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BETEL HOME FOUNDATION

HISTORY

“Betel” – House of God – the place where Jacob laid his head on a stone and dreamed a dream...

The Betel Home Foundation was founded by a small group of Icelandic Lutheran Women who “dreamed a dream”. Through their efforts the first Betel Home opened its doors to nine residents on March 1, 1915 in rented quarters at 354 William Avenue, Winnipeg, Manitoba. Later in 1915 the “Home” was moved to permanent quarters in Gimli where over the years it expanded until it housed 95 residents. In 1990, a new 80-bed facility opened on this site.

It was realized that there was a need for a second home thus in 1966 a new Home was built in Selkirk and was expanded upon in 1970. Currently the Betel Home in Selkirk is “home” to 91 residents.

MISSION STATEMENT

Betel Home Foundation will continue to be a leader and innovator in providing the highest quality of life for each individual in our care. We will identify and adapt to emerging health care needs and challenges. Betel Home Foundation is an integral part of the community recognizing our Icelandic roots and respecting other cultures.

VISION STATEMENT

MAKE OUR HOME YOUR HOME...

WHERE CARE AND SERVICE PREVAIL

RESIDENTS' BILL OF RIGHTS BETEL HOME FOUNDATION

Within a home-like, safe and clean environment, every resident has the right to the following:

1. To be treated with courtesy and respect and in a way that fully recognizes their dignity and individuality, and to be free from mental and physical abuse.
2. To select daily clothing, be properly sheltered, fed, groomed, and cared for in a manner consistent with their needs.
3. To be told who is responsible for and who is providing their direct care.
4. To be afforded privacy in treatment and in caring for their personal needs.
5. To keep and display personal possessions, pictures, and furnishings in their room, meeting safety requirements and respecting other residents' rights.
6. To give or refuse consent for treatment, including medication, in accordance with the law, and to be informed of the consequences of giving or refusing consent.
7. To have the opportunity to participate fully in making any decision and obtaining an independent medical opinion concerning any aspect of their care, including any decision concerning their admission, discharge, or transfer to or from another facility.
8. If being considered for restraints, has the right to be fully informed about the procedures and the consequences of receiving or refusing them.
9. To communicate in confidence with their legal representative, to receive visitors of their choice, and to consult in private with any person without interference as often as necessary.
10. To have family members present twenty-four hours if death is likely to be imminent.
11. To designate a person to be informed immediately concerning any transfer or emergency hospitalization.
12. To be informed of their medical condition, treatment, and proposed course of treatment.
13. To raise concerns or recommend changes in policies and services on behalf of others to the Resident and Family Advisory Council, Management and staff,

government officials, or any other person inside or outside Betel Home, without fear of restraint, interference, coercion, discrimination, or reprisal.

14. To form friendships, to enjoy relationships, and to participate in the Resident and Family Advisory Council.
15. To meet privately with their spouse or partner in a room that assures privacy; and where both spouses or partners are residents of Betel Home, they have a right to share a room according to their wishes, if an appropriate room is available.
16. To exercise choice of culture, language, religion, and recreational activities that develop their potential and to be given reasonable provisions by Betel Home to accommodate these pursuits.
17. To be given access to protected areas outside Betel Home in order to enjoy outdoor activity, unless the physical setting makes this impossible.
18. To manage their own financial affairs or to appoint a Power of Attorney, except in the case of those for whom legal authority has been established.
19. To have their legal representative act on their behalf in all areas of care and decision making when they are no longer able to do so.

HOW DO WE ENSURE YOUR PRIVACY?

Under the Personal Health Information Act, all residents' personal health information is confidential. This confidential information is provided only to Betel Home Foundation staff/ volunteers on a "need to know" basis.

All Betel Home Foundation staff and volunteers receive an orientation to the Policy on Confidentiality and must also sign a Pledge of Confidentiality.

All personal health records related to accommodation, charges and medical information are confidential and are accessible only to the authorized staff

ADVANCE CARE PLANNING

“Speaking for you when you can no longer speak for yourself”

A Health Care Directive is a legally binding document; sometimes called a “living will”. It is **self-initiated** by you, and complies with the provisions of the Health Care Directives Act. In Manitoba, a Health Care Directive may indicate the type and degree of health care interventions you would consent to or refuse to consent to and/or indicate the name(s) of an individual(s) who has been delegated to make decisions i.e., a proxy, if you are unable to speak for yourself. Changes can be made at any time as long as you are competent to do so. A valid Health Care Directive completed by you will be respected unless requests made in the Health Care Directive are not consistent with accepted Health Care Directive practices. Your Health Care Directive will be placed on your health record. It is a legal obligation for health care staff to follow the wishes indicated in the Directive.

Advance care planning is a process of communication with you, your family or substitute decision-maker and health care providers in which you have the opportunity to discuss and record your wishes regarding goals of care and future health care treatments.

Advance care planning discussions will occur for purposes of filling out an Advance Care Planning - Goals of Care Form. Refer to Regional policy on Advance Care Planning – Goals of Care as well as WRHA Advance Care Planning. Have a say in your health care. Advance Care planning discussions with the Health Care Team and completion of the Goals of Care form does not replace a Health Care Directive.

Health Care Directive (sometimes called a “living will”)	Advance Care Planning – Goals of Care
- self-initiated by a person	- developed together with the Health Care Team
- reflects person’s wishes – includes health care instructions and/or name of proxy	- reflects consensus by Patient/Substitute Decision-Maker and Health Care Team
- person be competent, over age 16	- competence does not prevent completion
- protected by legislation in Manitoba	- no specific legislation
- many types of forms. In Manitoba the form is called a Health Care Directive .	- Advance Care Planning – Goals of Care Form

Your family will always be notified of any significant change in your condition.

The Health Care Directive or Advance Care Planning – Goals of Care Form will be reviewed with you as part of your annual resident care conference.

As difficult as it may be, it is also recommended that Funeral Arrangements be made in advance. If you have made funeral arrangements, these should be communicated to the staff so the information can be recorded in the nursing care plan.

Resuscitation:

Philosophy of Resuscitation:

We at Betel Home believe that every competent resident has the right to determine what may or may not be done with his/her own body. The health care team will respect and abide by the preferences made by the resident. Our approach takes into account the illness of the individual as well as preserving the right of choice and the dignity of the person.

Resuscitation Information:

Resuscitation is the action of attempting to restart the beating of the heart and the breathing of the lungs. This action is usually referred to as cardiopulmonary resuscitation or CPR.

The heart and lungs may stop working for various reasons. It could be from a heart attack, age-related heart failure, or as the end to a lengthy illness. When the heart and lungs no longer work, death occurs.

CPR involves making the heart and lungs work by artificial means. The artificial means are chest compressions and rescue breathing. Health care providers who have received training and certification in Basic CPR carry out these measures.

Each person has the right to request that all possible measures be taken to prevent death and prolong life. The choice is up to you or the person you have designated as your proxy or your Substitute Decision Maker for care, should you be unable to make the choice at the time of your illness/accident.

Residents in long term care centers have a high prevalence of co-existing illness and are often over the age of 85 which together greatly reduces the success rate of CPR /resuscitative interventions.

The following assumptions would be reasonable regarding resuscitation in a long term care center:

1. Care focuses on caring for the residents, maximizing their autonomy and functional ability. This is different from acute care facilities that focus on investigation, diagnosis and curative or restorative treatment.

2. Individualized plans for care are developed for each resident based on the resident's/family's/substitute decision maker's identified preferences for treatment.
3. Long term care centers do not have the advanced life support equipment and human resources to respond to respiratory and/or cardiac arrest. Long term care centers can provide at best basic cardiopulmonary resuscitation (CPR).
4. In-house medical staff is not available on site on a 24 hour a day basis.
5. The availability of prompt ambulance and emergency back-up varies depending on the facility's geographic location.
6. The circumstances giving rise to the initiation of Do Not Resuscitate (DNR) orders in a long term care facility differ from an acute care institution as the resident's health is more often the result of chronic disease.

Before you make a decision you should:

- Talk to your family and/or Substitute Medical Decision Maker.
- Talk to your physician and members of the health care team. Ask questions if information is not clear.
- Ask the Charge Nurse for information or ask her/him to contact anyone you feel may help provide you with the support you need to make your decision.
- Speak to the Chaplain or a religious representative of your choice – they can be available on request to assist you in making a decision.
- Read the information available about Health Care Directives/Advance Care Plans.

Please be aware that CPR WILL be implemented when:

- The resident has expressed the desire that CPR be done, or
- The resident has no Health Care Directive/Advance Care Plans in place;
and
- CPR procedure can be started immediately as a result of a witnessed cardiac arrest.

Please be aware that CPR will NOT be implemented:

- When the resident has advised that they do not want CPR administered. For example by a Health Care Directive or Living Will. If the resident chooses not to have CPR, a DNR (Do Not Resuscitate) order will be placed on their chart.
- When cardiac/respiratory arrest is not witnessed and it is unknown how long the resident has been without a pulse or oxygen.

The resident may change their Health Care Directive at any time.

The following are 3 options for Treatment Instructions:

The resident or the resident's Substitute Decision Maker may choose one of the following:

1. C= Comfort Care
 - Nursing care, relief of pain (medications only), oral fluids, and controlling fever if present.
 - *NO diagnostic testing.
 - *NO Cardiopulmonary Resuscitation

*NO Transfer to Hospital

2. M= Medical Care

- This would consist of the above, plus other active treatment/drugs, (e.g. Antibiotics) and laboratory testing.
- If a serious deterioration occurs, transfer to an acute care hospital could be requested. Assessment would be made in the acute care hospital emergency department and a decision made there whether to admit or return to the facility.

*NO Cardiopulmonary Resuscitation

*NO Admission to an Intensive Care Unit

3. R=Resuscitation

- With serious deterioration, transfer to an acute care hospital would be requested with possible admission to an intensive care unit and cardiopulmonary resuscitation if necessary. The acute care hospital has final control over admission to the intensive care unit.

Any of these plans may be changed at any time by notifying the Charge Nurse and/or the Physician.

The following individuals may give consent for the “No CPR” decision:

Each resident, as long as the resident is competent. Competent means able to understand the information being given and the likely results of either having CPR or alternative treatment.

If the resident is unable to, or incompetent, substitute decision maker or Public Trustee (for care) may give direction of care and may make the decision as to resuscitation.

COMMUNICATIONS

RESIDENT / FAMILY SURVEY



Once a year, we distribute a Resident and Family Satisfaction Survey and very much appreciate your participation.

VOICE OF RESIDENTS, CLIENTS AND FAMILIES

Betel Home Foundation staff are committed to providing quality care and services, and as such have established a process/policy to receive compliments/concerns/complaints. If concerns should arise, you and your family are encouraged to speak with the charge nurse on duty at the time, or to contact the Director of Resident Care.

Patient, Clients and Families comment forms are available, (either posted on the family information bulletin board or at the nursing station) for you to write your comment and leave with the charge nurse or Director of Resident Care for follow-up.

We always encourage you to ask questions. If English is not your first language, or you are deaf or hearing impaired, an interpreter can be arranged for you.

RESPECTFUL ENVIRONMENT

We are committed to providing an atmosphere of mutual respect between you, your family and our staff.

Should you have any concerns about the way your family member is treated by staff, or other residents, please let the Charge Nurse know. All concerns will be taken seriously and investigated.

THE PROTECTION OF RESIDENTS FROM ABUSE

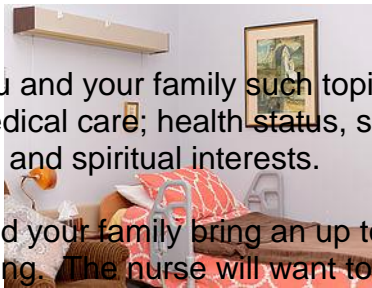
Betel Home Foundation believes that all residents should be free from abuse. There is an abuse policy available to you upon request.

The Protection for Persons in Care Act is a safeguard built into Manitoba's health care system. Mistreatment of a resident or patient in a facility is an offence under this Manitoba law. Pamphlets regarding this act and the reporting process are available at the facility.

PART 2: ACCOMMODATIONS

The Social Worker or the Clinical Nurse Manager (CNM) will contact you when a room becomes available. Moving-in times will be arranged for 24-48 hours after notification. Morning or mid-day moving-in is encouraged to permit you and your family time to become familiar with the new surroundings before the evening and to allow more time for settling in.

Your admitting nurse will provide you with an orientation to your new home and will introduce you to members of the care team, for example recreation staff. A day or two later you will have an opportunity to determine which group or individual activities you may want to participate in.



The nurse will discuss with you and your family such topics as physician assigned to your medical care; health status, social history (interests and hobbies) and spiritual interests.

It is very important that you and your family bring an up to date list of medications you are taking. The nurse will want to review the medication bottles as well, which will then be taken home by your family or given to the nurse to dispose of in a safe manner. All medications will be dispensed by the nurse.

You and your family may wish to decorate your room to meet your personal taste. Any costs, associated with maintenance, repair or removal of personalizing your room will be the responsibility of you and your family.

Your room is chosen by the nursing staff, based on your physical and social needs and availability. Should they change, a move may be required to another room or area of the facility. You and your family will be notified prior to any relocation. We understand that moves can be disruptive and consequently we try to limit these changes.

A list of Personal Care Home contact persons and their respective phone numbers is provided in this book for your convenience.

You are encouraged to visit your optometrist either before admission or within 6 months of the time of admission.

Personal Care Homes provide a home-like environment but are a much needed health care resource. If a resident is discharged, transferred to another Personal Care Home or passes away, we ask that personal belongings are removed from the room within twenty four hours. Our staff is here to assist and recognize this is a difficult time. A refund of the monies paid for the rest of that month will be processed by the Business Office.

Don't forget to bring

- All medical numbers
- Other medical insurance
- Medications
- Completed medication list
- Contact names/phone numbers /addresses
- A copy of your previous year's Notice of Assessment to establish the daily rate.
- Your Advance Care Directive or Plan if you have one.
- Name of other healthcare providers/ specialists.

CLOTHING, PERSONAL BELONGINGS AND VALUABLES

Residents are encouraged to have an adequate wash and wear wardrobe, which is in good repair, and which allows for frequent changes and laundry service. A recommended clothing list is attached (See Appendix A & B). This list can be used as a guide for you to ensure that sufficient articles of clothing are provided to meet your individual needs.

To prevent loss of clothing, each item of clothing will be labeled by the personal care home. A one-time charge of \$25 charge for this labeling service will be billed to your account. Throughout your stay, you and your family should ensure that any new or additional items of clothing are brought to the nursing staff for labeling and washing, prior to use.

Clothing Tips for Families

- For residents in wheelchairs families should consider loose fitting, warm clothing of appropriate length
- Pants should allow for ease in toileting(i.e. suspenders, belts, and difficult fasteners are discouraged)
- Families are asked to regularly check dresser and closets to ensure contents meet the needs of the resident and removal of out of season clothing or clothing that no longer fits
- Residents' physical limitations may require the use of open back clothing. Families will be consulted when this need arises. The home can assist families with purchase or alterations

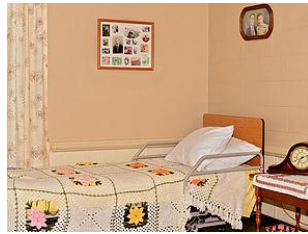
Clothing requirements change with the seasons or with changes in your condition. As storage is limited, it is most helpful if your family would check in the spring and the fall to ensure that seasonal clothing is on hand. Unsuitable articles of clothing should be removed along with suitcases etc.

Special equipment such as wheelchairs, specialty chairs, slings, sliders, or walking aids etc. become your responsibility to rent or purchase and maintain, if needed, on a permanent basis. The Occupational Therapist will assist you with determining your equipment needs.

The PCH cannot assume responsibility for loss of valuables, including money. Therefore, we discourage you from keeping personal items of a valuable nature, in your own room. However, if you request a small amount of cash on hand, please ensure that it is in a secured area within your room.

A one-time charge of \$5 will be added to your account for the purchase of nail clippers that will be kept in the tub rooms and replaced if necessary. Maintenance of such items as electric shavers, dentures, hearing aids etc. remains your or your family's responsibility. We encourage residents to have these items labeled if possible or to have identifying marks recorded. The PCH cannot assume responsibility for breakage, loss or damage to these articles.

It is encouraged to obtain private home insurance to cover the loss or damage to any personal items or valuables such as hearing aids, jewelry, glasses, etc.



FURNISHINGS

Rooms are furnished with a bed, mattress, pillows, dresser, bedside table, chair, bed linens, and towels. You are encouraged to personalize your room as your home. You may be able to bring a comfortable chair (if space allows), which must be leather or vinyl, pictures, books, photo albums, plants, radio, flat screen TV, no larger than 32" for most rooms and no larger than 27" if you will be living in wing 6 at Selkirk Betel. You may also supply your own comforter, quilt or drapes, made of fire retardant material. You or your family must assume the responsibility for cleaning these items.

For safety reasons, area or scatter rugs are not permitted within the facility.

Rooms are arranged strategically for use of mechanical lifts/ceiling track lifts if needed. Beds are positioned so the head of the bed is under the overhead light and that the bed is far enough away from the heating vent for safety. We ask that rooms only be rearranged under special circumstances.

Small bar fridges may be brought in by the family, but defrosting, cleaning, dating and monitoring of food items in the fridge remain the responsibility of you and your family.

For safety reasons all electrically powered equipment or appliances brought into the PCH must be checked by maintenance personnel prior to being used. All electrical appliances must be CSA approved.

For Safety reasons, the following items are NOT allowed:

**Any items that generate heat including but not limited to:
Coffee makers, Kettles, Toasters, Hotplates, Microwaves**

Irons

Electric Blankets, Heating Pads

Hot water Bottles, Magic Bags, Hot Packs

Room Heaters, Halogen Lamps

Humidifiers

Curio Cabinets, China Cabinets

Sparklers/wax burning products are also not allowed.

Weapons(decorative or other) are not permitted.

Extension Cords are not allowed. A power bar with surge overload protection is required.

VISITORS

We like to think that Betel Home is your new home and visitors are welcome at any time. Coffee is always available in the main dining room for you and your guests. Pets are also welcome to visit if they are well behaved and on a leash. We ask that they stay out of the dining room. Betel Home welcomes families to visit as often as possible and to stay as long as possible. Guests are a very important part of a resident's life and we encourage regular visits by relatives and friends. We have unrestricted visiting



hours. In the event that visitors are suffering from personal illness such as the flu or colds, we request that visits be postponed until the person is free of symptoms.

OUTINGS

Outings outside of the facility are always encouraged although it is important for us to be aware of our Residents' whereabouts at all times. There is a binder located at the Nurses' Desks that allows for signing out and signing back in. This allows staff to know where everyone so that we can provide timely care and also so we can be prepared in the event of an emergency

PART 3: FACILITY SERVICES

MEDICAL SERVICES

You will be assigned a physician/nurse practitioner who visits regularly and will assume responsibility for your medical care. Sometime after moving in, the physician/nurse practitioner will complete a thorough medical history, assessment and physical examination, which may include a Chest X-Ray, EKG, and Laboratory tests as needed.

Emergency medical services are provided by a physician on call or at the hospital.

All physicians/nurse practitioners must abide by the Rules and Regulations governing Medical Staff for Personal Care Homes in Manitoba

If your family has medical inquiries, they may arrange to discuss medical treatment plans with the physician by contacting the clinic and making an appointment to see him/her, or by meeting with the physician and the care team while on rounds at the PCH.

NURSING SERVICES



The Personal Care Home provides nursing care on a 24 hour basis. There is a Nurse available at all times. The nursing team may consist of Registered Nurses, Licensed Practical Nurses, and Health Care Aides.

Under the direction of a Registered Nurse / Registered Psychiatric nurse, members of the team work cooperatively each providing a unique contribution toward fulfillment of your individual care needs. These will include, provision of personal care, assistance in all aspects of Activities of Daily Living as required, administering medication and treatment plans, communicating with and consulting appropriate team members, as well as members of your family and

assisting you to participate in life enrichment activities, both within and outside the facility.

PHARMACEUTICAL SERVICE

All medications are ordered by a physician and prepared and distributed to the PCH by a qualified Pharmacist on a contractual basis. As a member of the care team, the pharmacist provides: consultative services, drug information and education for the physician, residents, and staff. The Pharmacist also participates in medication reviews making any necessary recommendations, with your best interests in mind.

THERAPEUTIC RECREATION

The focus is on a wide variety of recreational programs with residents playing an active role. Special events, entertainment, games, religious services, discussion groups, etc. are held on a weekly basis. There are also outings, which enable residents to experience a variety of community environments. Bringing the local community into Betel Home is also part of our programming. School groups, religious associations, day care centers, volunteers and other groups are welcomed at Betel Home. Family and community volunteers are encouraged to assist in special events, outings and regular programs.



Quarterly, the Resident Newsletter is produced for residents and their families. It contains information about Recreation, special events, Resident Council, Social work, Volunteer news as well as safety information.

There is recreation staff available to help you develop your favorite leisure activities. They arrange entertainment programs, group outings, a variety of games and many other activities of common interest to our residents.



Therapeutic recreation programs are offered to residents based on assessment and identified needs.

There are lounges, equipped with televisions, stereos, DVD players, pianos. All residents are encouraged to use any room for their enjoyment and entertainment.

Areas provided for enjoyment include a multipurpose room for groups, recreation rooms, a library, and a self-contained courtyard. If you would like to book any of our rooms for a particular gathering with family and friends, please see our Recreation Manager.

Information Boards:

These boards are located in the resident hallways and are meant to keep you informed of the events at Betel Home.

Daily Recreation Board:

Completed daily and shows the day, month, year as well as the day's programs with times and locations.

Bulletin Board:

A monthly calendar of events is posted here together with the monthly birthday list.

Resident and Family Information Board:

This area contains information about the Resident and Family Advisory Council, e.g. list of representatives, minutes.

A section has been set aside for General Information and has the following bulletins: Guidelines for Special Family Events, Price list for Hairdresser and other miscellaneous informative items, e.g. previously owned mobility aids.

SPIRITUAL CARE

Spiritual care recognizes and responds to the needs of the human spirit when faced with existential crisis, trauma, ill health or sadness. It can include the need to express oneself, to find meaning, self-worth, faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener. Spiritual care is individual, open-ended and focuses on what you identify as sources of meaning and connection. Religious care provides a link to beliefs and practices that are based in particular faith traditions. Spiritual care is not necessarily religious. Religious care, at its best, should always be spiritual.

You may or may not consider yourself a religious person. Perhaps you are most comfortable saying, "I'm a spiritual person but I'm not religious." Or you may have close connections with a particular faith community. Wherever you find yourself, we will respect your choices.

As part of the moving in process you will be asked if you are affiliated with a faith community, e.g. a particular church. This question is asked to make sure that those

who want to maintain connections with their faith community will be supported in doing so. This information is made available to the representative of your particular faith community only. You or your family may request a one-on-one visit from a faith representative at any time.

Multi-denominational services are offered regularly and everyone is welcome to attend.

Should you have a spiritual need that is not being met or you are concerned about spirituality in the care home, please bring it to our attention – perhaps through a family member. Spirituality is such a personal matter; communication is the best way to ensure your spiritual needs are being met.

SOCIAL WORK

The Social Worker will provide assistance for you and your family while you consider Personal Care Home placement, while moving in, and throughout your stay.

The Social Worker will involve you and your family in providing the Care Team with information about your social, emotional and spiritual history. This information will be used by the health care team in working with you to develop a care plan that meets your needs.

The Social Worker can provide information, education and supportive counseling on a variety of topics to meet your needs. This may include information about your new home, specific illnesses, coping strategies and referrals to other services.

THERAPEUTIC SERVICES

Occupational Therapy is available on a limited basis. The Therapist will meet with all new residents and as needed during your stay to assist with seating assessment and equipment needs.

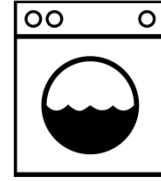
Mental Health Services for the Elderly are also available to residents in Interlake-Eastern RHA PCHs and will be consulted as needed.

MAINTENANCE

The Maintenance staff keeps the facility operational and the building safe; they make necessary repairs and are responsible for checking any electrical appliance that you may bring in prior to being used. They will also assist you in hanging pictures, clocks etc.

LAUNDRY SERVICES

The facility provides laundry services for all residents. It is recognized that your family members play an important role in ensuring your clothing is in good repair, that items are removed as required and adequately provided for you as needed. Facility staff will keep your family informed of your ongoing clothing needs. Minor clothing repairs will be done on a regular basis. However, seamstress services for major mending and alterations, delicates, hand washables, as well as dry cleaning arrangements and costs are the responsibility of you and your family.



Please keep in mind that due to infection control requirements – all clothing is washed in hot water and dried with high heat and delicate clothing may not be able to withstand this heat without damage. Please consider this when choosing clothing that you will bring.

All articles of clothing, quilts, slippers, etc. must be marked. Please mark initials on all articles with a laundry pen prior to admission. The laundry staff will then apply the appropriate name tags on each article as it comes in for cleaning.

HOUSEKEEPING SERVICES



The Housekeeping Staff keep your new home clean and attractive and will do the general cleaning of your room, bathroom and the common areas within the facility. Your family will remain responsible for the cleaning and upkeep of specific items such as: your personal fridge, personal decorations / valuables, or plants within your room.

Periodic checking of drawers and cupboards will be done by staff and family members, so that non-essentials and worn or ill-fitting clothing can be identified and removed by family as required.

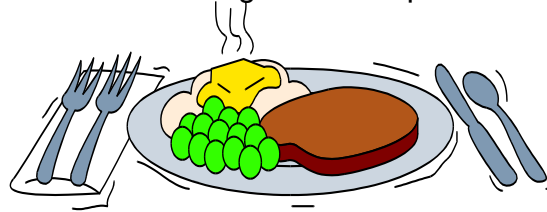
FOOD AND NUTRITION SERVICES

Under the direction of the Registered Dietitian and Food Services Manager, meals are provided that comply with the Canada Food Guide and take into account cultural and personal preferences.

The menu is developed by the Dietitian with input from the residents, families, staff and the Food Services Manager. Special (therapeutic) diets and nutritional supplements are provided in accordance with the physician's order and the Dietitian's recommendation.

Picnics and Barbecues are planned in conjunction with the Recreation Department during the nice weather, and traditional meals are served on special occasions.

Three meals are served daily, in addition to hot and cold drinks and light snacks being offered throughout the day. Staff is trained to assist with feeding and to respond to emergencies.



Dining rooms are situated in each resident area, and a seating plan is developed to meet the care and social needs of residents.

Your family members and friends are encouraged to join you for a meal. Sufficient notice (at least 1 ½ hours) must be given to the dietary staff prior to the mealtime so that requests can be accommodated. Tickets are available at the Business Office or with the Nurse. Please discuss payment options and details of sufficient notice with your kitchen and or the nursing staff.

Family members are welcome to bring in meals or special food items, provided that the food is of prescribed texture and in proper storage containers and must be dated, labeled, and stored in the refrigerator in the kitchenette or the residents own mini fridge. Please note that the dietary staff is unable to reheat any food brought in from outside the facility. A microwave is available for use.

CONSULTATIVE SERVICES

The services of other Health Care Professionals are available and can be arranged for on a consultative basis and to which a fee may be charged, these services include:

- Physiotherapy
- Podiatry or Foot Care Nurse
- Optometrist, Dentist & Audiology
- And others as necessary

Your family will be contacted with regard to any appointments made and they will be asked to escort you. Transportation arrangements will also be discussed to determine the most appropriate and economical means of transportation. Should your family be unavailable for appointments, escort arrangements to appointments outside the facility can be made with PCH staff, with any additional costs being charged to your account. All transportation costs will also be charged to your account.

Palliative Care Services - available to residents and families upon consultation. The goal of palliative care services is to provide a personalized, supportive resource to help you and your family cope.

Ethics Services – When an ethical dilemma presents which cannot be resolved, a consult to ethical services is available to residents and families. There is an Interlake-Eastern RHA regional policy available to you upon request.

Volunteers

Volunteering expands and enriches the programs and services for residents of the PCH and is integral in providing a holistic care service. Additionally, it offers members of the community, of all ages, the opportunity for self-development and community service, according to personal talents and capabilities.

There are numerous opportunities for volunteers which include: music, singing, dancing, reading, crafts, games, happy hour, coffee breaks, one to one visiting, friendly visiting, grocery shopping, out for lunch, van rides, chapel service, sewing, teen programs, shopping assistance, escort service for outside appointments and the offering of assistance with feeding, etc.

The residents and the PCH staff are most appreciative of our volunteers; many of whom are family members or friends of residents. We invite members of your family to become a volunteer. Please let us know if you are available and interested, by contacting the Recreation Department. We will review your interests and determine the activities and programs most suitable for you and will assist you in obtaining the necessary security checks.



PART 4: FINANCIAL INFORMATION

FINANCIAL SERVICES

The Business Office accepts payments for residential charges; administers the Resident Spending Agreement for miscellaneous expenses (should you desire this service); and accepts outgoing mail.

Having a Resident Spending Agreement through the PCH provides you the ease of accessibility of cash (maximum of \$5) during regular business hours. Thus, you may not have to keep money in your room or on your person. It also permits the PCH to meet your daily needs, should you be unable to administer your own cash.

Goods & Services you are responsible for payment can be identified on your Resident Spending Agreement.

Manitoba Health levies a charge for institutional personal care home care that is intended to partially offset the total cost of living, and is based on the resident's ability to pay.

For residents who receive Social Assistance, the maximum combined Old Age Security/Guaranteed Income Supplement and Provincial supplement the basic minimum rate will apply.

Above this level of income the rates rise in gradual increments to a maximum determined by Manitoba Health. The rates are assessed yearly each August 1st and are based on your previous year's income. Please bring a copy of the resident's Notice of Assessment in yearly and, if applicable, the resident's spouses as well.

A person, who cannot pay the assessed rate due to an extenuating circumstance, may request a review of the rate. Such requests must be submitted to Manitoba Health within 30 days of the effective date of the assessed rate.

Information on government financial assistance programs is available in the Manitoba Seniors Guide, at 1-800-665-6565, or on the internet at www.gov.mb.ca/sd or www.sdc.gc.ca.

Monthly residential charges are payable, in advance to the Business Office. The daily residential charge covers the cost of your meals, accommodation and any medication covered by Manitoba Health that may be prescribed for you by your attending physician.

Although resident trust accounts are not available at Betel Home, residents are permitted to charge items such as hairdressing, clothing or toiletries. These charges then appear on the following resident monthly statement from the Business Office.

Residential charges will continue to be collected during all hospital, social and extended leaves.

Responsibility for financial management remains with you or your family designate. It is preferred that a Power Of Attorney, Committee, or Public Trustee be in place prior to moving into your new home and a copy of your agreement be left in the Business Office and placed in your health record.

INCOME TAX AND G.I.S

You or your legal representative will be required to file a tax form annually.

Guaranteed Income Supplement forms need to be completed annually as well.

You will be required to bring a copy of the Notice of Assessment you receive back from Revenue Canada after your taxes are filed to the Business Office each year.



RESIDENT SHORT TERM LEAVE

Social leaves are encouraged because we recognize that regular social contact in the community enhances quality of life. A leaves of absence of varying length can be arranged by providing the nurse in charge with sufficient advance notice to ensure that all necessary care arrangements and medications are provided. A “social leave” is when you leave the facility for short periods of time.

An “extended leave”, is when you leave the facility for a maximum of 21 days for a vacation. Hospitalizations may be beyond the 21 days. When on leave, your room is reserved for you and the residential charge applies.

TRANSPORTATION

Betel Home is responsible for your transportation costs in specific circumstances as set out in the Manitoba Health and Healthy Living Policy.

The following chart will help to identify the resident transportation for which Betel Home is responsible and the transportation you would be responsible for payment. If you have insurance that will cover the transportation costs please ensure the Business Office is aware.

The complete Manitoba Health and Healthy Living – Personal care Home (PCH) Resident Transportation policy is available to you and your family upon request to the Clinical Nurse Manager.

Type of Resident Transportation	Responsible Payer
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Visits to family or friends and recreational outings	Resident
Transportation costs associated with routine visits to primary health clinics, physician/optometrist/audiologist/dentist/denturist/or other practitioner clinics, or any transports where the resident is capable of traveling using a handi-van, taxi, or private automobile.	Resident
Transportation to a hospital where the visit has been scheduled through consultation with the receiving facility for treatment or a diagnostic test where the ambulance is medically necessary .	Regional Health Authority/Manitoba Health except as set out in subsection 5.5 of this Policy
Transportation to a hospital where the visit is a primary response for emergency medical service and where the patient is returned to the PCH within 24 hours.	Betel Home
Transportation to a hospital where the visit is due to a primary response for emergency medical service and where the patient is not returned to the PCH within 24 hours.	Resident
Transportation of a patient from a hospital to PCH where the ambulance is medically necessary .	Regional Health Authority/Manitoba Health except as set out in subsection 5.5 of this Policy
<p>Subsection 5.5 reads:</p> <p>The resident is not eligible under this policy if they are:</p> <p>5.5.1 a person who is eligible for health care benefits, including coverage of transportation costs, from Veterans Affairs Canada;</p> <p>5.5.2 a person involved in a motor vehicle incident and who is eligible for coverage of transportation costs under <i>The Manitoba Public Insurance Corporation Act</i>;</p> <p>5.5.3 a person who has access to social assistance funding;</p> <p>5.5.4 a person who is an eligible recipient entitled to receive benefits under the Non-Insured Health Benefits Program, Health Canada.</p>	

PART 5: DAILY LIVING

SMOKE FREE/SAFE SMOKING

This facility provides Smoke-Free indoor air for resident comfort. A designated outdoor smoking space is available for you, if you desire. Smoking cessation assistance is also available and can be requested through the Clinical Nurse Manager.

All residents who smoke will be assessed upon moving in by the admitting nurse in conjunction with the interdisciplinary team using the Personal Care Home Smoking Risk Assessment Form. This will determine if you are able to smoke independently. Residents must be able to independently go outside to smoke, as well as self-manage their cigarettes and lighter. If you are not safe to smoke independently, you will need the assistance from family/friend to provide the supervision for safety while smoking outside.

Smoking assessments will be repeated if any concerns arise and even though you have initially been assessed as safe, this may change, at which point you will either again need the assistance of family/friends or will be provided with smoking cessation assistance.

ALCOHOLIC BEVERAGES

You are permitted to consume alcoholic beverages unless it is contraindicated for specific reasons. Your physician will be advised of your desire to consume alcohol and provide approval in order to ensure compatibility with your medical plan of care.

The purchase and cost of all alcoholic beverages remains the responsibility of you or your family. The nurse in charge must be informed of any alcohol stored in resident rooms and a secure storage area must be ensured. Alcoholic beverages may be removed from a resident's possession should their use or accessibility by others be deemed detrimental to the well-being of that individual or fellow residents.

Alcoholic beverages may also be labeled and stored in the medication room and be dispensed by the nurse in charge, upon request of the resident or physician.

MAIL DELIVERY

Personal mail is distributed regularly by the staff. Assistance is available to read the mail with you if requested. Outgoing mail must have the correct postage and can be left with the Business Office.



Mail from friends should be addressed to:
c/o Betel Home Foundation
Box 10
Gimli, MB
R0C 1B0

c/o Betel Home Foundation
212 Manchester Ave
Selkirk, MB
R1A 0B6

HAIR CARE

Hairdressing services, for both male and female residents, are offered at the PCH on designated days. Haircuts, shampoos, styling, perms, and colors are the services available. The fee schedule is available in the hair care room. Billing for these services can be directed to your Resident Spending Account or be paid to the hair stylist. Hairdressing appointments can be arranged directly or through the nursing staff. If desired, you may also choose to have hairdressing services arranged at your own cost.



TELEPHONES / TELEVISIONS



Facility telephones are available for use on an occasional basis. If daily telephone calls are a part of your routine, installation of a private phone line is recommended. Arrangements for a telephone can be made by you or your family on a private basis. The PCH does not assume responsibility for any charges incurred with your telephone. This includes charges for transfer of the phone from one room to another, should this situation occur.

Televisions are located in the resident lounge or recreation areas. Regular television programming is available, as well as movie times, which are arranged through the recreation department. Private televisions are allowed, but they must be CSA approved prior to hookup in your room. Cablevision can be arranged by your family on a private basis. Please contact your local provider.



NEWSPAPERS

Delivery of daily Winnipeg or weekly local papers can be arranged at your own cost.

HEARING AIDS/GLASSES

You and your family are responsible for the purchase of these devices, their batteries and maintenance. If you or your family wishes that significant valuables remain with you, or for special cost items (i.e.: hearing aids, glasses), a private insurance policy should be maintained.



NOTE: The facility does not accept responsibility for loss or breakage of glasses or hearing aids.

RESPONSIBILITY FOR PAYMENT FOR GOODS AND SERVICES FOR RESIDENTS OF PERSONAL CARE HOMES

This is outlined in the attached appendix titled Resident Moving in Agreement

PART 6: RESIDENT SAFETY

SAFETY AND SECURITY

Your room and bathroom have a call system to alert nursing staff that you are in need of assistance. By pulling the call bell cord, beside your bed or toilet, a light and alarm are activated, both outside your room and at the nursing station.

Each resident has the right to self-determination. We owe it to our residents to preserve their dignity and autonomy while ensuring their safety. Residents should enjoy unrestricted freedom of movement in their surroundings although the risk of injury from falls may be present.

Should family/visitors notice potential hazards to themselves, residents or facility staff, they are requested to report them immediately to the Charge Nurse. At certain times such as the flu season, Betel Home may elect to limit visitors for the residents'

protection. In these cases, a notice will be posted at the entrance of the building with specific instructions for all visitors to follow.

For the protection of the residents, we advise residents, family and visitors not to assist with transferring residents or assisting in providing of personal care unless this occurs under the direction of the Charge Nurse.

Doors are locked and alarmed to prevent residents from exiting the building undetected. The front door opens automatically but has an alarm to detect residents in the vicinity who have been identified as at risk to wander away. This alarm is also located near the service exit.

We have a Workplace Safety and Health Program, which focuses on health, safety and risk management for residents, staff, visitors and volunteers. Staff have been orientated and trained to respond to a variety of disaster situations such as fire etc.

There is video surveillance in our personal care homes in common areas.

FIRE SAFETY

Our Home is designed for fire safety. Fire doors, situated on each wing, will close automatically when the fire alarm is activated. All window, wall coverings and mattresses in the facility are essentially flame retardant. In case of fire, you will hear the alarms, which have been activated by heat or smoke detectors. Fire extinguishers and or sprinklers in the ceilings are located throughout the building and are inspected and maintained regularly. All exits, within the facility, are clearly marked. As a safety precaution, for fire prevention, the maintenance staff must check and approve all electrical appliances brought into the facility prior to their use.



Regular monthly fire drills and annual evacuation practices are required by the Manitoba Health to ascertain that staff is familiar in their roles during an emergency situation in the event of a fire or evacuation. When a drill is in progress, visitors are expected to participate and to follow the instructions and directions given to them by the staff. If you find a fire, go to the nearest pull station, follow the instructions and evacuate the immediate danger area. Telephones are not to be used during operation of the fire alarm.

MEDICATIONS

Prescription drugs and medical and surgical supplies are ordered through and administered by the nurse. Please bring in all your current medications and a completed medications list upon moving in so that the nurse and doctor can develop a best possible medication history for you.



All medications will be reviewed and reassessed every three months or as necessary to ensure they are still required and that you continue to benefit from their use.

If you are taking Cholinesterase Inhibitor medications such as (Aricept, Exelon and Reminyl) you will also have an assessment of its effectiveness. This may involve a gradual decrease, and then hold for a trial period of approximately one month. A memory test will be conducted before and after the trial, at which time you will be carefully monitored for changes in mood, social behavior or ability to function. Your family will be informed prior to the assessment and will participate in the evaluation.

If it is felt that the medication is no long effective but the family feels strongly that you should continue to receive the medication, arrangements can be made to provide it. In this case, the resident/family is responsible for payment. The physician's approval is required.

Most drugs, prescribed by the doctor, are supplied to residents and are paid for by Manitoba Health.

You or your family member will be notified if any drugs that are ordered are not covered by Manitoba Health, and your approval will be requested prior to filling the prescription. Only medications that have been ordered by the physician will be administered to you.

For safety reasons, medications or over-the-counter preparations such as laxatives, aspirin, and cold tablets etc. are not permitted in your room. This policy also protects you from the possibility of drug reactions or interactions between prescribed medications and over-the-counter preparations.

Use of Complementary or alternative therapies need to be discussed with the Clinical Nurse Manager. All related costs will be assumed by you and / or family.

Also remember to identify yourself. Resident identification is important to prevent errors and ensure that care and services are provided to the correct resident. Make sure the nurse or HCA calls you by name. The nurse will confirm that your name and picture on the care plan or medication profile are consistent.

MENTAL HEALTH ISSUES

Mental Health issues can affect us all. Many people struggle with feeling pain and hopelessness. Talk to your Doctor or Nurse about these thoughts, a consult to Mental Health for the Elderly can be facilitated.

RESTRAINTS

At Betel Home a restraint is defined as any physical, chemical, electronic, mechanical, or environmental intervention that restricts a resident's freedom of movement or behavior. Risks are a part of life within the Home's environment. Independence in mobility and reduction of risks to the resident occurs by utilizing interventions that promote safety without the use of restraints. Restraints render the resident dependent and decrease mobility. Restraints are always a temporary and an unusual measure.

Restraints are kept to a minimum necessary for safety purposes and should allow the resident as much freedom of movement as possible. The need for protective safety devices will be evaluated on an individual basis.

Our Philosophy:

All residents enjoy the right to be free of physical and chemical restraint, regardless of their cognition and functional ability. Residents/substitute decision makers have the right to experience risk, autonomy and dignity in an environment, which is supportive and unrestricted.

Examples of Restraints:

1. **Mechanical Restraint:** A mechanical restraint is any externally applied device that inhibits free physical movement such as seatbelts or geriatric chairs/wheelchairs with tray tables that cannot be removed.
2. **Chemical Restraint:** A chemical restraint is any pharmaceutical given with the specific and sole purpose of inhibiting specific behaviour or movement. Differentiating between the use of a drug as a therapeutic agent or a restraint may be difficult. When a drug is used to alleviate or treat distressing and emotionally painful symptoms, primarily for the benefit of the resident, it is a therapeutic agent. When a drug is used to control disruptive behaviour primarily for the benefit of others or the Home, it is a restraint.
3. **Environment Restraint:** Barriers to free personal movement, which serve to confine residents to a specific physical location.

Interventions are developed through individual assessment by the resident/family and the care team. All resources must be considered when determining an alternative to

restraints. The following activities must take place in order to find an alternative to restraint use:

A conference is held regarding the safety issue as soon as possible. The resident and family are involved in problem solving and informed of the treatment/care plan.

Alternatives are investigated and documented.

A comprehensive interdisciplinary assessment is documented.

Evaluation and reassessment of interventions are ongoing.

Alternatives to Restraint:

- Appropriate medical treatment of the disease process, psychiatric or other supportive therapy, including restorative, recreational, occupational therapy and physiotherapy programming.
- Review of the environment to reduce noise, control lighting, and ensure mobility aides are accessible.
- Appropriate seating to reduce risk of falls, including positioning techniques and seating clinics.
- Some alternatives to side rails include: lower beds, fall mats, and the use of one side rail only.

FALL MANAGEMENT

Betel Home is committed to minimizing the injuries associated with falls. Residents are assessed for their risk of falls, and those identified at higher risk will be identified with a “falls” logo. Non-slip footwear, hip protectors, and walking aides are some of the interventions utilized in the fall management program.



ASSISTIVE DEVICES: AIDS, CANES, WHEELCHAIRS, SIGNALLING DEVICES

Our goal is to encourage you to do as much for yourself and be as independent as possible.

We will work with you and your family to develop a plan that promotes safety and wellness. We will be encouraging active participation in personal care and other daily activities. This will help to maintain muscle strength and overall well-being.

An Occupational Therapist will assess your abilities and make recommendation for assistant devices, strengthening and exercise programs or any requirements such as wheelchair, walker or other aid.

All recommendations are reviewed with you and your family before arrangements is made to purchase equipment (or rent when available).

If necessary and on approval, purchase of bed sensor mats, wander alert devices , room sensors, transfer sliders or slings for mechanical lifts will be arranged for you by the facility. You and your family are responsible for the cost of the above safety items.

PART 7: INFECTION PREVENTION & CONTROL

HAND HYGIENE



The simple act of hand sanitation greatly reduces the chances of illness amongst the residents residing in a personal care home.

Waterless hand gel stations are found at the entrances and throughout the building, visitors are asked to wash hands upon entry and exit of the building or when in contact with body fluids or soiled linens etc.

Residents are asked to wash hands frequently throughout the day.

INFLUENZA AND PNEUMOCOCCAL VACCINES

Our Infection Prevention & Control Program recommends that residents of Personal Care Homes receive an annual Influenza Vaccine, a one-time only Pneumococcal Vaccine, and any other vaccines deemed necessary at the time, such as H1N1 vaccine.



The Influenza Vaccine is provided in late fall, but can be given throughout the winter. The Pneumococcal Vaccine is available throughout the year and is administered on moving into the facility, unless you have already received it.

Vaccines are prescribed by your physician and administered by the nurse at no charge to you or your family. Consent, from you or your family, is required before administration.

TB SCREENING

The initial chest X-ray is the screening tool used to determine if further investigation is required to diagnose tuberculosis.

BED BUG PREVENTION AND MANAGEMENT

Betel Home has a policy which speaks to prevention, control and treatment. The policy is available upon your request.

Prior to moving in, you will be asked two questions about exposure to bed bugs and other pests. The questions are:

1. Have you stayed in a place or do you think that your home may have been exposed to bed bugs in the past three months?
2. Has anyone in your family been bitten by bed bugs or have bites or blisters that you are concerned about?

If you answer yes to the questions above - Upon moving in:

- Resident's clothing and bed linen e.g. comforter is placed in a sealed plastic bag and sent to laundry for washing.
- Furniture and other items e.g. dresser, picture frames etc. will be moved in through the receiving entrance and inspected by the housekeeping and maintenance staff, then vacuumed thoroughly.
- If there is suspected infestation the items will not be allowed into the facility until further investigation.

PART 8: FAMILY INVOLVEMENT

It is the longstanding relationships in life, the ones that connect residents to their families/friends that is important in maintaining the meaning and quality of the resident's

life. Families continue to be an integral part of the resident's life in the home and as such we encourage family members/significant others to visit often and participate in the activities and events.

RESIDENT CARE PLAN AND CONFERENCES

Within 24 hours of moving in, you and your family / legal representative will be involved in establishing an initial care plan, which addresses your needs and interests.

Within 8 weeks, you and your family will be invited to join the team to develop an integrated plan of care. Your family/loved one will also be sent a satisfaction survey in the mail for you to complete together. This survey provides us with important feedback related to the moving in process.

You and your family will be invited to an annual care conference to review your care plan. Care conferences involve a brief review of your normal daily routine as well as assessments or concerns from all team members.

You may arrange to review your care plan at any time. Please contact the Clinical Nurse Manager to set a date.



RESIDENT ADVISORY COUNCIL

You (and your family) will be invited by the Recreation staff to join the Resident Council which meets every other month to provide an opportunity to plan activities, answer questions, discuss concerns, problem-solve and share ideas for new programs and policies. This also provides an opportunity for you to actively participate in contributing to the quality of life experiences in the home.

Minutes of these meetings are posted on the bulletin board in the facility and copies are made available for you and your family.

Further information can be obtained from the Recreation Department.

RELATIVES' CHANGE OF ADDRESS

Your relatives are requested to inform the nurse in charge and the Business Office of any change in address or telephone number. During vacation periods, please have your family leave a number where they can be contacted in case of emergency.

GIFTS FROM RESIDENTS OR FAMILY MEMBERS

Betel Home Foundation employees, physicians and volunteers are not to solicit or accept gifts of goods or money from residents or family members.

Verbal and written comments/compliments are accepted and appreciated.

Appendix A

Male Resident Clothing Guide

The following is a guideline of recommended clothing and toiletries for you to consider. Please take into consideration your personal preferences when following this guideline.

Trousers/Pants	6 pairs
Shirts	6 (long sleeves or pullovers)
Undershirts	8
Undershorts	7-10
Socks	7-10 (wool not advised, non-constrictive tops advised)
Sweatpants or Jogging Suits	4-6 (if regular pants are not worn)
Sweaters	3-4
Pajamas	4 pair
Housecoat	1-2 (washable)
Slippers	2 pair (rubber tread bottom and washable)
Coat, Jacket or Hooded Poncho	(suitable outer and seasonal wear)
Winter Footwear	as required (include accessories such as gloves, hat, scarf)
Shoes	1 pair (rubber sole; good walking shoes)
Hats	Summer/Winter
Toiletries	

- Toothbrush
- Denture adhesive/cleaner

- Deodorant
- Electric or rechargeable shaver
- Hand lotion
- Tooth paste/Mouthwash
- Aftershave
- Facial lotion

Special clothing and footwear if condition warrants (i.e. open-back clothing, etc.).
Specialty catalogues and ordering can be discussed with the PCH staff.



Appendix B

Female Resident Clothing Guide

The following is a guideline of recommended clothing and toiletries for you to consider. Please take into consideration your personal preferences when following this guideline.

Dresses	6 (if dresses are not worn – 1 for special occasions)
Slips (if worn)	6
Bras or Undershirts	6
Hosiery per self.	Pantyhose not recommended unless resident is applying
wearing apparel	Stay-ups are recommended (if dresses are preferred 4-5 pair - otherwise, 2 – 4 pair should suffice.)
Socks recommended.	6 pair (if pants/jogging pants are worn – 8 pairs are Wool is not advised – nor restrictive tops.)
Underwear	7-10
Sweaters	4 cardigans
Blouses	5-6 (if worn)
Skirts	5-6 (if worn)
Pantsuit or Jogging Suits	4-6 (if worn)
Slacks	5-6 (if worn)
Nightgowns	5-6 (if worn)
Housecoat	1-2 (washable)
Slippers	2 pair (rubber tread bottom and washable)
Coat, Jacket or Hooded Poncho	(suitable outer and seasonal wear)
Winter Footwear	as required (include accessories such as gloves, hat, scarf)
Shoes	1 pair (rubber sole; good walking shoes)
Hats	Summer/Winter

Toiletries

- Toothbrush
- Deodorant
- Electric or rechargeable shaver
- Comb/brush
- Cosmetics
- Shampoo
- Denture adhesive/cleaner
- Tooth paste/Mouthwash
- Hand lotion
- Facial lotion
- Kleenex

Other

- Sunglasses, Insect Repellant, suntan lotion
 - Suntan lotion
 - Special clothing and footwear if condition warrants (i.e. open-back clothing, etc.).
- Specialty catalogues and ordering can be discussed with the PCH staff.

Appendix C

PERSONAL CARE HOME MOVING IN AGREEMENT

THIS AGREEMENT MADE THIS _____ DAY OF _____ 2020

BETWEEN:

Betel Home Foundation
(Hereinafter called the "Home")

of the first part,

- and -

(Hereinafter called the "Resident")

of the second part,

Now therefore, this agreement witnessed as follows:

1. The Personal Care Home (PCH) agrees to provide the following goods and services as insured benefits:
 - Accommodation at the standard level.
 - Meals including special and therapeutic diets including dietetic supplies and nutritional aids / supplements.
 - Physician services, Nursing Services, Pharmacy, Dietetic, Recreation, Housekeeping, Spiritual Care / Volunteer, Therapy Services, general Maintenance services, Social and Mental Health Services.
 - Diagnostic services.
2. In accordance with the following table, the Personal Care Home must provide Insured Personal Care Goods and Services to insured persons entitled to receive such service in a PCH, for no charge other than the residential charge.
3. In accordance with the following table, insured persons in a Personal Care Home must pay, over and above the residential charge for Non-insured Personal Care Goods and Services.

ITEM	PCH RESPONSIBILITY	RESIDENT RESPONSIBILITY
CLOTHING	Laundering and minor repairs, e.g. button replacement, seam repairs.	Purchase, replacement, labeling (one-time fee), major repairs, alterations, and dry cleaning. Open back clothing if required.
ROOM SET-UP	Cleaning, paint touch up, clean linen.	Television, phone and monthly charges, charges for moving phone, cable or internet service to a preferred room, dry cleaning of owned items. Any costs, associated with personal decorating, maintenance, repair or costs associated with removal of items used to personalize the room.
FURNISHINGS	Rooms are furnished with a bed, mattress, pillows, dresser bedside dresser, chair, bed linens, and towels.	You may bring a chair (vinyl or leather only), pictures, radio, TV, books, photo albums etc. You may also supply your own comforter, quilt and drapes or valences made of fire retardant material. Special cleaning of personal bed linens/window coverings is the responsibility of the Resident/family. Small bar fridges are allowed - defrosting, cleaning, dating and monitoring of food items in the fridge remain the resident/designates responsibility. For safety reasons all electrically powered equipment or appliances brought into the PCH must be checked and approved by site personnel prior to being used. For safety reasons, the following are not permitted: area or scatter rugs, electrical devices such as room heaters, heating pads, humidifiers/dehumidifiers and halogen lamps, hot water bottles, magic bags and hot packs, aerosolized containers, and the burning of candles or wax type products.
PERSONAL USE CONSUMPTION	General personal hygiene and skin care products, e.g. body lotion, denture cups, toothettes, shampoo, body cleanser including soap, perineal cleanser, and barrier products.	Cosmetics, deodorant, recommended oral health care supplies (i.e. mouthwash, toothbrush & paste, denture cleaner/adhesive, etc) facial tissue, nonprescription lotions, creams, sun screen, personal hygiene products (other than provided by the PCH), support hose, compression stockings, compression garments, alcoholic beverages.
EQUIPMENT	<i>For use by more than one Resident:</i> Mechanical lifts and slings, sliders, commodes, transfer belts, transport wheelchairs, basic walkers, overhead trapeze bars, crutches for short term use, raised toilet seats; portable oxygen tanks, regulators, and oxygen concentrators and supplies, restraint devices, fall mats for short term use, preventative maintenance of all facility owned equipment.	<i>For the exclusive use of the Resident:</i> Lift slings, sliders, commodes, transfer belts, transfer poles, wheelchairs (WCs), WC cushions/seating for pressure relief or reduction, positional aids, splints, orthotics, walkers, crutches, canes for long term use; portable oxygen for outings other than approved recreation programs, bed and chair alarms, sensor mats, fall mats, hip protectors, insurance for repair or loss of personal belongings, repair and preventive maintenance, contract for owned equipment, and other equipment or supplies not covered by MB Health or a 3 rd party insurer.
MEDICAL/ NURSING SUPPLIES	Dressing/wound management supplies, compression dressings, treatments for venous ulcers. Needles, syringes, lancets, supplies and monitors for assessing blood glucose levels, routine diagnostic testing materials, catheters, drainage bags, tube feeding and ostomy supplies, disinfectants, antiseptics etc., incontinence care products (as determined by individual Resident assessment).	Incontinence care products preferred by the Resident (including pull-up type products) and that are not supplied by the facility.
DIETARY SUPPLIES	Food, including special and therapeutic diets, dietary supplies, thickeners, nutritional supplements	Personal use aids and utensils
DRUGS, BIOLOGICALS, AND RELATED PREPARATIONS	Prescribed drugs and over the counter preparations approved by Manitoba Health*	Resident requested products not prescribed by a physician or extended practice nurse, including herbal or other alternative therapies.
SUPPORTIVE AIDS		Repair and replacement of dentures, eye glasses, hearing aides and batteries.
PERSONAL SERVICES Hiring of additional private services such as hairdressing, manicures, pedicures, massage therapy, chiropody, companion care or private duty nursing. * The Manitoba Formulary and the PCH Drug Program drug benefit lists are very similar except that the PCH Drug Program benefit list includes over the counter laxatives, cough and cold products, and vitamins that are not covered through Pharmacare. The link to the Manitoba Formulary lookup: http://web@gov.mb.ca/eFormulary/basicSearch.aspx		
Manitoba Health Policy 205.5 – Insured and Non Insured Personal Care Services for Personal Care Home Residents (June 2010).		

4. The client moving in for permanent residency or respite services in the PCH agrees to pay to the PCH the following charge:
- a) the daily residential charge collected by the facility at the beginning of each month for Residents with permanent residency or the beginning of the respite period for clients receiving respite services. The Resident and/or designate, if in disagreement with the daily residential charge, (as set by Manitoba Health on a sliding scale) has the right to appeal the process.

The Personal Care Home has implemented Electronic Funds Transfer (EFT) for payment of the Monthly Residential Charges. The monthly payment is transferred automatically from the designated bank account to ours on the first working day of every month.

- b) any uninsured ambulance charges which may be incurred by the PCH in respect to the Resident. Note: Transportation costs where a Resident is taken from Betel Home to a hospital for emergency care, and returns the same day is payable by Betel Home. If a Resident is transported by ambulance to a hospital and is admitted this cost is not an insured service and is the responsibility of the Resident. If the Resident has Blue Cross Ambulance coverage this cost will be paid by Blue Cross. Transportation expenses for doctor's appointments or lab and X-ray visits are the responsibility of the Resident. Blue Cross does not pay for these costs. Blue Cross ambulance plans only pay for emergency ambulance costs.
- c) such reasonable charge as may be levied by the PCH for the provision of services requested or required by the Resident.
- d) special equipment or supplies will be ordered by the PCH for the Resident but only on prior approval of purchase from the Resident / Alternate. These purchases will be billed directly to the Resident or legal representative and he or she will be responsible for payment. As these items are purchased solely for one Resident's use they will remain the property of that Resident.

Resident specific special equipment or supplies may include wander transmitters and bracelets, walkers, wheelchairs (subsequent wheelchair repairs), canes, crutches, pressure cushions, slings for mechanical lifts, bed check sensor mat, commode chairs, chair alarms, fall mats, etc.

5. The Resident or Alternate may make arrangements to have preapproved purchases for personal incidentals which the Resident may desire, (such as foot care; barber/beautician services) through the Resident spending account. Monthly statements will be provided with the amount owing. This will be paid monthly in the same manner as the residential charges for the permanent Residents. For clients receiving respite services the statement of incidentals which were purchased will be provided at the end of the respite period for payment at that time.
6. Healthy and adequate vision is a necessity for personal safety - decreasing risk for falls and improving upon quality of life for the Resident. It is an expectation that the Resident have an up-to-date eye exam by a designated professional prior to moving in to PCH. Referrals to specialists will occur as indicated, and it will be the responsibility of the Resident or Alternate to ensure adequate follow-up.

7. The Resident hereby consents to the following:

- a) The provision of such medical treatment by the PCH and its employees as is deemed necessary for the Resident's health and well-being by the Resident's attending physician, the Home's designated medical advisor or any physician summoned to attend the Resident.
- b) Participation in Outings that the Resident may be invited to participate in following a careful assessment by the nursing department.
- c) The release of such information from the Resident's record and charts as is requested by any insurer of the Resident, (e.g. Manitoba Health, Veteran Affairs, Public Trustee, Blue Cross).

8. The Resident hereby agrees to comply with all Betel Home Foundation policies as they pertain to the PCH.

9. If desired, the Resident or Alternate agrees to make their own arrangement for insurance covering any Resident's belongings including dentures, artificial limbs, money, jewelry and valuables. The Resident understands that the PCH is not responsible for money or valuables left in the Resident's room.

10. Please complete the following information as it applies to the Resident:

Veteran status? Yes No If yes, DVA #: _____

First Nations status? Yes No If yes, Treaty #: _____

11. Either party may terminate this agreement upon giving 30 day's written notice to the other.

Betel Home Foundation, Representative

Resident or Alternate

SIGNED THIS _____ day of _____ 20____

Original copy maintained in the Business Office

Duplicate copy provided to: _____
(Resident or Alternate's name)

Resident Health Record
Recreation Manager

Appendix D

Betel Home Contacts:

Chief Executive Officer

Angela Eyjolfson	Gimli	204-642-5556 ext 22352	aejolfson@ierha.ca
	Selkirk	204-482-5469 ext 20952	

Directors of Resident Care

Cheryl Pich	Gimli	204-642-5556 ext 22355	cpich@ierha.ca
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Jacob Ahaiegbe	Selkirk	204-482-5469 ext 20960	jahaiegbe@ierha.ca
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Clinical Nurse Managers

Kristi Henry	Gimli	204-642-5556 ext 22357	khenry@ierha.ca
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Cindy Marynowski	Selkirk	204- 482-5469 ext 20967	cmarynowski@ierha.ca
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Director of Finance

Gayanne Prise	Gimli	204-642-5556 ext 22351	gprise@ierha.ca
	Selkirk	204-482-5469 ext 20951	

Support Services Manager

Johannes Snorrason	Gimli	204-642-5556 ext 22361	jsnorrason@ierha.ca
	Selkirk	204-482-5469 ext 20961	

Recreation Managers

Bryanne Hjorleifson	Gimli	204-642-5556 ext 22356	bhjorleifson@ierha.ca
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Matt Mutcheson	Selkirk	204-482-5469 ext 20956	mmutcheson@ierha.ca
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Social Worker

Caroline TenBrinke	Gimli	204-642-5556 ext 22364	ctenbrinke@ierha.ca
	Selkirk	204-482-5469 ext 20964	

Dietary Managers

Arvin Culala	Gimli	204-642-5556 ext 22368	
	Selkirk	204-482- 5469 ext 20965	
			arvin.culala@compass.canada.com

Business Office Clerks

Joy Banera	Gimli	204-642-5556 ext 22350	jbanera@ierha.ca
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Jody Heckert	Selkirk	204-482-5469 ext 20950	jheckert@ierha.ca
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