



G. Tackaberry and Family Home Long-Term Care Resident and Family Handbook

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Welcome to the G. Tackaberry and Family Home

This guide has been developed to assist you in getting to know our organization, home, staff, and the services and programs offered. Our goal is to make your/your loved one's transition to your/their new home as comfortable as possible.

On behalf of The Corporation of the United Counties of Leeds and Grenville, our staff and volunteers welcome you and your family.

1. INTRODUCTION

1.1 Overview

The G. Tackaberry and Family Home, a long-term care facility owned and operated by the United Counties of Leeds and Grenville, is home to 192 residents housed in approximately 147,000 square feet over three floors and six separate resident home areas (RHAs) – Charleston, Delta, Glen Elbe, Plum Hollow, Rideau, Stonebridge. All RHAs are similar in design and equal in amenities, stacked with built-in features to make access to supplies and equipment easier for staff. There are many lovely features that make the home a warm, welcoming, resident and family-centred facility of choice.

Infection prevention and control practices have been considered throughout the design from the location of spaces to storage of personal protective equipment supplies.

Seventy-two (72) private bedrooms have three-piece ensuite private washrooms which include a shower; 12 private bedrooms have a two-piece ensuite washroom without a shower, and 108 basic rooms are rooms with private bedrooms and shared washrooms with two basins and one toilet.

The RHA has been designed in the same way a private home would be. As you approach the entrance, it is similar to a house porch with siding, a porch light, and an address. Upon entering, you arrive at the space where you would welcome guests, such as a living room, sunroom, or dining room. Corridors lead to resident bedrooms and the spa which are only accessible after you have passed through the "hub of the house".

Upon entering the hub, you will see the Care Centre (interdisciplinary staff workspace), Harvest room (a multi-purpose room for small group programs, care conferences with families, private dining events, and team meetings), sunroom, and living room. A second living space/den is within the "belly" of the RHA.

The smaller dining rooms, two adjacent spaces each serving 16 residents, support a more pleasurable dining experience, while the centrally located spa includes a tub room, shower, washroom and styling station.

A number of amenity spaces are available including the front room/parlour café, family celebration room, gathering place, place of worship, clinic space, and beauty salon/barber shop.

Each RHA has access to exterior space from the dining rooms. Residents living on the ground floor will have access to an outdoor patio, while those living on the second and third floors will have access to a porch. The longest distance to a patio door from any resident room is less than 200 feet.

From the hub of the house, there are two corridors leading to the residents' private spaces. Less than halfway down the resident corridors is a cross-corridor for use by staff and residents connecting the two hallways; this helps reduce steps for staff and creates a walking pathway for residents.

The private bedrooms have been placed together along one corridor, allowing the common shower to be centrally located for easy access from the basic bedrooms.

A vestibule provided in all bedrooms creates a physical separation between the corridor and bed. This buffer will reduce noise from the hallway and provide a space for staff to put on/take off their personal protective equipment (PPE). Recessed cabinets are placed in the vestibule proximally to the doorway for storage of PPE in case of resident infection.

Residents are encouraged to personalize their living space in accordance with limitations for residents and staff safety, however, due to security and care concerns, it is recommended that heirloom items or other porcelain figurines not be brought into the home.



The home is not responsible, nor does its insurance cover, loss, damage, or theft of personal belongings/personal property brought into the home. It is recommended that residents/families inquire about insurance coverage under their personal insurance program. In addition, the home will not be responsible for cleaning or dusting of personal items brought into the resident's room.

1.2 Best Practice Spotlight Organization (BPSO)

The G. Tackaberry and Family Home, a Best Practice Spotlight Organization (BPSO) in long-term care, is a partnership between the home and the Registered Nurses' Association of Ontario to formally implement, evaluate, and sustain evidence-based nursing best practice guidelines to improve patient care, staff satisfaction, and organizational efficiency. This internationally recognized program fosters evidence-based cultures, leading to better health outcomes, a lower cost of care, and enriched patient and staff experiences.

1.3 Staffing

The home has 24-hour registered nurses (RNs) on duty for day, evening, and night shifts, and registered practical nurses (RPNs) working days and evenings, administering medications and treatments under the supervision of the registered nurse.

Personal support workers (PSWs) assist in providing 24-hour nursing care and resident assessments for our residents.

A registered dietitian is on site 30 hours per week to assist in meal planning for resident needs as well as dietary assessments.

The Resident Services Department includes Recreation Aides, Restorative Aides, a Social Service Worker, a hairdresser, contracted physiotherapy services, contracted foot care providers, contracted dental providers and volunteers.

Recreation staff provide programs and activities to support meaningful resident engagement seven days a week, both days and evenings.

The Social Service Worker supports both residents and families in coordinating required services and bridging gaps in care and/or services, as well as supporting residents in aging in place as much as possible. Restorative programming above and beyond physiotherapy rehabilitation is provided specifically to support residents with activities of daily living and to promote resident independence.

Physiotherapy services, including physiotherapists and physiotherapy assistants, are provided through a contracted service to support and encourage residents' independent mobility and physical needs through assessments, one-on-one rehabilitation, and through a variety of fun and up-beat group exercise classes. In addition, physiotherapy staff are ADP (assistive devices program) certified to assess and recommend

modification of resident assistive devices according to individual needs to ensure safety and comfort. Occupational therapy continues to be an option through the physiotherapy service provider upon request, or as recommended by the circle of care.

1.4 Residents' Bill of Rights

Staff, residents, volunteers, friends and families ensure that the rights of residents at the G. Tackaberry and Family Home are always respected and promoted. See Appendix 1 – Residents' Bill of Rights, for more information.

The home's Resident Council is also informed on the Residents' Bill of Rights through regular and ongoing review of each passage.

The Dementia Bill of Rights (see Appendix 2 – Canadian Charter of Rights for People with Dementia) is a statement of principles that outlines the fundamental rights and entitlements of individuals living with dementia. These charters ensure people with dementia are free from discrimination, have access to necessary supports for independent living, and can participate in decisions affecting their lives. The Dementia Bill of Rights is also posted in the home.

1.5 Resident Responsibilities

All residents have rights as well as responsibilities to one's fellow residents and to the operation of the home in which one is receiving care. Every resident has the responsibility to:

- Observe the rules and regulations of the home in effect at the time of admission and throughout residency.
- Treat all residents and staff with courtesy and consideration and, to keep in mind, their own rights and the rights of others.
- Observe at all times the no-smoking regulations for one's protection and that of the other residents and staff.
- Always participate in fire and disaster drills.
- Use with care and respect all supplies, linens, equipment, and furnishings of the home.
- Provide truthful information to the appropriate staff and administration concerning all aspects of mental, physical, and financial status and to keep them informed of any change.
- Consider that other residents may require assistance and more urgently than oneself.

- **Sign out with the Nursing staff when leaving the building;** this is for one's own benefit and safety.
- Give the nurse in charge, department manager, or any of the administrative staff an opportunity to correct a complaint or address a concern by speaking to them directly. If one does not get satisfaction within a reasonable time, write or go to a member of Residents' Council, or contact the Assistant Director of Care to seek assistance with resolution of your concern.
- Report promptly anything they feel needs attention (e.g., safety hazards, security, etc.).
- Follow the home's policies and procedures as they affect other residents' daily routines, providing they do not infringe on your rights.
- Expect all residents to be advised of the above responsibilities and to expect that all residents will fulfill the above responsibilities.

1.6 Model of Care

The G. Tackaberry and Family Home model of care adopts a person-centred approach that builds interpersonal relationships and shapes the physical environment and organizational structure. Our intent is to create a genuine home environment, which provides our residents with the opportunity to direct their lives through autonomy, decision making and choice in their own lives.

Model of Care Statement

Our residents are honoured and cared for as family and are inspired to live life to its fullest. Together, we create a meaningful life for the resident with a collaborative social approach to care that puts the resident first.

Mission

Our mission is to provide compassionate, personalized, and comprehensive long-term care services to our rural community, fostering a nurturing environment that promotes dignity, independence, and quality of life for our residents. We are committed to creating a home where residents feel valued, safe, and supported, while maintaining the highest standards of care and embracing the unique needs and preferences of each individual.

Vision

We are dedicated to ensuring our neighbours age well in their community while promoting choice, dignity, and wellbeing.

1.7 Values - Our H.O.M.E

H - Holistic Approach

Our holistic approach to care addresses the physical, emotional, social, and spiritual dimensions of our residents' wellbeing. This involves interdisciplinary teams working together to provide comprehensive care that considers all aspects of a person's life.

O - Opportunity for Choice

Meeting individual needs, goals, and preferences.

M - Meaningful Engagement

Our interdisciplinary staff lead with empathy and compassion by actively listening, showing understanding of their concerns, and providing emotional support towards residents and their families.

E - Excellence in Care

Our home adopts best practice principles, continuing education.

1.8 Resident Welcome Committee

The Resident Welcome Committee is a recreational program that supports new residents in connecting with their co-residents and feeling at home and that they belong.

What we aim to do:

- Welcome our new neighbours.
- Meet new people and make friends.
- Get involved in our community.

When is it? The group meets monthly with the date and time showing on the activity calendars posted throughout the home.

What can one expect by joining?

- Refreshments
- Open, welcoming space to meet new neighbours.
- Discuss ideas to help welcome people to our community.

Upon admission, new residents can expect to meet the Residents' Council President and Vice-President to educate and inform them of the Residents' Council in the home.

Questions? If you have any questions, or would like additional information about this group, please speak to any recreation staff or the Resident Services Supervisor.

2. DEPARTMENTS

2.1 Administration

The G. Tackaberry and Family Home is part of the Administration Division of the United Counties of Leeds and Grenville which owns and operates the home. The G. Tackaberry and Family Home Committee of Management was created in 2015 and is comprised of members of Counties Council. The Committee meets monthly and is responsible for establishing policies and monitoring risk at the home.

The Administrative Services office is located at the entrance of the home (main reception) and is open from 7:00 a.m. to 7:00 p.m., Monday to Friday; 8:00 a.m. to 4:00 p.m., Saturday and Sunday (closed on statutory holidays). Administrative staff are available to assist you in a variety of ways, so please do not hesitate to ask. For after-hours issues/concerns/questions, please see the registered charge nurse for assistance.

2.1.1 Accommodation Billing

Accommodation invoices are issued through a pre-authorization payment (PAP) program. On admission, the resident/POA will be asked to complete an authorization form and to provide a "void" cheque to initiate the process. This payment system is mandatory for all residents, and the first payment is due on the day of admission.

Accommodation fees - The Ministry of Long-Term Care (Ministry) determines rates on an annual basis. The Counties' Corporate Finance Department will notify all residents/POAs of any upcoming increase in rates.

Residents in **basic accommodation** may be eligible for a rate reduction and may apply at time of move in, or if/when financial information changes.

Adjusted rates take effect from the first month following the application being approved. To process the application to the Ministry, the resident's Notice of Assessment Form from Revenue Canada must be provided. To apply for a rate reduction, please contact **Administrative Services at 613-924-2696, ext. 6001**. We will be happy to assist you.



Residents receiving reduced accommodation rates must reapply annually, and a letter and application will be sent to residents/POAs. A copy of the Notice of Assessment, for application purposes, must be submitted with the rate reduction application.

2.1.2 Resident Trust Account

Residents may choose to keep funds for personal use in a non-interest-bearing trust account maintained by the administration office and reconciled monthly by the Counties Corporate Finance Department.

These monies may be accessed for purchasing items, to pay for various activities, and/or to take with the resident during outings. Administrative staff will contact residents/families/POAs when the funds are becoming low and/or the Resident Services Supervisor if the Public Guardian and Trustee (PGT) or Ontario Disability Support Program (ODSP) are to be provided with information.

On admission, the resident/POA will be asked if they are interested in opening such an account. If so, a form will be completed and a receipt issued for any monies deposited at that time. Administrative staff will be happy to answer any questions you have regarding this process.

2.2 Nutrition and Food Service

2.2.1 Meals

All meals are prepared on site by trained staff with the Registered Dietitian working closely with the Nursing Department to ensure each resident's medical needs are considered.

A nutritional assessment for each resident is completed on admission, and the Registered Dietitian is consulted when nutritional difficulties arise. Special diets may be ordered by the Medical Director and/or Dietitian.

The Registered Dietitian and Food Services Supervisor will visit with each resident on a regular basis to ask about their likes and dislikes, and staff will do their best to accommodate preferences.

Meals are served in the two dining rooms located in each resident home area. Lunch and supper menus provide residents with their choice of two different meal options.

A nourishment cart with drinks, assorted snacks, and protein supplements are served three times per day.

It is important to understand that staff monitor each resident's food and fluid intake as part of their care plan to encourage health and wellbeing.

The MealSuite food-delivery system used at the home, provides:

- integrated resident profiles to ensure dietary needs such as allergens, diet orders, food textures, and preferences.
- customized meal plans, with tools to optimize resident nutrition outcomes, mealtime satisfaction scores, etc.
- integration with the resident's electronic health record saving time and reducing risk from keystroke errors.
- products like digital menu boards designed for optimal resident use and engagement.
- our Nutrition and Food Service Manager the ability to create custom recipes and updated menus.
- our Dietitian to access the nutritional analysis and diet orders.
- Nutrition and Food Service staff to view order details to quickly plate dishes to exact specifications.

Due to limited space in the dining rooms, families wishing to dine with their loved one must reserve, through Administrative Services, one of the Harvest rooms located in each resident home area.



As per regulations, staff are not permitted to feed residents food brought in by family or friends. It is acceptable that a visitor may feed the resident food prepared or purchased outside the home, however, we recommend that nursing staff be advised as some residents may have food restrictions or special needs (i.e. diabetic diet, choking risk, swallowing difficulties, modified textures, etc.). Outside food cannot be stored in the home's refrigerator for infection control/cross contamination reasons, nor is it permitted in the main dining room due to potential allergies of the other residents.

2.2.2 Guest Meals

The G. Tackaberry and Family Home encourages families and friends to visit the home and dine with their loved ones. A meal ticket for foods provided by the Nutrition and Food Service Department may be purchased in advance from Administrative Services (reception desk). A minimum of 24 hours notice is required for your booking. Please see the Administrative Services team (or contact them at 613-924-2696, ext. 6001) for more information to buy a meal ticket and to book a Harvest Room.

2.3 Environmental Services

2.3.1 Housekeeping

Daily housekeeping services are provided, however residents are encouraged to arrange their belongings and keep their own room tidy, clutter-free and free of pest infestation if able.

All personal items are to be kept inside the resident's room and cannot block or interfere with access to hallways or possibly cause injury or fire. No dangerous or perishable items are to be stored in the room.

2.3.2 Laundry

All machine washable personal clothing is laundered daily by staff in laundry rooms located on each resident home area and returned within 48 hours. Other linens are

contracted to an outside linen service. Staff are not responsible for mending clothing, and the home is not responsible for lost or damaged clothing.

If you do not want your loved one's clothes laundered at the home, please notify staff, supply an in-room hamper for soiled laundry, and ensure sufficient clothes are available to the resident at all times.

Labeling of Clothing - All clothing will be labelled with the resident's name and "G. Tackaberry and Family Home" by the housekeeping staff on the day of admission. If an item inadvertently leaves the premises to our contracted linen service, it will be returned to the resident on their next linen delivery, **if it is labelled**. Every effort is made to ensure residents receive their laundered clothing in a timely manner however we cannot accept responsibility for clothing without labels.

Clothing - We recommend all residents have seven outfits, plus a housecoat, sweaters, shoes, and slippers. Clothing that requires dry cleaning, hand or cold washing, hang to dry, lay flat to dry, wool, suede, 100% nylon and/or silk are not recommended. Housekeeping staff will check clothing labels before laundering but are not responsible for damaging delicate or high maintenance personal clothing.



Please remember to ensure your loved one has a coat, hat, scarf, mittens/gloves and boots in their room, during the colder months for scheduled appointments and/or outings.

As the resident rooms and the home overall have limited storage space, families are asked to store off-season clothes and other seasonal items (e.g. Christmas decorations) off site. An over-crowded closet is difficult for staff and your loved one.



Please remember, the home is a minimal-scent facility due to respiratory distress and allergies.

2.3.3 Maintenance

The maintenance staff ensures that the building and grounds are cared for in accordance with standards set out by the Health and Safety Committee, the Ministry, and all other applicable legislation. Staff complete minor repairs and ensure upkeep of equipment as required.

Maintenance also maintains the home on the inside. On admission, all electronic/ electrical items brought to the home for use by the resident will be inspected by maintenance staff before the items can be used.



We ask that you do not hang pictures yourself but, rather, put a request into maintenance (through Administrative Services) and staff will hang them for you. Prohibited products not allowed to be attached to doors, walls, windows, wardrobe or bedside tables include nails, screws, thumbtacks, push pins, staples, scotch tape, duct tape, glue, foam-type adhesive or magnetic wall clings.

Door decorations are to be hung with an over-the-door hanger available at local stores. For fire safety, the door decoration and hanger must not interfere in any way with the proper closing of the door.

2.4 Nursing

The Nursing Department is committed to providing all residents with professional, compassionate care, encouragement, and assistance to optimize their current level of health and independence.

The G. Tackaberry and Family Home has recently joined 90% of long-term care homes and 80% of hospitals in Ontario by joining **Project Amplifi**.

This project allows the home to securely share care information when a resident is transferred to hospital (e.g., allergies, medications, etc.) for hospital staff to review. The hospital will do the same upon discharging the resident back to the home (e.g., discharge summary of the care received, medications, imaging, lab results, etc.). This will decrease paper, provide the hospital and home with a more accurate care history and provide our residents with safer care.

2.4.1 Leaves of Absence – Leaving the Home

Casual outings of short duration by the resident with their family or friends are encouraged.

Longer or overnight leaves are also permissible; however, nursing staff must be given 24-48 hours' notice so that medications can be prepared. The person(s) responsible for administering the medications and treatment to the resident while outside of the home will be required to sign a leave of absence form at which time they will receive medications and instructions. The home is not responsible for injury or illness when the

resident is absent from the home. The home must be notified immediately if a resident becomes ill and/or is hospitalized while on leave.



Please notify the nursing staff whenever the resident leaves their resident home area and upon their return.

What is an absence - Reference: Fixing the Long-Term Care Homes Act, 2021, Absences Sec. 150:

“(c) In the case of a casual absence during the period between midnight on a Saturday and midnight on the following Saturday, that the total length of the resident’s casual absences during the period does not exceed 48 hours.

(d) In the case of a vacation absence, that the total length of the resident’s vacation absences during the calendar year does not exceed 21 days.”

When a resident enters hospital for a medical absence which does not exceed 30 days, and/or for a psychiatric absence that does not exceed 60 days at any time, their room will be held as per government regulations.

When a resident’s medical absence exceeds 30 days, and a psychiatric absence exceeds 60 days, the resident is discharged until their medical condition has improved. At that time, they can be readmitted when suitable accommodation becomes available.

2.4.2 Medical Care

All residents must be under the care of a physician on admission. The G. Tackaberry and Family Home retains the services of a qualified Medical Director who attends the home and sees the residents on a regular basis. Each resident receives continuity and quality of medical care. The Medical Director provides 24-hour/seven-days-a-week coverage in accordance with the standards set out by the Ministry of Long-Term Care and the Canadian Medical Association.

Residents may continue to use the services of their own physician if their physician agrees to a contract with the G. Tackaberry and Family Home which outlines the services and 24-hour availability expected from attending physicians. If a resident’s own physician does not wish to provide services on admission, medical care and services will be provided by the home’s Medical Director.

2.4.3 Staffing

The G. Tackaberry and Family Home has a team of registered nurses, registered practical nurses and personal support workers who provide nursing and personal care 24 hours per day, seven days per week. Nursing care is provided to assist with the physical and emotional needs of residents and their families by integrating a holistic approach to person-centred care and support.

Registered Nurses (RNs) in conjunction with other members of the multidisciplinary team, are responsible for comprehensive assessment and developing plans of care designed to meet each resident's specific needs. Family members are encouraged to contact the RN at any time if they have a question about care received by their loved one.

Registered Practical Nurses (RPNs) are responsible for the administration of medications and treatments based on each resident's care requirements and prescribed interventions.

Personal Support Workers (PSWs) support, assist or provide total care to residents as needed for completion of all activities of daily living, (i.e. eating, toileting, transferring, dressing and visitation) under the direction of an RN/RPN and as noted on the resident profile and individualized care plan.

Behavioural Support Staff under the Behavioural Supports Ontario (BSO) Program, a RPN and PSW provide specialized support for residents with challenging behaviours, complex mental health issues, or neurological conditions like dementia. They offer direct care, create care plans, train other staff, and act as a resource for families and the care team, using standardized protocols to manage responsive behaviours and improve quality of life.

2.4.4 Nurse Practitioner – Ontario Health atHome

An on-call nurse practitioner, provided through Ontario Health atHome Nurse Practitioner LTC Led Outreach Team (NLOT), provides advice to nursing staff as requested.

The service is available when a resident is identified as possibly requiring a trip to hospital, assistance with end-of-life care, and/or assistance with repatriation back to long-term care.

2.4.5 Pain and Palliative Care Quality Committee

This committee meets monthly and aims to implement measures to ensure resident dignity and end-of-life care, as per the resident and family wishes, such as palliative carts containing music and essential oils. End-of-life wishes are discussed on admission and reviewed annually at the resident care conference to ensure they are still in alignment with resident/family wishes.

2.4.6 Restraints – Bed Safety and Alternatives

Resident safety is our highest priority, and we closely follow all provincial health authorities' quality and best practice recommendations. There are provincial recommendations in place to continually review bed safety in all long-term care communities to reduce the safety risk that can be posed by the inappropriate use of bed rails.

The G. Tackaberry and Family Home uses a three-step assessment which is required to assess the need for a restraint, supporting the team in looking at alternative options. Residents who do have a bed rail are regularly assessed.

For more information on bed rails, see Appendix 3 – Bed Rails in Hospitals, Nursing Homes and Health Care.

2.5 Resident Services

The Resident Services' philosophy is to encourage residents to maintain their unique person-centered identities and lifestyles to ensure a life of purpose, dignity and compassion. Resident Services staff participate in ongoing learning initiatives to keep up to date with best practices in therapeutic recreation, rehabilitation, social work and long-term care.

Resident Services staff strive to provide person-centered therapeutic recreation, social work, rehabilitation and services with the support of dedicated community volunteers designed to meet the social, spiritual, physical, cognitive, emotional and vocational needs of our residents in alignment with the home's model of care.

Recreational programs are offered during both days and evenings, seven days a week to meet each resident's individual leisure desires. Further, resident independence is leveraged to ensure resident self efficacy through the home's restorative programming,

a multidisciplinary approach in supporting resident independence through regular practice of activities of daily living.

We believe in supporting our residents in aging in place through offering in-house services such as hairdressing, as well as contracted service including physiotherapy, assistive device vendors, dental hygiene, dentists, as well as denturists, and foot care, all optional to residents and families.

The home's in-house Social Service Worker engages prior to resident admission and is dedicated to supporting each resident's and their family's unique long-term-care journey through building therapeutic relationships and hosting support groups for both residents and families. The Social Service Worker aims to bridge resident or family gaps with a robust knowledge of services and resources in the community.

2.5.1 Physiotherapy Services

The G. Tackaberry and Family Home has contracted a physiotherapy provider that delivers a full range of rehabilitation and restorative solutions to our residents. The service strives to provide the highest quality compassionate, resident-focused rehabilitation to improve a resident's level of independence and quality of life.

The provider's objectives include maintaining the residents' highest level of physical function and independence, reducing the incidence of falls, and allowing the residents to live out their lives as independently as possible.

2.5.2 Meaningful Engagement for Seniors

Meaningful engagement is a critical dimension of quality of life and quality of care for persons living with dementia. Engagement refers to the act of being occupied or involved in an external stimulus and has implications for wellbeing, mental health, and cognitive and physical function. Meaningful engagement shows promise as a non-pharmacological strategy for addressing anxiety, depression, and behavioural expressions. Two examples of this include:

OBIE projector – Obie is the home's electronic projector-based technology specific to supporting engagement for seniors. Through interactive games and scenes, there are engagement opportunities for residents at various stages of their journey.

Snoezelen cart – The Snoezelen cart is a portable multi-sensory unit designed to bring calming or stimulating sensory experiences directly to residents. Equipped with features

such as bubble tubes, fiber-optic lights, projectors, mirrors, and interactive controls, the cart can be easily moved between rooms to provide visual, tactile, and auditory stimulation that helps reduce anxiety, improve mood, and support individuals living with dementia or other cognitive or sensory needs. There is a Snoezelen cart available to residents on each floor of the home.

Tri-Shaw Bike – The tri-shaw bikes supports residents in feeling the wind in their hair and enjoying the many scenes of the seasons while riding along bike paths on our large, rural property, designed specifically to support this important and meaningful engagement.

Staff involve residents in the planning process of the monthly activity calendar as a standing discussion item at Residents' Council to ensure programming is reflective of resident values, beliefs and interests. Staff believe it is never too late to learn something new or try a new hobby.

Examples of meaningful activities:

- Gardening, either indoors or outdoors.
- Organizing a drawer, old photos, a toolbox, etc.
- Painting on a blank canvas or painting by number.
- Drawing, sorting colours/shapes and using fidget items.
- Reading a story together.
- Playing the music of any instrument they are familiar with.
- Going for walks for both exercise and fresh air.
- The use of stimulating materials, such as music, lights, photographs, objects, physical activities and aromas, can help to provide positive stimulation and distraction from stress or anxiety.

Games and Fun:

- Try out some easy word games like Scrabble or Word Ladder. These can help to improve your loved one's memory and language skills.
- Jigsaw puzzles are a great game to play.
- Dominoes can also be a great game even if you don't play by the standard rules. Feel free to make up your own rules to accommodate your loved one's cognitive level.
- Bingo can also be a fun way to play together. You can either buy a pre-made bingo card or make your own.

- Card games are great for people with dementia. Try easy games like Go Fish, Crazy Eights, or Uno.
- Chutes and Ladders may be a game your loved one can participate in; again, you don't have to follow the standard rules.

Meaningful Movements – Doing things that have personal significance not only provides purpose and satisfaction but can also help to slow the progression of cognitive decline. Participating in activities that produce a sense of purpose is a fantastic way to spend your time.

Sensory Stimulation:

- **Visual stimulation** – residents can look through a photo album, watch videos, or look out the window at different scenery, bringing up happy memories.
- **Auditory stimulation** – Listening to music, reading books, or watching videos.
- **Tactile stimulation** – Activities like petting animals, holding hands, and getting a hand massage can be beneficial.
- **Smell stimulation** – Aromatherapy, using essential oils or flowers and even certain foods of familiar scents, can help with relaxation and remind them of happy memories.
- **Taste stimulation** – People living with dementia often lose their appetite, but favourite foods and drinks can help increase nutrition intake.
- **Movement stimulation** – Any physical activity like exercising, dancing, and even simple chair aerobics, can help improve people living with dementia moods and cognition.
- **Social stimulation** – Spending time with friends and family, attending social events, or participating in support groups can help fight depression and isolation.
- **Music stimulation** – Listening to music, singing, or playing musical instruments can have a calming effect and improve mood, communication, and memory.
- **Art stimulation** – Drawing, painting, sculpting or other forms of art, can help reduce stress, increase self-esteem, and provide a sense of accomplishment.

2.5.3 Recreation Calendar

A monthly calendar listing all activities and outings is provided to each resident and emailed to all families through our Cliniconex automated resident communication system, to encourage participation in any of the planned activities. The calendar is posted throughout the home on bulletin boards and is also available at the reception desk. We encourage family and friends to incorporate an activity during their visit.

2.5.4 Birthday Parties

A special recognition of birthdays is held monthly with a social party consisting of entertainment and cake. All families and friends are encouraged to enjoy this special day with other residents and their loved ones.

In addition, and in keeping with our commitment to celebrate each resident's milestones as they happen, staff present a cupcake to the resident during their noon meal on their specific birthday.

2.5.5 Hairdressing/Barbershop

There is a hairdresser/barber on the premises, available at a reasonable cost to the resident. No money is exchanged at the time of service; charges are added to the resident's accommodation invoice at month end.

Nursing will attempt to accommodate residents who wish to have their hair styled for special occasions whenever possible. We ask that families provide sufficient notice in advance of special appointments.

Appointments for hairdressing/barber services can be made at the front-door kiosk, by speaking with the nursing staff and/or hairdresser directly.

2.5.6 Third-Party Services

Third-party services (e.g., footcare, mobile dental services, etc.) are available for our residents' convenience; however, residents are free to select and use their own service providers if they prefer. Please see Administrative Services for a list of available services and service provider contact information.

Please note: Residents/families are responsible for scheduling appointments directly with the service provider.

2.5.7 Celebration of Life

An annual, non-denominational celebration of life is held for those residents who have passed. Families receive a personal invitation to attend, and all current residents, staff, families, and friends are encouraged to attend to celebrate those residents being remembered.

2.5.8 Newsletter

A monthly newsletter is another means of communicating events, news items, and updates to the residents and their families. The newsletter is emailed to families through our Cliniconex automated resident communication system or, if requested, by general mail at the end of each month.

2.5.9 Outings

Season-related and themed outings are offered throughout the year as per the request of the residents. A few examples include:

- Christmas light tours with Tim Hortons.
- Dining at local restaurants for a change of scenery and menu options.
- Boat cruise outings on the St. Lawrence River.
- Watching live hockey games at the local Athens Centre 76 rink.

Residents may access their trust accounts for costs associated with these activities. Transportation and support resources are typically provided by the home.

2.5.10 Pet Therapy

Animals have been recognized as an important source of emotional and physical comfort for people residing in long-term care homes. Interaction with a pet provides the opportunity for a resident to express affection, emotion, enjoy the sense of touch, joy, and laughter. Dog pet therapy activities have been developed in consultation with Residents' and Family Council.

Family Pet Visits - Administrative approval for family animal visitation may be granted on an individual basis. Consideration shall be given to the type of animal, health of the pet, and its behaviour. The pet owner/handler will abide by the terms and conditions of the home's policy, will provide proof of vaccination, and will ensure the pet to be free of parasites and diarrhea.



If you are interested in bringing your pet to the home, please see Administrative Services for a copy of the policy and registration form.

2.5.11 Spiritual Services

Regular, non-denominational church services are available for residents, their families, and friends. Everyone is welcome to attend.

The home also welcomes and encourages visits by a resident's personal spiritual advisor.

2.5.12 Volunteers

Volunteering is the most fundamental act of citizenship and philanthropy in our society. It is offering time, energy and skills of one's own free will. It is an extension of being a good neighbour and choosing to help others.

The G. Tackaberry and Family Home is thankful for the volunteers who are instrumental to the home and who can be seen assisting with programs such as bingo, parties, special events, and one-on-one visits with residents.



If you are interested in volunteering in our home, please contact our Resident Services Supervisor at 613-924-2696, extension 6004. Legislation requires that a police check is required for all volunteers once an interview and screening has been completed. Onboarding and education will be provided as per legislation and corporate policy.

3. GENERAL INFORMATION

3.1 Admission – What to Expect

On admission, you and your loved one will meet with staff from nursing, administrative services, food and nutrition service, and resident services.

Nursing – A member of the nursing team will be there to greet the new resident and begin the process of getting them settled into their room. The nurse will review a number of policies and procedures as they relate to the medical care of each resident, will review a number of forms relating to the provision of care, and ask that you sign those specific to you/your loved one.

Administrative Services – The administrative process consists of gathering important personal information and signing of documentation. The resident agreement will be reviewed and signed during this meeting.

In addition, multiple demographic questions will be asked for the administrative file.

Please ensure you have the following documentation available:

- Health card – this will be retained by the home
- Birth certificate
- Other health insurance information (copies will be made)
- Social insurance card (copies will be made)
- Veteran ID card (if applicable – copies will be made)
- Power of attorney documentation (personal care and property)
- Name of executor
- Funeral home information
- Notice of Assessment and option “C” printout for application for basic room rate reductions if applicable
- Money (if opting to open a trust fund account)
- Void cheque – pre-authorized payment form
- Cheque for first accommodation payment, due day of admission

We encourage residents and families to take as much time as needed to read the information provided and to ask any questions they may have.

Photography – On admission, a digital photo of each resident will be taken and added to their chart for identification purposes. In addition, residents may be photographed or videotaped from time to time while engaging in routine activities in the home. Consent is required if a resident is clearly identifiable and/or the picture is used in the community and/or on the Counties’ website. A consent form will be reviewed with the resident and family at time of admission.



Please note – Pictures of residents are **not** permitted without the consent of the person being photographed.

3.2 What to Bring on Day of Admission

Clothing – On move-in, please bring a minimum of two days of clothing, labelled with permanent marker to take to the resident’s room.

All resident clothing brought into the home (at any time) will be labelled by housekeeping staff and returned to the resident’s room as soon as possible.

Clothing requiring dry cleaning, hand wash, wash cold, hang to dry, lay flat to dry, wool, suede, 100% nylon and/or silk **is not recommended** as these items will get damaged in the home laundry process.



The quantity of clothing is limited to the space in the provided wardrobe; storage bins kept in the room are **not** permitted.

Suggested clothing list

Item	Number
Pants/dresses	7
Shirts	7
Cardigans or zip sweaters (seasonal)	4
Pairs of underwear	7
Pairs of socks (cotton or diabetic socks are best for swollen legs/feet)	7
Undershirts/bras	7
Pajamas/nighties	7
Housecoat/robe	1
Outside coat (seasonal)	1
Pairs of everyday shoes (seasonal)	1-2
Pairs of slippers	1
Belts	2
Hat	1
Scarves	2
Other Items	
Lap blankets	1-2
Twin-sized comforter	1
Toiletries - Electric razor for shaving needs (men or women), are to be provided by the resident's family.	

Note: Seasonal wardrobe rotation will be required due to limited space.

3.3 Lost and Found Clothing

Occasionally, non-labelled clothing items may get lost. Should you/your loved one be missing a clothing item, please visit the lost and found in each resident home area.

3.4 Complaints

We encourage residents and family members who have a concern or complaint regarding the level of care or services delivered, and/or who want to make a suggestion

to assist us in improving our programs and services, to follow the steps listed below. While we hope to resolve issues at step one or two, if the complaint/concern is not being addressed, or the issue is urgent, please proceed to the next step in the process.

- Step 1: Discuss the issue with any registered staff member.
- Step 2: Discuss the issue with a registered social service worker.
- Step 3: Discuss the issue with a RN Charge Nurse/Supervisor.
- Step 4: Discuss the issue with a member of Administration.
- Step 5: Discuss the issue with Residents' Council or Family Council.
- Step 6: Contact the Ministry of Long-Term Care.

To contact the Ministry of Long-Term Care to make a formal complaint that could not be resolved in any of the steps above:

Call the Ministry Long-Term Care Family Support and Action Line – 1-866-434-0144, between 8:30 a.m. and 7:00 p.m. seven days a week.

The person who answers the call will:

- Take down your information.
- Ask a number of questions regarding the complaint/concern.
- Forward the information to an inspector for follow up.

You can expect to hear back within two business days.

Write to the Ministry - care of the Director, Long-Term Care, Inspections Branch, 119 King Street West, 11th floor, Hamilton, ON L8P 4Y7.

You will receive a reply letter letting you know the complaint has been received and will be forwarded to an inspector who will look into the matter.

Contact the Patient Ombudsman – If you have already spoken to staff, and contacted the Long-Term Care Family Support and Action Line (above), and was not able to reach a satisfactory resolution, you can contact the Patient Ombudsman online at <https://patientombudsman.ca/>, or by calling 888-321-0339 or 416-597-0339 (TTY: 416-597-5371).



Full information on making a suggestion and/or submitting a complaint, including a copy of the You Have a Voice complaint, can be found on the home's Communication Centre board and/or can be obtained through Administrative Services.

3.5 Room Bookings for Private Gatherings

The home has several rooms available in each resident home area for families wishing to spend private time with their loved one (e.g., family dinners, birthday parties, etc.). Family/friends may bring their own refreshments/meal, or you may order meals from the home by purchasing meal tickets.



Please speak to the nursing staff if you are planning on bringing food in for a resident as some may have food restrictions or special needs

Room reservations may be made through Administrative Services by visiting the reception desk or by calling 613-924-2696, ext. 6001.

3.6 Fire Safety and Health and Safety

The G. Tackaberry and Family Home is equipped with a sprinkler system automatically activated in the event of fire. Exit signs, fire extinguishers, and pull stations are located in visible areas throughout the home. Other equipment includes:

- A generator capable of supplying emergency back-up power in the event of a hydro outage.
- An internal and external security camera system.
- A WatchMate monitoring system to aid resident safety.
- Windows that do not open more than six inches to ensure resident safety.

All residents and visitors must be alert to the following fire safety safeguards:

- **No smoking or open flames** are permissible at any time inside the home. Smoking is permitted outside, **only in the designated area(s)**.
- Fire drills are held to ensure staff and residents are aware of fire drill procedures. The fire bells will ring during an active drill – **DO NOT BE ALARMED**.
- All visitors **must** follow the direction of staff if present during a fire alarm.

3.7 Furnishings for Rooms

Each room is equipped with a bed, bedside table, divided wardrobe, 43-inch television with senior-friendly remote control, and a comfortable high-back vinyl armchair which is soil resistant and easily cleaned.



If a resident/family wants to bring in a different chair, please contact our Infection and Control Coordinator, at 613-924-2696, ext. 6023, prior to bringing it into the home.

If approved, for infection control purposes, any chair that is not a wipeable fabric, will require the family to purchase/provide two waterproof, wipeable, removeable, and washable covers to protect the chair from soiling. Ongoing deep cleaning is the responsibility of the resident/family.

Furniture/equipment placement must not cause unsafe conditions or interfere with the provision of safe and effective care; for example, the resident bed must remain in its designated location between the electrical receptacles on the wall.

Fire-rated and approved window blinds are provided and cannot be changed or removed. Window screens are not to be removed for the safety and security of residents and staff.

While we encourage residents to bring some of their own belongings to personalize their rooms, space is limited, so anyone wishing to bring any of their own furniture will require prior approval to ensure it can be accommodated. Small personal items such as those noted below are encouraged.

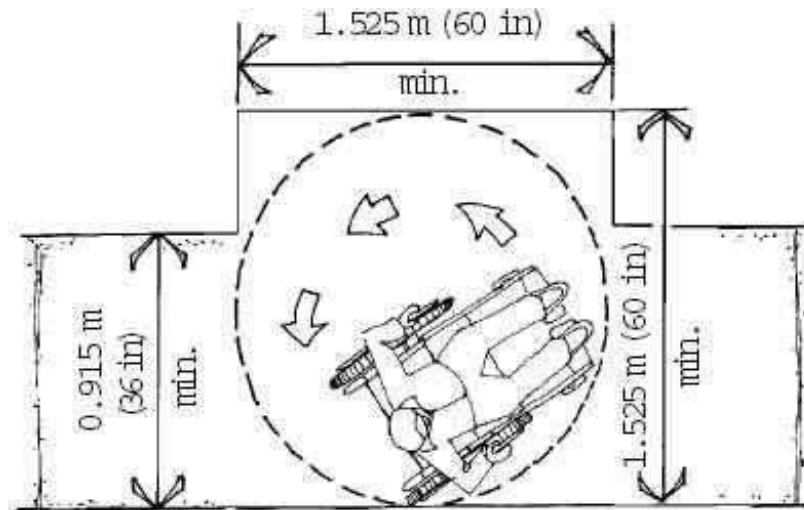
- Blanket/comforter
- Pictures (limited to seven)
- Clock
- Telephone
- Plants - limited to one or two and must not cause resident sensitivity to possible allergies. Pots must have a water-tight container affixed to the bottom to ensure there is no leakage during watering.

As safety is our first concern, we ask that clutter be avoided. Depending on resident mobility, extra furnishings than those provided by the home are not recommended for the safety of the resident's space and the safety of our nursing team in providing care freely around a room.

Dimensions of the bedrooms (not including the entrance hallway/vestibule):

- Basic - 137.5 square feet
- Private - 157.5 square feet

Do you know the radius it takes to turn a wheelchair?



Power wheelchairs are allowed but must be in good working condition and be able to pass a safety inspection before use in the home.



Responsibility – Residents and their families are financially responsible for any damage to, or loss occurring in, the resident’s room, surrounding home areas, or home equipment. Any costs associated with repairs or replacements will be included on the resident’s monthly invoice.

To ensure timely repairs or replacements, please notify Administrative Services, who will submit a maintenance request on your behalf. Residents are **not** permitted to carry out repairs themselves.

3.8 Removal of Personal Belongings Upon Death/Discharge

All resident belongings must be removed within 48 hours of death or discharge, unless alternative arrangements have been made. Items not collected within this timeframe may be disposed of by the home. Any costs related to handling, packing, storage, or disposal will be charged to the family on the final statement.

3.9 Personal Effects – Safety Guidelines

Common gifts for residents often include food items such as cookies, candies, chocolates, and fruit (we recommend considering the resident’s current diet texture), as well as personal toiletries like hand creams and soaps.

To support resident health, uphold public health and infection prevention standards, respect the rights of all residents, and maintain cleanliness and safety in the home, the following guidelines apply.

Items considered unsafe and/or hazardous in a long-term care setting include but are not limited to:

- Mouthwash containing alcohol,
- Sharps such as scissors, knives, razor blades,
- Weapons, including collectibles or spiritual in nature (**possession/storage of any weapon is prohibited**),
- Hand tools, power tools, gardening equipment,
- Electrical appliances (toaster, microwave, kettle, iron, humidifier, portable air conditioner, heater, heating pads, heated blankets, etc.),
- Scented items such as perfumes, highly scented plants and/or flowers, air fresheners, plug-in wax warmers, etc.,
- Toxic and/or corrosive substances such as cleaning products,
- Area rugs,
- Medication or treatment items such as ointments, creams, vitamins, and/or herbal treatments. If you require the use of these items, a physician/nurse practitioner order is required.
- All personal items that are to be kept in a resident's room must be labeled with the resident's name.
- **No perishable food products are to be stored in the resident's room.**
- Non-perishable food items must be stored in an airtight container and labelled with resident's name.



Electrical Safety:

- All electrical equipment must display a visible CSA, ULC, or other certification label recognized by the Ontario Electrical Safety Authority. Equipment must be in good working condition and less than five years old. Small electrical items such as radios and clocks are generally permitted, provided they are inspected and approved by the Maintenance Department. Residents and/or their families are responsible for any necessary repairs to or replacement of personal equipment.
- The family will immediately remove all non-approved items.
- Electrical equipment must be kept to a minimum to ensure circuitry is not overloaded.
- Power bars may be used in resident rooms; however, extension cords and octopus plugs are **not** permitted.

- Indoor mini lights may be used at Christmas time. These lights are not to be strung along window blinds, bedside railings, walls, wardrobes, or other furniture. All lights must be unplugged when the resident retires for the night or leaves the room. Exterior-rated lighting shall **not** be used.

3.10 Hand Washing

Visitors are asked to sanitize their hands before entering the home and throughout the visit to avoid the spread of germs. Antiseptic hand sanitizers are located at the front door and throughout the home. If everyone works together, we can minimize the risk of spreading infection to our residents.

3.11 Mail and E-mail

Mail, newspapers and other items received for residents are sorted and delivered daily to their rooms. Residents may leave their outgoing mail with Administrative Services (reception).

A resident e-mail address (mvl.residents@uclg.on.ca) has been created for families and friends wishing to send messages, photos, etc. to their loved ones. This e-mail account is monitored daily by Administrative Services and messages are delivered with the mail.

When sending an email, please ensure to provide the resident's name in the subject line.

3.12 Parking

Free outdoor parking is available for visitors near the front entrance of the home. Designated accessible parking spaces are provided for wheelchair users, along with a convenient drop-off and pick-up area.



Please do not park in any areas marked as an emergency area.

3.13 Secure Garden/Outdoor Patios

We encourage residents and loved ones to get outside and enjoy warmer weather days. A secure garden is located on the ground floor near the entrance of the café, while the second and third floors have outdoor terraces. These spaces can be used for visits, activities and/or meals during the day until 8:00 p.m. when the doors are locked by staff.

3.14 Telephone, Internet, Television Services

Telephone, internet, and/or television service packages are available for purchase through the home. These options will be reviewed during the admission process, and any selected services will be added to the resident's monthly accommodation billing. Once admission is complete, a request to activate the chosen services will be submitted to the Information Technology Department.



Services can be modified at any time by contacting the Administrative Services team.

Telephone – The service includes free calling within North America. Each resident room is equipped with a telephone; however, residents are welcome to bring their own device if preferred. Residents may also retain their previous telephone number by providing a copy of their most recent phone bill displaying the number. Full details will be provided during the admission process.

Television – Each resident room is equipped with a wall-mounted 43-inch television and a senior-friendly remote control, with no additional cables required. A television package, including 32 Bell channels and four in-house channels, is available for purchase through the home. Details of the package will be reviewed during the admission process.

Internet – The internet service supports up to five devices per account. Devices such as Alexa, Firesticks, and Roku are compatible; however, the provision, installation, and ongoing support of these devices are the responsibility of the resident and/or their family.

3.15 Transportation

While transportation for program outings coordinated by the home is provided free of charge, parabus transportation, along with any related costs for medical appointments or personal outings, is the responsibility of the resident and/or their family to arrange.

Information on transportation providers is available in Appendix 4, or through the Southeast Healthline at <https://www.southeasthealthline.ca/listServices.aspx?id=11248>.

3.16 Valuables

All personal belongings are the sole responsibility of the resident and their family. The United Counties of Leeds and Grenville (G. Tackaberry and Family Home) is not liable for any lost, damaged, or missing items. Please make sure all valuables (e.g., jewelry, dentures, glasses, hearing and walking aides, etc.) are clearly identified and documented on the valuables list completed by nursing staff on the day of admission. **It is recommended that items of significant value (e.g., jewelry, important documents, etc.) not be kept at the home and that money be placed in a trust account through Administrative Services.**



Whenever a valuable item is brought into or taken out of the home, it **must** be recorded on the valuables list."

3.17 Move Out/Discharge and Item Donations

When the resident is discharged and the families are removing the personal items from the home, please remember to:

- Retrieve the health card to cancel from the RN office.
- Sign off confirming that all clothing and valuable items have been removed from the home.
- Speak to the Administrative Services team regarding the retrieval of any resident trust account monies (processed through Corporate Finance).

Although we appreciate the gesture of families wishing to donate items to the home, we cannot accept item donations. Local charities in the area may accept donated items. Please remember to black out any names on the items, for privacy purposes, if donating.

3.18 Visiting Hours

Unless otherwise notified (e.g., during an outbreak), there are no set visiting hours at the G. Tackaberry and Family Home. Families and friends are welcome to visit at any time, but we kindly ask that noise be kept to a minimum, especially in the evening when most residents may be resting.

In the event of an outbreak, health restrictions will be implemented and visits may be limited. During such times, please consider calling ahead for the most up-to-date information.



The front doors will be locked at 7:00 p.m. to ensure the security of our residents. A sign-in kiosk is located between the two entrance doors which will provide an entrance (and exit code) after a visitor signs in. You will need to input the resident's full name (not preferred name) to receive an entry code. **Please remember to sign out at the kiosk before you leave the building.**

When visiting in person, you may entertain your loved one in any of the dining rooms, Harvest rooms (must be reserved through Administrative Services), sunrooms, dens, living rooms, activity rooms, secure garden, terraces, or take a walk indoors or outdoors.

Visits to residents brighten their days and are strongly recommended. Remember to laugh, chat and touch. Residents still enjoy closeness and love. Family members who wish to bring a gift but are unsure what is appropriate may wish to consider the following:

- A gift certificate from the hairdresser or a meal ticket to dine with your loved one (see Administrative Services).
- A subscription to a newspaper/magazine.
- Colouring books/crayons/puzzle books/cards/stationery/stamps.
- A guest book to remain in your loved one's room for communication amongst visitors. While visiting, read some of the comments that have been written. Residents always enjoy hearing these comments.
- A seasonal door display.
- Book the Harvest room through Administrative Services and bring in a special treat.

3.19 Video Surveillance

The G. Tackaberry and Family Home utilizes a video surveillance system installed exclusively to monitor designated areas where safety and security are justified. Camera views are limited to public and communal spaces and do not include private areas such as bedrooms, washrooms, or views into neighbouring properties through windows or doors.

Covert surveillance is strictly prohibited within the home. However, families may use personal video monitoring devices to stay connected and support their loved ones' wellbeing. These devices must not record audio and must always respect the resident's right to privacy and dignity. **Any use of such equipment must be disclosed to staff before being placed in the resident's room.**

The United Counties of Leeds and Grenville does not control the use of any video or audio recording devices owned or operated by residents or their families.

3.20 Vending Machines

Two vending machines are available for residents and their families and are conveniently located on the second floor, directly across from the elevators. These machines provide easy access to a variety of snacks and beverages, making them a quick and practical option while visiting or spending time in the building. Their central location ensures they are easy to find and accessible to everyone on any of the three floors.

3.21 Front Door Kiosk – Visitor Sign-in/Sign-out

A new visitor kiosk is located at the front entrance and serves as the home's official visitor sign-in system. All visitors are required to sign in upon arrival and sign out at the end of each visit. After signing in, the kiosk will print a visitor label that must be worn at all times while on site, and it will also issue a security code to assist with after-hours entry, elevator access, and signing out upon exit. In addition, the kiosk can be used to schedule appointments with members of the leadership team, book an appointment with the hairdresser, or submit comments, complaints, or positive feedback. If you experience any issues using the kiosk, please check in with Reception for assistance.

4. GROUPS/COMMITTEES

4.1 Family Council

Family Council is made up of families and friends of residents who come together to support the overall wellbeing of the resident community. The Resident Services Supervisor supports the Council by serving as a liaison. The group is dedicated to advocating for and enhancing the quality of life for all residents.

Purpose of Family Council

- Provide a voice for residents who may be unable to voice their own concerns and needs.
- Assist in facilitating, enhancing, and maintaining two-way communication between families, residents, and staff.
- Provide discussion forums for relevant issues.
- Provide a forum for education.

- Advocate on behalf of all residents and families.
- Provide mutual support for family and friends of residents including those new to the facility.
- Share ideas for the purpose of problem solving.
- Review findings of Ministry of Long-Term Care annual inspections.

Family Council Structure

- Led by their Terms of Reference reviewed and approved annually.
- Chaired by a representative from Family Council members.
- Elections are held annually or semi-annually as required.
- Meetings may feature a guest speaker.
- Roundtable discussion sessions to raise concerns.

Who Attends Family Council Meetings? Any family member or caregiver of a resident may attend. If you have a loved one residing at the home, you are considered family.

Achievements – Family Council’s creativity has resulted in achievements that enrich resident life and enhance the home. Some of these achievements include:

- Welcome and support new family members.
- Building family members’ awareness and understanding about long-term care.
- Developing effective links between Family Council, administration, staff, and managers.
- Organizing speakers to address topics of interest to families of loved ones.

Family Council is a valuable connection for families to support residents and to enrich their quality of life through member input. We encourage meaningful communication and offer a direct link to represent your loved one’s concerns.

Your input matters to your loved one. **If you wish to join Family Council, please contact the Resident Services Supervisor at 613-924-2696, extension 6004.**

4.2 Residents’ Council

Who are we? – As per the Fixing the Long-Term Care Act (2021):

“Every resident has a right to participate in the residents’ council.”

Further,

“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.”
(Fixing Long-Term Care Act, 2021, c. 39, Sched. 1).

Purpose of Residents’ Council

Residents’ Council meetings provide a meaningful opportunity for residents to stay informed, involved, and actively engaged in the life of the home. Through open discussions, residents can express their preferences, share feedback on meals, programs, and activities, and contribute to quality improvement initiatives. The Council empowers residents to maintain a sense of control over their daily lives and to participate in shaping the home environment.

Managers from each department attend meetings to provide updates and respond to questions or concerns. Residents also receive information on upcoming events and any planned changes within the home. As part of each meeting, passages from the Resident Bill of Rights are reviewed to help ensure residents are informed of their rights in long-term care.

Goals of Residents’ Council include:

- Promoting and protecting residents’ rights while supporting a high quality of life within the home.
- Fostering open, ongoing, and positive communication between residents, staff, and administration.
- Building a sense of community and encouraging friendships among residents.
- Sharing relevant news and information to keep all residents informed about matters that may impact them.
- Empowering residents to have a voice in their daily lives, both as members of the home and as citizens of the broader community.

Residents are encouraged to share their wishes, concerns, or suggestions during each Residents’ Council meeting. All feedback is documented in the meeting minutes, which are filed in each resident home area, and forwarded to the appropriate department(s) for follow-up. A formal response to all suggestions or concerns will be provided within ten business days.

All residents are welcome to participate in Residents' Council. If a resident is unable to attend or chooses not to, a family member may attend as their advocate. Guests are also welcome.

Residents' Council meets monthly. Meeting dates, times, and locations are posted throughout the home, in the monthly Activity Calendar, and in the home's newsletter.

For more information about Resident Council, please contact the Resident Services Supervisor at 613-924-2696, extension 6004.

4.3 The Auxiliary

The Auxiliary is a group of dedicated volunteers who meet regularly to plan fundraising activities aimed at enhancing the quality of life for all residents. Funds raised help support the purchase of special items (e.g., a library cart, event supplies) and contribute to meaningful experiences such as special outings, recreational programs, and diner's clubs.

Examples of fundraising events may include the annual pie and yard sale as well as their Christmas bazaar.

Programs/activities the Auxiliary supports include bingo treats, musical entertainment events, special summer outings (e.g. boat cruise) and special treats/events.

Auxiliary meeting dates and times are advertised in the newsletter and new members are always welcome. **For information regarding the Auxiliary, please contact Freeda Schaafsma at 613-924-9036, or Susan Blancher at 613-802-1108.**

Staff Contact Information

744 County Road 42, Athens, Ontario, K0E 1B0

Telephone: 613-924-2696

Fax: 613-924-2123

Al Horsman , Chief Administrative Officer	613-342-3840 ext 2301
Linda Hunter , Director/Administrator	Extension 6019
Alice Lacroix , Director of Care (Interim)	Extension 6008
Roxanne Gimera , Assistant Director of Care	Extension 6009
Jessica Almond , Assistant Director of Care	Extension 6006
Alice Lacroix , Assistant Director of Care	Extension 6008
Theresa Leilich , Nutrition and Food Services Manager	Extension 6003
Roxanne Gimera , Environmental Services Manager (Interim)	Extension 6021
Brittany Dixie , Resident Services Supervisor	Extension 6004
Shana Nagy , Food Services Supervisor	Extension 6043
Khalil El Mrini , Dietitian	Extension 6044
Heather Spencer , Infection Prevention and Control Coordinator	Extension 6023
Rylee Donaghue , HR Consultant	Extension 6016
Lianne Arbour , Executive Assistant/Project Coordinator	Extension 6036
Administrative Services/Reception	Extension 6001/6022
Registered Nurse Cell Phone – 1st floor	613-802-0513
Charleston Care Centre (Nursing Station)	Extension 6054
Delta Care Centre (Nursing Station)	Extension 6069
Glen Elbe Care Centre (Nursing Station)	Extension 6046
Plum Hollow Care Centre (Nursing Station)	Extension 6051
Rideau Care Centre (Nursing Station)	Extension 6056
Stonebridge Care Centre (Nursing Station)	Extension 6073
Hairdressing Salon	Extension 6115

Appendix 1 - Residents' Bill of Rights

The Residents' Bill of Rights says (3(1)) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted.

Right to be Treated with Respect

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth 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.
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.
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 to 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.
 - iv. staff members.
 - v. government officials.
 - vi. any other person inside or outside the long-term care home.

Source: Ontario Provincial Government, Fixing Long-Term Care Act, 2021
Accessed 2022-04-25 / <https://www.ontario.ca/laws/statute/21f39#BK5>

Appendix 2 – Charter of Rights for People with Dementia

Alzheimer Society

**CANADIAN
CHARTER OF RIGHTS
FOR PEOPLE
WITH DEMENTIA**



As a person with dementia, I have the same human rights as every Canadian as outlined in the Canadian Charter of Rights and Freedoms. The following charter:

- Makes sure people with dementia know their rights,
- Empowers people with dementia to ensure their rights are protected and respected, and
- Makes sure that people and organizations that support people with dementia know these rights.

As a person with dementia, the following rights are especially important to me. I have the right:

<p>1 To be free from discrimination of any kind.</p> <hr/>	<p>5 To get the information and support I need to participate as fully as possible in decisions that affect me, including care decisions from the point of diagnosis to palliative and end-of-life care.</p> <hr/>
<p>2 To benefit from all of Canada's civic and legal rights.</p> <hr/>	<p>6 To expect that professionals involved in my care are:</p> <ul style="list-style-type: none">• Trained in both dementia and human rights.• Held accountable for protecting my human rights including my right to get the support and information I need to make decisions that are right for me.• Treating me with respect and dignity.• Offering me equal access to appropriate treatment options as I develop health conditions other than my dementia. <hr/>
<p>3 To participate in developing and implementing policies that affect my life.</p> <hr/>	<p>7 To access effective complaint and appeal procedures when my rights are not protected or respected.</p>
<p>4 To access support so that I can live as independently as possible and be as engaged as possible in my community. This helps me:</p> <ul style="list-style-type: none">• Meet my physical, cognitive, social, and spiritual needs,• Get involved in community and civic opportunities, and• Access opportunities for lifelong learning.	

It will take the effort of every Canadian to protect and respect the rights of people with dementia so that we are seen as valuable and vital community members.

Contact your local Alzheimer Society to learn how you can **get involved!**

1-800-616-8816 | alzheimer.ca

Appendix 3 – Bed Rails in Hospitals, Nursing Homes, and Home Health Care



Bed Rails In Hospitals, Nursing Homes and Home Health Care

Bed Rail Entrapment Statistics

Between 1980 and April 2008, Health Canada received 61 incident reports involving bed rails. The majority of these incidents were due to bed rails falling unexpectedly due to latch failures. Bed rail failures accounted for nearly one quarter (23.9%) of all reported incidents related to hospital beds.

During the same time period, Health Canada received 67 reports of life-threatening bed entrapments, 36 of which led to deaths. These entrapment events occurred in openings within the bed rails, between the bed rails and mattresses, under bed rails, between split rails, and between the bed rails and headboard or footboard.

Entrapment events also accounted for 65% of all deaths that have been reported with the use of beds. There have been at least 17 coroners' inquests or investigations into deaths related to beds and side rails, many of which are included in the above statistics.

Patient Safety

In this notice, the term *patient* refers to a patient in a hospital, a resident of a nursing home, or any individual receiving services in a home care setting.

Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe.

Historically, physical restraints (such as vests, ankle or wrist restraints) were used to try to keep patients safe in health care facilities. In recent years, the health care community has recognized that physically restraining patients can be dangerous. Although not indicated for this use, bed rails are sometimes used as restraints. Regulatory agencies, health care organizations, product manufacturers and advocacy groups encourage hospitals, nursing homes and home care providers to assess patients' needs and to provide safe care without restraints.

The Benefits and Risks of Bed Rails

Potential benefits of bed rails include:

- Aiding in turning and repositioning within the bed.
- Providing a hand-hold for getting into or out of bed.
- Providing a feeling of comfort and security.
- Reducing the risk of patients falling out of bed when being transported.
- Providing easy access to bed controls and personal care items.

Potential risks of bed rails may include:

- Strangling, suffocating, bodily injury or death when patients or part of their body are caught between rails or between the bed rails and mattress.
- More serious injuries from falls when patients climb over rails.
- Skin bruising, cuts, and scrapes.
- Inducing agitated behaviour when bed rails are used as a restraint.
- Feeling isolated or unnecessarily restricted.
- Preventing patients, who are able to get out of bed, from performing routine activities such as going to the bathroom or retrieving something from a closet.

Meeting Patients' Needs for Safety

Most patients can be in bed safely without bed rails. Consider the following:

- Use beds that can be raised and lowered close to the floor to accommodate both patient and health care worker needs.
- Keep the bed in the lowest position with wheels locked.
- When the patient is at risk of falling out of bed, place mats next to the bed, as long as this does not create a greater risk of accident.
- Use transfer or mobility aids.
- Monitor patients frequently.
- Anticipate the reasons patients get out of bed such as hunger, thirst, going to the bathroom, restlessness and pain; meet these needs by offering food and fluids, scheduling ample toileting, and providing calming interventions and pain relief.

When bed rails are used, perform an on-going assessment of the patient's physical and mental status; closely monitor high-risk patients. Consider the following:

- Lower one or more sections of the bed rail, such as the foot rail.
- Use a proper size mattress or mattress with raised foam edges to prevent patients from being trapped between the mattress and rail.
- Reduce the gaps between the mattress and side rails.

Which Ways of Reducing Risks are Best?

A process that requires ongoing patient evaluation and monitoring will result in optimizing bed safety. Many patients go through a period of adjustment to become comfortable with new options. Patients and their families should talk to their health care planning team to find out which options are best for them.

Health Canada has recently published a guidance document entitled *Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards*, providing recommendations for reducing life-threatening entrapments associated with hospital bed systems. This guidance is available from Health Canada's website.

It characterizes the body parts at risk for entrapment, identifies the locations of hospital bed openings that are potential entrapment areas, and recommends dimensional criteria for these devices.

Since accidental lowering of side rails occurs frequently, either as a result of improper latching or latch failure, the guidance also provides recommendations for assessing the reliability of the side rail latching.

Patient or Family Concerns About Bed Rail Use

If patients or family ask about using bed rails, health care providers should:

- Encourage patients or family to talk to their health care planning team to determine whether or not bed rails are indicated.
- Reassure patients and their families that in many cases the patient can sleep safely without bed rails.
- Reassess the need for using bed rails on a frequent, regular basis.

Reporting bed-related incidents

To report a bed or side rail entrapment incident, please use the *Bed-related Entrapment and Fall Report Form*, available from Health Canada's website.

For information regarding a specific hospital bed, contact the bed manufacturer directly.

Appendix 4 – Additional Information Websites

- **G. Tackaberry and Family Home** - Leeds and Grenville
<https://www.leedsgrenville.com/en/long-term-care/maple-view-lodge.aspx>
- **Southeast Healthline**
<https://www.southeasthealthline.ca/display/service.aspx?id=73035>
- **Ontario Health atHome** - Eligibility and Admission/Home and Community Care Support Services
<https://healthcareathome.ca/long-term-care/eligibility-and-admission/>
- **Paying for Long-Term Care, Ontario**
<https://www.ontario.ca/page/paying-long-term-care#section-0>
- **A Guide to Programs and Services for Seniors, Ontario**
<https://www.ontario.ca/document/guide-programs-and-services-seniors>
- **To apply for disability tax credit visit:** <https://www.canada.ca/en/revenue-agency/services/tax/individuals/segments/tax-credits-deductions-persons-disabilities/disability-tax-credit/how-apply-dtc.html>
- **Involuntary separation benefit** – An initiative that allows married couples, often seniors, who live apart due to circumstances beyond their control (like one spouse in a long-term care facility), to apply for financial benefits such as the guaranteed income supplement (GIS) and allowance. To receive these benefits, you must notify Service Canada in writing, indicating you are involuntarily separated. For more information and/or to apply for these benefits, contact Service Canada at 1-800-277-9914 (TTY 1-800-255-4786) to find your regional office.
- **Ontario Seniors Dental Care Program** (application form) - [Dental care for seniors | ontario.ca](#)
- **Canada Dental Care Plan** - [Canadian Dental Care Plan - Apply - Canada.ca](#)
- **Mental Health and Addictions Services** - [Find mental health and addiction services in your community | ontario.ca](#)
- **Bereaved Families of Ontario** - [Resources | Bereaved Families of Ontario](#)

- **Silverts Adaptive Clothing and Footwear** - [Shop By Need/Adaptive Clothing and Footwear – Silverts Canada](#)
- **Geri Fashions Adaptive Clothing** - [Geri Fashions: Adaptive & Seniors Clothing](#)
- **Alzheimer Society Lanark, Leeds and Grenville** - [Alzheimer Society of Lanark Leeds Grenville](#)
- **Volunteer Tax Service** - Volunteer Centre of St. Lawrence- 613-499-9393 - [Home - Volunteer Centre of St. Lawrence - Rideau](#)
- **Power of Attorney Information and Kit** - [Make a power of attorney | ontario.ca](#)
- **Carers Program:** [CARERS - GPCSO](#) For more information or to register, please call 613-562-9777 Emily Brennan ext. 5223, Tiffany Dugas ext. 5237, or Roxanne Filion ext. 5246

Thank you for choosing the G. Tackaberry and Family Home as the place for your loved one to live. We are truly honoured that you have entrusted us with their care, comfort, and wellbeing. Our team is committed to providing compassionate, respectful, and high-quality support every day. We understand how important this decision is for you and your family, and we are here not only to care for your loved one but also to support you throughout this journey. Please know that your questions, concerns, and feedback are always welcome — we are here to listen and help in any way we can. Thank you again for placing your trust in us.