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

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Resident Information Guide



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If you have any questions about the home or would like another copy of this handbook, please contact the Bess and Moe Greenberg Family – Hillel Lodge Long-Term Care Home of Ottawa at 613-728-3900 ext. 0 or via email at [info@hillel-ltc.com](mailto:info@hillel-ltc.com). We check our messages and emails on a regular basis.

Please keep in mind that no matter how hard we try, parts of this handbook will become out-of-date over time. The content is reviewed and updated regularly. We will do our best to inform you and your family about any important changes. The most recent electronic version appears on the Hillel Lodge website, [www.hillel-ltc.com](http://www.hillel-ltc.com)

This handbook was last updated on July 11, 2024.

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## **Welcome from Our CEO**

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 Long-Term Care Home of Ottawa. 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. By familiarizing yourself with the contents of this booklet, you can become more aware of what we have to offer. Please note the sections and items in bold. 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 Long-Term Care Home of Ottawa

## **About the Bess and Moe Greenberg – Hillel Long-Term Care Home of Ottawa**

The Ottawa Jewish Home for the Aged was founded by concerned members of the Ottawa Jewish community who sought to establish a home for our Jewish elderly members of the community. The original building, Hillel Lodge, was officially opened on October 10, 1965 and was relocated to the Joseph and Inez Zelikovitz Long-Term Care Centre on the Jewish Community Campus in September 2000. On December 19, 2011, the Joseph and Inez Zelikovitz Pavilion was opened bringing the Lodge's total beds to its present complement of 121 including, 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 five care neighbourhoods. Four neighbourhoods accommodate 25 residents each and one with 21 residents. Every neighbourhood is smaller than the average long-term care neighbourhood size of 21 beds/neighbourhood. The 2 East neighbourhood is secure meeting the needs of residents with dementia. As Hillel Lodge is a long-term care home, care is provided 24 hours a day, 7 days per 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 the community events and benefit from intergenerational programming.

## **Leadership Team**

Chief Executive Officer	Ted Cohen
Chief Financial Officer	Adina Libin
Director of Nursing	Morag Burch
Associate Director of Care	Urduja Carino
Director of Resident Experience	Lisa Rossman
Director of Human Resources	Shari Cooper
Director of Food and Nutrition Services	Patty Haas
Director of Quality Improvement	Shannon Fraser
Environmental Services Manager	Daniel Goyer
Life Enrichment Manager	Marilyn Adler
Coordinator of Pastoral Services	Rabbi Levy Teitelbaum

## Mission, Vision, and Values

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

*Our **Vision** is to continually strive to be at the forefront of the person-centred long-term care.*

*The **Values** that guide our actions are:*

*Collaboration and Teamwork*

*Excellence and Innovation*

*Dignity and Respect*

*Compassion and Caring*

*Integrity and Accountability*



## **Resident's Bill of Rights (Fixing Long-Term Care Act, 2021)**

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 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.

## **Person-Centred Care**

### **Person-Centred Care at the Lodge**

To advance our vision of remaining at the forefront of resident care, Hillel Lodge is moving forward with the implementation of a new and innovative person-centred care model that enhances the services we provide to residents and specifically supports our residents with dementia. We are committed to implementing our own unique person-centred care model, providing residents with an environment better adapted to individual needs and enhanced care programs and services offering the best to our residents in their final years.

### **Resident and Families' Responsibilities**

Residents/family members have a responsibility to:

- Respect the rights and needs of other residents, families, staff, and volunteers;
- Treat fellow residents and staff with courtesy and consideration and manage conflict in a respectful manner;
- Respect the right of staff to work in an environment that is free from harassment;
- Comply with the resident accommodation agreement and purchased services agreement;
- Respect the diverse backgrounds and interests of others;
- Recognize that room moves/transfers need to occur at times and accept the move request;

- Observe Hillel Lodge policy and procedures and report violations to appropriate staff;
- Report promptly anything that is a safety concern;
- Be responsible for their own personal belongings including repairs to wheelchairs, hearing aids, razors, glasses, and dentures belonging to the resident;
- Sign in and out when entering and leaving the home, in accordance with the home's policy;
- Refrain from requesting staff to witness a will or any other legal document.

## **Accommodation and Financial Information**

### **Funding and Fees**

The Lodge is recognized as a Charitable Home and operates under the *Fixing Long-Term Care Act, 2021*. Funding is provided by resident fees, the Ottawa Jewish Community, and the Province of Ontario. Contributions are also received from Hillel Lodge'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. Hillel Lodge is also a funded member agency of the Jewish Federation of Ottawa and the Ottawa Jewish Community Foundation.

### **Accommodation Fees**

The Ministry of Long-Term Care sets basic accommodation and maximum preferred accommodation rates and adjusts these rates on an annual basis. Long-term care homes are required to provide at least 30 days written notice of a proposed increase in accommodation rates and the amount of the proposed increase. A resident agreement is signed upon admission by the resident or power of attorney for property authorizing Hillel Lodge to collect the accommodation fees, which are outlined below. Even if there is no written agreement, the resident is responsible for the payment of basic accommodation.

The current rates, for residents admitted after July 1, 2024 are:

<b>Type of Accommodation</b>	<b>Daily Rate</b>	<b>Monthly Rate</b>
Basic	\$66.95	\$2036.40
Semi-Private	\$80.72	\$2455.24
Private	\$95.65	\$2909.36

Rates for residents admitted before July 1, 2015 are available in the *Bulletin to Residents of Long-Term Care Homes: Important News Regarding Long-Term Care Home Accommodation Charges*. Please see the Director of Social Work, Programs, and Support Services for a copy of the Bulletin.

Resident monthly accommodation fees are due on the first of each month. The Lodge is permitted to charge interest on accounts overdue more than 90 days. The Lodge uses the current prime rate. The Lodge accepts only pre-authorized monthly payments; the resident/POA completes a pre-authorized debit agreement on the day of admission. Accommodation statements are sent monthly and a year-end summary for tax purposes is produced annually in February.

Residents will only be charged for the accommodation fees unless a written agreement has been signed.

### **Rate Reduction**

If a resident cannot afford the basic accommodation rate, the resident or Continuing POA for Property must complete the Ministry of Long-Term Care's *Application for Reduction in Long-Term Home Basic Accommodation*. To apply for a reduction in the charge for basic accommodation, one of the following supporting documents must be provided:

- The resident's Notice of Assessment for the resident's most recent tax year
- The resident's proof of income statement from the Canada Revenue Agency for the most recent tax year

- The resident's written authorization to electronically obtain income information from the resident's most recent tax year from the Canada Revenue Agency

For further information on how to apply for rate reduction, contact the Finance Office at ext. 193.

### **Accommodation Fees Goods and Services Included**

- Nursing and personal care on a 24-hour basis, including but not limited to the administration of medications and assistance with activities of daily living;
- Medical care and restorative care (physiotherapy services) as available in the home;
- Certain medical supplies and nursing equipment that are necessary for the care of the resident;
- Supplies and equipment for personal hygiene and grooming, including continence products;
- Certain equipment for the short-term use of the resident;
- Hydration and meals (three meals daily, snacks between meals and at bedtime), special and therapeutic diets, dietary supplements, and devices to support residents independence with eating;
- Social, recreational, spiritual, and physical activities and programs;
- Laundry, including labelling;
- Bedroom furnishings, bedding and linen;
- Cleaning and maintenance of accommodations;
- Management of a trust account on the resident's behalf;
- Information package for residents;
- Prescription pharmaceutical preparations listed in the Ontario Drug Benefit Formulary;
- Special prescriptions or medical devices that may be obtained from the Ontario Drug Benefit Program as interim non-formulary benefits



## **Absences**

A resident or POA must notify registered staff prior to the resident's departure and upon the resident's return. Leave of absence policies are governed by the *Fixing Long-Term Care Act, 2021*. There are multiple reasons for absences including casual leaves, vacation, medical leave, and psychiatric leave. Please speak with the Director of Social Work, Programs, and Support Services for details.

As stated in the *Fixing Long-Term Care Act, 2021*, a resident is responsible for paying their accommodation fees while they are on a leave of absence.

## **Services Available for an Extra Charge**

Not all services are covered in the monthly accommodation fees. Below is a list of services that are available to residents for an extra charge. This list is not exhaustive. For more information, please contact the Director of Social Work, Programs, and Support Services at ext. 114

- Footcare
- Dental Care
- Non-prescription medications and supplements, such as vitamins
- Hairdresser

## **Trust Accounts**

The **Resident Charges and Trust Account Authorization: Form A** included in the admissions package lists all services available. Each service provided has a price list that is updated on a regular basis. Prices are outlined on the consent forms. Whenever there is a change in charges for any of the services that you have requested, you will be asked to approve the change. Please see Form A for details.

Please note that residents are not required to purchase care, services, programs, or goods from the home and may purchase such things from other providers, subject to *Fixing Long-Term Care Act, 2021*. Restrictions apply with respect to the supply of medications.

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 if a consent is signed outlining what charges can be made to the trust account. We suggest that residents keep no more than \$20 on their person. **The home is not responsible for lost money.**

Trust account statements are sent quarterly to the responsible party, but the resident or Power of Attorney for Property can request a statement at any time.

Following death or discharge, Hillel Lodge will calculate the final amount for fees and close the resident's trust account. Monies owed to the estate of the resident will be refunded once the Statutory Declaration for the release of funds is signed. This process can take up to two months to complete.

## **Medical Care**

### **Physician Care at Hillel Lodge**

Every Hillel Lodge resident is assigned to one of five physicians. Our physicians visit residents weekly and share the responsibility for providing on-call service, 24 hours a day, 365 days a year.

Residents have the right to retain their own physician or nurse practitioner. If a resident chooses to retain their own healthcare provider, that provider is responsible for attending Hillel Lodge regularly to visit the resident and provide 24 hours a day, 365 days a year on-call coverage.

### **Medical Appointments Outside the Home**

Arrangements for transportation to any medical appointments outside Hillel Lodge must be coordinated by the resident or power of attorney for personal care. Power of attorneys for personal care are asked to accompany residents to medical appointments or make arrangements for someone else (including a paid companion

service) to accompany, at their own expense. Hillel Lodge staff cannot accompany residents to their external medical appointments.

Please ensure that the registered staff and the attending physician are aware of all medical appointments and/or tests that have been booked by the residents, family, or consultants.

NOTE: The cost of ambulance services and private transfer is not covered by Hillel Lodge nor the Ministry of Long-Term Care. It is the responsibility of the residents or continuing POA of property to assume the cost.

## **Privacy and Confidentiality**

### **Confidentiality Practices**

Hillel Lodge, as a Health Service Provider (HSP) and as a Health Information Custodian (HIC), is responsible for protecting the personal health information of all Residents under the *Personal Health Information Privacy Act, 2000* (PHIPA).

The Lodge utilizes *eHealthOntario*, a secure provincial electronic health record (EHR) system that allows Ontario clinicians and authorized members of their health care teams to access their patients' personal health information (e.g. lab results, diagnostic imaging reports, discharge summaries, details of a prior visit to the emergency department or specialist appointment). Access to the viewer is restricted to those who provide or assist with resident care. The program is funded and overseen by eHealth Ontario. For more information on the ConnectingOntario program please visit: [www.ConnectingOntario.ca](http://www.ConnectingOntario.ca).

Hillel Lodge is a contributing organization and will provide its health care providers with access to the provincial EHR through the *eHealth Ontario*. In doing so, the Lodge can access personal health information that will allow your circle of care to upload and view assessment information in a secure and timely manner. Your circle of care consists of the physicians, nurse practitioner, registered nursing/practical nursing staff, pharmacist, dietitian, and social worker.

Hillel Lodge, along with all other organizations participating in the ConnectingOntario program, must follow all applicable health privacy laws (including the *Personal Health Information and Protection Act, 2004*) as well as the Electronic Health Records Privacy Policy as set out by ConnectingOntario.

### **Consent Directives**

You have the right to block access to your personal health record in the viewer by placing a consent directive (often referred to as a lockbox). It is best to discuss the implications of placing a consent directive with a member of your treatment team. Please note that a consent directive may be overridden with your express consent, or in other circumstances permitted by law. For more information, please contact our Director of Finance, Administration, and Information Technology.

### **Access and Correction**

You have the right to request copies of your health records contained in your chart and request that your record be corrected if you believe it contains an error.

To review your personal information simply ask the Director of Care, the Assistance Director of Care or the Director of Social Work and Program & Support Services. She will provide you with instructions about accessing your information, in which case you will be notified in advance.

Sometimes Hillel Lodge will not provide you with personal information if:

- It would reveal personal information about another party and your personal information cannot be separated.
- The information is subject to solicitor-client or litigation privilege.
- The information is used for the detection and prevention of a criminal activity.

To ensure the privacy of other non-related information, access to information will be reviewed in the presence of a professional who can explain terminology and the Lodge's policies and to assist you in your review of your personal information.

All staff members and volunteers must sign a confidentiality agreement and adhere to the Hillel Lodge's privacy policies.

## **Get Involved**

### **Information Boards**

An Information Board can be found on the ground floor where families, residents, and visitors can be informed about current practices, inspection reports, recreation programs, and services available within the Ottawa region. A monthly newsletter is also provided to families.

Families and residents are important members of the Hillel Lodge care team and we encourage you to play an active role in the home. Annual surveys are sent to residents and families, and Hillel Lodge's Quality Improvement Advisory Group meets quarterly providing minutes accessible to all.

### **Residents' Council**

The Resident Council is established to provide a strong line of communication between the residents and management to achieve goals and provide suggestions to improve quality of care. Resident Council has the mandate to advise residents of their rights and obligations under the *Fixing Long-Term Care Act, 2021*, sponsor activities for residents and provide recommendations to the home regarding what residents would like to see to improve quality of care and quality of life.

Residents are encouraged to attend meetings, discuss ideas, concerns, and voice their opinions. Meeting minutes are posted in each neighbourhood on the resident information board.

## **Family Council**

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

If you are interested in learning more about Family Council, and leading its redevelopment, please contact the Director of Social Work, Programs, and Support Services.

## **Concerns and Complaints**

### **Concerns and Complaints Process**

Initially, all concerns should be directed to the neighbourhood RN/RPN. Should you feel that your concern has not been resolved to your satisfaction, please feel free to share your complaint with the Department Head in charge of your area of concern or refer the matter directly to the Chief Executive Officer. The complaint forms are available on the “Information Board” located next to reception.

Hillel Lodge will ensure that every written or verbal complaint made to the Lodge concerning the care of a resident or operation of the home is dealt with as follows: The complaint will be investigated and resolved where possible. A response is provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint will be provided within 10 business days of the receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response will be provided as soon as possible in the circumstances.

A response shall be made to the person who made the complaint, indicating:

- 1) What the Lodge has done to resolve the complaint, or
- 2) That the Lodge believes the complaint to be unfounded and the reasons for that conclusion.

Hillel Lodge will submit a copy of the complaint to the Ministry of Long-Term Care.

### **Complaints to the Ministry of Long-Term Care**

Complaints may be made directly to the Ministry of Long-Term Care by calling 1-866-434-0144

### **Mandatory Reporting to the Ministry of Long-Term Care**

When Hillel Lodge has reasonable grounds to suspect that any of the following has occurred or might occur, the Lodge shall immediately report the suspicion and the information upon which it is based to the Ministry of Long-Term Care:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to a resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.
5. Misuse or misappropriation of funding provided to the Corporation under the *Fixing Long-Term Care Act, 2021*.
6. An emergency, including loss of essential services, fire, unplanned evacuation, intake of evacuees or flooding.
7. An unexpected or sudden death, including a death resulting from an accident or suicide.
8. A resident who is missing for three hours or more.
9. Any missing resident who returns to the Lodge with an injury or any adverse change in condition regardless of the length of time the resident was missing.

10. An outbreak of a reportable disease or communicable disease as defined in the *Health Protection and Promotion Act, 1990*.
11. Contamination of the drinking water supply.

## **Hillel Lodge Policies**

### **Zero Tolerance of Abuse and Neglect**

Hillel Lodge has a zero-tolerance policy that takes all appropriate actions to address the prevention, reporting and elimination of abuse or neglect of residents in the Lodge. Hillel Lodge's policy is consistent with all applicable Ministry of Long-Term Care legislation and adheres to all requirements under the *Fixing Long-Term Care Act, 2021*. Regulations protect all residents from abuse by anyone and from neglect by Hillel Lodge or its staff.

The zero-tolerance policy on the prevention, reporting and elimination of abuse requires that the Lodge acts swiftly to investigate all allegations of abuse and reports to the Ministry of Long-Term Care all confirmed or suspected incidents and takes decisive action when the abuse has occurred.

The policy seeks both to support and protect residents of the Lodge and to maintain the public's confidence in the long-term care system. This policy applies to all incidents of abuse of residents, regardless of who commits the abuse. Every resident will be treated with courtesy and respect and in a way that fully recognises the resident's dignity and individuality and to be cared for free from mental and physical abuse.

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



Please speak with the Director of Care or Director of Social Work, Programs and Support Services if you would like to learn more about our policy and detailed procedures.

### **Least Restraint Policy**

A restraint is any device or action that interferes with a resident's ability to move freely. Restraint is a measure used to control a person's physical or behavioural activity or to control a portion of a person's body. A restraint may be physical, chemical, or environmental.

In every case, restraints are used as a last resort. The multi-disciplinary team will try to determine the cause of the current situation and to use alternatives if possible. If a restraint is deemed necessary, our goal is to use the least restrictive form of restraint for the shortest period of time possible. Consent to restraints must be obtained from the resident or POA personal care/SDM. The decision to use any form of approved restraint is not taken lightly and is only used when other methods are ineffective. Our policy regarding restraints can be obtained from the Director of Care.

### **Whistle Blowing Protection**

As part of the Hillel Lodge's ongoing efforts to identify and respond to any conduct that may pose a risk of harm to residents or staff, or to the operation of the Lodge, this policy reflects Hillel Lodge's commitment to strong whistle-blowing protections and reporting under this policy. This policy is designed to encourage and enable anyone to report a suspected or known incident related to breaches or potential breaches of the Lodge's policies, procedures, and standards; reports of suspected or known incidents of abuse or neglect and ensure compliance with reporting and whistle blowing provisions. Any individual or resident who reports an incident in good

faith shall be protected from any actual, potential, or threatened retaliation under the *Fixing Long-Term Care Act, 2021* Whistle Blower protection.

Any staff person or board member who retaliates, whether by action or omission or threat, or discourages the reporting is in breach of this policy and shall be subject to disciplinary action, which may include termination or removal.

For additional information about the Whistle Blowing policy, please contact the Director of Care or the Director of Social Work, Programs, and Support Services.

### **Visitor Policy**

Please refer to our Visitor Policy document.

## Fire Safety Procedure

### PROCEDURE

#### ***WHEN YOU HEAR THE FIRE ALARM***

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<b>ALL RESIDENTS</b>	Stay calm. If you are in your room, stay there and close your door. Turn off all non-medical equipment in your room. (e.g. TV) Follow instructions given by employees and volunteers. If you are away from your room, go with an employee to a designated safe location.
<b>WHEELCHAIR RESIDENTS</b>	Travel along the right-hand side of the hallway, close to the wall so that the corridor is not blocked. Go with an employee to a designated safe location.
<b>IF THE FIRE IS IN YOUR ROOM/AREA</b>	Leave the room/area immediately and close the door if possible. Call for help and notify employees and other residents. If able, pull the fire alarm at the pull station.
<b>IF THE FIRE IS NOT IN YOUR ROOM/AREA</b>	Remain in your room with the door closed and wait for an employee to assist you.
<b>IF SMOKE IS COMING THROUGH THE DOOR</b>	If able to do so, place a wet towel at the bottom of the door to keep out smoke. Attempt to notify staff by pulling your emergency call bell. Wait for help to arrive.

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