

Mission Statement

**Mon Chez Nous
2025 Lajoie Lefavre ON
and
Villa St-Luc
839 Cartier, Curran ON**

With the greatest respect, our mission is to meet each resident's needs through listening, dialogue, attention and safety. We offer you various activities accordingly to the aptitudes and likes of each. We bring our smile and our cheerfulness to every resident to offer a sane environment where life is good.

Philosophy

To live each day fully and offer a quality and individualized service to everyone. To adapt our care and services to your specific needs. Provide quality care in a healthy and safe environment with smiling and qualified staff.

Message from the Owners

With the help of competent staff, Christine Gascon and Paul Lacombe ensure you have a pleasant stay at the Mon Chez Nous and Villa St-Luc residences. We want our valued personal experience to contribute to the well-being of our residents. We promote motivation within our team of employees.

1. Charter for residents of retirement homes

The Retirement Homes Bill 2010 lists the rights of residents living in residence (Ontario Retirement Homes Residents Charter). The owners and staff of the residence greatly value this charter. Each employee has read and signed this law project before starting work. A copy of the charter is displayed at the entrance of the residence and a copy is given to the resident as well as to a legal guardian before the admission of the resident.

2. Admission

When the resident is admitted, 2 files are created: the file containing the resident's administrative and financial information as well as a medical file. Upon admission, a welcome kit is given as well as a copy of the service contract. The contract is signed by the resident or legal guardian and by the owner.

Administrative file: contains the resident's property and health information, health card, a complete list of family members' telephone numbers, funeral arrangements, service contract and banking information if necessary. The file is confidential and is locked in the administrator's office.

Medical Record: Contains personal service plan and care plan profile, emergency transfer paper, list of active medications, prescriptions and medical treatment changes or any other relevant medical information. The residence ensures that the resident's file is completed within 3 days of admission and every 6 months with the resident's consent. The file is kept in the medication room, which is locked at all times and is accessible to staff and visiting physicians only.

3. Rules and Policies

This section aims to elaborate some rules and policies of the residence. The care and services of the house are offered in French and in English. They are the same for all residents, but can be adapted according to the needs of the resident. The management reserves the right to modify any conditions without notice if necessary.

A. Housing

Each room is repainted for each new resident and the carpets washed if necessary. The residence provides the furniture if you wish:

- bed with mattress
- bedside table
- dresser
- rocking chair
- drapes
- bedding set and duvet
- our bathrooms are equipped with a shower, a toilet, a sink as well as a vanity and a mirror.

- non-slip mats for the bath - grab bar for the toilet
- grab bar for the bath
- shower curtain
- trash can

You can customize your room according to your tastes with your own furniture, but without damaging the walls, light fixtures and doors.

Refrigerators, water dispensers, microwaves and toasters

Small refrigerators and water dispensers are allowed. They must be clean and the residence is not responsible for their upkeep. Microwaves and toasters are not allowed in the rooms. The service is available in the kitchen of the residence.

Insurance

The residence has insurance for the contents of the building but this protection does not include the contents of personal effects in the rooms of the residents.

Personal belongings

The residence is not responsible for loss, theft or damage to personal effects. No refund.

Sprinklers

The residence is equipped with functional sprinklers. In the event of a fire, the rooms and public areas are equipped with fire detectors which will trigger the alarm and the sprinklers. We are connected to a security system that will automatically call the emergency services.

The residence is visited annually by an inspector, when an evacuation is also carried out.

B. Finances

Lease:

Rent is due in full on the first of each month. A series of post-dated checks are appreciated. No reimbursement is made for hospitalization, voluntary departure, death or placement in a long-term care facility. 30 days written notice is required prior to departure.

Increase:

The increase for care and services is revised as soon as the medical situation or needs change. The rent increase is reviewed annually on the anniversary of the resident's admission. A letter will be sent 90 days before the increase.

Tax report:

The residence can refer you to someone who offers services to prepare your tax return. It is up to the resident to file his tax return annually as indicated by law.

Rent receipt:

A receipt is produced at the beginning of each year and given either to the resident or to the legal guardian. The amount is divided accordingly between rent and care and services.

Money in trust:

The house does not maintain a trust account for a resident. Money for personal allowance is given to residents or legal guardian.

C. Power of Attorney for Health and Property

If the family has a power of attorney for health or property, please leave a copy for the residence to avoid inconvenience and facilitate communication.

D. Personal effects

The residence does not provide:

Clothes

Toiletries (handkerchief, toothpaste, soap, shampoo)

Hearing aids

Eyeglasses

Plaque

Medical equipment (wheelchairs, walker, cane)

Flashlight, etc..

E. Coûts engagés par les résidents

- Abonnements personnels à des journaux, magazines

- Lignes téléphoniques privées
- service de télévision
- Nettoyage à sec
- Service de couture
- Coiffeur
- Médicaments, service pharmaceutique
- Prothèse, fauteuil roulant
- Transport pour rendez-vous et sorties
- Soins des pieds

F. Telephone et Television

Each room is equipped with a socket for a private telephone line. The resident or legal guardian is responsible for phone line activation and billing. A telephone is also available if required in the administrator's office for local calls. There is no cable in the municipality. On the other hand, the residence is equipped with an antenna, which is connected to each room. If you wish to subscribe to a satellite, the resident or the agent is responsible for the installation and the invoicing.

G. Personal Property

It is understood that the money kept at the residence must be kept to a minimum to avoid any risk of theft or loss. The residence assumes no responsibility for lost or missing money. If such a situation arises, please notify us as soon as possible so that the search can be carried out immediately and measures can be taken to prevent it from happening again.

H. Qualification and Staffing Level

Residence staff must complete mandatory training in order to provide quality care and services in the residence. The owners are qualified. Paul Lacombe, Pharmacist, and Christine Gascon, Registered Practical Nurse. Everyone brings their leadership and skills to better support employees. Owners are available on request. You can always talk to the manager who will be happy to help you. Our Activity Director works part-time to organize and manage activity programming throughout the year.

Management ensures that all staff working in the home have the skills and qualities required to perform their duties. The shifts are distributed over the week as follows:

Cook: 8:15 a.m. to 5:15 p.m. daily. She takes care of planning, managing orders and menus. Canadian food safety training.

Kitchen help: 7:00 a.m. to 2:30 p.m. Monday to Friday. This person participates in the preparation of meals, lunch and receives training on food preparation from the cook.

Divers: 11:00 a.m. to 2:00 p.m. Saturday and Sunday and 4:00 p.m. to 7:00 p.m. daily and undergo training on hand washing and infection control.

Housekeeping: 3 days a week from 7 a.m. to 3 p.m.

2 day attendants: 6:15 a.m. to 2:30 p.m. every day

1 evening attendant from 2:30 p.m. to 11:00 p.m.

1 night attendant: 11 p.m. to 7 a.m.

Employees participate in training and review of policies annually before the start of the first shift.

Required training does not apply to employees who are employed or engaged in emergency situations or in exceptional and unforeseen circumstances.

Staff training and accreditation:

The residence offers various training courses throughout the year in order to better serve our clientele. These trainings are necessary for employees to become familiar with the techniques and changes over the years. Some courses are mandatory and some are not.

CPR and first aid:

The residence offers CPR renewal certification as well as the first aid course once a year. These courses are mandatory for all employees. If an employee does not participate and does not have proof of participation certification, they must complete it within the first 3 months.

Drug handling:

Training is provided by a qualified pharmacist. A review of guidelines for the distribution, administration, documentation and destruction of drugs. Review of adverse symptoms and common side effects as well as insulin administration. All personnel who are required to handle medication must complete this training.

Behavior Management:

Residence administrators provide their staff and volunteers with tools, training, and support to observe, identify, and manage aggressive behavior, dementia, or other behavioral issues related to a resident. The policy is reviewed upon hiring and annually thereafter. Meetings are held as needed to review strategies and changes.

GPA (Gentle Persuasive Approach):

This training consists of training the employee in the gentle approach in order to take care of people with difficult behaviors. The training will provide the employee with a better understanding of dementia, delirium and depression. Soft persuasion techniques, emotional, environmental and interpersonal aspects of communication are also discussed and finally strategies to defuse difficult behaviors are presented. The course is given by a nurse in psychogeriatrics and gerontology care. Employees who have direct contact with residents are strongly encouraged to participate in this training.

Wounds and dressings:

Review of basic care, types of wounds and dressings. The evolution of the wound and the techniques of observation and documentation are taught to employees who must provide care to residents. Training provided by a nurse.

Food Safety in Canada:

Health Canada recognizes that healthy eating contributes greatly to the health of Canadians. The Basic first course allows the cook to properly assess food safety, food additives, allergies and intolerances. The training reviews food storage and the method of freezing and thawing as well as the temperatures sought when cooking.

Food preparation:

All staff who handle food should participate in training provided by the health unit.

Diabetes:

The education provided by the nurse goes over the signs and symptoms of the disease. We review the types of diabetes, the different treatments as well as insulin therapy.

WHMIS and Health and Safety at Work:

Training provided by a health and safety officer certifies employees. This training is mandatory. Occupational health and safety training offered by Ontario Health Online is mandatory for all employees. The review of the residence policy as well as the policy on intimidation is reviewed upon hiring and annually.

Oxygen:

Some of our residents receive oxygen at all times. Our supplier provides training on the storage and use of the equipment.

Transfer techniques and fall prevention:

The training covers fall prevention, equipment deployment and transfer techniques to reduce risk of injury and resident safety. Training is mandatory for attendants.

Hand washing and infection control:

Handwashing training and review of infection control policies upon hire and annually thereafter to reduce the risk of transmission and reduce infections in the residence. The flu and COVID vaccine is strongly recommended for all employees and residents.

Fire prevention and fire practice as well as complete evacuation:

Every year the fire department visits for a fire inspection and practice. The practice is mandatory for all employees. A review of procedures is carried out when hiring a new employee. Complete evacuation of the residence every 2 years.

Emergencies:

Every year, the employees examine the various scenarios: loss of essential services, violence, medical emergency and disappearance of a resident. During the discussion, the procedure is reviewed and necessary changes are made. All other training requests are strongly recommended by management. We take care and service seriously and encourage training for our employees. Continuing education ensures continuity and improvement of the care provided.

I. Care and services

The residence staff ensures the well-being and satisfaction of our residents by providing personal care with delicate and respectful attention. With the consent of the resident, needs are assessed on admission in order to establish a care plan which will be reviewed every 6 months. A care card is displayed in the resident's room, in the kitchen and in the medicine room if necessary. Services are available in both official languages. A weekly report is kept in the medicine room. Each employee must consult it prior to the start of their shift.

Clothes:

The resident can receive help in the morning to get dressed and in the evening to undress.

Partial personal care:

The resident may receive partial assistance for mouth care, genital cleaning, hair washing, etc. if necessary.

Help with baths:

The residence offers a full bath service once a week. If a resident requires more care, service can be requested from the family physician for home care services at no additional cost.

Mobility aid:

For trips and transfers within the residence, employees can accompany the elderly either on foot or by pushing the wheelchair. The residence strongly encourages physical exercise. Falls prevention training is presented annually to residents and staff.

Risk of falling:

Managers have implemented strategies to reduce or mitigate the risk of falls in common areas, both inside and outside the residence and in bedrooms. Employees are required to complete training that includes identification of risk factors, safety tips and strategies in residence. A risk assessment is performed by a nurse on admission of the resident and assessed every 6 months or so if necessary. Following the assessment, steps are taken to reduce the risk of falling. The document and the evaluation are available on request.

Incontinence Support:

For residents with a loss of autonomy who wear incontinence products, the staff will ensure autonomy and take the resident to the toilet if necessary. If

necessary, incontinence care is provided (care of private parts, skin examination, change of underwear, etc.). An incontinence diary is kept in the medication room to ensure follow-up.

Restraint:

The residence must not use any means of containment, whether mechanical, medicinal or physical, unless the resident has the physical and cognitive ability to disengage on their own. The administration of a drug to a resident as part of a physician's treatment if the restrictive effect of the drug is not the primary purpose of its administration. The residence does not have a security unit.

Personal Assistance Device:

A personal aid device means a device intended to assist a resident in carrying out a basic activity of life, the use of which has the effect of restricting or impeding the freedom of movement of the resident and of which the resident does not have the ability, physical or cognitive, to disengage on their own. The use of a personal device for a resident is only intended to assist and facilitate the normal activities of life. (Wheelchair, walker, cane etc.)

Managers and external service providers who provide care services in the nursing home may authorize the use of a personal assistive device for a resident only for the purpose of assisting the resident with normal everyday activities. Devices are prescribed by the doctor, physiotherapist or occupational therapist.

Personal restraint and assistance policy:

Neither the residence nor any external provider providing care services may use a means of containment or restraint using a mechanical device or medication, unless there is medical advice authorizing the use of the device. Employees, managers and external service providers must follow the policy of the residence. Authorization of a device is recorded on the resident's care plan and reassessed as needed.

External supplier:

If the resident needs, by choice or at the request of a lawyer or the family, additional care or other services, he can request it and choose the provider of his choice or a list will be given to you. The residence ensures that the services provided by an external provider comply with the policies of the retirement home as well as the policy of neglect and abuse, zero tolerance.

You can contact the Community Care Access Center (CCAC) yourself at 1800-267-0852 and ask to speak to a case manager or ask for a referral from your family doctor.

Transfer of a resident to a long-term care facility:

Following an assessment by a physician and in collaboration with the CCAC and the family, the resident may request a transfer to a long-term care facility. The placement process is organized by CCAC services and will be clearly explained to you. While waiting for the placement, the residence will continue to provide the necessary care to the resident.

Reduction of care services:

In the event that the seniors' residence can no longer offer or reduce care services to a resident, a 90-day written notice will be given to the resident and/or legal guardian.

The Home will take reasonable steps to ensure that the resident continues to receive services from outside providers if they remain in the residence. If the resident indicates that they prefer to leave their accommodation, the officers will arrange to find another accommodation that can provide the care and services required.

Authorized health care services:

Residence attendants provide care services to their residents based on the license category for the provision of specific types of care services.

J. Household

The cleanliness and maintenance of the premises is a priority for us. Household chores are found in all job descriptions and shifts to ensure outstanding cleanliness and avoid contamination of bacteria and reduce the transmission of infections.

A partial cleaning of your room is carried out every day. This includes: the bathroom, emptying the trash and changing towels and washcloths. Every week, a complete cleaning is carried out by an attendant who dusts the furniture, vacuums and cleans the toilets as well as a monthly rotation of the ceiling fans, light fixtures and window. A deep cleaning of the room is carried out every spring and autumn.

However, it should be noted that the resident must keep his room clean and tidy for his personal effects. The staff does not touch the contents of the cupboard as well as the interior of the drawers.

K. Hospitalization or Sojourn Outside

If you have to be away for an extended period, such as staying with family or hospital, you must let us know. We ask that you keep your room locked to protect your belongings. No refunds are made under any circumstances.

L. Pharmacy

The residence is served by the Alfred pharmacy. These services include weekly supervision and preparation of prescriptions, delivery of medication orders and other supplies by the resident or employees. A list of medications is produced monthly and when a change is made, an adjustment is inserted into the resident's medical file. Daily communication is made between the pharmacy and the residence by fax in order to make the necessary modifications. Residents can order personal items such as: soap, deodorant, candy, tissues, etc. The pharmacy offers a delivery service every day of the week except Sunday. The resident must pay his monthly prescription bill as well as all other orders placed during the month.

The resident and/or legal guardian can also choose a pharmacy of their choice if they prefer.

Distribution of drugs:

No medication is administered to the resident unless prescribed by the physician. The administration of medication to a resident is performed by a qualified and licensed employee. The drug is administered according to the instructions specified by the person who prescribed the prescription. Pharmacy training is given annually to employees for the handling and distribution of drugs, only employees who have participated in this training can perform this task. No medication is administered by a volunteer.

M. Visitors

Visiting hours are flexible and visitors are always welcome. However, they are asked to respect the privacy and comfort of other residents and to comply with the policies and practices of the residence. If a person has a contagious

disease, they are asked to refrain from visiting residents and stay outside the residence to reduce the risk of infection and reduce the spread. The flu and COVID vaccine is strongly encouraged for everyone. Please check for flu signs or enteric infection advisories upon arrival.

N. Children

Elderly people like to have children visit. On the other hand, respect the neighboring rooms and ensure that the noise is acceptable. It is wise not to let children run into the hallways to avoid injury.

O. Animals

Your pets are welcome. However, the animal must be kept on a leash and vaccinated. The residence may require proof of vaccination from the veterinarian. Be sure to keep the animal calm so as not to frighten other residents.

Cohabitation of pets: Some animals can cohabit with residents under certain conditions:

- the testing period is essential to determine if the animal disturbs other residents
- The animal must wear a leash when it is outside the resident's room or when an employee is in the room.
- The resident is responsible for the feeding, cleaning and health of his animal.
- It is strictly forbidden to bring the animal into the dining room.
- Mandatory vaccination certificate required.

At all times, the management reserves the right to notify the owner of the animal if the conditions mentioned above are not respected and can withdraw the right to keep the animal in the residence.

P. Laundry, ironing and dry cleaning

We offer a laundry service for residents' personal clothing as long as the load is reasonable once a week. We recommend that families buy clothes that are washable and easy to clean. Staff are responsible for ironing a reasonable number of items of clothing. Resident or family member is responsible for dry cleaning.

Q. Dietary Service

The cafeteria service is located in the dining room. The kitchen offers a varied menu designed to respect Health Canada's Food Guide as much as possible. If necessary, the menu can be adapted to meet the needs of people with special diets by personal choice or related to health problems. The menu is displayed on a table in the dining room throughout the week. The menu of the day is displayed and describes the two meal choices of the day in addition to an alternative choice.

At all times, residents can serve their own juices from the dining room refrigerator. Tea and coffee are also available as well as a fresh fruit platter. It should be noted that these services and products are reserved for our residents.

Meals are available at the following times:

Breakfast: 7:00 a.m.

Lunch: 11:45 a.m.

Dinner: 4:45 p.m.

Three complete snacks are served during the day. In the morning a drink is served to residents in the dining room and a snack is distributed in the rooms in the afternoon and evening by the staff. It should be noted that we do not keep snacks for residents who are absent at the time of distribution.

Please note that meals are served and must be consumed in the dining room. If your state of health does not allow you to go to the dining room, arrangements can be made to temporarily bring your food tray to you. Additional charges may apply for this service.

We ask that you notify us as soon as possible if you are absent during meal times.

Visitors are welcome to have a meal with us at a cost of \$10.00 per person. It is best to notify the cook at least 2 hours in advance and one day for a group of 3 or more people.

R. Activities

An event coordinator is on site to ensure a complete year-round program for our residents. She works in partnership with our residents to meet the social, recreational, spiritual and cultural needs of all. Activities and services promoting intellectual stimulation are available and can be developed by our activity director. There is currently no residents' committee in the retirement home. At any time, residents have the right to form a residents' council, if they

deem it necessary. A Recreation Report is available from the Activities Coordinator.

A sign is installed in the main corridor announcing the activities of the week. A list of upcoming activities is also available for families at the main entrance and at the Activities Director's office.

S. Healthcare Professionals

Doctor:

A doctor makes a monthly visit to see his residents. This allows her to see residents for minor issues and medication adjustments as needed. For medical emergencies or specific procedures, an office visit is required..

Nurse:

A nurse visits monthly to check vital signs, do injections or blood tests as well as to check for some minor issues.

Dentist:

No dentist visit at the residence. The resident and his family are responsible for visits and dental care. We can provide you with a list of dentists in the area.

Optometrist:

There is no optometrist visit to the residence. We can refer you to a list of optometrists in the region if necessary.

Home Care:

We are fortunate to be able to refer residents to home care if necessary. On the recommendation of a doctor or a nurse, a manager can come and assess the resident and offer him the required care: personal care, physiotherapy, nurse visit, geriatric assessment or occupational therapy are possible. For more information, you can call the Community Care Access Center at 1800-538-0520.

Laboratory:

The nurse provides laboratory services to residents as needed.

Oxygen:

We receive oxygen therapy services with Vitalaire. A therapist comes to assess and propose the required treatment if necessary. The company also offers therapy services and supplies. We can help you with the formalities or the transfer of your equipment.

T. Smokers

For reasons of safety, health and provincial regulations, it is strictly forbidden to smoke in the bedrooms, hallways, stairs, bathrooms and common areas of the residence. You can smoke in moderation outside the residence.

U. Energy saving

We are concerned about saving energy. You can do your part by turning off unused lights, keeping windows closed at all times when the air conditioner is running, and turning off your TV and radio when you leave your room. Electric heaters are not allowed in the residence. Room temperature should be maintained between 21-23 degrees, thermostats are private with individual control. The management reserves the right to put a cover on the controls in case of abuse of heating.

V. Emergency measures

During the months of fire prevention, those in charge of the residence will have a day of practice in order to review the procedure to follow in the event of a fire. Residents will attend a meeting where management, employees and a member of the Alfred/Plantagenet Fire Department are present to practice and explain the procedures to be followed in the event of an alarm or if a resident discovers a fire. A procedure sheet is given to the resident on admission in the welcome kit and also given at the fire practice.

The retirement home participates in a planned evacuation every two years. This evacuation is extremely important for the safety and protection of all residents. The objective is to evacuate the entire building in the event of extreme circumstances other than a fire: bomb threat, flood, gas leak, etc. A procedure sheet is given to the resident upon admission. A review of procedures and scenarios is reviewed annually with employees and when they are hired.

W. Parking

Parking for residents is located in front of the residence or as close as possible to their room. There is a limit of one parking space per resident. Ample parking is available for visitors and employees.

X. Death

In the event of the death of a resident, the management ensures that the room is kept locked until the arrival of the family. Only the executor has the right to access the resident's personal property. This person will be responsible for collecting personal effects. The residence is not responsible for the disposal of furniture that does not belong to it. You must return the room to the condition in which you took it. Management reserves the right to send charges if there is significant damage or breakage.

Y. Prohibited

It is strictly forbidden to:

- Light a candle or other flame in the rooms;
- Connect an electric heater;
- Connect the air conditioning without authorisation;
- Smoke inside the residence;
- Drill holes in bedroom and bathroom doors;
- Install shelves, mirrors or vanities in the bathroom;
- No dangerous products in your room such as: Javex, Drano;
- Electric wheelchairs are not allowed inside the residence;
- Make a copy of your key without permission from management.

Z. Your presence is important

Your presence is important and we want to work together to offer you impeccable service, so we ask you:

- Respect the policies and practices of the residence;
- Visitors respect employees and other residents;
- Follow guidelines to reduce infectious disease outbreaks using hand hygiene practices;
- Report the signs of contagious diseases to the staff of the residence;
- Communicate your suggestions;
- Participate in activities and promote physical activity;

- Respect the privacy, rights and property of other residents;
- Notify us if you have to miss meals or leave for the night or part of the day;
- Keep your room clean and tidy;
- Maintain good personal hygiene;
- Notify us when you have health problems or if you have significant changes or new health problems so that we can provide you with the best care possible.

4. Responsibility of family or legal guardian

In order to have a good stay at the residence, the participation and involvement of the family or legal guardian is important.

- Report any medical condition or family situation that may have an impact on the care of the resident and the interests of the staff;
- Follow the instructions to reduce infectious diseases (hand washing, reduced visit in the event of illness, see posters in the event of an epidemic);
- Make sure the resident has enough clothes. Clothing should be seasonal, safe and easy to care for;
- Make sure the resident has the necessary supplies for personal care (soap, toothpaste, deodorant, etc.);
- Make sure you and your loved one follow the guidelines and house rules mentioned above.

Suggestions and Complaints Forms:

A complaints and recommendations form is submitted with the resident's welcome package upon admission. Additionally, the form is available upon request and is also located in the main entrance near the executive office in a wall folder. The residence has a whistleblower protection policy that protects anyone who files a complaint.

Annual Residents' Meeting:

Every year in February, the director organizes a meeting with each of our residents. The purpose of this meeting is to see the level of satisfaction of our elders, to listen to their fears, suggestions or dissatisfaction or comments. This meeting allows us to improve our care and services and strengthen the bond between staff and residents. The resident can refuse this meeting.

Resident Progress:

At any time after a resident is admitted, the family or legal guardian may request a report on the relative. This report is completed by the management, the person in charge of the activities, the cook and the attendant. They, in turn, will summarize the resident's daily life and report any changes in care, behavior or anything related to the resident.

5. Privacy Policy

The purpose of this policy is to ensure that all personal information about residents is held in the strictest confidence. This applies to any information of a personal, medical, financial or other nature.

Protected information:

Confidential information may only be disclosed to persons or organizations who have an essential need to have access to it for the safety or well-being of the resident.

Information to be protected includes, among others:

- Social Security number ;
- Health card number and expiry date;
- Driver's license number and expiry date;
- The source and amounts of expense income;
- Prescribed medications;
- Medical care and other medical treatment received or in progress;
- Participation in one or more government assistance programs (ODSP, CUPR);
- The financial benefits of state aid (pensions, guaranteed supplements);
- Personal bank, telephone, credit card or other personal account numbers.

Canadian privacy law prohibits anyone from disclosing another person's social insurance number under any circumstances. The social insurance number can only be disclosed by the holder of the number.

Disclosure of Protected Information

Preferably, any request for protected information about residents should be submitted in writing by the person or organization seeking the information with their consent. No protected information should be communicated by telephone or fax without first ensuring that the voice of the person requesting access to this information is known and above all recognized, for example, doctor, nurse, hospital, social worker, pharmacist, case manager or any relevant person in the circle of care.

As a security measure, a question must be asked of the person requesting the information. The question must be such that if the person asking for the information is unable to answer it, it is not the person he claims to represent. If in doubt, do not disclose the requested information and inform management who will deal with the situation immediately.

We must be on the lookout for fraudsters who target the elderly and vulnerable, who may have difficulty understanding, and attempt to obtain protected information in order to create false identities. Protected information should never be shared with people who claim to represent:

- a government agency
- a financial institution
- a community organization
- a body of police or security forces
- a telemarketing organization
- a public service organization (cable, telephone)
- a personal acquaintance not recorded in the resident's file.

RHRA (Retirement Homes Regulatory Authority):

Any inspector may enter the residence at any reasonable time without notice and make an inspection to determine whether the holder of the residence permit for the elderly is complying with the requirements of the Act. The inspector can examine documents and make copies of them, take them out of the residence, take photographs or films inside the residence. The inspector can carry out examinations and analyzes anywhere in the residence.

Privacy Protection

In addition to safeguarding the confidentiality of protected information, it is also necessary to ensure that the privacy of residents remains protected. This means that staff must never:

- Discuss a resident's problems or difficulties with another resident;
- Discuss a resident's problems or difficulties in public or when one or more residents could overhear;
- Correct or challenge the conduct of a resident in front of one or more residents or in public;
- Discuss a resident's problems or difficulties on the telephone when one or more residents are able to hear the conversation.

Incident report

Any actual or suspected incidents of disclosure of protected information should be reported to management as soon as possible. The latter will investigate the nature of the incident and the measures to be taken, such as the communication of information to the authorities concerned. If the incident involves a Prescott and Russell Social Services client, a copy of this report will be sent to the Case Manager.

Before starting to work in the residence team, all new employees must sign a confidentiality policy.

6. RHRA (Retirement Homes Regulatory Authority)

The Retirement Homes Regulatory Authority is working to strengthen the Retirement Homes Act, 2010 and Ontario Regulation 166/11. Inspections are carried out in the residence by an inspector to help the residence enforce the law and provide the best care and service to our residents. To contact the Regulatory Board, you can call 1-855-275-7472 or write to RHRA, 160 Eglinton Ave East, 5th Floor, Toronto ON M4P 3B5.

7. United Counties of Prescott and Russell

You can apply for financial assistance in the United Counties of Prescott and Russell for low-income residents who need help paying their rent. A representative will visit and help them write their application and verify their eligibility for the program. The department has specific standards and will let you know after their visit whether or not you are eligible for the program. Following admission to the program, the department assists residents by paying the difference between the amount of their check and the amount of rent established by the province. An invoice is sent monthly by the residence to the United Counties to collect the difference in compensation and the personal allowance of the resident. The amount established by the province for the allowance is given to the resident within the first 10 days of the month for personal expenses.

If you are not eligible to the program, the resident's income is considered sufficient to cover the rent established by the residence.

8. Policy Against Abuse and Neglect

In accordance with Section 67(5) of the Care Homes Act 2010. Without limiting the generality of the obligations set out in subsections (1) and (2), the licensee

shall ensure that a written policy to promote zero tolerance for abuse and neglect is adopted and adhered to towards residents . 2010, c. 11, para. 67 (4)

1. The licensee of a retirement home must protect the residents of the house from abuse by anyone
2. The licensee of a retirement home must ensure that the permit holder and house staff do not neglect the residents.
3. The obligations under paragraphs (1) and (2) do not apply if a resident is absent from the retirement home, unless the resident continues to receive care services from the licensee or home staff.
4. Without in any way limiting the generality of the duties described subsections (1) and (2), the licensee shall ensure that there is a written policy to promote zero tolerance for resident abuse and neglect and shall ensure that the policy is followed.

The policy should clearly establish what constitutes abuse and neglect and should clearly identify zero tolerance for them. The policy includes a prevention program, explanation and consequences of resident abuse and neglect.

a) Clearly establishes what constitutes abuse and neglect;

Definition:

Abuse and neglect: Abuse and neglect includes any act, intentional or unintentional, of a caregiver or other person causing injury or risk of injury to a vulnerable older person or compromising their well-being or safety. . Abuse and neglect can be physical, psychological, sexual or financial in nature. It can be caused by a staff member, family member, volunteer or other external caregiver. It is abusing the power, trust, respect or intimacy inherent in the therapeutic relationship. It can take various forms:

Negligence: (e.g.: failure to provide services, care or the necessities of daily life)

Verbal or emotional abuse: (yelling at or insulting a resident)

Physical abuse: (intentionally hitting or hurting a resident)

Financial exploitation: (solicitation of gifts, money from a resident)

Sexual abuse: (touching a resident in an innocent way).

b) Provides that abuse and neglect shall not be tolerated:

The residence does not tolerate any form of abuse or neglect. Management does not tolerate any form of abuse and neglect. Management will investigate complaints and reports submitted to them on this matter. This investigation begins as soon as the report is filed and may lead to disciplinary measures, suspension or temporary suspension, dismissal or even the intervention of law enforcement.

c) Offers a program to prevent abuse and neglect:

Abuse and Neglect Prevention Program :

To prevent abuse and neglect, management has developed various strategies:

- Training of the employee on the policy of the residence before his first day of work. A copy is signed by the employee and kept on file. The policy is reviewed annually and as needed;
- A retrospective and scenario analysis to help the attendant reflect on what happened and to understand the application of standards and policy to improve care in the future;
- Management strongly encourages the GPA course (gentle persuasive approach) which is an education program that helps the agent understand abuse and develop prevention strategies. (The management tries to offer the program every 2 years at the residence);
- The management ensures that the workers are not overloaded with work and that they have the time necessary to provide care to a resident;
- The management proposes public holidays, sick leave and personal leave if necessary;
- Management provides the equipment and supplies needed to provide care;
- Management ensures that all necessary information is available to ensure adequate care for residents (behaviour management policy, date of care plan);
- Management ensures a health and safety and intimidation policy;
- Annually, management carries out an evaluation to determine the effectiveness of the policy and formulates changes if necessary to prevent abuse or neglect;
- The management ensures and checks with the residents whether the care is adequate and the policy is respected at all times;
- The zero tolerance policy for abuse and neglect is displayed in the hallway of the residence as well as in the employee room;
- A zero tolerance policy for abuse and neglect is granted to new residents upon admission to the residence;

- Management ensures that they are available at all times to help provide documentation and advice that could help staff in their relationship with residents who may need more attention and/or care. They ensure that the working climate is always serene and pleasant.

d) Contains an explanation of the requirement under section 75 to report to the Registrar on matters specified in that section:

Report to Registrar on Allegations of Abuse and Neglect:

Management is required to report any allegations of abuse and neglect.

The ORMR can be contacted by telephone in the event of harm or risk of harm to a resident of a retirement home such as abuse, neglect, care, illegal act or embezzlement. Anyone suspected of harm is required to notify ORMR at 1-855-275-7472. Although anonymity is available, residents can report harm, but are not required to do so.

e) Describes the procedure for investigating alleged, suspected, or observed cases of resident abuse and neglect to ensure follow-up

Procedure for Investigating Alleged, Suspected or Observed Abuse and Neglect of Residents

The management of the residence opens an investigation for abuse and neglect upon presentation of a report by a resident or a witness. The investigation will be conducted by personnel authorized to do so, as follows:

- The perpetrator of the allegations of neglect and abuse may be: other residents, volunteers, families, visitors, external health care providers, other involved health professionals and employees;
- All persons involved are notified as soon as the report is made (the delay depends on the seriousness of the situation, for example if the allegations affect the safety or the health of the resident, there will be no delay before the start of the investigation and the measures to be taken) including:
- A meeting with the person who completed the report in order to obtain their perception, their history and the facts concerning the allegations of abuse or neglect;

- A meeting with the vulnerable person to complete a report of allegations of abuse or neglect;
- Meetings must be documented and signed by witnesses and victims. The information on the report of the registers and the documents and information of the ORMR will be given to the persons concerned;
- They will quickly analyze each case of abuse or neglect.

In the event of suspicion of abuse or neglect affecting the health and safety of the resident following the preliminary investigation, the officers will take the necessary security measures to secure the vulnerable person. Reg 15(3) (see Zero Tolerance Policy)

Whenever possible, a reply will be given to the person who submitted the complaint within 5 working days of receipt. If officers cannot respond by this time, they will provide a reasonable date by which the complainant will receive a response.

f) Describes the consequences of resident abuse or neglect

Implications for perpetrators of abuse or neglect of a resident

View Zero Tolerance Policy (Reg 15)

Abuse of residents is a wrongdoing that residence management does not tolerate and promptly addresses through various means. The investigation sometimes leads to:

- Discipline and provide assistance to involved employees who need it.
- A temporary layoff or dismissal may also occur as a result of evidence or reasons arising from the investigation.
- Abuse and neglect is a criminal offence, so a report to the police will be reported immediately.
- If it is a member of the family of a resident who is the author, we will ask the author to refrain from coming to the residence during the investigation and not to return if he is found guilty; if he comes, we will organize so that the

meeting between the author and the member of his family residing in the residence takes place in an isolated place where the risk that the author meets the victim is minimal. The other family members affected by the decision are notified as well as the resident. The physician must be informed and report any change in the state of health since the declaration. Observations are noted.

- If it is a visitor or a volunteer, we will ask the perpetrator to refrain from coming to the residence during the investigation and not to return if found guilty. The family concerned is informed of the procedures in place and of the progress of the investigation, reassures the resident and reports any change in state of health to the family doctor.

- In the case of an external service provider, we will ask their employer not to send them to the residence during the investigation in order to avoid any contact with the victim; If he is found guilty, we will ask his employer that he never come back. The family concerned is notified and informed of the progress of the investigation. Declare to the appropriate college if they are a regulated healthcare professional.

-In the case of another resident, we will try to restrict contact by placing him in different areas to reduce the risk of contact, if the perpetrator is to be tried. We will ask him to leave the residence as soon as possible by delivering a letter giving him a minimum notice of 15 days. If a resident is the perpetrator and it is a case of behavior, we will implement the elements of our behavior management policy that may help the situation.

g) Complies with the prescribed requirements, where applicable, the matters referred to in paragraphs a) to f)

h) Deal with any additional matters, if any, which are prescribed. 2010, c. 11, para. 67 (5)

Zero tolerance policy for abuse and neglect

In accordance with Regulation 15 (166-11)

(1) The Abuse and Neglect Prevention Program referred to in paragraph 67(5) (c) of the Act shall include training and retraining requirements for all staff members of the retirement home particularly in regards to the following:

- a) The link between the power imbalance between staff members and residents and the risk of abuse and neglect by those in positions of trust and authority over resident care;
- b) Circumstances that can lead to abuse and neglect and how to prevent them. Regs of Ontario. 166/11, para. 15 (1).

HYPERLINK:

http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_110166_e.htm

(2) The procedure to be followed, referred to in paragraph 67(5)(e) of the Act, for investigating and responding to alleged, suspected or observed cases of resident abuse and neglect, who will be responsible for the investigation and who will be notified. Regs of Ontario. 166/11, para. 15 (2).

HYPERLINK:

http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_110166_e.htm

(3) The policy to promote zero tolerance for abuse and neglect of residents referred to in paragraph 67 (4) of the Act, meets the following conditions:

- a) It contains procedures and intervention measures to help and support residents who have been or may have been victims of abuse or neglect;
- b) It contains procedures and measures for dealing with persons who have or have allegedly abused or neglected residents;
- c) It indicates the measures to be taken and the strategies to be followed to prevent abuse and neglect;
- d) It provides that the licensee of the retirement home must ensure that the legal guardian of the resident, if any, and any other person designated by the resident:
 - (i) be notified immediately upon becoming aware of an alleged, suspected incident or found abuse or neglect of a resident which has caused him physical injury or pain or suffering that could harm his health or well-being;
 - (ii) be notified within 12 hours of becoming aware of any other alleged, suspected or observed incidents of abuse or negligence of a resident;
- e) It provides that the licensee of the retirement home shall ensure that the resident and his or her legal guardian, if any, are informed of the results of any investigation referred to in subsection 67(5)(e) of the Act, at the end of the investigation;
- f) It provides that the licensee of the retirement home must ensure that the appropriate police force is immediately notified of any alleged, suspected or

observed incident of resident abuse or neglect if they suspect that it constitutes a criminal offence;

g) It provides that the licensee of the retirement home must ensure that:

(i) An analysis of each instance of abuse or neglect of a Resident of the Residence shall be made promptly after the Owner becomes aware of it,

(ii) At least once every calendar year, an evaluation is conducted to determine the effectiveness of the policy and formulate appropriate changes and improvements to prevent the recurrence of resident abuse and neglect,

(iii) The results of the analysis referred to in sub-paragraph (i) are taken into account in the assessment referred to in sub-paragraph (ii),

iv) The changes and improvements referred to in sub-paragraph ii) are implemented promptly;

(v) Any records referred to in sub-paragraphs (ii) and (iv), including the date of the evaluation, the names of the persons who participated and the date on which the modifications and improvements were made. Regis. of Ontario.

166/11, para. 15 (3).

Management ensures that the policy statement developed in the Abuse and Neglect Policy is put into practice to avoid these situations.

- Training and hiring (review and reading and scenario) with employees

- Review of the policy with volunteers, a copy of the policy is given to external care providers

<https://youtu.be/SqfRL3uQSTo> (Video to watch for abuse)

- Distribution and displays against elder abuse and neglect

<http://www.elderabuseontario.com/french/>

The procedure for investigating and responding to alleged, suspected or observed cases of abuse and neglect of residents indicates who will be responsible for the investigation and who will be notified.

Procedures to follow:

-Physical examination of the resident: vital signs and physical assessment and descriptions of the injuries. Call emergency services and police if necessary (if there is concern for the health or safety of the resident) note all the observations in the file of the resident.

-Ensures that the person accused of abuse and neglect has no direct contact with the resident until the investigation is completed and the employee or accused can resume work.

- The victim of abuse and neglect will receive all the support necessary to comfort them and reassure them of their safety. He will also be informed of the conclusion of the investigation and of the employee's return.
- Ensures that the procedures described in the policy against abuse and negligence are followed. (Notify supervisor, owner, ORMR registry, relevant family members) all steps should be noted.

Intervention measures with people who have or would have inflicted mistreatment on residents or committed negligence towards them.

- Management ensures that there is no contact between the victim and the perpetrator of the abuse and neglect.
- Rehabilitation to help the employee reflect on the events that occurred and understand the application of practice to similar incidents to improve the resident's care in the future.
- Policy review with volunteers and external care providers.
- Employees, family, visitors, volunteers, external care providers and healthcare professionals are advised to report any form of neglect or abuse as soon as they suspect or see it.
- As soon as the officers become aware of an incident, they promptly notify all persons involved in the complaint of alleged, suspected or observed abuse, including the resident or his legal guardian and the person who inflicted the abuse or bad treatments.

Analysis of the survey:

The management will immediately inform the victim, his representative and the accused of the result of the investigation, the consequences, any changes or modifications made to prevent the situation from reoccurring. The police are immediately notified of any alleged, suspected or observed incident of abuse or neglect by a resident of the residence as soon as the report is submitted.

Each year, management reviews the policy and assesses its effectiveness (evaluates response time, results and report findings) and makes necessary changes to prevent abuse and neglect.

The results of the analysis will be taken into consideration and changes will be made promptly.

Any changes to the policy are noted and reviewed by employees and all concerned.

Zero Tolerance Abuse and Neglect Policy

Abuse and neglect include any act, intentional or unintentional, of a caregiver or other person causing injury or risk of injury to an elderly or frail person or compromising the person's well-being or safety. Abuse and neglect can be physical, psychological, sexual or financial in nature. It can be caused by a staff member, family member, volunteer or other external caregiver.

**La résidence ne tolère aucune forme d'abus ou de négligence
Rien n'excuse la violence !**

Dénonciation : *Nous encourageons fortement à nos employés et toute personne travaillant à la résidence à signaler tout acte de maltraitance ou de négligence. Aucun lanceur d'alerte ne sera réprimandé pour son geste*

Rien n'excuse la violence ! Les situations personnelles ou les problèmes vécus par les soignants ou les membres de la famille n'excusent pas les actes de violence envers les personnes âgées ou vulnérables. Les problèmes sont parfois des facteurs, mais ils ne justifient jamais la violence.

Nous avons tous le droit d'être traités avec respect et dignité.

Denunciation

Management and supervisors should not exert any pressure or retaliation against anyone who reports or discloses information to the RHRA Registrar or Inspector. Whistleblowers are not likely to be fired, suspended or sanctioned. If the whistleblower is a resident or family member, no discrimination or modification of care and services will be affected. No sanction, coercion or harassment will be imposed on the whistleblower.

Departure of a resident

Whether it is a voluntary departure, a death or a placement in a long-term establishment, we keep our clients' files for a period of 6 months. The family will receive a receipt for tax purposes as well as any documents belonging to the resident. We will inform the doctor, home care, counties and pharmacy of our client's departure. Residents or their representative are responsible for transfer formalities such as telephone, cable, change of address, etc.

Termination of operation of the retirement home

In the event that residency should cease to operate as a retirement home, the officers would ensure that a transition plan that meets the requirements is submitted to the Registrar at least 120 days before the date the home ceases to be exploited. The letter should state that the licensee intends to cease operating the retirement home, the date it would become effective and the reasons for ceasing to operate the retirement home. An explanation of what the owner intends to use of the retirement home after the closure, the deadline for the resident's departure and a summary of the care needs and

services given to the residents. Executives will also provide a list of other types of accommodation and external service providers that can meet the needs of clients after the date the home ceases to be operated. Written notice of the date on which the retirement home ceases to operate shall be given to each resident or his or her substitute decision-maker. At the request of the resident, reasonable steps will be taken by the officers to find another suitable accommodation or to facilitate access to the external service providers he/she needs.

Service Agreement Information on care and services

1. Accommodation:

Superior Suite: Includes 2 complete bathrooms, 2 bedrooms / or 1 bedroom and living room, furnished (3 pieces);

Regular suite: includes a complete bathroom, a bedroom (3-piece furniture).

2. Care and Services :

Basic care:

- Supervision of qualified personnel 24 hours a day;
- Visit of a doctor and an auxiliary nurse;
- Handling and distribution of drugs, pharmacy service;
- Help with clothing;
- Partial personal care;
- Support for baths and personal hygiene;
- Mobility assistance.

Basic service:

- Activity program on an annual basis;
- Partial cleaning of the room daily;
- Complete cleaning of the room once a week;
- Washing linen and bedding;
- 3 meals and 3 snacks, 7 days a week;
- Special diet available depending on the state of health;

- Private parking.

Additional treatments with additional fees:

- Help for the 2nd full bath;
- Help with incontinence;
- Supervision for wandering people or special condition.
- Fees for treatments can vary from \$1 to \$2 per day additional.

Our responsibility

We are responsible for respecting residents by treating them with respect and according to each person's needs. We are responsible for providing essential care and needs, a balanced diet and a diversified diet according to Canada's Food Guide. We offer a safe place where tranquility is essential. We offer you our best attentive services and follow-up with families or lawyers during incidents or major changes. We want to offer a warm welcome to residents and their families.

Responsibility of the resident

The resident must respect the people who live around him as well as the staff who work. He must ensure that the instructions are respected both for the residents and for the entourage.

You should keep your bedroom clean, safe and free from excessive noise or nighttime noise. The resident must get involved in the various activities offered to him and according to his tastes. In the event of a problem, the resident must contact the people in charge because communication is essential to the functioning of the residence. It would be important for the resident to maintain a positive attitude and provide constructive feedback.

Family's Responsibility

The family must remain accessible at all times to reassure the resident who is making an important transition in his or her life. Your presence and support facilitate the transition. The family is invited and can be involved at any time in the organized activities. The family is welcome at all times, a notice by telephone if you plan to come and share a meal is greatly appreciated. Make sure the resident has enough personal effects and hygiene products. Make sure there are enough clothes and that they are suitable for the season. The family must notify the supervisor of medical appointments or of any significant change in medical condition or medical treatment. A complaint and suggestion form is available to everyone.

Service Agreement

Rent is due in full on the first of each month. A series of post-dated checks would be appreciated. The rent includes services, food, activities, housekeeping and care. This may change without notice if the resident's condition changes. No reimbursement is made for hospitalization, voluntary departure, death or placement in a long-term care facility. Notice is required one month in advance to leave the residence.

Mon Chez Nous or Villa St-Luc And

This Agreement is signed at _____

on (date) _____ for the lease of

the suite _____ At the price of _____ \$ per month
with basic services.

Additional care for _____

Required with an additional charge of \$ _____

Owner's Signature _____

Date _____

Resident/Legal Guardian: _____

Date _____

Signature of family member: _____

Date _____

The Act authorizes an inspector or investigator to examine documents containing personal information about the resident, to make copies of them and to remove them from the residence in order to determine whether the residence complies with the requirements of the Act. Increase frequency: The increase for care and services is revised as soon as the medical situation or the resident's needs change. The rental price is reviewed annually on the anniversary date of the resident's admission with 90 days written notice.