Resident home area and dispensed according to physician’s orders.

Assistive Devices

Norview Lodge will provide an Assistive Device to Residents until they are able to obtain their own through our Occupational Therapist. This is done on a short-term basis.

For more information regarding Assistive Devices, please contact the Registered Staff in your Resident Home Area.

Business Office

The Coordinator, Business Services is available to assist with any financial concerns Monday to Friday from 8:30 a.m. to 4:30 p.m. The Coordinator, Business Services will discuss

accommodation charges and the billing process at the time of admission and is able to provide assistance with other Government Financial Programs as required.

Clothing List (Suggested) For New Admissions

- Six of each:
 - Underwear
 - Pairs of Socks (avoid tight elastic tops)
 - Pairs of Pants / slacks / sweat suits
 - Shirts or tops
 - Nightwear
- One of each:
 - Electric razor (must be checked by Maintenance prior to use)
 - Housecoat
 - Pair of slippers (non-slip soles)
 - Belt and / or suspenders
 - Jacket (seasonal)
 - Coat (seasonal)
- Two of each:
 - Pair of machine washable shoes (with Velcro closures, if applicable)
 - Sweaters
 - Stockings

Reminder: All clothing should be machine washable and labelled by the Laundry staff at Norview Lodge before being given to a Resident. Please NO WOOL items.

Collection, Use & Disclosure of Personal Information

As part of the admission process to Norview Lodge, personal information is collected regarding each Resident. This, and any subsequently collected personal information, is collected in accordance with the Municipal Freedom of Information and Protection Privacy Act and Personal Health Information Protection Act. The personal information that is collected is necessary for the proper administration of the Norview Lodge Long-Term Care Home program and for the implementation of the Resident's Plan of Care which includes such areas as the dietary requirements, medical, spiritual, physical and psychosocial needs of the Resident and is only shared with those members of the interdisciplinary team who provide and are responsible for the care, service and programming for the Resident. This includes external services such as pharmacy, oxygen therapy, etc. Principal uses of the information are to ensure that medical and health care needs are being addressed. Questions regarding the collection and release of personal information should be directed to the Administrator. This information is available only to the Resident / Legally Authorized Substitute.

Any person whom the Resident / Legally Authorized Substitute does not wish to have the Resident's personal information disclosed to must immediately advise staff. If there are any changes to who can and cannot have the Resident's personal information, the staff at Norview Lodge must be advised of this immediately.

General information regarding the Residents medical status will be made to anyone making a general inquiry as to your health. General information shall be considered broad statements on health and wellbeing that could be readily observed by those visiting the Resident. This does not include specific information pertaining to a medical diagnosis or condition or related diagnostic or treatment information which will only be shared with you and/or your Legally Authorized Substitute or others as designated by the Legally Authorized Substitute.

Community Resources

Adult Mental Health - Specialized Geriatric Services

Specialized Geriatric Services is one of five programs operated under the auspices of Adult Mental Health Services of Haldimand-Norfolk. This program provides specialized community-based mobile geriatric mental health assessment, consultation, treatment, education and community development with older adults, their families and the service providers of Haldimand and Norfolk who are experiencing late onset mental health problems and / or longstanding psychiatric disorders complicated by age-related changes. A community focused outreach model is used with visits to the home being the most frequent form of contact. This program can be accessed by a physician referral.

Advocacy Services

Norview Lodge works closely with the Haldimand-Norfolk Alzheimer Society and other advocacy services. In addition, an Ethics Committee has been established and meets as required to discuss multidisciplinary ethical issues involving our services.

Alzheimer Society

The Alzheimer Society provides information, supportive counselling, and education to individuals with dementia, their care partners, and family members in person, over the phone, by email and in discussion groups. The Alzheimer Society also provides information, education and consultation services to community organizations and local health care agencies. There are many supportive and respite opportunities for those caring for a person with dementia, visit the Alzheimer's Society website at <http://www.alzhn.ca/haldimand-norfolk> for more information, or you can visit them at:

Alzheimer Society of Haldimand Norfolk
645 Norfolk St. N
Simcoe, ON N3Y 3R2
Telephone: 519-428-7771 or Toll Free 1-800-565-4614
Office Hours: 8:30am to 4:30pm (Monday through Friday)

Behavioural Supports Ontario (BSO)

Behavioural Supports Ontario (BSO) is part of a bundle of services available to community members and long-term care homes. This service provides assistance to people or care teams serving Residents with responsive behaviours. The Long-Term Care Home Mobile Team is made up of Registered Nurses, Registered Practical Nurses, and Personal Support Workers who are trained and experienced in person centered, gentle approaches to effectively and respectfully serve Residents through episodes of responsive behaviours.

The BSO team will:

- Support and work with the staff of the long-term care home to complete appropriate assessments and screening tools
- Collaborate with Residents, their family and staff to assist in developing and implementing strategies to meet Resident specific needs
- Work with other organizations to help Residents transition to and from long term care home
- Share knowledge to enhance staff capacity to serve Residents

Referrals to Behavioural Supports Ontario can be made through either the Social Worker or Registered staff.

Home & Community Care Support Services (HCCSS)

This service is the main contact for all long-term care placement options. HCCSS care coordinators determine if a person is eligible for long term care placement, assist with the application process and if needed provide in home supports for individuals to remain at home, if possible, but also to provide support during the placement wait time. The contact information for the Hamilton Niagara Haldimand Brant Branch is 519-426-7400 or 1-800-810-0000.

Concerns, Complaints, Recommending Changes & Obtaining Information

When a Resident and / or Legally Authorized Substitute for the Resident would like to obtain information, raise concerns, lodge complaints or recommend changes, please see the Registered staff in charge of care in that Resident home area. They will either be able to assist you in the matter immediately or will need some time to do the necessary investigation, or they may refer the concern to the appropriate department supervisor.

Norview Lodge encourages Residents, their families and visitors to voice concerns as soon as a question or concern arises. If you see or learn of something that is troubling during a visit, we suggest you do not confront the individual staff members but go directly to the Charge Nurse.

The policy and procedure “Process for Obtaining Information, Identification of Concerns, Complaints, Recommending Changes” and “Concern or Complaint” form are attached.

If you do not feel that you received a satisfactory response to your concern, please contact:

Connie Brown, Supervisor, Nursing and Personal Care ext. 4245
(Maple Crescent, Evergreen Lane, Norfolk Pinery, Poplar Heights)

Gina Gibbons, Supervisor, Nursing and Personal Care ext. 4229
(Chestnut Hill, Spruce Court, Orchard Grove, Willow Walk)

Vicky Florio, Manager, Nursing and Personal Care ext. 4225

Bill Nolan, Administrator ext. 4224

In situations where you feel your concerns have not been adequately dealt with in the home you can contact the Ministry of Health and Long-Term Care directly. Phone numbers and addresses are also listed on the Resident / Representative Information Board in the hallway across from the Café or to the left of the main office and below:

Director

Long-Term Care Inspections Branch

Long-Term Care Operations Division

119 King St. W, 11th Floor

Hamilton, ON L8P 4Y7

ACTION Line 1-866-434-0144, this line is open seven days a week from 8:30 a.m. to 7:00 p.m.

You will receive a letter or phone call to let you know that the Ministry has received your complaint. The Director will refer your complaint to an inspector who will look into the matter.

Confidentiality

It is acknowledged that Norview Lodge will collect, retain and share information regarding your health in the provision of care and service. This information (written, verbal and/or electronic documents) is confidential and will only be shared with the healthcare providers involved in your care. You may access and request changes to your personal Health Record by contacting the Administrator in writing. Please refer to the Confidentiality Brochure (separate brochure).

Consent to Treatment of Care

Written and/or verbal consent to treatment of care is required and can be revoked by the Resident / Legally Authorized Substitute at any time.

Continuous Quality Improvement (CQI)

Norview Lodge has developed and implemented a quality improvement initiative to establish a foundation for quality improvement to help meet the diverse needs of the Residents, families, caregivers and staff. We conduct both Resident and Family Satisfaction Survey's to receive valuable input on our home. The results of these surveys are posted within the home and on our website.

Dignity Walk

Residents in the final stages of life deserve comfort and care with dignity and respect. A person who is treated with dignity during life should also be treated with dignity after death. To reinforce this belief, we provide a dignity walk for our deceased Residents.

With the permission of the family, the staff of Norview Lodge, in partnership with the funeral home of choice, we will cover the Resident with a dignity quilt for their final passage from the home. Family members may choose one of our dignity quilts. The dignity walk is announced so that staff and Residents throughout the home may participate. Family members are invited to walk with staff and Residents as they accompany the deceased Resident from their Resident home area to the front entrance. Once again, with the permission of the family, a dignity poem is read prior to the final exit from the home.

Donations & Bequests

The "Work of Heart" fund accepts donations on an ongoing basis for the provision of quality of life items for our Residents. Donations can be made in person at our reception desk, Monday to Friday 8:30 am to 4:30 pm or by mail. We accept cash or cheques payable to Norfolk County. Income tax receipts are provided for donations of \$20 or more.

Electrical Items

All permitted electrical items (radios, televisions, lamps, etc.) must be inspected by Norview Lodge's Facilities Services staff before being used. Once inspected, a sticker will be placed on the item to indicate it has been checked and is safe.

Family Council

The Family Council is a group of family members and friends who work together to provide support, share experiences, and seek solutions to common problems. The main purpose of the Council is to improve the quality of life of our Residents and to give families a voice in decisions that affect them and their loved ones. The group meets on a quarterly basis.

For more information, please contact the Administrator.

Fire & Emergency Procedures

Within a short time following the admission of a new Resident, the Social Worker or designate, will meet with the new Resident to review fire safety and action the Resident should take in the event of the alarm. Information on what to do in case of fire is provided to each Resident in this Resident Information Package.

Following the monthly drills, Residents will be revisited by the Social Worker or designate if they have been identified by staff during the drill as non-compliant with fire procedures and requests.

Fire Drills:

Fire drills are conducted as required by law and are treated as a real situation. The staff has been trained to protect you, the home, and them. Trust staff direction.

If no staff member is present or available, there are two options:

- A. If fire or smoke is not evident, move to the nearest exit.
- B. If fire or smoke is evident, remain in your room, shut the doors tightly, and stop any seepage of smoke from under the door with bedding or clothing, if able.

Remain Calm.

Family Members / Visitors:

Please be aware of fire procedures for your family member(s). We would ask that you follow the same instructions, and, if need be, to assist the staff and follow their instruction.

NOTE: No smoking is allowed by anyone in the home.
* Please, for your own safety, attend these sessions. *

Fire Safety

Norview Lodge is committed to providing a safe environment for Residents. To this end, fire drills are conducted three times a month, one of which is “silent” (a night shift drill) so as not to disturb the Residents. Fire exits are clearly identified. In the event of a fire alarm sounding, please cooperate with the directions by staff. All doors / fire exits automatically unlock when the fire alarm system is activated.

If You Hear the Alarm:

- Remain calm
- Stay with the Resident you are visiting
- Follow instructions from staff

NOTE: In the event that you are outside of the home and you hear the fire alarm, please do not enter the home.

Emergency Procedure Codes

Code Black – Bomb Threat

Code Blue – Medical Alert

Code Brown – External Chemical Accidents or Gas Leaks

Code Green – Partial or Total Evacuation

Code Grey – Environmental Problem

Code Grey Watch – Tornado

Code Grey Warning – Tornado

Code Orange – Flood

Code Red – Fire

Code White – Emergency Assistance

Code Yellow – Missing Resident

For further information about all of our Emergency Procedure Codes, please visit our website.

Food Brought In From Home

Many of our Residents enjoy food or snacks prepared at home. We all ask that all items be in conformity with the Resident's specified diet and not be excessive, so food does not accumulate in the Resident's room. Please put all food items in sealed containers and labelled with the Resident's name and date. For perishable food items, please only bring in a single serving to be eaten and enjoyed at that time.

Furniture & Belongings

Norview Lodge will provide to each Resident of the home:

- Bed with capabilities to elevate head (exceptions discussed prior to approval)
- Firm, comfortable mattress
- Bedside table
- Comfortable chair
- Clothes closet in bedroom
- Lamp for bedside table
- Pillows and bedding

1. Residents/families will be allowed to bring their own reclining chair into Norview Lodge as long as the living space in the Resident's room allows for safety of the Resident and/or staff (as determined by the home.) Please ensure that this chair is of a vinyl/leather material.
2. No cloth furniture will be allowed due to infection control protocol and the inability to properly sanitize cloth furniture.
3. All quilts, blankets, etc. must be laundered and labelled by Norview Lodge prior to being placed in a Resident's room.
4. **Items not allowed for safety / hygienic reasons include:** refrigerators, floor mat, curtains, feather pillows/duvets, dehumidifiers, humidifiers (Doctor's orders only), portable air conditioners (Doctor's orders only), space heaters, air filters/fresheners of any kind, electric blankets and/or electric heating pads, cloth furniture, heated recliner chairs, swivel recliner chairs, etc.
5. All electrical devices such as TVs, electric tilt chairs, radios, etc. must first be checked and approved by our Maintenance Department prior to use.
6. Norview Lodge will not be responsible for any lost or damage to Residents' furnishings / belongings while they are in the home.

Extensive cleaning of personal chairs is the responsibility of the Resident / family. Family will be contacted if this is required.

Further Guide to Interpretation:

(2) Without restricting the generality of the fundamental principle, the following are to be interpreted so as to advance the objective that a Resident's rights set out in subsection (1) are respected:

1. This Act and the regulations.
2. Any agreement entered into between a licensee and the Crown or an agent of the Crown.
3. Any agreement entered into between a licensee and a Resident or the Resident's substitute decision-maker. 2007, c. 8, s. 3 (2).

Government Contacts

Service Canada <http://www.servicecanada.gc.ca/eng/home.shtml>

Canada Pension Plan (CPP)

Retirement Pension, Disability Benefits, Death Benefit, Children's Benefits, Survivor's Pension
Toll-Free: 1-800-277-9914 TTY: 1-800-255-4786

Callers outside Canada and the United States can call collect: 613-957-1954, Monday to Friday from 8:30 a.m. to 4:30 p.m. Eastern Time.

Old Age Security (OAS)

Old Age Security Pension, Allowance Program, Allowance for the Survivor, Guaranteed Income Supplement

Toll-Free: 1-800-277-9914 TTY: 1-800-255-4786

Callers outside Canada and the United States can call collect: 613-957-1954, Monday to Friday from 8:30 a.m. to 4:30 p.m. Eastern Time.

General Enquiries

Telephone: 1 800 O-Canada (1-800-622-6232) TTY: 1-800-926-9105

Users in Canada can call toll-free from Monday to Friday, 8:00 a.m. to 5:00 p.m., local time.

Information officers offer services in English and in French.

For callers outside Canada, calling 1 800 O-Canada from abroad is also possible.

Revenue Canada <http://www.cra-arc.gc.ca/menu-eng.html>

Individual income tax and trust enquiries

Phone: 1-800-959-8281 (Canada and United States)

Their automated service is available 24 hours a day, 7 days a week. Telephone agents are available Monday to Friday (except holidays) from 9:00 a.m. to 5:00 p.m. (local time).

Hand Hygiene

The best prevention of the spread of infection and COVID-19 is with proper hand hygiene. We encourage staff, Residents and family members to perform hand hygiene, before and after visiting with each Resident. Norview Lodge has adopted the "Just Clean Your Hands" program. An alcohol-based hand rub is available from dispensers located in each Resident's room and throughout the home. We encourage use of this product when soap and water is not readily available.

Home: The Fundamental Principle

(1) The fundamental principle to be applied in the interpretation of this Act and anything required or permitted under this Act is that a long-term care home is primarily the home of its Residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.

Housekeeping Services

The Housekeeping Department cleans and sanitizes all areas of the home on a regular basis. Health and safety, odour control, and infection control practices are conscientiously maintained and monitored.

Identification

Photographs of each Resident are taken upon admission by the Social Worker or Recreation Therapists for the medical chart, medication administration record, dietary and program assessment forms. Consent is required for using photographs of Residents for any purpose except identification.

Infection Control

Norview Lodge is committed to the prevention and management of infectious diseases throughout the home. The home has a comprehensive Infection Control Program, which emphasizes the prevention of infections as well as controlling infectious conditions.

COVID-19: We adhere to several practices at the home with direction from the Ministry of Health and Long-Term Care. COVID-19 is transmitted via droplets during close, unprotected contact.

Common Symptoms/Signs of COVID-19 for Adults 18 years and older:

- Fever/chills (temperature of 38 degrees Celsius or greater)
- Cough or barking cough (croup)
- Shortness of breath
- Decrease or loss of smell or taste
- Muscle aches/joint pain
- Fatigue
- Sore throat
- Runny or stuffy/congested nose
- Headaches
- Nausea, vomiting and/or diarrhea (not related to other conditions)

All General Indoor Visitors, Essential Visitors, and Essential Caregivers will enter the home through the front entrance.

Visitor Screening: Passive screening (self-screening) for all staff, visitors and caregivers continues. We continue to promote self-monitoring for symptoms of COVID-19 and other respiratory or infectious diseases to prevent the spread of illness. Passive screening signage has been posted for reference prior to entering the home. For those essential visitors who are entering the home to visit a Resident who is imminently palliative/end of life, self-screening is still required however if an essential visitor fails screening, they may still enter the home and are required to apply PPE and socially distance from other Residents and staff. All visitors must complete passive screening, practice proper masking protocols, hand hygiene, and sign in the visitor logbook located at front reception prior to visiting a Resident. Respiratory etiquette should be followed throughout the home.

All Residents are screened on admission and re-admission for COVID-19.

Screening of all Residents occurs every shift for typical and atypical symptoms of COVID-19 and/or clinical radiological evidence of pneumonia.

Laboratory Testing Guidance: Symptomatic Residents in long-term care shall be tested if they are experiencing one of the following symptoms (they are placed on Droplet/Contact Precautions):

- Fever (temperature of 38 degrees Celsius or greater) OR

- Any new/worsening symptom like cough, shortness of breath (dyspnea), sore throat, runny nose or sneezing, nasal congestion, hoarse voice, difficulty swallowing, new olfactory or taste disorder(s), nausea/vomiting, diarrhea, abdominal pain) OR
- Clinical or radiological evidence of pneumonia
- And/or any of the atypical signs and symptoms of COVID-19

Asymptomatic Residents in the same room will require room isolation until COVID-19 has been ruled out via PCR testing. When COVID-19 has been ruled out, the asymptomatic roommate may be removed from isolation pending they remain asymptomatic.

If COVID-19 has been determined to be the causative agent (by rapid antigen testing or PCR) tablemates and any close contacts of the Resident will be isolated for a minimum of 5 days. If the asymptomatic close contact remains asymptomatic for the 5-day period, isolation may be discontinued. For a total of 7 days the close contacts will be monitored daily, should be encouraged to wear a mask and physically distance from others as much as possible. These Residents should also not visit other areas of the home or interact with Resident who have not been exposed.

Respiratory Hygiene/Cough Etiquette: The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection:

- Avoid touching your eyes, nose and mouth
- Cover your mouth and nose with a tissue when coughing or sneezing. Use in the nearest waste receptacle to dispose of tissue after use
- Perform proper hand hygiene (i.e. hand washing with non-antimicrobial soap and water, alcohol-base hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/ materials.

New Admissions & Transfers & Droplet/Contact Precautions: All Resident new admissions, re-admissions or transfers from hospital do not require COVID-19 testing or isolation, unless the Resident is experiencing symptoms compatible with COVID-19. Residents being transferred from hospital or newly admitted, will be monitored twice daily for 10 days for new or worsening respiratory or gastrointestinal symptoms. After 10 days, this heightened surveillance returns to daily monitoring on all shifts by a Registered staff.

NOTE: Admissions and transfers should be avoided during an outbreak, and/or involving a Resident who is on droplet/contact precautions only if approved by the local public health unit and there is concurrence between the LTCH, local public health unit and hospital. Admissions and transfers are permitted when the home is not in an outbreak and the Resident is not on Droplet/Contact precautions due to symptoms, exposure or diagnosis of COVID-19.

Isolation/Outbreaks

There are times that Norview Lodge must implement isolation procedures for the benefit of the Residents and / or visitors in consultation with the Public Health Unit. Outbreak information will be relayed to the public by notices located on entrance doors or via a media release from the Administrator. If one specific Resident is affected, there will be an isolation sign located on the door of the Resident's room and it is important that all family and visitors report to the Charge Nurse to receive proper instructions as to the procedure and care you must follow while visiting this Resident.

Laundry Services

Laundry services are provided on-site for both the home's laundry and Residents' Laundry. There is a Laundry for each side of the home on the first floor (one outside Spruce Court door and one before the doors of Evergreen Lane).

All belongings must be labelled by our Laundry staff prior to the Resident wearing these clothes to prevent lost or misplaced items.

Please do not put clothing / belongings away in the Resident's room until they have been labelled.

We suggest Residents be provided with 6 complete changes of clothing including underwear, socks, footwear, and nightwear. Please see "Clothing List for New Admissions."

When selecting clothes, be aware that our laundry machines differ from household machines. We do have a delicate cycle, however wool clothing or clothing with any form of sequencing is evident not to hold up.

We ask that you bring only clothing appropriate to the current season. Your assistance in maintaining neat and tidy closets and drawers is greatly appreciated. If you notice an item that is not being used, please take it home. Our staff may contact you from time to time to come and retrieve items not used day-to-day by the Resident.

Upon discharge, Registered staff will contact family regarding the clearing of a Resident's room. Housekeeping staff will pack up Resident's belongings. Family is to pick up ALL items within 48 hours. No donations of clothing or items will be accepted.

Lost Clothing

Report all lost clothing to the Registered staff in charge in your Resident home area and our staff will do their best to locate it as quickly as possible. We do have a two "Lost and Found" areas located outside of Chestnut Hill and Maple Crescent Resident home areas. Please see laundry staff for assistance with checking "Lost and Found" during regular hours of operation from 7:00am-3:30pm.

Mail Service

The mailbox slot is located at the Main Office. Stamps may be purchased from Reception. Mail pick-up and delivery occurs Monday through Friday.

Main Office

The Main Office and reception area is located immediately inside the front doors and is open Monday to Friday 8:30 a.m. to 4:30 p.m. The Administrator, Manager, Nursing and Personal Care, Supervisor, Programs and Volunteer Services, Coordinator, Business Services, Supervisor, Support Services, Receptionist and Administrative Assistants are situated in this location.

Medical Services

The Medical Director, currently Dr. Paul Medve/ Dr. Michael Davison who is also the attending Physician, is responsible for the overall medical care of the Residents.

Each Resident has a right to be seen by a Physician / Nurse Practitioner of his or her choice. Family doctors who wish to provide services to a Resident must apply for home privileges by contacting the Administrator of Norview Lodge.

Physicians are required to visit a Resident on a regular basis and to provide twenty-four hours per day, seven days per week coverage. The Physician reviews every Resident's medications and condition at least quarterly. Concerns requiring urgent or emergency medical attention are

dealt with regardless of the time or day. Residents are seen by the Physician day-by-day at the referral of the Registered staff or upon the request of the Resident or family member.

Medications

Medications are given only under a written Doctor's Order and can be administered only by a Registered Nurse or a Registered Practical Nurse.

Medications, for safety reasons, cannot be kept at a Resident's bedside at any time unless specifically ordered by the Physician and/or Nurse Practitioner. The Resident and / or Legally Authorized Substitute are welcome to ask any questions about their medication. Please refrain from bringing in over-the-counter medication for Residents. This could create a potential adverse reaction with other medications.

Memory Boxes

A memory box is located outside each Resident room for the purpose of room recognition and the sharing of information / background. Families are encouraged to put appropriate items in their Resident's memory box to help them to find their room. Registered staff have a key to open the memory box.

Multi-Team Care Conference

Norview Lodge schedules regular multi-team care conferences for each Resident to establish and maintain a plan of care and also to discuss the progress of each Resident. The Resident and Legally Authorized Substitute are invited to participate either in person or via teleconference as much as they are able. Their input into the plan of care is valuable in making the Resident's stay as positive as possible.

Multi-team care conferences have only one goal - the health and well-being of the Resident. It is a way for everyone to be involved in planning the care, especially the Resident. The first multi-team care conference is scheduled within six weeks after the Resident has been admitted and then at least annually. They can also be held whenever a need to address a particular issue would best be resolved with a conference.

The multi-team care conference usually includes the Resident, Legally Authorized Substitute and members of the team who work closely with the Resident. As needed, there will also be a representative for other resources such as the Medical Director and / or the attending physician, Alzheimer Society, etc. Multi-team care conferences usually last approximately 30 minutes.

Family members should be prepared with issues and concerns they wish to discuss. It is sometimes helpful to write down concerns and questions before the conference. When a Resident does not attend, the family member should talk to the Resident prior to the conference and act as the spokesperson and advocate. Family members are a major source of key information about the Resident and their individual habits and preferences. They are more familiar with the Resident's strengths and past interests. Sharing these things helps staff assist the Resident in coping day to day and also helps to enhance a more positive environment for the Resident.

If a family member is not able to participate in the multi-team care conference, they can call the Resident home area Nurse to discuss their concerns before the conference and then call again after the conference to discuss all outcomes and goals identified.

If you have any concerns regarding any aspect of the Resident's care, you do not have to wait for a multi-team care conference. Call and speak with the Registered staff. Close communications between staff and family members will aid us in providing the best care possible.

Nutritional Services

The Supervisor, Nutritional Services, the Supervisor, Support Services, Registered Dietitian, and staff work hard to provide meals that are both appealing and nutritious. Each Resident is assessed for nutritional needs and special diets are provided as ordered by the Registered Dietitian, in consultation with the attending physician. Nutritional snacks and fluids are also provided between meals. At Norview we take pride in working with residents and resident families to ensure dietary needs are met.

The Dining Room in each Resident home area has a view of a courtyard and access to the outdoors. Seating arrangements are much like a restaurant, with up to four Residents at a table. Our goal is to make each meal a pleasurable dining experience for the Residents. Weekly and daily menus are posted in all dining areas. Residents have two entrée choices at each meal. The menu is based on Canada's Food Guide.

Residents are provided assistance with their meals when required.

Dining times:	Breakfast	8:00	or	8:15	a.m.
	Lunch	12:00	or	12:15	p.m.
	Supper	5:00	or	5:15	p.m.

Other Information

If the needs of the Resident can no longer be met at Norview Lodge, as defined by the Attending Physician and Administrator, other options will be pursued. The Resident / Legally Authorized Substitute is made aware that the home does not provide acute or chronic care facilities and services. The Resident / Legally Authorized Substitute agree to comply with the decision of the home.

Norview Lodge is not responsible and will not cover the cost to replace any lost, damaged or misplaced articles, including money, rings, personal items, clothing or other valuables in the possession of the Resident while residing at Norview Lodge.

The Resident / Legally Authorized Substitute is solely responsible for any financial loss or harm occurring as a consequence of the Resident's management of his / her financial affairs.

The Resident / Legally Authorized Substitute acknowledges that he / she must notify the Administrator of any private arrangements made for personal care or professional service (s) that will occur on site. Services include those involving fees and those deemed to be voluntary. The Resident will provide the Administrator with the name, designation and contact information of any individual (s) providing such care and / or service. The Resident acknowledges that it is prohibited to contract with any Norview Lodge employee to provide said care and / or service(s).

No Resident will be refused admission or discharged from the home for choosing not to sign any document or agreement.

Palliative Care & End of Life Care

Norview Lodge has the capability of providing both a palliative approach to care and facilitate end of life care.

Palliative Care is a specific approach to health care for individuals who are living with a life-limiting illness to provide comfort, dignity, and the best quality of life for the person and their loved ones. Palliative care can begin as early as 1-2 years before expected death when an illness has no cure. Palliative care strives to help the Resident and their loved ones to:

- Address physical, psychological, social, spiritual and practical issues, and their associated expectations, needs, hopes and fears
- Prepare for and manage end of life choices and the dying process
- Cope with loss and grief related to the illness
- Promoting comfort by treating all active issues and preventing new issues from occurring
- Promote opportunities for meaningful and valuable experiences which can include personal and spiritual growth

Advanced Care Planning is something that is recommended during this time to ensure the wishes of the Resident are met. Please see “Advanced Care Planning” for more information.

End of Life Care is a philosophy and a unique set of interventions that aim to enhance quality of life at the end of life in order to provide a “good death” for Residents and their loved ones when death is imminent and inevitable. The focus of End of Life care is to focus on supporting the Residents and/or family’s choices, addressing anticipatory grief, and promoting comfort care. Appropriate timing of End of Life care is determined in consultation with the Resident and/or their Power of Attorney (POA) or Substitute Decision Maker (SDM) from the registered staff, MD, or NP. End of Life care can start when death is expected within 6 months or less. Norview Lodge does have the capacity to facilitate End of Life care in the Resident’s room. Some things to note about End of Life care:

- Everyone’s End of Life journey will look different
- Staff will develop protocols for pain, discomfort, breathing (i.e. oxygen), hydration, nutrition, eating, sleep disturbances, emotional, spiritual, and psychosocial needs of the individual Resident
- End of Life care anticipates symptom related Resident needs such as pain, nausea, constipation, agitation with PRN (as needed) medication if the Resident is capable of identifying the need
- Minimizing ‘medical interventions/aspects’ of care such as further diagnostic assessments and tests unless necessary to ensure comfort, dignity, and quality of life in consultation with Resident and/or POA/SDM
- Family members and visitors can visit at any time day or night
 - We do have accommodations available for family members or visitors to stay overnight with their loved one in their room
 - Refreshments to be provided on the palliative care cart in the Resident’s room
- In consultation with the Resident and/or POA/SDM members of Interdisciplinary Team review and implement the changes required in care and treatments
- End of Life care is a multidisciplinary approach to ensure all physical, nutritional, emotional, social, spiritual, and psychological needs of the Resident are met in regards to their wishes and goals of care

At the time a Resident is deemed End of Life, a sign and candle will be placed at the entry of their Resident Home Area. This sign is to promote mindfulness for those entering the Resident Home Area that someone is saying goodbye to someone they love. We ask at that time that everyone promotes a respectful and caring environment as the Resident is on their End of Life journey.

Pain & Palliative Care Program/Committee

Norview Lodge is committed to providing quality pain management, palliative care, and end of life care. The Pain & Palliative Care Committee meets quarterly and focuses on palliative care and end of life care issues such as effective pain management, bereavement, provision of hospice/palliative volunteers, ethical issues etc. Information regarding palliative care and end of life care is available upon request.

Personal Assistive Services Devices (PASD)

It is Norview Lodge's policy to provide for the safety of the Residents. In keeping with our Resident Focused Care, Personal Assistive Services Devices (PASD) will be made available to assist the Resident with routine activities of daily living. Resident/Family may also be required to purchase a PASD on a recommendation from OT/PT.

Positioning Devices support or stabilize the Resident so that his or her participation in activities of daily living and quality of life are improved.

Pet Visits

Norview Lodge encourages visiting pets by family members and pet therapy programs. All animals that are visiting must be clean, well-groomed, and appropriately vaccinated before entering the building or having contact with Residents. All visitors bringing in their pets are required to provide contact information, the pet's most up to date immunization record (and continue to bring in the most up to date immunization records), and review our Pets at Norview Lodge policy prior to their first visit. Please see Reception for more information.

Programs Department

Programming options are offered in all Resident home areas and are designed in consideration of each Resident's individual needs. Programs are held at varied times of the day which include evenings and weekends. Regular outings within the community are made possible with the use of the Norview Lodge bus.

Family and friends are welcome to participate in most programs. For more information, talk to the Recreation Therapist in your Resident home area.

Regulation & Operation of Homes

1) Every licensee of a long-term care home shall ensure that no person is told or led to believe that a prospective Resident will be refused admission or that a Resident will be discharged from the home because,

- (a) A document has not been signed;
- (b) An agreement has been voided; or
- (c) A consent or directive with respect to treatment or care has been given, not given, withdrawn or revoked.

FLTCA, 2021

Resident Care Services

Our Manager of Nursing and Personal Care and the Supervisors of Nursing and Personal Care oversee the day-to-day operations of Resident care (nursing) throughout the home.

Each Resident home area is staffed by Registered Nurses, Registered Practical Nurses, Health Care Aides and Personal Support Workers twenty-four hours a day, seven days a week.

Health Care Aides (HCA) and Personal Support Workers (PSW) provide for most of the activities of daily care such as eating assistance, hygiene care, dressing, and toileting. All of these staff members have graduated from an approved course and are certified to provide quality care.

Registered Nurses (RN) and Registered Practical Nurses (RPN) administer medications and treatments, provide and document care, perform assessments as well as plan, implement and evaluate Resident care. RNs supervise all of the nursing care under the direction of the Medical Director and Attending Physician.

Any concerns or questions can be taken to a RN or a RPN in your Resident's home area. There is a RN on duty 24 hours a day. The Registered staff are diligent in notifying the Legally Authorized Substitute / next of kin of change in the Resident's status.

Residents' Council

Residents are given the opportunity to participate in the established Residents' Council. This group meets monthly (except for July and August) with the date and time of meetings posted on the Activity Calendar. The Supervisor, Programs and Volunteer Services is the staff liaison for this Council.

The purpose of this group is to provide a "voice" for the total Resident body, by advocating for all Residents to ensure their rights are respected. Minutes with applicable responses from management are posted in the home.

The Resident Food Committee meets regularly, and all Residents are encouraged to attend to provide input into the menu and food issues.

Resident Information Package

This Resident Information Package at the time it is given is the most up to date version. Please note that we do update the Resident Information Package as needed. The most up to date version of the Resident Information Package can be found on our website along with the most up to date policies that are included. If you would prefer an updated paper copy, please see Reception.

Resident Family Information Board

A "Resident Family Information Board" is located on the right side of the wall in Nature's Trail (first floor) across from the Café for the purpose of communicating information to Residents / families / substitute decision makers.

There are mandatory (legislated) requirements for posting of certain information and this board will be used for this purpose, as well as providing information updates involving the operation of the home, care and services.

Resident Responsibilities

Residents are required to comply with the home's established policies and procedures and recognize that the home must comply with relevant legislation and regulations. Each Resident

shall respect the rights and privacy of other Residents and shall treat other Residents and staff in the home with dignity, courtesy and respect.

The Resident / Legally Authorized Substitute will provide, on an ongoing basis, appropriate clothing and footwear, prosthetic devices (glasses, dentures, hearing aids, etc.) and anything else which is reasonable and necessary for the Resident's comfort and functional ability in the home. The Resident / Legally Authorized Substitute agree to pay for any needed repair of these necessary personal effects.

Restorative Care Program/Committee

Norview Lodge provides an active Restorative Care Program. The Restorative Lead (RN) and Restorative Aide/Adjuvant work closely with members of the physiotherapy department, Physiotherapist, Occupational Therapist and Speech Therapist (when applicable) to assist in promoting independence for Residents assessed with the potential to achieve identified goals. This team/committee meets quarterly.

Restraints & Use of Alternatives

It is the policy of Norview Lodge to provide for the safety of Residents, staff, visitors, volunteers and students. In keeping with our values, philosophy of care and the responsibility of health care professional, our least restraint policy reflects the belief that restraint is a temporary intervention applied only after other alternatives have been tried and documented. A restraint may only be used where, in the judgement of the health care team, the behavior of the Resident indicates that they are at risk of causing bodily harm to themselves or another person.

Norview Loges remains committed to maintaining quality care through effectively and safely using alternatives to restraints whenever possible. Our policy is to attempt and evaluate alternate strategies before restraining (Physical) Residents. If a restraint is deemed necessary, the least restrictive measure is used for the shortest duration possible. There will be thorough assessment, documentation, observation and ongoing evaluation of the Resident during times of restraint.

Please refer to the full policy pertaining to Restraints located at the back of this manual.

Safe Environment

Norview Lodge strives to ensure a safe environment for our Residents. Please report any health and safety concerns to the Registered staff for attention.

Safety

It is our belief that Residents have a right to be self-determining and remain as independent as possible. Risks are part of life, and as such, it is preferred that individuals be able to move about independently and encounter a reasonable amount of risk rather than be restrained in any manner and become totally dependent. Safety devices such as tables and seatbelts are used for Resident's safety only after a comprehensive assessment for the need. Restraints, if used at all, (with consent, unless an emergency) are only used when other options have not been successful. They are followed closely, monitored and evaluated to ensure they are safe and necessary.

A copy of the home's Minimizing Restraint Policy is included in this package and posted on the Resident / Family Information Board in the hallway leading to the Café.

Other safety devices other than the keypad doors include a secure Resident home area, mechanical lifts and transfer equipment, visual checks by staff and a call bell system. Please be

conscientious and follow all signage that is posted, e.g. wet floors, no smoking, hand washing, etc.

Our secure Resident home area (Spruce Court) is intended for Residents at risk for wandering with the potential for injury. This allows the Residents to wander about the Resident home area safely.

Services Provided (Items included)

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

1. Nursing and personal care on a 24-hour basis, the administration of medications, and assistance with activities of daily living
2. Medical care, Restorative program and End of Life care are available in the home
3. Certain medical supplies and nursing equipment that is necessary for the care of the Resident
4. Supplies and equipment for personal hygiene and grooming
5. Certain equipment for the short-term use of the Resident
6. Meal service, hydration and meals (three meals daily, snacks between meals and at bedtime), special and therapeutic diets, dietary supplements and devices enabling Residents to eat with minimum assistance
7. Social, recreational, spiritual and physical activities and programs
8. Laundry, including labelling
9. Bedroom furnishings, bedding and linen
10. Cleaning and upkeep of accommodations
11. Maintenance of a trust account on the Resident's behalf
12. Information package for Residents
13. Prescription pharmaceutical preparations listed in the Ontario Drug Benefit Formulary (the government requires Residents to pay a small co-payment)
14. Special preparations or medical devices that may be obtained from the Ontario Drug Benefit Program as interim non-formulary benefits
15. Insured devices, equipment, supplies and services that are available to the Resident through certain programs, such as the Ontario Assistive Devices Program (the government covers part of this cost and Residents must pay the rest)
16. Non-prescription drugs, medication and treatment products, and supplies obtained through Ontario Government Pharmaceutical and Medical Supply Services upon request

It is the home's responsibility to provide all hygiene and grooming products, e.g. tissues, toothpaste, deodorant, etc. If the Resident prefers specific "brand" name products, it becomes the responsibility of the Resident, family or Substitute Decision Maker to provide.

It is also the home's responsibility to provide supplies and equipment for the care of skin disorders, continence care, infection control and sterile procedures, along with the required devices, e.g. catheters, etc. Please keep in mind that our home is "scent free".

Note: The Resident (or Power of Attorney for Property / Guardian / Trustee on behalf of the Resident) may purchase additional goods and services from the Home under a separate agreement. Please see “Services Provided – Optional Onsite”.

Services Provided – Optional Onsite

Residents are not required to purchase care, services, programs or goods from Norview Lodge and may purchase such things from other providers, subject to any restrictions by the home and under the regulations with respect to the supply of drugs.

In order for the Resident to purchase goods and services from the home, there must be a signed and certified agreement for those goods and services and that the Resident will only be charged when those goods and services are provided.

Residents will only be charged for goods and services other than accommodation when there is an agreement related to those goods and services (Purchased Services Agreement).

1. Hair Care

The Nursing staff provides daily hair brushing and shampooing bi-weekly to our Residents. We also have a hairdresser who visits Norview Lodge on a regular basis. On admission, Residents / Legally Authorized Substitute will advise staff as to their wishes for frequency of this service, which in turn will be communicated to the hair care providers. The cost is the responsibility of the Resident. The charge is forwarded to the Business Office where it may be deducted from the comfort trust allowance as authorized in the Purchased Services Agreement.

2. Foot Care

Basic foot care is provided by Norview Lodge staff – e.g. nail trimming. On-site specialized foot care services are provided by a contracted service.

All providers within this service are well educated beyond the basics of foot care, providing assessment as well as specialized care of toenails, calluses and any other needs in respect of the Resident’s feet. The goal is to keep the Resident on their feet and free of discomfort as much as possible. This service is not covered by government health insurance. Eligible Veterans may be covered under the Blue Cross TAPs service.

3. Dental Services

Dental services are provided both on and off-site. Appointments are arranged through the Registered staff. Currently, a contracted service visits on-site and provides in-house dental service upon request and consent for payment by Resident / Substitute Decision Maker. There are a variety of dentists available in the community for off-site visits. The cost is the responsibility of the Resident / Legally Authorized Substitute, including transportation, if required.

4. Gift Shop

The Gift Shop is currently open from 1:30 p.m. until 3:30 p.m. on Tuesdays as well as every 1st and 4th Thursday from 9:30am – 10:30am. Items such as snacks, greeting cards, and some personal care items can be purchased there.

5. Medications

The Ontario Drug Program (ODP) does not cover some medications. Drugs not covered by the Ontario Drug Benefit Program will be accompanied by a dispensing fee. All over-the counter medications will be billed at the regular retail price, without a dispensing fee.

Charges are forwarded to the Business Office where they can be deducted from the Resident's comfort trust allowance monthly or the pharmacy will send the bill to the Legally Authorized Substitute, as authorized in the Purchased Services Agreement.

6. Cable Television

Norview Lodge provides televisions with cable service in all of the common spaces for Resident use. If a Resident/family choose to bring a television for the enjoyment of their loved one in their room that is acceptable; cable is available in all rooms for a cost. Please contact the Main Office if a Resident wishes to order, discontinue or move cable service. Norview Lodge will be responsible for these arrangements. The Resident's comfort trust allowance will be debited for the monthly cost for cable services as authorized in the Purchased Services Agreement. We do ask if sharing a room, out of respect for your roommate, that headphones be used while television is in use. Cordless headphones can be purchased at any retail box store or electronic store and there are a number of price points to accommodate all financial levels.

Please note:

- All electronics must be checked by Facilities Services staff to ensure compliance with CSA guidelines and safety.
- Shelf space available for a television is: 28"wide x 48"high x 20" deep (32" or smaller). Please measure the outside of the television to ensure it will fit in the allotted space.
- Black cable box and remote remain the property of Norview Lodge.

7. Therapy/Assistive Devices

Physiotherapy, Occupational Therapy and Speech Therapy are provided by contracted services on-site through a doctor's referral. Walking and therapy programs are offered regularly. Norview staff work directly with the Therapist and the Resident to address the need for assistive devices. A Ministry Long-Term Care (MOLTC) sponsored Assistive Devices Program (ADP) which provides up to 75% of the funding for approved equipment, is available to eligible Residents. The Resident / Legally Authorized Substitute is responsible for the remaining 25% of the cost. (Cost of repairs to a Resident's equipment is the responsibility of the Resident.)

*See attachments for details

Services Provided – Optional Offsite

Telephones

Telephone services are available in all rooms but the phone connection and monthly service fees, as well as having the service discontinued when no longer needed, are the responsibility of the Resident / Legally Authorized Substitute. However, if a Resident is changing rooms, the Norview Lodge Facilities staff will arrange for the telephone to be moved and once completed the Resident / Legally Authorized Substitute must notify the provider that there has been an address change and that cabling has been changed internally. There is a telephone in the Café for local calls.

Optometry

Residents may visit an optometrist of their choice; appointments can be arranged by the Registered staff upon request. Any costs associated with these services are the responsibility of the Resident / Legally Authorized Substitute, including transportation, if required.

Smoking

Smoking is not allowed by anyone in the home. Norview Lodge has provided an outside smoking shelter designed as per guidelines dictated by legislation. The shelter is located within the center

courtyard, accessible via the courtyard access doors off the main corridor. There is also a smoking area outside away from the main entrance of the home.

Residents and / or family are responsible for purchasing the cigarettes and lighters. The Resident must be able to arrive at, manage the cigarettes and lighter, and return inside the home independently. Any Resident who is unsafe or found smoking within the home will have this privilege suspended.

Spiritual Services

Individual community ministries are encouraged to visit Residents at Norview Lodge. Non-denominational church services and religion-specific services are available to all Residents on-site throughout the month.

Transfers to Hospital/Other Health Care Facilities

We have Attending Physicians and a Nurse Practitioner that visit the home on a regular basis to see Residents related to medical issues. There may be medical situations that arise that require care beyond what we can provide in the home and require transfer to Hospital and/ or another Health Care Facility for medical intervention/ treatment.

The home in consultation with the Attending Physicians/ Nurse Practitioner are able to provide in house treatments/medical interventions to prevent unnecessary hospital transfers.

Some examples of these in house treatments/medical interventions are as follows:

- Sutures/staples (application and removal)
- Mobile x-rays
- Mobile laboratory services
- Monitoring equipment-example Bladder Scanner
- 24 hr. Nursing Services (RN/RPN)
- Regular Physician/Nurse Practitioner visits/on-call services
- Fall Prevention Interventions

All transfers to hospital are done in consultation with the Attending Physicians/Nurse Practitioner and the Resident/Substitute Decision Maker.

Trust Accounts (Resident Comfort Allowance)

Residents are encouraged to be responsible for their own financial affairs. Every Resident has the right to request a non-interest bearing trust account be opened at the home in their name and to utilize this account for their personal needs, e.g. hair care, gift shop purchases, pop machine, repairs to glasses, dentures and medications not covered by the Ontario Drug Benefit Plan, etc. There is no charge for this service. This account is accessible during regular business hours and can be arranged by contacting the Coordinator of Business Services at the Main Office.

The Ministry of Health and Long-Term Care legislates the monthly minimum amount for this comfort allowance allocation to be provided from the Residents' monthly income. Payments from this account must be approved by the Resident or Legally Authorized Substitute.

The Home is required to provide a monthly statement to each Resident (or Power of Attorney for Finances) for whom a trust account is maintained.

Residents have access to their Trust Accounts by contacting / visiting the Main Office. (See Financial Accountability-Trust Account Management)

Vaccinations

Influenza Vaccine (Respiratory Illness) – Flu season generally occurs from October to May. Prior to the beginning of each flu season the Residents of Norview Lodge (with consent); are administered the Influenza Vaccine (Flu Shot) as this gives the body time to build protection or immunity against the influenza virus. Please be aware however, that the vaccine does not always prevent one from getting the flu but rather it reduces one's chances of contracting the virus. It is important that all Residents, staff and family members receive the influenza vaccine annually, as the flu in the elderly can cause serious illness and complications leading to hospitalization or death. The influenza vaccine should not be administered to anyone who has a known allergy to eggs (because the vaccine is prepared in egg protein) or to Thimerosal, the preservative in the vaccine.

Tuberculosis Screening - The Ministry of Health and Long-Term Care requires tuberculosis screening for every Resident. Each Resident on admission will either have a chest x-ray completed or if the Resident is 64 years of age and younger, they will receive a two-step TB test.

The Pneumococcal Vaccine or Pneumovax is given to all Residents on admission, if they have not already had this vaccine prior to admission. This vaccine is given only once in a lifetime unless otherwise directed by the Physician. The Pneumovax vaccine can assist in preventing pneumonia. The Canadian Immunization Guide recommends the use of the Pneumovax vaccine for all persons over the age of 65.

Tetanus will be given on admission if not given in the last 10 years and with consent of the Resident / Legally Authorized Substitute.

COVID-19 - Getting vaccinated and staying up to date with COVID-19 vaccines is the best way to remain protected from the most serious effects of COVID-19. New admissions into the home will be given information related to the COVID-19 vaccine by the Social Worker and consent will be obtained or refused by the Resident and/or POA. The status and eligibility for either primary series and/or booster doses will be managed by the Supervisor of Infection Prevention and Control if consent has been provided and will work with the Haldimand Norfolk Health Unit to immunize all Residents as they become eligible when consent has been received. A record of all Residents who have received or refused their COVID-19 vaccine and/or booster doses will be maintained by the Supervisor of Infection Prevention and Control.

RSV (Respiratory Syncytial Virus) Vaccination will be determined by the Ministry of Health. Eligibility for this vaccine is any Resident over the age of 60 years. Consent will be obtained as required.

NOTE: Consent for the above vaccines will be discussed with the Power of Attorney/SDM on an annual basis at the Residents annual multi-team meeting. Consent may be revoked at any time*

Valuables

Norview Lodge provides a locked drawer for each Resident in the bathroom of their room (key is available through the Registered staff). The home is not responsible for items that are lost, damaged or misplaced. This includes money, rings, personal items, clothing or other valuables in the possession of the Resident while residing at Norview Lodge.

Volunteer Services

Norview Lodge actively encourages all family members, friends and members of the community to participate in our volunteer program. If you would like to volunteer, please contact the Supervisor, Programs and Volunteer Services.

Whistle Blower Protection

The Fixing Long-Term Care Act, 2021, Section 30, states that no person shall retaliate against another person, whether by action or omission, or threaten to do so because,

- (a) Anything has been disclosed to an inspector;
- (b) Anything has been disclosed to the Director including, without limiting the generality of the foregoing,
 - (i) A report has been made under section 28, or the Director has otherwise been advised of anything mentioned in paragraphs 1 to 5 of subsection 28 (1),
 - (ii) The Director has been advised of a breach of a requirement under this Act, or
 - (iii) the Director has been advised of any other matter concerning the care of a Resident or the operation of a long-term care home that the person advising believes ought to be reported to the Director;
- (c) Anything has been disclosed to any other personnel of the Ministry, or to any other individual or entity that may be provided for in the regulations; or
- (d) Evidence has been or may be given in a proceeding, including a proceeding in respect of the enforcement of this Act or the regulations, or in an inquest under the Coroners Act.

WI-FI (Wireless Internet)

Residents requesting to pay for Wi-Fi must coordinate with Norview Lodge as this could interfere with information technology of Norview or others.

Zero Tolerance of Abuse & Neglect

Norview Lodge has zero tolerance to any form of abuse or neglect of Residents by anyone employed or associated with the home. It is the responsibility of everyone associated with the home to display appropriate conduct and behaviour that respects the dignity of all. Anyone who has knowledge of any form of Resident abuse must report the incident immediately to the Charge Nurse, Supervisor, Nursing and Personal Care, a Supervisor, Director or Administrator. Anyone reporting alleged abuse or neglect is protected from any retaliation through legislation.

Please find attached the home's policy and procedure on Zero Tolerance of Abuse and Neglect.

Mandatory Reporting:

- i) The Fixing Long-Term Care Act, 2021, Section 28, states that a person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
 - 1. Improper or incompetent treatment or care of a Resident that resulted in harm or a risk of harm to the Resident.
 - 2. Abuse of a Resident by anyone or neglect of a Resident by the licensee or staff that resulted in harm or a risk of harm to the Resident.
 - 3. Unlawful conduct that resulted in harm or a risk of harm to a Resident.
 - 4. Misuse or misappropriation of a Resident's money.
 - 5. Misuse or misappropriation of funding provided to a licensee under this Act, the *Local Health System Integration Act, 2006* or the *Connecting Care Act, 2019*.

Note: On a day to be named by proclamation of the Lieutenant Governor, paragraph 5 of subsection 28 (1) of the Act is amended by striking out “the *Local Health System Integration Act, 2006*”. (See: 2021, c. 39, Sched. 1, s. 203 (4))

Residents are not required to report however they do have the option of reporting any incidents. The Regulated Health Professionals (Physicians, Registered Nurses, Registered Practical Nurses, Physiotherapists, etc.) are required by law to report, however all staff, family and volunteers are expected to do so as well.