

Dear Resident and Family Members;

Welcome to your new Home. Your fellow residents and the staff are happy that you chose Valleyview. I want to give you my personal assurance that the staff at Valleyview will do everything possible to make you feel at home.

We are proud of our Home and believe that the care, the support, the kindness and friendship which you will receive here is second to none. This is your Home and we want you to feel welcomed.

I encourage you to participate in the many activities offered by our Recreation Team. These wonderful programs will help you meet other residents and provide you with fun and meaningful activities throughout the day.

As you settle in I hope you will be part of our Residents' Council. Please explore your new home and get to know the variety of services which are available to you.

I want to get to know you and your family. Please feel free to drop into my office and say hello at any time.

Respectfully,

Michael Carroll,
Administrator

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OUR MISSION, VISION, CORE VALUES

VISION

- Resident and Family Care and Services
- Interdisciplinary Collaboration
- Growth and Leadership in Best Practices
- Accountable Resources Commitment to Not for Profit Delivery Model
- Engaged Community Partners

MISSION

**A PLACE
YOU CAN
CALL
HOME**

**CORE
VALUES**

- Respect
- Compassionate
- Communication
- Safety
- Teamwork
- Accountability



The Fundamental Principle and the Residents' Bill of Rights under the Long-Term Care Homes Act, 2021

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 and cultural needs adequately met.

Residents' Bill of Rights

3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

Right to Be Treated With Respect

1. **Every resident has the right to** be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth, individuality, regardless of their race, ancestry, place or origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender, identity, gender expression, age, marital status, family status or disability.
2. **Every resident has the right to** have their lifestyle and choices respected.
3. **Every resident has the right to** have their participation in decision-making respected.

Right to Freedom From Abuse and Neglect

4. **Every resident has the right to** freedom from abuse.
5. **Every resident has the right to** freedom from neglect by the licensee and staff.

Right to An Optimal Quality of Life

6. **Every resident has the right to** communicate in confidence, receive visitors of their choice and consult in private with any person without interference.
7. **Every resident has the right to** form friendships and relationships and to participate in the life of the long-term care home.
8. **Every resident has the right to** share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
9. **Every resident has the right to** meet privately with their spouse or another person in a room that assures privacy.
10. **Every resident has the right to** pursue social, cultural, religious, spiritual and other interests, to develop their potential and to be given reasonable assistance by the licensee to pursue these interest and to develop their potential.
11. **Every resident has the right to** live in a safe and clean environment.
12. **Every resident has the right to** be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
13. **Every resident has the right to** keep and display personal possessions, pictures and furnishings in their room subject to safety requirements and the rights of other residents
14. **Every resident has the right to** manage their own financial affairs unless the resident lacks the legal capacity to do so.
15. **Every resident has the right not to** exercise the rights of a citizen.

Right to Quality Care and Self-Determination

16. **Every resident has the right to** proper accommodation, nutrition, care and services consistent with their needs.

17. **Every resident has the right to** be told both who is responsible for and who is providing the resident's direct care.
18. **Every resident has the right to** be afforded privacy in treatment and in caring for their personal needs.
19. **Every resident has the right to,**
 - i. Participate fully in the development, implementation, review and revision of their plan of care
 - ii. give or refuse consent to any treatment, care or services for which their consent is required by law and to be informed of the consequences of giving or refusing consent.
 - iii. Participate fully in making any decision concerning any aspect of their care, including any decision concerning their admission, discharge or transfer to or from a long-term care home and to obtain an independent opinion with regard to any of those matters, and
 - iv. Have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with the Act, and to have access to their records of personal health information, including their plan of care, in accordance with the Act.
20. **Every resident has the right to** on going and safe support from their caregivers to support their physical, mental, social and emotional wellbeing and heir quality of life and to assistance in contacting a caregiver or other person to support their needs.
21. **Every resident has the right to** have any friend, family member, caregiver or other person of importance of the resident attend any meeting with the licensee or the staff of the home.
22. **Every resident has the right to** designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
23. **Every resident has the right to** receive care and assistance towards independence based on a restorative care philosophy to

- maximize independence to the greatest extent possible
24. **Every resident has the right to** not be restrained, except in the limited circumstances provided for under the Act and subject to the requirements provided for under this Act.
 25. **Every resident has the right to** be provided with care and services based on a palliative care philosophy.
 26. **Every resident** who is dying or who is very ill has the right to have family and friends present 24 hours per day.

Right to Be Informed, Participate, and Make a Complaint

27. **Every resident has the right to** be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
28. **Every resident has the right to** participate in the Resident's Council.
29. **Every resident has the right to** raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else:
 - i. the Residents' Council
 - ii. the Family Council
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part IX, a member of the committee of management for the home under section 135 or of the board of management for the home under section 128 or 132,
 - v. staff members
 - iv. government officials
 - vi. any other person inside or outside the long-term care home.

Enforcement by the resident

(3) A resident may enforce the Resident’s Bill of Rights against the licensee as though the resident and the licensee had entered into a contract under which the licensee had agreed to fully respect and promote all of the rights set out in the Resident’s Bill of Rights.

<https://www.ontario.ca/laws/statute/21f39#BK6>

Any revisions to this package will be referenced in the Resident & Family news letter & posted on the City of St. Thomas—Valleyview webpage.

www.stthomas.ca/living_here/valleyview/policies

VALLEYVIEW'S PHONE DIRECTORY

Valleyview's Phone Number: (519) 631-1030

Resident Home Area Chart Rooms

Grand Trunk Trail	ext 334	Wabash Line	ext 364
CN Crossing	ext 344	Chesapeake Way	ext 374
CP Place	ext 354		

Please leave a message so that one of our Registered Staff may call you back after they are done providing care.

Administrator

Michael Carroll, mcarroll@stthomas.ca ext 312

The Administrator is ultimately responsible for the entire operation of the Home, reporting to City Council, the Ministry of Health and Long-Term Care and the Southwest Local Health Integration Network (LHIN).

Director of Care

Leslie Morgan, lmorgan@stthomas.ca ext 331

Nursing services in consultation with the Medical Director and other health professional assess, implement, evaluate and develop an individualized care plan for your family member.

Assistant Director of Care

Shelley Thomas, sthomas@stthomas.ca ext 324

Administrative Assistants

Bri Beattie , (Resident Billing) bbeattie@stthomas.ca ext 302

Tara Murray , (Resident Trust) tmurray@stthomas.ca ext 301

George Lovelady, Environmental Service ext 306

Kimberly Hack, Dietary Services ext 307

Cassie, Hairdresser ext 308

Jennifer Schneider, Quality Assurance & Risk Management ext 315

Stephanie Leenders, Recreation Services ext 326

Please feel free to contact Valleyview if you have questions or concerns.

YOUR PERSONAL & FINANCIAL MATTERS

Power of Attorney For Personal Care and Finance

It is recommended that you appoint a Power of Attorney for Personal Care and a Power of Attorney for Finance in the event that you become unable to give treatment and/or financial directions. This information is available from the Ministry of the Attorney General. A copy of these documents will be requested upon admission.

Trust Account

Residents are welcome to open a Trust Account with Valleyview. The Trust Account operates similar to a bank account. The Home will hold a small amount of money which the resident/ family member deposits. The resident is able to withdraw money on banking days (Monday to Friday between 9:00 am and 4:00 pm)

Residents who open a non interest bearing account/ Trust Account with Valleyview will receive a monthly statement with the Accommodation Invoice. For more information or to set up a Trust Account please contact the Administration Office, Monday to Friday from 9:00 am until 4:30 pm.

RESIDENT CHARGES - ACCOMMODATION

Valleyview has three different classes of accommodation that have different rates. The Ministry of Long-Term Care sets these rates. The maximum amount that a resident can be charged for each type of accommodation offered in a long-term care home are listed below. As of July 1 2023, the rates are:

Accommodation Type	Daily	Monthly
Long-Stay Residents:		
Basic Accommodation	\$65.32	\$1986.82
Semi-Private Accommodation	\$78.75	\$2,395.32
Private Accommodation	\$93.32	\$2,838.49
Short-Stay Residents	\$42.28	

RESIDENT'S OBLIGATION TO PAY ACCOMMODATION FEES

Residents will be charged and are obligated to pay the basic rate of accommodation unless there is an agreement to pay the preferred rate (semi-private or private accommodation). Residents who have agreed to pay the preferred accommodation as outlined in Schedule A of the Accommodation Agreement will be charged the preferred type of accommodation and the associated rate.

ACCOMMODATION FEES DURING AN ABSENCE

A resident who is absent from the Home must continue to pay accommodation fees for each day of his or her absence. An absence includes a casual or vacation absence and also an absence for medical or psychiatric care or assessment.

RATE REDUCTIONS FOR BASIC ACCOMMODATION

Under the Fixing *Long-Term Care Homes Act, 2021* (r.303(1)), a resident of a basic long-stay bed may apply to receive a reduction on his/her long-term care home (LTCH) co-payment. A resident will be required to access all sources of income benefits to maximize his/her annual net income before an application for a reduced rate can be made.

For more information on co-payment rates or to apply for a rate reduction, please speak with Bri Beattie, Administrative Assistant, at ext. 302, Monday-Friday between 8:30 am and 4:30pm in the Administration Office or email bbeattie@stthomas.ca

You will be required to provide one or more of the following supporting documentation (r.264.(4));

- i. the resident's Notice of Assessment issued under the Income Tax Act (Canada) for the resident's most recent taxation year,
- ii. the resident's proof of income statement (Option "C" print) from the Canada Revenue Agency for the resident's most recent taxation year, or
- iii. the resident's written authorization to electronically obtain income information for the resident's most recent taxation year from the Canada Revenue Agency.

GOODS & SERVICES INCLUDED WITH ACCOMMODATION

The following list provides information about the basic care, programs and services as well as the goods and services included in basic and preferred accommodation:

1. Nursing and personal care on a 24-hour basis, the administration of medication, and assistance with activities of daily living.
2. Medical care and restorative care is available in the home.
3. Medical supplies and nursing equipment that are necessary for the care of the resident.
4. Supplies and equipment for personal hygiene and grooming.
5. 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 labeling.
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 of 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 remainder).
16. Non-prescription drugs, medication and treatment products, and supplies obtained through Ontario Government Pharmaceutical and Medical Supply Services upon request.

PURCHASED SERVICES

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

In order for residents to purchase goods and services from Valleyview there must be a signed Purchased Service Agreement for the goods and services. The resident will only be charged when those goods and services are provided.

With respect to the supply of drugs, it refers to the non-Ontario Drug Benefit (ODB) or, alternative medicines that are not covered and that the resident is expected to pay.

Purchased Services Available at Valleyview

Hair Stylist and Barber Services

The hairdresser/ barber provides hair care services in the Salon on Tuesday to Thursday from 9:00 to 4:30. Appointments can be arranged through the nursing staff in your family members resident home area.

Haircut	\$17.00
Shampoo, Cut & Set	\$30.00
Shampoo & Set	\$20.00
Colour/ Blow Dry	\$32.00
Colour/ Cut/ Blow Dry	\$44.00
Perm	\$56.00

Advanced Foot Care & Chiropody

The Foot Care visits Valleyview on a monthly basis to tend to residents who have advanced foot care needs.

Foot Care - Initial Assessment	\$55.00
Foot Care - Follow up treatments	\$40.00

Purchased Services Available at Valleyview *continued*

Nursing Attendant	Cost of transportation plus \$20.00/ hour (minimum of 4 hours) is required.
Whistle Stop Café The Valleyview volunteers operate the Tuck Shop daily from 2:00 to 3:30. Residents or visitors may purchase coffee, tea and small treats for a fee.	
Café	As per purchase. Café prices are as posted at the Whistle Stop Café.
Recreation Events and Outings The Recreation Department organizes outings to various local locations. Some of the outings will require the resident to pay for admission or a food purchase.	
Outings	Fees vary depending on the outing. In advance of the outing Recreation staff will communicate the cost to the resident/ family.

Purchased Services Available at Valleyview continued

Cable Television—RESPITE ONLY

Respite residents may purchase cable from the Home

Minimum of 1 week	\$10.00
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Monthly Fee	\$35.00
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Geri Fashions

Sells clothing and adaptive clothing for seniors.

Clothing	Charges set by the vendor.
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Purchased Services Available Through Third-Party Vendors

Cable Television

Cable for your personal television is available for purchase. Business cards for the “Rogers Local Advisor” for Valleyview is available at Reception. Please contact Rogers Cable for assistance.

Tom Mojarrad tom.mojarrad@rci.rogers.com

Mobile 519-619-8324

Internet Services

Internet for your personal computer is available for purchase. Please contact Rogers Cable or Bell Canada for assistance.

Telephone Service

If you require telephone service, please contact Bell Canada (310-Bell) or Rogers to make service and payment arrangements.

Newspaper Delivery

If you would like newspaper delivery please contact the providers directly to arrange for service and payment.

St. Thomas Times Journal: 519-631-2790

London Free Press: 519-667-4513

Vending Machines

Vending machines are located on the first floor near the entrance to the Worship Centre.

Purchased Services Available Through Third-Party Vendors *continued*

Non-Emergency Patient Transportation

All non emergency transportation of a person from hospital to Long Term Care will be the individuals responsibility, and their expense. In other words, resident will be responsible for payment for return trips from the Emergency Room or to and from hospital appointments, if family is unavailable to take them.

Local Transportation Options

The St. Thomas Elgin General Hospital has preferred transportation service providers for stretcher, wheelchair and taxi. You may wish to use these companies or others that are readily available. We recommend you always get a quote and note that transfer costs are your responsibility.

City of St. Thomas Parallel Transit - pre registry required

519-631-0001

https://www.stthomas/living_here/transit_system/parallel_transit

Your Taxi

519-631-1800

Voyago

1-855-263-7163

<https://voyago.ca>

VON - pre registry required

Toll Free 1-866-559-5532

519-659-2273

HEALTH CARE SERVICES

A Registered Nurse (RN), a Registered Practical Nurse (RPN) and Personal Support Workers (PSW) are on duty at all times. The registered staff administers all medication.

Valleyview's Medical Director is Dr. Scott McIntosh. Valleyview has 3 doctors; Dr. Scott McIntosh, Dr. Kehinde Olorunsola and Dr. Paul Fox, who do rounds weekly and are on call for the Home 7 days/ week 24 hours daily. Residents may retain their own physician or RN Extended Class (e.g. Nurse Practitioner). If a resident chooses to retain their own primary care provider (MD or RN Extended Class usually called Nurse Practitioners), then these practitioners must meet Valleyview's standards as set out in the Fixing Long-Term Care Act, 2021.

Care Plan

A personalized Care Plan is developed for you, which addresses your therapeutic, preventative, restorative and rehabilitation needs. The multi-disciplinary care team meets regularly to review and evaluate the effectiveness of your Care Plan. Our goal is to keep you and your family involved in the planning of your care. If you require information regarding any health concerns or medications, please contact the Registered Nurse in your resident home area.

Daily Routine

Daily routines are planned to meet your individual needs (physical, psychological and spiritual). With our help, we encourage you to maintain your highest level of independence and to enjoy life to its fullest. This may include a variety of approaches:

- Scheduled twice weekly tub baths or showers, which include nail and hair care.
- We encourage bowel and bladder training programs.
- We offer special equipment - i.e. lifting devices, adaptive eating aids, etc.

Daily Routine *continued*

- We encourage your family to keep actively involved in your personal care, family functions, leaves of absences and birthday parties.

Prosthetic Devices

Some residents require prosthetic devices such as hearing aids, eye glasses, dentures etc. These devices improve the quality of life for residents. Valleyview staff will assist you in the use of these devices however, Valleyview is not responsible for any repair or replacement costs should they be damaged or go missing.

Herbal Medications

Due to the unregulated nature of herbal medications, medical products and the possible interactions with prescribed medications, Valleyview WILL NOT assume responsibility for the administering of herbal medications unless approved by the Medical Director.

Internal Transfers

The resident shall co-operate with the Administrator for internal transfers if the Director of Care determines that the resident's care requirements make the move necessary for the best interest of the resident and/or residents of the Home.

Team and Post Admission Care Conferences

Valleyview holds regular conferences to plan your care and discuss your progress. Families are encouraged to attend but often feel apprehensive about meeting or do not realize the importance of their participation. The following is a guide to your care conference and the role your family member can play:

- Your Care Conference will be held within six (6) weeks after you move to Valleyview and then yearly, unless your health changes or there are concerns which need to be addressed.

Team and Post Admission Care Conferences *continued*

- Typically the Care Conference usually involves you, a family member, a Registered Nurse, a Nursing Attendant who works closely with you, representatives from the Dietary and Recreation Departments, as well as a Pharmacist and Physiotherapist. A Physician may also attend. Care Conferences usually last 20 to 30 minutes.
- Families are a key source of information about you, your habits and your preferences. Family members can also identify your strengths and interests. The Care Conference is a chance for your family to learn about your medication, diet, treatment and any changes in your medical condition as well as your involvement in recreational programs. This is a time to become familiar with your Plan of Care.
- If your family members are not able to attend the Care Conference, they are encouraged to call the Registered Nurse Supervisor to discuss the Care Conference results and any recommendations derived from the conference.

If you have concerns about any aspect of your care, please do not wait for the Care Conference. Call the Registered Nurse on duty to talk about it. Close communication between you, your family and our staff members will help us provide you the best possible care.

Valleyview Home Philosophy of Pain Management

“To leave a person in avoidable pain and suffering should be regarded as a serious breach of fundamental human rights”

Margaret Somerville

At Valleyview Home, we believe pain relief is the right of each resident, as it facilitates optimal comfort, functioning and enhances quality of life.

The management of pain is integral to the mission of Valleyview Home.

The interdisciplinary care team will provide comprehensive care, which includes the recognition, assessment and management of pain following current evidenced-based practice guidelines. Pain relief requires individualized treatment of total pain: physical, psychological, social and spiritual.

Comprehensive pain management is achieved through the effective use of individualized pharmacological tailoring and non-pharmacological interventions.

Please feel free to talk to your nurse about your level of pain and how we can best help you manage this pain.

Palliative Care & End of Life Care

Dedicated to meeting the needs of Residents with dignity and respect

What is Palliative Care?

- Personal Care
- Pain and Comfort Management
- Resident, Family, and/or Caregivers Supports

Palliative Care & End of Life Care Continued

Palliative care is an approach of care that can be implemented simultaneously with restorative care. As the Resident continues to live at Valleyview Home, the focus of care becomes more palliative until end of life.

Valleyview Home adopts a palliative philosophy of care that is:

- Resident focused
- Values driven
- Aimed at relieving suffering, improving the quality of living & the quality of dying, for every Resident of the home.

As the plan of care is directed by the Resident, family and/or caregivers, some or all of the following activities may apply:

- Pain and symptom management
- Emotional support
- Spiritual support
- Cultural respect and incorporation into the plan of care
- Palliative and End of Life Education and communication for Residents, family members and/or caregivers and staff
- Grief and loss support
- Palliative and End of Life Care recreational activities
- Wound care
- Outreach to palliative resources as appropriate

Valleyview Home's Palliative Philosophy of care strives to help the Resident and their family members and/or caregivers to:

- Address physical, psychological, social, spiritual & practical issues, & associated expectations, needs, hopes & fears, while supporting optimal quality of life.
- Empowers Residents to be decision makers in their own care, & respects their choices, wishes, values & goals

Palliative Care & End of Life Care Continued

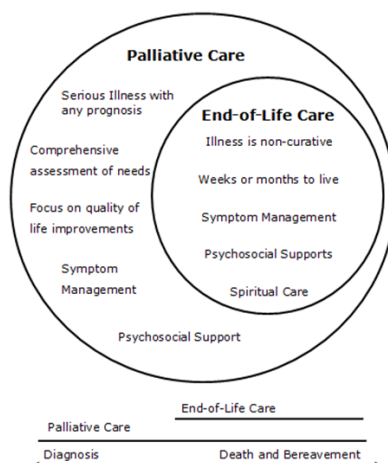
- Focuses on relationships as the core process in quality of care and values interdependence both within the care team and the Resident's family.
- Promote opportunities for meaningful and valuable experiences, and personal & spiritual growth
- Prepare for and manage end of life choices and cope with grief and loss

What is End of Life Care?

This term End of Life Care refers to the support and medical care leading up to a person's death. It encompasses care and support for Residents, family, and/or caregivers.

- Physical Comfort
- Emotional Comfort
- Social Needs
- Spiritual Needs

End of Life Care is the final stage of the palliative approach and it is considered to be the final stage of the journey of life and provided in months, days, or hours before a person's death.



Resident Safeguards - Restraint Policy

Valleyview Home makes every effort to protect the independence and autonomy of each and every resident, by supporting his/ her ability to self-determination, decision-making and embracing alternatives to restraint. Valleyview Home supports the right of the resident to experience “dignity with risk” whereby the informed resident and/ or SDM may agree or disagree to restraint use. Valleyview Home supports a “policy of least restraint” which may be stated as using the least possible and restrictive form of restraint reasonable, when all other alternatives to restraining have been considered or tried, and found to be ineffective. The restraint must be deemed necessary to prevent serious bodily harm to you the resident or to another person. No resident shall be restrained for the convenience of staff or as a disciplinary measure. Only legally approved, commercially made physical restrains may be used in accordance with the manufacture’s specifications and directions. Physician prescribed, chemical restraints may be necessary in extreme circumstances.

To obtain a copy of the Restraint Policy (policy number RC&S 09-1) please contact our Administration Office.

Resident Safeguards - Resident Abuse Zero Tolerance Policy

Valleyview Home is committed to a zero tolerance of abuse and neglect of residents at all times, by staff. No form of resident abuse/ neglect will be tolerated under any circumstances. **All staff, students and volunteers have a duty, as per the FLTCHA, to report abuse of a resident by anyone and neglect of a resident by a staff member of the home.**

A complete copy of the Resident Abuse—Zero Tolerance Policy (policy number RC&S 4-1) is include in Appendix A.

DUTY TO REPORT - KEEPING RESIDENTS SAFE

Everyone shares responsibility to ensure that residents can live with dignity and in safety, security and comfort. Ontario's long-term care homes are committed to providing the best possible care for residents. The Ministry of Long-Term Care inspects homes to ensure that they are compliant with the Fixing Long-Term Care Homes Act, 2021.

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

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

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

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

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

Who must make a report?

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

Duty To Report - Keeping Residents Safe *continued*

How to report:

Call this confidential toll-free number:

1-866-434-0144
(7 days a week, 8:30 am to 7:00 pm)

Or send a letter to:

Director, Long-Term Care Inspection Branch
Long-Term Care Operations Division
199 King Street West, 11th Floor
Hamilton, Ontario, L8P 4Y7

Concerned that making a report will impact you or others?

The Fixing Long-Term Care Home Act, 2021 provides protection for people who report concerns to the ministry. People making reports do not have to give their name or any contact information. If you do provide your name, we are committed to protecting people's privacy and all reports are treated as confidential. Information about reports is only disclosed if a law requires or allows the ministry to disclose it. If you or someone else is treated unfairly because you made a report, contact the ministry.

For more information on the duty to report, see section 28 of the Fixing Long-Term Care Homes Act, 2021 on www.e-laws.gov.on.ca

Whistle Blowing Protections

Section 30 of the FLTCH Act forbids retaliation or threats of retaliation against a person for disclosing anything to an inspector or the MOLTC Director, or for giving evidence in a proceeding under the FLTCHA or during a coroner's inquest. Under section 30, staff members, officers, and directors cannot discourage these disclosures.

Valleyview Home will protect a resident and his or her family members, SDM and persons of importance, against threats or discrimination in connection with the resident's disclosure of anything to an inspector or the MOLTC Director, or his or her giving evidence in a proceeding under the FLTCHA or during a coroner's inquest.

Staff members must not do anything to discourage any of the following:

1. Reports required under the Resident Care and Service policy 14-5
2. Mandatory/ immediate reports under the FLTCA, and
3. Disclosure to an inspector or the MOLTC Director, or giving of evidence in a proceeding under the FLTCHA or during a coroner's inquest.

A staff member who retaliates, threatens a resident, or discourages a report in breach of the "Staff Reporting and Whistle – Blowing Protection policy (RC&S 14-5) may be subject to disciplinary action, which may include termination or removal.

To obtain a copy of the Staff Reporting and Whistle - Blowing Protection Policy (policy number RC&S14-5) please contact our Administration Office.

VALLEYVIEW HOME FALLS PREVENTION AND MANAGEMENT PROGRAM

Falls Prevention Fact Sheet for Residents

REDUCE YOUR RISK OF FALLS

Did you know that in Canada, falls are the sixth leading cause of death among older adults?

Here are some more facts that might surprise you:

- One in three older adults fall each year.
- Over one in three of those who fall develop serious injuries.
- Forty percent of admissions to nursing homes are the result of a fall.
- Falling is also the leading cause of injury-related admission in hospitals for people over 65 years of age.

Why do your chances of falling increase as you get older?

- Some people experience changes to their vision, unsteady gait and poor balance. Others are affected by health problems like arthritis, osteoporosis, Parkinson's disease, and side effects from taking multiple medications. These are only some of the many potential risk factors.

What can you do?

- Rise slowly from a bed or chair to avoid any sudden drop in blood pressure. Ask for assistance when needed.
- Wear appropriate footwear (no-skid rubber soles and low heels) and avoid wearing only socks when transferring or walking. **(See attached Footwear Guidelines)**
- Use gait aides prescribed for you such as a walker or cane - make sure you let us know if you need a repair.
- Participate in nursing restorative/ rehabilitation programs to maintain strength and balance.
- Take your time and be mindful of others who may cross your path.

The Valleyview team is committed to the prevention of falls!

Our multidisciplinary fall prevention and management program includes:

- Initial and ongoing assessment of all residents to determine the risk of falling.
- Purposeful Rounds - Is a proactive, comprehensive nurse driven evidence based interventions that help anticipate and address residents needs. It improves resident satisfaction and safety through hourly rounds focusing on the residents personal needs, their possession, positioning and pain. By addressing these four things we can have positive outcomes and reduce falls.
- Regular review of medications to decrease any potential or actual side effects that may increase your risk for falls (dizziness, unsteady gait).
- Assessment by an Occupational Therapist and/or Physiotherapist to ensure appropriate prescription or walkers, canes or wheelchairs.
- Helping residents exercise and strengthen their muscles through Nursing restorative/ rehabilitation program and Physiotherapy programs.
- Creating an environment that is safe with minimal hazards.
- Post fall follow-up to ensure appropriate treatment and evaluation to prevent further falls.
- Education for new staff and yearly review for direct care staff related to fall prevention and management.

Feel free to talk to your nurse if you have any further questions.

Help us help you to stay safe.

The information in this fact sheet has been adapted from the RNAO Nursing Best Practice Guidelines [Reduce Your Risk For Falls Health Education Fact Sheet From Nurses For You](#). The nursing best practice guideline, *Prevention of fall Injuries in the Older Adult*, is available for public viewing and free download at www.rnao.org/bestpractices .

Footwear Guidelines

Heel	<ul style="list-style-type: none"> • Have low heel (e.g. less than 2.5 cm) to ensure stability and better pressure distribution on the foot. A straight through sole is also recommended. • Have a broad heel with good round contact. • Have a firm heel counter to provide support for the shoe.
Sole	<ul style="list-style-type: none"> • Have a cushioned, flexible, non-slip sole. Rubber soles provide better stability and shock absorption than leather soles, however rubber soles do have a tendency to stick on surfaces.
Weight	<ul style="list-style-type: none"> • Be lightweight.
Toebox	<ul style="list-style-type: none"> • Have adequate width, depth and height in the toebox to allow for natural spread of the toes.
Fastenings	<ul style="list-style-type: none"> • Have buckles, elastic or Velcro to hold the shoe securely on the foot.
Uppers	<ul style="list-style-type: none"> • Be made from accommodating material. Leather holds its shape and breathes well, however many people find walking with shoes with soft material uppers are more comfortable. • Have smooth and seam free interiors.
Safety	<ul style="list-style-type: none"> • Protect feet from injury.
Shape	<ul style="list-style-type: none"> • Be the same shape of the foot, without causing pressure or friction on the foot.
Purpose	<ul style="list-style-type: none"> • Be appropriate for the activity being undertaken during the use. Sports or walking shoes might be ideal for daily wear. Slippers generally provide poor foot support and may only be appropriate when sitting.
Orthoses	<ul style="list-style-type: none"> • The podiatrist/ orthotist or physiotherapist can advise the best shoe style if orthoses are used.

LEAVES AND VACATION PROCEDURES

Casual Leave

A casual leave of absence of up to 48 hours per week is available. Casual leaves are permitted throughout the year in addition to vacation or medical/ psychiatric leaves. For calculation of the period of casual leaves, the first day of the week is considered to be Sunday.

Vacation Leave

A vacation leave of absence of twenty-one (21) days a year is available to residents upon admission. Vacation leave described here can be used only in the calendar year in which it is granted and is NOT cumulative. The physician must document on the resident's record, the specific care and treatment instructions required by the resident for the duration of the leave. The Home will give these instructions to the resident or the person accepting responsibility for the resident's care while on leave.

Note: *Casual leave of absence may be combined with vacation leave to extend the period of time available. When the casual leave, at the rate of 48 hours per week, is combined with vacation leave, it is possible to have up to 31 days of combined leave once in a year.*

Responsibility for Care

For vacation and casual leaves, the Director of Care shall receive a signed statement from the resident acknowledging understanding of his or her care requirements. Where it is not possible for the resident to do this, the representative or caregiver during the leave, who is 19 years or older, and who the Director of Care believes is capable of fulfilling the responsibilities listed below will acknowledge and accept responsibility to:

- The resident or Power of Attorney agrees to provide appropriate care for the resident as instructed by the Home.

Responsibility of Care continued

- Notify the Director of Care if the resident is admitted to hospital during the leave.

Valleyview assumes no responsibility of liability while the resident is on casual or vacation leave.

Medical Leave

Medical leave for the purpose of hospitalization is up to thirty (30) days at a time and is available to all residents of long-term care homes. This leave is for the purpose of medical NOT psychiatric care. The authorization of a resident's attending physician is required for all medical leaves. The authorization must state the reason for a transfer to hospital and the anticipated length of absence from the Home. The use of medical leave does not reduce a resident's available vacation or casual leave.

Psychiatric Leave

Psychiatric leave for the purposes of hospitalization for assessment and treatment is up to sixty (60) days at a time and is available to all residents of a long-term care home. This leave is for the purpose of psychiatric care NOT medical care. The authorization of a resident's attending physician is required for any psychiatric leave. The authorization must state the reason for a transfer to hospital and anticipated length of absence from the Home. The use of psychiatric leave does NOT reduce a resident's available vacation or casual leave.

Discharge

If the resident's condition or care needs require absence from the Home beyond the available medical or psychiatric leaves then the resident shall be discharged from Valleyview.

Re-Admission

When a resident who is discharged wishes to re-enter Valleyview or another Long-Term Care Home the resident/ representative must contact the Community Care Access Centre to apply for re-admission.

Medical Leave for Short-Stay Residents

Medical leave for the purpose of hospitalization for up to fourteen (14) days is available to all short stay residents. If it occurs during their contracted period however he/ she shall continue to pay the daily rate.

Valleyview’s Relationship with 3rd Party Providers

In some circumstances care, services, programs or goods may be provided by a 3rd party provider. Below is a list of companies Valleyview has a relationship with and the care, service or good they provide.

Company Name	Care, Service or Good Provided
ARJO Huntleigh	Lifting Devices
GDI Services	Cleaning of common and office areas in the Home
Lifemark	Provides Physiotherapy and Occupational Therapy services
Life Labs	Laboratory work
Care RX	Residents medical prescriptions
St. Louis Imaging	Mobile x-rays
Nutritional Management Services	Dietary Services
Medical Mart	Continence & Medical Supplies
Yureks Home Health	Wheelchair/ Mobility Aids
Vitalis	Foot Care Services

FOOD SERVICES

A qualified Food Service Supervisor manages the Food Service Department. A Registered Clinical Dietician provides nutritional assessment and consultation.

Valleyview provides three (3) meals a day with snacks offered between meals. Alternate menu items are available at each meal. The menus are approved by our Registered Dietician to ensure that your diet requirements are being met and follow the Canada's Food Guide. Your preferences are taken into consideration when preparing the menu. Special meals are provided on occasions like Mother's Day, Father's Day, Christmas Day, Easter, Thanksgiving etc. For your convenience you will find the menus posted outside your dining room.

Following admission, you will meet with the dietician to discuss special dietary needs. The Food Service Supervisor is available to discuss any personal preferences and individual needs. Family and friends are always welcome to join you for meals, two hours notice is required along with a nominal fee.

Meal times are posted in each resident home area.

Private Gatherings

If you or your family wish to have a private gathering for a special occasion (i.e. birthday party), arrangements for a separate room, tea, coffee etc. may be made by contacting the Food Service Supervisor at least 1 week in advance. A fee will be charge for food and beverages provided. Families may contact a private caterer or make provisions themselves.

LAUNDRY SERVICE

Full laundry service is provided. Your family may also launder your clothes at their private home if they wish.

Since we are not equipped with professional dry cleaning machinery, it is essential that all clothing be “wash and wear” items like polyester and polyester blends. 100% cotton clothing is **not** recommended **except socks**. Socks should be 100% cotton. The labeling heat-seal machine will melt polyester material in the socks only. Other types of polyester and polyester blend clothing are mostly fine with the heat-seal machine.

We cannot be responsible for items that are not washable or that may be damaged during laundering (i.e. wool sweaters, silk blouses). We can arrange dry cleaning services at your own expense. You or your family are responsible for alterations to clothing. A personal laundry room is available on the second floor for you and/or your family to launder resident clothing if you so choose.

If changes in your condition occur, specifically mobility and the need for mechanical lifting devices. At that time the nursing department will talk with you or contact your family regarding the need for adaptive clothing (open-back). As this is mandatory for anyone using a mechanical lift and is unable to stand.

Labeling

It is highly recommended that all clothing be labeled by Valleyview’s Laundry staff. This will help should clothing be lost. Although extreme caution is used when applying the label to clothing, the heat-seal machine is very hot at the time of application. Valleyview Home cannot be responsible for any damaged clothing.

Other Things to Consider

You are to provide your own comb/ hairbrush and electric razor. Eye glasses, dentures will be label upon admission by the nursing staff.

It is important that ALL articles of personal clothing and other belongings, be given to the Housekeeper in the Resident Home Area **before** they are worn, in order for the laundry staff to mark them with your name. All belongings MUST be marked, as items of clothing may be misplaced. A list of all your belongings will be made upon admission. ALL clothing or other items brought in after admission must be added to your clothing list and marked before being worn or used. The laundry department is open seven (7) days a week.

As closet space is limited, we ask that you keep only the clothing suitable for the season. We ask your family to change the clothing as the seasons change.

If you experience any difficulties or concerns regarding laundry services, please contact the Environmental Service Supervisor who will be please to assist you.

YOUR ROOM

We hope that you feel at home here at Valleyview. Each room is already equipped with:

- Single Bed
- Bedside Table
- Arm Chair
- Bulletin Board
- Built-in Wardrobe

In order to make your room feel welcoming you are encouraged to personalize your room with pictures, books, blankets, radio, clock and television. All possessions should be labeled with your name.

We encourage you and your family to decorate your room for any special occasion. **Note:** Only Valleyview maintenance staff are permitted to put holes on the walls for pictures hanging. If you require their assistance, please have a staff member submit a “WorxHub” request..

Your room will be cleaned by the housekeeping staff daily. To ensure your room can be cleaned thoroughly we ask that no additional furniture is brought in and nothing stored on the floor as this is a safety hazard.

Your family members can be a great assistance to you and the Home when visiting by tidying drawers and closets, discarding unnecessary belongings such as old cards, papers and clothing no longer used.

All electrical items, radios, lamps etc. must first be checked by the Maintenance Department for safety. If you have any questions regarding the furniture you wish to bring into the Home, or any other questions regarding Housekeeping please contact the Environmental Service Supervisor.

Televisions

Valleyview will purchase and install a universal TV wall mount bracket if the resident has a flat screen TV. This would be the property of Valleyview Home and must stay intact on the wall when vacating the room. All televisions must be able to fit onto the built in television cabinet or desk and not pose a safety risk. If you have any questions regarding the sizing of televisions please check with our Environmental Service Supervisor.

	Standard Tub TV's	LCD Flat Panel/ Plasma
Private Room	27"	36"
Semi Private Room	27"	36"
Basic Accommodation Room	19"	36"

Headphones

Headphones (wireless) are required to be purchased by the resident/family member if the volume of the TV is bothersome to other residents.

Residents' Personal Belongings After Discharge

To allow staff to prepare rooms for new admissions, deceased/discharged residents' belonging will be removed by family members within two days. If family members are unable to comply, staff will pack the belongings and placed in storage. Valleyview will only store these items for a **seven day period**, starting with the date staff packed the belongings. Families will need to arrange to pick up stored items from the Environmental Supervisor. **Stored items which are not retrieved after seven days will be removed from the Home.** Valleyview is not responsible if damage and/or loss occurs while items are at Valleyview.

Families wishing to donate items must make their own arrangements with charities in the community. To donate items to Valleyview, families must receive consent from the Environmental Supervisor.

RECREATION SERVICES

The Recreation Staff will visit if they haven't seen you already, to find out what your interests are and what we can do to keep you active. Many of the activities that take place include: entertainment, movies, small group activities, crafts, socials and church. You have a choice of activities in which you can participate and please feel free to give suggestions or offer new ideas. The Recreation Department recognizes the value of and encourage volunteers and family participation in the department to enhance the recreational and programming opportunities for you.

THERAPY SERVICES

Lifemark offers Physiotherapy and Occupational Therapy Services at Valleyview. The Physiotherapy staff work as part of an interdisciplinary team to provide the best care possible for residents. Physiotherapy is a one-to-one rehabilitation program designed specifically for older adults.

Physiotherapy

A detailed hands-on assessment of the resident is performed by a Registered Physiotherapist upon admission and then every three months. Each assessment includes both physical and functional examinations and analysis, balance, gait and falls risk categorization. A measurable, goal oriented Physiotherapy Care Plan is then put into place.

Treatments are provided 2-3 times per week by the Lifemark rehabilitation team which includes the Registered Physiotherapist, certified Kinesiologist and/or Physiotherapy Assistant, who are educated and knowledgeable in physiotherapy treatments and interventions. Such interventions include gait and balance training, mobility aid training, strengthening and flexibility exercises, and more specifically stroke rehabilitation, as well as modalities to control pain.

Some of the benefits of physiotherapy interventions for residents include: improved overall health, increased endurance, increased strength and flexibility, reduce risk for falls and hip fractures, and improved balance and ambulation/ gait pattern. Physiotherapy services are provided at no cost to the resident or their family, and is covered by OHIP.

Occupational Therapy

A Registered Occupational Therapist also works closely with the interdisciplinary team and ensures proper seating and mobility for all residents. The Occupational Therapist completes a detailed assessment for the required mobility aids (walkers, wheelchair etc.), and seating specifications to ensure comfort, proper positioning/ posture and decreased risk of skin breakdown.

Lifemark's Occupational Therapist are ADP (Assistive Devices Program) certified. When an assessment for seating and mobility devices is completed by an Occupational Therapist that is ADP certified, the government will pay 75% of the cost of the device.

VOLUNTEER SERVICES

Volunteers are an integral part of Valleyview. Each individual brings commitment and enthusiasm as they share their time and talents. Volunteers are in the Home every day of the year in the following capacities: Program and Activity Assistants, Hair Shop Assistants, Whistle Stop Servers, Pastoral Service Providers, Friendly Visitors, Music Providers, Special Events Assistants and Community Partners. Our volunteers provide a vital service for our residents and staff.

Valleyview has a very large volunteer base. Currently there are about 120 volunteers. On average these dedicated volunteers donate about 800 hours of service collectively each month.

We encourage family members and friends to participate in programs. Please contact our Volunteer Coordinator for more information.

VALLEYVIEW FAMILY COUNCIL

What is a Family Council?

The Family Council is a group of family members of residents of a long-term care home (LTC). They gather together for peer support, education, and to improve the experiences of all people in long-term care.

They share a sense of purpose and have common goals.

They seek to create safe, vibrant, and supportive LTC homes for residents, families and staff.

Family Council meetings are open to all family members of Valleyview residents.

If you have questions or concerns please contact the Family Council Liaison: Stephanie Leenders, Recreation Supervisor, 519-631-1030 ext. 326 or sleenders@stthomas.ca.

RESIDENTS' COUNCIL

All residents are welcome to join and participate in the monthly Resident's Council Meetings.

What is a Residents' Council

The Resident's Council is a group of residents that meet on a monthly basis. Residents work together to promote and support the residents of Valleyview in voicing their thoughts, ideas and concerns regarding the programs and services available in the Home.

- The Residents' Council provides residents with an opportunity to actively participate in the decision making/ change process within our Home
- Residents can provide constructive feedback regarding the quality of programs and services (such as the activities, the meals, care and the Homes environment)
- Residents' Council provides an opportunity for the Home to share information with the residents
- Residents' Council also provides an opportunity for residents to make suggestions about future special events in the Home.

We hope that you will attend some of the meetings and find out what is happening at Valleyview.

QUALITY IMPROVEMENT (QI)

Quality Improvement (QI) is a proven, effective way to increase care for residents and to improve practices. There are always opportunities to optimize, streamline, develop and test process. QI is a continuous process and an integral part of everyone's role or position within Valleyview.

Responsibilities of the Continuous Quality Improvement Team and the Professional Advisory Quality Committee

- To monitor and report on quality issues, resident's quality of life and overall quality of care and services provided with reference to data
- To consider, identify and make recommendations on priority areas for quality improvement
- To coordinate and support implementation including but not limited to the preparation of a report on quality improvement

Quality initiatives have the following features:

- Teams are interdisciplinary in structure and they set goals for improvement
- The team identifies the causes of the problem, barriers to quality or flaws in a system that leads to poor quality
- The team tries out different ideas of change to improve quality by completing small tests of change "Plan-Do-Study-Act" cycles for the change idea
- The team analyzes the results to determine if the change lead to a positive outcome

How Are Improvements Communicated?

Improvements made to accommodation ,care, services, programs and goods provided to the residents are communicated in a variety of ways:

- Residents' Council and Family Council
- Family & Staff Newsletters and Staff Newsletter
- Posted on the Resident and Family Information Board (located across from the Administration Office) and the Staff QI Board.
- Discussed at staff and committee meetings

How Can I Make Suggestions for Quality Improvement?

- **Admission Process** From the staff of your stay, the admission process is an important time that residents can provide input to Valleyview on their care, individual needs and strengths.
- **Care Conferences** It is an opportunity to discuss change in status, important needs and updates to the care plan. Staff must follow the updated care plan.
- **Direct Feedback or Voiced Concern** Valleyview staff are always ready and open to directly receiving feedback or listening to concerns. Where possible staff try to resolve them right away.
- **Satisfaction Surveys** Survey's are sent annually to residents and in their family members. Responses are reviewed to look at what we are doing well and what needs improvement.
- **Resident's Council and Family Council** For those who wish to be more involved in the home, you can join the appropriate council. Regular meetings are held and allows members to give valuable feedback, voice concerns and to be involved in decision-making.
- **Complaint Process** A complaint can be made by anyone and can be in writing or verbal. Valleyview responds to all complaints and follows a formal process of documenting, following up and reporting to the appropriate authorities.

OTHER THINGS TO NOTE

Jewelry, Valuables and Money

We recommend that you do not bring any articles of value into the Home. If you have valuables and would like to have them at Valleyview, we can place them in our safe. Valleyview will make every effort to secure valuables but will not be held responsible for any loss. Valleyview will only be responsible for money deposited to the residents Trust Account.

Fragrant Flowers/ Perfumes and Cologne

Valleyview supports and encourages the health and wellness of its residents, visitors and employees. Valleyview asks for everyone's cooperation in its efforts to accommodate the health concerns of others who have sensitivities to various chemical based or scented products and highly scented and pollinous flowers such as all lilies, hyacinths and lilacs.

Please refrain from wearing perfume and cologne and do not bring these flowers into the Home. Also please ensure that your florist is aware if you are ordering flowers to be sent to the Home.

Aerosol Sprays and Talcum Powder

Aerosols products and talcum powder **cannot** be used in resident home areas. Valleyview promote the use of stick and pump products, i.e. deodorant. Certain products under pressure can be volatile and/or flammable. The canisters themselves are combustible. Talcum powder increased the residents and staff members risk of falls. Talcum powder is not permitted.

Change of Address/ Telephone

We ask you or your family to notify the Administration Office when there is a change of address and/or phone number for your next of kin.

OTHER THINGS TO NOTE *continued*

Visiting Hours

Valleyview welcomes family and friends to visit frequently and to stay as long as possible. Guests are an important part of residents lives and we encourage regular visits. There are no restrictions on visiting times.

Family and friends are encouraged to take residents out for a visit, drive or meal etc. There is a sign-out book at each nursing station that family/ friends **must** sign before taking any resident out of the Home. The RN/ RPN must be informed prior to the resident leaving the building.

A complete copy of the Visitor Policy ADMIN16-80 is included in Appendix C

Pet Visits

All pets visiting Valleyview must have up to date immunizations and be able to produce proof upon request. Those pets not having confirmation of immunization will not be permitted to enter the building. Pets must be on a leash at all times and well behaved.

Any resident incident/ injury as a result of pet visitation is to be reported to the RN/ RPN immediately for assessment. Resident whom have a fear of specific pets will be respected.

Wi-Fi

Valleyview has free Wi-Fi for the use of residents and their family members. You will need the following information to log on:

SSID: CASO
Security: WPA2
Password: letmein!

Concern/ Complaint Procedure For Residents/ Families/ Friends With Questions or Concerns

Valleyview Home is committed to upholding and protecting the rights of its residents by establishing and supporting an effective Concern/ Complaint Procedure.

If you have a concern, the following procedure is established in order to facilitate the resident's rights, maintain quality service and arrive at a mutually agreed upon resolution. Please be assured that all issues will be investigated and addressed to the best of our ability.

STEP ONE:

Report your issue to the Registered Nurse Supervisor who will address your concerns or direct you to the appropriate Department.

STEP TWO:

The department Supervisor will address your concern or issue.

STEP THREE:

In the event that your concern has not been adequately addressed by the above mentioned procedure, the issue can be directed to the Administrator.

STEP FOUR:

In the issue cannot be resolved by the Administrator, residents, families and friends may contact: The Ministry of Long-Term Care ACTION Line at 1-866-434-0144 (7 days a week, 8:30 am - 7:00 pm or send a letter to: Director, Long-Term Care Inspection Branch, Long Term Care Operations Division, 199 King Street West, 11th Floor, Hamilton, Ontario, L8P 4Y7

If the outcome is unsatisfactory after investigation by the facility and the ministry complaints may be made at the Patient Ombudsman either on line, by calling 1-888-321-0339 (toll free) or 416-597-0339 (in Toronto) or by TTY 416-597-5371

VALLEYVIEW'S COMMITMENT TO PRIVACY

Valleyview Home is committed to ensuring the privacy of its resident's personal and personal health information. We are committed to keeping all personal and personal health information confidential.

Outlined below are the 10 privacy principles which guide Valleyview Home in the collection, use and disclosure of personal information.

Accountability

Valleyview Home is accountable for personal and personal health information which it collects. The CQI Coordinator has been appointed to address privacy concerns.

Identifying Purposes

Valleyview Home will identify and explain as requested the purposes for the collection of personal and personal health information prior to or at the time of collection. Some of the purposes for collecting information is to provide resident care, administrative, statistical and compliance with legal and regulatory requirements.

Consent

Valleyview Home requires the consent from either the resident or his/her Substitute Decision Maker (SDM) for the collection, use or disclosure of personal information.

Limiting Collection

Valleyview Home will limit the collection of personal and personal health information to that which is necessary for the purpose identified at the time of consent. Information will be collected by fair and lawful means.

VALLEYVIEW’S COMMITMENT TO PRIVACY *continued*

Limited Use, Disclosure and Retention

Valleyview Home will not use or disclose information for purposes other than those for which it was collected, except with consent of the individual, the Substitute Decision Maker, or as may be required or permitted by law.

Accuracy

Valleyview Home will to the best of its abilities ensure that personal and personal health information is accurate, complete, and up-to-date as is necessary for the purposes for which it is to be used.

Safeguards

Valleyview Home will protect personal and personal health information by using security safeguards that are appropriate to the sensitivity of the information.

Openness

Valleyview Home will make available to the resident or their Substitute Decision Maker, specific information about its policies and practices relating to the management of personal information.

Individual Access

Upon request, Valleyview Home will inform the residents or their Substitute Decision Maker of the existence, use and disclosure of his or her personal information and the resident or their Substitute Decision Maker shall be given access to that information. An individual shall be able to challenge the accuracy and completeness of the information and have it amended as appropriate.

VALLEYVIEW'S COMMITMENT TO PRIVACY *continued*

Challenging Compliance

The resident or Substitute Decision Maker shall be able to address a challenge concerning compliance with the above principles to Valleyview Home's privacy office. Valleyview Home will address all complaints and if justified, will take appropriate action.

If you have any inquires regarding Valleyview Home's privacy practices, please contact the CQI Coordinator for Valleyview which has been appointed to address privacy concerns at (519) 631-1030 x 315 or by email at jschneider@valleyview.st-thomas.on.ca or in writing to:

Valleyview Home
CQI Coordinator - Privacy Office
350 Burwell Road
St. Thomas, ON
N5P 0A3

A copy of the Notice and Consent is located in Appendix B

APPENDIX A

Policy No. RC&S 14-1

VALLEYVIEW

SECTION: Resident Abuse/ Neglect **APPROVED BY:** M. Carroll
SUBJECT: Resident Abuse/ Neglect -
Zero Tolerance Policy
PAGE: 1 of 11

RESIDENT CARE AND SERVICES

POLICY

All residents have the right to live in a home environment that treats them with dignity, respect and is free from any form of abuse or neglect at all times, and in all circumstances. Valleyview Home is committed to a zero tolerance of abuse and neglect of residents at all times. This policy applies to all staff, contractors, students, volunteers, families, visitors and individuals involved with the care of the residents and/or the safe operation of the home. No form of resident abuse/ neglect will be tolerated under any circumstances. Corrective action will be taken against anyone who abuses a resident or anyone who fails to immediately report witnessed or suspected abuse once it becomes known that he/ she has been withholding such information. **All staff, students, and volunteers have a duty , as per the FLTCHA, 2021, to report abuse of a resident by anyone, and neglect of a resident by a staff member of the home.**

DEFINITIONS OF ABUSE AND NEGLECT

This policy used the definition of ‘abuse’ and ‘neglect’ from the Fixing Long-Term Care Homes Act, 2021. The terms ‘abuse’ and ‘neglect’ in this policy have the same meaning as those terms in the FLTCHA. The definitions of ‘abuse’ and ‘neglect’ from the FLTCH Act are as follows:

“**abuse**” in relation to a resident, means physical, sexual, emotional, verbal or financial abuse, as defined in the regulations in each case; (“mauvais traitement”)

“Abuse” - definition

2. (1) For the purposes of the definition of “abuse” in subsection 2(1) of Regulation 246/22:

“**emotional abuse**” means,

- A) any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning,
- B) ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident, or
- C) any threatening or intimidating gestures, actions, behaviour or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behaviour or remarks understands and appreciates their consequences; (“mauvais traitement d’ordre affectif”)

“**financial abuse**” means any misappropriation or misuse of a resident’s money or property (“exploitation financiere”)

“**physical abuse**” means, subject to subsection (2),

- A) the use of physical force by anyone other than a resident that causes physical injury or pain,
- B) administering or withholding a drug for an inappropriate purpose, or
- C) the use of physical force by a resident that causes physical injury to another resident (“mauvais traitement d’ordre physique”)

(2) For the purposes of clause (a) of the definition of “**physical abuse**” in subsection (1), physical abuse does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances O. Reg. 246/22,s.2(2).

“sexual abuse” means,

- A) subject to subsection (3), any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member, or
- B) any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member; (“mauvais traitement d’ordre sexuel”)
- (3) For the purpose of the definition of **“sexual abuse”** in subsection (1), sexual abuse does not include,
 - A) touching behaviour or remarks of a clinical nature that are appropriate to the provision of care or assisting a resident with activities of daily living; or
 - B) consensual touching, behaviour or remarks of a sexual nature between a resident and a licensee or staff member that is in the course of a sexual relationship that began before the resident was admitted to the long-term care home or before the licensee or staff member became a licensee or staff member O. Reg. 246/22, s. 2 (3).

“verbal abuse” means,

- A) any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident’s sense of well-being, dignity or self-worth, that is made by anyone other than a resident, or
- B) any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences. (“mauvais traitement d’ordre verbal”) O. Reg. 246/22, s. 2(1).

“neglect” - definition

5. For the purpose of the Act and this Regulation, “neglect” means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents O. Reg. 246/22, s.7.

Program for Preventing Abuse and Neglect

1. Management staff will ensure that Valleyview Home maintains a program that complies with the FLTCHA and its Regulation for preventing abuse and neglect. Valleyview will ensure that the policy, definition and concept of abuse and neglect are reviewed with staff, volunteers, consultants and affiliates during orientation and training and annually thereafter.
2. Management staff will ensure that the policy to promote zero tolerance of abuse and neglect of residents is communicated to all staff, residents and residents’ substitute decision-making

PROCEDURE

Investigating and Reporting of Abuse

Overview

1. Staff will ensure that appropriate action is taken in response to any suspected, alleged or witnessed incident of resident abuse or neglect as outlined.
2. Valleyview Home will notify the resident’s SDM, if any, and any other person that the resident specifies:
 - A) Immediately upon the Home becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that resulted in physical injury or pain to the resident, or distress to the resident that has the potential to be detrimental to the resident’s health and well-being; and
 - B) Within 12 hours of becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident.

3. Staff must immediately report every alleged, suspected or witnessed incident of:
 - A) Abuse of a resident by anyone, and
 - B) Neglect of a resident by the licensee, a staff member or affiliate of the home.

4. Staff must follow two types of procedures for the reporting of alleged, suspected or witnessed incidents of abuse or neglect: internal and external.

Internal Reporting

All staff, volunteers, contractors and affiliated personnel are required:

- To fulfill their legal obligation **to immediately and directly report** any witnessed incident or alleged incident of abuse or neglect **by anyone** to the appropriate Supervisor in the home on duty at the time of a witnessed or alleged incident of abuse or neglect.
- Complaints of abuse may be received from the resident, the resident's family/ friends, volunteers, students, staff members etc.
- Staff who are reporting suspected, alleged or witnessed incidents of resident abuse/ neglect:
 - A) Intervene if safe to do so, or identify needed interventions (eg. call 911) to ensure resident or staff safety and well-being, when an incident is occurring/ or has occurred.
 - B) Following verbal report, document or write a brief factual note (eg. not allegations or opinions) writing the details of the suspected, alleged or witnessed incident of abuse or neglect as soon as possible and provide this written account to the Supervisor.
 - C) Cooperate fully with those responsible for the investigation.
 - D) Seek supportive counseling or resources if desired. Employee Assistance Program, Social Worker, Family Physician.
 - E) Maintain confidentiality.

- The Supervisor receiving the report will investigate the situation and intervene as appropriate:
 - A) Ensure the resident or residents are reassured and supported immediately in the appropriate manner to ensure their safety and security.
 - B) Provide interventions for the resident or residents who have been or allegedly abused or neglected and their room-mates where appropriated.
 - C) Ensure safety and protection of staff and residents involved, and all other residents that may be exposed to the risk of harm.
 - D) Physically assess the alleged victim for injuries and document injuries in the residents progress notes
 - E) Contact physician if necessary, or other health practitioners for further assessment, treatment and follow-up, based on nursing assessment of injury, pain or suspected injury such as wounds, fractures, head injury.
 - F) Document and communicate the status of the resident's health condition and interventions.
 - G) Offer information about resources to residents and families involved in the alleged incident such as social work, counseling, legal advice, pastoral care, CCAC, Psychogeriatrics, etc.
- After hours and on weekends and holidays, the RN Supervisor will notify the MOLTC after hours pager of the incident and record the incident number in the progress notes. The Supervisor will notify the Director of Care of the incident via email, and provide documentation as to the incident, investigative steps taken, etc.
- The Director of Care or Assistant Director of Care will initiate and complete the on-line mandatory reporting respecting legislated time frames.
- Details of the alleged or suspected abuse will be forwarded immediately to the CQI Coordinator who is the lead investigator for the home. An investigation plan will be created and completed. A summary of findings will be presented to the appropriate supervisor at the conclusion of the investigation.

- During the investigation, staff members may be displaced from a unit or placed on paid leave pending investigation, related to the severity of the incident.

***All allegations of abuse brought forward against a union member will be fully disclosed to the member and investigated by both union and management. Discipline will be issued based on the summary of findings, up to and including termination.

External Reporting

The Administrator/ Director of Care will:

1. Investigate immediately all reports of abuse or neglect, utilizing the *MOLTC Licensee Reporting Decision Trees (6) Regarding Abuse and Neglect* to guide investigation, and considering:
 - Whether the circumstances of the alleged, suspected or witnessed abuse or neglect meet the definitions within the LTCHA s. 2(1). This includes a determination of whether the situation involved emotional and/or verbal abuse caused by a resident to another resident, was such that the resident causing either or both of these types of abuse understand and appreciates their consequences.
 - Consider whether the incident relates to the prohibited use of restraints.
 - Who is the source of the report, including whether they are a resident, direct care or non-direct care staff member or third party.
 - Whether the incident of abuse/ neglect involved a physical injury to a resident, another resident, or a staff member.
2. Maintain the security and integrity of the physical evidence at the site of an incident, including documenting this evidence appropriately.
3. Notify the resident's SDM, if any, or any other person specified by the resident, immediately if the resident is harmed, and within 12 hours of becoming aware of the alleged, suspected or witnessed incident of abuse/ neglect of a resident for all other situations. In addition, the resident/ SDM will also be notified upon completion of the investigation to share the results of the investigation and discipline issued. If the resident or SDM do not wish the staff member involved

to provide care, the staff member will be displaced from the unit permanently. If the SDM is the alleged perpetrator of the abuse, there is no obligation to report the SDM any results of the investigation.

4. Notify the St. Thomas Police if there is a suspicion that an alleged, suspected or witnessed incident of abuse or neglect of a resident may constitute a criminal offence. Cooperate with police investigations. All incidents of physical injury and non-consensual behaviour must be reported to the police.
5. The Ministry of Labour may need to be notified if a staff member has been critically injured, as per the Occupational Health and Safety Act.
6. Professional colleges must be notified if the abuse involves a member of a professional discipline as per the Regulated Health Professionals Act, 1991.
7. Notify the Medical Director.
8. In collaboration with the resident and/ or the resident's SDM, arrange for external supports as warranted to assist and support the resident/ SDM to deal with the impact of the abuse.
9. Disclose all allegations of abuse brought forward against a union member to the member and the union chair.
10. Determine the appropriate management action(s) to be taken as a result of the findings of the investigation (eg.: education, discipline, policy revision, mandatory reporting to a professional college).
11. Enforce appropriate consequences for anyone responsible for abuse of a resident (eg.: suspension, discipline, reporting to police etc).
12. Maintain confidentiality regarding the report and names of all those involved in the incident.
13. Initiate the on-line mandatory reporting process immediately as appropriate, following by submission of a full report within 10 days. If a full report cannot be submitted within 10 days, a preliminary report is to be submitted.
14. Ensure the city's legal advisor has been contacted as appropriate, particularly if the incident has the potential for lawsuit or criminal implications.

15. Manage media relations related to incidents.

Mandatory Reports to the MOLTC

Section 28 of the FLTCH Act requires mandatory reporting to the MOLTC any:

- A) Improper or incompetent treatment of care of a resident that resulted in harm or risk of harm to the resident;
- B) Abuse of a resident by anyone or neglect of a resident by the licensee or staff that result in harm or a risk of harm to the resident
- C) Unlawful conduct that resulted in harm or risk of harm to a resident.
- D) Misuse or misappropriation of a resident's money.
- E) Misuse of misappropriation of funding provided to a licensee under this act of the Local Health System Integration Act, 2006, or the Connecting Care Act. 2019.

As per section 112 of the Regulation, the following with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by staff that led to the report, will include:

- 1. A description of the incident, including the type of incident, the area of location of the incident, the date of the incident and the events leading up to the incident, including copies of formal written complaints.
- 2. A description of the individuals involved in the incident, including
 - I. Names of all residents involved in the incident
 - II. Names of any staff members or other persons who were present at or discovered the incident, and
 - III. Names of staff members who responded or are responding to the incident
- 3. Actions taken in response to the incident, including,

- I. What care was given or action taken as a result of the incident, and by whom
 - II. Whether a physician or registered nurse in the extended class was contacted,
 - III. What other authorities were contacted about the incident, if any,
 - IV. Whether a family member, person of importance or a substitute decision-maker of any resident involved in the incident was contacted and the name of the such person or persons, and
 - V. The outcome or current status of the individual or individuals who were involved in the incident
4. Analysis and follow-up action, including
- I. The immediate actions that have been taken to prevent recurrence, and
 - II. The long-term actions planned to correct the situation and prevent recurrence
5. The name and title of the person making the report within 10 days of becoming aware of the alleged, suspected or witnessed incident, or at an earlier date if required by the MOLTC.
- *** It is an offence under the FLTC Act to discourage or suppress a mandatory report.

Education and Training to Prevent Abuse/ Neglect

The Residents' Bill of Rights, policy 14-1 Resident Abuse/ Neglect-Zero Tolerance, including definitions of abuse and neglect and use of MOLTC Licensee Reporting Decision Trees, policy 14-5 Staff Reporting and Whistle-Blowing Protection, policy 17-1 Advocacy Procedure Concerns and Complaints, and policy 09-1 Restraints, will be reviewed with all new staff during orientation to the home, and annually thereafter. Education will address situation related to understanding the nature of employment in the long term care home environment and how it demands an ongoing capacity for compassion and patience for residents, power imbalance between staff members and residents, the potential for abuse

in these situations and how to avoid situation that may lead to an allegation of abuse. All residents/ SDM will receive a copy of the Residents' Bill of Rights and policy 14-1 Resident Abuse/ Neglect-Zero Tolerance on admission to the home.

This policy will also remain posted on the Resident/ Family/ Visitor Bulletin Board located in the main corridor of the home.

Evaluation of Policy and Procedures

1. Each incident of alleged abuse/neglect will be fully investigated and alterations/ improvements to policy and procedure related to resident abuse/neglect implemented at the time. Changes may be clinical, operational or educational in nature.
2. The Director of Care will maintain statistics for trend analysis that will be considered during the annual policy review. Indicators that will be measured include:
 - Number of incidents of alleged resident abuse/neglect
 - Number of incidents or proven resident abuse/neglect
 - Classification of abuse
 - The recurrences including recurring staff members
3. The Director of Care will maintain a written record of the annual evaluation process, including the names of the persons who participated in the evaluation, and the date the changes/ Improvements were implemented.

Attachments to this policy:

MOLTC Licensee Reporting Decision Trees

Tip Sheet-Reporting Requirements—October 31, 2018

Procedure Following Suspected/Alleged/Witnessed Abuse

APPENDIX B

Notice of Consent

Keeping your personal information private is important to us.

Valleyview provides you with a broad variety of care services. To meet your needs and serve you well, Valleyview needs to know personal information about you.

You, as an individual, have a right to know how we collect, use and disclose personal information. You have a right to expect that, to the best of our ability, your personal information held by us remains accurate, confidential and secure.

Valleyview is proud of its long standing commitment to maintaining the confidentiality and security of personal information and has implemented practices to better protect the privacy of your personal information. Valleyview collects, uses, discloses and stores facts about you and your health. These facts are collected to help provide health care or payments for health care.

They include:

- Your name, address, and your Ontario Health Care number
- Facts about your health, health care history and the health care that you have been given
- Facts about payment for your health care.

Notice of Consent *continued*

We use this information and share it only with those who need to know that information. For instance, we might use it to:

- To make decisions about the type of services you need
- To serve as a means to communicate with other service providers
- To monitor the provision of services and evaluate your response to services provided
- For administration, management, strategic planning, decision-making, research, allocating or resources within the organization
- To meet legal and regulatory requirements

These are your rights:

- You may see or have access to your personal health information
- You may ask for and receive any copy of your health record
- You may ask us to correct your records
- Your personal information is private. Unless sharing it with others is authorized by law, we cannot and will not give out any of your personal information without your consent
- You may make a complaint to our Privacy Office about access to your personal information, or about how it is collected, stored, used or disclosed to others.

If you would like to know more about how your personal information is collected, used, stored and disclosed, ask the staff that are caring for you, or contact Valleyview's Privacy Officer at 519-1030 x315

APPENDIX C

Policy No. ADMIN_16-80

VALLEYVIEW

SECTION: 16 COVID-19

SUBJECT: VISITOR POLICY

DATE: MAY 24, 2022

PAGE: 1 OF 3

SUPERSEDE DATE: May 24, 2022

01 ADMINISTRATION

POLICY:

Resident visitors to Valleyview Home will adhere to the current Directives from the Ministry of Long-Term Care while balancing the current requirements for safety and infection control.

Application of this policy will be dependent on current restrictions and will require fluidity and communication to staff, residents and family members as changes occur.

SCOPE:

This policy applies to all residents of Valleyview Home.

DEFINITIONS:

Essential Visitor: includes persons performing essential support services (delivery, contractors, health services (phlebotomy), MLTC, MOL inspector, or a person visiting a very ill or palliative resident)

Support Worker: includes persons visiting to perform essential support services for Valleyview or for a resident in the home eg: physicians, dental services, foot care, maintenance workers or a person delivering food, provided they are not staff of the home.

Essential Caregiver: An individual who

- a) is a family member of friend of a resident or a person of importance to the resident

- b) is able to comply with all applicable laws including any applicable directives, orders, guidance, advice or recommendations as issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act.
- c) provides one or more forms of support or assistance to meet the needs of the resident, including providing direct physical support such as activities of daily living, or providing social, spiritual or emotional support, whether on a paid or unpaid basis.
- d) is designated by the resident or the resident’s substitute decision-maker with authority to give that designation, if any, and
- e) in the case of an individual under 16 years of age, there must be approval from a parent or guardian to be designated as a caregiver (FLTCH, 2021)
- f) Essential Caregivers must complete the appropriate documentation at the time of admission, and when designating new and/or alternate caregivers

General Visitor: A person who is not an essential visitor and is visiting

Screening Protocols:

1. Ensure screening is completed at the main entrance.
2. Visitor to perform hand hygiene prior to screening and given proper direction on proper method of hand hygiene.
3. Ensure all questions that appear on the screening tool are answered and the visitor passes.
4. Anyone who does not pass the screening will not be allowed to visit.
5. Provide appropriate PPE and ensure donned properly based on the circumstances of the visit.
6. Direct to the testing center.
7. All visitors must have rapid antigen testing and wait for negative results prior to proceeding with the visit.

8. If a visitor tests positive on a rapid antigen testing, they may not visit. Direct them to follow up in the community for confirmatory NP swabbing, or to contact their family physician.
9. All visitors will be permitted entry, provided the above criteria are met, regardless of vaccination status.

Exceptions:

1. Inspectors will be permitted access to the home at all times. Inspectors are required to be actively screened and provided appropriate PPE which must be worn for the duration of the visit. There is no requirement for rapid antigen testing.
2. Palliative Residents: There are no restrictions on visitors to palliative residents. Appropriate PPE and precautions will be implemented should the visitor of a palliative resident fail the screening, or test positive on a rapid antigen testing.
3. During an outbreak or suspected outbreak situation, only those designated as essential caregivers will be permitted entry to the affected unit. Appropriated PPE must be worn at all times.

All Caregivers, visitors, regardless of their vaccination status must remain masked at all times when inside the home, and cannot eat or drink in the presence of residents and others.