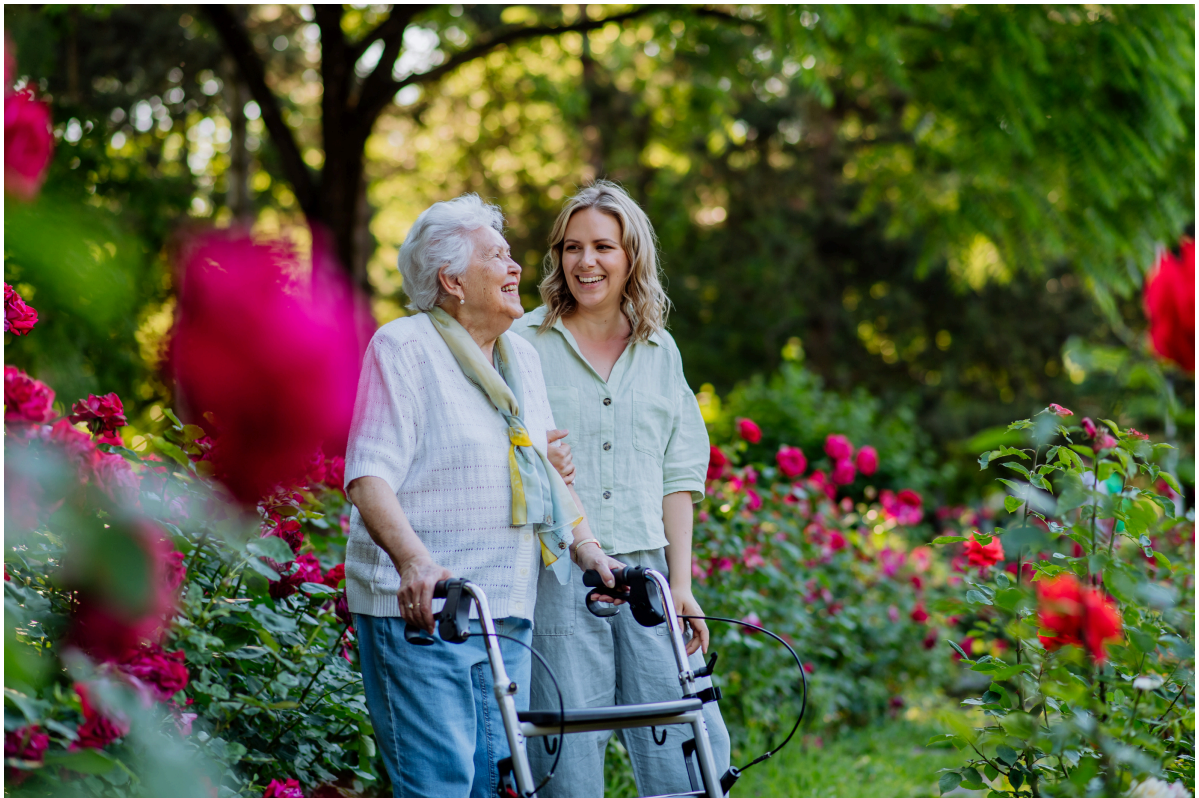




Life at Maplewood House & MSA Manor



*A guide to moving, settling
and living at the care home*





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Welcome to Maplewood Care Society

The staff team and the Society's Board of Directors welcome you and your family as you move into your new home. Our goal is to help you feel comfortable and safe while assisting you to continue having a life of emotional connection and meaning. We practice a holistic approach to meeting your physical, social, mental, and spiritual needs. Our focus is on wellness, reinforcing capabilities and understanding your story. Family and friends are an important part of living at Maplewood House & MSA Manor, and we encourage everyone to be connected and involved.

We know that moving can be a stressful time, especially in circumstances needing ongoing care and support. Moving here may mean a period of adjustment for you and your family. Our mission is to provide exceptional care, one unique person at a time. We acknowledge the changes and losses that may be a part of this time of change. We look forward to getting to know you as we work together to provide the best possible care and give you a community where everyone feels valued and where care enriches your quality of life.

We take your trust very seriously. Our commitment to you is that we will continuously strive to meet your needs, professionally, compassionately, and respectfully.

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This Guide provides information about Maplewood House and MSA Manor, our care and services, activities, and routines. This Guide is also a reference to ensure a shared understanding of expectations and responsibilities. If you or those in your life have any questions or suggestions, please speak with our staff at any time.

It's important that you become familiar with the Guide, and we encourage you to share your comments and suggestions to help us make it a useful and informative tool.

We look forward to new friendships, relationships and memories with you, your family, and friends.

The Maplewood Care Society Staff Team

About Maplewood Care Society

Maplewood House and MSA Manor are owned by a charitable, non-profit organization called Maplewood Care Society and governed by a volunteer Board of Directors. The care homes operate under provincial legislation enacted by the Community Care and Assisted Living Act. Compliance with the Act and all associated regulations is monitored by Fraser Health and the health authority's Licensing division.

MSA Manor opened in the fall of 1973. There are 34 beds divided into 4 wings; Lower North Wing has 8 rooms, the West and East Wings have 10 rooms each and the North Wing has 6 rooms, these three wings are all located upstairs. Residents who live downstairs are able to negotiate the elevator, and when this is no longer manageable, they are relocated upstairs with the next available bed.

Maplewood House opened in May 1989. There are 78 beds spread out in 3 wings: Rosewood, Bluebell and Shamrock. Shamrock is a secure area where people live who have responsive behaviors. We have two respite rooms available for short stays.

Each resident lives in a single room with a two-piece bathroom. The rooms are furnished with a bed, bedside table, and table lamp. The linen, blankets and towels are supplied. There is room for some personal furnishings, and we encourage making the rooms meaningful and personal with pictures. Rooms for bathing are located centrally and the staff assist residents to bathe safely.

Each home has a living room, a large dining room and common areas for residents to gather for activities and meals. Each home also has a beautiful garden area for residents and families to enjoy and explore.





Our Vision, Mission and Values



Our Vision

A community where everyone feels valued and where care enriches quality of life.



Our Mission

To provide exceptional care, one unique person at a time.

- We are proud to be an inclusive organisation, embracing all people.
- We strive to enable each person to live their best day possible given their individual circumstances.



Our Values

Diversity

We celebrate and value the unique composition of our community, staff and volunteers. We welcome all.

Compassion

We treat everyone with empathy, understanding and kindness, which creates trust and genuine connection with residents and families.

Teamwork

We support and inspire each other to do our best, to be curious, and to flourish.

Excellence

We strive for the highest standards in all that we do, continually learning and innovating for better outcomes.

Integrity

We are honest, accountable, and follow through on our commitments.



Maplewood Care Society
1919 Jackson Street,
Abbotsford, BC V2S 2Z8
604-853-5585
admin@maplewood.bc.ca
maplewood.bc.ca

Contacting the Maplewood Care Society Team

You are encouraged to contact the Nurse Team Leader with any questions about care needs, treatment, and medications.

General Contact Information

Address:	Maplewood Care Society Maplewood House 1919 Jackson Street Abbotsford, BC V2S 2Z8	MSA Manor 2150 Gladwin Road Abbotsford, BC V2T 3N9
Main Phone:	604-853-5585	604-853-5831
Main Fax:	604-853-5590	604-853-1647
Nursing Fax:	604-853-4224	
Email:	info@maplewood.bc.ca	
Website:	www.maplewood.bc.ca	

Staff Teams

Nursing and Care

Care Manager Maplewood House	604-853-5585 x 2590
Care Manager MSA Manor	604-425-3091
RN Team Leader - Maplewood	604-870-6761
RN Team Leader – MSA	604-853-5831

Administration and Finance

Maplewood House Administration	604-853-5585 X 2580
MSA Manor Administration	604-425-3092
Finance and Accounting	604-870-6760

Other Services

Maplewood House Food Services	604-870-7563
MSA Manor Food Services	604-425-3095
Support Services (Laundry, Housekeeping & Maintenance)	604-870-6765
Recreation & Volunteering	604-870-7567

Senior Leaders

Chief Executive Officer	604-870-7565
Director of Care	604-870-7560
Director of Finance & Operations	778-880-2051
Director of Resident Lifestyles & Community Programs	604-870-7567

Preparing to Move

There is only a brief period of a few days between being offered a room and moving in. Before move-in day, we will arrange for you to come in for a tour. During that visit, we will give you further information and documentation we need filled out and signed. The Nurse Team Leader will sit down with you and your family to complete some initial assessments and paperwork. The Finance and Recreation Departments will also meet with you to get information they need as well. The Team Leader will also provide a basic orientation. Completing some of the documents in advance helps to keep the demands minimal on move-in day.

As part of preparing to move in, the Nurse Team Leader asks for a current list of medications. This helps to ensure the most accurate medication information. The physician, nurse and pharmacist review the medication profile to make sure the medications are set up for when you move in. Medications are reviewed every 4 months by the physician, nurse, and pharmacist to ensure all medications are being used appropriately for the needs of the resident.

Move-In Day

With most of the paperwork completed at the pre-move-in visit, you and your family can focus on getting settled in on move-in day. The first few days in a new home may be difficult, especially when someone is moving from their own home. The transition is different for everyone. We like everyone to be aware that it may take one to two weeks, or longer, to feel relaxed in their new home. We are committed to making this change as smooth as possible for everyone. Please let us know if there is anything that can help you.

Have 3 sets of day clothes and 3 sets of pajamas labelled to use for the first few days while waiting for the labelling to be done by the Laundry Staff.

(Not applicable at MSA Manor)

Clothing and Toiletries

- | | |
|--|--|
| 1 – house coat | 8 – washable shirts, sweatshirts (men) |
| 6 – pair of socks (traction socks as needed) | 4 – night gowns or pajamas |
| 2 – pair of rubber soled slippers (washable) | 1 – seasonal hat (sunhat, toque) |
| 7 – sets of underwear, 4 slips, 2 bras | 2 – washable sweaters |
| 2 - pair of comfortable walking shoes | 1 – coat (seasonal) gloves and hat |
| 8 – washable outfits (women) | 1– electric shaver |
| 6 – pair washable pants (men) | 1 – hairbrush/comb, hairpins |

Suggested Furnishings

- 1 – Comfortable chair
- 1 – Chest of drawers or desk
- 1 – Television/Stand
- 1 – Washable Comforter
- 1 – Desk Chair
- Up to 4 wall Pictures
- 4 - Ornaments

Do Not Bring

- Bedding/towels, bathroom organizers
- Loveseat
- Carpets or small rugs
- Laundry Hamper
- Fridge
- Dishes
- Wool clothing/blankets, irons,
tea kettle, toasters
- Electric heating pads, extension cords

SECURITY OF PERSONAL BELONGINGS

We know how important meaningful belongings are, especially in a new home. We do highly recommend considering what you bring with you as Maplewood Care Society has no legal responsibility for any direct or indirect theft, damage, or losses of those belongings. If it's meaningful or truly important, consider leaving it with your family.

ELECTRICAL APPLIANCES

The only electrical appliances allowed in residents' rooms are razors, radios, stereos, televisions, and lamps. A small room heater may be brought in if it is CSA approved. For safety reasons, heating pads, electric blankets, electric kettles, toasters, and small fridges are not allowed. All electrical equipment, including extension cords, must be inspected, and approved by the Maintenance team.

Legal and Financial Information

POWER OF ATTORNEY AND REPRESENTATION AGREEMENT

It is strongly recommended that when residents move-in, they have arranged a Power of Attorney for financial and legal matters. This allows for family or other supports to make financial decisions on the person's behalf.

It is also recommended that residents have a Representation Agreement for health and personal care. This allows for family or another support to make health care decisions on the person's behalf. If there is no Representation Agreement, then someone will be appointed as their Temporary Substitute Decision Maker (TSDM) for health care decisions. Who is appointed is dictated by legislation.

The contact information for the resident's legal representative or TSDM is listed on the resident's chart. Every effort is made to notify this person if a resident is injured or has a change in status.

There needs to be one designated primary contact, kept up to date for their file.

Remember: When the primary contact is out of town or otherwise unavailable, an emergency contact needs to be provided. Ideally there is always more than one contact on file.

If you have any questions about any of these documents, please feel free to reach out to the Director of Care.

ACCOMMODATION RATES AND OTHER CHARGES

The provincial Ministry of Health sets accommodation rates annually based on an income tax calculation. Monthly accommodation fees are due on the first of each month. Payment can be arranged by pre-authorization payment with the Finance Department when meeting at Maplewood House & MSA Manor before moving in.

A statement showing all charges and payments is sent prior to the end of each month. Other charges that may appear on the invoice include:

- Medications not covered by medical plans
- Charges not covered by the Ministry of Health
- Medical aids and equipment such as hearing aids and batteries
- Personal transportation for individual purposes
- Purchase or rental of equipment for the exclusive use of the resident, and maintenance as required, other than a basic wheelchair

- Companion services
- Hygiene and grooming supplies for personal use

COMFORT FUND

A Comfort Fund can be set up for residents to securely keep and access cash within Maplewood House & MSA Manor. A dedicated non-interest-bearing account managed by the Maplewood Care Society Finance Department is entrusted for deposits and withdrawals.

- When a deposit is made, a written receipt is given for the monies received.
- The fund is used to pay for small personal items and charges including outings, Tuck Shop purchases, hair care services, and foot care, eliminating the need to carry cash. These charges are automatically deducted from the Comfort Fund account.
- We suggest \$200 be kept in the Comfort Fund account, and there should not be more than \$500 in the account.
- If pocket money is important, we suggest keeping no more than \$10.
- The Comfort Fund can be accessed by residents Monday to Friday, between 9 am and 4 pm.
- Comfort Fund statements are sent monthly to the responsible party.
- When a resident no longer resides at Maplewood House or MSA Manor, the Comfort Fund balance is refunded within 30 days.

TUCK SHOP



Tuck shop services are available at both locations. Please check the current schedule to use this service. Our tuck shop has simple items for purchase such as candy, tissues, greeting cards, socks, soap, and toothpaste. Any purchase will be charged to the Resident's Comfort Fund.

Services at Maplewood House & MSA Manor

***** Some services and activities are not available during certain times – please ask if you are unsure if something is available at this time *****

A new home and a new way of living can be a challenge and we are committed to helping make this transition as smooth as possible. Together, we will work to provide a positive, safe, comfortable and home-like living atmosphere for our residents.

LAUNDRY

All bedding and towels are provided by Maplewood Care Society and are laundered in the commercial machines in the main laundry room. There is laundry service seven days a week. Your family is responsible for the dry cleaning of any special items.

Personal laundry is also washed in the commercial washer and dryer, usually on the same day you are having a bath or shower. Due to extreme temperatures, we ask that you don't bring delicate or wool clothing. Although we make every effort to carefully take care of everyone's laundry, Maplewood Care Society is not responsible for clothing damaged during the laundry process. Laundry bags are provided in each resident's room.

Maplewood Care Society provides an approved infection prevention and control pillow. If you want to bring in your own pillow, please label it clearly. If the pillow becomes soiled, your family will need to have it laundered.

When you move in, a **one-time fee of \$50.00** is payable for specialized labelling of all your clothing. And if you add to your wardrobe during your stay here, please give those items to the care team for labelling.

If a piece of clothing is lost, let your care team know so they can help you in find it.

HOUSEKEEPING

Regular housekeeping is important to make sure that the care home is clean, pleasant, and safe. This includes daily cleaning of washrooms, emptying of garbage, general light cleaning, and tidying of rooms. A more thorough cleaning is scheduled at regular intervals.

MAINTENANCE

If maintenance work is needed, please speak with a member of the staff team.

CABLE, INTERNET AND TELEPHONE

If you would like telephone or television services, this needs to be arranged directly with a local provider. Maplewood House & MSA Manor are not able to provide these individual services. Contact Shaw Support for cable - 1-888-472-2222. Contact Telus for telephone 1-888-811-2323. For Wi-Fi access, use MSCS - Guest - PW [rosewool44](#)

Medical Care and Other Health Services

PHYSICIAN SERVICES

The care home has a Medical Coordinator who helps to make sure all residents have optimal medical care. To provide high quality person-centered care, the Doctors of BC, Abbotsford Division of Family Practice is committed to working alongside Fraser Health-funded care homes. The physician team is Dr. Caroline Cook, Dr. Glen Collingridge, Dr. Varun Bajaj, Dr. Sarah Culkin and Dr. Deep Toor. When moving in, a physician is assigned to the resident, unless we are told their current physician is continuing. Residents need to have a physician who is willing to continue services at Maplewood House & MSA Manor, including home visits.

NURSING SERVICES

The nursing care team includes the Nurse Team Leader, who is a Registered Nurse (RN), Licensed Practical Nurses (LPN) and Resident Care Aides, who provide 24-hour nursing care. The nursing care team supports optimal health by assessing needs, planning, and implementing care plans collaboratively with residents and their loved ones. Any health problems noted by loved ones should be brought to the attention of the RN or LPN.

Resident care aides help with personal care, hygiene, and oral care. Baths are scheduled once per week. For safety reasons, all baths and showers are supervised and/or assisted. Privacy is always respected.

LABORATORY SERVICES

BC Biomedical Laboratories provides the laboratory services at Maplewood House & MSA Manor. Diagnostic tests such as x-rays are done at Abbotsford Regional Hospital and Simon Clinic.

Special arrangements need to be made for those who require assistance and/or accompaniment to get to appointments. Transportation is the responsibility of the family. If a family is not available to go with their loved ones, arrangements need to be made with a transport service company that provides a companion who has first aid certification. The cost for this service is billed to the resident or family.

Ambulance is arranged when required for a transfer to hospital for acute illness and occasionally for diagnostic tests. The cost of the ambulance service is the responsibility of the resident/family.

PHARMACY SERVICES

We have a partnership with Apex Pharmacy. The pharmacy, including the pharmacist, works in consultation with our Medical Coordinator, Director of Care, and the nursing care team. All prescriptions must be brought to the RN or LPN, who formally order medications.

Medications are dispensed by the RN or LPN and stored in a locked cabinet in the nursing station. Medications include over the counter medications; vitamins, minerals, and herbal supplements; prescription creams; and anything a resident would take or apply to manage an ailment. For safety reasons, residents are not allowed to have any medications in their rooms, including aspirin and cough medicine. Special arrangements can be made with the nurse for self-administration of select medications that follow the Maplewood Care Society Medication Self Administration Policy.

NUTRITION SERVICES

The Registered Clinical Dietitian comes to Maplewood House & MSA Manor weekly to review nutritional needs and plan for specific or special requirements. The Dietitian assesses all Residents soon after moving in for nutritional status, food preferences, and any food allergies and intolerances. The Dietitian also determines the need for a special diet, such as cut up, minced or pureed food, and any supplements needed to maintain or improve health status. If you bring food from outside Maplewood House & MSA Manor, please check with the food services or nursing care team so we can make sure the food is acceptable with texture and diet requirements. *Please do not share food with anyone else, as they may have special dietary requirements.*

RECREATION SERVICES

The Recreation department offers a wide variety of programs each month that are designed with a resident's wellness in mind and that meets their physical, social, emotional, cognitive, and spiritual needs. The Recreation staff will meet with you and your loved one to find out about your interests, background, and needs. The staff will go over what is offered over the course of the day, week, and month. A monthly calendar of events is given to each resident and posted by the living room. The calendar for Shamrock is posted on their dining room wall and calendars are available near the entrance of the Shamrock neighborhood. Our recreation program team also offers opportunities to participate in an expressive arts program, music therapy and intergenerational programs.

We encourage you to join in and enjoy these programs, but we respect your decision not to participate.

Garden Boxes / Greenhouse – These are available to any resident who enjoys gardening. Please talk to the Recreation staff to sign up for a garden box.

Lunch In Program - Each month, residents can participate in ordering in foods such as fried chicken, Chinese food or pizza. There is an additional cost for this program. You can choose to participate or not.

OCCUPATIONAL THERAPY AND PHYSIOTHERAPY

Maplewood Care Society has contracts with community Physiotherapists to ensure the best physical support for your loved one. Upon the Resident transitioning to Maplewood House & MSA Manor, each resident will be provided with an initial assessment which includes assessing general mobility, balance, and strength, as well as assessing equipment needs and physical safety management strategies. In addition, if the need for additional active support is appropriate, the Resident can participate in our walking program and/or an individualized active rehabilitation program can be offered. Continuous monitoring by the Physiotherapist is provided, ensuring the goal of safety and comfort with positioning and movement are optimized at all times. Costs over and above essential rehabilitation services provided by Maplewood House & MSA Manor can be discussed with the Physiotherapist and may be the responsibility of the Resident.

With regards to equipment needs, the Rehabilitation Team will provide a basic manual wheelchair when it is needed to support your loved one's ability to move safely. In addition, Maplewood House & MSA Manor provides essential equipment such as transfer and fall risk management equipment, to keep both the resident and the care team safe. If other specialty equipment is needed, our rehab team will be happy to assist with the provision of assessment recommendations and as appropriate, partnering with vendors to support personal equipment procurement. Our team can also support families working with various funders, such as Department of Veterans Affairs, First Nations Health Authority, or other extended health benefit providers to access funding for equipment purchases. Maintenance of personal equipment is the responsibility of the Resident.

If any questions arise during your stay at Maplewood House or MSA Manor, the rehab team is happy to be of assistance and help you along your rehab journey.



Additional Services

DINING AND MEAL SERVICES

We encourage all residents to come to the dining rooms for all meals and snacks.

In the main dining room, residents are seated at the same table for every meal unless they request to move, or it is in their best interest to do so. We try our best to choose compatible tablemates.

Shamrock has a separate dining room. Staff are present and help as needed.

Meals are served around 8:30 am, 12 noon and 5:00 pm, with flexibility for individual needs and meal preferences. Daily menus are posted at the entrance to the main dining room. If someone is ill, a temporary tray service is arranged, and those who have difficulty eating on their own will have help from staff.

Meals
8:30 am
12:00 noon
5:00 pm

We have coffee & tea for our residents available throughout the day and evening. Snacks are served at 10:30 am, 2:15 pm, and 7:30 pm.

DENTAL SERVICES

When moving in, a consent is signed for Silver Valet Dental Care to provide all assessment and treatment services. The arrangement is directly between the resident and family and Silver Dental.

A dental hygienist assesses residents who cannot access Silver Dental and makes recommendations for oral care in the care plan. If affordability makes this dental service unattainable, please speak with the Nurse Team Leader. If there are any sudden oral health concerns, please ask the Nurse Team Leader.

MOBILE OPTOMETRIST & OPTICIAN

To provide full comprehensive eye exams by a registered Optometrist. Services also include the services of a registered Optician who provides frames and lenses for glasses, as required.

FOOT CARE SERVICES

A Nurse specializing in foot care services visits every 6 to 8 weeks to provide services such as trimming nails; prevention treatment; callous reductions and corn relief; and foot skin assessment. For other pricing and services, please see the foot care pamphlet. Charges will be billed to the Resident's comfort fund.



HAIRDRESSING SERVICES

An independent hairdresser offers services at both homes. The hairdresser comes once a week. Appointments can be made in advance by writing your name and which service you would like on the Salon whiteboard. Prices are posted on the bulletin board outside the hair salon. Charges are billed directly to your comfort fund. The prices are as follows, and may be subject to change:

Hairdressing Prices:

Perms	\$75	Color	\$65
Hair Cut	\$25	Shampoo & Cut	\$30
Shampoo, Cut & Set	\$35	Shampoo & Set	\$25
Shampoo, Blow Dry & Curl	\$25		

TRANSPORTATION SERVICES

The handyDART is an accessible, door-to-door shared transit service for people with permanent or temporary disabilities that prevents them from using fixed route transit without assistance. handyDART is available by making a reservation, which can be arranged by the front desk. A taxi service is also available.

MAIL

Canada Post delivers mail to the reception desk, which is then given to the residents.

Any outgoing mail can be brought to the front desk. If Postage is needed, you can purchase postage at the required value at the front desk.

PETS

Residents are not allowed to have their own pets, but we do encourage families and friends to bring their pets to visit their loved ones. Please ensure those visiting pets are well behaved.

RELIGIOUS AND PASTORAL SERVICES

Maplewood Care Society streams a non-denominational Church service every Sunday. We have several local churches that assist us with pastoral support by way of religious rites, rituals, and prayer.

If you would like pastoral, religious, or spiritual support, please let our care team know, and we will plan for this support for you.

For Your Safety and Security

MEDICATION SAFETY

To ensure safety with medication, any questions should be brought to the Nurse Team leader or any nursing staff on duty. If your question cannot be answered, the Team member will contact the Apex Pharmacist or physician for further consultation.

It's important to know that as part of the medication administration record, residents are asked to state their name, to ensure their identity and maintain safety when being given medications. If someone is not able to verbally say their name, an alternate identification verification will be used by the nursing staff.

ZERO TOLERANCE OF ABUSE

There is a Resident Bill of Rights that Maplewood Care Society adheres to. It is included in this Guide and is posted on information boards at Maplewood House & MSA Manor.

Maplewood Care Society does not tolerate any form of abuse or neglect. This applies to all staff, volunteers, family members and visitors.

Every resident is treated with courtesy and respect, and in a way that fully recognizes the resident's dignity, individuality and right to be cared for free from emotional and physical abuse.

All staff members are obligated to report any incident or suspected incident of resident abuse. Maplewood Care Society investigates and responds to all such concerns or complaints and advises Fraser Health Licensing about such matters.

Workplace safety for staff and volunteers is also one of our highest priorities. Staff and volunteers must be treated with respect, free from abuse.

LOCATION AND OPERATION OF CALL BELLS

Each Resident's room is equipped with a nurse call system located at the bedside and in the bathroom. Use the nurse call system to contact staff for routine or urgent (emergency) assistance. To use the nurse call system, push the button at the bedside call system or pull the string at the bathroom call system. A signal will go off at the care station and on the staff telephones. A staff member will respond as quickly as possible.

FIRE REGULATIONS

Every effort has been made to protect Maplewood House & MSA Manor from the risk of fire. Please take a moment to become familiar with fire safety procedures. Fire exits are clearly indicated within the homes. The external Fire Access areas are clearly marked as NO PARKING zones. The routes must be kept free to allow access by emergency vehicles.

The home's Emergency Preparedness Plan is practiced regularly. Alarms and fire drills are also tested and practiced on an ongoing basis for the safety of everyone in the building.

On occasion, you may be asked to take part in a fire drill. Please cooperate with the requests of staff during drills and emergencies. There are important reasons why a request may be made of you with little time for a full explanation at the immediate time. Staff are trained in a safe and orderly evacuation if needed. In the event of a fire, residents are asked to stay in their rooms and wait for direction from staff. Staff and/or firefighters will direct you what to do.

In the event that we are required to evacuate Maplewood House or MSA Manor, we have detailed plans in place to ensure the ongoing care and safety of our residents and staff members.

If you have any questions regarding the Emergency Response Plan in place, don't hesitate to ask. You may also see the staff running regular tests of the Emergency Response Program, and should you be on site during one of these tests you're welcome to attend and ask any questions you may have to learn how we are safeguarding your family.

SMOKING

Maplewood Care Society provides a smoke-free environment and protects residents, clients, staff, families, and the public from secondhand smoke. Smoking and other uses of tobacco, marijuana, and related products (including e-cigarettes) is strictly prohibited in buildings and on the grounds. The MCS Smoking and Smoking Cessation Policy is available from the Director of Care.

ALCOHOL

Alcohol is not permitted in resident rooms. Alcohol must be kept at the care station and used only with physician permission. We ask everyone to cooperate with this policy. The mixing of alcohol with medications may produce severe reactions.

VALUABLES

Each resident room is equipped with a locked drawer. We recommend not keeping more than \$10 in the resident's room and strongly suggest not keeping jewelry and other valuables at Maplewood House & MSA Manor. Money can be held in the Resident's Comfort Fund. Maplewood Care Society assumes no liability for loss of money, jewelry or any other personal items brought into the Home. Residents are encouraged to obtain insurance coverage for personal furnishings and valuables.

GOING OUT

When going out, we ask you to make sure the information is recorded on the “Sign-Out” form located at the front desk. If the resident is away for one or more meals, please let the staff know in advance so that medications can be prepared and sent along, and so we can let the kitchen know.

MCS endeavors to make sure that when going out, a resident has some form of identification so that if they are unable to find their way back, assistance can be offered by others.

BUILDING SECURITY

For the safety and security of residents and Clients, all exit doors are secure to prevent unauthorized entry or exit. If an exit door other than the main entrance is opened, an alarm will sound. Staff then check the door to see if the person leaving is safe to go out. Please use the main entrance doors to enter or exit the building and be mindful of people who may try to leave with you. If anyone does leave, please inform the front desk or care team. The front door has a keypad for security.

All entrance doors are locked when it is dark outside for security reasons. Please ring the bell or use the intercom to speak with a care team member.

INFECTION PREVENTION AND CONTROL

Infections are the most common cause of hospitalization amongst people living in care homes. We take infection prevention and control very seriously and we ask everyone who comes to Maplewood House & MSA Manor to give this important aspect of safety, thoughtful consideration.

We are committed to:

- Preventing new infections when possible
- Identifying new infections and halting them from spreading
- Recognizing and managing the first case of infection and, if possible, preventing the spread of infection to others

To enter Maplewood House & MSA Manor:

- Enter your name into the log in sheet both on entering and leaving the building
- Please do not visit if you have any COVID/flu like symptoms
- Masks are available for use but not required

You are required to:

- Practice proper respiratory etiquette and use hand sanitizer frequently throughout your visit

HAND HYGIENE

Hand Hygiene is the single most important way to prevent the spread of infections and germs! The greatest number of microorganisms on the hands can be found around cuticles and under fingernails. When washing your hands, use warm soapy water for 20 seconds, rinse, and dry well.

Waterless antiseptic hand cleaners can be found throughout the building. Please use them before and after your visits.

RESPIRATORY PROTOCOLS



COUGHS AND SNEEZES SPREAD DISEASES

PLEASE DO NOT VISIT IF YOU HAVE COLD, FLU or COVID LIKE SYMPTOMS

- Cover your mouth and nose with a tissue when you cough, sneeze, or blow your nose.
- If you do not have a tissue, cough or sneeze into the inside of your elbow, not your hands.
- Wash your hands with warm soapy water for 20 seconds, rinse and dry well.
- If you are not feeling well, please do not visit.

EVERYONE CAN HELP AND WE APPRECIATE YOUR SUPPORT!

FALLS AND INJURY REDUCTION PROGRAM

Every resident has a section of their care plan focused on the risk of falls and how to reduce that risk and potential injuries. It is important that residents, families, and staff be aware of fall risks and how to minimize them. At Maplewood

House, there is a fall and injury reduction program that begins before moving in. We invite the resident and family members to plan care with us to keep residents safe and injury-free.

During the pre-move in process, the nursing team introduces and reviews the Resident Fall Prevention and Injury Reduction Program.

“Everyone is at risk for falls,
and everyone has a role to
play in falls prevention” - Fraser
Health Authority

A variety of products may be needed to assist with injury reduction, such as fall mats, bed chair alarms, and low-profile beds. Hip protectors are the most used item to reduce the risk of hip fracture. MCS has a hip protector program that offers a wide selection of products, enhancing the possibility of finding a suitable item. Ordering and purchasing of hip protectors can be discussed with the Nurse Team Leader. For more information about falls and injury reduction, please speak with the Nurse Team Leader or the Director of Care.

Listed below are our priorities for reducing the risk of falls and related injuries.

Safe Environment: Rooms should be free of clutter and have a safe path to the washroom. Mats and rugs create a trip hazard and are not allowed in the rooms.

Footwear: Residents should have shoes and slippers that are well maintained, properly fit, and safe for walking. Non-slip socks may be helpful as well.

Mobility Aides: Equipment such as walkers, canes and wheelchairs should be in good repair and suitable for the resident's needs. Mobility aides should be readily accessible to residents as needed wherever they are in the building.

Nurse Call System: When family and friends visit someone, please make sure that the call bell is within the resident's reach, including when leaving.

Hip Protectors: Hip protectors are special garments that look like underwear and have pads designed to protect the hips from injury if a fall occurs. They absorb much of the force, reducing the risk of a hip fracture. Fraser Health recommends that they be worn 24 hours a day. Several pairs are recommended. The Nurse Team Leader can help when you want to order them.

Adaptive Clothing: Can be used for comfort and safety and includes clothing that is designed to make dressing simpler.

Other Safety Items: Other personal safety items may be required as care needs and conditions change. These may include a bed chair alarm, fall mats, low profile bed and specialty chairs.

Costs associated with personal safety items, except for bed chair alarms, are the responsibility of the resident and family.

EQUIPMENT

Residents are responsible for supplying and maintaining their own equipment, other than basic wheelchairs. Specialty and modified wheelchairs, walking aids, hearing aids, glasses, splints, and other special devices and equipment must be marked clearly with the resident's name. When moving in, our Occupational Therapist and Rehabilitation Assistant help to ensure that all equipment is properly fitted. All purchases, maintenance, and repair of equipment, other than basic wheelchairs, are the responsibility of the family directly with a supplier.

POWER, MOTORIZED AND ELECTRIC WHEELCHAIRS AND SCOOTERS

We do our best to safely accommodate all mobility devices. During admission, we will discuss this with you to ensure your mobility device is safe and able to maneuver within Maplewood House or MSA Manor.

Get Involved

One of Maplewood Care Society's main goals is to provide high quality care and services that meet or exceed the expectations of residents and those close to them. We believe family, or close loved ones, are important members of the Care Team. We encourage an active role in the care planning process by sharing knowledge of the preferences and life history of their loved one so that together we can plan for person-centered care.

RESIDENT COUNCIL

Maplewood House & MSA Manor has a Resident Council that meets monthly. All residents are strongly encouraged to attend. There are a variety of ways to be involved in and connected to the Resident Council. There are Welcome and Events Committees, focus groups for decisions on renovations and other projects such as garden planning, paint, and furniture color, and entertainment. The Council's meetings always include feedback on the social calendar, newsletter development, food, and other services.

CARE CONFERENCES

Family or close loved ones are encouraged to attend scheduled Care Conferences to communicate needs to the rest of the Care Team. Members of the Team include the resident and family, nursing, food services, and recreation, as well as medical staff, the pharmacist, and therapists as needed. A first meeting is held up to 3 months after moving in and then annually or any time your situation or condition changes significantly. The Team reviews all aspects of you living at Maplewood House or MSA Manor and makes sure we are meeting your needs. It's an opportunity for the Resident, family, and close loved ones to voice any concerns and ask questions.

Notification is sent to the primary contact notifying of scheduled Care Conferences. Included in the notification is a survey asking for concerns and feedback. We ask you to bring that to the Care Conference. We also ask you not to wait until a Care Conference if there is anything to discuss. Please speak with any member of the Care Team at any time or stop by to see us.

Please let us know right away if you need a Care Conference to be rescheduled.

You will be contacted in the week of the Care Conference to confirm your attendance by a team member.

OPPORTUNITIES FOR IMPROVEMENT

Maplewood Care Society plans your care with your involvement and that of your family and close loved ones. There may be times when problems arise, or you have concerns. Please give us the opportunity to address these questions, concerns, or comments. All discussion is treated confidentially and is followed up on quickly to make any possible improvements.

There are several ways you can give us feedback and voice any concerns you may have.

RESIDENT / VISITOR FEEDBACK

There is a Feedback form that Residents and families or close loved ones can use to make comments, requests and suggestions. The forms are found at the front desk. Once completed, the Feedback form can be dropped off at the front desk or given to the Nurse Team Leader.

The Director of Care or designate will respond directly to you.

FAMILY COUNCIL

Family Council is run with the support of the leadership team for anyone with a loved one at Maplewood House & MSA Manor. Family Council is a space for resident support to meet and to advocate for the residents. It will also be a place to come together on common concerns or ideas to promote solutions to better the lives of all residents. The Family Council will have education on different aspects of Long-Term Care such as funding, legislation, and care. It will have time to provide each other with support and share resources.

The Family Council meets every two months for an hour with people joining by video call or regular call. Invites will be sent to all primary contacts, and those who ask to be put on the list via email.

VOLUNTEER SERVICES

Volunteers are an important asset to the residents and to staff at Maplewood House & MSA Manor. They are an integral part of our programs, contributing to enhancing the quality of life and supporting services to the residents. Besides giving individual attention, volunteers help create a pleasant atmosphere and assist in a variety of ways with programs, games, conversation, and more. You, your friends, and relatives are welcome and encouraged to join in and assist with this rewarding work. Anyone interested in volunteering can contact the Recreation Department for more information.



WE'RE LISTENING

All staff members aim to provide high quality care and services. We welcome the opportunity to work with you to provide the best care and services possible. You can give feedback and voice concerns to the following team members:

RN Team Leader	604-870-6761
Care Manager MH	604-853-5585 x 2590
Care Manager MSA – Rene Lou Del Castillo	604-425-3091
Chief Executive Officer – Ann Marie Leijen	604-870-7565
Director of Care – Joy Kaz	604-870-7560
Director of Finance and Operations – Akash Malhi	778-880-2051
Director of Leisure Lifestyle & Community Programs – Lisa Moore	604-870-7567
Chief Clinical Officer– Nicole Percival	778-880-2052
Food Services Supervisor MH – Alison Wiebe	604-870-7563
Food Services Supervisor MSA – Leo Villanueva	604-425-7563
Housekeeping and Laundry Supervisor - Conni Wardrobe	604-870-6765
Maintenance Supervisor – Robin Reimer	604-870-6762

If you are not satisfied with how we have addressed your concern, please let us know. If this continues to be the case, be assured we are committed to working with you to find a reasonable solution.

- 1. Discuss with the Nurse Team Leader in charge of the resident’s care at any time.**
- 2. Discuss with the Director of Care regarding your concern.**
- 3. Discuss with the Chief Executive Officer.**

If the above conversations have still not resolved your concerns, we encourage you to contact the following:

Community Care Facilities Licensing, Fraser Health

34194 Marshall Road,
 Abbotsford, BC V2S 5V4
 Phone: 604 -870-6000
 Fax: 604-556-5077

If you are pleased with the care and services you receive, please let us know. We like to know that too, and enjoy giving staff positive feedback from residents, families, and close loved ones.

We want residents, families, and close loved ones to be comfortable, happy, safe and enjoy life at Maplewood House & MSA Manor!

Absence, Transfer and Moving Out

LEAVE OF ABSENCE

Provincial policy supports residents to have a leave of absence for a total of 30 days in any one calendar year. The resident, family or responsible party must notify the Nurse Team Leader prior to the resident leaving, and on their return. Good advance notice is important so that the nursing staff can get special orders from the physician and ensure medication and other needs are met before leaving.

Please be aware that rent is charged for all days away from Maplewood House & MSA Manor.

We ask that you sign out at the front desk when leaving and returning. It is also important to give a contact phone number where the resident can be reached when away from the Home.

ROOM CHANGES

Although every attempt is made to minimize moves between rooms, Maplewood Care Society reserves the right to change accommodations based on safety, or physical or psychological reasons, or needs of either you or other residents.

In certain circumstances, someone may need to be moved to Shamrock, the Behavioral Transition Care Neighborhood. There may also be a reason to move someone from Shamrock to Bluebell or Rosewood. This is discussed at a Care Conference or other meetings with the resident and family.

HOSPITALIZATION

If hospitalization is required at any time, the room at Maplewood House & MSA Manor is held for up to 30 days. If Abbotsford Home Health (Fraser Health) gives authorization, the room may be held for a longer period. Payment for the room is required throughout the absence.

MOVING OUT

Rooms are vacated when someone moves or passes away. Maplewood Care Society staff are sensitive to the grief that family and friends face when a loved one dies. We are supportive and responsive to the needs of family and friends. Fraser Health Authority requires that rooms be available for new occupancy within 48 hours.

With compassion and respect, we do require that all furniture, clothing, and personal belongings be removed from the room within 24 hours. If the family is not able to clear the room within this period, our staff is available to pack and assemble all personal effects for pick-up by the family within 7 days. There is a fee of \$150 for storage and/or removal, charged to the resident's comfort fund, or as part of closing the resident's account with Maplewood House & MSA Manor if belongings remain in the home.

Other Important Information

DONATIONS

Maplewood Care Society is a charitable organization registered with the Canada Revenue Agency. Donations are greatly appreciated at any time. There are a variety of ways and occasions to donate, and we would be happy to speak with you about what would be a fit for you in supporting Maplewood Care Society. As a registered charity, an official tax receipt is issued to the donor for income tax purposes.

Before considering the donation of anything other than money, we ask that you speak with a team leader so that we can determine if the donation is suitable. Currently, we are not accepting any furniture, clothing, or personal effects.

GIFTS FOR STAFF

Our staff work very hard to provide caring attention and it is our pleasure to serve and support. It's nice to be thanked for extra effort, however, it is Society policy that individual staff do not receive gifts or money. If you wish to show gratitude to staff, we suggest thank-you cards, donations to the Staff Education Fund or a staff celebration, or small gifts suitable for sharing amongst staff, such as flowers or food.

SPECIAL FAMILY FUNCTIONS

There are rooms and areas that can be booked for family functions. Please contact the Recreation Department if you would like to book a space for a private occasion.

VISITORS

With the frequent changes due to COVID restrictions and protocols we recommend you keep up to date on the current visiting protocols at Maplewood House & MSA Manor. Visitors are welcome at Maplewood Care Society and encouraged to visit as often as possible. There are no set visiting hours, but we do ask for your sensitivity about the time of day. You are welcome to visit whenever you please.

There may be occasions when someone is not seeing visitors due to illness or other privacy concerns. Please check with a care team member first before going down the halls to visit.

We do require visitors to:

- Not visit if they have colds or other infections
- Not stay too long if the resident is tired or not feeling well
- Check with the Nurse Team Leader before bringing any food, candy, or pets
- Not smoke on the Maplewood House & MSA Manor property
- Leave the resident's room if requested to by a member of the care team

PARKING

Free, short-term visitor parking is available at Maplewood House & MSA Manor. Long-term parking is not permitted. If you use the parking lot to take a resident to an appointment at the Abbotsford Regional Hospital, you need to let the front desk know or your vehicle may be towed.

Additional Programs

RESPITE ROOMS

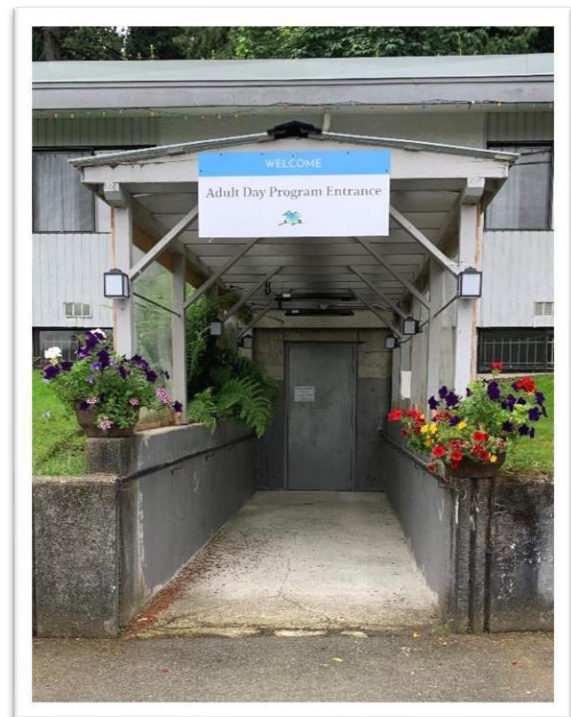
Maplewood House has two Fraser Health funded respite rooms for short-term care. Caregivers living in the community may arrange a temporary stay for a loved one to have some respite. To book a respite room, please contact your Community Health Coordinator.

DAY PROGRAM FOR OLDER ADULTS

The Day Program for Older Adults at MSA Manor offers a social therapeutic environment for people living in the community. It also provides brief respite for caregivers, The Program provides health monitoring, a hot meal, bathing, and programs and exercise designed to maintain or enhance the physical, social, emotional, and cognitive needs of clients. Transportation is available via HandyDART.

The Day Program operates Monday through Friday.

Contact Home Health to register for the Day Program



Appendix

- Letter from Residential Care Liaison Fraser Health Authority
- Letter from Financial Coordinator Fraser Health Authority
- Residents' Bill of Rights
- Residential Care – Preferred Care Home Form
- Feedback Brochure
- Notification for the use of Digital Communications
- Medical Order for Scope of Treatment (MOST) Residential Care
- When Your Loved One Has Dementia -A Roadmap for Families



Welcome to Residential Services

A Fraser Health Access, Care and Transitions (ACT) Coordinator is available to all residents and facilities in Fraser Health. The ACT Coordinator will work with the Director of Care at your residential care site to ensure quality care is provided to residents. At times, the ACT Coordinator will also be involved at the site to complete assessments and assist in ensuring the appropriate supports are in place for resident's care.

In Residential care, your Director of Care is the first contact with any questions or concerns you may have regarding care. The ACT Coordinator is an additional resource to the Residential Leadership Team.

To directly contact an ACT Coordinator, speak with your Director of Care, or call 604.519.8500 and ask to speak with the ACT Coordinator in the community where you reside.

Sincerely,

Fraser Health Residential Services
Access, Care and Transitions Team

Your Monthly Long-Term Care Rate

Please read this letter carefully and in full as it contains important information regarding your long-term care rate.

The long-term care rates (the monthly amount paid to the long-term care home where you reside) are reassessed on January 1st of each year.

To be eligible for a publicly subsidized long-term care rate, the B.C. Ministry of Health requires income taxes to be filed with the Canada Revenue Agency (CRA). Income information from the most recent tax year's Notice of Assessment from CRA will be used to calculate the long-term care rate annually. The long-term care rates set for 2023 are based on the 2021 income tax Notice of Assessment.

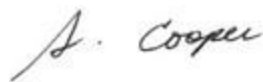
You, or your financial representative, are responsible to file the client's 2022 income tax return with Canada Revenue Agency in April 2023 (or as early as March 2023).

If the 2022 income taxes are not filed on time with CRA, then you will be charged the maximum monthly rate for your long-term care services as of January 1, 2024. The maximum monthly rate is more than \$3,847.20/month.

Also, please be aware that if you decide to split your pension income with your spouse for tax purposes or withdraw from a Registered Retirement Savings Plan (RRSP), Registered Retirement Income Fund (RRIF), or other investment(s), it will affect your monthly rate.

Should you have any questions regarding the long-term care rate or, if your current income is significantly different or lower than the income you had reported or, if your financial circumstances have changed, please contact your Financial Administrator, Shelley Cooper, at 604-542-3154/shelley.cooper@fraserhealth.ca to discuss a review.

Sincerely,



Shelley Cooper, Financial Administrator
Long-Term Care Contract Services
Fraser Health

RESIDENTS' BILL OF RIGHTS

Commitment to care

1. An adult person in care has the right to a care plan developed:
 - (a) specifically for him or her, and
 - (b) on the basis of his or her unique abilities, physical, social and emotional needs, and cultural and spiritual preferences.

Rights to health, safety and dignity

2. An adult person in care has the right to the protection and promotion of his or her health, safety and dignity, including a right to all of the following:
 - (a) to be treated in a manner, and to live in an environment, that promotes his or her health, safety and dignity;
 - (b) to be protected from abuse and neglect;
 - (c) to have his or her lifestyle and choices respected and supported, and to pursue social, cultural, religious, spiritual and other interests;
 - (d) to have his or her personal privacy respected, including in relation to his or her records, bedroom, belongings and storage spaces;
 - (e) to receive visitors and to communicate with visitors in private;
 - (f) to keep and display personal possessions, pictures and furnishings in his or her bedroom.

Rights to participation and freedom of expression

3. An adult person in care has the right to participate in his or her own care and to freely express his or her views, including a right to all of the following:
 - (a) to participate in the development and implementation of his or her care plan;
 - (b) to establish and participate in a resident or family council to represent the interests of persons in care;
 - (c) to have his or her family or representative participate on a resident or family council on their own behalf;
 - (d) to have access to a fair and effective process to express concerns, make complaints or resolve disputes within the facility;
 - (e) to be informed as to how to make a complaint to an authority outside the facility;
 - (f) to have his or her family or representative exercise the rights under this clause on his or her behalf.

Rights to transparency and accountability

4. An adult person in care has the right to transparency and accountability, including a right to all of the following:
 - (a) to have ready access to copies of all laws, rules and policies affecting a service provided to him or her;
 - (b) to have ready access to a copy of the most recent routine inspection record made under the Act;
 - (c) to be informed in advance of all charges, fees and other amounts that he or she must pay for accommodation and services received through the facility;
 - (d) if any part of the cost of accommodation or services is prepaid, to receive at the time of prepayment a written statement setting out the terms and conditions under which a refund may be made;
 - (e) to have his or her family or representative informed of the matters described in this clause.

Scope of rights

5. The rights set out in clauses 2, 3 and 4 are subject to:
 - (a) what is reasonably practical given the physical, mental and emotional circumstances of the person in care;
 - (b) the need to protect and promote the health or safety of the person in care or another person in care, and
 - (c) the rights of other persons in care.

FEEDBACK FORM

Select your Care Home:

Maplewood House _____

MSA Manor _____

First Name: _____

Last Name: _____

Phone Number: _____

Email: _____

Type of Feedback

Complaint _____

Concern _____

Suggestion _____

Your Feedback:

Consent To Share Feedback

Thank you for your feedback!

Feedback Form

Office use only

Date received: _____

Received by: _____

(Please print name/position & sign
your name)

Type of Feedback: _____

Feedback form completed: Yes _____ No _____

Review of Feedback:

Action taken/recommendation:

Signature/Position: _____

Date: _____

CEO/Designate: _____

Date: _



Maplewood House
& MSA Manor



The Importance of Feedback

Whether it's a compliment, concern or suggestion, feedback is essential in helping us achieve our commitment to provide the best quality of life experience for our residents.

Your feedback will:

- Let team members know about a pleasant experience and ensure their efforts are acknowledged.
- Assist Maplewood House and MSA Manor in identifying areas that may need improvement.
- Inspire innovative ideas that help to enhance the quality of life of our residents.



Where Does your Feedback go?



Compliments will be shared with team members and recognized by management.

Concerns will be addressed through a formal process. Management will review the concern with the individual providing feedback and gather information to come to a resolution.

Suggestions will be shared and considered by the management team.

Please know, we take your privacy very seriously. All feedback is treated with confidentiality, and we welcome and encourage open and honest feedback.

How To Provide Feedback

We encourage you to speak to a member of the resident care team first – we'd like to address your feedback right away.

If you wish to provide us with your feedback, please:

- Submit your feedback on the "Feedback Form" which is included in this brochure or submit the feedback form on our website.
- Leave the completed form at the Front Desk.
- The Director of Care/designate will contact you within 72 hours to discuss your feedback.
- A mutually agreeable time will be chosen to discuss follow-up action plans.

In the event you are not satisfied with how your concern was resolved, you can contact:

1. Joy Kaz – Director of Care
604-870-7560
2. Ann Marie Leijen – CEO
604-870-7565
3. Fraser Health's Patient Care Quality office at 1-877-800-8823 or pcqoffice@fraserhealth.ca



Notification for the use of Digital Communications

Digital Communications can be a convenient way to communicate with your care team between visits, but there are risks when using these technologies to send personal information.

We'll do what we can to confirm that any personal information we send is being received by you and only you, but it's never possible to have 100% certainty who we are communicating with outside of a face-to-face visit.

You need to be aware that we cannot control what happens to information once it is stored: 1) on your device; 2) by telecommunications providers; 3) by software or application providers; or 4) by other applications that may have access to your messages.

You are responsible for the security of your own computer/tablet, email service and telephone.

Risks of using Digital Communications

The information could be requested, viewed, changed, or deleted if others are allowed access to your phone, tablet or email account.

Information may be vulnerable if stored on a computer/device that has been compromised by viruses or malware.

Organizations may have to disclose information where required by law or under court order.

Electronic communications can be intercepted by third parties.

Your data may be stored and / or accessed outside of Canada.

What can you do?

Below are suggested best practices meant to help you protect your information once it is in your control. It is important to note that these are general best practices and will not guarantee your information won't be accessed by a third party.

- Protect your passwords! Someone could pose as you by sending us a request from your device or email account
- Use download Apps from trusted sources (Google Play, iStore). If the info you are wanting to communicate is of a sensitive nature, you may want to seek a more secure method of communication
- Delete emails and texts you no longer require
- Use your device settings to control what information your Apps have permission to access
- Avoid sending personal information while using public Wi-Fi
- Use permission controls on your device to ensure that none of your applications (Apps) have unnecessary access to your text messages and/or emails

Use virus protection on your computer or device, and regularly scan



**RESIDENTIAL CARE – PREFERRED CARE HOME
(PCH) CHOICES**

Resident Name: _____
Resident PHN: _____
Current Care Home: _____
Request Submitted by: _____

The Ministry of Health (MoH) Residential Care Access Policy has been explained to me.

I have received a Suitable Providers List that can meet my care needs and am choosing a care home from this list.

I am aware of the waiting time for these 3 Preferred Care Homes. **To receive a suitable providers list-call Access Care and Transitions at 604 519 8500.**

I am requesting the following Preferred Care Home choices for _____
(Resident Name)

1. _____ located at _____
(Care Home Name) (Care Home Address)
2. _____ located at _____
(Care Home Name) (Care Home Address)
3. _____ located at _____
(Care Home Name) (Care Home Address)

I understand that if I am offered any one of my Preferred Care Homes, and I decline this offer, the waiting date for the other choices will be changed to the date I was given this care home offer.

I understand that I am responsible for moving into the care home within 48 hours of a bed offer and I am also responsible for ensuring that I have a physician who will be responsible for my medical care once I have moved to the new care home. As well, I am aware that I must assume the responsibility for all costs associated with the move to the new care home including but not limited to transportation.

Resident / Representative Signature:

Relationship to Resident

Contact Number: _____

E-mail Address: _____

Submit your Preferred Care Home Choice:

Fax to 604 519 8530

Or

Call 604 519 8551 or Toll Free 1-866-310-7277



fraserhealth Better health.
Best in health care.

RESIDENTIAL CARE – Preferred Care Home Form

Once you have had an opportunity to settle into your new care home, should you wish for any reason to move to a different care home, you are required to make your request in writing.

The preferred care homes that you choose from must come from the suitable provider list provided to you from your community professional prior to your move in to RC or from your Access Care and Transitions Coordinator-**call 604 519 8500** to obtain a list. The list must be no older than 3 months when you make your choices.

You are able to choose up to 3 Preferred Care Homes-you may choose only 1 if you so desire. You should choose only the homes you are prepared to move into. You should be aware of the approximate waiting time for these care homes.

This request is for moving to your Preferred Care Home site and does not include requests for specific room accommodation (i.e., private room). When a vacancy is offered to you at the care home of your choice, it is expected that you will move within 48 hours.

If you refuse a Preferred Care Home offer, your name will be removed from the list. Any other preferred choices you have will be changed to the **date this bed was declined.**

You are responsible to ensure that you have a physician who has agreed to follow your care at the site. All costs associated with the move to the site are your responsibility.

Once you have read and understood the information in this letter, complete the RESIDENTIAL CARE – Preferred Care Home Form and fax 604 519 8530.

Can my 'Scope of Treatment' order be changed?

Yes, it can be changed at any time. It is good to review and update your 'Scope of Treatment' orders with your doctor at least once a year and if:

- your health changes or
- you go to hospital or
- you move into a supported care facility such as Assisted Living or Residential Care

Where is my Scope of Treatment order form kept?

Many hospitals keep a copy of your form. However, it is recommended that you keep a copy and make others aware of it. This is important if:

- you go into hospital or
- you go to the Emergency Department or
- you move into a supported care facility such as Assisted Living or Residential Care or
- you go to any medical appointment

When you leave the hospital, you are given your form to keep. Keep it on your fridge at home. Tell your family it is there.

It is good to ask questions and talk about future health care decisions

Talk with your family about your wishes now and in the future. Invite them to medical appointments. It is important to talk about this before a crisis, so your family and your Substitute Decision Maker(s) are prepared.

What is a Substitute Decision Maker?

In B.C., a Substitute Decision Maker is a family member or close friend who has the legal right to make health care decisions on your behalf if you cannot speak for yourself. It is important that your Substitute Decision Maker knows about the care you want.

For more information about Advance Care Planning and decision making at the end of life:

www.health.gov.bc.ca
www.healthlinkbc.ca
www.fraserhealth.ca

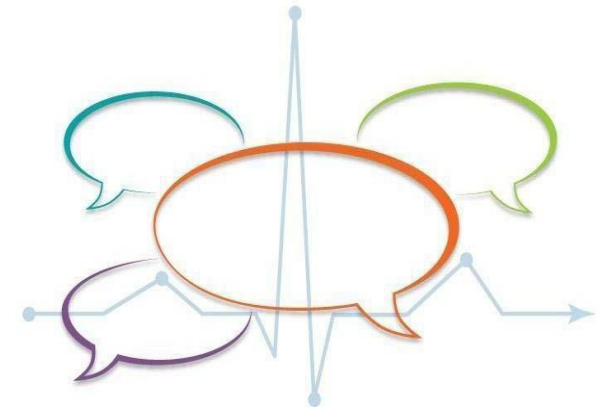
www.fraserhealth.ca

The information in this document is intended solely for the person to whom it was given by the health care team.

Form # 262736

Medical Order for Scope of Treatment or 'MOST'

What is it? Should I have one?



*Making the **MOST** of conversations*

End of Life Care Program

 **fraserhealth** Better health.
Best in health care.

What is a 'Medical Order for Scope of Treatment'?

It is a doctor's order based on Advance Care Planning conversations which explore your values, goals, and the range of treatments available. Once decisions are made your doctor can record this on the **Medical Order for Scope of Treatment** or '**MOST**' form. This helps care providers honour what is important to you. You will be given a copy so you can communicate your wishes in all settings of care.

The **Medical Order for Scope of Treatment** form provides orders for:

- Cardiopulmonary Resuscitation (CPR) should your heart and breathing stop. CPR is when we try to restart your heart and you're breathing with machines and chest compressions. It may not be right for you as it cannot change the effects of chronic illness.
- Medical treatments which can focus on comfort goals or be very aggressive and include Intensive Care. Your doctor(s) can

Who should talk to their doctor about a Scope of Treatment order?

We suggest you have a 'Scope of Treatment' order if you:

- Live with a chronic or life limiting illness
- Plan to move into a supported care facility such as Assisted Living or Residential Care
- Have nurses or other health care workers caring for you at home
- Want to document plans about future medical care & treatment

A 'Scope of Treatment' order is an option. You do not have to have one to receive health care services. It does not apply to children.



Medical Order for Scope of Treatment

What will my doctor and I talk about?

- What is important to you
- Your health and what it might look like in the future and the types of treatments that might be effective
- Options for care at end of life
- Who will speak for you if you cannot speak for yourself (Substitute Decision Maker)

Talking with your doctor can help you understand your choices and plan for what is best for you. It is best to include your family, so they are able to support you.

Why would I need this Scope of Treatment order?

Many people lose the ability to decide about their own health care when they become very ill. If you cannot speak for yourself or make health care decisions, the MOST order can direct your care.

You are always asked to give your own consent for health care treatment as long as you are able.



When Your Loved One Has Dementia

A Roadmap
for *Families*

A Dementia Roadmap for Families

Dear Reader,

Known as the disease of a thousand goodbyes, dementia affects about 1 in 7 Canadians over the age of 70 (alzheimers.org). While different kinds of dementia vary in their initial presentation and rate of progression, there are features of the dementia journey common to all. This brochure is a basic roadmap of the territory, to help families orient themselves on the journey they are traveling and see what's coming farther along the road.

The dementia journey can be roughly divided into early, middle, and late stages, then actively dying. This guide outlines the features of each stage, the signposts that tell you where you are on this road, and what may be coming up next. Included are questions that can help you clarify where you are, and suggestions about things we can do as a family and care team to give your loved one the best possible quality of life where they are right now.

By reflecting together on how quickly your loved one is changing, we can get an idea how long this journey might be. Our trajectory, or how fast things are changing, is the best predictor of how fast things may progress in the future. In the early stages people often change slowly, from year to year. In the middle and especially later stages things start changing faster. When you find that your loved one has changed quite a bit in the last few months, we are likely approaching the last months or perhaps year of the journey. As we transition to actively dying, things change more quickly, from week to week, and then day to day in the last days.

At all stages of the journey, we can focus on providing comfort and improving quality of life, working with what we are still able to do and things we can still enjoy together.

Please be gentle with yourself as you read through this roadmap. Loving someone with dementia is a bittersweet journey, that asks a great deal of us as caregivers. All of us will feel guilty; about not giving enough, or losing our patience, or dealing with the inevitable feelings of anger and frustration. We need to give ourselves time and permission to grieve and adjust to all the losses and changes. We need to acknowledge all the things we are doing and give ourselves permission to care for ourselves too.

A Dementia Roadmap for Families

Your loved one knows at some level the toll their illness is taking on you and doesn't want to be a burden on you. More than anything else, they want you to be happy, and care for yourself, both now and when they're gone.

Please give them the gift of being kind to yourself.

Sincerely,



Dr. Trevor Janz
Residential Care Medical Director
Interior Health East

Useful Resources and Links

Alzheimer Society Canada:
Living with dementia
<http://bit.ly/living-with-dementia>

Alzheimer Society Canada:
BC's Dementia Helpline,
Province-wide: 1-800-936-6033
<http://bit.ly/dementia-help-line>

HealthLinkBC: *Dementia*
<http://bit.ly/hlbc-dementia>

Advance Care Planning:
Making Future Health Decisions
<http://bit.ly/advance-care-bc>

Care for an older adult who needs help today; Representation Agreements
<http://bit.ly/nidus-care-planning>

Alzheimer's or Other Dementia:
Should I Move My Relative Into Long-Term Care?
<http://bit.ly/move-into-care>

Care Giver Tips
<http://bit.ly/caregiver-quicktips>

Long Term Care:
Six Things Physicians and Patients Should Question
<http://bit.ly/ltc-6things>

Feeding Tubes for people with Alzheimer's disease:
When you need them—and when you don't
http://bit.ly/feedtubes-do_dont

Treating disruptive behaviour in people with dementia:
Antipsychotics usually not the best choice
<http://bit.ly/no-antipsych>

Please share this document freely with family and friends.
A PDF is available online at www.kbdivision.org/selfcare

This document has been developed by Dr. Trevor Janz with support from the Kootenay Boundary Division of Family practice. You can contact us at kbdoctors@divisionsbc.ca

A Dementia Roadmap for Families

• **Early Dementia** • Middle Dementia • Late Dementia • Actively Dying

Our Loved One

Memory loss of recent events

Repetition of questions or stories

Disorientation

- to time - missed appointments, day/night reversal
- to place - getting lost, initially in unfamiliar (airports, freeways) then in familiar places (shopping mall)

Loss of instrumental activities of daily living (IADLs)

- paying bills, taxes
- driving
- shopping, following recipes, safely using stove

Problems with balance & walking

Loss of interest in hobbies; apathy, social withdrawal

Mood changes; anxiety, depression, irritability, paranoia, suspicion

Signposts

Acute episode of confusion;"spell"

Delirium (confusion, disorientation and often restlessness) after surgery, with an infection, medications, or dehydration

Loss of driver's license

Fall or fracture, especially if unable to call for help

Unable to manage medications, meals, or stove

Needing help to dress, wash, shave, brush teeth

Wandering or lost

Unsafe alone

Night problems

Incontinence of bladder, then bowel

Good Questions

Safety

- Is (s)he safe driving, with the stove, wandering, with falls, or at night?
- Do your loved one's behaviours sometimes make you feel unsafe?

Dependency

- How much support does (s)he need?
- How long can you leave him/her alone for?

Burnout

- How are you coping with this?
- Are you getting any support?

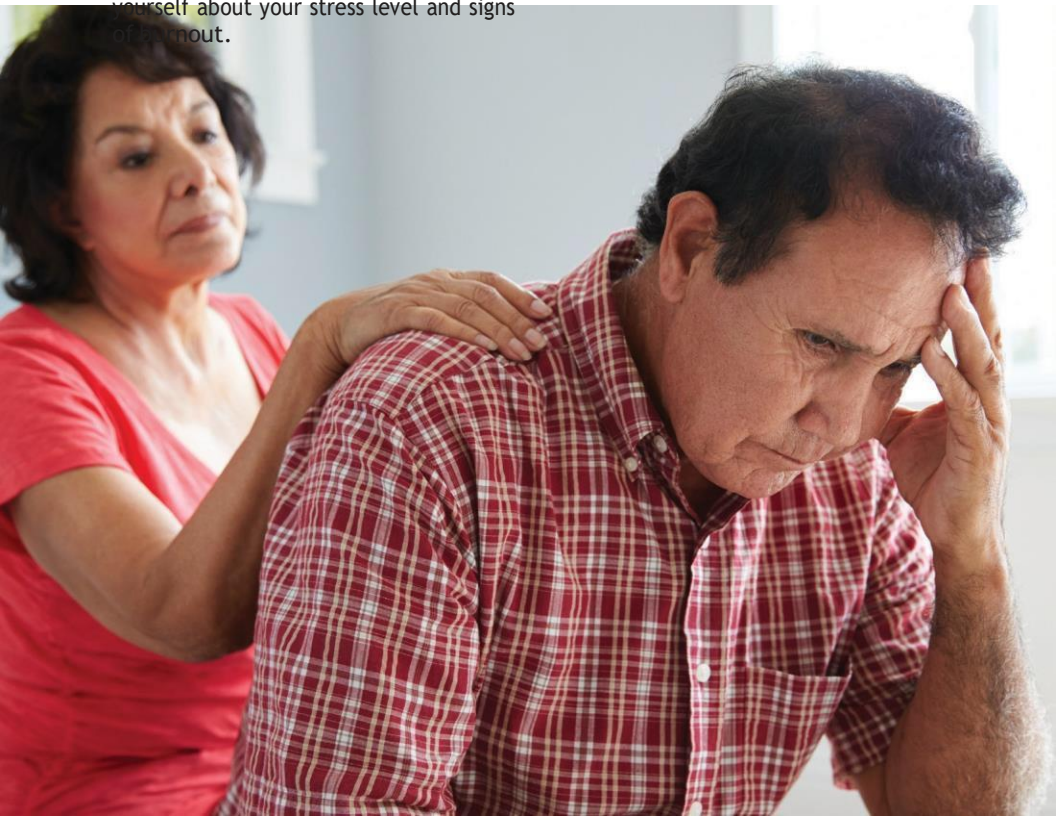
“There was a sense of relief that I was able to name what was going on, but also it was a shock because I wasn't expecting that my entire life was going to change within a few moments.”

A Dementia Roadmap for Families

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Our Tasks

1. Get a clear diagnosis and treat what we can.
 - Delirium
 - Depression
 - Dementia – identify type if possible: Alzheimer's, vascular, Lewy Body, frontotemporal, or Parkinson's.
2. Reduce the burden of too many pills.
3. Focus on comfort and quality of life.
 - Pain
 - Bowels
 - Sleep
 - Mood / behavioral challenges (anxiety, depression, delusions)
4. Get support, and regularly check in with yourself about your stress level and signs of burnout.
5. Prepare for the future.
 - Get information on dementia and future changes coming
 - Start care planning discussions
6. Put affairs in order.
 - Finances
 - Joint accounts
 - Enduring power of attorney, representative agreements, committee ship
 - Will/estate planning
 - Health
 - Appoint substitute decision maker or representative
 - Discuss goals of care



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Our Loved One

Progressive loss of basic activities of daily living (ADLs)

- Dressing
- Bathing and grooming (hair, teeth, shaving)
- Managing bowel and bladder
- Ability to speak and express needs
- Walking safely
- Feeding
- Able to do these ADLs initially, but progressively lose them all over 1-3 years

Signposts

- Loss of continence
- Walking unsafely and risk of falls
- Admission to residential care
- Needs help to dress, wash or shave
- Becoming wheelchair bound
- Choking and feeding problems

Good Questions

Function: How much help does (s)he need?

- Dressing/grooming
- Managing bathroom
- Walking safely

How much has this changed recently? (trajectory and rate of change)

Thinking and orientation

- Is (s)he able to:
 - Find her/his room?
 - Name family members?
 - Express needs in words, or only non-verbally?
- What is the longest sentence (s)he can say?



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Our Tasks

1. Focus on person-centred, relationship-centered, personhood-preserving care; Meaningful human relationships.
2. Treat boredom, social isolation, loneliness, grief and loss reactions, and loss of personhood.
3. Talk to your doctor about reducing medications.
 - Pills only for comfort, in seniors-friendly doses
 - Stop preventative medications
 - Reconsider blood thinners if falling, or bleeding
 - Simplify Diabetes Management
 - No dietary restrictions; eat for enjoyment
 - Fasting glucose <10 and after meals < 20
 - A1c target < 8; < 9 if frailty. Reduce meds if < 7
 - Reduce glucometers to weekly or twice monthly
 - No sliding scale insulin in residential care
 - Longer acting insulins once or twice daily
4. Focus on comfort.
 - Pain, bowels, sleep
 - Mood/ behavioral challenges (responsive behaviours, delusions, anxiety)
5. Connect / Communicate / Form a team with your doctor and care team.
 - Prepare for changes to come by having conversations:
 - about current situation, recent changes, and rate of change
 - At each signpost, about what's coming next
 - Prepare for upcoming choices about:
 - Avoiding hospitalization (heart attack, stroke, pneumonia)
 - Falls and hip fracture
 - Feeding issues (choking, eating at risk, chest congestion, pneumonia, feeding tube)

“Every month, there’s a little less of Mom there to see. They call it the disease of a thousand good-byes. Now I know why.”

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Our Loved One

- Needs total care with all ADLs
- Incontinent of bowel and bladder - often unaware
- Decreased mobility; progression from walking unsafely →wheelchair-bound →lift transfer →unable to sit up, roll over or move in bed
- Muscle stiffness, pain, decreased range of motion. Often unable to smile or laugh.
- Pressure wounds on back, tailbone, heels (decreased healing)
- Risk of pneumonia (unable to breath deeply or cough to clear mucus)
- Risk of bladder infection (drinking little and decreased immunity)
- Needing more and more assistance feeding with gradual progression to choking risk →pocketing →no longer recognizing food →loss of interest →then refusing feeding
- Sleeping more and more of the day
- Changes are occurring more rapidly now; from month to month. We are approaching the end.

Signposts

- Becoming wheelchair-bound
- Feeding difficulties →coughing→then choking→aspirating food into the lungs causing chest congestion
- Delirium (acute confusion, disorientation, restlessness)
- Febrile episodes/ infections (bladder, pneumonia, skin)
- Refusing food

Good Questions

- What percentage of the day is (s)he sleeping?
- How interested is (s)he in food?
- Is there choking or chest congestion?
- Is (s)he losing weight?
- Does (s)he recognize you?
- Are all family members aware of approaching end of life?

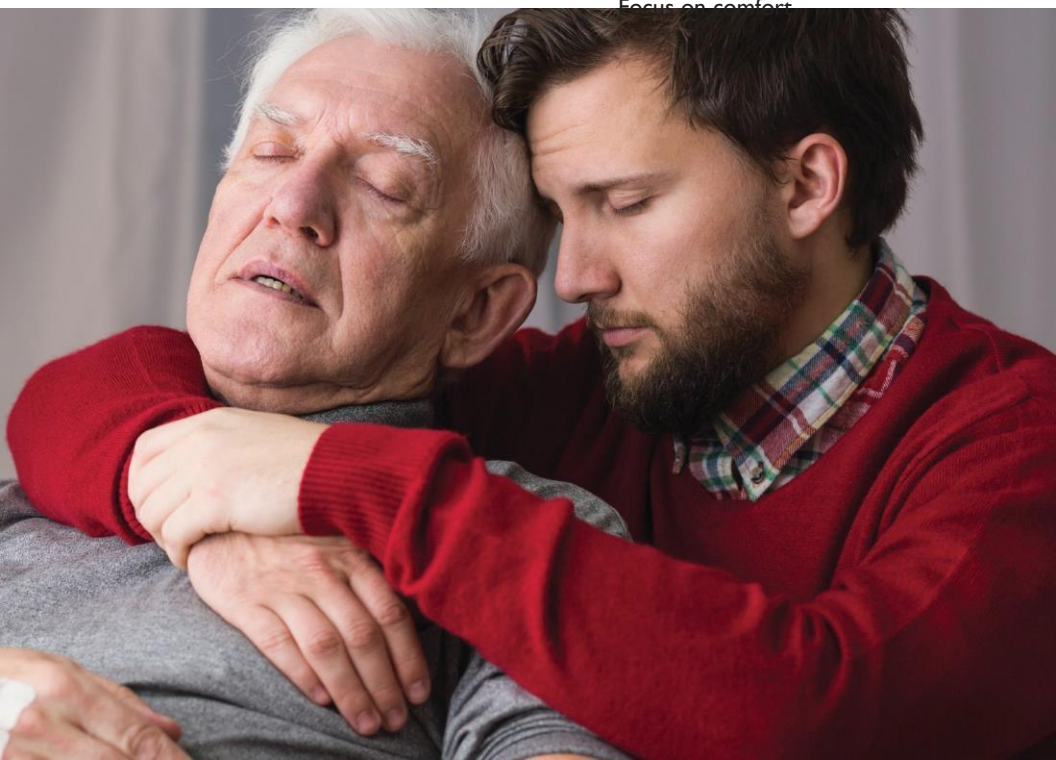
“*He turns his head. He looks at me. I know he hears me. ‘Hi, Dad, I’m here.’ I repeat. ‘How are you today?!’ He looks at me and smiles weakly. Maybe he recognizes me today - I can’t really tell.*”

A Dementia Roadmap for Families

• Early Dementia • Middle Dementia • **Late Dementia** • Actively Dying

Our Tasks

1. Focus on comfort care
 - Pain, bowels, sleep
 - Pressure reduction for bony places with weight loss and immobility
 - Mood symptoms and behavioral challenges
2. Reduce medications and doses
3. Prepare as a family
 - Anticipate coming changes (infections, feeding problems, choking)
 - Clarify goals of care
4. Avoid burdensome medical interventions that will not improve quality of life
5. Avoid hospital transfers for:
 - Hip fracture if very frail and eating poorly
 - IV hydration, unless for an acutely treatable, reversible cause. If your loved one is dehydrated because of drinking poorly, are they actually actively dying?
 - Feeding tubes (they do not prevent weight loss, choking, or pneumonia and do not prolong life in late-stage dementia)
 - IV antibiotics for pneumonia (in late dementia they do not change outcome and IV route makes no difference to survival). Pneumonia was known as the “old man’s friend”, because it is often a comfortable and quiet way to die.



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Our Loved One

As people are dying a natural death, they generally stop eating, then drinking, and often refuse when offered. The dehydration makes them sleepy and comfortable, and much less aware of discomforts in their body. They get sleepier and sleepier, and often slip away easily and quietly.

- Changes are often subtle initially:
 - Difficult to awaken for meals
 - "less present", or "He's changing; something's different"
 - Chest congestion or pneumonia
 - Palliative wounds, or progressive skin breakdown in legs and feet as circulation slows
- Terminal delirium (confusion, disorientation, restlessness)
- Turning away from food. Their metabolism is shutting down.
- Eating poorly → only drinking → sips only → taking nothing by mouth → mostly sleeping → unresponsive periods → pauses in breathing → mottling of arms and legs as circulation shuts down → natural death

Signposts

Good Questions

What percentage of the day is (s)he sleeping?

Are you getting him/her up anymore?

Is (s)he interested in food?

Is (s)he still drinking?

Is (s)he comfortable?

Who in the family do we need to talk to?

Who will have a hard time with this, and needs our support?

“When the moment came that she was released from this life, I felt loss the depth of which I’ve never experienced. I knew I should feel thankful that she was whole again and that her suffering had finally ended. And I did feel that, but it didn’t dull the pain of this final loss.”

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Our Tasks

1. Notify all family members early (say “Mum/ Dad may be dying”).
2. Communicate with other family members and the care team to keep everybody in the loop.
3. Stop the pills (difficulty swallowing or barely eating)
4. Focus on comfort care. Medications can ease:
 - Pain
 - Anxiety and restlessness
 - Shortness of breathYour loved one does not need to suffer. Dying can be comfortable and peaceful.
5. Dehydration is a comfortable part of the natural dying process. Moisten their lips and tongue for comfort.



A Dementia Roadmap for Families

“Say good-bye” to your loved one in the best way possible

- Tell the great stories of who this dear one was, and the things they did that they were most proud of.
- Share what this person gave to you, and what they meant to you in your life.
- What did you most respect in them, and what did you learn from them about how to be a person?

- What parts of them will you carry with you, and make a part of who you are as a way of remembering and honouring them?

Loving someone can be sweet, and doesn't need to stop when they're gone.

