



Dear Resident and Families,

Rosecrest Communities have identified a list of policies that residents, families or friends may be interested in reading and reviewing in more depth. If you would like a copy of any of these policies please print them off or see the Administrative Assistant and he or she would be happy to print a copy for your review.

Thank you.

Policies included here considered to be most relevant to families including:

Personal Care Directives

Consent to pay additional services

Food brought into facility

Clinical Nutrition Services

Initial Nutrition Assessment and Risk Identification

Resident Trust Account

Basic Services Provided at No Additional Charge

Handling of Resident Funds and Belongings on Moving Out

Responsibility for payment Agreement

Advanced Health Care Directives

Resident Assessments

Routine Blood Work

Meals for Staff, Visitors and Volunteers

Abuse and Prevention and Response

Least Restraints and Safety Devices

Room Standards

Residents Council

Smoking (in the Admin. Manual part 3)

Visiting Animals (in the Admin. Manual part 3)



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## Responsibility for Payment Agreement

Original Date: August 2016

Approved By: Administrator

Date Reviewed: Nov 2017

Manual: Administration

Date Reviewed: Oct 2018

Section: Financial

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## POLICY STATEMENT

The resident, or their authorized representative is responsible to pay the authorized accommodation charge as set by the Department of Health and Wellness (DHW). The monthly accommodation charge will be directly withdrawn from the resident or designates bank account at the beginning of each month, in advance for the services provided. Failure to pay on time will result in penalties as outlined in the procedure and table below.

The resident accommodation charge covers cost of care, nutrition services, as well as facility maintenance.

The resident or authorized representative is responsible on an ongoing basis for the following, which is not included in the accommodation charge:

- Clothing and footwear
- Medications and other treatments or aids ordered by a physician, unless otherwise provided as basic services of the facility or as benefits of Medical Services Insurance (MSI);
- Assistive devices (e.g. wheelchair, walker, cane etc.)
- Eyeglasses, dental care, prosthetic devices (e.g. dentures, hearing aids etc)
- Any item that may be necessary for the resident's safety, health and welfare while residing in the facility
- Repairs and/or replacement of the above personal effects.
- Transportation charges (including the cost of any attendant care services if and where applicable) to and from acute care facilities, medical/dental and other related appointments as ordered or deemed necessary. For eligible residents, the Department of Health covers the transportation costs for dialysis treatment and some transfers between long term care facilities
- Any costs associated with the funeral of the resident

## PAYMENT AGREEMENT

- Rosecrest Communities will charge the resident \$\_\_\_\_\_ per day as set by the DHW
- The DHW will adjust the authorized accommodation charge annually and provide notice of this increase to the resident or the resident's authorized representative at least thirty days in advance of the November 1<sup>st</sup> effective date. This rate is determined by the resident's annual tax filing. The Resident's taxes must be current, completed and filed by the resident or authorized representative as per the Government of Canada regulations. (on or before April 30<sup>th</sup>) Failure to do so will result in the resident being charged for the full standard accommodation charge. (2018 full standard accommodation charge is \$108.50/day for a long term care bed. 2018 RCF full standard accommodation charge is \$64.50/day.)
- On the date of admission, the resident is required to provide payment (Cheque/Cash) for the days remaining in the current month.
- In the event that a monthly accommodation payment is returned NSF, the resident will be charged a \$25 NSF service fee. Rosecrest Communities reserve the right to suspend Rosecrest telephone and cable services should a resident's account remain in arrears.
- Collection of outstanding balances and repayment agreements will be followed as outlined below:

Account Status	Action To Be Taken	To Be Actioned By
Charge Returned NSF	Notification of immediate repayment required	Administrative Assistant or delegate
+30 days outstanding	Additional services will be suspended (Phone/Cable/Internet)	Administrative Assistant Executive Assistant
+60 days outstanding	Consultation with legal services	Executive Assistant Administrator
+90 days outstanding	Legal services and Collections started	Administrator Legal Representatives



**PAYMENT AGREEMENT**

- The resident or authorized representative has been informed of the additional services and associated fees, as outlined in the attached List of Additional Services, that the resident may choose to access.

My signature below as the resident or the resident’s authorized representative indicates that I have read, or had read to me, the provisions of this Responsibility for Payment agreement

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Signature of Resident or resident’s Authorized Rep.

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Date

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Name

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Date

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Signatory of Rosecrest Communities

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Date

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**Resident Trust Account**

**Original Date: May 2010**

**Approved By: Administrator**

**Date Reviewed: November 2017**

**Manual: Administration Manual**

**Date Reviewed: Oct 2018**

**Section: Financial**

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## **POLICY STATEMENT**

As per the Nova Scotia Department of Health guidelines the purpose of a resident trust account is for the convenience of residents who need to have funds maintained in a safe place and readily available for use in the long term care facility.

## **GUIDELINES/PROCEDURE**

Rosecrest Continuing Care Community (the home) encourages each resident to maintain their own financial affairs in a manner consistent with their arrangements prior to admission to the home. As well, the resident is also encouraged to have a family member or an authorized representative manage their funds or have them under the management of a bank, trust company or other financial institution.

For individual residents that wish to have the home manage a portion of their personal funds, the home will maintain a trust ledger to document any monies deposited and withdrawn for the funds held in trust. Personal funds include any statutory income amounts such as Old Age Security, Canada Pension Plan, GST Supplements and also any funds deposited by the resident or the resident's representative for the resident's personal use.

Residents have full control over the amount of funds that they can deposit, withdraw and maintain in their trust account.

All transactions through the trust account are documented by way of a voucher system supported by appropriate receipts. Each voucher will have the name of the resident, the service/product being paid for, the amount paid/withdrawn, the date of the transaction, and the written approval of the resident or their authorized representative. Payments for some services/products may be pre-authorized by the individual resident or their authorized representative.

The home will maintain a non-resident specific cash fund (Trust Fund cash) which will be used for cash withdrawals. The balance of this will be sufficient to meet normal daily needs and will be refreshed at regular intervals from the home's trust bank account. All monies received will be credited to the individual resident's trust account and deposited to the home's trust bank account. A written receipt will be provided to the resident for any cash deposited.

If at any time, an individual resident wishes to make a cash withdrawal for an amount in excess of \$200 prior written notice must be given a minimum of one business day in advance.



**Resident Trust Policy**

**Section: Financial  
Page 2 of 2**

The trust fund cash account is maintained by the nursing home's administration staff that will be available to provide funds during the following hours: 8:00 a.m. to 4 p.m Mon – Fri with the exception of holidays.

On a regular basis the funds deposited, and the vouchers and receipts supporting withdrawals and payments, will be forwarded to the accounting office for the home to be recorded in a computerized accounting system which is used to document and track all transactions by individual resident. Upon the request by any individual resident or authorized representative a detailed monthly record will be provided together with copies of all supporting vouchers and receipts. The computer system is located offsite from the nursing home and is housed in a secured access controlled environment and all systems are backed up daily.

I hereby acknowledge that I have read and understand the resident policy as written above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





I hereby authorize Scotia Nursing Homes Limited, operating as the Ivy Meadows/Magnolia/Sagewood Continuing Care Community (the home), through Bank of Nova Scotia or other Canadian Financial institution of their choice, to withdraw my payment from the bank account as indicated below. I will advise the home of any changes in this regard and the authorization is to remain in effect for the duration of my stay at the home or until I cancel it in writing.

Attach a VOID cheque here.

Only forms with original signatures will be processed. Please do not fax this document.

<p>101 ↓ Cheque No.</p>	<p>99999 ↓ Branch</p>	<p>001 ↓ Bank No.</p>	<p>00012345 ↓ Account No.</p>
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<b>DETAILED BANKING INFORMATION</b>			
Bank Name: _____			
Address: _____			
Branch Transit: _____	Bank No.: _____	Account No.: _____	

<b>PERSONAL INFORMATION</b>	
Name: _____	
Address: _____	
Postal Code: _____	Phone No.: _____
Signature: _____	





**DIRECT WITHDRAW FORM**

**Page 2 of 2**

The amount of the payment withdrawn shall be based on the authorized accommodation charge as assessed by the Nova Scotia Department of Health, approved optional services, and other personal needs as approved by the resident and/or their family. Details of the amount withdrawn together with copies of the receipted expenditures will be provided.





**Consent to Pay Additional Services**

Resident Name: \_\_\_\_\_

I the resident, or the resident’s authorized representative, (e.g. power of attorney, legal guardian) acknowledge, consent and agree to the following: Rosecrest Continuing Care Community is authorized to pay, any costs that I incur in the following areas, on my behalf from:

Trust Account	Direct Withdrawal	
		Hair Care services
		Telephone bill at the rate of \$22.50 per month for basic services
		Cable bill at the rate of \$42.00 per month for basic services
		Shared Internet services at the rate of \$15.00 per month
		Attendant care costs
		Transportation of lab specimen & INR or blood glucose monitoring strips
		Recreation charges including: outings, transportation and admissions, special in-house hired entertainment

My signature below as the resident or the resident’s authorized representative indicates that I have:

- Read, or had read to me, the provisions of this agreement
- Read, or had read to me, Rosecrest Continuing Care Community’s Resident Trust Policy and that I enter into this agreement voluntarily and that I agree to be bound by its terms.

Signature of Resident or Resident’s Authorized Representative:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Signatory of Rosecrest Continuing Care Representative:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



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## Handling of Resident Funds & Belongings on Moving Out

Approved By: Administrator

Manual: Administration

Section: Financial

Original Date: Nov 2015

Date Reviewed: March 2017

Date Reviewed: Oct 10, 2019

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### PURPOSE

To ensure:

- Residents and families are aware of the process involved with room clearing and accommodation charges on admission and in preparation for moving out.
- Compliance with Department of Health & Wellness guidelines

### POLICY STATEMENT

When a resident of Rosecrest Communities leaves the facility upon discharge/transfer/death there are strict requirements the facility must meet in accordance with the Department of Health & Wellness guidelines. This policy will provide clear direction for families regarding a resident's funds and belongings upon moving out.

### PROCEDURE

#### 1. ROOM CLEARING

All resident belongings must be removed within 24 hours of the resident leaving the facility. Rosecrest Communities do not have storage or disposal capacity, therefore all items must be taken by families, including items to be disposed of. Rosecrest Communities does not accept donations of resident personal belongings.

#### 2. ACCOMMODATION CHARGES

Rosecrest Communities are publicly funded long term care facilities, with placements coordinated by the Department of Health & Wellness. Resident accommodation charges are set prior to admission based on personal income by the DOH&W.



## Handling of Resident Funds & Belongings on Moving Out

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Accommodations are charged in advance, at the beginning of each month based on the resident's daily rate. This rate is for days living at the facility. Upon departure (transfer, death) residents will be refunded for the days remaining in the month for which they are not living at the facility within 60 days.

### 3. FACILITY DEPARTURE

My signature below as the resident or the resident's authorized representative indicates that I have read, or had read to me, the provisions of this agreement

\_\_\_\_\_  
Signature of Resident or resident's Authorized Rep.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signatory of Rosecrest Community

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



## Basic Services Provided at No Additional Charge to the Resident

Page 1 of 2

1. Nursing and personal care on a 24-hour basis, including care given by or under the supervision of a registered nurse, the administration of medication and assistance with the activities of daily living.
2. Selected common over-the-counter medication and treatment products. (Note: Prescription drugs are the responsibility of the resident. Residents may be eligible for Nova Scotia Pharmacare benefits).
3. Physician services provided by our in-house physicians. (Note: Charges for services that are not covered under MSI are the responsibility of the resident).
4. Supplies and equipment necessary for the care of residents, including the management of skin care, the management of incontinence, and standard precautions for infection control.
5. Supplies and equipment for personal hygiene and grooming, including skin care products, shampoos, soaps, toothpaste, toothbrushes, denture cups, toilet tissue and facial tissue.
6. Equipment for the general use of residents including porter of wheelchairs, geriatric chairs, walkers, mechanical lifts, shower chairs and raised toilet seats. This does not include items that are individualized for a specific resident.
7. Meal services and meals, including three meals daily, afternoon and bedtime snacks, therapeutic diets, dietary supplements and, when approved by the Department of Health, specialized formula, supplies and equipment required for tube feeding.
8. Social, recreational and physical activities and programs, including the related supplies, equipment and staff.
9. Laundry, machine washing and drying of personal clothes.
10. Bedding and linen, including mattresses, pillows, bed linen, washcloths and towels.





**Basic Services Provided at No Additional Charge to the Resident**

**Page 2 of 2**

11. Bedroom furnishings including beds, bedside tables, chairs, drawers and wardrobes or closets.
12. Private accommodation with private washroom.
13. The housekeeping and maintenance of accommodations.
14. Suitable space, both indoors and outdoors, for the relaxation of residents and for resident council meetings.
15. Resident trust account services.

## RESIDENT RIGHTS

### Every resident has the right to:

Privacy, respect and dignity

Confidentiality

Services based on individual needs taking into account culture, lifestyle and personal preferences

Prompt and adequate medical/nursing attention, adequate nutrition, appropriate personal hygiene and adequate sleep

Access to his/her chart

Protection from exploitation and abuse

Have visitors

Develop and maintain relationships

Make choices

Express spiritual beliefs

Express sexual preferences

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**Personal Care Directives****Original Date: May 2010****Approved By: Director of Care****Date Reviewed: November 2015****Manual: Resident Care****Date Reviewed: October 2019****Section: Clinical Care**

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**Policy Statement:**

Rosecrest Communities recognizes a Personal Care Directive as an advance planning legal document, as per the Personal Directives Act, DOH April 1, 2010.

**Purpose:**

To assist residents to prepare for the onset of incapacity by drafting a personal care directive in planning for their future, this allows residents to document and communicate their wishes and provide instructions by appointing a delegate when they no longer have the capacity to do so. For residents who do not have a delegate the Facility can make referrals to the Public Trustee's Office for financial and health care decisions.

**Please request these forms for preparing a Personal Directive from our Admin. Staff**

- **Consent form**
- **Capacity to Consent Assessment Tool**
- **Substitute Decision Maker Process Support Tools**
- **Public Trustee's Office Material**

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**Food Brought Into Facility****Original Date: May 2010****Approved By: Director of Nutrition Services****Date Reviewed: Sept 2017****Manual: Resident Care****Date Reviewed: Oct 2018****Section: Nutrition**

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**POLICY STATEMENT**

Family and friends are welcome to bring food in for residents.

**PROCEDURE**

1. All food items must be labeled with resident name and date prepared.
2. All foods must be cooked prior to being brought into the facility.
3. Food can only be reheated, once, to a safe internal temperature of 165°C. Any leftovers will be discarded immediately.
4. All resident fridge foods will be discarded based on labeling guidelines found in the kitchen binder.
5. Frozen food items can be kept for 1 month in the resident freezer as space permits.
6. Store bought items that have a posted expiry date can be kept until expiration (limited space available).
7. High risk foods i.e. meat, stew, pasta, fish etc. should be limited to the resident the food was brought in for. We encourage individual portions to eliminate waste.
8. Low risk foods i.e. baked goods, cakes, cookies and bread may be shared with other residents.



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**Clinical Nutrition Services****Original Date: May 2010****Approved By: Director of Nutrition Services****Date Reviewed: Sept. 2014****Manual: Resident Care****Date Reviewed: October 2019****Section: Nutrition**

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**POLICY STATEMENT**

Clinical nutrition services will be offered by a Professional Dietitian to all residents in an organized manner according to each resident's identified needs. All nutrition services will respect the resident's personal care directives.

**PROCEDURE**

Clinical nutrition services include:

- Initial nutrition assessment and identification of appropriate nutrition interventions as well as completion of a nutrition care plan
  - Annual reassessment of the nutrition care plan
  - Providing appropriate diet type based on each resident's needs with respect of their personal care directives
  - Providing supplements based on each resident's needs with respect of their personal care directives
  - Nutrition education for residents, families and staff as needed
2. The dietitian is an active member of the multidisciplinary team.
  3. Consultations with transferring facilities will be provided whenever appropriate to ensure continuity of care.
  4. All activities of the dietitian in relation to each resident, and in any capacity, will be documented in the resident's chart.
  5. The dietitian will participate in continuing education activities and maintain his/her license in good standing with the Nova Scotia Dietetic Association.

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**Initial Nutrition Assessment and Risk Identification**

Original Date: May 2010

Approved By: Director of Nutrition Services

Date Reviewed: Sept 2014

Manual: Resident Care

Date Reviewed: October 2019

Section: Nutrition

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**POLICY STATEMENT**

All residents will have an initial nutrition assessment completed upon moving in and annually thereafter unless otherwise indicated.

**PROCEDURE**

1. The dietitian will complete an initial nutrition assessment and identify nutritional risk for each new resident (Form A). If more than one resident is moving in on the same day, initial nutrition assessment priority will be given to the resident at higher nutrition risk.
2. The dietitian will complete a nutrition assessment for every resident annually (Form B).
3. Frequency of nutrition follow-up will be dependent upon nutritional risk indicators present on their nutrition assessment or as brought to the attention of the dietitian by the RN or LPN.

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**Advance Health Care Directive****Original Date: May 2010****Approved By: Director of Care  
2017****Date Reviewed: November****Manual: Resident Care****Date Reviewed: October 2019****Section: Clinical Care****Page 1 of 2**

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**PURPOSE**

To obtain advance health care directives through informed discussion with the resident and /Next of Kin within six weeks of admission and review annually thereafter.

**PROCEDURE**

1. Do an initial assessment, in consultation with staff, to determine cognitive and physical capabilities.
2. Assist the cognitively intact resident to make his/her own decisions. The nurse will then contact the Proxy / Next of Kin to inform them of the resident's Advance Health Care Directive, answer any questions that arise regarding decisions and offer a follow-up meeting, if appropriate, and contact the Physician. If the resident is cognitively impaired, assist the Proxy / Next of Kin to make Advance Health Care Directive decisions on the resident's behalf.
3. Discuss each item on the Advance Health Care Directives Form, with specific reference to the resident involved and provide opportunity for questions, to ensure that the requirements for the "Medical Consent Act for Informed Consent" are met.
4. Review and explain comfort measures provided.
5. Prior to signing the directives, inform the resident and/or Proxy / Next of Kin that they may rescind or change the directives at any time.
6. When the Proxy / Next of Kin is unable to attend a meeting with the Nurse for a cognitively impaired resident:
  - Contact the Proxy / Next of Kin by telephone and follow steps 3, 4 and 5.
  - Request the Proxy / Next of Kin sign the Advance Health Care Directives Form when he/she visits, or fax the directives to him/her for his/her signature.
7. Contact the Physician and request that he/she sign the resident's Advance Health Care Directives form.
8. Place the original Advance Health Care Directives Form on the resident's chart.
9. Document the directives on the Progress Notes and on the Resident Profile Sheet.

**Advance Care Directives****Page 2 of 2****KEY POINTS:**

1. A RN who obtains directives must document the directives on the Progress Notes. Then place the directives in the proper format on the Advance Health Care Directives Form, and place the directives on the health care record.
2. The Advance Health Care Directives are reviewed annually at the Resident Care Planning Conference.

**Resident Assessments**
**Original Date: July 2016**
**Approved By: Administrator**
**Date Reviewed: July 2016**
**Manual: Resident Care Manual**
**Date Reviewed: October 2019**
**Section: Clinical Care**
**Page 1 of 3**
**PURPOSE**

Nova Scotia Health and Wellness provides required Long Term Care Program Requirements: Nursing Homes & Residential Care Facilities.

**POLICY STATEMENT**

Rosecrest Communities has implemented a procedure to ensure we are meeting the required Long Term Care Program Requirements. Spreadsheets and assignment of residents are developed and posted in the Health Office for Tracking and Auditing.

**PROCEDURE**

Items to be Completed	Key Points
<b>1. Quarterly assessment</b>	-Done quarterly: progress note summary of the last 3 months, hospitalizations, new medications, falls, infections, mobility changes and health status changes.
<b>2. Care Conference</b>	-Within 6 weeks of admission and annually -6 month review post care conference
<b>3. Nursing Assessment</b>	-Initiated on admission (within 24 hours). -Interdisciplinary assessment of risk, functional abilities, cognition, head to toe assessment and recreation, initiated upon admission to the home and completed within 2 weeks. -Quarterly (Thorough review of Daily Care Needs Document).

Resident Assessment	Page 2 of 3
<b>4. Care Plan</b>	-Initiated on admission and developed by the multidisciplinary team by the 6 week initial care conference. -Health status changes -Updated quarterly
<b>5. Mini Mental Status Examination (MMSE)</b>	-Within one week of admission -Every 6 months and as medically indicated
<b>6. Fall Risk Assessment</b>	-Within 12 hours of admission -Updated after a fall occurs -Updated quarterly and as medically indicated.
<b>7. Oral assessment</b>	-Within 24 hours of admission -Updated quarterly
<b>8. Braden Scale</b>	-Within 12 hours of admission, then every 2 weeks for 4 weeks - 2-4 hours of re-admission -Significant change in health status -Updated quarterly
<b>9. Skin integrity assessment</b>	-Within 12 hours from admission (RN/LPN) -No later than 2 hours on re-admission or return from a stay in hospital or visit to the ER, ASAP and no later than 2 hours from return to facility (RN/LPN) -Significant change in health status (RN/LPN) - On a weekly basis on bath days (CCA)
<b>10. Pain assessment</b>	-Done within 12 hours of admission

<p><b>Resident Assessment</b></p>	<p style="text-align: right;">Page 3 of 3</p> <ul style="list-style-type: none"> <li>-At each new report of pain</li> <li>-After starting a new treatment both pharmacological and non-pharmacological</li> <li>-If pain not relieved with previously effective interventions</li> <li>-Unexcepected change in vital signs, vocalization, body language, facial expression or not able to be consoled.</li> <li>-Updated quarterly</li> </ul>
<p><b>11. Podiatry assessment</b></p>	<ul style="list-style-type: none"> <li>-On admission</li> <li>-Updated quarterly</li> </ul>

**Care conference and assessments are to be completed and updated more frequently as resident care needs change.**

**Related Documents**

Nova Scotia Department of Health (2015). Continuing care strategy: Living well in a place you can call home. Retrieved from <http://novascotia.ca/dhw/ccs/policies/Long-Term-Care-Facility-Program-Requirements.pdf>

**Routine Blood Work****Original Date: May 2010****Approved By: Administrator****Date Reviewed: February 2016****Manual: Resident Care****Date Reviewed: October 2019****Section: Clinical Care****Page 1 of 2**

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**POLICY STATEMENT**

Residents have blood drawn and sent to the lab for analysis on a routine basis:

1. Upon admission: CBC, calcium, glucose, creatinine, total protein, albumin, alkaline phosphatase, TSH, RST, BUN, LYLES, B12, folate, ferritin
2. Annually: CBC, TSH, creatinine and HgbA1C
3. With history of anemia: CBC, B12, folate, ferritin, every six months
4. With history of/present Diabetes: ac glucose, hemoglobin, A1C, lipids, annually
5. When taking the following medications:
  - Lithium: every three months
  - Dilantin/phenytoin, Tegretol/carbamazapine, Epival/divalpoex sodium, Depakene/ valporic acid, Phenobarb/phenobarbital, Frisium/clobazam: every six months
  - Anti-Psychotics: alkaline phosphatase, ALT every twelve months
  - Digoxin/Ianoxin: every six months, six hours after medication has been taken
  - Diuretics: electrolytes, creatinine every six months
  - Theophylline, Uniphyl, Theodur: every six months, four hours after medication has been taken
  - Synthroid, Thyroxin, Eltroxin: TSH every twelve months if stable, every six months if medication is being regulated
  - Warfarin: Anyone receiving Warfarin/anticoagulation must have their INR checked monthly. The INR target range may vary, depending on the reason they are receiving it. Therapeutic range for most anticoagulation is between 2-3. Exception- Mechanical Valve: Target between 2.5-3.5. If there, at any time, is an adjustment in the dose of warfarin; the INR will be checked on a weekly basis until there are 2 consecutive therapeutic results.
  - Lipid-Reducing Agents: lipid profile, total cholesterol every twelve months, after fasting twelve hours, CK, AST, ALT
  - Aspirin or NSAID (naproxyn) as therapy: CBC every six months
  - LDH only upon physicians written request to lab



**Routine Blood Work****PURPOSE**

1. To identify abnormal blood values.
2. To ensure therapeutic doses of medication.
3. To identify side effects or potential toxic levels of medication.

**EXCEPTIONS**

As specified by physician.

DATE: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

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**Meals for Staff, Visitors and Volunteers****Original Date: May 2010****Approved By: Director of Nutrition Services****Date Reviewed: Oct 2017****Manual: Resident Care****Date Reviewed: Oct 2019****Section: Nutrition**

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**POLICY STATEMENT**

Rosecrest Communities will provide meals to staff, visitors and volunteers as needed.

**PROCEDURE****Staff**

1. Any staff working a double shift may be provided a complimentary meal.
2. Staff at Ivy Meadows have the option to sign-up for a meal on a first come, first serve basis. Staff meals are provided only after all residents have been served and the hot cart returns to the kitchen. Staff meals are \$3.00 payable to kitchen staff.

**Visitors and Volunteers**

3. Visitors and volunteers wishing to purchase a meal will notify the administrative assistant of their plans at least 3 days in advance of the meal day so the kitchen can organize sufficient portions.
4. Without previous notice, visitors will be served after the residents have received their meals. The visitor may choose from the daily menu entrée choices if there are leftovers, or they may choose to have the alternative soup and sandwich option.
5. All meals are \$5.00 payable to the administrative assistant. Special holiday dinners such as Thanksgiving and Christmas are \$10.00.
6. The staff setting the tables will prepare a place setting for the visitor at a table with the resident.

## Abuse Prevention and Response

Original Date: May 2010

Approved By: Administrator

Date Reviewed: October 2019

Manual: Resident Care

Section: Resident Safety

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### POLICY STATEMENT

Rosecrest recognizes the dignity and worth of every individual and is committed to upholding the rights of all entrusted to our care and services. Therefore, we maintain an environment which is supportive of the safety, dignity and self esteem of every person. Conduct/behavior that undermines or breaches these rights will not be tolerated under any circumstances. All employees are made aware of the 'zero tolerance' for resident/client abuse through education, information sessions. All employees are aware of the importance of intervening, reporting and documenting (on chart and incident report) at the time the incident has occurred.

#### PURPOSE:

- To reinforce that resident/client abuse and neglect will not be tolerated.
- To assist in defining what constitutes abuse and neglect.
- To ensure that any indication of abuse or neglect is investigated and dealt with appropriately.

#### STANDARDS:

Rosecrest maintains an abuse prevention program which includes education and awareness dedicated to eliminating inappropriate conduct or situations that breach the rights of the individual.

#### DEFINITIONS:

The following definitions of abuse are not necessarily mutually exclusive or all inclusive.

- **Physical Abuse:** The use of physical force resulting in pain, discomfort or injury including rough handling, shoving, slapping, hitting, beating, burning, pinching, kicking, restriction of movement, tying up or binding.
- **Psycho Social Abuse:** Behavior leading to debilitating emotional stress or mental anguish including insults, intimidation, threats, infantilization, humiliation, harassment, coercing or restricting from appropriate social contact, denial of privacy.

- **Financial/Material Abuse:** Misappropriations, improper or illegal conversions of money or other valuable possessions. e.g., theft, extortion, forced change of will, misuse of power of attorney or other valuable possessions.
- **Neglect (passive or active):** Failure or refusal to carry out a care giving role and to provide for the necessities of life. e.g., not providing adequate clothing, food, nutrition, exercise, social interaction, medications, and required assistance with personal care/aids for daily living without valid consent.
- **Sexual Abuse:** Any sexual activity or behavior in which the offender takes advantage of the vulnerability of a resident/client to engage in sexual behavior with or without consent. e.g., misuse of power, sexual harassment, indecent exposure, fondling, kissing, oral sex, sexual intercourse.
- **Medication:** The administration, withholding or prescribing of medication for inappropriate purposes.

**Note:** Abuse does not occur in situations in which a care/service provider carried out their duties in accordance with professional standards and practices and health facility based policies and procedures.

## **PROCESS TO RESPOND TO ALLEGATIONS OF RESIDENT/CLIENT ABUSE:**

### **PURPOSE**

To facilitate a consistent, effective and appropriate corporate-wide response to reported situations that are suspected to be in violation of the policy "Abuse Prevention and Response". The underlying principle inherent in this practice is that all individuals involved in the incident are treated with respect and dignity, and their rights upheld; confidentiality rules applied; protection from reprisal is inherent.

### **ROLE OF THE DIRECTOR OF CARE/DESIGNATE**

This position is responsible to ensure appropriate investigation and response to all incidents reported that would appear to breach the "Abuse Prevention and Response". At the time of receiving the report, all steps are taken immediately to ensure the safety of the resident/client, the protection of the evidence and the collection and recording of all information related to the reported incident. In addition, the Director /Designate is responsible to immediately notify the Administrator & Continuing Care (1800-225-7225) of any action outlined in this practice that is not able to be carried out. Based on the information received in the initial report of the incident and a subsequent investigation, the Director/Designate evaluates the severity of the allegation and determines the appropriate response.

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**Least Restraints & Safety Devices****Original Date: November 2010****Approved By: Administrator****Date Reviewed: October 2016****Manual: Resident Care****Date Reviewed: October 2019****Section: Resident Safety****Page 1 of 3**

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**POLICY STATEMENT**

Rosecrest Communities are committed to using the fewest physical restraints possible to provide quality of life for our residents. We believe that the responsibility for the wellbeing of persons entrusted to our care includes protecting individuals from harm and preventing them from causing possible harm to themselves or others. However, there may be emergency situations when a restraint will be deemed necessary in the best interest of the residents, to protect the resident and /or others from serious harm.

Restraints may only be imposed, 1) to ensure the physical safety of the resident or other residents, and 2) only upon written order of a physician that specifies the duration and circumstances under which restraints are to be used

**DEFINITIONS:***Restraint*

Physical restraint can be defined as any device, material or equipment attached to or near a person's body and which cannot be controlled or easily removed by the person and which deliberately prevents or is deliberately intended to prevent a person's free body movement to a position of choice and/or a person's normal access to their body.

Devices are considered "restraints" because of their intent and not because of their design. **Bed and chair alarms are not considered restraints.** As such, this definition does not apply to wheelchairs, seating systems and secondary supports when used to provide postural support, stability, pressure distribution and pressure relief, as opposed to a means of "coercion, discipline, convenience, or retaliation by staff".

The following are Rosecrest Approved Physical Restraints:

1. Wheelchairs with lap trays as approved by Occupational Therapy (OT).
2. Wheelchairs with lap/hip belts as approved by OT.
3. Geri-chairs with lap trays or belts as approved by OT.
4. Full bed rails.

Chemical restraint

Chemical restraints are medications that are given to a resident on a short-term basis used to control behaviour that poses an imminent risk of injury to themselves or others or to restrict the resident's freedom of movement that are not a standard treatment for a resident's medical or psychiatric condition. **Exclusions:** A medication that is standard treatment for a resident's medical or psychiatric condition (including prn's) is not considered a chemical restraint.

Environmental Restraint

Environmental restraints are modifications to a resident's surroundings for the purpose of restricting or controlling movement, which causes increased anxiety and/or agitation, and thereby confines an individual to a specific geographic area or location.

Example: Putting a resident in the tilted position in their wheelchair so they cannot stand up or move the chair, pushing a chair into the table so the resident cannot stand up; if a resident is agitated by a locked door that they are unable to open it is considered an environmental restraint.

Safety Device

Any device applied to a resident which by design or through modification is used solely for the purpose of positioning or enhancing resident function. These devices are not considered a restraint if they enable the resident to safely function within their environment. If a mechanical device such as a lap tray or seat belt is used for positioning purposes, and the resident is unable to undo or remove the restraint independently, follow steps 6 – 8 of the procedure.

**PROCEDURE**

1. Restraints will not be used unless there is evidence that a resident's behavior is highly likely to result in harm to the resident or harm to his/her fellow residents.
2. Only mechanical devices that have been designed by the manufacturers to be used as restraints may be used to physically restrain a resident. Devices not intended to be used as restraints (i.e. transfer belts around wheelchairs, geri-chairs) may never be employed for such purposes.

***Non-Emergency***

1. A staff member must document the specific risk of harm to the resident or his/her fellow residents as a result of the residents' behaviour in the resident's chart. They must then notify the charge nurse/DOC/OT.

2. Before a restraint is applied, interdisciplinary team assessment including the P.I.E.C.E.S. program must be completed. Appropriate interventions will be implemented based on interdisciplinary team in consultation with staff. All interventions and their outcomes must be documented in the resident's chart and reviewed by the interdisciplinary team. If all interventions have been unsuccessful, the interdisciplinary team meet to discuss. The decision to apply a restraint should be made with the resident if possible, the interdisciplinary team and the family/SDM. If there are no other alternatives and a restraint is deemed necessary, the OT will apply the restraint.
3. The chosen restraint will be the least limiting one possible.
4. The resident's physician must authorize the use of the restraint. A doctor's order must be obtained stating the type of restraint and purpose. PRN orders should not be accepted.
5. The resident/SDM must sign the consent form.
6. During the first 24 hours after the restraint has been applied, the resident must be checked every thirty minutes to ensure the restraint is applied correctly and the resident is not demonstrating increased agitation/pain. (i.e., restraint is being tolerated).
7. When a physical restraint has been applied, the resident must be ambulated, toileted, repositioned, or transferred every two hours.
8. If a staff member has any concerns about a person's restraint use, it must be brought to the attention of the interdisciplinary team.
9. The resident's use of a restraint will be informally reviewed weekly by the RN. Once a month the interdisciplinary team, will formally assess the restraint use.

**EMERGENCY**

1. If the nurse on duty decides, based on their best clinical judgement that the resident is at immediate risk of harm to themselves or another resident they may apply a temporary restraint for a 24hour period then a physician's order is required.
2. The nurse must document the reason for a restraint.
3. After the application of the restraint, the resident must be checked every 30 minutes by the cottage nursing staff.
4. The restraint may be used for the duration of that nurse's shift, and then re-evaluated by the next charge nurse.
5. If a restraint is used for any part of 24° the interdisciplinary team must be consulted.

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**Room Standards****Original Date: November 2015****Approved By: Administrator****Date Reviewed: March 2017****Manual: Resident Care****Date Reviewed: October 2019****Section: Resident Safety**

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**PURPOSE**

To ensure resident rooms are:

- Clear of clutter
- Easily accessible to staff for cleaning
- Regularly inspected by The Office of the Fire Marshall and comply with their standards and all sprinklers are kept clear with ceiling height clearance of 18 inches throughout
- All furniture meets the California State Law fire code rating (bulleting 117) to be allowed in a resident's room.

**POLICY STATEMENT**

At Rosecrest Communities our model of care is the Community Model based on the Eden Alternative™. The Eden Philosophy tells us we must, 'see places where Elders live as habitats for human beings rather than facilities for the frail and elderly'. At Rosecrest we encourage residents to make their room their home, and we invite families and residents to bring some items from home as comfort for the resident. As we are a licensed facility with the Department of Health and Wellness, there are some regulations we must follow to ensure the safety of all residents and staff.

Our staff work hard to keep the facility clean, however from time to time, if your loved one has amassed an unsafe amount of belongings we may ask that you come in and assist your loved one in decluttering.

We appreciate your cooperation in keeping a safe home environment for our residents and staff.

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Signature of Resident or Resident's Authorized Rep.

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Date

**REFERENCES**

Eden Alternative (2016). Mission, vision, values, principles.



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**Resident Council TOR****Original Date: May 2010****Approved By: Administrator****Date Reviewed: November 2015****Manual: Administration****Date Reviewed: October 14, 2019****Section: Standing Committees/Meetings/Terms of Reference**

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**POLICY STATEMENT**

Residents in Rosecrest Communities have a voice in decisions affecting them, and an avenue to express concerns, through participation in the Resident Council.

**PURPOSE/ OBJECTIVE**

1. To promote residents' autonomy, independence and freedom
2. To maintain a formal mechanism for discussing and resolving issues with management

**MEMBERSHIP (OF THE HOME: IVY, MAGNOLIA, SAGEWOOD)**

1. Residents in Rosecrest Communities who wish to participate on the Council
2. Recreation Therapist
3. Director of Care
4. Others as invited by the Council

**NOMINATIONS**

Nominations for officers are made annually.

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**Smoking****Original Date: May 2010****Approved By: Administrator****Date Reviewed: July 2016****Manual: Administration****Date Reviewed: Sept. 25, 2019****Section: General Administration Policies/Procedures/Guidelines****Page 1 of 2**

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**POLICY STATEMENT**

Rosecrest Communities complies with and strictly enforces adherence to all applicable smoking legislation, regulations and by-laws including the Smoke Free Work Places Act.

**Guidelines:****Resident Smoking Room**

- **Residents only**, are allowed to smoke in the designated area within the facility
- Under no circumstances are staff or visitors allowed to smoke in any Rosecrest Continuing Care building.
- Ventilation will be regularly cleaned, monitored and inspected to ensure extraction of smoke is meeting requirements
- Non-combustible metal ashtrays are available in the designated area and cleaned daily
- Non-combustible seating is provided
- Signage shall indicate no persons under 19 years of age, number of occupants at a time allowed and state resident use only
- The designated resident smoking area will be monitored regularly by staff. Times when staff are unable to monitor the room, it will be closed to residents.
- Legal tobacco products will be the only product permitted to be smoked or otherwise ingested in the smoking room by residents at any given time. Cannabis or other drugs are not permitted to be used in any manner in the Resident Smoking Room.

**Storage & Disposal of Ignition Devices & Tobacco Products**

- The RN supervisor will determine, with input from other health care professionals as required, a resident's ability to safely use ignition and tobacco products
- Residents who are physically and cognitively able to safely operate their lighters and use tobacco products are required to store them in a locked drawer in their room when not in use.

**Smoking Policy**

- For those residents who are unable to safely maintain and operate their own ignition devices & tobacco products, nursing staff will safely store these in a locked area at the station and assist residents when in the smoking area \***NB** a charcoal mask must be made available for staff use\* (Kept in Health Office).
- Safety lighters only are permitted
- Empty lighters can be disposed of in regular garbage; any containing fluid must be disposed of as hazardous waste material via the maintenance department.

**Smoking Outside of Rosecrest Communities**

- No one shall be permitted to smoke within 15 feet of entrance doors
- Signage and metal cigarette containers shall be placed in designated outdoor smoking areas.
- Disposable of cigarette butts in proper containers is mandatory.
- Legal tobacco products will be the only product permitted to be smoked or otherwise ingested in the designated smoking areas on the property. Cannabis or other drugs are not permitted to be used in any manner on the premises.

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**Visiting Animals****Original Date: May 2013****Approved By: Administrator****Date Reviewed: January 2017****Manual: Administration****Date Reviewed: October 2019****Section: General Administration Policies/Procedures/Guidelines****Page 1 of 2**

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**PURPOSE**

To ensure a comprehensive and consistent approach to a visiting animal program within Rosecrest communities.

**POLICY STATEMENT**

Rosecrest Communities embraces the Eden Alternative Philosophy. The Eden Philosophy includes 10 principles, one of which states, “an Elder-centered community commits to creating a human habitat where life revolves around close and continuing contact with plants, animals, and children. It is these relationships that provide the young and old alike with a pathway to a life worth living.” In order to support the realization of this principle Rosecrest Communities encourages the presence of visiting animals.

**PROCEDURE**

1. All requests to bring an animal into Rosecrest for a visit require prior assessment by the Recreation Therapist. Animals must have documentation demonstrating up-to-date vaccinations
2. The Recreation Therapist will liaise with the CCA’s of a particular cottage, if appropriate to obtain the permission of the elders living in the cottage for the animal to visit. If particular elders are scared of an animal this will be respected and other arrangements made.
3. The animal should be well groomed on the day of the visit or the day before.
4. The animal must be well controlled by the handler with no excessive noise, unfriendly behavior towards other animals or people.
5. The pet handler/owner must be present at all times and in full control of the animal. If the animal is not able to be monitored, it must be placed in a kennel provided by the owner.
6. The owner is required to clean up after their pet.

7. In the event of an injury to a resident or staff as a result of a visiting pet, it should be reported immediately to your supervisor on duty. The animal should be secured.

**REFERENCES**

Eden Alternative (2016). Mission, vision, values, principles.