



THE BESS AND MOE GREENBERG FAMILY

Hillel Lodge

LONG-TERM CARE HOME OF OTTAWA

RESIDENT HANDBOOK



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. 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Please keep in mind that no matter how hard we try, parts of this handbook will become out-of-date over time.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 at

www.hillel-ltc.com

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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 Lodge Long-Term Care Home of Ottawa

Founded by passionate members of the Ottawa Jewish community—including the visionary Dora Lithwick and Judge J.C. Horwitz—Hillel Lodge began as a heartfelt initiative to create a welcoming home for Jewish elders. Their labor of love came to life on October 10, 1965, with the opening of our original building on Wurtemberg Street. After several expansions, we found a new home in September 2000 at the Joseph and Inez Zelikovitz Long-Term Care Centre on the Jewish Community Campus. Our family grew even more on December 19, 2011, when we inaugurated the Joseph and Inez Zelikovitz Pavilion, increasing our capacity to 121 beds.

Hillel Lodge: A Place Where You Belong

At Hillel Lodge, we are dedicated to creating a warm and nurturing environment where every resident truly feels at home. Our facility features 121 beds divided in five care units, affectionately referred to as "neighbourhoods." Four of these neighbourhoods accommodate 25 residents each, while one is designed for 21 residents. This smaller, intimate setting—fewer than the average long-term care unit size of 32 beds—enables us to deliver personalized and attentive care, fostering deep connections and a sense of belonging.

Our 2 East neighbourhood is a secure space thoughtfully designed to support residents with dementia ensuring their comfort and safety while promoting a familiarity that helps them feel at ease.

Living options at Hillel Lodge include a variety of room types tailored to individual needs: 75 private rooms, each with a private washroom; 18 semi-private rooms with shared washrooms; and 14 shared or basic rooms that accommodate two beds per room with shared washrooms. Each room is designed to be a sanctuary where residents can express their individuality and feel truly at home.

At Hillel Lodge, we are more than just a care facility; we are a family committed to enriching the lives of our residents. We strive to create a supportive, loving home where everyone feels valued, respected, and connected. Here, every resident is treated as part of our extended family, ensuring that their days are filled with warmth, joy, and a sense of belonging.

Management Team

Chief Executive Officer	Ted Cohen
Director of Care	Cindy Garcia
Assistant Director of Care – Operations	Urduja Carino
Assistant Director of Care – Clinical Practice & Education	Ali Kargbo
Director of Resident Experience	Lisa Rossman
Life Enrichment Manager	Marilyn Adler
Director of Quality Improvement	Shannon Fraser
Director of Food and Nutrition Services	Patty Haas
Director of Finance, Administration & IT	Adina Libin
Director of Human Resources	Shari Cooper
Environmental Services Manager	Daniel Goyer
Communications Lead	Nathalie Gelineau

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.

See APPENDIX H for current fees.

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 Resident Experience 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 Resident Experience 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 Resident Experience at ext. 108.

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

Trust Accounts

The **Resident Charges and Trust Account Authorization**: 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 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.

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 Assistant Director of Care or the Director of Resident Experience. 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 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 Resident Experience.

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 refer to Appendix D for more information or speak with the Director of Resident Experience 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. Please refer to Appendix E for our policy regarding restraints or contact the Director of Care for more information.

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 Resident Experience.

Visitor Policy

Please refer to our Visitor Policy document in Appendix A.

Fire Safety Procedure

PROCEDURE

WHEN YOU HEAR THE FIRE ALARM

ALL RESIDENTS

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.

WHEELCHAIR RESIDENTS	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.
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IF THE FIRE IS IN YOUR ROOM/AREA	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.
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IF THE FIRE IS NOT IN YOUR ROOM/AREA	Remain in your room with the door closed and wait for an employee to assist you.
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IF SMOKE IS COMING THROUGH THE DOOR	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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APPENDIX A

VISITOR POLICY

 10 Nadolny Sachs Private Ottawa, Ontario K2A 4G7	MANUAL: Operations	
	SECTION: OP-04-01-10	
	ORIGINAL May 2024	REVIEW: May 2025 REVIEW:
REVIEWER: Director of Quality Improvement	APPROVER: CEO	
SUBJECT: Visitor Policy – Resident and Business		

Related Policies:

- Resident Care Manual Volume 1: Visitor Policy RC 02-01-06
- Infection Prevention and Control Manual: Managing an Outbreak IC-04-01-03
- Emergency Preparedness and Response Manual: Code White EP-07-01-01
- Emergency Preparedness and Response Manual: Reception Security EP-07-01-01 (1)

Related Appendices:

- Resident Care Manual Volume 1: RC 02-01-06 Appendix 1 – Caregiver Designation: Parental/Guardian Approval
- Resident Care Manual Volume 1: RC 02-01-06 Appendix 2 – Visitor Guidelines (Ontario)
- Resident Care Manual Volume 1: RC 02-01-06 Appendix 3 – IPAC Visitor Education Package
- Emergency Preparedness and Response Manual: De-escalation Techniques EP-07-01-01 A2

Forms:

- Resident Visitor Sign-in Sheet - OP-04-01-10 A1
- Contractor Visitor Sign-in Sheet - OP-04-01-10 A2

1.0 POLICY

To maintain the safety and security of the Residents and employees of Hillel Lodge, the Home will encourage visits during times that respect our Residents personal care needs.

Hillel Lodge is committed to maintaining a workplace that is free from violence and harassment. We are committed to providing an environment that promotes mutual respect, professionalism and safety for our Residents, Visitors, Staff, Volunteers, and contractors. Any form of harassment, violence, intimidation, or threatening behaviour will not be tolerated. In an effort to ensure the Home meets with all applicable Legislative requirements, sign in procedures are utilized by everyone who enters the Home environment.

2.0 SCOPE

This policy and its procedures will be implemented and posted in a location visible to all Resident Visitors and Business Visitors.

In the event of a Pandemic/outbreak, the Home may institute safety measures in response to the type of outbreak and will follow Infection Prevention and Control practices (Resident Care Manual Volume 1: Visitor Policy RC 02-01-06 and Infection Prevention and Control: IC-04-01-03

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and any applicable Outbreak management policy and/or procedure or Public Health guidelines). Consideration will be given to the designated Essential Caregivers, Residents on end-of-life care and the hours may be adjusted accordingly.*

3.0 ACCOUNTABILITY / APPROVAL / EVALUATION

The CEO/designate will have accountability in ensuring that this policy is reviewed and approved on an annual basis. Upon discovery of a violation of this policy, immediate review will be undertaken based on the debriefing of the incident with follow up as required.

4.0 COMMUNICATION / TRAINING

A review of the Operations Manual will be completed by administrative staff annually and upon orientation of any new hires. A review of the visitor policy will be introduced at the orientation of new hires with a review of the policy on an annual basis. Any changes to this policy that result in significant changes to either the policy or procedure will be communicated to all staff.

5.0 PROCEDURE

Resident Visitor Procedures:

All Resident Visitors are welcome to visit their loved one in keeping with the Resident Rights and the Homes Person Centered approach recognizing times that respect our Residents personal care needs.

- All visitors to the Home must sign in at reception upon arrival and sign out when departing.
- Resident Visitors to the Home must proceed to the area in which the Resident is located and will not move from one home area to another without consent.
- Visitors of Residents who are on end-of-life care are encouraged to discuss options for visiting their loved one outside of regular business hours with the Director of Care/designate so that appropriate notification is provided to the Charge Nurse on duty. Sign in procedures will apply.
- Visitors who wish access to Hillel Lodge after regular business hours, must be allowed entry to the Home via the front door by the Charge Nurse on duty upon verification

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of their identity.

Business Visitors Procedures:

- Business visitors will be granted access to the Home during regular business hours only, must sign in at reception in order to receive their Key/Fob access.
- Business visitors must provide valid identification and the name of the contact person in the Home.
- Business visitors must be escorted to the requested location by the appropriate personnel.
- During non-business hours, requests must be made to the ESM detailing the reason for the time of entry, the reason for the work/delivery and must be accompanied to the designated area by the assigned personnel.

Non-solicitation: Visitors must not solicit Residents, employees, or volunteers or gather donations or request participation in activities while on our premises unless otherwise agreed upon (Family/Volunteers).

Media: Visitors to the Home shall not take photographs or video recordings of any Residents or staff without the written permission of the Home and the consent of the Resident/SDM or staff member.

Health and Safety: All visitors must adhere to Health and Safety practices while on the premises. Visitors must immediately report any injury to self or others while on the premises by alerting the staff and/or Management. Visitors who recognize any potential risk must bring the concern to the attention of unit nurse or the Home’s management.

Unauthorized visitors

Residents, staff and family members known to the Home, become accustomed to seeing the same people each day. For the safety of the Home’s occupants and staff, both business visitors and Resident visitors have an obligation to upholding this safety, by signing in and following the homes policy and procedures pertaining to their respective reasons for visitation.

On occasion, there may be unknown visitors in areas of the Home that may pose concern to Residents, staff and other visitors especially if they are in areas that are not typically accessible

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to visitors. All staff must report to Management with any concerns related to potential unauthorized visitors in the Home and immediate steps need to be taken to confirm the identity of the individual(s) encountered and the reason for their presence in the area they are located.

Remember, safety is the top priority. Always prioritize your well-being and follow established procedures.

Definitions:

Essential Visitor: In Ontario, Essential Visitor means:

- a. a Caregiver,
- b. a support worker who visits a home to provide support to the critical operations of the home or to provide essential services to residents,
- c. a person visiting very ill resident for compassionate reasons including, but not limited, to hospice services or end-of-life care, or,
- d. a government inspector with a statutory right to enter a long-term care home to carry out their duties.

Caregiver: In Ontario, a Caregiver means an individual who,

- a. is a family member or friend of a resident or a person of importance to a resident,
- b. is able to comply with all applicable laws including any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protections and Promotion Act,
- c. provides one or more forms of support or assistance to meet the needs of the resident, including providing direct physical support such as activities of daily living or providing social, spiritual or emotional support, whether on a paid or unpaid basis,
- d. is designated by the resident or the residents substitute decision-maker with authority to give that designation, if any, and,
- e. in the case of an individual under 16 years of age, has approval from a parent or legal guardian to be designated as a caregiver.

Business Visitor: A business visitor is considered a non-employee or resident/resident visitor of the Home and are conducting business for the purpose of providing services upon request of the Home. For example, completing a service call or scheduled inspection.

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Resources:

[Workplace Visitors Sample Policy, Plus 14 Key Points - EHS Daily Advisor \(blr.com\)](#)

[Workplace Visitor Policy Template | Workable](#)

[Occupational Health and Safety Act \(OHSA\) | ontario.ca](#)

[An Overview of the COVID-19 Long-Term Care Visitor Policies Across Canada - British Columbia Law Institute \(bcli.org\)](#)

[FLCA – Regulation 246/22 #267 \(1-3\)](#)

Extendicare Visitor Policy: RC-02-01-06

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APPENDIX B

RESIDENT ROOM SAFETY POLICY

Subject: Resident Room Safety Policy

At Hillel Lodge, we fully understand and appreciate the importance of personalizing each resident's living space to make it feel like home. Decorating individual resident rooms must be balanced with our ongoing commitment to maintaining a safe and comfortable living environment for all residents at Hillel Lodge. In addition, residents sharing living quarters need a balance between each resident's needs and preferences. Safety and comfort are essential to ensure residents' well-being.

Continued collaboration from residents and families is required to ensure that individual rooms are set-up in a manner that respects health and safety guidelines and practices and meets fire safety requirements.

Considerations:

1. Personal belongings cannot impede staff's ability to perform their duties, maintain cleanliness, or operate necessary equipment. Furniture and personal belongings must allow for circulating properly in room, inspections, and maintenance.
2. Items that do not safely fit into resident's space cannot be stored by Hillel Lodge.
3. Residents are encouraged to avoid having fragile and breakable belongings in their rooms. Hillel Lodge does not take responsibility for damaged and broken items.
4. Residents are responsible for the security of their belongings. Hillel Lodge does not take responsibility for damaged, lost, or stolen items. Residents are encouraged to lock their valuable belongings in the drawer of their night dresser. Environmental Services can assist residents with providing a new key for the drawer if original key was misplaced.
5. Mobility aids and adaptive equipment must be stored within resident's space. Please kindly remove equipment if it no longer meets residents' needs.

Safety Measures

1. Any electrical devices cannot overload circuits.
2. Extension cords can easily overload a circuit and pose a fire hazard. For this reason, the use of extension cords is not permitted. Power bars (preferably surge protectors) can be used once approved and plugged in by maintenance personnel.
3. Electronic items that could cause a safety hazard are not permitted, must not be present in resident rooms.
4. All food must be stored in clear plastic sealable containers to prevent infestations.
5. Personal belongings must not be stored in a manner that violates fire safety requirements such as not blocking sprinklers.

APPENDIX B

RESIDENT ROOM SAFETY POLICY (CONTINUED)

Bed Positioning

1. Beds are to remain in their original location to ensure effective call bell's availability, staff maneuverability, and facilitate safe transfers and evacuations when required.
2. Space under the bed must remain clear for cleaning and emergencies.

Space Configuration and Room Organization

1. Configurations must allow space for mechanical lifts, maintain a trip hazard-free floor, and facilitate effective cleaning.
2. Resident items should be organized to support housekeeping procedures.

Basic and Semi-Private Rooms

1. Basic room residents must respect the assigned space areas and adhere to furniture configurations accordingly.
2. Daily use items may be kept in a shared bathroom.

We kindly ask for your cooperation to create a safe and pleasant environment for all residents, staff, and visitors of Hillel Lodge. If you have any questions or need assistance in implementing these measures, please feel free to reach out to our Director of Resident Experience, Lisa Rossman.

APPENDIX C



Universal Fall Prevention Strategies

HELP PREVENT FALLS WITH S.A.F.E



Safe environment

- Brakes applied to bed, chair and walker.
- Bed rails removed/down based on assessed needs.
- Lights on, pathways lit and clear from tripping hazards.



Assist with mobility

- Mobilize regularly and as per plan of care.
- Restraint use minimized and/or eliminated.
- Accessible eyeglasses, hearing and mobility devices and used.
- Individualized scheduled toileting routines.



Fall risk reduction

- Bed lowered and proper footwear/gripper socks on.
- Call bell working and accessible. Falling star logo in place.
- Sleep and nutrition patterns good. Stimulating activities offered.
- Engage with resident at each interaction



Engage residents, patients & families

- Ask about fall and fracture history.
- Orientate new residents to environments.
- Increase monitoring for new, unsettled or isolated residents.
- Provide education, develop collaborative plan together.
- Communicate roles and responsibilities.
- Promote fall prevention program throughout the home.

APPENDIX D

Zero Tolerance of Abuse and Neglect Program



RC-09-01-06

Zero Tolerance of Abuse and Neglect Program

Manual:	Resident Care, Vol. 1
Original Date:	April 1, 2025
Last Review Date:	August 28, 2025
Next Review Date:	August 28, 2026
Reviewed By:	Leadership Team
Approved By:	Chief Executive Officer

Policy

Hillel Lodge is committed to providing a safe and supportive environment in which all residents are treated with dignity and respect. Hillel Lodge is committed to zero tolerance of abuse and neglect, in which all employees are responsible for protecting the rights of residents and reporting suspected neglect or abuse.

Standard

- Hillel Lodge has zero tolerance for abuse and neglect. No forms of abuse or neglect by any person will be tolerated, whether through deliberate acts or negligence.
- All staff will comply with this policy and the regulatory requirements of the *Fixing Long-Term Care Act, 2021* regarding reporting and submitting of alleged, potential, suspected, or witnessed abuse or neglect within the required timeframes.
- Anyone who becomes aware of, or suspects abuse, or neglect of a resident must immediately report that information to their manager.
- The manager is responsible for bringing the concern to the Director of Care (DOC) or Assistant Director of Care (ADOC), who shall take over the responsibility for investigating the concern thoroughly, follow the *Immediate Response and Reporting of Abuse and Neglect Procedure (RC-09-01-06 P1)*.
- Upon notification of alleged abuse or neglect, immediate protective actions will be taken to ensure the safety of the resident(s) involved, interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected will be followed as per the *Interventions to Support Recipients of Alleged Abuse or Neglect Procedure (RC-09-01-06 P2)*.
- Upon notification of alleged abuse or neglect, interventions to deal with persons who have allegedly abused or neglected a resident will be immediately followed as per the *Immediate Response and Mandatory Reporting Procedure (RC-09-01-06 P1)*
- If there is any allegation towards a staff member, they will be placed on paid administrative leave until an investigation is complete. Any individual found to have committed abuse will face immediate disciplinary action [with consultation from Human Resources, which may include re-education, coaching, suspension, termination of employment, and/or reporting to the appropriate regulatory body (i.e. College of Nurses of Ontario)], as outlined the *Progressive Discipline policy (OP-03-01-28)*

RC-09-01-06

Zero Tolerance of Abuse and Neglect Program

- Hillel Lodge's policy to promote zero tolerance of abuse and neglect will be clearly posted and communicated to all staff, residents, and residents' substitute decision makers.
- All persons interacting with residents will receive regular training on identifying, preventing, and responding to abuse, including mandatory orientation, annual retraining, and policy review of the Zero Tolerance of Abuse and Neglect program.
- The Director of Quality Improvement will track abuse reports as per the *Resident Safety Program policy* (RC-09-01-01).
- The individual reporting the abuse or neglect will not be punished or retaliated against for reporting, as per Whistleblower protection.
- This policy will be evaluated annually to determine its effectiveness and assess what changes and improvements are required to prevent occurrences of abuse and neglect of residents. The annual evaluation will consider the analysis of incidents. Any changes and improvements arising from the evaluation of this policy will be promptly implemented.
- Once the evaluation is complete, a written record will be promptly prepared indicating that an annual evaluation was completed, the date on which it was done, the names of the persons who participated in the evaluation, and the date that the changes and improvements were implemented.
- Throughout the duration of the investigation, all staff must cooperate with the police, as required and directed by management.

Procedure

- P1. Immediate Response and Mandatory Reporting of Abuse or Neglect
- P2. Interventions and Support for Recipients of Alleged Abuse or Neglect
Critical Incident Reporting (RC-09-01-05)

Tools

- T1. Definitions of Abuse or Neglect
- T2. Abuse and Neglect Decision Making Trees
- T3. Potential Consequences of Confirmed Abuse or Neglect
Resident Safety Program (RC-09-01-01)

Education

- Orientation of new employees
- Annual training of all staff on:
 - Understanding what constitutes abuse
 - Identifying abuse
 - Reporting abuse
- Management training on:



RC-09-01-06

Zero Tolerance of Abuse and Neglect Program

- All the above
- Utilizing the Ministry of Long-Term Care Abuse and Neglect Decision Making Trees

References

Extendicare Assist Policy Manuals <https://www.extendicare.com/care-and-services/management-services/>

Fixing Long-Term Care Act, 2021, <https://www.ontario.ca/laws/statute/21f39>

RC-09-01-06 P1

Immediate Response and Reporting of Abuse and Neglect Procedure

Policy

Zero Tolerance of Abuse and Neglect Program

Procedure

All staff response to witnessing or suspecting abuse:

1. Immediately respond to any form of alleged, potential, suspected, or witnessed abuse by any person (physical, verbal, emotions, sexual, financial, or neglect) by intervening if safe to do so, ensuring safety of the resident, and offering appropriate support.
2. If necessary to maintain safety and security, call a Code White or contact the police.
3. Escalate the alleged, potential, suspected, or witnessed abuse to their direct supervisor.
4. Cooperate with investigations and maintain privacy and confidentiality of personal health information, as well as Whistleblower confidentiality in accordance with the Whistleblower Policy.

If abuse is reported to the registered staff, the registered staff will:

1. Immediately organize and direct the appropriate response to ensure resident safety.
2. Complete a head-to-toe assessment of the resident and consult the Charge Registered Nurse (RN).
3. Arrange transfer of the resident(s) to the hospital for assessment, as required, as per direction of the Charge RN.
4. The Charge RN will escalate the abuse to the Director of Care (DOC) or designate, or on-call nursing manager (after hours).

Once informed of the abuse, the DOC or designate will:

1. Immediately complete interventions to deal with persons who have allegedly abused or neglected the resident(s):
 - a. Visitors, volunteers, students, and/or contracted workers will be asked to leave the premises immediately.
 - b. Staff members will be informed of allegations of abuse or neglect against them and placed on paid administrative leave pending an investigation.
2. Notify police if there is reason to believe a criminal code offense has been committed.
3. The DOC or designate will use the Ontario algorithm for abuse to determine if the resident safety incident meets the threshold for abuse and critical incident.
4. The DOC or designate will submit the critical incident to the Ministry of Long-Term Care, Long-Term Care Homes Portal, if required.

RC-09-01-06 P1

Immediate Response and Reporting of Abuse and Neglect Procedure

5. Disclose alleged abuse to the resident and/or power(s) of attorney for care (POA) or substitute decision maker (SDM).
6. If the incident is a resident abusing another resident, assess the situation where a resident and ensure appropriate interventions or transfers are considered to ensure the safety of all residents.
7. Support staff members experiencing distress as a result of the incident, according to health and safety policies.
8. Refer to the *Interventions and Support for Recipients of Alleged Abuse or Neglect Procedure* (RC-09-01-06 P2)
9. The Director of Care (DOC) or designate and Human Resources (HR) will immediately initiate an investigation as per the *Resident Safety Program* (RC-09-01-01).

RC-09-01-06 P2

Interventions to Support Recipients of Alleged Abuse or Neglect

Policy

Zero Tolerance of Abuse and Neglect Program

Procedure

All abuse (staff/visitor to resident, resident to resident, and resident to staff):

The Director of Care (DOC) or Director of Resident Experience, or designates are responsible to ensure:

1. During or after the investigation, support and referrals to professional, legal, medical, and psychosocial resources in the community will be offered to a resident who has been allegedly abused or neglected, and his/her family members, as required.
2. Consultation with the interdisciplinary team to develop strategies to provide immediate and long-term support to the resident(s) and/or staff as appropriate.
3. Support is provided to the alleged victim(s) through completion of full assessments (such as head-to-toe assessments, vital signs, and neurological assessment, pain or skin and wound assessments) to determine resident needs and physical and emotional wellbeing and document a plan to meet those needs.
4. The interdisciplinary team in the home will monitor for any side effects after the alleged abuse or neglect and will follow-up with any negative outcomes.
5. The resident's attending physician is contacted to notify of assessment findings and for further assessment and appropriate interventions.

Resident to Resident Incidents:

In addition to the above procedures:

1. Separate the residents and move them to another room or home area, if appropriate.
2. Call the police if the resident poses an immediate danger to self or others.
3. Assess the resident(s) for responsive behaviours and implement management strategies if the resident can be safely managed in the home.
4. Assess residents with a history of aggression and/or violence and offer appropriate interventions, including but not limited to:
 - a. Request for approval for High Intensity Needs funding for (1:1 supervision while an action plan is developed and implemented to ensure the safety of others in the home).
 - b. Pharmacological review with changes to medication profile as indicated.
 - c. Psychogeriatrics referral for assessment.
 - d. Transfer resident to the emergency department, if appropriate.
 - e. Resident-specific care plan interventions as appropriate.

Resident to Staff Abuse:



RC-09-01-06 P2

Interventions to Support Recipients of Alleged Abuse or Neglect

The employee's direct manager or Human Resources will:

1. Offer assistance to staff who have been involved in resident to staff abuse through the Employee Assistance Program (EAP).
2. Develop a staff safety plan.
3. Review Occupational Health and Safety policies and procedures if a staff member has been injured.

RC-09-01-06 T1

Definitions of Abuse and Neglect

Category	Definition
Neglect/ Omission	<ul style="list-style-type: none"> • A failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.
Sexual Abuse	<ul style="list-style-type: none"> • Any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member. • Any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident. <p>NOTE: Sexual abuse does not include</p> <ol style="list-style-type: none"> a) Touching, behaviour or remarks of a clinical nature that are appropriate to the provision of care or assisting a resident with activities of daily living; or b) Consensual touching, behaviour or remarks of a sexual nature between a resident and a licensee or staff member that is in the course of a sexual relationship that began before the resident was admitted to the long-term care home or before the licensee or staff member became a licensee or staff member.
Financial Abuse	<ul style="list-style-type: none"> • Involves any misappropriation or misuse of a resident's money or property
Emotional Abuse	<ul style="list-style-type: none"> • Any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident, or, • Any threatening or intimidating gestures, actions, behaviour or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behaviour or remarks understands and appreciates their consequences.

RC-09-01-06 T1
 Definitions of Abuse and Neglect

Category	Definition
Physical Abuse	<ul style="list-style-type: none"> ☐ The use of physical force by anyone other than a resident that causes physical injury or pain. ☐ Administering or withholding a drug for an inappropriate purpose. ☐ The misuse of restraints. ☐ The use of physical force by a resident that causes physical injury to another resident. <p><i>NOTE: Physical abuse does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances.</i></p>
Verbal Abuse	<ul style="list-style-type: none"> • Any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident. • Any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for their safety where the resident making the communication understands and appreciates its consequences.



RC-09-01-06 T3

Potential Consequences of Confirmed Abuse or Neglect

Policy

Zero Tolerance of Abuse and Neglect Program

Consequences of confirmed abuse or neglect

Consequences of abuse or neglect depend on several factors, including severity and intent and varies from situation to situation.

Staff found to have committed abuse or neglect, or who fail to report such incidents in a timely manner, may face corrective action such as retraining, warnings, suspension, termination, or criminal charges. Those in regulated professions will be reported to their respective regulatory body. Staff consequences must be determined in consultation with the CEO, Department Director, and Human Resources.

Volunteers, students, and contracted providers may face termination or contract cancellation.

Family members and visitors who commit abuse or neglect may face corrective action, including supervised visitation or legal action. If a Power of Attorney (POA) or Substitute Decision Maker (SDM) is the alleged perpetrator, the home will ensure appropriate external authorities are informed.

Residents who commit abuse may be moved, transferred, or discharged as appropriate, with authorization from relevant authorities. The police will be notified if a criminal offence is suspected.

The resident and/or their SDM may choose to press charges against any individual who has abused them/their loved one.

APPENDIX E

Least Restraints

Restraint Information Sheet for Residents & Family

Our Purpose is to help people live better

We provide you with a safe and dignified home environment guided by a philosophy of "least restraint." Our long-term care (LTC) home aims to avoid restraints, as we recognize the potential harm they can cause. We organize our care and services to ensure your safety and security while honouring your right to independence and dignity. Our goal is to create a caring and minimally restrictive atmosphere where you can make choices that support your safety and well-being to the greatest extent possible.

Resident Rights

You have the right to be informed and consent to specific risks to maintain your independence. Sometimes, a team assessment concludes that restraint is necessary to ensure safety or prevent harm to others. Any use of a restraint must be minimized to the least possible and should allow a person as much freedom of movement and expression as feasible.

Types of Restraints

- **Physical Restraints:** Limit a person's movement using devices or equipment (e.g., seatbelt, tabletop/lap tray, tilt feature on a wheelchair when engaged, bedrails)
- **Chemical Restraints:** Psychoactive medication to intentionally prevent specific behaviours or movements.
- **Environmental Restraints:** Control a person's mobility by changing their surroundings.
- **Personal Assistance Service Device (PASD):** A device to enhance or support a person's ability to function during activities of daily living (e.g., tabletop/lap tray, tilt wheelchair for repositioning, seatbelt).

Why do we avoid using restraints?

- Physical complications may include pain, skin issues such as abrasions, pressure ulcers, and injury.
- Psychological effects include anxiety, depression, confusion, and sensory deprivation can occur.
- Functional complications like incontinence, constipation, and increased risk due to muscle strength and balance loss.
- There is a potential for entrapment, drowsiness, and increased mortality.
- Restraints should be used only temporarily and minimized as soon as possible after unsuccessful attempts at prevention, de-escalation, and crisis management strategies

How can residents and families help? Your involvement is crucial to a positive experience.

- Moving into a long-term care home can be challenging. It helps to spend time with family and friends.
 - Share what makes a good or bad day for you or your loved ones, such as things that upset them, including early awakenings, hunger, thirst, or pain.
 - Bring familiar items or photos from home.
 - Take daily walks to support your physical and emotional well-being.
 - Ask about and attend care plan meetings with the healthcare team to understand their clinical judgment when evaluating a need for restraint use.
-
- Before considering restraints, residents, their families, and healthcare providers will proactively explore alternative strategies (e.g., fall mats, low bed, and bed and chair alarms).
 - Participate in the residents' restraint reduction program or quality committee.

APPENDIX F

FINANCIAL RESOURCES

- Service Canada 1-800-277-9914
- Old Age Security (OAS) 1-800-277-9914
[Http://www.hrsdc.gc.ca/en/isp/oas/oastoc.shtml](http://www.hrsdc.gc.ca/en/isp/oas/oastoc.shtml)
- Guaranteed Income Supplement (GIS) 1-800-277-9914
<https://www.canada.ca/en/services/benefits/publicpensions/old-age-security/guaranteed-income-supplement/allowance.html>
- Allowance for the Survivor Program 1-800-277-9914
<https://www.canada.ca/en/services/benefits/publicpensions/old-age-security/guaranteed-income-supplement/allowance-survivor/benefit-amount.html>
- Canada Pension Plan (CPP) 1-800-277-9914
<https://www.canada.ca/en/employment-social-development/programs/pension-plan.html>
- Canada Pension Plan Payment Rate 1-800-277-9914
<https://www.canada.ca/en/services/benefits/publicpensions/cpp/payment-amounts.html>
- Involuntary Separation Settlement 1-800-277-9914
- Widowed Spouse's Allowance 1-800-277-9914
- Ministry of Finance 1-833-712-2292
- Guaranteed Annual Income System (GAINS) 1-866-668-8297
<https://www.ontario.ca/page/guaranteed-annual-income-system-payments-seniors>
- Ministry of Community and Social Services 1-888-789-4199
- Ontario Disability Support Program 1-416-325-5666
- Income Support Policy Directives
<https://www.ontario.ca/document/ontario-disability-support-program-policy-directives-income-support>
- Veterans Affairs Canada 1-866-522-2122
<https://www.veterans.gc.ca/en>
- Canadian Dental Care Plan 1-833-537-4342
<https://www.canada.ca/en/services/benefits/dental/dental-care-plan/apply.html#apply-online>
- Ontario Seniors Dental Care Program 1-833-207-4435
<https://www.ontario.ca/page/dental-care-seniors>
- City of Ottawa EHSS Program 1-866-261-9799
<https://ottawa.ca/en/family-and-social-services/financial-and-social-assistance/apply-financial-assistance/essential-health-and-social-supports-ehss>
- Rate Reduction Application in Long-Term Care 1-800-387-3445
<https://forms.mgcs.gov.on.ca/en/dataset/014-4815-69>

APPENDIX G

Trust Accounts

 <p>10 Nadolny Sachs Private Ottawa, Ontario K2A 4G7</p>	MANUAL: Resident Care, Vol. 1	
	SECTION: RC-03-01-06	
	ORIGINAL November 19, 2024	REVIEW: REVIEW:
REVIEWER: Director of Finance, IT, and Administration	APPROVER: CEO	
SUBJECT: Trust Accounts		

Related Appendix:

Resident Trust Account Agreement – RC-03-01-06 A1

1.0 POLICY

To establish guidelines for the management and operation of trust accounts for residents in long-term care homes, ensuring transparency, accountability, and compliance with the Fixing Long-Term Care Act, 2021.

2.0 SCOPE

This policy applies to all staff involved in the management of resident trust accounts within the long-term care home.

3.0 ACCOUNTABILITY/APPROVAL/EVALUATION

This policy will be overseen by the Director of Finance, IT and Administration and will be reviewed annually or as required by changes in legislation to ensure ongoing compliance and effectiveness.

4.0 COMMUNICATION/TRAINING

The policy will be communicated to all staff involved and residents upon implementation, ensuring that everyone understands their rights and responsibilities regarding trust accounts.

All staff involved in managing trust accounts will receive training on financial management, resident rights, and relevant legislation upon orientation and yearly for review.

5.0 PROCEDURE

Definitions

- **Trust Account:** A financial account established to hold funds on behalf of residents for personal expenses, ensuring that residents have access to their funds as needed.
- **Resident:** An individual residing in the long-term care home.

Legal Framework

- Compliance with the Fixing Long-Term Care Act, 2021, which governs the operation of

 <p>THE BESS AND MOE GREENBERG FAMILY Hillel Lodge LONG-TERM CARE HOME OF OTTAWA</p> <p>10 Nadolny Sachs Private Ottawa, Ontario K2A 4G7</p>	MANUAL: Resident Care, Vol. 1	
	SECTION: RC-03-01-06	
	<p>ORIGINAL November 19, 2024</p>	<p>REVIEW:</p> <p>REVIEW:</p>
REVIEWER: Director of Finance, IT, and Administration	APPROVER: CEO	
SUBJECT: Trust Accounts		

trust accounts in long-term care settings.

Account Management

- **Establishment of Accounts:** Trust accounts will be established for each resident upon admission, with funds deposited as per the resident's request.
- **Access to Funds:** Residents or their authorized representatives may request withdrawals from the trust account for personal expenses.
- **Record Keeping:** Accurate records of all transactions (deposits, withdrawals, and balances) must be maintained and made available for resident review.

Financial Oversight

- **Audits:** Regular audits of trust accounts will be conducted to ensure compliance with financial regulations and to safeguard residents' funds.
- **Reporting:** Monthly statements will be provided to residents or their representatives detailing account activity.

Resident Rights

- **Residents have the right to:**
 - Access their funds upon request.
 - Receive clear information about the management of their trust accounts.
 - Appeal any decisions regarding access to their funds.

APPENDIX H

ONTARIO

**LONG-TERM CARE HOME
ACCOMMODATIONS CHARGES**

Bulletin to Residents of Long-Term Care Homes: Important News Regarding Long-Term Care Home Accommodations Charges

Ministry of
Long-Term Care

SPRING 2025

Renseignements aussi
disponibles en français

Basic Accommodation Rates

On July 1, 2025, the maximum co-payment that residents pay for basic accommodation in Long-Term Care (LTC) homes **will increase by \$1.61 per day from \$66.95 per day to \$68.56 per day**, consistent with recent inflationary increases. This will help cover the rising costs of meals and accommodation.

Preferred Accommodation Rates

The maximum charges will also be increasing for residents in preferred accommodation beds as of July 1, 2025. The premium charged for a newer bed in semi-private accommodation will increase by \$0.33 from \$13.77 to \$14.10 per day, and the premium for a newer bed in private accommodation will increase by \$0.69 from \$28.70 to \$29.39 per day.

The table below provides the new rates that will apply as of July 1, 2025 to all types of accommodation based on a resident's date of admission to the bed.

Type of Accommodation	Daily Rate	Monthly
Long-Stay Resident:		
Basic	\$68.56	\$2,085.37
Semi-Private		
Residents admitted to newer beds on or after July 1, 2015.	\$82.66	\$2,514.24
Residents admitted to newer beds on or after September 1, 2014, but prior to July 1, 2015.	\$81.48	\$2,478.35
Residents admitted to newer beds on or after July 1, 2013, but prior to September 1, 2014.	\$80.31	\$2,442.77
Residents admitted to newer beds on or after July 1, 2012, but prior to July 1, 2013.	\$79.11	\$2,406.27
Residents occupying older beds, or residents admitted to newer beds prior to July 1, 2012.	\$77.97	\$2,371.59
		<i>Continued...</i>

Private

Residents admitted to newer beds on or after July 1, 2015.	\$97.95	\$2,979.32
Residents admitted to newer beds on or after September 1, 2014, but prior to July 1, 2015.	\$95.89	\$2,916.66
Residents admitted to newer beds on or after July 1, 2013, but prior to September 1, 2014.	\$93.82	\$2,853.69
Residents admitted to newer beds on or after July 1, 2012, but prior to July 1, 2013.	\$91.77	\$2,791.34
Residents occupying older beds, or residents admitted to newer beds prior to July 1, 2012.	\$89.70	\$2,728.38

Short-Stay Resident (Respite Bed)

\$44.38 N/A

NOTE: "Newer beds" – beds classified as "NEW" or "A" according to ministry design standards

"Older beds" – beds classified as "B", "C", "Upgraded D" or "D" according to ministry design standards

Effective from July 1, 2025, the basic accommodation rate is determined using the following formula:

- July 2024 rate x (1 + CPI Rate up to a maximum of 2.5%) = 2025 co-payment rate.
[i.e., \$66.95 x (1+2.4%) = \$68.56]
- The monthly rate is determined by multiplying the daily rate by 30.4167.
[i.e., \$68.56 x 30.4167 = \$2,085.37]

If you have requested a transfer from your current accommodation into a preferred accommodation bed, please call the LTC home administrator to confirm the rate that you will be required to pay. Preferred rates for semi-private and private accommodation in your current LTC home or in another LTC home may be different if you are offered a bed on or after July 1, 2025.

If you are currently paying less than \$66.95 per day because you are receiving a reduction in the basic co-payment, known as a "Rate Reduction," then you should reapply for a rate reduction as the current rate reduction term ends on June 30, 2025. All residents receiving a rate reduction should re-apply for a reduction in the basic co-payment rate for the 2025-26 cycle, beginning on July 1, 2025. Staff at your LTC home will provide you with the application form and will help you to submit your application to the Ministry of Long-Term Care.

For more information on co-payment rates or the changes to the rate reduction application process, please speak with your home's Administrator. Should you have any additional questions, please contact: LTC.RateReduction@ontario.ca.

APPENDIX I

FORMS TO FILL OUT

OTTAWA FOOT CARE CONSENT FORM

Client: Last _____ First _____
Address: _____ Unit _____
Phone: _____

Consent:

I understand by signing this agreement that I authorize Elizabeth Frederick RPN, to perform the following procedures listed below.

_____ **Foot Care** \$40.00
_____ **Finger Nails** \$16.00

Procedures Include:
Nail cutting and filing
Dremeling
Corn and callus care
Nail Packing when nec.

How Often _____

1. I have been informed of the purpose for the above general care and specific procedures. Including the possible complications and treatment alternatives that may arise.
2. I release Elizabeth Frederick RPN from any responsibility from adverse effects/consequences unless they were directly caused by negligence of her direct care.
3. My signature certifies that I have read and agree to allow Elizabeth Frederick to provide me with foot care services within her scope.

Client: _____ Witness: _____

Dated: _____ Nurses Signature: _____



Hairdresser Consent Form

Resident Name: _____ Room Number: _____

Does the resident require portering? Yes No Comments: _____
(please circle one)

Please circle the service(s) requested and write the frequency.

Service	Cost	Frequency
Women's Shampoo	\$5.00	_____
Women's Wash and Dry (fluff)	\$10.00	_____
Women's Cut	\$25.00	_____
Women's Wash and Set	\$27.00	_____
Women's Wash, Cut & Dry (fluff)	\$30.00	_____
Women's Cut and Set	\$45.00	_____
Women's Wash, Cut, and Set	\$50.00	_____
Colour (only)	\$35.00	_____
Colour, Cut, and Set	\$80.00	_____
Perm	\$90.00	_____
Men's Cut (with/without Shampoo)	\$25.00	_____
Beard Trim	\$9.00	_____
Moustache Trim	\$5.00	_____

Payment (please circle one): Cash Trust Account Tip Amount (optional): _____

Resident/POA Signature: _____ Date: _____

Dental Assessment Request



Please complete the form below and email: info@multigenhealth.com
fax: 866-257-5813
mail: MultiGen Healthcare, 2520D, St. Laurent Blvd
Ottawa, ON, K1H 1B1
Or fill out this form online for faster processing www.multigenhealth.com

Patient Information

Patient Name	<input type="text"/>	Date of Birth	<input type="text"/>
			day/month/year
Residence Name	<input type="text"/>	Room #	<input type="text"/>

POA (Substitute Decision Maker) - FINANCIAL

First Name	<input type="text"/>	Last Name	<input type="text"/>
Relationship	<input type="text"/>	Email	<input type="text"/>
Primary Phone Number	<input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> home	<input type="text"/>	<input type="text"/>
Secondary Phone Number	<input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> home	<input type="text"/>	<input type="text"/>
Street	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>
		Postal Code	<input type="text"/>
Please indicate if patient is covered by any of the following insurance programs			Member ID
Private Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Ontario Disability Support Program (ODSP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Canadian Dental Care Plan (CDCP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

POA (Substitute Decision Maker) - MEDICAL / CARE

<input type="checkbox"/>	Same as Financial POA?		
First Name	<input type="text"/>	Last Name	<input type="text"/>
Relationship	<input type="text"/>	Email	<input type="text"/>
Primary Phone Number	<input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> home	<input type="text"/>	<input type="text"/>
Secondary Phone Number	<input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> home	<input type="text"/>	<input type="text"/>

I consent to the following dentistry services

<input type="checkbox"/>	A dental assessment only (\$70.20). This does not include dental cleaning.
<input type="checkbox"/>	<i>BOTH</i> the initial dental assessment (\$70.20) and a dental cleaning. (Estimated cost \$100-\$400 depending on time required to complete the cleaning).

I consent to allow MultiGen Healthcare to access the patient's medical history as it may pertain to the requested services. I understand that rates are subject to regular review and may change.

Signature

Date



PERSONAL REFRIGERATOR WAIVER OF RESPONSIBILITY

Resident's Name: _____

Please be advised that the Lodge has certain reservations with regard to a Resident having a personal refrigerator in his or her room. While the Lodge will permit a personal refrigerator, the agreement below is notice as to the responsibilities of whoever chooses to provide the resident with a personal refrigerator.

I _____ accept full
Power of Attorney for Personal Care/Continuing Power of Attorney for Property

responsibility for the safe operation, maintenance and regular cleaning of the personal refrigerator in _____'s room and the
name of resident
contents kept therein.

As well I accept full responsibility for the quality, freshness and safety of the products placed in this refrigerator. I further agree to hold the Lodge harmless should any illness or injury result from the consumption of contents from said refrigerator.

I acknowledge that the food kept in the refrigerator is solely for the personal use of the resident.

In compliance with this agreement, I further acknowledge that the Management of the Lodge has the right to have a staff member regularly inspect the refrigerator in order to ensure the health and safety of the resident is being maintained.

If any of the terms of this agreement are broken, I agree to undertake the immediate removal of the refrigerator at my own expense.

Date

SIGNATURE: _____
Resident, Continuing Power of Attorney for Property,
Guardian, Trustee on Behalf of the Resident