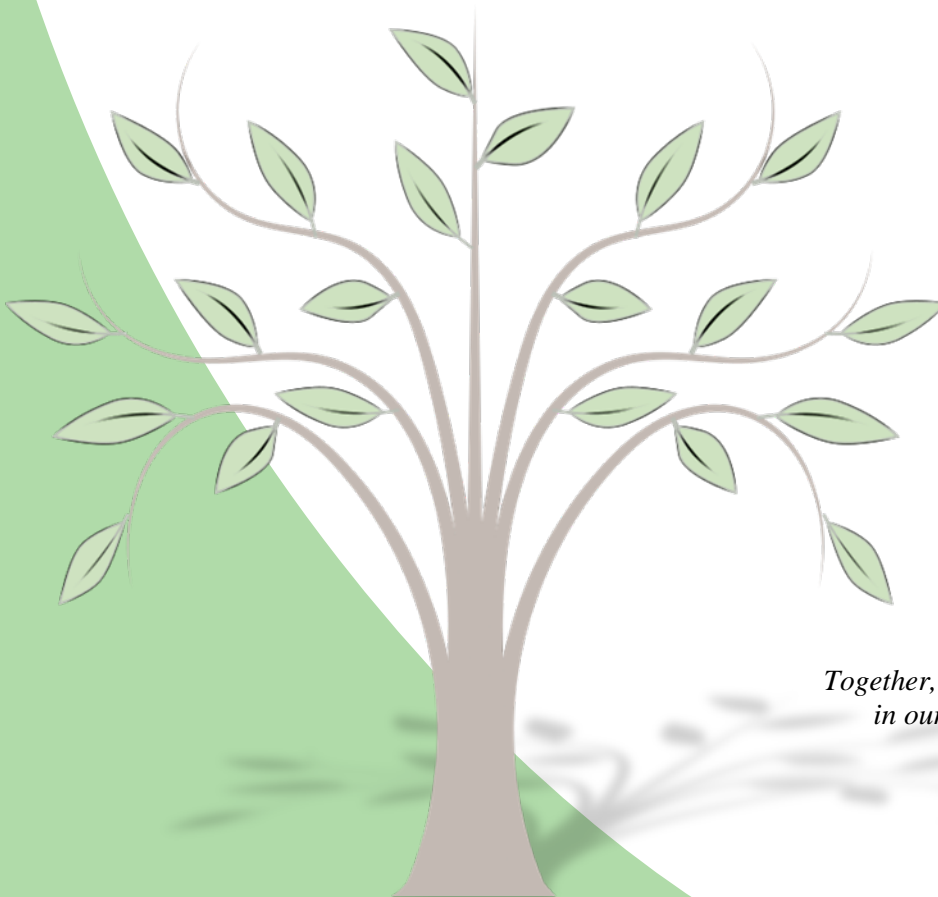




PRAIRIE MOUNTAIN HEALTH

Resident and Family Handbook Personal Care Home



VISION

Health and Wellness for All

MISSION

*Together, we promote and improve the health of people
in our region through the delivery of innovative
and client-centered health care.*

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INTRODUCTION AND GENERAL INFORMATION

Welcome

The goal is that this *Handbook for Residents and Families* will be helpful as the resident moves into a Personal Care Home (PCH) in Prairie Mountain Health (PMH). Learning as much as possible about this new environment can help to relieve the stress associated with a new home. In this handbook are answers to some of the most commonly asked questions. However, you are encouraged to approach staff with questions or comments that may not have been addressed in the information provided.

Each resident can expect respectful care, with consideration for their privacy, their language and their ethnic, cultural and religious preferences. PMH staff is committed to understanding and meeting the resident's personal care needs, as per the **Resident Bill of Rights**.

Resident Bill of Rights

Prairie Mountain Health is committed to putting residents first by providing quality, resident and family centered care. Our goal is the best possible resident experience. The Bill of Rights reflects the Declaration of Patient/Resident Values of:

- Dignity, Respect and Trust
- Accessibility and Responsiveness
- Quality
- Information Sharing
- Participation

1. Every resident has the right to be treated with respect, dignity, and courtesy.

What does this mean to the resident?

- Staff wear their nametags, identify themselves, and the role they serve.
- You will be addressed by the name you wish to be addressed by.
- Staff will knock on the door before entering your room.
- The staff will recognize you as an individual, and respect your individual needs and rights as a person.
- Staff will treat you with care, kindness and compassion.
- Staff will take time to listen and talk with you

2. Every resident has the right to be sheltered, fed, dressed, groomed, and cared for in a manner consistent with their needs.

What does this mean to the resident?

- You will be involved in your care, as you are able
- Staff will assist you with your care, based on your assessed needs.
- Your care should include:
 - a proper place to live
 - nutritious food served in an appropriate manner
 - help with looking neat, tidy and maintaining your personal hygiene.
- You will be kept safe while receiving care.

3. Every resident or their alternate decision maker has the right to appropriate medical care and the right to give or refuse consent to treatment, including medication, in accordance with the law.

What does this mean to the resident?

- You have the right to have someone with you while having information provided to you.
- You will have the information needed to make good decisions about your health.
- You and family/support system (if desired) will be able to take part in decisions about your care.
- Staff will talk to you about your healthcare options, medications and tests, using words you will understand. It is safe to ask your health care provider:
 - what is my health problem?

- *what are my test results?*
- *what do I need to do?*
- *why do I need to do this?*

- *Your concerns will be taken seriously.*
- *You will be cared for in a timely manner.*
- *You will be assisted with the coordination of your healthcare journey*
- *For residents being considered for restraints: you and/or your alternate decision maker have the right to be informed about the procedures, the consequences of receiving or refusing restraints, and the right to give or not give consent.*

Note: An alternate decision maker is given decision-making abilities (legally authorized or designated) only for a resident that does not have the capacity to make a decision.

Note: When the resident is not competent and is refusing medications or treatment, nursing staff will approach the resident many different times to attempt to provide the treatments as ordered by the physician. If ongoing refusals are a concern and impact the health and safety of the resident or other individuals in the home, the nursing staff will discuss options with the resident's alternate decision maker.

4. Every resident has the right to exercise their freedom of choice of religion, culture and language.

What does this mean to the resident?

- *The personal care home will make every effort to accommodate your needs with regard to religion, culture and language.*
- *You have the right to refuse to attend religious and spiritual events.*
- *Your choices will be heard and respected.*

5. Every resident has the right to communicate with, have contact with, and have visits with friends, family, legal representatives and others, in private if desired.

What does this mean to the resident?

- *You have the right to meet and talk with any person as you wish.*
- *You have the right to meet with legal representatives in private.*
- *You can send and receive mail, phone calls and emails.*
- *You have the right to have your family engaged in your care.*

6. Every resident has the right to choose their recreation activities.

What does this mean to the resident?

- *You may participate in things of interest to you.*
- *You have the right to refuse any event.*

7. Every resident has the right to choose the personal items to be kept in their rooms, when space permits, adhering to fire codes and safety considerations.

What does this mean to the resident?

- *You have the right to have personal items in your room, however it is important to ensure these items are safe for you and do not put you or others, at risk for accidents.*

8. Every resident has the right to select the clothing to be worn each day.

9. Every resident has the right to be provided reasonable privacy while being treated and cared for.

What does this mean to the resident?

- *Medical exams and nursing treatments should happen in private.*
- *The door should be closed or curtain pulled while personal care is being provided.*

10. Every resident has the right to be provided with a safe and clean environment.

What does this mean to the resident?

- *You will be informed of changes that effect your environment (e.g. policy changes)*
- *Staff will ensure your home is kept clean, sanitary and free from anything that may place you at risk of injury.*

- *Staff will work with you and your family to promote your safety and well-being.*

11. Every resident has the right to die with peace, dignity and comfort with family or others present as desired.

What does this mean to the resident?

- *Family can be with you day and night as you wish.*
- *We will strive to keep you as comfortable as possible in your final days and to treat you and your family with utmost compassion.*

12. Every resident has the right to be free from mental, physical, sexual and financial abuse.

What does this mean for the resident?

- *No one is allowed to abuse you mentally, physically, sexual abuse or financially.*
 - *Examples of mental abuse: being yelled at or belittling you*
 - *Examples of physical abuse: being punched, slapped or hit*
 - *Example of financial abuse: someone misuses/abuses your money or assets*
 - *Example of sexual abuse: having your private body parts touched inappropriately, being spoken to in a suggestive or lewd manner, being exposed to sexually explicit material or inappropriate behavior*
- *Prairie Mountain Health (PMH) is committed to promoting an environment that is free from abuse. Abuse towards residents will not be tolerated.*

Section 1 - ADMISSION

APPLICATION AND ADMISSION TO THE PERSONAL CARE HOME (PCH)

Once the application has been accepted by the personal care home, it varies as to how long it takes for a room to be available. Before admission, the applicant/alternate decision maker is encouraged to phone the personal care home/s to arrange for a tour and/or discuss any concerns. When a vacancy occurs at a PCH, a local committee reviews the wait list to decide who will be offered the room. A combination of factors such as date of approved panel, current client need and risk and the ability of the PCH to manage the care needs, will determine who will move into the room. **The applicant/alternate decision maker will be notified by phone by the personal care home or Home Care to make the offer of placement.** Given the demand for PCH beds, the applicant/alternate decision maker must confirm their intent to take the offered bed within eight hours or the PCH is required to move on to another applicant. If the applicant is waiting in a hospital bed, the applicant is required to accept the first available bed offer.

A family member/friend is encouraged to help the resident settle into their new home. This is also a time to discuss and clarify any questions with staff.

Please bring the following information needed for administrative purposes:

- **Notice of Assessment** from the previous year's income tax papers. If the resident has a spouse, his/her notice of assessment is also required if the couple filed their income tax separately.
- **The original copy of the Health Care Directive** (if available).
- **A certified copy of the Power of Attorney document** (if applicable).
- Proof of coverage under the **Veteran's Affairs of Canada** (if applicable).

NOTIFICATION OF NEXT OF KIN OR ALTERNATE DECISION MAKER

- The resident/alternate decision maker must designate a primary contact person. Every effort is made to notify this person in the event of an incident involving the resident or a change of status to the resident.
- Names and phone numbers of the alternate decision maker(s)/primary contact person are listed on the resident charts.
- Upon notification of the alternate decision maker/primary contact person, it is expected that this person notifies other family members of the situation.
- Please ensure that the PCH has the most current alternate decision maker/ primary contact information at all times.

ROOM ALLOCATION

Rooms are allocated to best meet the needs of all residents. Due to changes in a resident's condition, it may be necessary to move the resident to another room. In an emergency situation, the alternate decision maker will be notified as soon as possible following the transfer.

Transfers (internal)

Dependent upon the PCH, admission to the home may be initially semi-private accommodation. A waiting list is coordinated for those requesting private accommodation. Miscellaneous transfer costs (e.g. cable and telephone) are the responsibility of the resident /alternate decision maker when a resident transfers from one room to another unless the PCH has required the transfer.

Room Changes

The PCH reserves the right to move a resident from one room to another or one floor to another when the need arises. Your support and cooperation are appreciated should these changes be necessary.

LEAVES

The resident may choose to be away from the PCH occasionally. A 'leave' is a period of time when the resident is absent from the PCH. While on leave, it is the responsibility of the care provider to ensure medications are taken properly, and resident care needs are met. The residential charge will continue to be collected for the period of leave.

There are three types of 'leave':

- **Short Term Social Leave**
 - Short term social leave is an absence from the care home of a period for up to three days at any time during the course of one week.
- **Long Term Social Leave**
 - Residents are entitled to twenty-one days of extended leave during each year. This twenty-one day excludes those days taken as short-term leave defined above.
 - Extensions to this leave may be granted in certain circumstances and should be discussed with the Client Care Coordinator/Clinical Resource Nurse/Care Team Manager.
- **Hospital Leave**
 - Hospital leave is the absence of a resident from the PCH because of admission to a hospital. Should the stay in the hospital be long term, there may be discussions about the PCH room being cancelled and the need to reapply for admission to the PCH.

Section 2 – Financial Information

RESIDENTIAL CHARGES

- There is a standard residential charge for which all residents are responsible.
- An *Admission Agreement* which outlines the roles and responsibilities of all parties will be reviewed and signed before admission.
- As well, each resident /alternate decision maker is required to complete the “Application for Reduced Residential/Authorized Charge” upon admission.
- Residential charges are determined by Manitoba Health and are based on the individual’s previous year’s income. To determine these fees, a copy of the last Revenue Canada Notice of Assessment is required. (Accommodation payments for the current month are due upon admission and after that, are payable in advance on or before the first day of each month at the Business Office.) An annual summary of residential charges will be available to the resident/alternate decision maker for income tax purposes. Increases to the rates are effective August 1st of each year. Notification of increases will be given to resident/alternate decision maker before implementation.
- Arrangements for a method of payment should be made with the Business Office at the PCH upon admission. The preferred method of payment is through pre-authorized debit. Receipts for payment are issued.
- The assessed rate applies to all types of accommodation available at the facility.
- The Business Office is closed on weekends and recognized statutory holidays. Business Office hours of operation (Monday – Friday) may vary across the region depending on the PCH.

RESIDENT TRUST ACCOUNT

- A Resident Trust Account may be established to assist the resident in handling day-to-day financial affairs. A record of expenses and monies received from the resident is kept. The balance is held in trust for the resident. The minimum balance of this account is \$50 and the maximum should not exceed \$400. If the account balance is less than \$50, this may prevent residents from participating in events. Please try to maintain the minimum balance.
- The resident trust account will be used for such items as:
 - Recreation programs – lunch club, ice cream outings, etc.
 - Transportation charges – handi-transit, recreation outings, etc.
 - Sewing
 - Hair care services
 - Foot care services
 - Escorts for appointments
 - Small cash withdrawals, etc.
 - Payment for non-insured items (refer to page 8 and 9)
- Deposits and withdrawals may be made from the Resident Trust Account during designated Business Office hours.
- Resident Trust Account agreements must be signed on admission by the resident/alternate decision maker.
- The resident may request a balance of the Resident Trust Account during Business Office hours.

INCOME TAX AND GUARANTEED INCOME SUPPLEMENT

- The resident/alternate decision maker is responsible for ensuring that annual **Income Tax Returns** are filed.

NOTE: Residents may be entitled to a Guaranteed Income Supplement benefit if they are receiving the Old Age Security pension and meet the annual income requirements. Guaranteed Income Supplement forms need to be completed annually. It is the responsibility of the resident/ alternate decision-maker to apply for the Guaranteed Income Supplement and to notify Service Canada of admission to the PCH in order to apply for an increase in Guaranteed Income Supplement. For an application form call 1-800-277-9914 or access the website: <http://www.servicecanada.gc.ca/eng/services/pensions/oas/gis/>

FINAL ACCOUNT BALANCES

- Any credit balances owed to residents from expense or accommodation accounts will take approximately one month for processing following discharge, transfer or death. Refund cheques will be made out to the resident or resident's estate.

CASH AND VALUABLES / LOSS OR DAMAGE TO RESIDENT ITEMS

- Prairie Mountain Health (PMH) is not responsible for any personal items kept with the resident. This includes: clothing, money, jewelry, eye glasses, hearing aids, dentures, electronics, etc.
- Residents are encouraged to keep no more than \$20.00 in their room.
- It is recommended that the resident insures all personal valuables, effects, furnishings, and money (i.e. lock valuables up). As well, it is recommended that any item of value is sent home with family and not kept at the PCH.
- A chart can be found on page 24 for residents/alternate decision makers to record residents personal belongs that are brought to the PCH.

PERSONAL AND FINANCIAL MATTERS

- Instances arise from time to time when residents need assistance in managing personal and financial matters. It is recommended that the resident makes arrangements with a bank, lawyer or alternate decision maker, whereby a method is established so that the resident estate and affairs will be protected and managed in the event of the resident becoming incapable of acting. These arrangements are necessary and useful, regardless of the value of the estate. Staff is not permitted to endorse or witness legal documents.
- Please inform the Social Worker or Business Office of relevant details for notation on the resident's personal file. Please be assured that confidentiality of your records and information contained therein is carefully guarded. A copy of the appointment of the Power of Attorney or Committeeship shall be requested for the resident's file.
- If the resident has previously planned arrangements regarding third party insurance/benefits, prepaid funeral plans, etc., this information should be provided for PMH records. Before cancelling any third party insurance/benefits, please feel free to discuss the 'pros and cons' with the business office staff or Care Team Manager at the home.
- Any questions or concerns regarding PCH charges and tax credits should be discussed with a financial advisor.

Section 3 – Daily Living Information

FURNISHINGS AND PERSONAL PROPERTY

Furniture

- Each room will be provided with basic furnishings, such as a bed, mattress (exception: therapeutic sleep surfaces), night table, chair, closet/wardrobe and fireproof garbage can.
- One piece of personal furniture of approximately 10 square feet may be placed in a resident's room. This will require prior approval by the Care Team Manager or designate. There may be less personal furniture allowed depending on the amount of equipment needed to provide care to the resident.
- The Care Team Manager or designate may request at any time that furniture is removed for health or safety reasons, including the safety of staff. If the room becomes difficult to maneuver or provide safe care due to overcrowding, you may be asked to remove some personal items.

Personal Chairs

- If a personal chair is brought to the PCH, it should be in good condition.
- It is the responsibility of the resident/alternate decision maker to maintain personal chairs. This includes repairing the chair as necessary and may include annual cleaning (or as required) which will be arranged by the PCH.
- Swivel and rocking chairs can present a safety risk for residents who may be at a high risk for falls. Please check with the care team to determine if this type of chair is a hazard.
- Power lift chairs and their remotes must have a CSA/ULC approved label on them and be inspected by Facility Engineering Services/Maintenance Department before being placed in the room.

Electrical Appliances

- All personally owned electrical appliances or devices brought into a PMH facility must:
 - be in good working order
 - carry a certification mark recognized in the province of Manitoba that indicates compliance with Canadian National Standard.
 - clearly, display the owner's contact information
 - be inspected by the Maintenance Department prior to first use within a PMH facility
- For safety reasons the following items are **NOT** permitted:

Hot Plates	Toasters	Coffee percolators
Kettles	Irons	Heaters
Electric Heating Blankets	Extension cords	Humidifiers- room or personal
Heating Pads	Hot Water Bottles	Wheat Bags
Microwaves	Curling Irons	Halogen Lamps
Window Air Conditioners	Portable air conditioners	

Appliances which may pose Infection Control Risks or issues
Any other appliances capable of producing high surface temperatures
- It is the responsibility of the resident/alternate decision maker to have their equipment routinely checked, cleaned, repaired and maintained.
- The resident's appliances will be inspected/tested before their Annual Care Conference by the maintenance staff.

- PMH reserves the right to remove any appliance currently in use that:
 - fails the inspection by the Maintenance Department.
 - is determined unsafe through regular inspections.
 - presents a risk as identified by Infection Prevention and Control policies.
 - or is used outside of a designated location.
- PMH does not assume any responsibility for personal appliances nor the risks associated with their use.
- Feel free to discuss any questions about electrical appliances with the Care Team Manager.

Ornaments, Keepsakes, and Pictures

- The variety and number of items to be left in the resident's room should be chosen carefully. It is suggested to have pictures in photo albums or hung on the wall. Unfortunately, with the amount of movement in and out of the rooms, breakage can occur. Cherished and non-replaceable items **should not** be brought into the personal care home. **Regular cleaning of multiple pieces of ornaments or keepsakes is the responsibility of the family.**

Wall Hangings

- Facility Engineering Services/Maintenance Department is responsible for hanging pictures, corkboards, etc.

Pocket Knives and other sharp objects

- Pocket knives and other sharp objects **are not** permitted in the resident's room for safety reasons. The resident may have blunt scissors only.

Personal Rugs

- Personal rugs **are not** permitted in the resident's room for health and safety reasons.

Storage

- Space is very limited in the resident's room, for that reason seasonal items such as fans, Christmas trees, decorations, scooters, etc., need to be taken home when not in use.
- Given the demand for PCH beds, families are kindly asked to remove privately-owned items within 24 hours of discharge or death of a resident. Any belongings not removed within this time frame will be packed and stored in a secure location for up to 5 days. Following this 5-day period, the PCH has the right to dispose of or donate the items. The PCH will not accept responsibility for loss or damage to belongings.
- The PCH cannot accept donated equipment, furniture, clothing or other articles.

Other Personal Hygiene Items

- Our facilities are scent-friendly due to sensitivities that residents and staff may have. We ask that scents and fragrances be avoided when visiting the PCH and products with strong scents and fragrances not be brought into the PCH. This includes, but is not limited to, colognes, perfumes, after shave products, lotions, powders, deodorants, hair sprays, smoke or tobacco, cleaning products, and other personal products, as well as highly scented plants/flowers such as Eucalyptus, Easter Lily, Oriental Lily, and Stargazer Lily.
- We also ask that personal hygiene products purchased for residents are in non-combustible containers (e.g. pump style hairspray).

RESPONSIBILITY FOR PAYMENT FOR GOODS AND SERVICES

- Under the Health Services Insurance Act, a resident receives services from the PCH upon payment of the residential charge. There are some fees over and above what is covered by this Act which is the responsibility of the resident.
- Refer to the table below and on the next page, which details items that are the responsibility of the PCH or the resident.

Prairie Mountain Health Responsibility for Payment for Goods and Services*

Item	PCH Responsibility	Resident Responsibility
Clothing	Laundering and minor repairs e.g. button replacement, seam repairs, applying labels	Purchase, replacement, one-time cost of labels, major repairs, alterations and dry cleaning
Room Set – Up	Cleaning, paint touch up, clean linen	Television and cable hook-up, telephone and phone/internet hook-up and monthly charges, charges for moving phone, cable or internet service to a preferred room, annual cleaning or as required cleaning of resident – owned cloth chairs, dry cleaning/repair of resident owned items (e.g. Blankets)
Personal Consumption/Use	General personal hygiene and skin care products (PMH contract brand) e.g. body lotion, denture cups, toothettes, shampoo, body cleanser including soap, perineal cleanser and barrier products, sanitary pads/products	Cosmetics, deodorant, brushes and combs, mouthwash, toothbrush and paste, denture cleaner/adhesive, facial tissue, shavers, shaving cream, sunscreen, support hose, nail care kits, compression stockings, compression garments, alcoholic beverages, tobacco products
Equipment	Mechanical lifts, commodes, transfer belts, overhead trapeze bars, foot cradle, raised toilet seats, bed and chair alarm systems (excluding the sensor mats), preventative maintenance of all facility-owned equipment	2 slings for mechanical lifts, sliders, wheelchairs, sensor mats for bed and chair alarms, transfer devices (transfer poles, overarm toilet bars, assist rails), therapeutic sleep surfaces, wheelchair cushions/seating for pressure relief or reduction, positional aids (e.g. thigh belt; lap belt, wedge pillows, posey boots), fall mats, walkers or other mobility aids, repair and annual preventative maintenance on resident-owned equipment, insurance for repair or loss of personal belongings.
Medical/Nursing Supplies	Dressings and wound management supplies, compression dressings, treatment for venous ulcers, catheters, needles, syringes, lancets, supplies and monitors for assessing blood glucose levels, routine diagnostic and testing materials, ostomy supplies, disinfectant and antiseptic preparations, oxygen concentrators and supplies used in the facility, catheters, drainage bags, tube feeding supplies, incontinence care products (PMH contract brand)	Portable oxygen for outings (unless the outing is with the PCH recreation program); incontinence care products (non-contract brand)

Dietary Supplies	Food, including special and therapeutic diets, dietary supplies, thickeners, nutritional supplements (approved by Nutrition Services), basic aides (nosey cup, two-handled cup/basic lid, plate guard, demi-tasse spoon).	Special food/products not approved by Nutrition Services; Specialized aids and utensils for personal use (e.g. weighted dishes, cups, and utensils; specialized dishes; non-slip placemat).
Drugs, Biologicals, and Related Preparations	Prescribed drugs and over the counter products covered by the PCH Drug Program	Products not covered by the PCH Drug Program, herbal and alternative therapies, throat lozenges, health food products, non-prescription eye drops
Supportive Aids		Dentures, eyes glasses, hearing aids and batteries, repair and replacement of these items
Personal Services		Hiring of additional private services such as hairdressing, manicures, pedicures, massage therapy, chiropractor, escorts, companion care, private duty nursing, dentists, foot care, optometry, podiatry, private therapy (physiotherapy, occupational therapy, speech-language therapy)
Other	Electronic monitoring system, transportation costs covered by the Inter-facility Transport Policy (Personal Care Home Resident Transportation HCS 205.6)	Insurance for repair or loss of personal belongings, PCH Activity/Recreation Department social outings, handi-van, electronic monitoring transponder device, newspapers, smoking aprons, transportation costs not covered by the Inter-facility Transport Policy (based on Personal Care Home Resident Transportation HCS 205.6)

* Based on Manitoba Health Insured and Non-Insured Personal Care Services for Personal Care Home Residents HCS 205.5
Reference: PMH Insured/Non-Insured Personal Care Goods and Services in PCH PPG-00559

LAUNDRY SERVICES

Clothing

- Seven (7) days of washable clothing is recommended to allow time for clothing to be washed and returned. For residents with urinary incontinence, a greater supply of clothing will be required.
- Clothing should be a wash and wear nature, as it is laundered with commercial equipment. Avoid clothing with washing instructions that say; hang flat to dry, gentle cycle, cold water only, dry clean or hand wash only. Clothing made of natural and phentex wool, rayon, 100% cotton and acrylic, silk and other delicate fabrics should be avoided. The laundry department is not responsible for damage or shrinkage to special care items that are laundered. Family may choose to launder resident's clothing.
- Clothes hangers will be provided for all items.
- There may be times when open backed clothing is needed. This will be discussed with you or your alternate decision maker. If you require assistance in determining appropriate clothing such as Velcro fasteners or special needs clothing (e.g. open back garments), please discuss this with the Client Care Coordinator, Clinical Resource Nurse, or Care Team Manager.

Clothing Labels

- In order to ensure that a resident's personal items are returned each time they are laundered, clothing labels which identify the resident's name shall be purchased through the Business Office. The resident is responsible for one-time label and application fee; any additional labels shall be provided and applied by the laundry department.
- Before admission, all pieces of clothing including belts, slippers, blankets and stuffed animals shall be labeled by the laundry department.
- Families are asked to ensure that all new items have clothing labels attached by the Laundry Department before being used.
- Labels are applied under high temperature. Therefore items made of 100% nylon or other delicate fabrics should be avoided.

Alterations and Repairs

- Alterations and major repairs to clothing are the responsibility of the resident/alternate decision maker.

Lost Clothing

- Every effort is made to ensure that clothing does not get lost, but from time to time this does occur. A lost and found area is kept in the facility, so please feel free to inquire about lost articles with Laundry or Nursing staff. The facility and/or staff are not responsible for replacement of lost clothing articles.

Dry Cleaning

- Clothing that requires dry cleaning is the responsibility of the resident. The PCH is not responsible if "*dry cleaning only*" clothing is accidentally laundered.

Storage of Clothing Articles

- Due to limited space, it is the resident/alternate decision maker's responsibility to do regular closet and drawer cleaning to ensure that only suitable clothing and articles are stored.

Bedding/Window Coverings

- Bedding and linen are provided, but an afghan or quilt may be brought in by the resident if desired. These must be of a poly/cotton blend or be 100% cotton to meet fire code regulations and can be laundered in commercial equipment.
- Window coverings are provided by the PCH.

TELEVISION, TELEPHONE AND INTERNET SERVICES

- Television, telephone and internet services may be available in the resident's room. The resident/alternate decision maker is responsible for arranging installation of these services and all monthly charges. Repair costs are the responsibility of the resident.
- For those residents bringing in a television, flat screen televisions are encouraged for safety and space reasons. The PCH may provide the wall mount, or your room may already have a wall mount. Please check with the PCH regarding the acceptable size of the television before purchasing or bringing in, as this may vary depending on the size of the room and the structural integrity of the building.
- There is a television available in common areas in most PCHs.

MAIL

- Mail is picked up and delivered daily, Monday through Friday
- Mail should be addressed directly to the resident at the address of the personal care home
- Refer to the Directory for mailing address information on page 21

PRIVACY AND CONFIDENTIALITY

Collection, Use, and Disclosure of Confidential Information

- Confidential 'personal' and 'personal health' information will be collected and shared between care providers on a need to know basis to meet the resident's ongoing care needs.
- At the time of admission, the resident/alternate decision maker will be asked to identify a 'primary contact'; other legal documents may also identify specific individuals as 'personal representative,' 'proxy,' 'power of attorney,' etc. Each of these designations carries specific rights and responsibilities that relate to providing or releasing of information. It is suggested you discuss this with the Client Care Coordinator and/or Care Team Manager to ensure a common understanding of the legalities and expectations from both perspectives.
- Information regarding the *care being currently provided* will be shared with immediate family members and with any other person with whom the resident has a close personal relationship, as long as the trustee (staff) believes the disclosure to be acceptable to the resident or their legal representative.
- In situations when the resident or alternate decision maker has made arrangements for services to be provided by a non-PMH staff member (e.g. foot care nurse, physiotherapist), an agreement will be required to allow for information sharing between the provider and PMH staff and to ensure that any patient safety issues (e.g. infection control) and/or legal liability is addressed. Talk to the Care Team Manager/Client Care Coordinator/Clinical Resource Nurse before making arrangements.
- Taking pictures or recording video of residents, staff, doctors or visitors, without permission, is not allowed.

Voter's List

- It is practice to provide Electoral Officers with the names of the persons residing in the PCH so that the residents can exercise their right to vote.
- If a resident wishes NOT to be included on the voter's list, the resident/alternate decision maker must advise the Client Care Coordinator and/or Care Team Manager

Birthdays

- It is common practice to celebrate residents' birthdays. Occasionally we are asked by government offices to verify the resident's date of birth so that they can acknowledge a particular birthday milestone. Resident/alternate decision maker consent is required for the release of this information to another agency.

Photographs

- Photographs are required as a form of resident identification and must be maintained in association with the resident's Health Record. Consent for these pictures is obtained when the Admission Agreement is signed.
- Many personal care homes have welcome signs, posterboards and photo displays of residents taking part in the day-to-day activities of their home. This is an opportunity to share activities and good times with family and visitors. Strict attention is paid to preserving the resident's dignity and to ensure that all photographs are taken and displayed in good taste. Consent to take pictures for these uses is obtained at the time of admission and at the annual care conference.
- Any time that a picture is being taken for a local newspaper, staff will ask for resident/alternate decision maker consent before it is taken or published.
- If you have any concerns or special requests related to privacy or confidentiality, please speak with the Client Care Coordinator, Clinical Resource Nurse and/or Care Team Manager. All possible steps will be taken to ensure that the individual rights of each resident are respected.

FACILITY ENGINEERING SERVICES/MAINTENANCE DEPARTMENT

- The Facility Engineering Services/Maintenance Department strives to provide residents with a safe, comfortable environment in accordance with their needs. Repairs to personal items are the responsibility of the resident/alternate decision maker. The Facility Engineering Services/Maintenance Department is responsible for hanging pictures, the overall condition of the physical room structure, etc.
- Please notify the Facility Engineering Services/Maintenance Department or Nursing of any safety issues that arise.

NUTRITION SERVICES

Menu

- Nutrition Services is pleased to offer a wide variety of menu items, which are seasonally adjusted. The regional menus provide well-balanced and nutritious meals and snacks according to Canadian guidelines for healthy eating. Menu items have been developed by a Nutrition Services Team with extensive knowledge and experience; Registered Dietitians are part of this team. These menus are regularly reviewed to ensure resident satisfaction.
- Each resident will have a nutrition assessment completed on admission and at a minimum annually to determine the appropriate diet (therapeutic and/or texture modified). The menu may be changed, based on the resident's diet order and any food allergies or intolerances.
- Resident's likes and dislikes are recorded, and an alternate food choice is provided when available.
- Afternoon and evening beverages and/or snacks are offered daily. Food and beverages are available in nourishment centres/unit kitchens for use between meals.

Feeding and Swallowing Considerations

- Feeding and swallowing difficulties are common among residents in personal care homes and may impact the nutritional status of residents. All residents will be screened for their ability to chew, swallow and consume an adequate amount of food, within 72 hours of admission and at least annually. Any residents displaying difficulty will be further assessed by an appropriate care team member including Nurses, Occupational Therapists, Registered Dietitians and Speech Language Pathologists.
- All Nursing, Recreation and Nutrition Services staff receive education on safe feeding practices and management of feeding and swallowing problems on an annual basis.
- Any family members that assist residents with meals are required to have education on how to safely feed residents by attending an education session or read the *Feeding and Swallowing Program: What All Families and Friends Should Know* handbook. Once trained and before feeding a resident, check at the nurse's desk to ensure that the food item is suitable for the resident's diet.
- In some PCHs, volunteers may be allowed to assist residents with their meals served by staff in the dining room (regular meals provided by Nutrition Services). The volunteers are required to have education on how to safely feed residents by attending an education session or have read the *Feeding and Swallowing Program: What All Families and Friends Should Know* handbook before helping residents. Once trained and before feeding a resident, volunteers are to check at the nurse's desk to ensure that the food item is suitable for the resident's diet. Volunteers are not to serve or feed residents at any recreation or special food event.

Food and Medication Interaction (Grapefruit Free)

- PMH personal care homes request that the following fruits not be brought into the PCH and given to a resident, as these fruits have the potential to have an adverse reaction with commonly prescribed medications:
 - **Grapefruit** – grapefruit juice/cocktail and grapefruit sections
 - **Citrus related products** – seville oranges, pomelos (navel and mandarin oranges are an acceptable option).

Seating Arrangements

- There are some factors, which will be considered when reviewing resident seating arrangements. These may include past friendships, levels of assistance required, space for equipment, diet requirements and compatibility with others. The resident's comfort with their surroundings will be the primary consideration.

Meals in Room

- Meal time is a social occasion, and with this in mind, all meals are served in the dining area. When a resident is ill or does not want to eat their meal in the dining area, nursing staff will consider a variety of factors including resident safety and location of the room before determining whether it is advisable for a tray to be provided to the resident in their room.

Guests

- Family and friends are welcome to dine with a resident. Ideally, 24 hours' notice should be given to Nutrition Services so that seating and food arrangements may be made. If notice is not given, a guest meal may not be available. Due to space and time constraints, normally a maximum of 2 guests per resident can be accommodated. Special restrictions may apply on statutory holidays. Please consult your site Business Office or kitchen for payment procedures (cafeteria prices apply).

SPECIAL MEALS

From time to time special meals may be planned. Guests planning to attend these meals are asked to RSVP by the specified time to accommodate preparation by Nutrition Services. Pricing for special occasion meals, including pre-Christmas meals, will differ from standard meals prices according to the special meal planned.

Christmas and New Year's Meals

- Residents will enjoy traditional meals on Christmas and New Year's Day. Family and friends are welcome to visit throughout the day with residents. However, meals will not be available for guests on these days.
- Family and friends may also take part in a pre-Christmas meal/tea, which is usually held in early December. Residents may invite up to two guests to share in the festivities. Each facility has different space and time constraints that may limit the total number of guests that can be accommodated.

Group Gatherings

- Residents, family or friends wishing to have a special celebration in the PCH can ask the Recreation staff for help to make the necessary arrangements. Small and large groups may book the recreation room depending on the availability of space and fire regulations.
- With notice, paper and beverage products may be purchased from Nutrition Services.

Food from Outside the Facility

- Residents may enjoy food brought in from outside the PCH by family and friends. On these occasions, we ask that visitors check at the nurse's desk to ensure that the food item is suitable for the resident's diet and will not pose a swallowing/choking risk or allergy risk. It is preferred that perishable food items requiring refrigeration are not left with residents or in the facility due to limited storage space.
- Nutrition Services will not store or be responsible for any food items brought into the PCH. Personal food items that appear expired or spoiled will be discarded at the discretion of the facility staff. Due to safety concerns, the sharing of food with other residents is not permitted.
- Non-perishable food items that are left for the resident shall be dated and stored in a sealed container in the resident's room.
- There may be times when residents have the opportunity to have a snack or meal outside of the PCH. Depending on the event and the resident's type of diet, consent may be required.

Donated Food

- The Nutrition Services and Recreation Departments appreciate the many offers received for donated food; however, food safety regulations limit what can be accepted. Please contact the Nutrition Services Supervisor and/or Recreation staff before donating food items.

Section 4 – Health Care Services

RESIDENT CARE NEEDS

- The resident/alternate decision maker is encouraged to participate with staff in assessing, reviewing and revising the care needs of the resident. An Initial Care Conference is held within the first 8 weeks of admission to develop the resident's care plan. This care plan is monitored routinely and adjusted as necessary. Care Conferences may be initiated at any time but are held on an annual basis. The resident/alternate decision maker is encouraged to attend these reviews and communicate changes in care needs with staff whenever they arise. Families are also welcome to participate in assisting with care provision for the resident.

NURSING

- The PCH provides 24-hour nursing care under the overall leadership of the Care Team Manager. This may include Registered Nurses, Registered Psychiatric Nurses, Licensed Practical Nurses and Health Care Aides working together to provide resident care.

EMERGENCY MEDICAL SERVICES

- Ambulance transport is a non-insured service in Manitoba and therefore can be at the cost of the resident/alternate decision maker. Third party/private insurance is encouraged.
- Transfer to a hospital may be required when medical needs of the resident cannot be met in the PCH. The most appropriate form of transportation will be determined based on the resident's needs (example: ambulance, handi-van or family vehicle).
- Responsibility for payment is determined by provincial policy which states the resident is responsible for their transportation in the following situations:
 - when going out with and/or to visit friends or family
 - when going to a primary care provider, such as a physician, optometrist, audiologist, dentist, denturists, or other practitioner clinics
 - when visiting the hospital or health center for chemotherapy, outpatient treatments, dialysis, lab work or diagnostic imaging **unless transportation by ambulance is medically necessary.**

Prairie Mountain Health is responsible for the cost of visits to the hospital for investigation or treatment **when medically necessary*** and the resident is returned to the PCH within 24 hours.

Note: Residents are not eligible, under the Personal Care Home (PCH) Resident Transportation policy, if they are: eligible for health care benefits from Veterans Affairs Canada, The Manitoba Public Insurance Corporation Act, or the Non-insured Health Benefits Program, Health Canada; or has access to social assistance funding.

* Criteria to be determined medically necessary: when the resident is stretcher bound due to illness or disability, AND the resident is in the care or/requires active treatment for a medical condition that would be provided by a health professional licensed/registered in the Province of Manitoba (e.g. nurse escort or paramedic).

MEDICAL / DIAGNOSTIC SERVICES

- Each resident is assigned to a Physician, Nurse Practitioner or Physician Assistant on admission. This may or may not be the resident's current doctor/nurse practitioner/physician assistant. The nurse in charge will contact the resident's physician or nurse practitioner whenever the need arises.
- Laboratory and diagnostic services will be accessed at the closest hospital offering the required service. The attending physician, nurse practitioner or physician assistant will order the required diagnostic testing for the resident. If diagnostic tests are required (such as X-ray, CT, EKG) transportation may be the responsibility of the resident/family as per provincial policy. When laboratory samples are required, the diagnostic staff try to make arrangements to go to the PCH, but this is not always possible, and transportation may be the responsibility of the resident/family.

PHARMACY

- A licensed pharmacist is available for consultation and is involved in regular resident medication reviews.

Medications

- Prescribed medications are supplied to residents of the PCH.
- Some of the medications occasionally prescribed by a nurse practitioner or physician are not covered by Manitoba Health. Payment for those will be the responsibility of the resident. Whenever possible, alternate medications that are covered by Manitoba Health will be considered.
- Residents can take medications that may not be covered by the PCH Drug Program. This includes over the counter medications, vitamins, and herbal preparations. For any requests of products not prescribed by the physician, nurse practitioner or physician assistant, please discuss the process with the Care Team Manager.
- Residents are not allowed to keep medications of any kind in their room. This includes over the counter medications, vitamins, and herbal preparations.
- Residents or their legal representatives have the right to give or refuse consent to treatment, including medication, in accordance with the law. When the resident is not competent and is refusing medications or treatment, nursing staff will approach the resident many different times to attempt to provide the treatments as ordered by the physician. If ongoing refusals are a concern and impact the health and safety of the resident or other individuals in the home, the nursing staff will discuss options with the resident's alternate decision maker.

INFECTION CONTROL

- All visitors should wash their hands or use the alcohol-based hand sanitizer available at the PCH when they enter after they provide care or visit a resident and when they leave the home, to help prevent the spread of infection and illness to the residents.
- At all times, if a visitor or family has symptoms of infection, such as fever, a new cough, sore throat, vomiting, diarrhea, or a skin rash they should refrain from visiting.
- All residents and staff are encouraged to receive an annual flu shot. Residents are also encouraged to receive other vaccinations as needed, including the pneumococcal vaccine. Immunizations are given at the personal care home.
- In the event of an influenza (flu) or gastrointestinal outbreak, precautionary measures will be taken to protect residents, staff, and visitors. These actions include the wearing of gowns, gloves, eye protection and masks by staff. Antiviral therapy may be administered to the residents and/or ill residents may be encouraged to stay in their rooms. Visitors should check with nursing staff before visiting. Signage will be posted to indicate when a facility is experiencing an outbreak. It is recommended that you postpone your visit until after the outbreak is over.

CLINICAL NUTRITION SERVICES

- All residents are assessed by a Registered Dietitian within the first 8 weeks of admission, annually and as consulted, after that. Resident's weight and nutrition care plans are regularly monitored.

THERAPY SERVICES

- An Occupational Therapist, Physiotherapist and/or Speech Language Pathologist may be available for consultation upon referral from a nurse or physician. If the therapist recommends the purchase of a

wheelchair, walker, transfer pole, special seating cushions, etc., it is the responsibility of the resident/alternate decision maker to pay for this.

SOCIAL WORK

- A Social Worker may be available in some personal care homes to provide counseling and practical assistance to help the resident and families deal with the social, emotional and economic factors related to daily living, chronic illness, and disability and in the transition to institutional care.

MENTAL HEALTH

- Mental Health Resource Nurses provide specialized assessment, treatment, and intervention to residents who are experiencing difficulties with day-to-day functioning due to mental health concerns. This may include depression, dementia, anxiety, adjustment disorder or other psychiatric conditions. Psychiatric nursing services may be available by a Mental Health Resource Nurse on-site or by consultation with Seniors Mental Health Services. Psychiatry and/or a geriatrician may be available on consultation.

EYE CARE, GLASSES, DENTAL, HEARING AIDS AND FOOT CARE

- The resident/alternate decision maker is responsible for arranging eye, dental, hearing, or foot care appointments.
- The cost incurred is the responsibility of the resident/alternate decision maker.
- Transportation costs are the responsibility of the resident/alternate decision maker.
- A visit to the dentist and optometrist before admission to the PCH is recommended.
- Residents are encouraged to have their dentures engraved by the dentist/denturist and have eyeglasses/hearing aids engraved before admission.
- The resident/alternate decision maker is responsible for the purchase of batteries.

Note: The PCH does not accept responsibility for loss or breakage of eyeglasses, hearing aids or dentures.

WHEELCHAIRS, WALKERS AND OTHER MOBILITY AIDS

- It is the responsibility of the resident/alternate decision maker to purchase their wheelchairs, walkers and mobility aids. Consultation with an Occupational Therapist or Physiotherapist before purchasing any walkers, wheelchairs or mobility aids is strongly encouraged, as they need to be fitted appropriately. All walkers, wheelchairs and mobility aids owned before admission to the PCH may be assessed by the Occupational Therapist/Physiotherapist after admission to ensure safety and suitability.
- The resident/alternate decision maker is also responsible for maintenance of resident-owned wheelchairs, walkers, and mobility aids. This includes repairing the resident-owned equipment as necessary and also includes annual preventative maintenance which may be arranged for by the PCH.
- Residents must store these items in their room when not in use. When these items are no longer needed/used, they must be removed from the PCH.
- Residents are not allowed to have powered mobility chairs/scooters unless they have been assessed by the Occupational Therapists for their ability to drive these units safely and space is available for use and storage in the PCH.
- At times when residents need help to move from bed or a chair, family, friends, and volunteers should not move any residents.

MECHANICAL LIFT OR CEILING TRACK SLINGS

- All residents will be assessed to determine their ability to transfer and the equipment needed.
- If the resident requires the use of a PCH-owned mechanical lift or ceiling track lift, the resident/alternate decision maker is responsible for the purchase of two (2) personal slings for this purpose. The PCH will order the recommended slings for the resident/alternate decision maker to purchase.
- In order to ensure the safety of the resident, slings are subject to a thorough inspection by the PCH. Slings with possible integrity issues in the loops or seams or other related safety concerns will not pass inspection and therefore cannot be used by the resident.
- New slings will last for approximately two years under regular use and will need to be replaced after this time if deemed to be worn or unsafe during regular inspections by PCH staff. The resident/alternate decision maker will be advised by the Care Team Manager/Client Care Coordinator when replacement slings are required.

RESIDENT CARE CONCERNS

- Resident Care Conferences are held on an annual basis or more often if needed. The purpose of these conferences is to plan care that address the residents' needs. Residents and families are encouraged to attend the annual care conference.
- You are encouraged to discuss with us any care concerns you may have. Please contact the nurse in charge regarding day-to-day care issues. The Care Team Manager is also available to discuss concerns you may have. All complaints are handled in a timely and sensitive manner. Concerns can also be expressed through our Patient Comment Line toll-free at 1-800-735-6596.
- A Client Experience Questionnaire is distributed periodically to all residents or their alternate decision maker if the resident is unable to complete the form on their own. PMH staff strive to improve care and services, and your comments are valuable.

RESPECTFUL BEHAVIOUR

- Residents and employees of PMH have the fundamental right to work and live in an environment free of behaviors such as discrimination, harassment, disrespectful behavior, and violence.
- Abuse of other residents and/or staff may result in termination of the admission agreement and discharge to the alternate decision maker care, or to a home where the residents' needs can be safely and appropriately met.

ABUSE

- Every resident, staff member, and visitor has the right to be free from all forms of abuse. To ensure resident safety, PMH has a process in place for receiving reports of alleged abuse against a resident. Please contact the Client Care Coordinator, Charge Nurse, Clinical Resource Nurse or Care Team Manager if you have concerns or complaints regarding any abuse, so appropriate action can be taken.
- You may also notify the Province of Manitoba's Protection for Persons in Care Office. The Protection for Persons in Care Act is an extra safeguard built into Manitoba's health care system.
- The Protection for Persons in Care Office can be accessed by phoning **1-866-440-6366**.

FALLS PREVENTION

- PMH staff considers all residents at risk to fall, so interventions to try to prevent falls are implemented.
- Residents are encouraged to wear fitted footwear that is low heeled with a sturdy sole.
- To help reduce the risk of falling, some residents may benefit from wearing non-slip socks. Nursing staff will assess the need for the non-slip socks. If non-slip socks are recommended for a resident, PMH will provide one pair of non-slip socks at no cost. These items do wear and should be replaced every four months. Additional socks can be purchased through the PCH, by advising the nurse.
- Staff may identify the need for bed/chair alarms and/or fall mats to assist in prevention of falls for some residents. The resident is responsible for the cost of the sensor mats for the bed and chair alarms and fall mats.

RESTRAINTS

- PMH supports a “least restraint” philosophy with restraints implemented only when necessary to prevent harm to residents, staff, or others. Restraint is defined as any restriction or reduction of the resident’s voluntary movement or freedom, implemented to ensure the safety of self or others. Examples may include a wheelchair seatbelt, bed side rails, a chair that prevents rising, a lap table or medication.
- Restraints are used as a last resort after all other methods have been explored.
- Restraints are used:
 - Only when necessary to prevent harm to residents, staff or others
 - After all other measures have been tried as determined by the care team
 - In response to an order by a nurse or physician, and
 - With the consent of the resident, family of the alternate decision maker.
- Types of restraints:
 - Physical or Mechanical:
 - A device that the resident cannot remove that limits movement.
 - Example: chairs that prevent rising, chair trays, seat and lap belts, bed rails.
 - Chemical:
 - Medication given to reduce a behavior or movement (e.g. pacing, wandering, restlessness, agitation, aggressive behavior) that is not required to treat the resident’s health.
 - A Physician’s order is needed.
 - Environmental:
 - Limiting movement to specific areas (e.g. removal of a cane or walker, restricted to a room with the door closed).
- Restraints do not prevent falls or stop challenging behaviors.
- Residents can also be injured by the use of restraints. For example, they may try to go over the bed rails causing a fall with greater injury, may become entrapped in the bedrails, they may tip over in the chair, they may become entrapped in the seatbelt or chair, or the restraint may cause a wound.
- While the restraint is in use, the resident is monitored as identified on the consent form to ensure he or she is safe and the resident is moved at least every 2 hours for 10 minutes.
- If the staff is considering a restraint, a comprehensive assessment of need is conducted by the interdisciplinary team and includes consultation with the resident/alternate decision maker to ensure all options have been considered. Except in an emergency, resident/alternate decision maker consent is required for the use of all restraint devices.

HEALTH CARE DIRECTIVE / GOALS OF CARE

- None of us can predict what tomorrow may bring. Make sure the resident's health care wishes are known and documented. It is important for the resident to consider what's important to them and to discuss it with their loved ones and the health care team. This will help guide future decisions about the resident's health care.
- Filling out a Health Care Directive or Goals of Care form can prepare the resident and loved ones, ensure the treatment wishes are known, and give family the confidence to make decisions for the resident if they are not competent to make these decisions.
- A Health Care Directive:
 - is a legal document often referred to as a Living Will
 - helps determine who would communicate for the resident if they are unable to do so
 - may include details about what type of medical treatment the resident does or does not want
 - may assign a proxy - a relative or a friend - who will work with the healthcare team in making healthcare decisions for the resident if they are no longer capable.
 - gives the resident a "voice" in decision-making when the resident is unable to communicate
 - is completed by the resident if they are mentally capable of doing so, with a copy provided to their health care team to file on their health record.
- The Goals of Care form:
 - is completed following discussions between the resident or alternate decision maker and the health care team about their health care wishes
 - helps the resident understand their current condition and the care that will or will not help
 - documents expectations for care: Comfort Care; Medical Care; or Cardiopulmonary Resuscitation
 - should be reviewed at least annually and revised as required
 - is signed by the health care provider and the resident or their alternate decision maker/proxy
 - may be completed by the resident's proxy or alternate decision maker where the resident is **not** capable and in the absence of a Health Care Directive.
- Both Health Care Directives and Goals of Care may be changed at any time and should be reviewed whenever the resident's condition changes significantly.
- If the resident already has a Health Care Directive prepared, please bring the original copy on admission so that it can be placed in the health record; so all staff know the wishes of the resident.

PALLIATIVE CARE

- Palliative Care is about living life fully to the very end of life with dignity, comfort, care and support. At some time, in some way, we must all face the end of life. When death comes to a loved one or to us, we hope it will be peaceful and free of pain. We hope to be surrounded by those we love, feeling safe, comfortable and cared for.
- At the end of life, residents are cared for in the personal care home unless their care needs can no longer be met. Palliative Care helps make the transition through the stages of a life-limiting illness to death both manageable and meaningful for the person facing death, their family members and friends.

Section 5 – Resident, Community and Recreation Activities

VISITING HOURS

- This is a home for the residents, and therefore residents may entertain visitors any time they choose. Because residents live in a community of others, visitors need to consider all the residents and be respectful of them. Children are welcome and must be supervised at all times during the visit.
- For the safety of those residents who may wander out of the PCH, please ensure that the doors are closed when you enter/leave.

PETS

- Pets are welcome visitors as long as they are of a gentle nature and kept under control while visiting. Family pets should only visit their family member. Pets should be kept on a short leash or carried in an appropriate cage, be under direct supervision of the handler at all times and not be left alone with the resident. Pets are not allowed to lick or come into contact with a resident's open wound or device (e.g. catheter). A towel or sheet is to be placed on the bed, to act as a barrier, for times the pet is on the resident's bed. When a pet is brought to visit, the owner is responsible for the pet, its care and clean-up while at the PCH. The pet is to leave the facility if the animal becomes stressed or too loud and disturbs other residents.
- Pets must be clean, have current immunization status and be free of disease and behavioral problems. Public health regulations do not allow pets to be taken into areas while food and beverages are being served or prepared. Management reserves the right to have a pet removed if a safety or allergy risk has been identified.
- Animals that are restricted from visiting include primates, reptiles, amphibians, hamsters, gerbils, mice, and rats. Animals that have not been litter trained/housebroken or who are under 1 year of age are also restricted from visiting.
- Some PCHs own a pet. Discuss any concerns the resident may have about living in a PCH that has a pet with the Care Team Manager prior to admission.
- Resident-owned pets are not permitted.
- All pet food brought into the PCH shall be stored in sealed containers. For personal care homes with outdoor bird feeders, they are maintained by the PCH staff. Bird seed can harbor the Indian Meal Moth. Therefore all bird seed shall be purchased by the Recreation Department.

RESIDENT COUNCIL

- The purpose of the Resident Council is to provide a forum where issues that concern residents can be discussed, including the services provided to residents in the PCH. Meetings are held a minimum of five times per year, and all residents and alternate decision makers are invited to attend. Any concerns are responded to promptly before the next meeting. Minutes of the meetings are posted for everyone to read.
- Some homes may also have a Family Council/Interest Group, whose purpose is to discuss items of mutual interest and concern, such as policies and procedures, and to provide a stronger voice to residents and families in the operation of the personal care home. It also promotes communication between the resident/alternate decision maker and the PCH staff.

RECREATION PROGRAM

- The Recreation Department offers a wide variety of programs to enhance the resident's quality of life, emphasizing self-worth, enjoyment, and socialization. Individual and group programs attempt to meet each resident's desire for involvement. Some of the activities include a music/exercise program, church services, bingo and special celebrations throughout the year. Outings are arranged, keeping the safety of residents in mind. The residents/alternate decision maker is to inform the Care Team Manager or Client Care Coordinator if the resident is not to go off site.
- Monthly calendars are posted in the personal care home, and families are encouraged to join their loved one.
- For individuals who might not be able to participate in the scheduled events, the Recreation/Activities staff provides sensory stimulation through one on one visits.

VOLUNTEERS

- Volunteers assist in the Recreation Department. Volunteers help by transporting residents to and from programs, reading or visiting with residents, providing music, etc.
- Volunteers are always needed to help with programs. If you are interested in becoming a volunteer, please notify the Recreation Department at the PCH.
- For the safety of the residents, volunteers are not to prepare or serve food for residents.

SPIRITUAL CARE

- Spiritual Care is offered from a non-denominational perspective, recognizing that residents come from a variety of faith traditions. Religious care is offered by representatives of the residents' faith communities. In order to meet the spiritual needs of our residents, the PCH will make every effort to accommodate your needs and representatives from a range of local faith communities are called upon to provide care.
- Residents are encouraged to attend their religious services with family and friends, as able. Families are invited to have the resident's religious community involved in offering Spiritual Care through regular visits by the clergy or by other representatives, especially if worship was a regular part of the resident's life before admission.
- Please note, if at any time a resident would like access to a Pastoral Care visit, please contact the nurse in charge.

Section 6 – Safety

NURSE CALL SYSTEM AND ALARM SYSTEM

- All personal care homes offer a secure environment for residents.
- A Nurse Call System provides communication between the resident's room and the nursing station. Residents are encouraged to utilize this system to call a nurse for necessary assistance.
- Some homes may have an alarm system that provides security to residents who are at risk of wandering out of the building unattended. If a resident is determined to be at risk for wandering, the resident may wear a bracelet that will activate the alarm system at all exit doors.

Note: Electronic Monitoring devices are **not** included in insured services offered at the personal care home and must be paid for by the resident/alternate decision maker. The Business Office will advise regarding details of payments for this service.

- Many homes have external doors secured by magnetic locks to help keep residents safe. These doors can only be accessed by a coded keypad, and the PCH staff will let residents/visitors through the doors as necessary.

EMERGENCY PREPAREDNESS

- An Emergency Response Plan is in place to ensure a capable and coordinated response in the event of a disaster or serious situation needing prompt attention. If evacuation of residents is required on short notice, families will be contacted as soon as possible recognizing that resident safety would be the priority.

FIRE

- The PCH has an alarm system and fire extinguishing equipment. Staff participate in regular fire drills.
- In the event of a real fire, staff will provide instructions to ensure the safety of all residents and any visitors in the building.

SMOKING

- If smoking is allowed in the PCH, there will be a designated smoking room in the home for residents.
- If smoking is not allowed, check with the staff to determine where the designated smoking area is outside of the home.
- To ensure safety of all residents, a care plan around smoking will be developed with staff on admission and updated as required. This may include the purchase of a smoking apron, frequency of smoking and where smoking supplies will be stored.

CLOSING COMMENTS

The quality of life in a personal care home depends on the contribution of everyone – residents, families, staff, and volunteers. Through shared communication, education and collaboration, PMH staff is committed to ensuring the resident's stay in the home is a positive experience. Remember, staff is always available to answer questions and concerns the resident/alternate decision maker may have.

Resident's Personal Equipment List:

This chart is to assist the resident/family/alternate decision maker to keep track of the equipment/items brought to the Personal Care Home.

Date item brought to PCH:	Personal Item (include serial number or other identifier if available):	Item labelled:	Date item removed from PCH:
<u>Example:</u> <i>April 5, 2015</i>	<i>Wheelchair #123456789</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>December 15, 2016</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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PRAIRIE MOUNTAIN HEALTH
Personal Care Home
Directory

Baldur, MB
Baldur Health Centre
 531 Elizabeth Ave E.
 Box 128
 Baldur, MB R0K 0B0
 Ph: 204-535-2922

Benito, MB
Benito Health Centre
 Box 490
 Benito, MB R0L 0C0
 Ph: 204-539-2815

Birtle, MB
Sunnyside Manor
 843 Gertrude Street
 Box 2000
 Birtle, MB R0M 0C0
 Ph: 204-842-3323

Brandon, MB
Dinsdale PCH
 510 6th Street
 Brandon, MB R7A 3N9
 Ph: 204-727-3636

Brandon, MB
Fairview Home
 1351 13th St
 Brandon, MB R7A 4S6
 Ph: 204-578-2600

Brandon, MB
Hillcrest Place PCH
 903-26th Street
 Brandon, MB R7B 2B8
 Ph: 204-728-6690

Brandon, MB
Rideau Park PCH
 525 Victoria Avenue E
 Brandon, MB R7A 5Z5
 Ph: 204-578-2670

Brandon, MB
Valleyview Care Centre
 3015 Victoria Avenue
 Brandon, MB
 R7B 2K2
 Ph: 204-728-2030

Boissevain, MB
Evergreen Place
 305 Mill Road
 Box 899
 Boissevain, MB R0K 0E0
 Ph: 204-534-3337

Boissevain, MB
Westview Lodge
 200 Struthers Street
 Box 819
 Boissevain, MB R0K 0E0
 Ph: 204-534-2455

Carberry, MB
Carberry PCH
 340 Toronto Street
 Box 2000
 Carberry, MB R0K 0A)
 Ph: 204-834-2076

Dauphin, MB
Dauphin PCH
 625-3rd Street SW
 Dauphin, MB R7N 1R7
 Ph: 204-638-3010

Dauphin, MB
St. Paul's Home
 703 Jackson Street
 Dauphin, MB R7A 2N2
 Ph: 204-638-3129

Deloraine, MB
Bren-Del-Win Lodge
 103 Kellett Street
 Box 447
 Deloraine, MB R0M 0M0
 Ph: 204-747-1826

Deloraine, MB
Delwynda Court PCH
 109 Kellett Street
 Box 447
 Deloraine, MB R0M 0M0
 Ph: 204-747-1816

Elkhorn, MB
Elkwood Manor
 12 Antrim Street
 Box 70
 Elkhorn, MB R0M 0N0
 Ph: 204-845-2575

Erickson, MB
Erickson & District HC
 60 Queen Elizabeth Rd
 Box 250
 Erickson, MB R0J 0P0
 Ph: 204-636-7777

Gilbert Plains, MB
Gilbert Plains HC
 100 Cutforth St. N
 Box 368
 Gilbert Plains, MB R0L 0X0
 Ph: 204-548-2161

Glenboro, MB
Glenboro PCH
 219 Murray Avenue
 Box 310
 Glenboro, MB R0K 0X0
 Ph: 204-827-5304

Grandview, MB
Grandview PCH
 308 Jackson St
 Box 130
 Grandview, MB R0L 0Y0
 Ph: 204-546-2769

Hamiota, MB
Birch Lodge PCH
 177 Birch Avenue
 Hamiota, MB R0M 0T0
 Ph: 204-764-4217

Hartney, MB
Hartney Community HC
 617 River Avenue
 Box 280
 Hartney, MB R0M 0X0
 Ph: 204-858-2054

Killarney, MB
Bayside PCH
 86 Ellis Drive
 Box 5000
 Killarney, MB R0K 1G0
 Ph: 204-523-4661
 Station 1: 204-523-3208
 Station 3: 204-523-3203

McCreary, MB
McCreary/Alonsa PCH
 613 PTH 50
 Box 250
 McCreary, MB R0J 1B0
 Ph: 204-835-2482



PRAIRIE MOUNTAIN HEALTH
Personal Care Home
Directory

Melita, MB
Melita PCH
147 Summit Street
Box 459
Melita, MB R0M 1L0
Ph: 204-522-4304

Rivers, MB
Riverdale PCH
512 Quebec Street
Box 428
Rivers, MB R0K 1X0
Ph: 204-328-6207

Sandy Lake, MB
Sandy Lake PCH
106-1st Street W
Box 7
Sandy Lake, MB R0J 1X0
Ph: 204-585-2107

Swan River, MB
Swan Valley Lodge
1013 Main Street
Box 1450
Swan River, MB R0L 1Z0
Ph: 204-734-3441

Virден, MB
West-Man Nursing Home
427 Frame Street E
Box 1630
Virден, MB
R0M 2C0
Ph: 204-748-4335

Minnedosa, MB
Minnedosa PCH
138-3rd Avenue SW
Box 960
Minnedosa, MB R0J 1E0
Ph: 204-867-2569

Roblin, MB
Crocus Court PCH
15 Hospital Street
Box 940
Roblin, MB R0L 1P0
Ph: 204-937-2149

Shoal Lake, MB
Morley House PCH
526 Mary Street
Box 490
Shoal Lake, MB R0J 1Z0
Ph: 204-759-2336

Swan River, MB
Swan Valley PCH
334-8th Avenue S
Box 1390
Swan River, MB R0L 1Z0
Ph: 204-734-4521

Wawanesa, MB
Wawanesa HC
506 George Street
Box 309
Wawanesa, MB
R0K 2G0
Ph: 204-824-2335

Neepawa, MB
Country Meadows PCH
500 Veterans Way
Box 1240
Neepawa, MB R0J 1H0
Ph: 204-476-2383

Rosburn, MB
Rosburn & District HC
116 Parkview Drive
Box 40
Rosburn, MB R0J 1V0
Ph: 204-859-2413

Souris, MB
Souris PCH
155 Brindle Avenue E
Box 10
Souris, MB R0K 2C0
Ph: 204-483-6216

Treherne, MB
Tiger Hills Manor
64 Clark Street
Box 130
Treherne, MB R0G 2V0
Ph: 204-723-2133

Winnipegosis, MB
Winnipegosis & District PCH
230 Bridge Street
Box 280
Winnipegosis, MB
R0L 2G0
Ph: 204-656-4881

Reston, MB
Willowview PCH
523-1st Street N
Box 250
Reston, MB R0M 1X0
Ph: 204-877-3921

Russell, MB
Russell PCH
113 Arsini Street E
Bag Service #2
Russell, MB R0J 1W0
Ph: 204-773-3117

Ste. Rose, MB
Dr. Gendreau PCH
515 Mission St.
Box 420
Ste. Rose, MB R0L 1S0
Ph: 204-447-2019

Virден, MB
Sherwood Nursing Home
223 Hargrave Street E
Box 2000
Virден, MB R0M 2C0
Ph: 204-748-1546

www.prairiemountainhealth.

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