



MEADOWOOD MANOR  
PERSONAL CARE HOME

# RESIDENT & FAMILY HANDBOOK

[WWW.MEADOWOODMANOR.CA](http://WWW.MEADOWOODMANOR.CA)

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# TABLE OF CONTENTS

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<b>Welcome</b> .....	<b>4</b>
<b>History</b> .....	<b>4</b>
<b>LOCATION</b> .....	<b>5</b>
<b>PERSONAL CARE HOME (PCH) FACILITY</b> .....	<b>5</b>
Mission Statement.....	6
<b>RESIDENT BILL OF RIGHTS</b> .....	<b>7</b>
<b>ABUSE POLICY</b> .....	<b>8</b>
<b>RESTRAINT POLICY</b> .....	<b>8</b>
<b>CONCERNS ABOUT CARE AND SERVICES</b> .....	<b>9</b>
<b>ADMITTANCE TO MEADOWOOD</b> .....	<b>10</b>
Eligibility for Admission .....	10
Notification of an Available Room.....	10
Personalizing Rooms.....	10
<b>Items to Bring On Admission</b> .....	<b>11</b>
Clothing & Personal Belongings .....	11
Mobility Aids .....	13
Electrical Equipment .....	13
Loss or Damage to Personal Belongings/Insurance .....	13
<b>Resident Care Services</b> .....	<b>14</b>
Physicians.....	14
Pharmacy .....	14
Nurses .....	14
Rehabilitation Services .....	15
Recreation Services.....	15
Volunteer Services.....	16
Hairdressing Services .....	16
Pastoral Care.....	16
Spiritual Care .....	16
Memorial Services .....	17
Funeral Services/Arrangements .....	17
End of Life Care .....	17
Social Worker.....	18
Care Conferences .....	18
Resident Council.....	18
Family Advisory Council.....	19
Roam Alert.....	19
<b>FACILITY SERVICES</b> .....	<b>19</b>
Nutrition Services.....	19
Laundry Services.....	20
Lost Clothing or Personal Belongings.....	20
Housekeeping Services.....	20
<b>Residential Charges and Trust Charges</b> .....	<b>21</b>
Payment Methods.....	21

<i>Trust Charges</i> .....	21
<i>Payment Responsibilities</i> .....	21
<i>Private Extended Health Insurance</i> .....	23
<i>Meadowood Manor Foundation (MMF) and Auxiliary</i> .....	23
<b>ADDITIONAL INFORMATION</b> .....	<b>23</b>
<i>Mail &amp; Newspaper Delivery</i> .....	23
<i>Alcoholic Beverages</i> .....	24
<i>Smoking/ Vaping</i> .....	24
<i>Fall Prevention</i> .....	24
<i>Personal Hygiene</i> .....	24
<i>Health Care Directive/Advance Care Plan</i> .....	24
<i>Cardio-Pulmonary Resuscitation (CPR)</i> .....	24
<i>Leave of Absence (LOA)</i> .....	24
<i>Call Bell</i> .....	25
<i>Private Companions</i> .....	25
<i>Power of Attorney</i> .....	25
<i>Discharge</i> .....	26
<i>Fire Alarms &amp; Protection</i> .....	26
<i>Security</i> .....	26
<i>Visiting</i> .....	26
<i>Booking the Second Floor Lounge</i> .....	27
<i>Infection Control</i> .....	27
<i>Pets</i> .....	27
<b>APPENDIX</b> .....	<b>28</b>
<i>Resident/family care and concern form</i> .....	28
<b>Meadowood Manor Organizational Chart</b> .....	<b>30</b>
<i>Policy - Reporting Abuse and Neglect in Adults and Children in Need of Protection</i> .....	31

## WELCOME

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Meadowood Manor personal care home is a faith based non-profit organization dedicated to providing quality care to the elderly.

The board, management and staff welcome you to Meadowood Manor. It is recognized that the decision to enter a personal care home is a very personal and difficult decision to make.

This handbook provides information regarding the care and services available at Meadowood Manor. We hope that it will be valuable to you and will assist you in making the very important decision to become part of our family.

Qualified and caring staff provides excellent care in accordance with the provincial and national standards as set for the Long Term Care sector and in keeping with the facilities mission, vision, and values statements.

The staff work together as a cohesive team to ensure that we meet the needs of our Residents, including their physical, social and spiritual needs.

We are here for you and your family members. We look forward to a relationship that fosters open communication between us. We want to hear from you and your family members to help us continually meet your needs.

***Together we are partners in ensuring that Meadowood Manor is the finest personal care home it can be.***

## HISTORY

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Meadowood Manor was founded by a group of Manitoba Baptist Churches. The Manitoba Baptist church members had a dream, in the 1970's, to build a Residential facility that would care for their elderly family members by ministering to their physical, spiritual and social needs.

In 1978, this dream became a reality, supported by the North American Baptist Conference member churches, when Meadowood Manor emerged as a place for our aging loved ones.

Over 140 dedicated and caring (full-time and part-time) staff provide services to the Residents at Meadowood Manor in the following areas; medical advisory, spiritual care, nursing, healthcare aides, therapeutic recreation, maintenance, laundry, social work, dietary, housekeeping, volunteer services, rehab aide, occupational therapists, physio therapist, and administration.

Meadowood Manor continues to meet and exceed, the standards of an accredited long term care facility. The facility is licensed by the Province of Manitoba and funded by the Winnipeg Regional Health Authority and Manitoba Health.

A volunteer Board of Directors governs Meadowood Manor and provides strategic direction.

## **LOCATION**

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Meadowood Manor is located in South St. Vital at the intersection of Meadowood Drive and St. Anne's Road.

Our property backs onto the picturesque Seine River. The facility was opened in 1978 by the Manitoba Baptist Home Society Inc., a non-profit corporation licensed by the province of Manitoba.

Meadowood Manor is a fully accredited 88 bed long term personal care home (PCH) with an attached 89 suite, 10 story, elderly persons housing (EPH) apartment complex.

Tours of the personal care home and the elderly persons housing complex are available by appointment at (204) 257-2394.

## **PERSONAL CARE HOME (PCH) FACILITY**

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The personal care home consists of two floors, divided into three wings on each floor. For the convenience of Residents, accommodation includes furnished private rooms with private washrooms.

The main dining room is located on the main floor opposite the Fellowship Hall for easy access by Residents. One nursing station is centrally located on each floor. Smaller dining areas are located on each floor.

A chapel and a prayer room are located within the Fellowship Hall for use by Residents and family members.

A secure courtyard with a shaded area is accessible via the main floor lounge (weather permitting May-Sept). The courtyard is used for outdoor entertainment, barbeques, family gatherings, and recreation programming activities.

Designated visitor parking, including wheelchair parking spaces, are located on the south side of the building free of charge. Please note that all reserved parking spots on the west side of the building are reserved 24 hours per day. Parking in reserved spots may result in your vehicle being towed.



## ***Resident's Rooms***

The furnishings provided in the rooms include; a healthcare style bed, a side table, a dresser, and a chair. Blinds and bedding are provided. Washrooms have a toilet, sink, mirror, and a medicine cabinet for toiletry items.

### **MISSION STATEMENT**

To provide Christian care programs developed primarily for elderly Residents in a non-profit facility. Guided by the compassion of Christ, we develop and manage resources to satisfy our Resident's physical, social, emotional and spiritual needs. Our goal is to preserve the personal dignity of our Residents in a peaceful, safe, respectful and home-like environment.

### **VALUES**

We believe in and are dedicated to the promotion of health, the preservation of human dignity, and the enhancement of self-image for all Residents regardless of circumstances, religion, ethnic origin or gender.

The promotion of health is reflected in our Continuous Quality Improvement Program which strives to maintain the Residents' health at the highest functional level, our response to Residents' changing needs with appropriate and innovative approaches and programs, and the establishment and maintenance of standards exceeding those developed by Accreditation Canada and Manitoba Health.

We treat all residents with respect. The preservation of human dignity and enhancement of self-image are reflected in our care. We provide comfort care through spiritual support and empathy to the Resident, family and friends. We support each Resident's right to self-determination and promote empowerment and independence. We provide a secure, home-like atmosphere.

We believe in employing staff based on qualifications, the ability to function effectively, good moral character and the willingness to uphold the ethical standards of the facility. Our staff is our most valuable resource and is to be treated fairly. Teamwork, empowerment and striving for excellence are encouraged.

We believe in making clinical experience available to students in Health Care.

We believe that volunteers enhance the quality of life for our Residents and Tenants. We appreciate and encourage the participation of family, friends, and other volunteers, and support the integration of volunteer activities in the total program.

We believe in collaborating with other organizations towards common goals.

We believe in supporting and participating in research on appropriate issues.

We believe in governing and managing the facilities to the highest ethical and fiduciary standards and operating the facilities in a fiscally responsible manner, and within the parameters of our funding agency.

We believe in extending services to the Elderly Person's Housing Complex – such as chaplaincy, meals, and other supportive services as our resources allow.

## RESIDENT BILL OF RIGHTS

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- Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's dignity and individuality. Residents have the right to be protected from all abuse.
- Every resident has the right to be properly sheltered, provided with nourishing food, dressing in clothing of their choice, groomed and cared for in a manner consistent with his or her needs.
- Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
- Every resident has the right to live in a safe and clean environment. Every resident also has the right to keep in his or her room, and display personal possessions, pictures and furnishings in keeping with safety requirements and where space permits.
- Every resident has the right to live in as "home-like" an atmosphere as is reasonably possible.
- Every resident and health care proxies have the right:
  - to be informed of his or her medical condition, treatment and proposed course of treatment.
  - to give or refuse consent to treatment, including medication, in accordance with the law and to be informed of the consequences of giving or refusing consent.
  - to have the opportunity to participate fully in making any decision and obtaining an independent medical opinion concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a nursing home, and
  - to have their health care directive placed on the resident health care record and noted on the resident care plan.
- Every resident has the right to receive therapy and assistance toward independence consistent with his or her requirements.
- Every resident who is being considered for restraints has the right to be fully informed about the procedures and the consequences of receiving or refusing them.
- Every resident has the right to communicate in confidence, to receive visitors of his or her choice and to consult in private with any person without interference. Where both spouses are residents in the same nursing home, they have the right to share a room according to their wishes, if an appropriate room is available.
- Every resident has the right to exercise the rights of a citizen and to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the resident council, nursing home staff, government officials or any other person

inside or outside the nursing home, without fear of restraint, interference, coercion, discrimination or reprisal. Residents have the right to be informed of the procedures for initiating all complaints. They also have the right to communicate and meet with their legal representative as often as necessary.

- Every resident has a right to pursue social, cultural, religious and other interests to develop his or her potential and to be given reasonable provisions by the nursing home to accommodate these pursuits. Residents have the right to participate or not participate in recreational activities held by the home.
- Every resident has the right to be given access to protected areas outside the nursing home in order to enjoy outdoor activity, unless the physical setting makes this impossible.

These rights belong to every resident and can only be modified if they interfere with the well-being of other residents.

## ABUSE POLICY

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Meadowood Manor provides the highest possible quality of life for the Residents while maintaining a positive and safe environment. The Resident has the right to be treated with respect and dignity and to be free from any form of abuse. Abuse is a serious matter and therefore Meadowood Manor supports zero tolerance for abuse.

Meadowood Manor will investigate all allegations of abuse and take whatever action is deemed appropriate depending on the circumstances of a particular situation. The policy includes abuse towards any Resident, health care worker, family member, volunteer, visitor, student, or others employed or contracted by the Manor.

The rights and confidentiality of all persons involved in situations shall be respected and safeguarded to as great a degree as possible. If you have a concern, please see the CEO/Director of Care or the Therapeutic Care Coordinator to have your concerns formalized. A copy of the *Abuse Policy* is available in the appendix section of the Resident hand book.

Concerns may also be reported to the **Protection of Persons in Care Office**, an initiative of the Winnipeg Regional Health Authority and Manitoba Health, at 788-6366 or toll free outside of Winnipeg at 1-866-444-6366.

## RESTRAINT POLICY

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Meadowood Manor adheres to a policy of “least restraint” so that a Resident may live in the least restrictive environment possible. We believe that Residents should be allowed to



maintain their dignity and independence. At the same time, we recognize our responsibility to provide a safe environment for our Residents, and so we make every effort to identify and manage the risk factors that exist.

### ***Restraints***

The decision to use restraints is based on ethical, legal, clinical and “quality of life” considerations. Input from the Resident and family help the care team in forming an appropriate decision with regard to the use of restraints. The use of restraints poses an inherent risk to the physical safety and psychological well-being of a Resident.

When all interventions, including changes to the environment, have been tried and proven unsuccessful, restraints may be used if Residents are at risk of causing serious bodily harm to themselves or others. Restraints are used only once all other options have been exhausted.

In all cases, the least restrictive type of restraint will be used for the shortest period of time possible and regular re-assessments will occur according to the guidelines in our policy on *Physical Restraints/Chemical Restraints*.

The use of restraints will be fully discussed and consent will be obtained from the Resident and/or family members. Decisions involving restraints will be reviewed by the staff on a quarterly basis. A copy of the *Restraint Policy* is available in the appendix of the Resident and family handbook.

## **CONCERNS ABOUT CARE AND SERVICES**

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At Meadowood Manor we are committed to providing the best possible care and services to all of our Residents and their families. Your feedback helps to ensure continuous improvement in the services delivered by our staff. We are interested in any comments, suggestions or concerns you may have.

*Care and Service Concern* forms are available at the front reception desk or at the nursing station on both floors. We encourage you to complete the form and submit it directly to the CEO. If the concern is of an urgent matter, you are welcome to speak directly with the CEO.

# ADMITTANCE TO MEADOWOOD

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## ***Eligibility for Admission***

Eligibility for admission to a personal care home is determined after an application is made to the Winnipeg *Regional Health Authority (WHRA) Long Term Care Access Centre*. If an individual meets the criteria for admission to a personal care home, the *Long Term Care Access Centre* forwards his or her application to the personal care home of choice.

Applicants who are not eligible for admission at Meadowood Manor include; individuals requiring I.V. therapy, exceed allowable wheelchair widths or weight restrictions, tube feedings, dialysis, gluten free diet, kosher diet, unusual or specialized management or equipment, persons who are not covered under the Manitoba Health Insured Personal Care Program and people who smoke.

## ***Notification of an Available Room***

The Social Worker will provide a pre-admission package for the applicant/family to complete and to return on or before the day of admission.

When a room becomes available, the Social Worker or the designate will contact the Resident/family to confirm a date and time of admission to the facility.

On the day of admission, the Social Worker or designated staff will meet with the Resident and family to assist in the transition and adjustment period to moving into a personal care home. A nurse will meet with the Resident to address all medical needs and assessments.

The Social Worker will introduce the new Resident and family to the members of the team.

## ***Personalizing Residential Rooms***

Residents are encouraged to personalize their rooms by creating a home-like environment. He or she may wish to bring photos, pictures and small personal items to display in their room to make it feel more like home. Residents may choose to have the paint colours of their room customized from a selection provided by the home at an additional cost.

Light weight bedspreads may be brought in to enhance the décor and to personalize one's own room.

Space limitations prohibit the ability to include large items of furniture in the room. Furniture cannot be mounted to the walls in case of an emergency where the furniture needs to be moved. You must discuss these options with the nurse if you are unsure if a specific item is appropriate. An assessment by an Occupational Therapist (OT) may be required in order to assist with finding appropriate chair options.

In some instances, additional space may be required for assistive devices (e.g. lifts) and adequate space is required for staff to provide care for our Residents. You may be requested to remove personal items that interfere with the staff's ability to provide care

safely. The Resident beds are configured to allow for optimal Resident and staff safety. Any changes must be approved by the leadership team.

In order to ensure compliance with fire code, window clings are not permitted.

### Telephone, Television, Internet

If you wish to access telephone, cable television or internet services, the Resident or family member/advocate must contact the provider of your choice directly for service and arrangement for hookup. It is the responsibility of the Resident to cover costs for these services. A WIFI service is available throughout the home. Please see the reception desk for the access code.

Due to safety, smaller televisions, preferably flat screens, are best as they need to be on top of the dresser or on a wall mount. Wall mounts are provided by Meadowood Manor and has an installation charge.

### Other Furniture/Appliances

Cloth upholstered furniture is not recommended as items may not be cleaned thoroughly. Vinyl or leather recliners are permitted if they fit the following specs:

- Over all width between 28 – 31” (measure outside wall of chair, not seat width)
- All Recliner Style Chairs must be a wall hugger

If Residents have a decline in condition, the chair may not be appropriate to use. The chair may need to be removed from that resident’s room

Due to safety reasons; area, or scatter rugs, personal items such as; straight razors, combustable hairspray, creams, mouse, and personal appliances such as; blow dryers, extension cords, tea kettles, irons, toasters, portable heaters, fridges, coffee pots and microwaves are not permitted. All electrical items need to be inspected by Maintenance before use. Quarterly audits are completed randomly to ensure unsafe items are not present.

## **ITEMS TO BRING ON ADMISSION**

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### ***Clothing & Personal Belongings***

When bringing clothing for a Resident, please ask the nurse for a *Labeling Request* sheet. When it is completed, return it to the nurse with the clothing to be labeled.

Meadowood Manor will label all personal clothing with the Resident’s name and room number. It is the Resident and/or family’s responsibility to have an adequate supply of clothing on an ongoing basis. Clothing requiring dry cleaning is not recommended. Upon admission, the Resident’s clothing should be clean and in good repair. The following is a recommended initial clothing list:

### Women

- 10 cotton panties (if uses)
- 7 pairs of pajamas or nightgowns
- 10 pairs of stockings or socks (preferably thin cotton socks)
- 1 robe
- 10 undershirts or 4 bras
- 2 pair washable slippers (with non-skid soles)
- 7 pairs of pants
- 1 pair walking shoes
- 7 blouses or 7 dresses
- Seasonal outerwear (Optional)
- 4 sweaters

### Men

- 10 sets of underwear (if uses)
- 1 robe
- 10 pairs of socks
- 2 pair washable slippers (with non-skid soles)
- 7 pants
- 1 pair walking shoes
- 10 shirts
- Seasonal outerwear (optional)
- 4 sweaters
- 7 pairs of pajamas

Comfortable and loose fitting clothes made of wash and wear material is recommended.

### Required Personal Items / Toiletries (Please label with initials and room number)

- Kleenex
- deodorant (no aerosol)
- comb
- brush
- electric razor (No disposable razors)
- toothbrush and toothpaste and other oral care supplies as needed
- denture cleaner
- lotion

*When packing personal items/toiletries, please remember that Meadowood is a fragrance free facility. No aerosols or medications are permitted to be kept in resident rooms.*

A coat, hat or cap, for the season are encouraged.

Family is required to rotate and remove seasonal clothing due to limited space.

**REMINDER:** Scented products can present a health risk in sensitive people. Please do not bring in perfume scented hair spray, cologne, aftershave or other scented products

### Optional Items

- washable blanket
- bed throw / afghan
- light weight bedspread

Additional personal items to bring include; eye glasses, hearing aids, and dentures. These items **must** be engraved/labeled with the Resident's name prior to admission.

**Note:** The Resident/family is responsible for the purchase and replacement of hearing aid batteries. Meadowood Manor does not accept responsibility for loss or damage to eye glasses, hearing aids, dentures or any other personal items.

### ***Mobility Aids***

If the Resident owns a cane, walker and/or wheelchair, please be sure to bring them along. These items will be labeled and serial numbers recorded. Prior to use, the Rehabilitation Assistant will assess the items to ensure that they are safe for use. Consult with the OT prior to bringing in new mobility devices to make sure it's approved for Resident safety. If a Resident is no longer using a piece of equipment, family may be asked to bring it home in order to allow for more space in the Resident's room.

### ***Electrical Equipment***

Electrical appliances such as power bar cords and blocks, clocks, radios, DVD players, televisions and lamps must be checked by our maintenance department to ensure that they are in good working condition. All items must be CSA approved.

Upon moving into Meadowood, the Residents' room will have outlet protectors in the electrical outlets. These are only to be removed by maintenance staff after they have assessed and ensured that all electrical appliances are approved for use.

Repairs to electrical appliances, wheelchairs and/or personal equipment are the responsibility of the Resident/POA. Meadowood Manor recommends regular maintenance for all personal equipment in order to ensure optimal safety and functioning.

### ***Loss or Damage to Personal Belongings/Insurance***

Meadowood Manor is not responsible for the loss or damage to personal belongings (Residents/visitors) under any circumstances. This includes, but is not limited to; hearing aids, glasses, dentures, mobility aids, etc. Residents are advised not to keep money or valuable jewelry at the Manor. Any personal property which is unclaimed after twenty one (21) days, is disposed of at the discretion of Meadowood Manor.

Residents and/or their advocates have the option of obtaining or maintaining private insurance for the belongings in their room. Please consult your local insurance agent for further information and options.



## RESIDENT CARE SERVICES

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### ***Physicians***

Meadowood Manor has two attending physicians. Following admission, one of the physicians will be assigned to each new Resident. At Meadowood Manor, the Resident will undergo an initial physical conducted by the physician. Clinical appointments and consultations with various health professionals may be scheduled when ordered by the doctor. The physicians visit the home once a week, and see the Resident according to their individual needs. Full physical examinations are completed every two years. Physicians are able to be consulted 24 hours a day.

If the Residents or families express a preference for a particular physician, please advise the Social Worker or Director of Care. The continuation of a family physician is acceptable if the physician is willing to be available to the nursing staff twenty four (24) hours a day, and is able to meet the standards set by Meadowood Manor's Medical Director.

### ***Pharmacy***

Medications are ordered through the *Manitoba Long Term Care Provincial Pharmacy* program. Most medications for Residents are covered under the *Personal Care Home* program as an insured benefit for Residents of Manitoba. In instances where a medication has been ordered and is not covered, a Resident and/or their advocate will be contacted.

### ***Nurses***

Twenty-four (24) hour nursing care is provided for all Residents.

Nursing department includes; Registered Nurses, Licensed Practical Nurses, and Health Care Aides.

Staffing is allocated according to the general level of care needs on each floor and in accordance with WRHA requirements.

Medications are dispensed by our nursing staff at regularly scheduled times as prescribed by the physician. Over-the-counter medications are not permitted and we ask for the cooperation of family members and friends in not bringing these into the home.

Nursing staff will coordinate all medical appointments and transportation for Residents. Please note that families may be responsible for the cost of transportation. We look first to family members to accompany the Resident on any out-of-facility appointments. If family is not able to provide transport, an on-call escort will be arranged through the nursing station to accompany the Resident on a fee-for-service basis.

We request that family limit calls to the nursing units between the hours of 7:15 a.m. – 9:30 a.m. and 3:15 p.m. – 6:30 p.m. in order to minimize interruptions during medication administration.

### *Student Program*

Meadowood Manor provides a variety of students with an opportunity for hands-on training in the health care field. Students complete their practical training on a rotation basis. This hands-on learning is well supervised by Meadowood staff and their instructors from their accredited educational institution.

### ***Rehabilitation Services***

The rehabilitation service department provides a comprehensive assessment of each Resident, involving physical and functional status, and a needs assessment.

Meadowood Manor has a full time Rehabilitation Assistant to assist Residents to achieve their maximum physical function. An Occupational Therapist provided through Community Therapy Services is available one day per week to Residents in order to fulfill their maximum potential and equipment needs.

The Occupational Therapist, and Rehabilitation Assistant will teach rehab techniques to Residents, family and staff. A walking program, biking program, and/or a range of motion (ROM) exercise program is provided as required for each Resident as recommended by our Physiotherapist who is available upon consult.

The Occupational Therapist or Nurse assesses: Residents transfer and mobility aids/equipment as deemed necessary, fall prevention and pressure relief. The Resident or the Power of Attorney for the Resident is responsible for the cost of any equipment that is not supplied by Meadowood Manor.

Staff will notify the appropriate persons when equipment is in need of repair. The rehabilitation department can make recommendations of companies that provide these types of services. Residents who require the use of a mechanical lift or transfer belt for their care will be responsible for the purchase of a sling/transfer belt to be used solely for their use.

Other services such as physiotherapy or speech language pathology may be consulted by the nursing staff when concerns arise.

### ***Recreation Services***

Recreation services provides a variety of programs designed to meet the intellectual, cultural, social and therapeutic needs of individual Residents.

Residents are given the opportunity to participate in recreation programs that are appropriate for their abilities. Each Resident has a plan for involvement in recreation programs.

Programs are planned either one on one, or small and large groups. A monthly record is kept of all programs that every Resident attends. Recreation facilitators meet with each resident to determine recreation interests. Please contact the recreation department

regarding participation, program ideas or information regarding your family member's leisure interests or history.

Monthly activity calendars are posted in each Resident room, at each nursing station, at the entrance to the Fellowship Hall, at the reception desk in the main foyer, on the website and e-mailed monthly to families who have provided an email address.

Daily activity changes (if any) are posted on the recreation board that is located opposite the main floor lounge. Family members are welcome to join in most programs.

### ***Volunteer Services\****

Volunteers make a real difference in the lives of the Residents. There are rewarding and fulfilling opportunities for volunteers of all ages and in every department at Meadowood Manor.

Students may acquire a volunteer reference letter. Volunteer packages are available at the front display area and applications are available at the front reception desk.

Volunteers are coordinated through our recreation department. Volunteers represent a diverse cross-section of the Winnipeg community and supporting churches. Reasons for volunteering are numerous and varied, but usually emerge out of the desire to help others.

Volunteers assist in many activities; recreation programs, feeding Residents, transporting, friendly visits, etc. Volunteers are screened for suitability through reference checks and criminal record checks. They are also required to attend a facility orientation with the recreation department.

### ***Hairdressing Services***

Hairdressing service is available Wednesday and Friday mornings at a reasonable charge and by appointment. All services are charged to the trust accounts and invoiced on a monthly basis.

### ***Pastoral Care***

A full time Chaplain is on staff at Meadowood Manor. He visits Residents within the facility as well as Residents who have been hospitalized. The Chaplain is available to provide support and counseling for Residents, families and staff or to coordinate referrals to clergy of other faith traditions.

### ***Spiritual Care***

The Chaplain conducts programs to encourage spiritual growth and social interaction. These include bible studies, sing-a-longs and other special events. *Morning Song* (a short devotional service) is held Monday to Friday at 10:00 a.m. and an inter-denominational church service is held every Sunday at 9:45 a.m.

In addition, church services with a particular denomination can be arranged in consultation with the Chaplain. Catholic services are held on the last Friday of each month\*.

### ***Memorial Services\****

In recognition of those who have passed away while at Meadowood Manor, a memorial service is held to celebrate their lives. The memorial service involves a short prayer service, followed by sharing of memories by fellow Residents, family and staff. The memorial service provides those who are unable to attend a formal funeral service the opportunity to say good-bye.

Memorial services are held every two months to commemorate Residents and Tenants\*.

### ***Funeral Services/Arrangements\****

End of life decisions can be a very difficult and stressful time for loved ones. We require all families to pre-arrange all funeral preferences at the time of admission.

If no pre-arrangements have been made, or family is unable to be contacted at the time of death, a local funeral home will be called.

Our Chaplain is available for funerals or memorial services upon request. Arrangements may be made with the Chaplain for services in our chapel and/or Fellowship Hall\*. Funeral/memorial services held on site can only accommodate up to 120 people. If more than 120 mourners are expected, arrangements **must** be made elsewhere.

There is no on-site parking in the Meadowood Manor Lot. St. Vital Arena must be contacted in order to arrange parking. A parking attendant must be assigned to direct visitors to the St. Vital Arena parking lot. The attendant must be available (45) forty-five minutes prior to the funeral starting as well as (10) minutes into the funeral time in order to accommodate any late comers.

Please note that there is a facility use fee of \$150.00 for the use of the Fellowship Hall. A facility use contract must be also be completed.

### ***End of Life Care***

Life is a journey with a beginning and an end. End of life care affirms life and regards death as a normal process. Our staff specialize in caring for Residents as they proceed through the last stages of life.

When death is near, we encourage the Residents to remain in the familiar surroundings of their room, with the supportive presence of family and friends.

Our capable staff uses a team approach to promote comfort and freedom from pain. We provide support and sleeping arrangements to family who wish to be present during the Resident's final hours.

A range of end of life supports and resources (including consultation with WRHA palliative care) are available to Residents and their families such as access to spiritual care through the Chaplain and an end of life care comfort basket. Please see the unit nurse or Chaplain for more information.

### ***Social Worker***

Our Social Worker provides advocacy, support, information, and referral services for Residents and family members.

The Social Worker assesses the Resident's psychosocial needs and strives to see that those needs are met. The Social Worker evaluates each Resident's adjustment to their new home and is available to ease the adjustment process, increase understanding of aging, and to facilitate open and effective communication.

### ***Foot Care Services***

An initial nursing assessment related to foot care needs is provided by the nursing staff. Following their assessment, they will offer recommendations for foot care services or for a medical consultation. Family members are responsible to arrange for the service and provide payment if a footcare nurse or podiatry visit is required.

### ***Care Conferences***

Six (6) to eight (8) weeks following admission, the Interdisciplinary team will meet to discuss Resident/family needs and concerns. Care conferences offer families and advocates with the opportunity to participate in; assessing, planning, providing, monitoring, and evaluating the Resident's care.

Care conferences are held annually. Representatives from different departments will attend the care conference as well to speak on their field of care for the Resident. The interdisciplinary team consists of; Nurse, Health Care Aid, Rehabilitation Aid, Social Worker, Recreation Manager, Dietitian, and Spiritual care.

Each of these professionals give a report as to the Resident's functioning from their department's perspective and will address any concerns that may arise.

In order to protect Residents' privacy, those who are mentally well enough to give direction are asked if they want their family members invited to this meeting. For those Residents who are not able to make this decision, invitations are automatically sent to the Residents' first contact: who is then responsible to invite other family members, as deemed necessary.

Families are encouraged to provide feedback at any time, either formally by requesting a meeting or informally by speaking with any one of the team members associated with the care of your loved one.

**Meadowood Manor encourages families and Residents to bring concerns forth at the time they occur and not wait until a care conference is scheduled. The sooner we can address your concern, the better.**

### ***Resident Council***

The Resident Council meet monthly to discuss matters affecting Residents' daily lives and to make suggestions for improvement to Meadowood Manor. Residents are welcome and



encouraged to attend the meetings. The dates and times of the meetings are posted on the first floor bulletin board and in the monthly recreation calendar.

### ***Family Advisory Council\****

The Family Advisory Council meets twice per year\*. It provides a time for sharing of information, meeting other family members, as well as having an educational component. All family members are welcome to attend. Signs, advertising the next meeting, are posted throughout the building and e-mail invitations are sent out to families who have provided their email address.

Information and facility updates are regularly sent out via email to families. If you would like to receive the family emails, please provide your contact information to the Social Worker.

### ***Roam Alert***

For the safety of Residents who are considered to be at high risk for wandering, a roam alert system is in place. This system is activated by an electronic bracelet which alerts the staff, with a special alarm, when a Resident is approaching the front lobby of the home. This service is provided for a cost of \$200 when applied.

## **FACILITY SERVICES**

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### ***Nutrition Services***

Individual needs of Residents are assessed to determine; meal satisfaction, dietary preferences, and to review special nutritional needs. Substitutes and dietary restrictions will be accommodated whenever possible. If the Resident is on a special diet, please check with the nursing staff before offering food to the residents.

Food requiring refrigeration can be stored in the kitchen refrigerators or in the refrigerators on the units. All food items brought in should be dropped off at the kitchen for labelling. These items can include fruit, special milk, cereals, etc.

Residents are encouraged to eat meals in our Main dining room. Meals are served as follows:

- Breakfast -9:00 a.m.
- Lunch - 12:00 p.m.
- Dinner -5:00 p.m.

Residents are provided tray service to their floor if ill or unable to come to the dining room. Snacks, beverages and water pass are also served at regular periods throughout the day and evening.

If family members wish to eat meals with Residents, they are welcome to bring food to eat in the lounge on either floor.

If family members wish to join Residents for a meal they can join them in the Fellowship Hall. Families are required to either pre-purchase a \$50.00 meal card from the administration office or bill the Resident's Trust Account. Lunch costs \$10.00 and consists of Soup, Beverage, Entrée and Dessert. Dinner costs \$15.00 and consists of Entrée, Beverage and Dessert.

Families must call Nutrition Services at 204-257-2394 Ext. 2241 by 10:00 a.m. Meals will be set up on a trolley for families to pick up and take to Recreation or Lounge areas. No potentially hazardous food is to be left in a Residents room. Lunch pick-up is at 11:50am, Dinner pick up is at 4:50pm. Once the meal is finished, families will gather soiled dishes, place them on the cart and return it to the kitchen.

### ***Personal Snacks***

All non perishable food items and snacks that are kept in the Resident's room must be stored in an airtight plastic container. These should also be dated to ensure freshness and safety. All food must be authorized by the nursing staff and must comply with the Resident's diet.

### ***Laundry Services***

All personal clothing and facility linen is laundered on site. The laundry department maintains Resident's personal clothing by tending to **minor** repairs and adjustments and through the labeling of personal clothing items.

### ***Lost Clothing or Personal Belongings***

If you believe an item has been lost or missing, or if you have found an item, please speak with the nurse on the floor.

### ***Housekeeping Services***

The housekeeping department is committed to maintaining a clean, safe and appealing environment. We take pride in our surroundings by providing clean, fresh, and well-maintained Resident rooms and common areas. The following services are provided;

- Before moving in, the room is thoroughly cleaned
- Every day the washroom is cleaned, garbage removed and supplies replenished
- The floors are mopped and any spills are cleaned up
- Every week the room is dusted

Please provide clear plastic bins for all items such as shoes boots etc. that are stored on the floor of the closet. This will enable housekeeping staff to clean the closet floors.

## RESIDENTIAL CHARGES AND TRUST CHARGES

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Residential charges are set by Manitoba Health. Upon admission, the Resident must provide a copy of the *Revenue Canada Notice of Assessment* for the previous year in order to determine the Resident's daily Residential charge rate. The rate is assessed yearly by Manitoba Health and changes on August 1st each year.

To find out the expected daily rate, you can use the online rate calculator at;  
[www.gov.mb.ca/health/pcs/calculator.html](http://www.gov.mb.ca/health/pcs/calculator.html)

### ***Your First Statement***

Rent is charged on the first day of each month. If the first of the month falls on a weekend/ Statutory Holiday, the rent will be charged on the next business day. If a Resident is admitted after the first of the month, the resident will be charged on the first day of the next month for the balance of the month they were admitted.

***For Example) If a Resident is admitted on July 5<sup>th</sup>, the Resident will be charged on August 1<sup>st</sup> for July 5-31, as well as the full month of August.***

The Resident will also be charged a one-time charge Administration fee of \$150.00, which covers the cost of the medical bracelet, addressograph, chart, 2 access cards etc. In addition to the Administration fee, a \$10 labelling fee will be included, and then charged again quarterly (January, April, July, October).

### ***Payment Methods***

Meadowood Manor requires monthly payment for Residential charges and trust charges by Pre-Authorized Payment. The bank account will be withdrawn on the first of the month for residential charges and on the 10<sup>th</sup> day of the month for trust charges. Some charges that may be taken out of the trust account include;

- Roam alert charges
- Labelling charges
- Hairdressing charges
- Medications not covered by the facility
- Resident outings and special lunches ordered in
- Transportation charges that are not the facilities' responsibility

### ***Payment Responsibilities***

Meadowood Manor is responsible for payment of the following:

- Treatment supplies
- Prescribed drugs covered by Manitoba Health
- Diabetic supplies
- Mechanical lifts (excluding slings)
- Pressure reducing mattresses, and commodes for occasional use
- Wheelchairs (for occasional transportation)

- Oxygen tanks for 2-3 hrs. recreational use a day and oxygen concentrators
- Contenance care products (excluding “pull-ups”)
- Ostomy supplies
- Basic personal hygiene supplies such as: soap, shampoo
- Minor clothing repairs i.e.; seam repairs, replacing buttons

Residents are responsible for the following:

- Ambulance transportation (for hospital stays greater than 24 hours)
- Wheelchair/Stretcher Services transportation and transportation costs associated with routine visits to primary health clinics, physicians, optometrists, denturists, dentists or other practitioner clinics or any transport where the resident is capable of traveling using a handi-van, taxi or private automobile. (exceptions may apply)
- Clothing and cost of labeling clothing by our laundry department, (fee per year) as well as major repairs and alterations to clothing.
- Any dry cleaning needs.
- Name brand soaps, lotions and shampoos
- Cosmetics, Kleenex, deodorant, toothbrushes, toothpaste, denture cleaner, denture adhesive, hair brushes or combs.
- Equipment purchases and repairs
- Preferred continence care product other than what is provided by Meadowood.
- Glasses, hearing aids and batteries. (These need to be individually labeled with the Resident’s name.)
- Insurance for personal belongings.
- Telephone installation and line rental
- TV and cable hookup and cost
- Foot care services
- Roam alert
- Hairdressing services (cuts, perms, regular settings, colors, etc.)
- Personal services such as manicure/pedicure, massage therapy, chiropractic and companion care etc.
- Recreational activities including; outings, order-in-meals or other special activities that have an associated cost.
- Bed/chair alarms or motion alarms
- EKG tests
- Transfer belts and slings
- BP and Oxometer Charge
- Additional Access Cards/Replacment Access Cards

### ***Private Extended Health Insurance***

Residents are encouraged to obtain Blue Cross or other private health insurance coverage. Extended coverage often reimburses a significant portion of such services as ambulance, dental, hearing aids, podiatry, wheelchairs, walkers, and rehabilitative devices/equipment.

### ***Meadowood Manor Foundation (MMF) and Auxiliary***

Meadowood Manor Foundation Inc. is responsible for receiving and administering most of the financial donations made in support of Meadowood Manor.

Donations can be made in support of either the Chaplaincy Program Fund or the Special Projects Fund.

Donations can also be made in memory of a deceased person, however; pursuant to the Foundation Board's policy, all memorial donations are used for the support of the *Chaplaincy Program*. All donations should be made payable to "Meadowood Manor Foundation".

Donation envelopes are available from the envelope holder by the donor board located next to the administration office. Donations can also be mailed to:

**Meadowood Manor Foundation Inc.,  
102-575 St. Anne's Road,  
Winnipeg, MB R2M 5B2**

The Foundation issues charitable donation receipts to donors once a year. Questions about making donations to the Foundation can be directed to the Foundation's President and Board Chair, through the administration office.

Donations in support of the recreation services department can be made through the administration office, with such donations being made payable to *Meadowood Manor*.

Staff cannot accept gifts, with the exception of confectionary items that are given to staff as a group.

Donations of Resident clothing and furniture are gratefully declined due to storage limitations. Equipment donations (i.e. wheelchairs, walkers, bed monitors) are considered on an individual basis by the rehabilitation department.

## **ADDITIONAL INFORMATION**

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### ***Mail & Newspaper Delivery***

Mail is delivered to Resident's room daily.

Determination of the Resident's ability to receive mail will be made at admission and changed as necessary. The family is responsible for redirecting the Resident's mail to the appropriate address. The Manor will not hold mail. Newspaper delivery must be arranged by the Resident and/or the family. The mailing address is:



***Resident Name***  
**Meadowood Manor**  
***Room Number – 577 St. Anne’s Road***  
**Winnipeg, Manitoba**  
**R2M 3G5**

### ***Alcoholic Beverages***

Alcoholic beverages are NOT permitted unless prescribed by the attending physician and will be administered by nursing staff only.

### ***Smoking/ Vaping***

Our home is a smoke free building. Residents, staff and visitors are **not** permitted to smoke or vape in the building **or** on the property. This decreases the risk of fire and improves air quality for everyone. Meadowood Manors *Smoking Policy* reflects City of Winnipeg bi-laws and WRHA policy.

### ***Fall Prevention***

We are committed to maintaining a fall prevention program. Residents are assessed regularly for their risk for falls. Family and care giver involvement in assessing a Resident’s risk for falls is encouraged. Families are encouraged to inform staff when their family member is experiencing any physical or behavioral changes that may increase their risk of falling. We have many fall prevention strategies that are available. These can be discussed with the family in order to determine what would work best for the Resident.

### ***Personal Hygiene***

We encourage Residents to be involved in their personal care plan which includes personal hygiene needs. Residents can bathe or shower with assistance on a weekly basis based on assessment. In addition, personal care needs are attended to daily and as needed.

### ***Health Care Directive/Advance Care Plan***

In accordance with the *Resident Bill of Rights*, Meadowood Manor staff promote Resident freedom of choice. The medical and nursing staff support and encourage the use of *Health Care Directives* (also known as *Living Wills*), and *Goals of Care* as a means of respecting the Resident’s wishes.

*Health Care Directives* and *Goals of Care* provide guidance to our physicians and nursing staff with respect to the type of nursing care and degree of medical interventions the Resident and/or family/substitute decision maker desire.

At the time of admission, the nurse will inquire as to whether a *Health Care Directive* has been completed. If a directive has been prepared, a copy is requested from the Resident to place on the health record at Meadowood Manor. The Resident and/or family/substitute decision maker will also be asked to complete a *Goals of Care* form following discussion with either the nurse, , M.D., or Director of Care.

If such a directive has not been prepared, the Resident/family along with the nurse will discuss the degree of intervention regarding resuscitation, hospitalization and levels of health intervention to be carried out. The Goals of Care will be placed in the Resident's chart. Goals of Care are reviewed annually at the care conference meeting, or as often as needed.

### ***Cardio-Pulmonary Resuscitation (CPR)***

Staff will not perform CPR on our Residents. If a Resident chooses this option, 911 will be called and the paramedics will perform this request. Staff will support the Resident with oxygen supplementation until paramedics arrive.

### ***Leave of Absence (LOA)\****

Residents may take a LOA from the facility for social leave for a maximum of twenty-one (21) business days, in accordance with Manitoba Health's policy. The Resident's room will be reserved during his or her absence. A review would take place if the Resident requests an extension of this leave.

### ***Call Bell***

The call bells are located beside the bed and in the washrooms. They are used to inform the nursing staff when assistance is needed. When the alarm is activated, a light outside the Residents room flashes and a bell rings in the hallway, nurses' station and the Resident's room and room number appears on the hall marquees.

### ***Private Companions***

Meadowood Manor provides for; the care, safety, and social needs of all Residents. In addition to the care provided by Meadowood Manor, the Resident and/or family may wish to employ a private attendant for increased socialization, extra assistance with certain activities of daily living and companionship in order to enhance the quality of life for the Resident.

Companions must adhere to the facilities policies and Resident's rights. While we fully support these relationships, Meadowood is responsible for addressing issues of quality of care and health and safety for all Residents.

The Resident or family is responsible for interviewing, hiring, and paying for the private companion. Meadowood Manor does not accept responsibility for the supervision of companions.

Some considerations to be made when hiring a companion include;

- Do they have an up-to-date criminal record check?
- Do they have a Health Care Aide certificate? (if providing personal care)
- Are they willing to accompany a Resident outside the facility?
- Do they have Workers Compensation Board (WCB) coverage?

Meadowood Manor recommends that a companion attend a general orientation session provided by the facility in order to ensure that they are aware of the standards, policies and practices of the home.

Meadowood Manor maintains the right to refuse entrance to the facility to any private companion who violates the Home's standards, policies and practices.

An employee of Meadowood Manor may not also hold the position of private companion at the home.

Meadowood Manor is not responsible should the companion incur an injury while on our property.

### ***Power of Attorney***

Residents are encouraged to appoint an *Enduring Power of Attorney*. The Home requests a copy of this agreement for the Resident record.

### ***Discharge***

After the passing of a Resident, families are required to have all personal belongings removed within a twenty four (24) hour period.

We recognize that this can be a very difficult time for families, yet at the same time, another family is urgently waiting to have their family member placed in our home.

All care is taken to ensure that the needs of both families are met. Personal property which is unclaimed after 7 business days is disposed of at the discretion of the Manor.

### ***Fire Alarms & Protection***

Fire alarm testing is done on a regular basis to familiarize both Residents and staff with procedures in the event of a real fire situation. If the alarm rings, please remain where you are and await instructions from our trained staff.

Protelec monitors our fire panel system on a twenty-four (24) hour basis. They send information directly to the Winnipeg Fire and Paramedic Service in the event of an occurrence.

Each hallway and Resident room is equipped with smoke detectors. All exits are secured by magnetic locks and will automatically open in the event of a fire alarm.

Following a fire alarm, once the building is cleared, the Maintenance department will reset the doors magnetic locks. A roll-call is done for all Residents. Sprinkler systems are located throughout the facility and in every Resident's room.

The sprinklers are checked annually as are the fire extinguishers. Any alarm, either planned or unplanned, is documented and used for staff education purposes afterward. In addition to unplanned fire alarms; the staff receive regular in-services regarding fire procedures and protocols.

## ***Security***

Our building has a twenty-four (24) hour security system with video cameras and video recording of entrances. Our front door is locked 24 hours a day. Visitors may enter by ringing the doorbell if no one is at the front desk.

## ***Visiting\****

For the convenience of our Residents and their visitors, and to maintain a home-like environment, visiting hours are not restricted\*. Visiting may be limited or restricted, should there be an outbreak. **Please do not visit if you are not feeling well.**

Children are always welcome, but we require that they be supervised for the duration of their visit for their safety as well as for the safety and comfort of other Residents\*.

All visitors are to sign in to the sign-in book located by the front office and include the license plate of any vehicle parked in the lot.

In order to respect the privacy of each of our Residents, we ask that you knock and announce to the Resident who is entering their room before doing so.

## ***Booking the Second Floor Lounge\****

The second floor lounge may be booked for events, dinners, meetings and/or celebrations for Residents. Please contact the administration office for availability.

There is a fee to rent the lounge of \$40 for 2 hours. The lounge can only be booked for an event that is for the Resident and cannot be booked for use of family members. E.g. bookings for a Resident's birthday party including family would be permitted, but bookings for a family members baby shower is not permitted regardless if the Resident is invited to the event.

## ***Infection Control***

Meadowood abides by standards and procedures outlined by Manitoba Health to prevent the spread of infection. Residents and families can assist us by maintaining good hand-washing techniques.

Families and friends must refrain from visits during times when they are ill. Residents are encouraged to provide permission to receive a yearly flu vaccination.

We strongly recommend that family and friends receive a flu shot and any other vaccinations that are encouraged by Manitoba Health, which is available from their physician, pharmacist or flu clinics in early fall.

## ***Pets***

While we recognize that a special bond exists between people and their pets, unfortunately Residents cannot bring their own animals to live at Meadowood Manor. Family and visitors are permitted to bring pets into the Manor during visits, but must comply with the policy regarding pets.

Visiting pets must be leashed at all times, licensed and up-to-date on vaccinations. As Meadowood is the Resident's home, we ask that pets stay off of the facility furniture and do not enter dining areas or areas where food is being served.

All aspects of the care of visiting pets, including the cleaning up of "accidents", are the responsibilities of the owner. In addition to cleaning up after any "accident" the pet may have, it is the responsibility of the owner to notify staff so that further cleaning may be done.

**If you have further questions, please contact the receptionist at (204)257-2394 at the front desk and they will be happy to direct you to the appropriate department.**



**MEADOWOOD MANOR**

**RESIDENT/FAMILY CARE & SERVICE CONCERN FORM**

*Meadowood Manor strives to provide high quality care and service. However, it is recognized that those we serve or their family members may at times have concerns. To ensure that these concerns are addressed promptly, please complete **SECTION 1** of this form and **return it to our Reception Desk during regular business hours (or to the Charge RN during evenings and weekends)**. Concerns may be reported anonymously however to provide the best response contact information is recommended. A response can be anticipated within 2 business days of the concern being reported.*

Nicole Boonstra

Phone #: 204-258-2581

Chief Executive Officer

email: [nboonstra@meadowood.ca](mailto:nboonstra@meadowood.ca)

**SECTION 1 – NATURE OF CONCERN**

<i>RESIDENT (Optional):</i>	<i>ROOM NUMBER:</i>
<b>CONCERN REPORTED BY:</b>	<i>DATE CONCERN REPORTED:</i>
<b>RELATIONSHIP TO:</b>	<b>CONCERN REPORTED TO:</b>
<b>HOME PHONE:</b>	
<b>WORK PHONE:</b>	

*NATURE OF CONCERN(S):*


**SECTION 2 – DISTRIBUTION (To be completed by CEO)**

**Concerns forwarded to the following:**

<input type="checkbox"/> Director of Care	<input type="checkbox"/> Support Services Manager
<input type="checkbox"/> Charge RN (shift): 1 <sup>st</sup> F 2 <sup>nd</sup> F N D E	<input type="checkbox"/> Chaplain
<input type="checkbox"/> Recreation	<input type="checkbox"/> Therapeutic Care Coordinator

\*Due to COVID-19 procedures and precautions, information provided may differ. Please speak to the Social Worker for current status on information.



Rehabilitation

Business Office

Other: \_\_\_\_\_

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

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

**SECTION 3 – INVESTIGATION & RESOLUTION**

Within 2 business days, the person reporting the concern is to be contacted. The completed form is to be returned to the CEO once the concern has been addressed.

**ACTION TAKEN TO RESOLVE CONCERN** (include prevention strategies):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMUNICATION OF ACTION TAKEN:**

	Date	Time	Contacted In person	Phone Contact	Message Left	No Answer	Caller's Initials	Name of Person Contacted
1			Y N	Y N	Y N			
2								
3								

**SUMMARY OF CONVERSATION(S):** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Perception of the Resident's/family member's satisfaction level at conclusion of conversation(s) (circle):

Concern Resolved?: Y N                      Satisfied?: Y N                      Follow up required?: Y N

**FINAL OUTCOME:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF PERSON COMPLETING RESPONSE

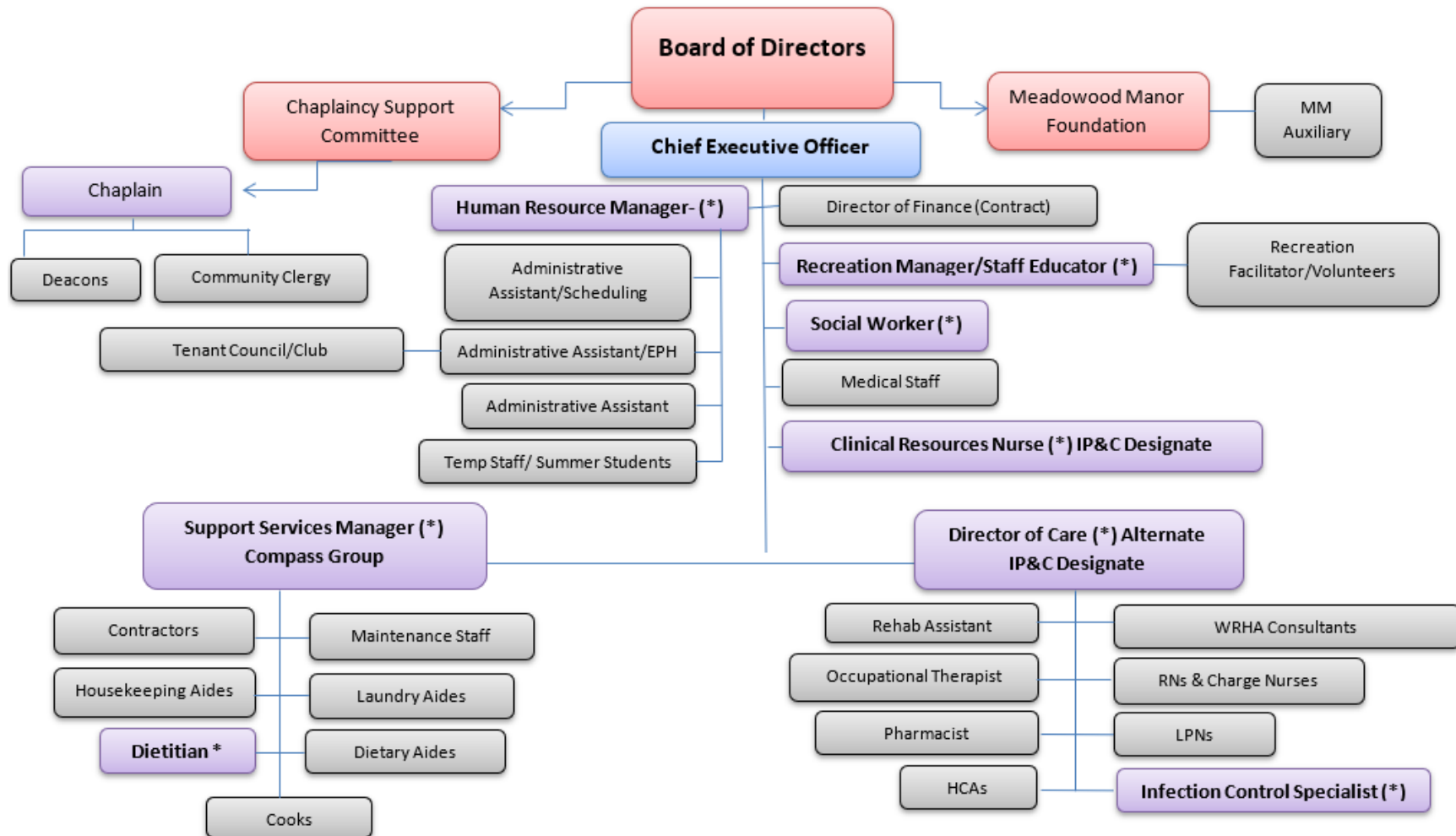
\_\_\_\_\_  
 DATE:

\_\_\_\_\_  
 CHIEF EXECUTIVE OFFICER:

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

\*Due to COVID-19 procedures and precautions, information provided may differ. Please speak to the Social Worker for current status on information.

# Meadowood Manor Organizational Chart




Revised January 5, 2023

(\*) Management

\*Due to COVID-19 procedures and precautions, information provided may differ. Please speak to the Social Worker for current status on information.

## Policy – Reporting Abuse and Neglect in Adults and Children in Need of Protection

 Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé	<b>REGIONAL</b> Applicable to all WRHA governed sites and facilities (including hospitals and personal care homes), and all funded hospitals and personal care homes. All other funded entities are excluded unless set out within a particular Service Purchase Agreement.		Level: <b>1</b>
	Policy Name: <b>Reporting Abuse and Neglect of Adults and Children in Need of Protection</b>	Policy Number: <b>80.00.010</b>	Page <b>1 of 11</b>
	Approval Signature: <i>Signed by M. Sussman</i>	Section: <b>CLIENT / RESIDENT / PATIENT SERVICES</b>	
	Date: <b>July 2016</b>	Supersedes: <b>June 2011</b>	

*This policy does not apply to situations where there is a complaint about the nature or effect of a procedure or from a risk inherent in providing health services by a responsible health care professional. The WRHA Client Complaint Management and Reporting Policy 10.50.010 should be consulted in such situations for further guidance.*

### 1.0 PURPOSE:

- 1.1 To guide all Staff on the appropriate action to take if they become aware of an individual who has been, or may have been, abused or neglected or where there is a child in need of protection.
- 1.2 To ensure that the actions of Staff are consistent with the requirements for mandatory reporting under provincial legislation pertaining to abuse, neglect and Children in Need of Protection.
- 1.3 To guide Staff in supporting individuals who have been, or may have been, abused or neglected where there is no mandatory reporting under provincial legislation.

### 2.0 DEFINITIONS:

- 2.1 **Abuse:** is a term that is defined differently by provincial legislation. Which definition applies is dependent on the applicable legislation which is usually determined by the circumstances or characteristics of the individual that is the subject of the abuse (see section 3.0 below).
- 2.2 **Child:** anyone under the age of 18 years.
- 2.3 **Child In Need of Protection:** may include, but is not limited to, situations where a Child:
  - (a) is without adequate care, supervision or control;

**DISCLAIMER:** Please be advised that printed versions of any policy or policies posted on external web pages may not be the most current version of the policy. Although we make every effort to ensure that all information is accurate and complete, policies are regularly under review and in the process of being amended and we cannot guarantee the accuracy of printed policies or policies on external web pages. At any given time the most current version of any WRHA policy will be deemed to apply. Users should verify that any policy is the most current policy before acting on it. For the most up to date version of any policy please call 204-926-7000 and ask for the Regional Policy Chair's office.

WRHA Policy Name: Reporting Abuse and Neglect of Adults and Children in Need of Protection	Policy Number: 80.00.010	Page 2 of 8
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- (b) is in the care, custody, control or charge of a person:
    - i. who is unable or unwilling to provide adequate care, supervision or control of the Child, or
    - ii. whose conduct endangers or might endanger the life, health, or emotional well-being of the Child, or
    - iii. who neglects or refuses to provide or obtain proper medical or other remedial care or treatment necessary for the health or well-being of the Child or who refuses to permit the provision of such care or treatment to the Child as recommended by a duly qualified medical practitioner;
  - (c) is abused or is in danger of being abused (physical, emotional, sexual, and sexual exploitation), including where the Child is likely to suffer harm or injury due to child pornography;
  - (d) is beyond the control of a person who has the care, custody, control or charge of the Child;
  - (e) is likely to suffer harm or injury due to the behavior, condition, domestic environment or associations of the Child or of a person having care, custody, control or charge of the Child;
  - (f) is subjected to aggression or sexual harassment that endangers the Child's life, health or emotional well-being of the Child;
  - (g) being under the age of 12 years, is left unattended and without reasonable provision being made for the supervision and safety of the Child; or
  - (h) is the subject, or is about to become the subject, of an unlawful adoption under the Adoption Act, or of an unlawful sale under section 84 of the Child and Family Services Act.
- 2.4 **Mandatory Report/Reporting:** is the legally required notification of the information supporting the belief that an individual has been abused, neglected, or is a Child in Need of Protection, as the case may be, to the appropriate agency of the government in accordance with *The Protection of Persons In Care Act, The Vulnerable Persons Living with a Mental Disability Act, or The Child and Family Services Act.*
- 2.5 **Medical Staff:** includes all physicians, dentists, midwives, psychologists, scientists, clinical assistants and trainees appointed by the WRHA Board to the Medical Staff pursuant to the WRHA Medical Staff Bylaw.
- 2.6 **Neglect:** is a term that is defined differently by provincial legislation. Which definition applies is dependent on the applicable legislation which is usually determined by the circumstances or characteristics of the individual that is the subject of the abuse (see section 3.0 below).
- 2.7 **Patient:** is a patient, client, or resident receiving health care from a WRHA facility or WRHA funded facility.
- 2.8 **PHIA:** *The Personal Health Information Act (Manitoba).*
- 2.9 **Staff:** includes all directors, officers, employees, volunteers, students, researchers, Medical Staff, educators, information managers (as defined by PHIA), trustees (as defined by PHIA), health agencies, contracted persons, or agents of any of the above, that work, provide services, or otherwise operate in connection with the a WRHA facility or WRHA funded facility unless excluded as set out within a particular service purchase agreement or funding agreement of the funded entity or program.



WRHA Policy Name: Reporting Abuse and Neglect of Adults and Children in Need of Protection	Policy Number: 80.00.010	Page 3 of 8
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- 2.10 **Vulnerable Person:** is an adult living with a mental disability (defined as significantly impaired intellectual functioning existing concurrently with impaired adaptive behaviour and manifested prior to the age of 18 years, but excludes a mental disability due exclusively to a mental disorder as defined in section 1 of The Mental Health Act), who is in need of assistance to meet his or her basic needs with regard to personal care or management of his or her property.

### 3.0 **POLICY:**

NOTE: Where a specific situation triggers a Mandatory Reporting obligation, further clarification may be sought from the specific statute: <http://web2.gov.mb.ca/laws/index.php>

- 3.1 A Mandatory Report is a permitted disclosure of personal health information without consent under PHIA.
- 3.2 The identities of the individuals involved in a Mandatory Report shall be included in the information contained in the report. Staff shall only share information contained in the Mandatory Report with the health care team as required for the purposes of assisting in the treatment of a Patient or to assist in an investigation by an appropriate agency of the government or where otherwise permitted by legislation and/or the policies of the WRHA.
- 3.3 No Staff member shall dismiss, suspend, demote, discipline, harass, interfere with or otherwise disadvantage another Staff member who makes a Mandatory Report.
- 3.4 The duty to provide a Mandatory Report applies to Staff even if the information on which the Staff's belief is based is received in confidence or in a confidential relationship and its disclosure would otherwise be restricted.
- 3.5 Staff completing a Mandatory Report about a Patient shall complete appropriate documentation on the health care record as per any WRHA, site, or program policies. Documentation shall be in as timely a manner as possible, and may include but is not limited to:
- (a) name and date of birth of the Patient;
  - (b) address and basic demographics about the Patient;
  - (c) description of the Patient, including any signs of abuse or neglect that may be noted (drawings may be useful to pinpoint the area, size, and color of injuries);
  - (d) Patient behavior both in the presence of and not in the presence of the individual(s) suspected of being responsible for the Abuse, Neglect, or causing a Child to be a Child in Need of Protection;
  - (e) name of the alleged individual suspected of being responsible for the Abuse, Neglect, or causing a Child to be a Child in Need of Protection, and the relationship to Patient;
  - (f) any statements made by the Patient in their own words;
  - (g) the results of any consultation with other health professionals, agencies or police; and
  - (h) the date, time and names of the individuals and applicable government agency notified.

WRHA Policy Name: Reporting Abuse and Neglect of Adults and Children in Need of Protection	Policy Number: 80.00.010	Page 4 of 8
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### MANDATORY REPORTING UNDER THE CHILD AND FAMILY SERVICES ACT:

- 3.6 Where Staff have information that leads them to reasonably believe that a Child, whether the Child is a Patient or not, is or might be a Child in Need of Protection, Staff shall:
- make a Mandatory Report of the information to the applicable child and family services agency;
  - consult the Child Protection Centre at Health Sciences Centre or WRHA legal counsel if further assistance or direction is required; and
  - if the Child's health or safety is at risk of serious and immediate harm, contact the police.
- 3.7 Although Staff are not required to advise or obtain the approval of their supervisor to make a Mandatory Report to an applicable child and family services agency, the WRHA encourages Staff to inform their immediate supervisor of the Mandatory Report.
- 3.8 Staff, including their immediate supervisor if advised, shall take all reasonable steps when a Child is a Patient of a WRHA facility or WRHA funded facility to ensure appropriate consultation with relevant agencies and security measures are taken to protect the Child in Need of Protection.
- 3.9 Where Staff become aware or have a reasonable belief that there exists a representation, material or recording that is, or might be, child pornography, they shall make a Mandatory Report promptly to [cybertip.ca](http://cybertip.ca) or another applicable reporting entity in accordance with the *Child and Family Services Act*.

### MANDATORY REPORTING UNDER THE VULNERABLE PERSONS LIVING WITH A MENTAL DISABILITY ACT:

- 3.10 Staff who believe, on reasonable grounds, that a Vulnerable Person is or is likely to be **abused** (*meaning mistreatment, whether physical, sexual, mental, emotional, financial or a combination thereof, that is reasonably likely to cause death, or that causes or is reasonably likely to cause serious physical or psychological harm to a Vulnerable Person, or significant loss of property*) or **neglected** (*meaning an act or omission whether intentional or unintentional, that is reasonably likely to cause death or that causes or is reasonably likely to cause serious physical or psychological harm to a Vulnerable Person, or significant loss to his or her property*), shall:
- promptly make a Mandatory Report of the concern and information upon which it is based to the regional office of Manitoba Family Services and Housing;
  - consult WRHA legal counsel if further assistance or direction is required; and
  - if the Vulnerable Person's health or safety is at risk of serious and immediate harm, contact the police.
- 3.11 Although Staff are not required to advise or obtain the approval of their supervisor to make a Mandatory Report to Manitoba Family Services and Housing, the WRHA encourages Staff to inform their immediate supervisor of the Mandatory Report.
- 3.12 WRHA facilities, WRHA funded facilities, and the Staff shall take all reasonable steps where a Vulnerable Person is receiving care, support services or related assistance, to protect the Vulnerable Person from abuse or neglect.



WRHA Policy Name: Reporting Abuse and Neglect of Adults and Children in Need of Protection	Policy Number: 80.00.010	Page 5 of 8
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### **MANDATORY REPORTING UNDER THE UNDER THE PROTECTION FOR PERSONS IN CARE ACT:**

- 3.13 Staff who have a reasonable basis to believe that an adult, excluding a Vulnerable Person, who is:
- (a) is a resident or an in-patient in a hospital, personal care home or designated organization/institution, or is receiving respite care in such a facility;
  - (b) is receiving services in a geriatric day hospital that is managed by a hospital;
  - (c) is receiving services in an emergency department or urgent care centre of a hospital, personal care home or designated organization/institution; or
  - (d) is receiving any other services provided by a hospital, personal care home or designated organization/institution specified in the regulations;
- is, or is likely to be, **abused** (*meaning mistreatment, whether physical, sexual, mental, emotional, financial or a combination thereof, which causes or is reasonably likely to cause, the death of the adult, serious physical or psychological harm to the adult, or significant loss to the adult's property*) or **neglected** (*an act or omission that is mistreatment that deprives the adult of adequate care, adequate medical attention or other necessities of life, or a combination thereof, which causes or is reasonably likely to cause death of the adult, or serious physical or psychological harm to the adult*), shall:
- (e) promptly report the belief, and the information on which it is based, to the Protection for Persons in Care Office;
  - (f) consult WRHA legal counsel if further assistance or direction is required;
  - (g) if the adult's health or safety is at risk of serious and immediate harm, contact the police.
  - (h) if the adult's health or safety is at risk of serious and immediate harm, contact the police.
- 3.14 Although Staff are not required to advise or obtain the approval of their supervisor to make a Mandatory Report to the Protection for Persons in Care Office, the WRHA encourages Staff to inform their immediate supervisor of the Mandatory Report.
- 3.15 WRHA facilities, WRHA funded facilities, and Staff shall take all reasonable steps to protect an adult that falls under the Protection for Persons in Care Act from abuse or neglect and to maintain a reasonable level of safety for the adult.

### **MANAGING ABUSE AND NEGLECT WHERE MANDATORY REPORTING IS NOT REQUIRED:**

- 3.16 Aside from the definition of Abuse and Neglect which triggers Mandatory Reporting under provincial laws, there are other forms of conduct that society considers to be abusive and neglectful. While there are no Mandatory Reporting obligations when Staff have a reasonable basis to believe that such conduct is occurring outside the scope of *The Child and Family Services Act*, *The Protection for Persons in Care Act*, or *The Vulnerable Persons Living with a Mental Disability Act*, Staff still have certain responsibilities where they have a reasonable basis to believe such conduct is occurring in respect to a Patient.

WRHA Policy Name: Reporting Abuse and Neglect of Adults and Children in Need of Protection	Policy Number: 80.00.010	Page 6 of 8
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- 3.17 Abusive and neglectful conduct that does not trigger Mandatory Reporting may take many forms including domestic violence and elder abuse. It can include many different components such as physical, sexual, emotional, financial or a combination thereof. Screening questions for abusive and neglectful conduct should be part of any initial routine health assessment when possible, particularly when the presenting injuries could be consistent with such causes.
- 3.18 Staff responsibilities in cases of abusive or neglectful conduct that does not require Mandatory Reporting may include: identification of the cause of the abusive or neglectful conduct; the provision of support and information; and referral to appropriate resources.
- 3.19 Where Staff have a reasonable basis to believe that abusive or neglectful conduct that does not require Mandatory Reporting has occurred in respect to a Patient and the information that supports the belief was obtained through the provision of health care services to the individual, Staff shall not report the abusive or neglectful conduct without the consent of the individual who is the subject of the abusive or neglectful conduct or where the individual is not competent, the person who has authority to exercise rights on behalf of the individual pursuant to section 60 of PHIA.
- 3.20 Where Staff have a reasonable basis to believe that abusive or neglectful conduct that does not require Mandatory Reporting has occurred in respect to a Patient and the information that supports the belief was obtained through the provision of health care services to the individual, Staff may only report the abusive or neglectful conduct without the consent of the individual in exceptional circumstances where it is necessary to prevent or lessen a serious and immediate threat to the health or safety of the individual or another person or to otherwise comply with provincial legislation. In such circumstances, Staff shall consult with their supervisor, and the WRHA Chief Privacy Officer or WRHA legal counsel.
- 3.21 Where Staff has observed the actual conduct of an individual which may be considered a breach of the *Criminal Code*, they may voluntarily choose to report the matter to the appropriate authorities including police. Although Staff is not required to advise or obtain the approval of their supervisor to make a report under these circumstances, the WRHA encourages Staff to inform their immediate supervisor of the situation.
- 3.22 Confidentiality regarding the identities of the individuals involved in allegations of abusive and neglectful conduct that does not require Mandatory Reporting shall be maintained to the greatest extent possible. Staff shall share information with the health care team only as required for the purposes of health care or investigation.
- 3.23 In circumstances where Staff has a reasonable basis to believe that abusive or neglectful conduct that does not require Mandatory Reporting has occurred in respect to a Patient, Staff shall complete appropriate documentation on the health care record as per the policies, processes and procedures of the WRHA facility or site. Documentation should be completed in a timely manner and may include but is not limited to:
- (a) name and date of birth of the Patient;
  - (b) address and basic demographics of the Patient;
  - (c) description of the Patient, including any signs of abuse or neglect that may be noted (drawings may be useful to pinpoint the area, size, and color of injuries);
  - (d) Patient behavior both in the presence of and not in the presence of the person suspected of causing the abuse or neglect;



WRHA Policy Name: Reporting Abuse and Neglect of Adults and Children in Need of Protection	Policy Number: 80.00.010	Page 7 of 8
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- (e) name of the person suspected of causing the abuse or neglect and the relationship to the Patient;
- (f) any statement made by the Patient in their own words;
- (g) the results of any consultation with other health professionals, agencies or police;
- (h) if notified, the date, time and names of the applicable government agencies.

#### 4.0 **PROCEDURE:**

- 4.1 Facilities/sites shall develop processes and procedures, as appropriate, to support this policy.
- 4.2 Refer to Appendix "A" for contact information in respect to a Mandatory Report.

#### 5.0 **REFERENCES:**

- 5.1 Domestic Violence. Retrieved from <http://www.gov.mb.ca/domesticviolence/>
- 5.2 Family Violence. Retrieved from <http://www.gov.mb.ca/fs/fvpp/>
- 5.3 Human Resources and Skills Development Canada (HRSDC). (2010). Elder Abuse Awareness information materials: Module 1. Ottawa, ON: HRSDC
- 5.4 Responding to Abuse, Protocols for Care providers (Staff) in Community. [http://home.wrha.mb.ca/prog/socialwork/files/ccm\\_abuse\\_responding.pdf](http://home.wrha.mb.ca/prog/socialwork/files/ccm_abuse_responding.pdf)
- 5.5 *The Child and Family Services Act C.C.S.M. c.C80.*
- 5.6 *The Protection for Persons in Care Act C.C.S.M. c.P144.*
- 5.7 *The Vulnerable Persons Living With A Mental Disability Act C.C.S.M. c.V90.*
- 5.8 *The Personal Health Information Act C.C.S.M. c.P33.5.*
- 5.9 WRHA Protocols for High Risk Indicators, [http://home.wrha.mb.ca/prog/socialwork/files/ProtocolsforPsychosocialHighRiskIndicators-WRHASW\\_2.pdf](http://home.wrha.mb.ca/prog/socialwork/files/ProtocolsforPsychosocialHighRiskIndicators-WRHASW_2.pdf)
- 5.10 WRHA Regional Policy 10.50.010, Client Complaints Management System. And Reporting Policy
- 5.11 WRHA Regional Policy 10.40.141, Disclosure of Personal Health Information Without Consent; and 10.40.020 Confidentiality of Personal Health Information.
- 5.12 World Health Organization. (2002). The Toronto declaration. Retrieved from [http://www.who.int/ageing/projects/elder\\_abuse/alc\\_toronto\\_declaration\\_en.pdf](http://www.who.int/ageing/projects/elder_abuse/alc_toronto_declaration_en.pdf)

**Policy Contact:** Vicki Verge, Regional Director of Social Work, WRHA

WRHA Policy Name: Reporting Abuse and Neglect of Adults and Children in Need of Protection	Policy Number: 80.00.010	Page 8 of 8
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## Appendix

**Mandated Reporting:*****Child and Family Services Act Reports:***

All Nations Coordinated Response  
Hours: 24-hour services  
Report via Phone:  
204/944-4050 Winnipeg  
1-866-345-9241 Province Wide

***Vulnerable Persons Living with a Mental Disability Act Reports:***

Hours: 24-hour services  
305-114 Garry Street  
Winnipeg, Manitoba R3C 4V7  
Phone number: (204) 945-5039 or 1-800-757-9857  
**\*\*Professional use only, (204) - 945-0471**

***Protection for Person's in Care Act Reports:***

Winnipeg: 204-788-6366  
Toll-free: 1-866-440-6366  
Fax: 204-775-8055

**Non-Mandated Reporting:*****Domestic violence supports***

<http://www.gov.mb.ca/domesticviolence/>  
Phone: 1-8777-977-0007

***Elder abuse or older adult supports*****Abuse Line**

[http://www.ageopportunity.mb.ca/services/elder\\_abuse.htm](http://www.ageopportunity.mb.ca/services/elder_abuse.htm)  
Phone: 1-888-896-7183

**Seniors Information Line:**

In Winnipeg: 204-945-6565  
Toll-free: 1-800-665-6565  
<http://www.gov.mb.ca/shas/>