



# Welcome Home

## INFORMATION GUIDE

FOR RESIDENTS AND  
FAMILIES IN LONG TERM  
CARE



Enriching lives in our  
vibrant seniors  
community through  
excellent service and  
care



Visionary leader in  
seniors health and  
wellness



Dignity and Respect  
Innovation and Quality  
Community and Service  
Trust and Integrity  
Accountability and  
Transparency

⑈ SAINTLUKESPLACECAMBRIDGE  
f FACEBOOK.COM/SAINTLUKESPLACE/

SAINTLUKESPLACE.CA



# WELCOME



## When you're here, You're Home

This handbook has been developed to assist current and prospective residents and their family or loved ones to become familiar with the programs and services available at Saint Luke's Place.

Family members or loved ones are encouraged to attend interdisciplinary conferences, activities and programs offered throughout Saint Luke's Place. We are open to your suggestions on how to improve our care and home-like atmosphere.

If you require this booklet in a larger print or in another accessible format, please let us know. We will work with you to make sure you are able to have the information in a format that is accessible to you in compliance with the Accessibility for Ontarians with Disabilities Act, 2005 (AODA).

We are constantly changing to meet your needs. The information presented in this information guide may be subject to change.

# WELCOME to *Saint Luke's Place*



On behalf of our dedicated and highly skilled staff, physician and volunteers, we are pleased that you have chosen to make your home with us.

We hope that you will soon find Saint Luke's Place to be your home in the truest sense- a place where you may welcome family and friends; a place where new friendships can be formed; a place where your needs can be met. Saint Luke's Place has a long history of providing outstanding health care, services and support to clients, families and the broader community we serve. Our primary focus is elder care and we offer a broad range of services to meet the needs of older adults.

We feel honoured to serve you and your family and hope you will feel right at home. If you have any questions, please do not hesitate to reach out to your healthcare team.

***David Bakker, Chief Executive Officer***

# TABLE OF CONTENTS



Welcome	1
Welcome Letter from the CEO	2
Our History	4
Mission, Vision and Values	5
Residents' Bill of Rights	6
Residents' Council	10
Family Council	11
Statement of Rights and Responsibilities	12
Visitors	13
Ways to make Visits Meaningful	14
Resident Sign Out Book	14
Security/ Parking and Transportation	15
Incident Reporting	15
Substitute Decision Makers/ POA's	16
Business Office	17
Health Cards/ Appointments	17
Accommodations	18
Leave of Absences	19
Personal Belongings	20
Removing Furniture and Equipment	21
Donating Personal Effects	21
Resident Centered Care	22
Care Conferences	22
Advance Care Planning/ Palliative Care	23
Department Services and Programs	24
Policies	32
Emergency Codes	33
Volunteering	38
Coffee Shop	39
State of the Art Equipment	39
Donations	40
Feedback	41
Contact Information	42



# OUR HISTORY

Saint Luke's Place is a charitable, Non-Profit, Accredited Long Term Care Facility and Senior's Community that became a reality as the result of the desire to serve seniors in the Cambridge Community.

Saint Luke's Place is governed by an independent Board of Directors comprised of skilled and dedicated community volunteers which was established back in 1972 .

The organization incorporated under the Charitable Institution Act in 1974 and the first phase of the facility was constructed in 1976. This phase consisted of 74 apartments and 81 Long Term Care beds. Subsequently in the early 80's, 58 more apartments were built and finally 33 more Long Term Care beds were added.

We gratefully acknowledge our roots and visionary outreach project by our community for our community. As a charitable, non-profit, non-denominational organization, we celebrate diversity, and welcome everyone.

Over the years, Saint Luke's Place has broadened the services offered to include a Senior Active Living Centre complete with a Coffee-Tuck Shop, Wellness Centre and a Billiards Lounge. Saint Luke's Place is situated on almost 7 acres with a beautifully landscaped accessible pathway encircling our campus.

Convenient facilities within Saint Luke's Place also include: a chapel, a barber/beauty salon, therapy and exercise room, and a 150-set auditorium.

As in many homes, volunteers are an integral part of our care team. About 20,000 recorded hours are logged annually by our dedicated group of volunteers.

Resident and Family Council are an fundamental part of Saint Luke's Place and quality improvement. These two groups provide leadership and team members with input and feedback which assists in the managing of the home and improving care and services.

Quality care and services is always a priority and evident at Saint Luke's Place. Since 1985 we have, every 3 years, received the highest accreditation award possible from the accreditation body.

Saint Luke's Place has earned an excellent reputation within the community and continually strives to improve and enhance programs and services offered to provide the best possible quality of life for those who live and work here.



# MISSION, VISION AND VALUES



*At Saint Luke's Place*

**Our mission is our reason for existence**

**Our vision is what we want to achieve**

**Our values are our core principles that guide and  
direct Saint Luke's Place and its culture.**

Our mission, vision and values reflect an environment of inclusiveness and belonging, especially regarding factors such as age, culture, gender- gender identity, sexual orientation, disability, spiritual beliefs, language, Aboriginal status, economic status, and literacy.

We achieve this by:

Responding to the changing needs of our clients; Serving our clients with respect, integrity, competence, and honesty; Embracing diversity and fostering inclusiveness by striving to meet the changing and emerging needs; Providing resident-centred care.

Furthermore, our commitment to health equity means providing people who are part of more vulnerable populations with access to additional resources to ensure they can experience the same health outcomes as the general population. Equity means giving everyone what they need to be successful.

## RESIDENT'S BILL OF RIGHTS

As Long Term Care homes are essentially homes for the residents who live there, these facilities are expected to operate in a way that values and encourages efforts to meet the physical, emotional, social, cultural and spiritual needs of each resident. It is also assumed that each resident will be given opportunity to contribute to the physical, emotional, social, cultural and spiritual needs of others- to the extent of his or her ability to do so.

### **The following rights of residents are to be fully respected and promoted:**

#### **RIGHT TO BE TREATED WITH RESPECT**

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

#### **RIGHT TO FREEDOM FROM ABUSE AND NEGLECT**

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

#### **RIGHT TO AN OPTIMAL QUALITY OF LIFE**

6. **Every resident has the right** to communicate in confidence, receive visitors of their choice and consult in private with any person without interference.
7. **Every resident has the right** to form friendships and relationships and to participate in the life of the long-term care home.
8. **Every resident has the right** to share a room with another resident according to their mutual wishes if appropriate accommodation is available.
9. **Every resident has the right** to meet privately with their spouse or another person in a room that assures privacy.
10. **Every resident has the right** to pursue social, cultural, religious, spiritual, and other interests, to develop their potential and to be given reasonable assistance by the licensee to pursue these interests and to develop their potential.

## RESIDENT'S BILL OF RIGHTS

### **RIGHT TO AN OPTIMAL QUALITY OF LIFE (continued)**

11. **Every resident has the right** to live in a safe and clean environment.
12. **Every resident has the right** to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
13. **Every resident has the right** to keep and display personal possessions, pictures and furnishings in their room subject to safety requirements and the rights of other residents.
14. **Every resident has the right** to manage their own financial affairs unless the resident lacks the legal capacity to do so.
15. **Every resident has the right** to exercise the rights of a citizen.

### **RIGHT TO QUALITY CARE AND SELF- DETERMINATION**

16. **Every resident has the right** to proper accommodation, nutrition, care, and services consistent with their needs.
17. **Every resident has the right** to be told both who is responsible for and who is providing the resident's direct care.
18. **Every resident has the right** to be afforded privacy in treatment and in caring for their personal needs.
19. **Every resident has the right to,**
  - i. participate fully in the development, implementation, review, and revision of their plan of care,
  - ii. give or refuse consent to any treatment, care, or services for which their consent is required by law and to be informed of the consequences of giving or refusing consent,
  - iii. participate fully in making any decision concerning any aspect of their care, including any decision concerning their admission, discharge, or transfer to or from a long-term care home and to obtain an independent opinion with regard to any of those matters, and
  - iv. have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.
20. **Every resident has a right to** ongoing and safe support from their caregivers to support their physical, mental, social, and emotional wellbeing and their quality of life and to assistance in contacting a caregiver or other person to support their needs.



## RESIDENT'S BILL OF RIGHTS

### RIGHT TO QUALITY CARE AND SELF- DETERMINATION

21. **Every resident has the right** to have any friend, family member, caregiver or other person of importance to the resident attend any meeting with the licensee or the staff of the home.

22. **Every resident has the right** to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

23. **Every resident has the right** to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.

24. **Every resident has the right** not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

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

25. **Every resident has the right** to be provided with care and services based on a palliative care philosophy.

26. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

### RIGHT TO BE INFORMED, PARTICIPATE, AND MAKE A COMPLAINT

27. **Every resident has the right** to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

28. **Every resident has the right** to participate in the Residents' Council.

29. **Every resident has the right** to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination, or reprisal, whether directed at the resident or anyone else:

i. the Residents' Council.

ii. the Family Council.

iii. the licensee, and, if the licensee is a corporation, the directors, and officers of the corporation, and, in the case of a home approved under Part IX, a member of the committee of management for the home under section 135 or of the board of management for the home under section 128 or 132.

## RESIDENT'S BILL OF RIGHTS

### RIGHT TO BE INFORMED, PARTICIPATE, AND MAKE A COMPLAINT

- iv. staff members.
- v. government officials.
- vi. any other person inside or outside the long-term care home.



## RESIDENTS' COUNCIL



### WE WANT TO HEAR FROM YOU

Saint Luke's Place is committed to continuous improvement in the quality of our services and programs. We believe it is vital to hear your opinions and to involve you in the planning and evaluation of changes and improvement to our home. You and your family has several avenues for participation.

#### RESIDENTS' COUNCIL

- Residents' Council is an integral part of Saint Luke's Place's governance.
- Residents are elected annually by their peers, and meet regularly along with a Staff Liaison and a Recording Secretary to discuss current issues within Saint Luke's Place.
- Family members or other individuals from the community may attend Residents' Council meetings by invitation of the Residents' Council only.
- Residents will be informed of the results of all Residents' Council meetings, along with feedback. Meeting minutes are posted for all residents to access.
- Suggestions from the Residents' Council shall be documented and responded to in writing within ten (10) days of meeting date.

**Saint Luke's Place values the role of Residents' Council and appreciates their dedication to making Saint Luke's Place a better place for our residents.**

# FAMILY COUNCIL



## FAMILY COUNCIL

Family Council is an organized, self-led, self-determining group that meets regularly and is comprised of family and friends of Saint Luke's Place residents. The main purpose of Family Council is to improve the quality of life of Saint Luke's Place residents and to give families and friends a forum for sharing their experiences, exchanging information and learning from one another.

Saint Luke's Place Family Council works with a Family Council Staff Assistant, a person appointed by Saint Luke's Place (typically the Social Worker) to facilitate communication between the Council and Saint Luke's Place and attends Family Council meetings as requested.

The Function of the Family Council is unique to each long term care home. Most Family Councils have a general focus on improving the quality of the life of the residents, assuring high quality care for all residents, and supporting family members.

# STATEMENT OF RIGHTS AND RESPONSIBILITIES FOR STAFF AND CLIENTS



As a Staff member at Saint Luke's Place I will....	Everyone has the right to....	As a Client or Care Partner I will ....
<ul style="list-style-type: none"> <li>• Be courteous, respectful and considerate of clients, visitors and care partners</li> <li>• Listen to and respond to clients' concerns and opinions, positive or negative, in a caring and timely manner</li> <li>• Show respect for clients' values, preferences, and needs</li> </ul>	<p><b>Be Treated with Dignity, Respect, Kindness and Consideration</b></p>	<ul style="list-style-type: none"> <li>• Be courteous, respectful and considerate of other clients, visitors, care partners, volunteers and staff</li> <li>• Freely speak about concerns and opinions in a respectful way</li> <li>• Consider that other clients may need more help urgently than I do</li> </ul>
<ul style="list-style-type: none"> <li>• Use a calm tone and manner at all times</li> <li>• Respect the right of everyone to be in an abuse-free environment</li> <li>• Report instances of abuse immediately</li> <li>• Give special consideration when a client is cognitively impaired</li> </ul>	<p><b>Be Free From Abuse and Discrimination</b></p>	<ul style="list-style-type: none"> <li>• Use a calm tone and manner at all times</li> <li>• Respect the right of everyone to be in an abuse-free environment</li> <li>• Report instances of abuse immediately</li> <li>• Show compassion for other clients, especially when cognitively impaired</li> </ul>
<ul style="list-style-type: none"> <li>• Respect the property of clients and others, and of the Home</li> <li>• Report unsafe or potentially unsafe conditions</li> <li>• Teach clients about their role in safety</li> </ul>	<p><b>A Safe Environment</b></p>	<ul style="list-style-type: none"> <li>• Protect my valuables</li> <li>• Respect the property of the Home and of others</li> <li>• Respect the smoking, drug and alcohol policies of the home</li> <li>• Report unsafe or potentially unsafe conditions</li> </ul>
<ul style="list-style-type: none"> <li>• Provide high quality care and service</li> <li>• Involve clients in decision making about care and treatment</li> <li>• Answer clients questions and request in a timely manner</li> <li>• Respect clients right to choose</li> <li>• Provide information and educate clients about their healthcare, treatment and options</li> </ul>	<p><b>Be Part of the Care Team</b></p>	<ul style="list-style-type: none"> <li>• Choose to have family, friend or other person to represent you in care/ services</li> <li>• Give complete and correct information to the team</li> <li>• Ask questions about health condition, treatment and care</li> <li>• Make choices for care/ treatment</li> <li>• Let staff know if you do not understand information given</li> </ul>
<ul style="list-style-type: none"> <li>• Protect the privacy and confidentiality of clients</li> <li>• Report breaches of privacy</li> </ul>	<p><b>Privacy and Confidentiality</b></p>	<ul style="list-style-type: none"> <li>• Respect the privacy and confidentiality of other</li> <li>• Report breaches of privacy</li> </ul>

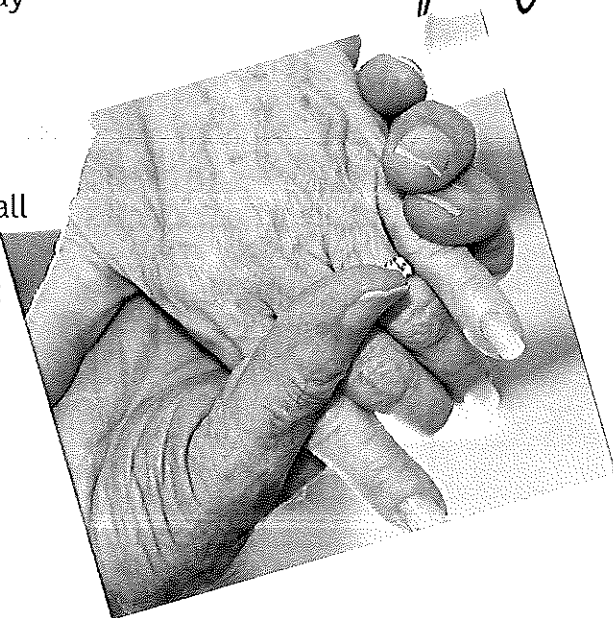
# VISITORS

## Visiting Saint Luke's Place

Saint Luke's Place welcomes and encourages visits from the family and friends of our residents. Children are welcome, as are well-behaved, vaccinated and supervised pets. Community visitors are welcome at any time and we have provided private or "quiet" space to make such visits more enjoyable.

We have taken steps to make sure our visitors feel welcome at Saint Luke's Place:

- Most resident rooms have been designed to allow for privacy
- Each resident area has a lounge that residents may use to relax and visit with others
- There are small sitting areas at the end of each resident area where residents can stop and chat
- Each resident area has a communal dining room; however residents can be seated in Stenhouse Hall at an individual table to enjoy a meal with family and friends (arrangements must be made prior at the business office)
- There is an enclosed courtyard that can be accessed off the main level near the kitchen
- The private dining room (located on E-Lower) is available for special events such as birthdays or holiday celebrations
- When a resident is seriously ill or palliative- a private room with a sleeping chair and comfort cart is available for use
- Other areas in which the resident and their visitor may wish to enjoy a visit are: The Coffee Shop, The Billiards Lounge, The Outdoor Coffee Shop Deck, and the Sitting Areas along the pathways of the campus.
- There are no set visiting hours, but we discourage visiting in the late evening hours, unless due to palliative reasons.



**Visit:**  
**[www.saintlukeplace.ca](http://www.saintlukeplace.ca)**  
for visiting guidelines  
during an outbreak  
and/or pandemic



## Ways Family and Friends Can Make their Visit Meaningful

Many people ask us how they can continue to support and provide care for a family member or friend who has moved into Saint Luke's Place. Participating in activities together can be very meaningful and support a continued deeply personal connection with your loved one.

Family members may want to:

- Assist your loved one or friend at mealtime, or with care you previously supported them with. Your company and assistance makes your loved one's experience at Saint Luke's Place more personal and home-like
- Attend organized events such as church service, live entertainment or other special events listed on the Resident Recreation Calendar. These calendars are updated every month and posted on Saint Luke's Place website at [www.saintlukesplace.ca](http://www.saintlukesplace.ca)
- Visit with a family pet. Please ensure pets are vaccinated and leashed and that you follow Saint Luke's Place Pet Visiting Policy for the safety and comfort for all residents.
- Support Family Council. Your voice and experience will help Saint Luke's Place. Your voice and experience will help Saint Luke's Place make improvements, which will help all residents.
- Volunteer and assist, whenever your schedule permits.

## Resident Sign-Out Books

It is important that residents and their loved ones inform staff and fill out the resident sign-out book whenever a resident is leaving their area, even if it is just for a short walk. This will ensure that staff are aware of the whereabouts of the residents while at or away from the facility. Resident sign-out books are located on each resident unit at the nursing station. It is a requirement of the home that all individuals attend the unit and use the sign-out book and communicate to the team prior to taking resident off of the premises.

## **SECURITY**

Maintaining Resident security is a priority at Saint Luke's Place. Entrance/ Exit doors to the facility and nursing units are monitored by security cameras and alarm systems. Please ensure when you are entering or leaving a resident area that the door closes behind you so a resident cannot go through an open door. If you do notice a resident leaving, please notify the nursing staff immediately.

## **COMING INTO THE BUILDING**

There are no set visiting hours at Saint Luke's Place. Families and friends are encouraged to visit their loved ones whenever they can and their schedule allows. The only access point for Saint Luke's Place is through the main entrance at the front of the building. For security reasons, access cannot be granted through any other entry point.

As a safety precaution, our inside sliding doors at the main entrance do not open automatically. To exit the building, enter the code on the lower key pad to the left of the sliding door. The code is posted right above the number key pad. Once you key in the code, the sliding door will open.

If you arrive at Saint Luke's Place after hours, you will need to use the phone inside the double doors on the left side of the inside sliding door. Contact the RN at extension 284, who will grant you access to the building.

## **PARKING AND TRANSPORTATION**

Saint Luke's Place offers free parking for visitors in all of our parking lots. Visitor parking is indicated with a "V" in the available space. Please do not park in any numbered spot as all numbered spots are assigned parking spaces for apartment tenants, physicians or specific leadership team members.

Transportation to and from appointments is the responsibility of the resident and family. Grand River Transmobility provides a wheelchair taxi for a fee. These services can be booked directly by the user or family. Speak to the nursing staff for more details. Saint Luke's Place is located on a bus route, with a bus shelter located in front of Saint Luke's United Church.

## **INCIDENT REPORTING**

If you notice a potential hazard, you injure yourself, or see an incident involving a resident or staff member, please report it immediately to the Team Leader on any resident unit.



## **Substitute Decision Maker and Power of Attorney Communication**

Saint Luke's Place will document changes in a resident's health or medication, as well as any injury.

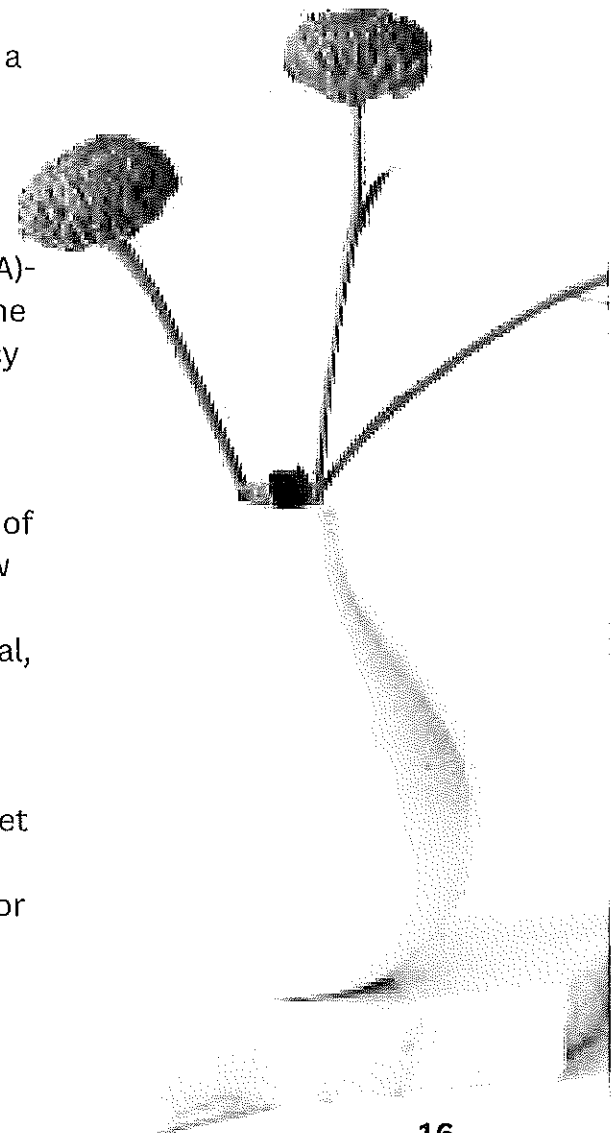
Whenever changes arise, Saint Luke's Place will notify the resident's Substitute Decision Maker (SDM) and/or Power of Attorney (POA) of the changes.

If consent from the SDM or POA is needed, all risk, benefits and alternatives will be discussed with the SDM or POA so they can make an informed decision about care and/or treatment.

## **Substitute Decision Maker and Power of Attorney Communication**

As part of the admission process and throughout a resident's stay at Saint Luke's Place, Saint Luke's Place collects residents personal health information. This personal health information, is collected, used and released in accordance with the Personal Health Information Act, 2004 (PHIPA)-s.1(a)(excerpt) information (phi)... that protects the confidentiality of that information and the privacy of individuals with respect to that information, while facilitating the effective provision of care. Saint Luke's Place collects necessary personal health information for the proper administration of programs, and for the implementation and review of the resident's Plan of Care, which includes nutrition requirements, medical, spiritual, physical, and psychosocial needs of the resident. The information's principal use is to ensure that the resident's care providers know the residents particular medical and health care needs and meet these needs.

In general Saint Luke's Place will not collect, use or disclose personal health information about a resident unless the resident/SDM has been made aware, "without deception or coercion" of the reason for collection, the use of disclosure, and implied and/or expressed consent has been received.



## **BUSINESS OFFICE**

All billings will be completed through the Business office. The business office is located onsite at Saint Luke's Place and hours are posted on Business Office door.

Residents have the option of using a trust account and/or pre-authorized payment. You and your SDM/POA are responsible for making all payments in full. In the event a pre-authorized payment is returned as Non-Sufficient Funds (NSF), a charge will be applied to your account.

The Business office will issue invoices and trust account statements. If a resident is discharged from the facility, fees paid in advance will be returned. Saint Luke's Place highly recommends opening a trust account for access to funds. Alternatively, we recommend keeping a minimum amount of money in your account to ensure there are sufficient funds at all times.

## **HEALTH CARDS**

Health cards are managed through the Business Office and kept at the nursing station where the resident resides for use when attending appointments outside of Saint Luke's Place.

It is imperative that we have the most current Health Card information available. Incorrect health card information can delay processing of a claim, and could result in you being billed directly for healthcare.

If the original Health Card has been lost or requires renewal, please let us know. We can notify OHIP and have the expired or lost card replaced.

In the event of discharge due to death, Saint Luke's Place will return the Health Card to Service Ontario with the appropriate documentation signed by the Administrator.

## **APPOINTMENTS**

Saint Luke's Place staff are not responsible for accompanying residents to their off-site appointments or for covering transportation costs. Saint Luke's Place does not arrange transportation to external appointments, speak with the Team Leader on your unit for information on options for transportation. If an off-site appointment is required, a family member must attend the appointment or arrange for a private attendant and transport at their own expense. Speak to your Team Leader regarding off-site appointments.

## ACCOMMODATION

Saint Luke's Place offers single (private), semi (shared) occupancy rooms. Rooms are furnished with a bed, a bedside table, a chest of drawers or wardrobe, an over the bed light, window coverings and one chair. Each room also has an individual closet or wardrobe.

The Saint Luke's Place furniture and window coverings that is in the room cannot be removed.

Each bed and every washroom has a call bell for you to contact staff for assistance.

Under some circumstances, such a change in the resident's status or occupancy requirements, Saint Luke's Place may transfer a resident to another room and/or unit. Saint Luke's Place will notify the resident and/or their family if such a change were to happen and provide assistance with the transfer. We understand that this can be challenging for both resident and their loved one, a transition plan will be put in place to provide support.

The Ministry of Health determines accommodation rates for long-term care and these rates are subject to change. Your current Notice of Assessment will assist in determining the resident's accommodation rate and must be submitted to the Business Office.

*Home*  
[hom] • noun

The one place you will always be surrounded by those who love you.  
A place or feeling of belonging.

## LEAVE OF ABSENCE



**Under the Fixing Long Term Care Act (FLTCA), any resident of a Long Term Care Home may take the following leaves of absence without losing their bed:**

- 30 day medical leave, when hospital care is required
- 60 day psychiatric care leave, as often as required
- Casual leave between midnight on a Saturday and midnight on the following Saturday totaling 48 hours per week
- 21 days of vacation per calendar year

Discharge of a resident is based on Ministry of Health and Long Term Care requirements.

WHEN YOU'RE HERE, YOU'RE HOME



## PERSONAL BELONGINGS

Saint Luke's Place takes every effort to make your stay with us as comfortable and safe as possible. We encourage you to personalize your own living space with things like personal photos, wall decorations and a favorite bedspread or comforter. We discourage you from bringing in any furniture due to safety and infection prevention and control measures and please do not bring in any electronics until they have been approved to meet Saint Luke's Place policy or your care needs. It is also recommended that you do not bring in valuable or sentimental items as they could be lost or damaged and Saint Luke's Place is not responsible for monitoring and/or replacing these items.

Saint Luke's Place may need to move furniture for safety reasons or to accommodate the resident's care needs, furniture placement and/or removal will be done at Saint Luke's Place discretion. Maintenance staff is available to hang pictures brought in, so please refrain from using nails or thumbtacks on the walls. All personal items brought in must be labelled with the residents name.

We recommend you bring two week's worth of suitable clothing. Your care team can assist you with determining what type and style of clothing will suit your needs and preferences. Your health condition may require you to use adaptive clothing. Families must supply these items to assist residents with the Activities of Daily Living (ADLs), safety and quality of life. It is the responsibility of the SDM to remove clothing that is no longer being used and to purchase new clothing that needs to be replaced, mended or altered. Resident are able to use their own personal lotions and soaps. Saint Luke's Place is a "scent reduced" facility and, for the comfort and safety of all resident and staff, we ask that residents bring only scent reduced (i.e. unscented) products.

Our Maintenance team must assess any electronic or electrical equipment or device before it can be used in our facility.

The following items pose a safety and/or fire hazard and are not allowed:

- electric kettles/ Keurigs or other hot beverage equipment
- heating pads (neither electrical pads nor microwave bean bags)
- room or space heaters
- extensions cords

## **PERSONAL BELONGINGS**

- humidifiers
- drapes/ curtains/ blinds
- refrigerators of any size
- area rugs (of any size)
- irons and ironing boards
- household cleaning supplies
- liquor/alcohol (without a doctors order)
- glass vases/ornaments

When a resident is discharged or passes away, the family/SDM is responsible for packing and removing the residents personal possessions within 24 hours. Saint Luke's Place can assist with packing personal belongings if you choose. If the items are not packed within 24 hours, Saint Luke's Place staff will pack pack items.

Resident belongings must be removed from Saint Luke's Place premises with 7 days of a resident discharge or passing away. Any belonging that are not removed within 7 days will be discarded and the family/ SDM may incur a fee for disposal.

Unfortunately, we cannot store personal belongings on-site for a longer period of time due to limited storage space.

## **REMOVING FURNITURE AND EQUIPMENT**

As a resident's care needs change, there may be circumstances that make it necessary to remove some furniture or equipment in order for staff to meet the resident's care needs. If items are not safe to use and/or make the environment unsafe for the resident or care providers, you will be asked to have them removed. All furniture or equipment that is brought in or required to be removed is at the discretion of the organization.

## **PERSONAL EFFECTS DONATIONS**

Unfortunately, Saint Luke's Place does not accept any residents personal belongings such as clothing, décor, furniture or equipment as donations.

This is due to:

- limited space available
- Infection prevention and control

## **RESIDENT CENTERED CARE**

Your personal care needs are very important to us. We recognize that there are important aspects of your life that make you unique and we want to learn more about your personal history, life-long interests, significant relationships and preferences.

The Plan of Care will have all of the information related to your individualized care with the details of how your care will be provided. The care plan is shared with the team working the resident unit where you will be living so that all staff who provide care in the unit can learn your needs and preferences.

We recognize your care needs are not the same each day; we will make every effort to meet your needs.

The staff will continue to meet with you and/or your family at least once a year, or more often if needed, to review and update your Plan of Care. If you have any requests or questions regarding your care, speak with your Team Leader.

## **CARE CONFERENCES**

After a resident is admitted to Saint Luke's Place, our team schedules an admission care conference to review care needs and preferences once a resident had an opportunity to be at Saint Luke's Place for a few weeks. Going forward, care conferences are scheduled annually.

The Care Conferences will be completed with collaboration from the multi-disciplinary team. The resident and their family/SDM have the opportunity to participate in all Care Conferences.

The purpose of the Care Conference is to share information about the progress the resident is making and any changes or suggestions the team may have to meet the residents' care goals.

We recommend that residents, family and/or SDM's bring any concerns immediately to the Team Leader on their unit as they occur, rather than waiting for a care conference. Bringing concerns forward in a way that is more timely helps Saint Luke's Place staff resolve issues sooner.

## **ADVANCE CARE PLANNING**

On admission to long-term care, Saint Luke's Place asks all residents and families their wishes in the event of an emergency. These expressed wishes are reviewed annually and wherever there is an acute change in the resident's condition. In the event of an emergency or sudden change in a resident's condition, the Power of Attorney/ Substitute Decision Maker will be notified by the Registered Staff in consultation with the Medical Director and/or Physician to discuss treatment options and goals, as well as plans of care.

## **PALLIATIVE CARE PROGRAM**

Saint Luke's Place palliative care program strives to dignify and enhance the final stages of life. We care for both the resident and their families with respect and compassion, encouraging them to participate in making decisions regarding both their physical and emotional well-being.

Our palliative care program permits Saint Luke's Place to continue providing care in our home for residents who are nearing the end of their life. Residents can receive care in a familiar environment and staff familiar with them and their care. The palliative care team is composed of clinical/ nursing staff, physicians, spiritual care professionals, social worker, recreation coordinators, and nutrition and foodservice team members. Our goal is to initiate conversations regarding goals of care and end of life with any significant change or decline in a resident's function, promoting comfort measures for the resident in their home.

Our philosophy is to honor the end of life. When a resident passes away, staff escort the resident through our front entrance to the funeral home car. Our spiritual care department organizes a room blessing with each family to remember and celebrate the life of their family member. A Celebration of Life service for residents who passed away is held throughout the year, family members are invited to attend the service and remember their loved one, one more time.

WHEN YOU'RE HERE, YOU'RE HOME





## **DEPARTMENT SERVICES AND PROGRAMS**

The following is a list of Programs and Services offered at Saint Luke's Place. These Programs and Services are tailored to meet the individual needs of each resident.

### **PHYSIOTHERAPY/ RESTORATIVE CARE**

Our Physiotherapy Team will provide appropriate mobility, and group or individual therapy programs to promote and maintain each resident's level of independence based on the resident's functional goals. Individual assessments will help our team determine whether safety, mobility or independence could be improved with the use of assistive devices.

### **NUTRITION AND FOOD SERVICES**

Saint Luke's Place Nutrition and Food Services Team is responsible for providing meals and nutrition services to our residents. A Registered Dietitian assess nutritional needs on a regular basis and develops a care plan that ensures every resident's dietary needs are met and we make every effort to provide a menu that offers variety and choices. Menus are posted and accessible.

Resident Council regularly provides input, reviews and approves changes to the menu and determines appropriate meal and snack times. Twice a year, our team completes a thorough review of the menu to make sure menu options keep up with changing tastes and the latest research about nutrition.

### **CLINICAL/ NURSING SUPPORT**

Nursing staff are dedicated to providing a high standard of care and attention to all residents. We promote quality of life for our residents throughout maintaining their dignity, independence and Activities of Daily Living (ADLs). The nursing team consists of Registered Nurse (RN), Registered Practical Nurse (RPN) and Personal Support Workers (PSWs) who work with the rest of the multidisciplinary team to provide personal care in programs such as Falls, Restraints, Continence, Responsive Behaviours, Palliative Care and Skin and Wound Care, etc..

## **PHYSICIANS**

When you are admitted to Saint Luke's Place, a physician will assume your care.

Saint Luke's Place physicians visits residents regularly to complete non-urgent care and assessments, regular review of medications and/or lab results, and to complete required follow-up, as set by the Ministry of Health and Long Term Care regulations.

Physicians are available to Saint Luke's Place nursing staff as needed. For emergency situations, a physician is available 24 hours a day, 7 days a week on a on-call basis.

If you wish to speak to your physician, your Team Leader can make arrangements for your to speak with your physician.

## **SOCIAL SERVICES**

A Social Worker is available in Long-term care. A social worker may be of assistance to you if you:

- are experiencing difficulties adjusting to your new home
- would benefit from counselling or psychosocial support
- have family members who would benefit from support for long term care related concerns
- are considering appointing Power of Attorney for personal care or property, and/or;
- require support or information about pensions, income support programs

## **ADAPTIVE CLOTHING**

Depending on you current or future care needs, you may require adaptive clothing to assist our staff with providing care. There are several retailers who offer adaptive clothing. Please contact your Team Leader or the Social Worker for further information on where to obtain adaptive clothing.



## SPIRITUAL AND RELIGIOUS CARE

The Spiritual Care staff are professionally, pastorally and clinically educated and certified to offer support to everyone (religious or not); they respect the diverse religious, spiritual and cultural orientation of each person.

While they encourage and support everyone's connections with their own religious/spiritual or cultural communities and the resources within these communities that might be helpful to them, the Spiritual Care staff also offer supportive, compassionate care to all who do not identify with any particular religious or spiritual beliefs- i.e. meeting every client where they are on their life's journey; care of the whole person- body, mind and spirit, is our commitment to all clients and staff.

While supportive, compassionate care is available to all clients and staff, particular consideration for those receiving end-of-life palliative care, and their loved ones, is provided through one-to-one bedside support, some of these services include:

- End-of-life preparation support and anticipatory grief support
- Consultation for funeral pre-planning (pre-arrangement) as needed
- Grief support for families immediately following the death of a loved one
- Emotional and spiritual support for resident and family who are struggling with change of condition/status or prognosis/diagnosis; death and dying process or significant losses
- Offering prayer or facilitating specific religious/spiritual rituals as needed or requested (e.g. sacrament of the sick for R.C clients, smudging for Native spirituality)
- Being a liaison between clients and community ministers/ priests and/or spiritual leaders, as needed
- Compassionate and responsive crisis intervention e.g. sudden death of a staff or family member of a staff

Saint Luke's Place has a small beautiful chapel located in the E Lower, that is open for everyone to use for solitude, prayer or reflection.





## RECREATION THERAPY SERVICES

Saint Luke's Place offers residents formal and informal recreation, leisure, and social activities. Staff will provide support to continue past and current leisure interests, any may even introduce you to new pursuits. Recreation Staff will work with you to develop a plan that will be meaningful and enjoyable. Calendars of scheduled activities and programs are available throughout the organization and a daily board of what is happening today is posted in every resident unit.

**Note:** there may be additional costs for some programs and your involvement in the activities is at your discretion.

## LAUNDRY SERVICES

Upon admission, Saint Luke's Place Laundry Services will take your clothing and label all items. Do not place new clothing in closets- it must be labeled- place clothing in the mesh bag that the staff will provide and include your name on the bag. Personal laundry can be done on-site by the laundry services staff or family may prefer to take your laundry home to wash.

Saint Luke's Place is not responsible for loss or damage of personal belongings or clothing. Please note, Saint Luke's Place does not provide mending/repairs or dry cleaning services. Wool, suede and leather clothing items are not recommended as Saint Luke's Place uses high temperatures industrial washing machines.

Due to limited storage space, "out-of-season" clothing must be stored offsite.

We also rely on family to take away clothing that is no longer being used by the resident and to purchase new clothing as necessary. The Team Leader will inform you of any clothing needs and if clothing needs to be replaced, mended, or altered.

## HOUSEKEEPING SERVICES

Our housekeeping staff are responsible for maintaining a clean, safe and pleasant environment. Resident rooms, hallways and common areas are cleaned regularly, however we need help from the resident and family to maintain a tidy and uncluttered room.

## INFECTION PREVENTION AND CONTROL

Saint Luke's Place screens each resident upon admission to ensure that their immunizations are up to date per Public Health, Ministry of Health and Long Term Care and Organizational policies. The team will work with you to arrange administration of required immunizations. Each fall, resident will be offered "flu shots" (influenza vaccine) based on Public Health recommendations and orders by the physician.

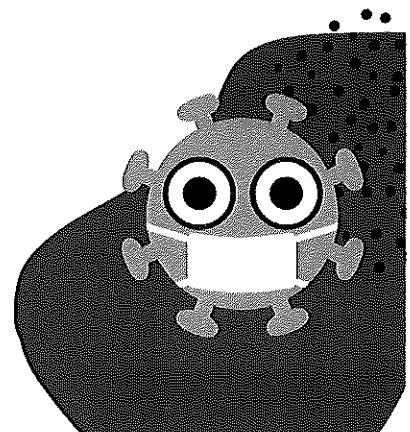
Evidence shows that hand hygiene is the single most important method of preventing infections. We ask that all visitors clean their hands when entering our building. This simple step prevents germs and viruses from entering our building. There are alcohol hand rub stations conveniently located by the front doors of the building.

We also recommend cleaning your hands with alcohol hand rub when you are entering or exiting a resident unit, before and after mealtime, and before and after you help a resident with personal care. Alcohol hand rub stations are located throughout the building; they are clearly labelled and available for everyone's use. If your hands are visibly soiled (they look dirty), wash them with soap and water.

All visitors must follow Saint Luke's Place infection control practices. Sometimes residents need visitors to use Personal Protection Equipment (PPE). When PPE is needed, Saint Luke's Place will provide visitors any information and supplies (glove, mask, and/or gown). The Team Leader can assist with putting on and taking off the personal protection equipment at the end of your visit.

As a precaution, we ask that visitors who are feeling ill postpone their visit until they feel well. During outbreak situations, visitors will be asked to minimize their visits to the affected area. Please speak to your Team Leader about visiting, and do not hesitate to call the resident unit or visit Saint Luke's Place website for regular updates, if needed.

[www.saintlukesplace.ca](http://www.saintlukesplace.ca)



## PREFERRED EXTERNAL CARE PROVIDERS

Saint Luke's Place has an external care provider (ECP) policy and process, and has identified Preferred External Providers (PEP) that have gone through a fair and just selection process. PEPs are credentialed to fulfil the services offered.

Services offered include, but are not limited to:

- Respiratory Services
- Optometry
- Advanced Foot Care
- Dentistry
- Massage Therapy
- Audiology Specialists

Residents interested in receiving services from one of Saint Luke's Place PEPs should speak to the Team Leader on their unit. The Team Leader will provide the referral and contact information of the PEP. Alternatively, if the Resident or Substitute Decision Maker wishes to receive or continue services from a service provider that is not on Saint Luke's Place Preferred External Provider list, the Team Leader will provide a copy of the Saint Luke's Place waiver form that must be completed, signed, and returned before the service provider can be allowed into the premises.

## PHARMACY AND MEDICATION

Medication including over-the-counter or non-prescription drugs should not be given to resident or kept in their rooms. For Long-Term Care residents, all prescription medications and over-the-counter, non-prescription drugs must be dispensed by the Saint Luke's Place contracted pharmacy. All medication/creams must be ordered and managed by the Physician/ Registered Staff. A medication review will be completed with you and your loved one at admission and re-admission to the facility.

Saint Luke's Place contracted pharmacy prepares each resident's medication in separate packages and delivers all medication to the facility.



## PHARMACY AND MEDICATION

Saint Luke's Place keeps a small stock of emergency medication on-site and the pharmacy can make special deliveries when necessary.

All medications, including vitamins, minerals and other supplements, to be administered to a resident must be dispensed through Saint Luke's Place pharmacy service provider. Residents and their loved ones are not to bring these items from home to ensure the safe administration and storage of these items.

Our pharmacy regularly reviews medications to ensure safe medication management. By maintaining a complete record of all of your medication, the pharmacist will be able to help prevent any harmful effects that can be caused by interactions between over the counter products and other medications or medical conditions.

Please feel free to ask your Team Leaders questions about your medication and treatments.

## LABORATORY AND RADIOLOGICAL SERVICES

Saint Luke's Place has a contract with a third party company to provide Laboratory and Radiology Services on-site. Laboratory and Radiology Services are provided on a regular or as need basis and all tests must be ordered by a physician.

Residents who require immediate/ emergency lab or radiology services are transferred off site to Cambridge Memorial Hospital. Note: applicable transfer fees may apply.



## TELEPHONE

Residents may have a personal telephone line installed in their bedroom. To activate the telephone services, residents should contact the telephone provider directly. Once the telephone is in service, the provider will bill the resident directly for the cost of the installation and any subsequent monthly fees.

## TELEVISION

Residents can arrange to have cable television services in their bedroom by contacting the Business Office and completing the service enrollment process. Please note that television services cannot be provided by an external company as Saint Luke's Place has a contract with a provider that services the entire facility. Basic cable is available in all residents rooms. Additional stations can be arranged by the resident/ family at your own cost and the resident is responsible for the cost of installation and any subsequent monthly fees. Residents are responsible for purchasing their own television

## IT SERVICES

Saint Luke's Place Information Technology (IT) staff are not available to assist residents with their personal computers, tablets or other forms of technology. Should resident require assistance with these items, it is the responsibility of the POA/ SDM to arrange for assistance. Saint Luke's Place does not offer "free" WIFI services.

## HAIR CARE CENTRE

Saint Luke's Place has a hair salon right on site that is open regularly to provide residents will full-service salon experience without leaving the building. A list detailing the cost of these services is posted inside the salon. Hours of operation are Monday-Friday 8:00am-4:00pm







Saint Luke's Place  
WELCOME HOME

# POLICIES

We will provide you with a number of policies on admission.

These policies will cover topics such as:

- Abuse/ Neglect
- Code of Conduct
- Feedback Process
- Whistle Blower
- Least Restraint
- Pet Visiting
- Smoking

This is not a comprehensive list and does not include all of Saint Luke's Place policies.

If you have questions about policies in general or would like additional information regarding any policy, please speak to the Team Leader or the Administrator for Long Term Care.

[www.saintlukesplace.ca](http://www.saintlukesplace.ca)

## EMERGENCY CODES

we take our obligation to ensuring the safety of our residents very seriously. Saint Luke's Place has a number of emergency codes that notify staff in the event that immediate response is required. Usually codes are categorized by colour and each type of emergency has a specific colour associated with it.

In the event an emergency code is called, an announcement will be made through the over-head speakers. Staff are trained to respond quickly and appropriately to each type of code.

During a code, staff may need to direct residents and/or visitors to take a particular action. In the event of a code, please report to the closest nursing station and take direction from the Registered Nurse (who will be the person in charge during an emergency situation).

## CODE WHITE

A **CODE WHITE** is indicated in any situation where an individual (client, staff, volunteer, or visitor) is behaving in a way that creates a potential or actual threat or safety risk to:

- His or her own safety
- The safety of others; and/or
- Saint Luke's Place property

The primary goal in a **CODE WHITE** procedure is to achieve a safe resolution to an "out of control" situation that is- or may escalate to become violent or harmful.



## CODE YELLOW

**CODE YELLOW** is the term used when it has been determined that a resident that cannot be accounted for and is deemed missing from Saint Luke's Place. It is the policy of Saint Luke's Place to provide a comprehensive search procedure for missing residents to alert all relevant staff of a missing resident and implement a planned procedure promptly, searching thoroughly for the resident.

## CODE BLACK

**CODE BLACK** is the term used to alert staff that an external threat of any type has been made in the vicinity of Saint Luke's Place. This procedure will be carried out discreetly with a minimum of publicity.

Examples of these threats could be:

- **Weapons threat** – a weapons threat is any threat that there is a person carrying a weapon or device to be used as a weapon within the vicinity of Saint Luke's Place. The item does not have to be solely classified as a weapon to be perceived as threatening, for example, a baseball bat is not a weapon when used for its intended purpose, however, when someone is swinging a baseball bat towards an individual, it becomes a weapon by its use.
- **Threat of Violence** – any violent behavior or physical action that is exhibited from a person other than a resident of Saint Luke's Place, that may be considered threatening due to expression, tone, or other non-verbal cues including erratic movements or gestures.
- **Hostage Situation** – any instance where a person is seized or held as security for the fulfillment of a condition, the person being held is considered a hostage. All external threats could become hostage situations depending on the intent of the person making the threat.



## CODE ORANGE

**CODE ORANGE** is a term used for external disasters in the community could cause disruption to the normal routines and operations at Saint Luke's Place. Even though it is not possible to list all potential situations, we have a proactive approach in the event the following occur.

Examples of external disasters:

- Tornado
- Earthquake
- Flooding

The purpose of a **CODE ORANGE** procedure is to establish a plan for the effective and efficient reception, assessment and treatment of sudden influx of people needing care or accommodation that overwhelms our standard operations. In the case of a major external disaster such as an airplane crash, train derailment, chemical spill, gas line explosion or fire evacuation, Saint Luke's Place could be asked to assist in such a planned response.

## CODE BROWN

**CODE BROWN** is a plan that outlines the steps taken in the event of a major environmental disaster or handle a hazardous spill that could pose a health risk to occupants of Saint Luke's Place.

Saint Luke's will have the necessary equipment, procedures, and training in place to properly control and manage a spill of hazardous or non-hazardous material in the workplace in order to prevent both personal injury and environmental damage.



## CODE RED

Saint Luke's Place has Fire and Disaster plans in place. Monthly fire drills are held randomly to ensure that staff are well prepared for the unlikely even of a fire. Saint Luke's Place is inspected regularly by the Cambridge Fire Department and our fire panel is directly connected to a Fire Monitoring Company and the Fire Station.

It is important for residents and their families to be aware of the fire procedure. Each resident area will have clearly marked fire exits and we encourage both residents and family/visitors to participate in all code drills.

Please note the following facts concerning our Fire Alarm System:

- Magnetic fire doors when the alarm sounds. Please assist any residents in close proximity of one of these doors during this time
- Magnetic doors locks are deactivated if the alarm is pulled. Therefore all codes doors will be released and and require monitoring
- "All Clear" is announced once the fire alarm has been responded to by the Fire Department and the fire panel has been reset.

## CODE GREEN

A **CODE GREEN** is called as stage 2 of the fire alarm system and indicates the need to evacuate and is indicated by a series of "fast tones"

Types of Evacuations:

- Horizontal Evacuation
- Vertical Evacuation
- Total Evacuation



## **YOUR ROLE AS A VISITOR DURING A FIRE ALARM**

If you are with a resident when an alarm starts, please do not abandon the resident. Provide support and reassurance to the resident and take direction from the staff member(s) in charge.

If you are in the building but not visiting with a resident when the alarm starts report to the closest Muster Station (Administration Lounge- by the Business Office) for further direction.

**Do not use elevators during a fire alarm**

## **EMERGENCY RESPONSE PLAN**

The requirement for long-term care homes (LTCHs) to have written emergency plans for specified emergencies began in 2010, under the Long-Term Care Homes Act, 2007 (LTCHA).

In response to the COVID-19 pandemic, third party reviews such as Ontario's Long-Term Care COVID-19 Commission and Auditor General's reports, sector feedback, and an increasing frequency of extreme weather, the emergency planning requirements were expanded in the FLTCA and O. Reg. 246/22.

Saint Luke's Place is ultimately accountable for the health and safety of those who live and work in the home; including developing, evaluating, and updating emergency plans for any type of potential hazard which could jeopardize their safety. In the event of an emergency, Saint Luke's Place is responsible for leading the response as well as coordinating the support from community agencies, system partners, and resources.

**You can see Saint Luke's Place Emergency Response Plan by visiting our website at:**  
**[www.saintlukesplace.ca](http://www.saintlukesplace.ca)**





Saint Luke's Place is fortunate to have a community of over 200 active volunteers who play a crucial role in enhancing the quality of life of our residents. The Life Enrichment and Program Manager manages the schedules and duties of all our volunteers and works to match the experience and interests of the volunteers to the needs of our residents.

Some of the many ways in which volunteers contribute to our community include operating the Coffee Shop, visiting residents and helping porter residents to activities and programs, providing support in the resident units, delivering meals and keeping residents company during mealtimes, and assisting with recreation programs. Families and friends who are interested in volunteering may contact the Life Enrichment and Program Manager for more information.

Tours of our Long Term Care Facility are arranged through Life Enrichment and Program Services. If you would like to book a tour, please contact extension 289 or email: [info@stlp.ca](mailto:info@stlp.ca)



## **COFFEE SHOP**

The Coffee Shop is located off of the main administration entrance. You can purchase light refreshments, gifts and small personal items at the shop. The Coffee Shop is staffed by Volunteers and all proceeds are donated back to Saint Luke's Place.

## **STATE-OF-THE-ART EQUIPMENT**

Your donations to Saint Luke's Place helps purchase state-of-the-art equipment so we can continue to provide the highest quality care for your family, friends and community.

Your dollars help fund services that add so much to our residents' quality of life, services not available in many facilities. Programs like Music Therapy not only bring a smile to residents' faces and brightens their days, they also contribute to the health and well-being. Music therapy at Saint Luke's Place is only made possible through generous donations from people like you who take the time to make a gift.





# YOU HAVE THE POWER TO HELP

Saint Luke's Place encourages individuals, families, friends and community organizations to financially contribute to Saint Luke's Place. Donations are used to improve the facilities and services of the campus. Gifts may be designated for a specific purpose or general donations are welcome. A donor appreciation wall and book recognizes all those who have contributed over the years. Memorial plaques denote certain donations of equipment and furniture throughout the campus.

Saint Luke's Place appreciates the ongoing support of our many friends who contribute to give generously to enhance life at Saint Luke's Place.



## FEEDBACK PROCESS-

*We want to hear from you*

Saint Luke's Place is committed to continuous improvement in the quality of our service and programs. We believe it is vital to hear your opinions and to involve you in the planning and evaluation of changes and improvement to our home.

Your and your family have several avenues for participation such as:

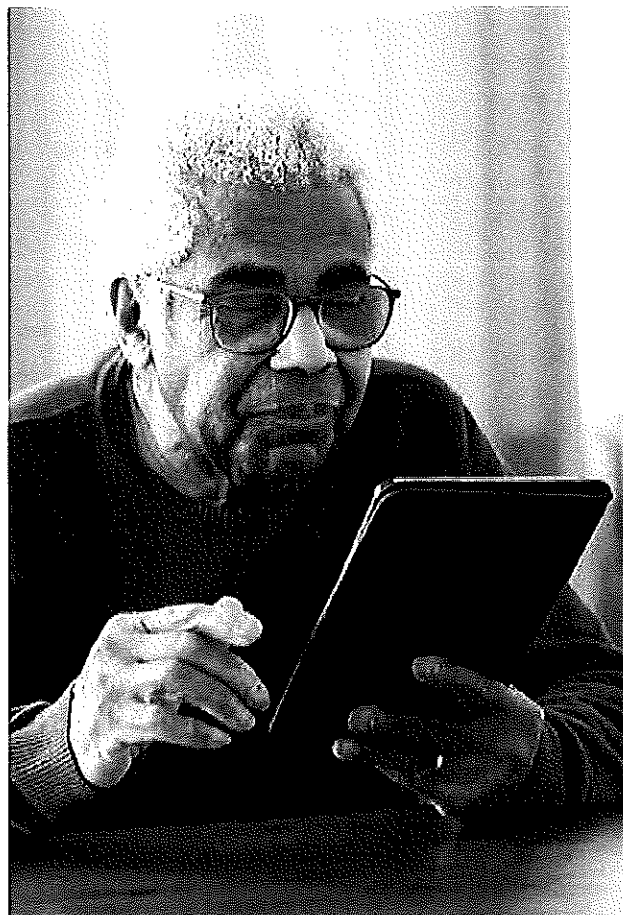
- Resident Council
- Family Council
- Quality Improvement Council
- Resident Care Committee

### Steps to provide feedback:

- If you are comfortable doing so, please approach staff members directly at any time with suggestions, questions and concerns about your care or the care of your family member
- If you would like to contact someone by telephone, the directory enclosed in this handbook will provide you with the extension numbers and positions of team members
- If you are not sure who you should speak with, please call 519-658-5183 ext. 239 (during business hours) and you will be assisted with directing your call to the appropriate person
- when a direct approach is not possible or the issue cannot be resolved with the front line staff, team leader, Director of Care or Associate Director of Care, contact the Long Term Care Administrator at [info@stlp.ca](mailto:info@stlp.ca) or 519-658-5183 ext. 293

**Should your concern go unresolved, you may contact:**

**Ministry of Health and Long Term Care Action Line  
at 1-866-434-0144**



**Feedback- We want to hear from you!**

Compliments or concerns, we want to hear from you!

### Contact



519-658-5183



[info@stlp.ca](mailto:info@stlp.ca)



[www.saintlukesplace.ca](http://www.saintlukesplace.ca)



1624 Franklin Blvd  
Cambridge, ON  
N3C 3P4

When You're Here, You're Home





# NOTES

## CONTACT INFORMATION



Saint Luke's Place  
1624 Franklin Boulevard  
Cambridge, ON  
N3C 3P4  
info@stlp.ca

When you telephone Saint Luke's Place you will be greeted by an auto-attendant phone system. You will have several options available to you. At any time, you may enter the phone extension of the person you wish to reach, you may begin typing their first name, or, if you wish to reach a nursing station, please refer to the list below. Please note: the phone system does not respond to those calling from a rotary phone

### Nursing Stations

Name	Extension	Email Address
A Lower	230 or 276	alower@saintlukesplace.ca
A Main	228 or 281	amain@saintlukesplace.ca
A Second	231 or 282	a2nd@saintlukesplace.ca
E Wing	229 or 232	ewing@saintlukesplace.ca
Registered Nurse RN	284	nursemanager@saintlukesplace.ca



Phone: 519-658-5183  
Business Fax: 519-658-5186  
Adm Fax: 519-658-2991  
A Main Fax: 519-658-0068  
A 2nd Fax: 519-658-6711  
E Wing Fax: 519-658-5788



## Contact List

POSITION	EXTENSION
Chief Executive Officer	223
Long Term Care Administrator	293
Director of Nursing & Personal Care	225
Assoc. Dir. of Nursing & Personal Care	288
Director of IPAC	292
Support Services Manager (dietary/ housekeeping/ laundry)	367
Life Enrichment and Program Manager	244
Maintenance and Facility Manager	227
Health & Wellness Manager	222
Social Worker	289
Chaplain	236
Accounts Receivable Coordinator	239
Physiotherapist	261
Recreation A Main	233
Recreation A Second	233
Recreation A Lower	264
Recreation E Wing	264
Hair Salon	250

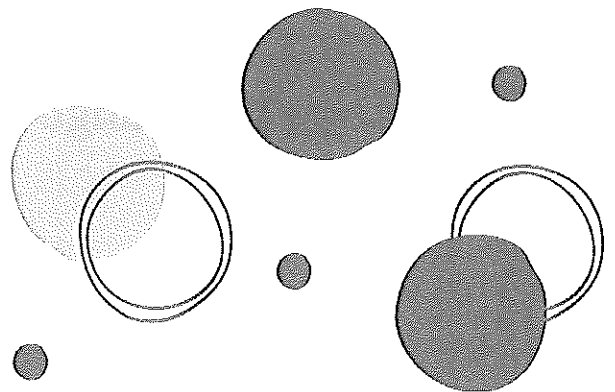
**To arrange a tour please contact us at  
info@stlp.ca**




# Final Message

We hope that we have touched on many issues that may have come to mind as you think about your new home here at Saint Luke's Place. You will find that our staff and volunteers will be happy to fill in the details as the need arises.

Again, we encourage you to take time- give yourself a chance to adjust and find peace and contentment in this new setting. It is our privilege to have you join the Saint Luke's Place family.



SAINT LUKE'S PLACE- ADMINISTRATION			
SECTION	Client Centered	POLICY #	A-F-06
SUBJECT	Prevention, Reporting and Elimination of Resident Abuse		
ISSUED BY	Long Term Care Administrator		

### POLICY

Saint Luke's Place has a resident-centred, zero tolerance policy that will take all appropriate actions to address the prevention, reporting and elimination of abuse. The policy applies to all incidents of abuse of residents, regardless of who commits the abuse.

Saint Luke's Place is committed to making every effort to eliminate abuse through the continuous quality improvement and risk management programs.

### PROCEDURE

**Zero Tolerance** means Saint Luke's Place shall:

- (a) shall provide that abuse and neglect are not to be tolerated;
- (b) shall clearly set out what constitutes abuse and neglect;
- (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;
- (d) shall contain an explanation of the duty under section 28 to make mandatory reports;
- (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
- (f) shall set out the consequences for those who abuse or neglect residents;
- (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and
- (h) shall deal with any additional matters as may be provided for in the regulations.

Saint Luke's Place shall ensure that,

- (a) every alleged, suspected or witnessed incident of the following that the Home knows of, or that is reported to the Home, is immediately investigated:
  - (i) abuse of a resident by anyone,
  - (ii) neglect of a resident by the licensee or staff, or
  - (iii) anything else provided for in the regulations;
- (b) appropriate action is taken in response to every such incident; and
- (c) any requirements that are provided for in the regulations for investigating and responding as required under clauses (a) and (b) are complied with.

**Resource:** Fixing Long Term Care Act, 2021

### Definitions of Abuse & Neglect

The Long-Term Care Homes Act, and associated regulation, defines Abuse and Neglect as per the following extracts from the MOHLTC Act and Regulations


**"Abuse" — definition**

2. (1) For the purposes of the definition of "abuse" in subsection 2 (1) of the previous Act,

**"Emotional abuse" means,**

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

REVIEWED/REVISED	Nov '18	June '19	June '20	Jan '21	May '22	

SAINT LUKE'S PLACE- ADMINISTRATION			
SECTION	Client Centered	POLICY #	A-F-06
SUBJECT	Prevention, Reporting and Elimination of Resident Abuse		
ISSUED BY	Long Term Care Administrator		

*(b) 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 financière")*

**"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")*

**"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")*

**"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. 79/10, s. 2 (1).*

*(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. 79/10, s. 2 (2).*

*(3) For the purposes 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. 79/10, s. 2 (3).*


**"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. 79/10, s. 5.*

Abuse of a resident means any action or inaction, misuse of power and/or betrayal of trust or respect by a person against a resident that the person knew or ought to have known would cause (or could reasonably be expected to cause) harm to the resident's health, safety, or wellbeing.

REVIEWED/REVISED	Nov '18	June '19	June '20	Jan '21	May '22	



SAINT LUKE'S PLACE- ADMINISTRATION			
SECTION	Client Centered	POLICY #	A-F-06
SUBJECT	Prevention, Reporting and Elimination of Resident Abuse		
ISSUED BY	Long Term Care Administrator		

All abuse and neglect are wrong. Some forms of abuse may also be offences under the Criminal Code. When criminal activity is suspected, the police MUST be contacted.

#### **Definition of Consent**

Any reference, in this policy, to the consent of a resident means: the consent of a resident who can make decisions, or the consent of the resident's legally authorized substitute decision maker (SDM), if the resident is incapable of making the decision.

#### **Definition of Staff**

For the purpose of this provision, staff of Saint Luke's Place includes any permanent and contract, full-time and part-time: employees, physicians, agency staff, contracted health care professions, paid trainees, students under clinical placements or paid companions (paid by the resident, family member or substitute decision maker).

#### **Education**

Employees of Saint Luke's Place will be in-serviced at the time of hire and then annually on the abuse policy. Education will include how to recognize signs of abuse and neglect, steps to be taken when abuse is suspected and the organization's zero tolerance for abuse.

Employees understand the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power, and responsibility for resident care. Staff are caregivers and are perceived by residents to be in a position of "authority", creating an actual or perceived "power imbalance" between staff and residents, in favor of staff. Staff must be sensitive to, and aware of this power imbalance, and ensure that their words, actions, or lack thereof never constitute an abuse of this power which may result in any form of abuse or neglect of a resident.

Employees also understand that there are many situations that may lead to abuse and neglect and how to avoid such situations. Such situations may include but are not limited to: residents' responsive (predictable) behavior, residents' unpredictable behavior, other residents' conditions, time pressures, and work-related or home-related stress. Measures and strategies to prevent abuse and neglect include employees recognizing such situations, and applying their professional judgment, training, and ethics to manage the situations appropriately and prevent any possibility of occurrence of resident abuse or neglect. Annual staff training also ensures ongoing awareness and understanding of prevention of abuse and neglect. Employees may also call upon their peers and/or their supervisors as additional resources to avoid and/or manage such situations as they arise, to prevent abuse and neglect.


Measures to be taken when a staff member or volunteer fails to comply with the abuse policy \*see **Procedure to be Following in the Event of Alleged, Witnessed or Suspected Abuse**

#### **Abuse Committed by a Staff Member or Volunteer**

Saint Luke's Place shall make all staff, volunteers, residents, families, and their substitute decision-makers aware of:

- The Prevention, Reporting and Elimination of Abuse Policy with the expectation that they will comply with it;
- The actions that residents or their SDMs should take in the event that an incident of abuse takes place;
- The resources available to residents or their SDMs in the event that an incident of abuse takes place, including the availability of independent advocates.

REVIEWED/REVISED	Nov '18	June '19	June '20	Jan '21	May '22	

SAINT LUKE'S PLACE- ADMINISTRATION			
SECTION	Client Centered	POLICY #	A-F-06
SUBJECT	Prevention, Reporting and Elimination of Resident Abuse		
ISSUED BY	Long Term Care Administrator		

#### **Abuse Committed by a Resident's Family Member, SDM or Visitor**

Saint Luke's Place shall communicate to all family members, SDMs and visitors that:

- Saint Luke's Place has and enforces a policy on abuse;
- The policy is posted in prominent and accessible places, i.e., key bulletin boards in the Home, such as the LTC bulletin board;
- The Resident Handbook, given to all new residents or their Power of Attorney or SDM contains the Policy on Abuse;
- Saint Luke's Place newsletter and/or updates shall periodically contain information on abuse;
- All family members, Substitute Decision Makers and visitors are expected to comply with the abuse policy;
- Action will be taken against those who do not comply. The actions that will be taken will include but are not limited to mandatory reporting to the Ministry of Health and Long-Term Care or contacting police when criminal activity is suspected;
- That the Public Trustee may be contacted if financial abuse is suspected.

#### **Abuse Committed by Another Resident who is Mentally Capable**

Saint Luke's Place shall communicate to each mentally capable resident and SDM on admission via the Resident Handbook:

- The contents of the abuse policy;
- The expectation that the resident will comply with the policy;
- The consequences of not adhering to the policy.

Saint Luke's Place shall also:

- Ensure that the abuse policy is always available to Residents' Council and Family Council, by posting same policy on the Councils' bulletin boards in the Home;
- Have a procedure that is followed when a resident fails to comply with the Abuse Policy, including but not limited to reporting to the Ministry of Health and Long-Term Care and **contacting the police when criminal activity is suspected**;
- Follow the investigative action as outlined in the policy for any alleged, suspected or witnessed abuse;
- Follow the investigation, identify any sanctions to be imposed when abuse has been committed by a resident against another resident.

#### **Abuse Committed by Any Other Person**


Saint Luke's Place shall communicate to independent contractors working for the organization that:

- An abuse policy is in effect;
- He/she/the company will sign an agreement stating he/she/the company is expected to comply with the policy;
- Describe the events that will take place in the event of non-compliance;
- Identify the sanctions to be imposed when abuse has been committed against a resident.

#### **Procedures:**

A) Procedure to be Followed by All Staff and Volunteers in the Event of Alleged, Witnessed or Suspected Abuse or Neglect.

REVIEWED/REVISED	Nov '18	June '19	June '20	Jan '21	May '22	

SAINT LUKE'S PLACE- ADMINISTRATION			
SECTION	Client Centered	POLICY #	A-F-06
SUBJECT	Prevention, Reporting and Elimination of Resident Abuse		
ISSUED BY	Long Term Care Administrator		


1. If the occurrence is witnessed, the person witnessing the mistreatment of a resident should, if possible, intervene to ensure the health, safety, and well-being of the resident;
2. Call for help if assistance is required;
3. Remove the resident or the abuser from the area, where necessary;
4. Ensure first aid or appropriate health care is immediately provided to the resident;
5. Immediately inform the Team Leader/Registered Nurse Manager (as appropriate) of the situation;
6. If the abuse is alleged or suspected, but not witnessed, the individual suspecting the abuse MUST report his/her findings or suspicions to the Team Leader/Registered Nurse Manager (as appropriate).
7. Those who witness or have knowledge of abuse of a resident and fail to report it may appear to be colluding with the abuser or condoning the abuse. Saint Luke's Place requires a person who has reasonable grounds to suspect that a resident has suffered or may suffer abuse to report the suspicion and the information on which it is based to the Team Leader/Registered Nurse Manager/Director of Nursing and Personal Care/Administrator.
8. If the occurrence involves a **Long-Term Care Home resident**, it may also be reported to the Ministry of Health and Long-Term Care Action Line **1-888-999-6973**.
9. The Home shall ensure that the resident's substitute decision-makers, if any, and any other person specified by the resident, are notified:
  - immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of a resident that has resulted in a physical injury or pain to a resident or that causes distress to a resident that could potentially be detrimental to a resident's health or well-being, and,
  - within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of a resident.
  - The Home will document the date, time and name(s) of person(s) notified.

**B). Immediate and Ongoing Investigation Action in Response to Every Alleged, Suspected or Witnessed Abuse**

The Team Leader/Registered Nurse Manager/Director of Nursing and Personal Care shall:

1. Protect all residents immediately from further harm;
2. Investigate all incidents of alleged, suspected or witnessed abuse;
3. Document incident on the resident's chart;
4. Document all aspects of the investigation;
5. Preserve any physical evidence available;
6. Take photographs if appropriate;
7. Notify the resident's substitute decision-maker, if any, and any other person specified by the resident,
  - (a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being; and
  - (b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident.
8. Despite the forementioned, Saint Luke's Place is not required to, but may, notify a person of anything under this section if the Home has reasonable grounds to believe that the person is responsible for the alleged, suspected or witnessed incident of abuse or neglect of the resident.
9. Ensure that the resident is permitted access to communication in private with independent advocates, including a lawyer, should the resident wish to do so;

REVIEWED/REVISED	Nov '18	June '19	June '20	Jan '21	May '22	


SAINT LUKE'S PLACE- ADMINISTRATION			
SECTION	Client Centered	POLICY #	A-F-06
SUBJECT	Prevention, Reporting and Elimination of Resident Abuse		
ISSUED BY	Long Term Care Administrator		

10. Take any necessary corrective action when abuse has occurred, or where there exists a strong suspicion that abuse has occurred. This may include:
  - Disciplining or removing a staff member from active duty with pay pending the outcome of the investigation;
  - Removing a volunteer from the situation pending the outcome of the investigation;
  - Restricting visitation of the suspected family member pending the outcome of the investigation;
11. Ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the Home suspects may constitute a criminal offence;
12. Continue to monitor any situation where abuse is suspected;
13. For Long-Term Care, complete a Critical Incident Report form online by the Director of Nursing and Personal Care, or Designate, or Nurse Manager.

**C). Completion of Investigation**

1. The investigation of any reported abuse shall be completed within the required timeline determined by the Ministry of Health and Long Term Care of the initial report and a written final report submitted to the Ministry of Health and Long-Term Care that outlines the findings of the investigation and the corrective action taken to date (for Long-Term Care)
2. In the event that circumstances such as a concurrent investigation by an outside agency, such as the police, prevent the completion of a final report, within the one-month period, Saint Luke's Place Administrator or the Director of Nursing and Personal Care will report such circumstances to the Compliance Inspector. Saint Luke's Place final report shall be provided within the time specified by the Ministry of Health and Long-Term Care.
3. If, upon completion of the investigation, Saint Luke's Place concludes that abuse did not take place as initially suspected, the Administrator or the Director of Nursing and Personal Care shall relay that information in writing to the Compliance Inspector.
4. Ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 27 (1) of the Act, immediately upon the completion of the investigation.
5. The Home shall ensure that, either within the investigation report and notes, or separately:
  - (i) an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it,
  - (ii) at least once in every calendar year, an evaluation is made to determine the effectiveness of the policy and what changes and improvements are required to prevent further occurrences of abuse and neglect of residents,
  - (iii) the results of the analysis undertaken under subclause (i) are considered in the evaluation mentioned in subclause (ii),
  - (iv) the changes and improvements mentioned in subclause (ii) are promptly implemented, and
  - (v) a written record of everything provided for in subclauses (ii) and (iv) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared.
6. For Long-Term Care, ensure that the final outcome of the Home's investigation is reported to the Ministry of Health and Long-Term Care by amending the previously completed Critical Incident Report form online by the Director of Nursing and Personal Care, or Designate, or Nurse Manager.

REVIEWED/REVISED	Nov '18	June '19	June '20	Jan '21	May '22	

SAINT LUKE'S PLACE- ADMINISTRATION			
SECTION	Client Centered	POLICY #	A-F-06
SUBJECT	Prevention, Reporting and Elimination of Resident Abuse		
ISSUED BY	Long Term Care Administrator		

**D). Procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected**

The Home will work with the resident (who has been abused or neglected, or allegedly abused or neglected), their family and/or their SDM to ensure that the resident is assisted and supported. This assistance and support may include, but not be limited to engagement of in-house resources such as Registered Staff, the Director of Nursing and Personal Care, Health and Wellness Director, the Social Worker, the Chaplain, and the Volunteer Coordinator to provide emotional support and assistance.

The Home will also assist the resident/family/SDM to access other appropriate supports in the community. Such community supports may include, or be accessed via contacts and resources such as:

- The resident's family physician
- Home and Community Care Support Services Waterloo Wellington (formerly Waterloo Wellington LHIN)
- Waterloo Regional Police Elder Abuse Team
- "Preventing and Addressing Abuse and Neglect of Older Adults" IA Best Practice Guideline through the RNAO
- Community Legal Education Ontario (CLEO)
- Advocacy Centre for the Elderly
- The Ontario Network for the Prevention of Elder Abuse
- The Canadian Mental Health Association
- Canadian Association of Retired Persons (CARP).

If requested by the resident/family/SDM, the Home will participate in discussions with community support contacts/organization to help to identify or implement any additional procedures or interventions which may be recommended to further assist or support the resident.

**E). Protecting Those Who Report Abuse / Whistleblower Protection**

The FLTCA prohibits anyone from retaliating or threatening to retaliate against someone else because of a disclosure to:

- An Inspector or the Director
- A residents' council
- A family council, if any


This prohibition also applies where evidence has been or may be given in a proceeding. Saint Luke's Place cannot do anything that discourages someone from making a disclosure, nor can Saint Luke's Place encourage someone to fail to make a disclosure.

**Retaliation**

The prohibited retaliation against another person includes acts of omission. It can include (without limiting its meaning):

- Dismissing, disciplining, or suspending a staff member
- Imposing a penalty on any person
- Intimidating, coercing, or harassing any person

REVIEWED/REVISED	Nov '18	June '19	June '20	Jan '21	May '22	

SAINT LUKE'S PLACE- ADMINISTRATION			
SECTION	Client Centered	POLICY #	A-F-06
SUBJECT	Prevention, Reporting and Elimination of Resident Abuse		
ISSUED BY	Long Term Care Administrator		

The FLTCA gives protection to residents and family members from worry that raising concerns or issues would affect the care or services that a resident receives.

If a resident or their family member makes a disclosure the FLTCA prohibits:

- The discharge of the resident from Saint Luke's Place, including the threat of discharge
- In any way subjecting the resident to discriminatory treatment (such as change or discontinuation of any service or care to the residents)
- Threats of doing or the possibility of doing any of the former to the resident

#### **Disclosure**

A disclosure can be about anything. Anyone can come forward at any time to an inspector or the Director. This includes when someone makes a mandatory report to the Director about certain serious matter under the FLTCA. The FLTCA clarified that a disclosure may be made by any method, such as by making a complaint to the ministry or calling the ministry's action line.

#### **F). Evaluation and Review of Abuse Program**

Our Abuse Program is evaluated at least annually. Any identified improvements will be implemented.

Saint Luke's Place shall ensure,


- that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the home becomes aware of it;
- that at least once in every calendar year, an evaluation is made to determine the effectiveness of the Home's policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;
- that the results of the analysis undertaken under clause (a) are considered in the evaluation;
- that the changes and improvements under clause (b) are promptly implemented; and
- that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared.

#### **Resources:**

Fixing Long Term Care Act 2021

Long Term Care Act and Regulations 2007

REVIEWED/REVISED	Nov '18	June '19	June '20	Jan '21	May '22	

<b>SAINT LUKE'S PLACE ADMINISTRATION</b>			
<b>SECTION</b>	Client Centre	<b>POLICY #</b>	A-F-09
<b>SUBJECT</b>	<b>Resident/Family Complaint Resolution</b>		
<b>ISSUED BY</b>	Long Term Care Administrator		

#### **POLICY STATEMENT**

Saint Luke's Place adheres to the highest standards of professional and personal conduct. There may however, from time to time be concerns or complaints regarding our residents from residents, their care partners, service providers or other stakeholders.

Receiving feedback from those we service is an integral component of our quality improvement process and supports us identify areas where we need to change our policies and practices.

Saint Luke's Place is committed to ensure that any complaint we receive is handled in a way that is timely, fair, and respectful.

#### **PURPOSE**

The purpose of the complaint procedure is to register, process and manage concerns on our policies, procedure, and service in a transparent and effective manner. An important objective is to learn from experience and to support continuous quality improvement.

#### **DEFINITION**

**Complaint:** An allegation of non-compliance with a requirement under the Fixing Long Term Care Act, 2021 including but not limited to, concerns related to the care and/or services of a resident or the operation of the home

**Verbal complaints:** These are expressions of concern articulated to any staff or member of the Home's Resident Council.

**Written complaints:** These are written expressions about unsatisfactory aspects of the operation of the Home or Resident Care and/or services. These can include written notification in any format, including anything handwritten, such as letters, notes, correspondence, emails, facsimile documents, and text messages.

**Reporting of complaints:** The notification of the Director of a complaint that the Home has received according to the specifications of the Act and its regulations.

#### **STANDARD**


Anyone can register a complaint, including a staff member, Resident, family member or person acting on the Resident behalf.

This policy set out the written procedures for initiating and dealing with complaints and applies to all types of complaints about resident care and Home operation with the exception of complaints about situation of potential or witnessed abuse and/or neglect outlined in the Fixing Long Term Care Act.

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:

- Improper or incompetent treatment of care of a Resident that resulted in harm or a risk of harm to the Resident;
- 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;
- Unlawful conduct that resulted in harm or a risk of harm to a Resident;
- Misuse of misappropriation of a Resident's money;

<b>REVIEWED/REVISED</b>	Nov '18	June '19	April '21	May '22	Nov '22	

SAINT LUKE'S PLACE ADMINISTRATION			
SECTION	Client Centre	POLICY #	A-F-09
SUBJECT	Resident/Family Complaint Resolution		
ISSUED BY	Long Term Care Administrator		

- e) Misuses or misappropriation of funding provided to a licensee under this Act, the Local Health System Integration Act, 2006 or the Connecting Care Act, 2019

Complaints about the above listed from a to d shall immediately be reported to the Ministry Director according to the mandatory reporting requirements and investigated as outlined in the **Zero Tolerance and the Prevention, Reporting and Elimination of Resident Abuse Policy**.

#### **IMPLEMENTATION PROCEDURE**


On admission, Residents/ Representatives shall be provided a copy of this policy and procedure as part of the Resident Handbook.

1. A complaint may be initiated by anyone and be verbal or written. A description of the Home's process for a person to initiate a complaint must be posted in an accessible and visible location and provide name, title, and contact information of most senior manager on site, how to submit a complaint and to whom.
2. Verbal and written complaints can be initiated by anyone and made to staff of the Home, Resident's Council and/or the Director.
3. The staff member should try to resolve a concern using personal means to communicate directly with a complainant or with relevant parties.
4. Verbal concerns or complaints brought at the Resident Home Area level that are resolved within 24 hours do not require documenting, however internal tracking is recommended.
5. In the event that front-line staff (or the person receiving the complaint) is unable to resolve a verbal concern at the unit or team level within 24 hours, staff must report the concern to their immediate manager/ designate who will complete the Complaint Management Form (Appendix B)
6. A copy of a written complaint concerning the care of a Resident, or the operation of the long-term care home shall immediately be forwarded to the Director.
7. The complaint shall be investigated and resolved internally by the Home staff where possible, and a response sent to the complainant that indicates;
  - What the Home has done to resolve the complaint, or
  - What the Home believes the complaint to be unfounded and the reasons for the belief
  - Must give the Ministry toll-free number (1-866-434-0144), hours of service, contact information for Patient Ombudsman to complainant.
  - When required to forward to the MOHLTC- during the Ministry's normal business hours, to the Director or the Director's delegate, or
  - Outside normal business hours using the Ministry's after-hours emergency number
  - Notify complainant that the complaint has been forwarded to the Ministry
8. If the staff handling the complaint requires additional support to resolve the complaint, he/she shall contact the most responsible manager/designate who shall contact the most appropriate member of the Senior Management and provide copies of relevant documentation.

**The most responsible manager/ designate, upon receipt of the complaint, shall initiate the complaint investigation and follow-up process ensuring that:**

REVIEWED/REVISED	Nov '18	June '19	April '21	May '22	Nov '22	




<b>SAINT LUKE'S PLACE ADMINISTRATION</b>			
<b>SECTION</b>	Client Centre	<b>POLICY #</b>	A-F-09
<b>SUBJECT</b>	<b>Resident/Family Complaint Resolution</b>		
<b>ISSUED BY</b>	Long Term Care Administrator		

1. Receipt of the complaint has been acknowledged to the person making the complaint including the date by which the complainant can reasonably expect a resolution;
2. The investigation is completed within ten (10) business days unless there are unusual circumstances;
3. The Ministry's toll-free telephone number for making complaints about the Home (1-8666-434-0144) and its hours of service and contact information for Patient Ombudsman (1-888-321-0339) [www.patientombudsman.ca](http://www.patientombudsman.ca)
4. The person making the complaint receives a response to the complainant with ten (10) business days outlining what has been done to resolve the complaint or if the complaint is deemed unfounded, the reason for that belief;
5. If the complaint cannot be investigated and resolved within ten (10) business days, this will be communicated back to the person making the complaint and must occur within those ten (10) business days, including the date by which the complainant can reasonably expect a resolution and a follow-up response. The response, when provided, will outline what has been done to resolve the complaint or if the complaint is deemed to be unfounded, the reason for that belief.
6. Actions take to resolve the complaint and correspondence with the person making the complaint are documented including:
  - The nature of each verbal or written complaint;
  - The date the complaint was received;
  - The type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; the final resolution, if any;
  - Every date on which any response was provided to the complainant and a description of the response; and
  - Any response made in turn by the complainant.
7. Planning and documenting corrective actions and improvements arising from the complaint to prevent recurrence including:
  - Reviewing and analysing the documented record for trends in types of complaints and resulting actions, at least quarterly;
  - Using the results of the review and analysis in determining what improvements are required or further preventative measures can be taken in the Home, and;
  - Keeping a written record of each review and of the improvements made in response;
  - Part 2 of the Complaint Form (Appendix B) is completed and signed off by the manager/designate and Administrator.

#### **REPORTING**

- Written complaints related to care of a Resident or the operation of the Home are forwarded to the Administrator, and they must immediately be forwarded to the Ministry Director via CIS (Reporting Certain Matters Reporting Form)
- Verbal complaints should be internally reported to the Administrator within the Home, who has a responsibility for documenting complaints;

REVIEWED/REVISED	Nov '18	June '19	April '21	May '22	Nov '22	

SAINT LUKE'S PLACE ADMINISTRATION			
SECTION	Client Centre	POLICY #	A-F-09
SUBJECT	Resident/Family Complaint Resolution		
ISSUED BY	Long Term Care Administrator		

- Complaints related to the Fixing Long Term Care Act Section 28 must immediately be reported to the Director as per the **Zero Tolerance and the Prevention, Reporting and Elimination of Resident Abuse Policy**.

#### **MANAGING COMPLAINTS (Investigating and Resolving)**

In effort to avoid escalation of day-to-day interactions to the level of a formal complaint, front line and management staff are expected to assist Residents/ Visitors in resolving any problems, which include providing information in response to questions and issues of concern as they occur on the Resident Home Area and department level.

Where complaints are received, they must be dealt with as follows:

- a) Resolved in ten (10) business days:
  - i. Every verbal or written complaint made to the licensee or staff about the care of a Resident or operation of the Home shall be investigated, resolved where possible, and a response provided to the complainant within ten (10) business days of receipt of the complaint.
  - ii. The response must indicate what the Home has done to resolve the complaint or that the Home believes the complaint to be unfounded and the reasons for that belief.
- b) If the Home is not able to resolve in ten (10) business days:
  - i. If a complaint cannot be investigated and resolved within ten (10) business days, within ten (10) business days of receiving the complaint, and acknowledgement must be provided to the complainant that includes the date that the complainant can reasonably expect a resolution.
  - ii. A follow-up response must be provided as soon as possible indicating what the Home has done to resolve the complain or that the Home believed the complaint to be unfounded and the reasons for that belief.


Note: If the complaint alleges harm or risk of harm to any Resident, the Home must commence the investigation immediately and following the reporting requirements for critical incidents or those related to abuse and neglect, the latter of which are set out in the Home's **Prevention, Reporting and Elimination of Resident Abuse Policy**.

#### **DOCUMENTING**

Except for verbal complaints that are resolved within 24 hours, homes must keep a documented record on all verbal and written complaints, which includes:

- The nature of the complaint and date received;
- Actions taken including dates of actions, time frames for investigation, actions towards resolution, response to complainant and follow-up actions;
- Final resolution, dates and description of responses;
- Written complaint forwarded to the Ministry Director;
- Written report documenting the response made to the complainant and timelines;
- Responses made by the complainant;
- Every date on which any response was provided to the complainant and a description of the response

REVIEWED/REVISED	Nov '18	June '19	April '21	May '22	Nov '22	

<b>SAINT LUKE'S PLACE ADMINISTRATION</b>			
<b>SECTION</b>	Client Centre	<b>POLICY #</b>	A-F-09
<b>SUBJECT</b>	<b>Resident/Family Complaint Resolution</b>		
<b>ISSUED BY</b>	Long Term Care Administrator		

For clarity sake, verbal complaints that are resolved within 24 hours do not require documentation. However, a Home may choose to record these complaints for the purpose of identifying trends or corrective actions.

#### **Protecting Those Who Report Concerns**

There will be no reprisals against any individual for good faith reporting of concerns. This includes whistleblower protection for any individual (including staff) for good faith reporting of concerns. It is important to note that any person who reports anything to the Ministry Director will be protected against retaliation in section 30 of the Fixing Long Term Care Act

#### **Rights and Responsibilities of Each Party**

Any concern received by Saint Luke's Place will be treated seriously and investigated promptly in a discreet and objective manner.

Residents and/or Families are encouraged to report concerns in a timely manner.

It is recognized that concerns not reported within a reasonable time may be difficult to investigate or substantiate, however the same protocols and procedure will be followed for complaint investigation and resolution regardless of the timeliness of the reporting of a complaint.

#### **Communication of Complaint Process**

The process for submitting a complaint will be included in the resident handbook, posted on the LTC information bulletin board and on our website.

#### **Continuous Quality Improvement**

The administrator or designate will review and analyze the documentation records for trends at least every quarter to ensure that the resulting review and analysis inform decisions about improvement required in the Home. Written record of each review and of any subsequent improvements made to the home in response.

The evaluation does not apply to verbal complaints that are able to be resolved within 24 hours of the complaint being received.

#### **Staff orientation and Training**

All staff must receive training regarding all procedures for handling complaints and the different roles of front line and management staff in dealing with complaints in orientation and annually. Suggested topics include:

- Complaints policies and procedures (including instructions for reporting complaints to the Ministry Director)
- Customer Service principals and practices
- Stages in problem solving process
- Analyzing and tracking complaints for quality improvement

#### **Resources:**

Fixing Long Term Care Act

MOHLTC Correspondence- Complaints

Policy: A-F-06 Prevention, Reporting and Elimination of Resident Abuse


Policy: A-F-09a Concern or Complaint FORM

A-F-9b Compliant Record FORM

Appendix A: Complaint Process- Contact Information

Appendix B: Concern or Complaint FORM

REVIEWED/REVISED	Nov '18	June '19	April '21	May '22	Nov '22	

<b>SAINT LUKE'S PLACE ADMINISTRATION</b>			
<b>SECTION</b>	Client Centre	<b>POLICY #</b>	A-F-09
<b>SUBJECT</b>	<b>Resident/Family Complaint Resolution</b>		
<b>ISSUED BY</b>	Long Term Care Administrator		

**APPENDIX A:**  
**Complaint Process/ Contact Information**

**Saint Luke's Place Phone Number and Contact**

David Bakker	Chief Executive Officer	519-658-5183 ext. 223
Maureen Toth	Long Term Care Administrator	519-658-5183 ext. 293
Mirielle Tessier	Director of Nursing and Personal Care	519-658-5183 ext. 225
Michael Goddard	Assoc. Director of Nursing and Personal Care	519-658-5183 ext. 288
Susan Jones- McAleese	Support Services Manager	519-658-5183 ext. 227
Trevor Trimble	Maintenance and Facility Manager	519-658-5183 ext. 367
Jennifer Coburn	Director of IPAC	519-658-5183 ext. 292
Rachel Feil	Life Enrichment and Program Manager	519-658-5183 ext. 244
Karen Jolley	Director of Finance	519-658-5183 ext. 240
Sheila Wamboldt	Health and Wellness Manager	519-658-5183 ext. 222

**Other Methods for Complaints**

Complainants may not wish to submit their complaints to the Home. There are other ways for them to do so.

**Call the Ministry**

Long Term Care Family Support and Action Line (toll free): 1-866-434-0144

Hours of Operation: 8:30am-7:00pm (7 days a week)

The person who takes the call will:

- Take down the complainant information
- Ask some questions
- Give some information to an inspector for follow-up

The complainant will hear back within two business days

**Write to the Ministry**

Director

Long Term Care Inspections Branch/ Long Term Care Operations Division


119 King Street West, 11th Floor

Hamilton, ON L8P 4Y7

**Contact the Patient Ombudsman**

Patient Ombudsman (If Long Term Care Family Support and Action Line was not able to reach a satisfactory resolution) (toll free): 1-888-321-0339 TTY: 1-416-597-5371

REVIEWED/REVISED	Nov '18	June '19	April '21	May '22	Nov '22	

<b>SAINT LUKE'S PLACE ADMINISTRATION</b>			
<b>SECTION</b>	Client Centre	<b>POLICY #</b>	A-F-09
<b>SUBJECT</b>	Resident/Family Complaint Resolution		
<b>ISSUED BY</b>	Long Term Care Administrator		

**APPENDIX B: Concern or Complaint FORM**



**Saint Luke's Place  
Resident/ Family Concern or Complaint Form**

**Date:** \_\_\_\_\_

**Purpose:** To identify concerns or complaints

**Your status:**    ☐ Family                      ☐ Resident                      ☐ Visitor

**Department related to concern/ complaint:**

- ☐ Programs/ Life Enrichment
- ☐ Foodservice and Nutrition
- ☐ Environmental (Housekeeping and Laundry)
- ☐ Maintenance
- ☐ Nursing
- ☐ Office

**Summary of Issue:**

---



---



---



---

**Suggested Solution:**

---



---



---




---

**Follow-up: Do you wish a:**    ☐ Telephone Call    ☐ Email    ☐ Letter

**Please provide your address/ phone number/ email address for follow-up, if required:**

---

REVIEWED/REVISED	Nov '18	June '19	April '21	May '22	Nov '22	

<b>SAINT LUKE'S PLACE ADMINISTRATION</b>			
<b>SECTION</b>	Client Centre	<b>POLICY #</b>	A-F-09
<b>SUBJECT</b>	<b>Resident/Family Complaint Resolution</b>		
<b>ISSUED BY</b>	Long Term Care Administrator		

Signature of Person Completing Form: \_\_\_\_\_

---

**For Dept. Use only**

Summary of Investigation:

---



---



---



---

Follow-up (include date of completion):

---



---



---




---

Level of Satisfaction: \_\_\_\_\_

Signature of administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Notification to the MOHTLC: \_\_\_\_\_ Date: \_\_\_\_\_

REVIEWED/REVISED	Nov '18	June '19	April '21	May '22	Nov '22	

SAINT LUKE'S PLACE- ADMINISTRATION			
SECTION	Client Centered	POLICY #	A-F-15
SUBJECT	Whistle Blower		
ISSUED BY	Long Term Care Administrator		

Note: Resident in this policy refers to residents and tenants living at Saint Luke's Place

**PREAMBLE:**

Saint Luke's Place endeavors to foster a safe environment for staff, residents, and others to disclose information (wrongdoings) related to compliance with the Fixing Long Term Care Homes Act by prohibiting and making it an offence for anyone to retaliate against the person disclosing the information.

This policy is part of the Saint Luke's Place ongoing efforts to identify and respond to any conduct that may pose a risk of harm to residents or staff, or to the operation of the Home. This policy reflects the strong whistle-blowing protections in the FLTCA.

Sections of the FLTCA forbids retaliation/reprisal or threats of retaliation/reprisal against a person for disclosing anything to the LTC inspector or the Ministry of Health and Long-Term Care (MOHLTC) Director or for giving evidence in a proceeding or during a coroner's inquest. Under the Acts, staff members, officers, and directors cannot discourage these disclosures.

**PURPOSE:**

To provide a reporting, follow-up and protection process for the disclosure of wrongdoings. Everyone shares a responsibility to ensure that residents can live with dignity and in safety, security, and comfort. Saint Luke's Place is committed to providing the best possible care for residents.

**POLICY:**

**A. Reporting Overview**


Any staff member, volunteer, student, board member and/or any other party who is aware of or suspects any of the following must report it as soon as possible in accordance with the reporting procedures in this policy:

1. Improper or incompetent treatment or care of a resident; or unlawful conduct that affects or may affect a resident;
2. Abuse of a resident by anyone, or neglect of a resident by a staff member or board member of the Home. This includes misuse or misappropriation of resident property;
3. Neglect of a resident by staff or Saint Luke's Place ;
4. Unlawful conduct;
5. Verbal complaints concerning resident/ care or operation of the Home;
6. Breach of Saint Luke's Place policies, standards, procedures or by-laws, or breaches of legislation or government policy that applies to Saint Luke's Place, including the LTCHA and the associated regulations.
7. Any retaliation against a person for making a report under this policy, or for disclosing anything to an inspector or the MOHLTC Director, or for giving evidence in a proceeding under the FLTCA or in a coroner's inquest.
8. Any other actions or items that resulted in harm or risk of harm to residents are obligated to report wrongdoing.

**B. No Retaliation or Discouragement of Reports**

1. Saint Luke's Place will protect staff members, volunteers, students, board members and any other party who have reported a wrongdoing from harassment, coercion, penalty, or discipline in the context of the following:
  - will not dismiss, suspend or discipline a staff member who reports in good faith under this policy;


REVIEWED/REVISED	Nov '22					

SAINT LUKE'S PLACE- ADMINISTRATION			
SECTION	Client Centered	POLICY #	A-F-15
SUBJECT	Whistle Blower		
ISSUED BY	Long Term Care Administrator		

- for disclosing anything to an inspector or the MOHLTC Director, or giving evidence in a proceeding under the FLTCA or during a coroner's inquest;
2. The Home will protect a resident (and his or her family members, SDM, and persons of importance) against any threats or discrimination in connection with:
    - the resident's disclosure of anything to an inspector or the MOHLTC Director, or
    - his or her giving evidence in a proceeding under the FLTCA or during a coroner's inquest.
  3. Staff members and board members must not do anything to discourage any of the following:
    - Reports under this policy,
    - Mandatory/immediate reports under the FLTCA, and
    - Disclosures to an inspector or the MOHLTC Director/Registrar, or the giving of evidence in a proceeding under the FLTCA or during a coroner's inquest.
- C. Protection:**
1. This policy endeavors to balance protection against reprisal for disclosing wrongdoing with the rights of the alleged wrongdoer.
  2. It is prohibited for any staff member, volunteer, student, or board member to perform any action that discourages or aims to discourage a person from disclosing wrongdoings. This will result in disciplinary action, up to and including termination of employment or removal from his/her position.
  3. In addition, any staff member, volunteer, student, or board member who retaliates, threatens, or discourages a report in breach of this policy will be subject to disciplinary action, up to and including termination of employment/placement or removal from his/her position.
  4. Staff members, volunteers, students, board members and any other party may seek advice from the Human Resources Department on the disclosure of a wrongdoing at any point.
- D. Reporting in Good Faith:**
1. In making a report under this policy, a person must not act maliciously or in bad faith. A person who makes a report maliciously or in bad faith may be subject to disciplinary action up to and including termination of employment, termination of placement or removal from his/her position.
  2. Any staff members, volunteers, students, board members and any other party who reasonably believes that they are being asked to commit a wrongdoing, or who reasonably believes that a wrongdoing has been committed or is about to be committed, may disclose the matter immediately to their supervisor/manager, Director, CEO and/or the Human Resources Department.
  3. No person, knowing that a document or object is likely to be relevant to an investigation under this policy, shall:
    - destroy, mutilate or alter the document or object;
    - falsify the document or make a false document;
    - conceal the document or object;
    - direct, counsel or cause any person to do anything mentioned above in any manner;
    - propose to any person that they do anything mentioned in the above clauses in any manner.
- E. Responsibility:**
1. All staff members, volunteers, students, board members and any other party at Saint Luke's Place are responsible for acting in accordance with this policy.

REVIEWED/REVISED	Nov '22					



<b>SAINT LUKE'S PLACE- ADMINISTRATION</b>			
<b>SECTION</b>	Client Centered	<b>POLICY #</b>	A-F-15
<b>SUBJECT</b>	<b>Whistle Blower</b>		
<b>ISSUED BY</b>	Long Term Care Administrator		

**PROCEDURE:**

**A. Reporting**

1. All disclosures must be made in written form unless there is imminent and serious danger.
2. The Home will process and respond to reports of resident abuse and neglect through its Policy to promote Zero Tolerance of Abuse and Neglect.
3. The Home will process and respond to verbal and written complaints through its complaints policy/procedures.
4. All reports under this policy should be to a staff member's immediate supervisor or manager. Where an immediate supervisor is implicated, or where a staff member is uncomfortable reporting to their supervisor, the report should go to the next level of leadership (Senior Management), the Human Resources Department and/or CEO.
5. Board members should report to the Chief Executive Officer and/or the Chair or President/Vice Present of the Board, where appropriate.
6. Reports concerning management staff members should be to the Chief Executive Officer (CEO); or if the report implicates the CEO, to the Board Chair.
7. Reports concerning conduct of professional staff or service providers (physicians and medical students, dentists, nurses in the extended class, Director of Care, supervisors) should be to the CEO.
8. A staff member or board member who experiences any form of retaliation/reprisal before or after submitting a report should immediately inform their supervisor or a member of the management team; or in the case of a board member, the CEO, President/Vice Present of the Board.

**B. Investigation**

1. The person receiving the report will forward it for investigation to the Human Resources (HR) Department. The HR Department will investigate and resolve the subject matter of the report. Where necessary, they will advise or involve members of senior management and/or the CEO.
2. Responsibility for investigation and resolution may be referred to senior management or the board if the complaint is regarding a member of the Human Resources Department.
3. The Home expects staff members to cooperate during any investigation.
4. If feasible and appropriate, the Home will inform the individual who made the report about the results of an investigation and the steps taken to address the conduct in question within 10 days.
5. The CEO will be informed of the results of the investigation and will report on the matter to the President of the Board if an infraction of this policy has occurred.


**C. Confidentiality**

1. The Home will accept reports under this policy on an anonymous or confidential basis. The Home's normal procedure will be to keep all reports confidential to the extent possible, subject to the need to conduct an effective investigation or to take action to comply with the FLTCA or other law. The home will not tolerate any attempt by a person or group to identify a person who submits a report in good faith on an anonymous or confidential basis.

**D. Staff Orientation and Training**

1. Staff members will receive orientation and annual re-training on the reporting obligations under the FLTCA, the home's internal procedures for reporting, and the whistle-blowing protections in the FLTCA.

<b>REVIEWED/REVISED</b>	Nov '22					

SAINT LUKE'S PLACE- ADMINISTRATION			
SECTION	Client Centered	POLICY #	A-F-15
SUBJECT	Whistle Blower		
ISSUED BY	Long Term Care Administrator		

#### E. Posting

- How to report instructions are posted at the Link on the Long Term Care Board. This will remain posted on a permanent basis.

#### Definitions:

##### Wrongdoing

A wrongdoing occurs if there is:

- Gross mismanagement\*;
- An act or an omission that creates a substantial and specific danger to the life, health or safety of a person;
- The taking of a reprisal/retaliation against an employee;
- A willful deliberate violation of any government legislative act or regulation;
- A significant deliberate violation of any Saint Luke's Place policy.

\*Gross mismanagement is defined as a deliberate act or an omission showing a reckless or willful disregard for the efficient management of significant Saint Luke's Place resources.

##### Retaliation and Reprisal

Retaliation: Encompasses direct actions, omissions, and threats.

- Evicting a resident;
- Subjecting a resident to discriminatory treatment;
- Imposing a penalty on any person;
- Intimidating, coercing, or harassing any person.


Reprisal: Reprisal action taken against an employee/person who has made a disclosure of wrongdoing in good faith includes:

- A disciplinary measure such as staff dismissal, discipline and suspensions;
- Intimidating, coercing or harassing a person;
- Demotion of the employee;
- Any measure that adversely affects the employment or working conditions of the employee, or;
- A threat to take any of the previously identified measures.

#### REFERENCES:

FLTCA

REVIEWED/REVISED	Nov '22					

SAINT LUKE'S PLACE- ADMINISTRATION			
SECTION	Quality Improvement	POLICY #	A-H-12
SUBJECT	Feedback		
ISSUED BY	Long Term Care Administrator		

### **POLICY**

It is the practice at Saint Luke's Place to encourage feedback from residents, families, tenants and visitors regarding programs and services provided in the facility to continually strive to maintain optimum quality of life for those who live here.

Saint Luke's Place is committed to continuous improvement in the quality of our services and programs. We believe it is vital to hear your opinions and to involve you in the planning and evaluation of changes and improvements to our home. You and your family have several avenues for participation.

### **Residents' Council**

Saint Luke's Place has an established Residents' Council which it supports. We encourage you to participate in Council activities and/or on the Council itself. Family members or other individuals from the community may attend meetings by invitation of the Residents' Council.

The purpose of the Council is to promote good relations and fellowship among the residents of Saint Luke's Place, to cooperate in arranging programs, and to provide liaison between the Council and the management of Saint Luke's Place.

You will, by means of minutes posted on the resident information bulletin board, be informed of Residents' Council monthly meetings along with feedback where requested, from the Chief Executive Officer or his/her designate. Suggestions and complaints from Residents' Council shall be documented, investigated, and responded to verbally or in writing by the Administrator or his/her designate within 10 days. For more information about Residents' Council, please speak to the Social Worker.

### **Family Council**

The mission of the Family Council is to provide sensitive and caring support for families and friends of Long-Term Care residents. They represent the interests and rights of residents and their families. The Council provides a liaison between families and the management of Saint Luke's Place, to provide input on home decisions and to act on shared concerns and problems.

The Council meets on quarterly to provide a safe and knowledgeable forum where family members can share information, discuss concerns, and have input on the quality of life of the residents. If your family is interested in Family Council participation, please speak to the Social Worker.


### **Quality Improvement Council/ Resident Care Committee**

Saint Luke's Place has a Quality Council and Resident Care Committee which meets regularly. These committee is composed of managers, staff, family members, residents, Medical Director, external stakeholders, and a Board member. Quality Council and Resident Care Committee reviews all the projects and activities going on which are directed toward quality improvement of specific services at Saint Luke's Place. This Council also makes recommendations about new quality initiatives which need to be undertaken.

### **Speak Your Mind**

"Speak Your Mind" boxes are conveniently located throughout the building, i.e., elevators, entrance areas. We encourage you to complete the questionnaires and share your feedback with us. If you would like a personal response, please include your name, and phone number.

REVIEWED/REVISED	Nov '22					

<b>SAINT LUKE'S PLACE- ADMINISTRATION</b>			
<b>SECTION</b>	Quality Improvement	<b>POLICY #</b>	A-H-12
<b>SUBJECT</b>	Feedback		
<b>ISSUED BY</b>	Long Term Care Administrator		

#### Annual General Meeting

Once per year, Saint Luke's Place conducts an annual general meeting. At this meeting, the year's operations and accomplishments at Saint Luke's Place are reviewed. This meeting is hosted by the President of the Board and is attended by members of the Corporation.

#### Complaints/Concerns

At times, you or your family may feel that it is necessary to obtain further information, raise concerns, lodge a complaint, or recommend changes regarding Saint Luke's Place and its services. (Refer to Policy A-F-09 Resident/Family Complaint Resolution)


Out of courtesy to the staff and management of Saint Luke's Place we request that the following process be used:

1. Discuss the issue with the Team Leader on duty, if appropriate. If they can resolve the concern, or answer your questions, they will do so.
2. If not resolved to your satisfaction, consult with the Registered Nurse (RN).
3. Take the issue to the appropriate Department Manager, if you are not satisfied with the staff's response or if you feel the issue needs to be addressed directly to the manager.
4. If you are not satisfied with the action taken by the manager, pursue your concern further with the Long-Term Care Administrator.
5. If you continue to remain unsatisfied, you may contact the Compliance Advisor at the Ministry of Health and Long-Term Care, 1-866-434-0144 or write to The Ministry of Health and Long-Term Care, 291 King St., 4th floor, London Ontario N6B 1R8.
6. In addition, please do not hesitate to bring issues forward to the Long-Term Care Administrator through the Residents' Council.

#### References

FLTCA  
CARF

<b>REVIEWED/REVISED</b>	Nov '22					

<b>SAINT LUKE'S PLACE-NURSING</b>			
<b>SECTION</b>	Restraints	<b>POLICY #</b>	N-J-01
<b>SUBJECT</b>	Physical, Chemical, Alternative Restraints PASD		
<b>ISSUED BY</b>	Director of Nursing and Personal Care		

### **STANDARD**

To recognize the need to balance the safety of the residents with their desires and rights. The quality of life for each resident with the preservation of dignity, rights and independence of the resident are recognized as well as the Home's responsibility to provide a safe environment.

Alternatives to the use of restraints will be fully explored and interventions tried and failed before the formal decision is made to restrain the resident.

Recognized purposes for the use of restraining devices on residents of long-term care homes:

1. As restraints, for the protection of the resident and/or others in situations where there is an imminent risk of harm to a resident or other person(s); and
2. As personal-assistance service devices (PASDs) which support or stabilize the resident so that his or her participation in activities of daily living (eating, walking, recreation, etc.) and quality of life are improved and which, as a by-product, restrict the resident's freedom of movement in some manner. Not all PASDs have a restraining quality. Those PASDs that do restrict or, limit a resident's movement or freedom are to be applied only with the consent of the resident if the resident is capable of consenting. If the resident is not capable, consent of the resident's substitute decision-maker SDM with the legal authority to consent is required.

In all cases, only the least restrictive restraint or PASDs shall be used on a resident

### **Physical Restraints**

This includes all devices used by the home that restrict freedom of movement or normal access to one's body. A resident may be restrained by a physical device if the restraining of the resident is included in the resident's plan of care. The use of a physical device from which a resident is both physically and cognitively able to release themselves is not a restraining of the resident.


In RAI-MDS 2.0 a physical restraint is defined as any manual method, or any physical or mechanical device, material or equipment that is attached or adjacent to the person's body, that the person cannot remove easily, and that does, or has the potential to restrict the resident's freedom of movement or normal access to his or her body.

If the resident has no voluntary movement, specifically is comatose or quadriplegic, (Trunk restraint), (Limb restraint), and (Chair prevents rising) will be coded as O (Not used).

### **PROHIBITED USE OF RESTRAINTS**

- Restraints for convenience of staff or discipline is prohibited
- PRN orders shall not be used to authorize the application of any restraint
- Any vest-type, magnetic-type, or jacket restraint, even if it has been manufactured specially for use as a restraint
- Any device or garment not designed for use as a restraining device (for example sheets, cotton or cling wrap, tensors, or other strips of bandages used to tie, confine, or limit a resident's movement)
- Roller bars on wheelchairs, commode chairs or toilets, and any other device added to this equipment to restrain a resident

REVIEWED/REVISED	Dec '18	Dec '19	April '21	Oct '22		

SAINT LUKE'S PLACE-NURSING			
SECTION	Restraints	POLICY #	N-J-01
SUBJECT	Physical, Chemical, Alternative Restraints PASD		
ISSUED BY	Director of Nursing and Personal Care		

- Any manufactured or customized restraining that has been altered (for example, those with sewn-on extra straps).
- Administration of drugs to control a resident is prohibited unless immediate action is necessary to prevent serious bodily harm to the resident or others
- Barriers, locks or other devices or controls to prevent leaving a room or any part of the home, including grounds of the home, or entering parts of the home generally accessible to other residents UNLESS the restraining is included in the resident's plan of care
- A device that has the effect of limiting or inhibiting the resident's freedom of movement
- A physical device to restrain a resident in bed, except to allow for a clinical intervention that requires a resident's body or a part of the body to be stationary
- Any device with locks that can only be released by a separate device, such as a key or magnet
- Four-point extremity restraints
- Any device that cannot be immediately released by staff


#### TYPES OF RESTRAINTS PERMITTED

- Lap belts (front and rear buckled)
- Table top/Table Tray – permanently applied to resident while sitting in a chair
- Both bedrails – all types (one bedrail is not a restraint if the bed is not positioned against a wall, preventing exit from the other side of the bed)
- Tilt wheelchair or a chair prevents rising – If the resident does not have the physical ability or cognitive capacity to rise from any chair, this is not a restraint; otherwise proceed as restraint (If the resident has no voluntary movement i.e. comatose or quadriplegic, it is not a restraint). Staff should note that it is the effect the device has on the resident that classifies a tilt wheelchair as a restraint, not the name or label given to the device, nor the purpose or intent of the device  
The use of barriers, locks and other devices or controls at stairways as a safety measure is NOT a restraining of a resident (LTCH)

#### RISKS OF RESTRAINTS (AMONG THESE BUT ARE NOT LIMITED TO, ARE):

- Increased risk of injury in residents who try to free themselves, tip wheelchairs or slide down and even strangle themselves
- Restriction to breathing
- Increased risk of pneumonia, urinary incontinence, constipation, pressure sores and contractures, all consequences of reduced mobility
- Loss of bone mass/muscle tone with reduced functional decline e.g. ability to walk when removed
- Negative responses/emotional distress such as anger, fear, and humiliation
- Anxiety, agitation, aggression
- Loss of appetite
- Dehydration
- Disorganized behaviour
- Feelings of helplessness, hopelessness, and withdrawal
- Increased morbidity and mortality

REVIEWED/REVISED	Dec '18	Dec '19	April '21	Oct '22		

SAINT LUKE'S PLACE-NURSING			
SECTION	Restraints	POLICY #	N-J-01
SUBJECT	Physical, Chemical, Alternative Restraints PASD		
ISSUED BY	Director of Nursing and Personal Care		

The risk of not complying with the minimal restraint policy will jeopardize the safety and wellbeing, of the client or others which could alter the health status of the client up to and including death

The use of restraints/devices should be assessed in relation to the potential severity of the injury or death to the client as well as the financial/time management constraints on the organization for the purpose of providing proper care, monitoring, and documentation of the client in the restrain/device

Failure to properly provide adequate prevention and care regarding the use of restraints and devices for clients as per the applicable Acts & Regulations could be misconstrued as neglect, and the organization monitored and investigated by the appropriate reporting body (e.g. College of Nurses of Ontario, Ministry of Health and Long-Term Care)

#### **PROVISION IN THE PLAN OF CARE FOR RESTRAINTS**

Restraining a resident by means of a physical device OR using barriers, locks or other devices or controls may be included in the plan of care ONLY if the following are satisfied.


- There is significant risk that the resident or another person would suffer bodily harm if the resident were not restrained
- Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been effective to address the risk of the resident harming himself or others
- The method of restraining is reasonable, considering the resident's physical and mental condition, and personal history, and is the least restrictive to address the risk of self-harm or harm to others
- A physician or a registered nurse in the extended class has ordered and approved the restraining
- The restraining of the resident has been consented to by the resident or, if the resident is incapable, by a POA or SDM with authority to give consent
- Administration of a drug to restrain a resident must be authorized by a physician

#### **Additional Requirements in the Plan of Care**

- The device is being used in accordance with any requirements in the LTCH Act, 2007 and its Regulations. See prohibited restraints above
- The resident is monitored hourly while restrained
- The resident is released and repositioned, every two hours, while restrained, and at any other time when necessary based on the resident's condition or circumstances (Documented in PCC)
- The resident's condition is reassessed, and the effectiveness of the restraining evaluated
- The resident is restrained ONLY if is necessary to address the risk of harm to himself and others
- The method of restraining used is discontinued, if because of the reassessment of the resident's condition, an alternative to restraining or a less restrictive method of restraining would be more reasonable
- The restraint is applied correctly and maintained

#### **Assessment and Evaluation**

REVIEWED/REVISED	Dec '18	Dec '19	April '21	Oct '22		

<b>SAINT LUKE'S PLACE-NURSING</b>			
<b>SECTION</b>	Restraints	<b>POLICY #</b>	N-J-01
<b>SUBJECT</b>	Physical, Chemical, Alternative Restraints PASD		
<b>ISSUED BY</b>	Director of Nursing and Personal Care		

A physician or Registered Nurse Extended Class (RNEC) in collaboration with the interdisciplinary team may prescribe a physical restraint. The prescribing clinician should ensure that alternatives have been considered, and informed consent is obtained for the treatment from the resident and /or the substitute decision-maker.

1. Assess resident for condition, circumstances or clinical indicators that potentially require treatment interventions in collaboration with the team
2. Include precipitating factors for considering a restraint including the clinical indicator(s) that necessitates the physical restraint
3. Include any/all alternatives that were tried/considered and why they were not suitable.
4. Obtain input from interdisciplinary team members (e.g. registered nurse (RN), physiotherapist (PT), occupational therapist (OT)) to identify alternative treatment options to be tried prior to the use of restraints
5. Include in the written order what device is being ordered and instructions relating to the order
6. Discuss with the resident/SDM:
  - goals such as elimination of the restraint, reduction of the severity, duration and /or frequency of use
  - measurable objectives
  - period of day when the restraint is required
  - frequency that resident will be checked
  - frequency of position change
  - frequency of skin care
  - frequency of range of motion exercises and ambulation
  - frequency of evaluation of the side effects of restraints on resident behaviour
  - deadline date for re-evaluation of the need for restraint.
7. Obtain and record informed consent including that the risks and benefits of alternative treatment options and risks and benefits related to use of the restraint have been outlined to the resident/SDM Device Information Consent Form, (Health Care Consent Act, 1996).
8. Complete Assessment of Resident for Use of PASD or Restraint in PCC under Assessments
9. Document all information in PCC under PN\_LR

Medical directives for restraints that are not specific to a resident are not permitted under any circumstances.


#### Care Plan

##### Authorized Staff

1. Establish resident focused goals including reduction of severity, frequency, duration, or elimination of the restraint.
2. Integrate alternative strategies wherever possible.
3. Ensure the care plan strategies have adopted the least restrictive restraint for the shortest amount of time necessary.
4. Outline specific steps for applying and reapplying the device according to instructions given in the order and to manufacturer's instructions and specifications; specify instructions in the care plan.
5. Outline specific steps for monitoring the resident at a minimum of hourly (registered nursing staff or a person who is authorized by registered nursing staff). Specify who, when, and what to observe in the care plan (POC & PCC).

REVIEWED/REVISED	Dec '18	Dec '19	April '21	Oct '22		



<b>SAINT LUKE'S PLACE-NURSING</b>			
<b>SECTION</b>	Restraints	<b>POLICY #</b>	N-J-01
<b>SUBJECT</b>	Physical, Chemical, Alternative Restraints PASD		
<b>ISSUED BY</b>	Director of Nursing and Personal Care		

#### **Environmental Restraints (LTCHA s. 32)**

Any device or barrier that limits the movement of an individual, and thereby confines an individual to a specific geographic area or location (e.g. secured units). The use of barriers, locks and other devices or controls at stairways as a safety measure is not a restraining of a resident.

#### **Chemical Restraints (LTCHA s. 36(3-4))**

Pharmaceuticals given with the specific and sole purpose of inhibiting specific behaviour or movement. Differentiating between the use of a drug as a therapeutic agent or a restraint is difficult. However, when a drug is used to treat clear-cut, psychiatric, or medical symptoms, it is not usually considered a restraint.

#### **Emergency (LTCHA s. 36(1))**

In an emergency, a physical restraint may be applied to a resident on the direction of a registered nurse where there is an immediate risk of injury to the resident or others. Rationale for the emergency use of the restraint must be documented including restraint assessment, interventions, and outcomes of the treatment.

As in the non-emergent situation, the least restrictive restraint which is necessary to place the resident under control will be used.

A physician's verbal order shall be obtained within 12 hours of the restraint application. If the physician refuses to order a restraint:

- Document in the progress notes and in the care plan
- Remove the Restraint and provide safety measures identified in the alternatives to restraint use
- Communicate with resident and/or SDM and document details of the conversation

In the event of a disagreement with recommendations regarding the use of a restraint or PASD, the Registered Nurse will:


- Arrange a care conference with the resident/SDM to discuss the resident care plan and benefits and risks
- If there continues to be a disagreement, the resident/SDM will be requested to sign a release form
- Release of Responsibility form to be completed if the SDM refuses use of the restraint/PASD
- Request for Restraints and Release form to be completed if the SDM/Resident requests the use of a restraint (cognitive resident, fear of falling or sliding out of chair)

#### **Restraining by administration of drug under common law duty**

Every administration of a medication to restrain a resident when immediate action is necessary to prevent bodily harm to the resident or others according to the common law duty must be ordered by a physician and documented with the following:

1. Circumstances precipitating the administration of the drug
2. Who made the order, what drug was administered, the dosage given, route, frequency and who administered the drug
3. The residents response to the drug
4. All assessments, reassessments and monitoring of the residents
5. Discussions with residents or SDM if incapable if resident is incapable before and/or following the administration of the drug to explain reasons for its use

REVIEWED/REVISED	Dec '18	Dec '19	April '21	Oct '22		

SAINT LUKE'S PLACE-NURSING			
SECTION	Restraints	POLICY #	N-J-01
SUBJECT	Physical, Chemical, Alternative Restraints PASD		
ISSUED BY	Director of Nursing and Personal Care		

### Documentation

Documentation Requirements as follows:

- The circumstances precipitating the application of the physical device
- What alternatives were considered and why those alternatives were inappropriate
- The person who made the order, what device was ordered, and any instructions relating to the order
- Consent
- The person who applied the device and the time of application
- All assessments, reassessments, and monitoring, including the client's response
- Every release of the device and all repositioning
- The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care

#### *Every shift*

1. Registered Staff to document in Point Click Care (PSS) for restraint usage
2. PSW to document in Point of Care (POC) for restraint usage

#### *Every 3 months*


1. Restraint/PSAD assessment will be completed and documented for the RAI- MDS quarterly (Point of Care under assessments)
2. Restraint Audit to be completed and presented at the CQI meeting

#### *Annual*

An annual evaluation will be conducted and presented at the CQI meeting

- The number of residents to whom restraints have been applied, compared with the total number of residents
- The number of residents to whom restraints had been applied at the time of the last report, compared with the total number of residents at that time
- The change from the previous report in the number and percentage of residents to whom restraints have been applied
- Any injuries or alterations to skin conditions related to the use of restraints applied within the home
- An analysis of the restraining of residents with physical devices, with the results of the analysis considered during the annual evaluation
- Assurance that restraining that is necessary is done in accordance with the Act and Regulations
- Record of changes and improvements required to minimize restraining; prompt implementation of the changes
- A written evaluation, the names of people who participated in the evaluation and with the following information, shall be maintained. The written record will be maintained in the Director of Care LTC Office.
- At least once in every calendar year, an evaluation is made to determine the effectiveness of the policy and what changes and improvements are required to determine the effectiveness of the policy and what

REVIEWED/REVISED	Dec '18	Dec '19	April '21	Oct '22		

SAINT LUKE'S PLACE-NURSING			
SECTION	Restraints	POLICY #	N-J-01
SUBJECT	Physical, Chemical, Alternative Restraints PASD		
ISSUED BY	Director of Nursing and Personal Care		


changes and improvements are required to minimize restraining and to ensure that any restraining that is necessary is done in accordance to legislation

#### ALTERNATIVES TO USING RESTRAINTS

The interdisciplinary care team learns to read and understand the moods and behaviour of residents, particularly in a Long-Term Care Home. This knowledge can provide an advantage when unexplained or unusual behaviour are exhibited. In these and other less familiar situations, considerations or alternative interventions to restraint should be in place:

- A. Maintain safe physical/environment:  
 Reduce glare and/or poor lighting which may contribute to falls  
 Frequently re-orient resident unfamiliar with the environment due to memory loss or poor vision  
 Watch for gait or balance disturbances; hand railing mounted on corridor walls can be effective; ensure appropriate footwear  
 Failing senses—hearing, touch, etc., can contribute to increased risk, ensure a thorough physical assessment on admission. Recheck on a routine basis
- B. Monitor any changes in the resident's usual physical signs and symptoms which can provide clues to unexpected confusion, lethargy, and weakness. Take appropriate action. Communicate verbally and in writing to all members of the interdisciplinary resident care team.
- C. Instead of applying restraints, protect specific body parts. For example, head, knees, or elbows from risk of harm by providing padding, hip protectors, or helmets as appropriate. This fosters independence as well as maintaining a level of protection.
- D. Noise in the environment may disturb residents and contribute to agitation and confusion. Try to reduce or eliminate sources of irritating noise. Pay special attention to noise in dining room. Remove the resident from stressful/noisy situations.
- E. Fluid intake can influence electrolyte balance, which can impact on the resident's level of consciousness, mood, and memory. Monitoring the resident's intake and output to ensure adequate hydration is an important element of assessment.
- F. Move the resident's room closer to the nursing station if possible
- G. Have the resident sitting in an area visible to the nursing station.
- H. Move the resident to a more or less stimulating environment depending on their needs.
- I. Try to increase the amount of supervised mobility of the restless or wandering resident.
- J. Keep floors and bathrooms accesses clear whenever possible to appropriate residents
- K. Consider using one bedrail at night, keeping the commode at the bedside with the brakes on

REVIEWED/REVISED	Dec '18	Dec '19	April '21	Oct '22		

<b>SAINT LUKE'S PLACE-NURSING</b>			
<b>SECTION</b>	Restraints	<b>POLICY #</b>	N-J-01
<b>SUBJECT</b>	Physical, Chemical, Alternative Restraints PASD		
<b>ISSUED BY</b>	Director of Nursing and Personal Care		

- L. Ensure that the resident has access to the call bell and knows how to use it
- M. Use safe footwear
- N. Maintain safe equipment, walkers, canes, wheelchairs
- O. Keep beds in low position except during resident care, use of Hi/Low beds
- P. Involve family, i.e. are they available to spend time with the resident, inquire about methods used at home to ensure resident's safety
- Q. Consider using volunteers to sit with restless or confused residents
- R. Check on residents frequently to reduce their anxiety
- S. In extreme situations consider placing a mattress on the floor near the bed
- T. Provide finger foods for residents who are not able to sit for the meal
- U. Take resident for a walk
- V. Provide an activity such as a hobby, picture book, folding towels, calming music, music therapy, pet therapy
- W. Use bed exit device where alarm notifies staff that resident is getting up
- X. Offer food or drink, take to bathroom

#### Personal Assistance service device (PASD)

##### Procedure:

##### Assessment


The use of the PASD must be approved by one of the following:

- a physician
- a registered nurse
- a registered practical nurse
- a member of the College of Occupational Therapists of Ontario
- a member of the College of Physiotherapists of Ontario.

This assessment is carried out collaboratively by an interdisciplinary team. The prescribing clinician is required to obtain informed consent for the treatment from the resident and or the substitute decision-maker (SDM).

Note: If the PASD is being used to restrain a resident, then the policy for Minimizing Restraining of Residents: Use of Restraints must be followed.

<b>REVIEWED/REVISED</b>	Dec '18	Dec '19	April '21	Oct '22		

SAINT LUKE'S PLACE-NURSING			
SECTION	Restraints	POLICY #	N-J-01
SUBJECT	Physical, Chemical, Alternative Restraints PASD		
ISSUED BY	Director of Nursing and Personal Care		

The assessment will:

1. Identify precipitating factors for considering a PASD including the clinical indicator(s) or functional deficits.
2. Obtain input from team members (e.g. registered staff (RN/RPN), physiotherapist (PT), occupational therapist (OT)) to identify alternative treatment options to be tried prior to the use of a PASD.
3. Consider and try alternatives to the use of a PASD.
4. Include any/all alternatives that were tried/considered and why they were not suitable.
5. Discuss with the resident/SDM:
  - Goals for use of the PASD
  - measurable objectives related to support for daily living activity
  - period of day when the PASD is required
  - frequency that resident will use it
  - reviewed quarterly
  - when the PASD would be considered a restraint: When a "PASD" (i.e. a device) is being used to restrain a resident rather than to assist the resident with a routine activity of living, it is considered as a restraining device (LTCHA s. 36(6) & s. 31).
  - alternatives to the PASD.
6. Obtain and record informed consent (including that the risks and benefits of alternative treatment options and risks and benefits related to use of the PASD have been outlined to the resident/SDM (Health Care Consent Act, 1996)).
7. Develop goals and strategies on the care plan in collaboration with the team.
8. Provide the PASD when alternatives have been deemed ineffective to assist the resident with the routine activity of living.
9. Ensure the PASD is reasonable, considering the resident's physical and mental condition and personal history and is the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living.

#### Care Plan

The care plan must include a description of the device that is being authorized and instructions relating to the order: purpose, when it will be used, how it will be used, how long it will be used, duration and frequency of use.

1. The plan of care must reflect the goals for use of the PASD and how, when, and why the device is to be used.
2. Establish resident focused goal related to support for specific activity of living for which the device is required.
3. Intervention descriptions will include how the PASD will be used, when, how long, who will apply and remove, frequency of monitoring, and the specific risks associated (e.g. skin breakdown).
5. The PASD must be applied and adjusted as needed according to manufacturer's specification and instructions.
6. The PASD must be removed as soon as it is no longer required to provide the resident with the specific routine of daily living for which it is intended.


#### Implementation

1. Implement strategies according to the care plan

#### Documentation


Documentation of PASD use must include the following:

REVIEWED/REVISED	Dec '18	Dec '19	April '21	Oct '22		

SAINT LUKE'S PLACE-NURSING			
SECTION	Restraints	POLICY #	N-J-01
SUBJECT	Physical, Chemical, Alternative Restraints PASD		
ISSUED BY	Director of Nursing and Personal Care		

- Authorization of the use of the device.
- Care plan to indicate intent as a PASD otherwise follow restraint documentation procedures
- Progress toward stated goal
- Monitoring and evaluation of PASD
- Outcome of analysis of residents with restraints
- Outcome of the changes; were they effective or ineffective
- Any further changes to be implemented; identify timeframe for implementation
- Evidence of annual evaluation to be documented, and to include the date of the evaluation, names of staff who participated in the evaluation, and date that any further improvements or changes will be implemented

REVIEWED/REVISED	Dec '18	Dec '19	April '21	Oct '22		

SAINT LUKE'S PLACE- ADMINISTRATION			
SECTION	Operations	POLICY #	A-C-021
SUBJECT	Zero Tolerance- Code of Conduct		
ISSUED BY	Long Term Administrator		

#### **PURPOSE**

Saint Luke's Place recognizes that to achieve its vision, the environment it provides must be one which demonstrates respect, dignity, equity, and safety for all who live, work, and visit our campus.

Saint Luke's Place promotes responsibility, respect, civility, and professional excellence in a safe work-environment. Any form of discrimination or harassment is prohibited, and Saint Luke's Place considers all complaints seriously. All investigations will be timely, thorough, objective and fair to all affected parties. Every person has the right to report an incident or suspected incident without fear of reprisal. For complaints and further information regarding harassment or discrimination, please refer to Saint Luke's Place Workplace Violence and Harassment Prevention Policy and Program

The purpose of the Zero Tolerance Policy is to maintain an environment that is amenable to all, and free from acts of harassment, discrimination and undue distraction or hardship in conjunction with the Workplace Violence and Harassment Prevention Policy and Program.

#### **PROCEDURE:**

1. Zero tolerance signage will be posted throughout the campus.
2. Zero tolerance messaging/policy will be part of yearly mandatory education for all employees.

#### **MESSAGE:**



**ZERO TOLERANCE**

**VERBAL AND PHYSICAL ABUSE WILL NOT BE TOLERATED**

**If you display such behavior, you will be asked to leave the premises, or the police may be contacted.**

Use of profanity, verbal threats or any act of violence or abusive behavior will not be tolerated on Saint Luke's Place property. This includes: cursing, swearing, inappropriate physical contact, intimidation, shouting, sexual or racial or other derogatory remarks, or other abusive gestures or actions, banging fists on desks, applying force to any property or the property of any persons at Saint Luke's Place.

**This applies to staff, families, volunteers, and all other visitors.**

***Thank you for your understanding and cooperation to keep our home safe.***

#### **References:**


Appendix 1: Zero Tolerance Signage

HS-206 Workplace Violence and Harassment Prevention Policy and Program

REVIEWED/REVISED	June '21	June '22				





SAINT LUKE'S PLACE- ADMINISTRATION			
SECTION	Operational	POLICY #	A-C-07 Activation Manual S-440
SUBJECT	Visiting Pets		
ISSUED BY	Chief Executive Officer		


**PURPOSE:**

To ensure that all pets entering Saint Luke's Place meet the standards and guidelines set by the home to protect employees, residents, tenants, vendors, visitors, and any other party on the premises as well as the Saint Luke's Place property.

**POLICY:**

1. Saint Luke's Place allows visitors to bring pet(s) on the premises for visits with residents.
2. All visitors, family, staff, and volunteers who bring their pet(s) into the LTC areas must:
  - Have current vaccinations. Proof of annual vaccination of the pet(s) must be presented annually. This may be in the form of a photocopy of the vaccination from the veterinarian. Pet(s) without proper vaccinations will not be allowed on Saint Luke's Place property. Copies of records will be in the Activation Manager's office.
  - Complete a Pet Care Agreement Form (Appendix A). This will be kept in the Activation Manager's office.
  - Must ensure that pet(s) are free of fleas/ticks. Pet(s) with fleas/ticks will not be allowed on Saint Luke's Place property.
  - Have pet(s) that are free of skin lesions, parasites, illness and diarrhea.
  - Have pet(s) that are clean and well-groomed (example – nails cut short)
3. Owners of visiting pet(s) are responsible for:
  - Having their pet(s) under control always. This always includes having dogs on a leash. Pets cannot be left alone with a resident, tenant, vendor, visitor, employee or any other party at any time.
  - Report any injury caused by a pet (including scratch or bite) to Nurse Manager on duty. An incident report must be completed immediately.
  - Cleaning up after their pet(s). The owner must bring their own supplies. A member of Housekeeping should be notified if an indoor accident happens. Proper cleaning and disinfection practices must be followed. If the pet has three accidents inside the building they will no longer be allowed to visit.
  - Provide their pet(s) with food/treats beyond water. Saint Luke's Place will only supply water if requested.
  - Ensuring their pet(s) do not enter any bathrooms, tub/shower rooms, medication preparation/storage areas, food preparation/food service areas, dining rooms, lunch rooms and coffee shop area. The only exceptions are Guide dogs.
  - Keeping their pet(s) away from people with allergies.
  - Authority over pet(s). If your pet is in heat or is frightened, unhappy, overtired, stressed, etc., do not bring your pet in to visit.

REVIEWED/REVISED	Oct '18	April '21				


SAINT LUKE'S PLACE- ADMINISTRATION			
SECTION	Operational	POLICY #	A-C-07 Activation Manual S-440
SUBJECT	Visiting Pets		
ISSUED BY	Chief Executive Officer		

4. Ill pets (i.e. those with diarrhea, vomiting, and/or coughing) will not be permitted to enter the building.
5. Pet(s) are not allowed in the Saint Luke's Place building while on "Outbreak" on any unit if they are affected or not.
6. Pet owners will be contacted to submit current vaccination papers if they have not submitted them in a timely manner.
7. All parties that bring their pet(s) on the Saint Luke's premises must assume full responsibility for the action of their pet(s). They will be held liable for any damage caused to Saint Luke's Place property and/or if an employee, resident, tenant, vendor, visitor, or any other party is hurt on Saint Luke's Place property by their pet(s). Saint Luke's Place will not be held responsible.
8. Saint Luke's Place is not responsible for any injury a pet may experience while on the Saint Luke's Place premises.
9. Best Practice indicates that the following pets be excluded from visiting: reptiles, amphibians, hamsters, gerbils, mice, rats, and hedgehogs.
10. Saint Luke's Place reserves the right to deny entry to a pet brought on the premises. It will be at the discretion of the LTC Administrator /Delegate or Nurse Manager to have a pet removed from the facility if a risk has been identified.

#### **PROCEDURE:**

1. The Activation Manager and the Main Office will have Pet Care Agreement Forms available to fill out. The front office will also have copies of the Pet Visitor policy. Pet Records will be kept in the Activation Managers office.
2. Proof of vaccinations can be dropped off at the Main Office during business hours.
3. Complaints and/or injuries caused by a pet on the premises should be directed to the Nurse Manager on duty. The LTC Administrator should be notified of all incidents involving pet(s) brought to visit at Saint Luke's Place. The LTC Administrator will decide whether the pet should be allowed to visit Saint Luke's Place in the future.
4. An incident form should be filled out at the time of the incident involving a pet brought in to visit. The incident form will be reviewed by the LTC Administrator.

REVIEWED/REVISED	Oct '18	April '21				

<b>SAINT LUKE'S PLACE-NURSING</b>			
<b>SECTION</b>	Safe and Secure Home	<b>POLICY #</b>	N-I-07
<b>SUBJECT</b>	<b>Smoking- Long Term Care Residents</b>		
<b>ISSUED BY</b>	Director of Nursing and Personal Care		

#### **POLICY**

As a Health Service Provider, Saint Luke's Place discourages the activity of smoking by Residents in all public and/or common areas, indoors and outdoors, on Saint Luke's Place property, as well as in all outdoor areas (parking lots and grounds) of Saint Luke's United Church.

Smoking is not permitted within the Home (e.g. smoking is not permitted in residents' rooms, in hallways, in lounges, in dining rooms, or any other common/public areas within the Home).

An outdoor designated "Residents' Smoking Area" is provided on Saint Luke's Property for use by Long-Term Care Residents only.


Residents and their families, and other guests, are expected to provide their full support and co-operation with the Home's smoking policies.

**Note: Policy includes: smoking of: cigarettes, vaping, and recreation/medical cannabis**

#### **PROCEDURE**

1. The WWLHIN has been notified that Saint Luke's Place does not provide indoor smoking or nursing supervised smoking to residents who smoke.
2. The Home's policy on smoking is noted in the Resident/Family Handbook that is distributed to all new residents/family on admission.
3. Residents who smoke will be assessed and screened by the Nurse Manager to determine their ability to smoke safely using "Smoking Assessment Record" form on PCC. This information will be recorded in the resident's progress notes and on their care plan. Assessment will be completed on a quarterly basis or when the residents' condition changes or if an incident of unsafe smoking has occurred.
4. Residents who have been assessed to be able to smoke independently will sign "Smoking Safety Contract" The Contract stipulates times that the resident will obtain and return their smoking materials. Both smoking paraphernalia and lighter must be returned at the end of the day and kept on the medication cart
5. Resident who have been assessed to be unable to smoke independently will not be permitted to smoke unless accompanied by family or visitors. Smoking material will be kept on the medication cart.
6. Disposable lighters are acceptable for use as a lighting device, refillable lighters and fuel are not permitted.
7. Resident will not be allowed to smoke if wearing or transporting oxygen or in the vicinity (3m/10ft) of any oxygen source.
8. All residents who smoke must be able to travel outside of the building and return on their own or with the help of family and or visitors.

<b>REVIEWED/REVISED</b>	Dec '18	April '21				

SAINT LUKE'S PLACE-NURSING			
SECTION	Safe and Secure Home	POLICY #	N-I-07
SUBJECT	Smoking- Long Term Care Residents		
ISSUED BY	Director of Nursing and Personal Care		

9. On Saint Luke's Place property, Residents may smoke only in the outdoor designated Residents' smoking area (as referenced in the Policy statement above).
10. Litter associated with smoking (cigarette butts, used matches, packaging) is also not acceptable. Such litter must be safely disposed of.
11. Saint Luke's Place may periodically facilitate the offering of low-cost / no-cost smoking cessation information and programs for the benefit of stakeholders of Saint Luke's Place.

#### Risk Management

1. In the event of an incident involving unsafe smoking, or if a resident does not adhere to the terms and conditions of this policy, a resident's smoking privileges will be withdrawn pending the outcome of further assessment and review. An incident report will be completed, and staff will document in the resident's chart. The family/next of kin will be notified.
2. Failure to adhere to the smoking policy will result in a comprehensive investigation and consultation with the resident/family/next of kin.
3. If a Resident and/or the Home receives a citation, ticket, summons, fine or other disciplinary action by enforcement authorities regarding a resident's smoking being in violation of applicable laws, bylaws or policy, a resident's smoking privileges will be withdrawn pending the outcome of further assessment and review. An incident report will be completed, and staff will document in the resident's chart. The family/next of kin will be notified.
4. Staff should be aware of the potential for problem smokers and be alert to signs of burn holes in resident's clothing, burn marks on furniture, discarded smoker's material in non-smoking areas and the presence of smoke in non-smoking areas.
5. All parties are expected to provide their full support and cooperation with the Home's smoking policy. The Home reserves the right to engage Waterloo Region Tobacco Enforcement Office, or take further action within its legal rights, should policy non-compliance be encountered.


#### OUTCOME

Residents who have a desire to smoke will be assessed to determine if they are safe to smoke on independently or not and restrictions and expectation will be clearly identified and communicated to the resident, family, and staff.

#### REFERENCES

N-I-07a Smoking Residents- Smoking Safety Contracts

REVIEWED/REVISED	Dec '18	April '21				

SAINT LUKE'S PLACE- HUMAN RESOURCES			
SECTION	Health and Wellness	POLICY #	P-250
SUBJECT	SMOKING – Staff, Tenants, Volunteers, Contractors, Family Members and Other Visitors		
ISSUED BY	Chief Executive Officer		

### POLICY SCOPE

Who does this policy apply to?

- Saint Luke's Place staff, apartment tenants, volunteers, contractors, family members and other visitors.

Where does this policy apply?

- This policy applies to ALL Saint Luke's Place property (buildings, parking lots, grounds and other indoor/outdoor areas within Saint Luke's Place property) , with the exception of:
  - Interior of tenants' apartments in C-Wing and D-Wing (those prior admission to January 2019), and
  - Balconies of tenants' apartments in C-Wing and D-Wing, and
  - Ground-level walk-out patios of tenants' apartments in C-Wing and D-Wing.
- Out of respect for, and consideration of the wishes of Saint Luke's United Church, this policy also applies to the parking lots and grounds of Saint Luke's United Church.

### POLICY

As a Health Service Provider, Saint Luke's Place discourages the activity of smoking by Staff, Tenants, Residents, Volunteers, Contractors, Family Members and Other Visitors in all public and/or common areas, indoors and outdoors, on Saint Luke's Place property, as well as in all outdoor areas (parking lots and grounds) of Saint Luke's United Church.

Effective October 31<sup>st</sup>, 2015, smoking is not permitted by Staff, Tenants, Volunteers, Contractors, Family Members and other Visitors in all public and/or common areas, indoors and outdoors, on all Saint Luke's Place property, as well as in all outdoor areas (parking lots and grounds) of Saint Luke's United Church.

Due to legislative requirements, separate Smoking Policies apply to Long-Term Care Residents refer to nursing policy "Smoking- Long Term Care Residents"


### PURPOSE

As a Health Service Provider, our goal is to improve the overall health and safety of all those in contact with Saint Luke's Place. Disallowing smoking, as outlined above, assists in the Fire Procedures of the Home as well as a health and safety factor. This policy is also intended to reduce the spread of infection, or contamination through coughing.

### STANDARD

Within the scope of this policy, smoking is not permitted by Staff, Tenants, Residents, Volunteers, Contractors, Family Members and Other Visitors in all public and/or common areas, indoors and outdoors, on Saint Luke's Place property, as well as in all outdoor areas (parking lots and grounds) of Saint Luke's United Church.

REVIEWED/REVISED	Feb '19	April '21				

SAINT LUKE'S PLACE- HUMAN RESOURCES			
SECTION	Health and Wellness	POLICY #	P-250
SUBJECT	SMOKING – Staff, Tenants, Volunteers, Contractors, Family Members and Other Visitors		
ISSUED BY	Chief Executive Officer		

All parties are expected to provide their full support and cooperation with the Home's smoking policy. The Home reserves the right to engage Waterloo Region Tobacco Enforcement Office, or take further action within its legal rights, should policy non-compliance be encountered.

#### **PROCEDURE - Staff**

1. Within the scope of this policy, Saint Luke's Place is a smoke-free facility and workplace.
2. No Smoking signs will be placed in all applicable areas to ensure clear communication and enforcement of this policy; if a designated staff smoking area is provided by Saint Luke's Place, then this will be the only area on Saint Luke's Place property where staff may smoke; staff smoking in their vehicle (automobile) on Saint Luke's Place property will not be considered to be in violation of this policy; smoking in vehicles owned by Saint Luke's Place is prohibited.
3. For the safety of our residents, staff will not carry cigarettes or lighters in their uniform, or on their person when on duty in resident home areas.

#### **PROCEDURE – Tenants, Volunteers, Contractors, Family Members and Other Visitors**

1. Tenants (who were admitted prior to January 2019) are at liberty to smoke in their apartments and/or their apartment balconies, and/or their walk-out patios (for ground-level apartments). Should excessive smoking on apartment balconies or apartment walk-out patios interfere with the health or comfort of other tenants, Management reserves the right to disallow smoking on apartment balconies or apartment walk-out patios on a case-by-case basis. Common courtesy should prevail. Saint Luke's Place, as a landlord, reserves its rights to apply and enforce all terms and conditions of its apartment rental agreements with tenants.
2. Note: Effective January 2019 all apartment units are Smoke Free- therefore smoking is not permitted inside any apartment unit for those tenants admitted after January 2019
3. Volunteers, Contractors, Family Members and Other Visitors will not smoke in any public and/or common areas, indoors and outdoors, on Saint Luke's Place property, nor in any outdoor areas (parking lots and grounds) of Saint Luke's United Church.
4. Litter associated with smoking (cigarette butts, used matches, packaging) is also not acceptable. Such litter must be safely disposed of.

Saint Luke's Place may periodically facilitate the offering of low-cost / no-cost smoking cessation information and programs for the benefit of stakeholders of Saint Luke's Place.

REVIEWED/REVISED	Feb '19	April '21				