



THE BESS AND MOE GREENBERG FAMILY  
**Hillel Lodge**  
OTTAWA JEWISH HOME FOR THE AGED  
THE JOSEPH AND INEZ ZELIKOVITZ  
LONG TERM CARE CENTRE

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# THE BESS AND MOE GREENBERG FAMILY HILLEL LODGE

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## **WELCOME**

On behalf of the Board, Management and all members of the staff, I would like to welcome you to The Bess and Moe Greenberg Family Hillel Lodge. We have a long tradition of honouring our fathers and mothers. The principles of Judaism are integrated into all that we do, whether it is our kosher food, spiritual and cultural programming, or the beliefs that guide us.

Our common goal is to create a Home that is caring and supportive for the resident. Every member of the staff shares a passion for providing the best care to each one of our residents. We will be pleased to assist you in any way we can and will be available to answer your questions.

Sincerely,

Ted Cohen, Chief Executive Officer  
The Bess and Moe Greenberg Family Hillel Lodge

## **MISSION, VISION, AND VALUES**

### ***Mission Statement ~ This is why we are here.***

Our mission is to provide compassionate long-term care that empowers residents to lead full and engaged lives in a welcoming Jewish environment.

### ***Vision Statement ~ This is what we want to be.***

The Lodge will continually strive to be at the forefront of person-centred long-term care.

### ***Values ~ This is what guides our actions.***

Collaboration and Teamwork  
Excellence and Innovation  
Dignity and Respect  
Compassion and Caring  
Integrity and Accountability

## **ABOUT THE BESS AND MOE GREENBERG FAMILY HILLEL LODGE**

The Ottawa Jewish Home for the Aged was founded by concerned members of the Ottawa Jewish community who sought to establish a Home for the accommodation of Jewish elderly. The original building, Hillel Lodge, was officially opened on October 10, 1965, and through various expansions, in September 2000, the Lodge relocated to the Joseph and Inez Zelikovitz Long-Term Care Centre on the Jewish Community Campus. On December 19, 2011, the Joseph and Inez Zelikovitz Pavilion was opened bringing the Lodge's total beds to its present complement of 121; 75 private rooms, 18 semi-private (each with a private room and shared bathroom), and 14 shared or basic rooms (two beds / room with a shared bathroom).

There are 5 care units, 4 accommodating 25 residents each and 1 with 21 residents; each smaller than the average unit size of 32 beds/unit. The Two East care unit is a secure unit which meets the needs of residents with dementia. As Hillel is a residence, care is provided 24 hours a day, 7 days a week.

As part of the Ottawa Jewish Community Campus, the Lodge is part of a continuum of life. Conveniently located, the campus is visited daily by hundreds of people of all ages who work, visit or attend school here. This serves to enrich the lives of the residents who are included in community events and benefit from inter-generational programming.

## **FUNDING AND FEES**

The Lodge is recognized as a Charitable Home and operates under the *Long-Term Care Homes Act 2007*. Funding is provided by resident fees, the Ottawa Jewish Community, and the Province of Ontario. Contributions are also received from the Home's Auxiliary, private donations, as well as various government grants. Funds related to donations and memberships are also collected on behalf of the organization by the Hillel Lodge Long Term Care Foundation. It is also a funded member agency of the Jewish Federation of Ottawa.

Residents are charged on a monthly basis and are billed once per month. The rate is set annually by the Province of Ontario and is the same for all long-term care facilities. For residents who qualify, a rate reduction due to income level or exceptional circumstances may be available on the Basic room daily rate. The most current fee information can be obtained from our website [www.hillel-ltc.com](http://www.hillel-ltc.com).

## **ADMISSION**

Admissions to the Lodge follow the criteria outlined in the *Long-Term Care Homes Act, 2007* regulations (ONTARIO REGULATION 79/10 Section 155) and are arranged through Home and Community Care Support Services Champlain (HCCSS).

<http://healthcareathome.ca/champlain/en/care/Pages/Getting-Long-Term-Care.aspx>

### **Criteria for eligibility, long-stay**

**155.** (1) A placement co-ordinator shall determine a person to be eligible for long-term care home admission as a long-stay resident only if,

- (a) the person is at least 18 years old;
- (b) the person is an insured person under the *Health Insurance Act*;
- (c) the person,
  - (i) requires that nursing care be available on site 24 hours a day,
  - (ii) requires, at frequent intervals throughout the day, assistance with activities of daily living, or
  - (iii) requires, at frequent intervals throughout the day, on-site supervision or on-site monitoring to ensure his or her safety or well-being;
- (d) the publicly-funded community-based services available to the person and the other caregiving, support or companionship arrangements available to the person are not sufficient, in any combination, to meet the person's requirements; and
- (e) the person's care requirements can be met in a long-term care home.

(2) In this section,

"nursing care" means nursing and other personal care given by or under the supervision of a registered nurse or a registered practical nurse.

## **SHARING INFORMATION**

An Information Board is located on the first floor near reception in order to keep resident, families and visitors informed about current policies, inspection reports, monthly recreation calendars, and items of interest pertaining to programs and services available for seniors within the Ottawa region.

A newsletter is produced bi-monthly containing information, news items, and events of interest to residents and family.

Communications are sent directly to residents / Power of Attorney (POA) / Substitute Decision Maker (SDM) when the Home needs to update residents and families on new policies and/or changes in services or fees.

Please also see our web site at [www.hillel-ltc.com](http://www.hillel-ltc.com).

# **CARE AT THE LODGE**



## **PERSON-CENTRED CARE**

To ensure Hillel Lodge remains at the forefront of resident care, we are moving forward with the implementation of a new and innovative person-centred care model that enhances our philosophy of care and specifically supports our residents with dementia. Models such as Butterfly, Green House, and Eden Alternative are transforming the way we think about seniors' care. We are committed to implementing our own unique model providing residents with an environment better adapted to individual needs and enhanced care programs and services offering the best to our elders in their final years.

## **RESIDENT AND FAMILY AS PARTNERS IN CARE**

The Bess and Moe Greenberg Family Hillel Lodge strives to provide services designed to not only meet but exceed the expectations of residents and those close to them. Foundational to this care are our mission, vision, and values which place the resident as the primary focus of our person-centred care philosophy. We also believe family are important members of the team and invite them to take an active role in the care planning process by sharing their knowledge of the preferences and life history of their loved one so that together we can plan for the optimal delivery of care.

We encourage families to visit between 8:00 am and 8:00 pm out of consideration for the comfort and schedules of all residents during the early morning and late evening. Visiting outside of these hours should be discussed with the Unit Nurse. There are no visiting time limits for family / friends of critically ill residents.

## **NURSING SERVICES**

Nursing staff is made up of Registered Nurses (RN), Registered Practical Nurses (RPN), and Personal Support Workers (PSW) who provide care 24 hrs per day. The focus of their practice is the well-being and quality of life of the resident from a wholistic perspective.

Residents' clinical status is assessed daily by the Registered Nursing staff. Based on these assessments, an individualized plan of care is implemented and regularly updated as needed in collaboration with the Resident / Power of Attorney for Personal Care / Substitute Decision Maker.

A RN or a RPN oversees each resident unit and is responsible for the day-to-day functioning of the unit as well as for medication and treatment administration. PSWs provide the direct care, such as bathing, grooming, toileting, and assistance with mobility, transfers, and meals.

## **MEDICAL SERVICES**

The Medical Director and attending physicians are available to serve the residents' medical needs. The Home's physicians visit weekly and provide on-call emergency coverage. Residents or families wishing to connect directly with a physician should speak with the unit nurse.

Residents can retain their own personal physician provided the physician signs an agreement with the Home. For further information, contact the Director of Nursing or the Director of Social Work, Program and Support Services.

## **MEDICATIONS**

All medications are administered by an RN or RPN based on a physician's order. The pharmacist conducts medication reviews on admission and quarterly for each resident and when requested. Residents are not permitted to keep any medications in their rooms unless so ordered by the physician. Residents choosing to incorporate alternate therapy as part of their care regime are required to disclose to his/her attending physician or RN/RPN this information so their physician and pharmacy can review for possible side effects or interactions.

## **PSYCHO-GERIATRIC OUTREACH SERVICES**

Residents over the age of 65 are eligible to be referred to a psychiatrist from the Geriatric Outreach Team of the Royal Ottawa Mental Health Centre. Residents or their representatives may request a referral, or a referral may be recommended by the resident's physician. Once consent is obtained, the psychiatrist will assess the resident on site, share their recommendations with the care team, and follow up as necessary.

Off-site psychiatric services for residents under 65 can be arranged through their physician.

## **BEHAVIOURAL SUPPORTS ONTARIO (BSO)**

Behavioural Supports Ontario (BSO) is a project initiated by the Ministry of Health and Long-Term Care in 2011 to improve health care services for older adults who are experiencing complex responsive behaviours associated with dementia, mental health, or other neurological conditions. BSO champions are staff who work closely with the care team to identify triggers of responsive behaviours and develop strategies for reducing or managing these behaviours thereby improving quality of life.

## **RESIDENT CARE CONFERENCES**

Within six (6) weeks after admission, the multi-disciplinary team meets to discuss the initial care plan for each new resident. The core staff members on the team consist of the Physician, RN/RPN and Social Worker/Social Service Worker with input from the registered dietician, therapeutics, and recreation teams. Residents and family members are invited to this initial care conference and annually to provide input on the best ways to provide care and support to each resident. Conferences are also held any time there is a significant change in health or other condition.

## **SPIRITUAL AND RELIGIOUS CARE**

We support each resident's right to celebrate his or her faith and will attempt to meet the spiritual needs of our residents within their religious affiliation. There is an attending Rabbi or other visiting clergy who can be invited to meet with residents during times of need, illness, grief, or palliative care. Pastoral visits can be arranged upon request or on an individual basis for residents through the Director of Social Work, Programs and Support Services or the Manager of Recreation and Volunteers.

## **RECREATION THERAPY AND PROGRAMS**

The Recreation Department strives to provide high quality programs, 7 days a week including most evenings and weekends, to meet social and leisure needs of the residents. Recreation activities are offered daily at convenient times to encourage participation. Recreation activities and the use of our public spaces harmonize with Sabbath programming in observance of Orthodox Judaism.

Upon admission, a Recreation Staff person meets with the resident, and family if required / requested, to discuss specific needs and individual preferences in order to develop a custom-made recreation plan. Monthly calendars highlighting daily recreation activities are provided at the beginning of each month. Family members and friends are encouraged to attend programs and special events.

## **FOOD SERVICES and NUTRITIONAL ASSESSMENTS**

Nutritional assessments of all residents are done on admission and quarterly or as needed under the direction of the Registered Dietitian. Resident food preferences are obtained upon admission. Resident's weight, food & fluid intake, chewing & swallowing difficulties, and any special dietary requirements are monitored.

All meals and snacks served at the Home are strictly kosher and under the supervision of the Ottawa Vaad HaKashrut. Each day's meals provide a variety of foods which meet the Standards of Canada's Food Guide, the standards set by the Vaad HaKashrut, and the nutritional needs of the residents.

All meals are served in the dining room. Lunch and supper alternate between dairy and meat meals. All meals include soup or salad, a choice of entree, vegetable, and dessert. On Fridays, there is the traditional Friday night meal welcoming Shabbat. Special items are featured on Jewish holidays. Cold juices are served at mid-morning. Additional refreshments, consisting of hot/cold beverages and snacks, are served at mid-afternoon and prior to bedtime.

**Kosher food that is prepared in the Home's kitchens, which is supervised and approved by the Ottawa Vaad HaKashrut, is permitted in the dining room, café, garden and other public areas. Food items, including kosher and non-kosher items, that are brought into the Home may only be stored and consumed in the resident's room.**

## **Social Work**

The social work department plays a key role in enhancing the quality of life of Hillel Lodge residents by minimizing the institutional aspects of the facility and making the Lodge feel more like a home. Comprised of both registered Social Workers and registered Social Service Workers, the social work department:

- offers counselling to residents
- arranges for admissions, placement, and discharge of residents
- advocates on behalf of residents
- supports, develops, and implements innovative recreational programs
- acts as a liaison with Family and Resident councils.

Residents are encouraged to contact the social work department for help with feelings of helplessness, hopelessness, loneliness, or boredom. Our staff is trained to deal with any interpersonal issues, ranging from intimacy to aggression and violence to concerns about a roommate, and we work with residents to ensure that they are active participants in their care planning and decision-making.

## **THERAPY SERVICES**

The Restorative Care program strives to restore a person's functional status to their maximum potential. This may include programs such as ambulation, restorative dining, sensory stimulation, physiotherapy, and occupational therapy. Our Restorative Care Workers, Physiotherapy Aids (PTAs) and Occupational Therapy Aids (OTAs), work under the direction of the Physiotherapist and the Occupational Therapist.

Restorative rehabilitation builds on the restorative care program by maximizing the amount of time a resident is engaged in restorative programs. Nursing, recreation, and restorative care staff all work together to ensure that a resident is achieving their maximum benefit. Examples of restorative rehabilitation programs are ambulation, toileting, active & passive range of motion, dressing and communication.

All residents receive a physiotherapy assessment upon admission. The Home provides the services of an Occupational Therapist one day a week by referral. The Home does not provide the services of a Speech Therapists, but referrals can be made by the attending physician for this service.

## **VOLUNTEER SERVICES**

Our volunteers' contribution in enriching the lives of the residents at Hillel Lodge cannot be overemphasized. Volunteers are here to enhance the quality of life and to support services to the residents. In addition to giving individual attention to residents, volunteers help create a pleasant atmosphere and assist residents in a variety of ways. Families and friends are welcome and encouraged to become a registered volunteer. For more information on these exciting opportunities to be involved in creating a community of caring contact the Manager of Recreation and Volunteers.

## **RESIDENTS' COUNCIL**

Residents' Council meets regularly to discuss pertinent issues related to the Home and to maintain a strong line of communication between the residents and management to achieve many goals and provide suggestions for improving the quality of care.

## **FAMILY COUNCIL**

The Family Council is an organized, self-led, self-determining, democratic group composed of family and friends of the residents of the home. The Family Council has the mandate to provide assistance, information and advice to residents, family members and friends of residents.

## **PRIVATE DUTY CARE GIVERS**

Residents or family members may make their own arrangements for private duty caregivers and must assume all responsibility for the actions and conduct of the private duty caregiver while he/she works on behalf of the resident at Hillel Lodge.

It is recommended that:

- your caregiver is hired through a reputable agency
- references are obtained
- a police check for the vulnerable population is obtained
- private insurance for liability protection is obtained
- you ensure that your caregiver takes the Influenza vaccine so that he/she can continue to work during an outbreak

*Private duty caregivers must also adhere to all legislation related to long-term care.*

## **ADDITIONAL SERVICES AVAILABLE IN-HOUSE (additional cost)**

Assistance can be provided to the resident as required for the following services:

- Audiology
- Foot Care
- Dental Care and Dentures
- Optometry

## **FINANCE AND ADMINISTRATION**

Finance and Administration support the resident and/or their Power of Attorney or Substitute Decision Maker through the legal and financial aspects of the admission process including the signing of the Resident Accommodation Agreement. Assistance can also be sought for application for a rate reduction and veterans' benefits if applicable.

### **Trust Accounts**

Residents are encouraged to open a trust account so that they can securely keep and access cash within the Home.

The trust account may be used for payment of goods and services provided in the Home making it easier for residents to access these items without worrying about having the money available at the time of the event. **The Home is not responsible for lost money.**

## **ENVIRONMENTAL SERVICES**

Resident room and common areas are cleaned on a daily basis to ensure that the environment is clean, pleasant, and safe. This includes daily cleaning of washrooms, emptying of garbage, general light cleaning and tidying of rooms.

Laundry services are available six days a week. All clothing articles should be machine-washable, able to be dried in commercial dryers, and clearly labelled with the resident's name. **Please note that the Home is not responsible for lost clothing.**

Maintenance services maintain the building environment and systems and provide support to residents in their rooms where deemed appropriate. A fee may be charged for these services.

## **INFECTION PREVENTION AND CONTROL**

Infection control programs are designed to prevent, identify, and manage infections. The best method of preventing infections is by proper hand washing. Staff follow strict hand hygiene protocols and we encourage residents and all visitors to do the same. Hand sanitizing stations are placed at regular intervals in the hallways and in resident rooms. It is recommended that everyone use sanitizing gel upon entering and exiting the building and prior to entering a resident room and upon exit as well.

### **Outbreaks and Immunizations**

It is strongly recommended that family members and visitors limit their visits during an outbreak when residents in the Home are ill. The purpose of this is to protect the residents and other family members from illness and to prevent the spread of illness.

Family members and visitors should not visit if they are exhibiting cold or flu like symptoms (i.e. runny nose, sneezing, fever, cough, vomiting or diarrhea). Residents catch these infections easily, therefore, annual flu shots are strongly recommended for all residents and for frequent visitors to the facility.

## **OPPORTUNITIES FOR IMPROVEMENT**

### **Satisfaction Surveys**

Satisfaction Feedback Surveys are conducted annually so that each resident or their family representative is provided with a confidential opportunity to formally evaluate our care and services. The results of these surveys will be reported back to the residents and families. Suggestions made on the Surveys are also used during operational planning to improve quality of life for residents.

### **Should You Have a Complaint**

Hillel Lodge is committed to ensuring that every resident receives the best possible care. However, there may be circumstances where a resident or family members finds it necessary to voice a concern regarding the care or service received. Please speak directly with the unit nurse or a member of the management team. Should the resident or family member choose or deem it necessary, the information can be given directly to the MOHLTC 1 – 866 – 434 – 0144.

## **RESIDENTS' BILL OF RIGHTS**

Ontario's *Long-Term Care Homes Act, 2007* (LTCHA) and Ontario Regulation 79/10 (Regulation) made under the LTCHA came into force on July 1, 2010.

The LTCHA is designed to help ensure that residents of long-term care homes receive safe, consistent, high-quality, resident-centred care. The goal is to create long-term care home environments where residents feel at home, are treated with respect, and have the supports and services they need for health and well-being.

Section 3 of the LTCHA sets out the Residents' Bill of Rights, which addresses residents' personal well-being and safety and includes the privileges, choices, and protections available to all residents of a Home.

### **The Fundamental Principle: HOME**

A long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met (LTCHA 2007, c. 8, s.1)

### **Residents' Bill of Rights**

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

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to:
  - i. Participate fully in the development, implementation, review and revision of his or her plan of care,
  - ii. Give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
  - iii. Participate fully in making decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
  - iv. Have his or her 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 his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance toward independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. 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.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. 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.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself 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 VIII, a member of the committee of management of the home under section 132 of the board of management for the home under section 125 or 129,
  - iv. staff member,
  - v. government officials,
  - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.
22. Every resident has the right to share a room with another resident according to their mutual wishes if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.
24. 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.
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.
26. 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.
27. Every resident has the right to have any friend, family member, or other person of importance to the resident, attend any meeting with the licensee or the staff of the home.