

Resident Council  
Meeting-NH– August 2022

<b>Meeting Name</b>	Resident Council Agenda – Nursing Home
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<b>Date</b>	8 Aug 2022	<b>Location</b>	Grand Room
<b>Start Time</b>	1:30pm	<b>End Time</b>	
<b>Meeting Facilitator</b>	David Crafts	<b>Minutes Prepared by</b>	

<b>Meeting Type</b>	<b>Resident Council</b>
<b>Attendees</b>	Residents, resident as Chairperson, student, volunteer, 1 staff as Resident Council Assistant
<b>Absent</b>	
<b>Distribution List</b>	Resident Council Assistant, Resident Council Information Kiosk, CEO, Administrator, Department Managers, Team Leads

<p><b>1.0</b> Welcome by Chair:</p> <p style="padding-left: 20px;">1.1 Approval of Non-Resident Attendees:</p> <p><b>2.0</b> Business Arising from Last Meeting (June 14,2022):</p> <p style="padding-left: 20px;">2.1 Action Items from last meeting as assigned:</p> <p style="padding-left: 40px;">Food Committee:</p>

“Treat others as you would want to be treated”

- Residents commented that they felt some of the vegetables were undercooked lately.  
**Response:** Jeannine Bastien Food Service Manager, will monitor the vegetables for tenderness. The cooks try not to overcook the vegetables as it leaves them soggy and not palatable.
- Residents commented that they would like salt and pepper on the table as the packets are difficult to open and a burden to get from staff if not already on the table.  
**Response:** Jeannine Bastien Food Service Manager is working to get the salt and pepper shakers back on the table as requested.

Thank you for the suggestions and comments, Jeannine will also begin wording the vegetable names, so they are easier to recognize.

Round Table:

- Residents commented that a trip to the Oil Springs Museum with possible picnic would be fun!  
**Response:** Kerri Hill Program Services Manager: That is awesome and thank you for the suggestion to head to the Oil Springs Museum, we will put it on the calendar for either July or August 2022.

### 3.0 New Business

#### **All Family Meeting Update July 27, 2022**

Administrator's Update:

**Inspections:** (all reports are publicly posted)

We had a Nursing Home Inspection for six days beginning June 27 ending July 5, 2022. The Fixing the Long-Term Care Act 2021 now allows Homes the opportunity to fix areas of non-compliance to the Inspectors satisfaction before the end of the inspection. These items are still noted on the Public Report but were remedied to the satisfaction of the Inspector. All items of non-compliance remain on our filed for 36 months and get checked each time we are inspected. The Inspector came into the Home to complete the following:

- Remedied prior to Conclusion of Inspection:  
*Infection Prevention and Control (IPAC):*
  - ✓ Hand sanitizer noted to be past expiration date: non-compliance but remedied prior to conclusion of inspection
  - ✓ Environmental Services Manager noted with inappropriate glove use: non-compliance but remedied prior to conclusion of inspection.
  - ✓ Hand Hygiene Program Policy incorrectly referred to hand sanitizer content as 60-90% which is incorrect, cannot be lower than 70%. Corrected prior to completion of the inspection.
- *Written Notifications:*
  - ✓ Written Plan of Care: Did not accurately reflect care being provided. Review of resident chart indicated that care provided, assessments, logos and safety devises post fall were all in place, but care plan did not reflect the change.

- ✓ Air Temperatures: The Nursing Home was noted to be missing temperature recordings as required by the FLTHA. The home had already discovered this discrepancy in May and had processes in place to correct as well as provide education to the staff involved. Since the correction and education, no temperatures were missing. We are required to keep the building between 22 and 26 degrees Celsius and must have plans for when the temperatures are outside of these parameters for 24 hours.
- ✓ Air Temperature: was noted above 26 degrees but with the missing entries no follow up action or follow up temperature was recorded. (Similar to above) Again this was corrected prior to the Inspector coming on-site, and temperatures once corrected were all documented and monitored.
- *Complaint Inquiries:* Inspectors review the complaint and if no evidence shows a further investigation is required the complaint will be closed.
- ✓ Complaint Inquiry #1: “the home was short staffed by 7 PSWs on Easter Weekend and did nothing about it”. We provided the Inspector copies of our staffing levels on that weekend that showed we did not have 7 PSWs missing and that call ins were done to try to fill the vacant shifts. We also explained how we re-allocate staff in the home to balance care needs for the highest care levels.
- *Complaint Inquiries cont’d:*
- ✓ Complaint Inquiry #2: Resident Neglect/Abuse. Anonymous complaint by a family that was found to be unsubstantiated upon inquiry.

The Public Report will be posted once received. It is also posted at [Home Report \(ltchomes.net\)](https://www.ltchomes.net). Any home can be reviewed by typing in the LTC Home’s name in the Search.

**Air Conditioning:**

We are working with the Ministry of Health to get our Nursing Home status changed from non-Air Conditioned to Air Conditioned. In 2021 we mistakenly self-reported incorrectly to the MOH and now are having difficulty getting this changed by the government! The Inspector is now helping us with this as she could easily tell we are airconditioned and met the requirements in the FLTCA 2021.

The Inspector did complete a review of our air temperatures once the corrections were in place and had no concerns with our internal temperatures. She did note it is very hard to balance a Home with six HVAC units, built in two sections, a decade apart to within a strict four-degree range: 22 to 26 degrees Celsius.

As heat rises you can tell a difference between the floors, we are hopeful the newer HVAC unit being installed will assist with this, but we are currently maintaining correct temperatures in the building. We do not have a new date for the HVAC installation, like most industries, air conditioning has been affected by COVID. We will let you know the date as soon as we know.

Every resident feels the temperature differently, some do not want air conditioning and have never had it in their lives, others feel the heat and are too hot. We have directives to move residents to designated cooling areas in the event their room is above 26 degrees for 24 hours, but you could also consider moving to a room on the first floor or a north facing room, if your loved one struggles with heat. Some rooms are noted at 24-26 while others are 22-24 degrees throughout the home, especially in south facing rooms. I had a question if we could put single room air conditioners in resident rooms instead of the mechanical cooling system to bring the temperatures lower? Our building was not designed to have 89 rooms with individually operated air conditioning units. These units would have to be installed under the

window, within the wall, as we cannot block off the access to fresh air (meaning there is no ability to duct a stand-alone unit or a window mounted air conditioner). The change to our electrical system to meet this requirement is also not financially feasible. One HVAC unit costs over \$100 000 to replace and we are fortunate to have grants to assist us with this replacement! This unit is not malfunctioning but when the grant was announced we thought it was a good idea to replace the oldest model.

**COVID Impact:**

COVID continues to be in the community, and we continue to see impact on residents, Essential Visitors, and our staff. Please consider getting your fourth booster if you have not currently. I am unsure if this will be a requirement in the fall, but it would be good to keep your immunity levels high, to ensure the severity of the illness if passed is reduced as much as possible. Please bring in your proof to screening if you have it.

**BUS:**

Our new bus has been ordered and we continue to be hopeful it will arrive this summer.

**COVID Vaccination Policy:**

The Board of Directors had a request to reconsider the COVID Vaccination Policy and allow unvaccinated staff and family into the Home. The Board of Directors completed a full evaluation of the impact of this policy and its effect on staff, residents, and families. They voted to continue with the current policy requirements at this time. Currently in Lambton County, only the three County Homes have rescinded the

requirement to have vaccinations, all other LTC Homes required 2 or 3 COVID vaccinations to enter.

**Emergency Plans:**

On the Vision Web Site, [Vision 74 Inc | Nursing and Rest Home | Sarnia, ON](#) Resource Section has information on our Emergency Plans. This is a new requirement of the FLTCA 2021 that requires all our Emergency Plans to be publicly available. Some of our plans are very long and have multiple policies directing the response. The Emergency Plan that is posted gives the high-level view and details what policies are required to be followed. A summary of how our emergency plans work and how we review each one is also posted on our website.

Please review and forward any feedback you may have. We can provide the full manual the Family Council Executive if they would like a full review.

**Nurse Practitioner:**

We are very excited to announce that Corinne Pollard Nurse Practitioner, has accepted our offer of full-time employment at Vision! She will be starting in this role November 1<sup>st</sup>! She will continue to provide one day a week coverage until then, as she finishes up her other position. Please welcome her when you see her!

**Crawford Street Construction Aug 15, 2022**

We have been told that the City will commence construction on Crawford Street for 2.5 months beginning August 15<sup>th</sup>. They are going to work with the home to do the street in phases to allow our staff to continue to park in the parking lot, which was very appreciated, as there are over 100 cars parked back there daily!

There are some changes because of this construction:

- **COVID Testing:** will move to the Wellington Street Entrance August 15th: same hours. You can park at the arena and come in the Wellington Street doors. Once your test is confirmed negative you can walk through the building to screening.

**Paving of Crawford:** there will be a week at the end where Crawford Street cannot be accessed by anyone while they pave the road. This will mean everyone has to park in an alternative location. We are working through the logistics of this but have a bit more time to plan for that.

As always, my door is always open! Virginia

#### 4.0 Standing Agenda Items:

##### 4.1 Activity Dept. Update:

- Wednesday BBQ's luncheons have resumed in the pavilion on a unit revolving basis over the summer.
- Take advantage of the picnics and bus outings in the nice weather.
- Keep an eye on the information televisions in the dining rooms for changes to the activity calendar.
- Activity Offices will be closed on September 5, 2022 for Labour Day.

4.2 Nursing Dept. Update: NTR

4.3 Admin Dept.  
Business Offices will be closed on September 5, 2022 for Labour Day.

**Administrator’s Report:**

**HVAC Replacement:** one of our HVAC units requires replacement and we were very fortunate to receive funding from the Ministry of Health to complete this work! These units provide air conditioning throughout the Home as well as mechanical cooling to every resident room. This unit replacement will occur over the summer months; no date has been set at this time; (Aug 9). We will have a crane onsite to lift the new unit onto the roof of the 3-story building and remove the old unit. During this time the access to the Brock Street parking lot will be blocked off to allow the team to work safely and to prevent possible injury to those coming into the Home. We will provide more information as it becomes available and a bulletin board has been set up in the Brock Street entrance to provide updates.

**Website:** We are in the process of creating a Resource Page on our website for residents and families to be able to access information easily. An example would be the list of all the administrative team members and how to contact them by phone or email. We continue to have an area on the website called Be Involved that allows family members and essential visitors access to updates sent out by the Home.

**Fixing the Long-Term Care Homes Act:** new legislation has been enacted which provides for greater quality of life and safety measures to keep you safe and comfortable in the Home. We have begun work on the requirements as some items as required to be implemented right away. Some examples of the changes required:

- Each Board of Director must obtain a Police Check with vulnerable sector screen when they join the Board.
- Emergency plans must be reviewed for ability to implement and ensure all staff are trained for response
- Increased hours of direct care up to four hours per day per resident, to be fully implemented by 2025.
- New Infection Control requirements
- Enhanced Resident Bill of Rights
- Requirements for Quality Improvement and Palliative Care teams – which we have been doing for many years already.

**COVID:** the MOH continues to be concerned with and monitoring the situation in Australia and nearby countries. Typically, what occurs there will be what we see in our winter months. They continue to have COVID as well as Influenza circulating currently. I expect our testing, screening, and masking requirements will continue for some time. Thank you for continuing to get tested in the corporate office, allowing our Grand Room to be used for resident functions.

As always please reach out if you have questions or concerns,  
Virginia

- 4.4 Housekeeping Dept. Update: NTR
- 4.5 Maintenance Dept. Update: NTR
- 4.6 OARC Update: NTR

4.7 Resident Bill of Rights Monthly Education:

- 16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.
- 17. Every resident has the right to be told both who is responsible for and who is providing the resident’s direct care.
- 18. Every resident has the right to be afforded privacy in treatment and in caring for their personal needs.

4.8 MOH Inspections: Legislative Reference O. Reg. 79/10 s. 8 (1) (b) Inspection # 2022\_896745\_0002 Order # 001 Inspector (ID) who complied the order (563). The following Inspection Protocols were used during this inspection:

- Falls Prevention and Management
- Infection Prevention and Control (IPAC) Inspection Report under the Fixing Long-Term Care Act, 2021
- Safe and Secure Home

INSPECTION RESULTS NON-COMPLIANCE REMEDIED Non-compliance was found during this inspection and was remedied by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

4.9 Review of the Quality Improvement Plan: NTR

4.10 Resident Satisfaction Quarterly Report:

RESIDENT and FAMILY COUNCILS	
	Responsibility of: Wendy Webb
Months for reporting: Apr-June 2022	Date of Report: June 2022
INDICATORS MONITORED BY THIS TEAM:	Prepared by: W. Webb
# Resident Satisfaction Questionnaires Completed NH	

“Treat others as you would want to be treated”

# Resident Council Meeting-NH– August 2022

# Resident Satisfaction Questionnaires Completed RH
# of CSQ's returned (incl. death/discharge/new admission/respice/CC discharges (NH & RH)
% of NH CSQ/RSQ's received requires a follow up r/t the QIP questions
% of RH CSQ/RSQ's received requires a follow up r/t the QIP questions
% of positive responses to: I can express my opinion without fear of consequences (incl. all CSQ/RSQ completed and returned)
% of positive responses to: I would recommend Vision to others who are looking for LTC/RH/CC/Respice (incl. all CSQ/RSQ completed and returned)
Average response to the question "What # would you use to rate how well the staff listen to you between 1-5? (1 low 5 high)"
<b>DATA REVIEW</b>
<ul style="list-style-type: none"> <li>✓ This quarter 16/39 Family and Resident satisfaction Questionnaires returned from NH residents or families.</li> <li>✓ In the RH 9/9 Resident Satisfaction Questionnaires that were issued have been completed and returned.</li> <li>✓ 4/8 New Admission CSQ's were received, and 6/12 Discharged CSQ's were received.</li> <li>✓ This quarter there was 5 surveys that required follow up by a department head.</li> <li>✓ This quarter 96% of the respondents replied that they felt that they could express their opinions without fear.</li> <li>✓ 96% of all CSQ's returned stated they would recommend Vision to others.</li> <li>✓ The average response to the question "What # would you use to rate how well the staff listen to you between 1-5? (1 low 5 high)" continues to be positively answered by most residents/POA – this quarter the average was 4.4/5.</li> <li>✓ There was an All-Family Meeting held on May 18<sup>th</sup> via zoom with 29 in attendance.</li> <li>✓ The minutes from the family meeting were uploaded onto Vision's website for all to view under the get involved tab.</li> <li>✓ Still actively looking for approximately 8 member to join the executive team, for any family member that might be interested.</li> </ul>
<b>ACTION PLANS</b>
<ul style="list-style-type: none"> <li>• Comments made on all CSQ's have been recorded on the home network in the CSQ file</li> <li>• Family Council Meetings are going to be held every other month for 2022 to trial as we use to have 2 all family meetings yearly. We will continue to have these meetings via zoom until such time that we can meet again in person. We are having quick turn over with new residents moving in. Having a hard time keeping family members on the council team. Education sessions will also be a part of the meetings.</li> <li>• Currently working on a plan to meet the Administrator monthly for the new families and residents who move into the home. Looking to start this is September.</li> <li>• A meeting took place in April to look at the admission process with family members to see what we can streamline and make the initial transition into the home as smooth as possible, there were some great suggestions that are currently being worked on with the various departments. Hoping to have the changes completed by the end of summer.</li> </ul>
<b>SUCCESS NOTES with Sustainability Plan</b>
<ul style="list-style-type: none"> <li>•We have a Chairperson (Deb Krukowski) and Secretary (Terry Perrin) for our Family Council team. YAY</li> </ul>

## 4.11 Resident Admission Package (reviewed Jan 2022)

## 4.12 Dining and Snack Time Review

Breakfast 8:00am

"Treat others as you would want to be treated"

Lunch 12:00pm

Super 5:00pm

Nourishment cart is as follows:

AM 1000am      PM 200pm      and HS 700pm

4.13 Menu Cycle Review

(Summer/Fall menu reviewed May 2022)

4.14 Resident Council Assistant Approval ( approved June 2022)

4.15 Home's Philosophy Statement:

- Treat others as You would like to be treated.

4.16 Review of the Resident Satisfaction Survey (review Nov)

4.17 Letter of Disclosure of Non-Arms Length Relationships (review Jan)

4.18 The Residents' Council has a membership to the Ontario Association of Residents' Councils. Up to date. The membership certificate has been renewed for 2022-2023 and will be displayed outside the Brock St entrance on the information shelf.

4.19 Review of Policy Recreational Cannabis 550-M-15 (reviewed Feb 2022)

4.20 Review of Visitor Policy (pending initial review)

4.21 Review of Emergency Plans

**Emergency Code Summary for Resident and Family Council  
By Virginia Bright Administrator**

The policy attached to the end of this summary provides an overview of the emergency codes we are required to have at Vision Nursing Home and the training required by the new Fixing Long-Term Care Act 2021. Because the Rest Home is attached to the Nursing Home, we provide the training for both homes on these Codes.

We have had emergency planning in place for many years, the Ministry now requires we post this information for our residents and families. These policies are now posted on our Vision Web Site, under the Resources Section <https://www.vision74.com/> .

We are required to complete a review of these policies with our community partners, this is in progress so the emergency plans are living documents and changes will occur from time to time. At the top of each policy, you will see a revision date, this indicates the date the last change was made. They are reviewed annually, but during the review may not have required a change to the policy, so the date you see could be an older date. In the policy below, changes have been left in red so you can see what a policy review looks like.

Newly added are the following: Gas Leaks, floods, and extreme internal temperature emergency plan. We also complete an annual Fire Drill Scenario with the Fire Department in both Homes in the fall. The Fire Department times our response to ensure we are following our plan and then sign off that our plan meets required legislation in the Fire Protection and Prevention Act 1997 better known as the Ontario Fire Code.

Training requirements are now listed in the legislation, though we always provided annual training prior to the Act coming into effect. For almost all emergencies the Charge RN is trained to be the person in authority to direct operations. The Charge RNs receive annual additional training at the start of each year.

Throughout the year, if an emergency occurs, we complete a debriefing following the event to see what went well, and what needs to be worked on. A copy of a debriefing note is attached after the policy at the end of this summary. We always learn from these events! Once the debriefing is over, it goes to all departments, the Joint Occupational Health and Safety Team, the Quality Team, and the Board of Directors. We also summarize these events annually.

Please look at the Emergency Plans posted, and if you have questions or comments, please let us know.

Sincerely, Virginia Bright Administrator.

MANUAL: DISASTER/FIRE/EMERGENCY				POLICY/PAGE NO: 250-III-05	
SUBJECT: <b>Emergency Codes</b>				RELATED POLICY/PAGE NO'S:	
DATE OF ORIGINAL: June 2006				RELATED FORM NO'S:	
REVISION DATES: 01/08		05/12		04/13	
06/16	08/17	10/21	06/22	AUTHORITY:	

**Policy:**

Vision Nursing & Rest Home establishes colour coded calls for the communication of emergencies throughout the entire home. Codes provide a concise means of ensuring that staff receive a common message, signaling the need for an urgent response without unnecessarily alerting or alarming the residents and visitors in the home. The remainder of section III depicts each Code and the corresponding actions of staff. The supporting policies and forms are within each Code’s section. A synopsis of the Charge RN duties begins each Codes section and instructs the

Charge RN of duties required. **Plan testing requirements are noted in the table below.**

**Procedure:**

1. When an emergency occurs, the RN or delegate announces the appropriate code using the public address system.
2. The code announcement triggers required staff to respond based on the type of emergency and the corresponding DFE procedure.
3. The Emergency Codes relate to the type of emergency, however, are suffixed, if necessary, with descriptors such as “alert”, “stat”, “confirmed” and “All Clear”.
4. Staff of the home are provided with education regarding the home’s emergency codes and are expected to respond as appropriate.
5. Code charts are posted strategically throughout the home.

**CODE CHART (Universal Hospital Codes):**

Incident/Emergency	Code	Corresponding Policy	Testing Requirement
Fire	Code Red	250-IV-A-10A-C	Annual
Cardiac Arrest/Medical Emergency	Code Blue	250-IV-E-01	Annual
Community Disaster	Code Orange	250-IV-F-10	Every 3 Years
Evacuation	Code Green	250-IV-B-10A-C	Every 3 Years
Missing Resident	Code Yellow	250-IV-H-40A&B	Annual
Bomb Threat	Code Black	250-IV-K-10	Every 3 Years
Violent Person	Code White	550-A-12	Every 3 Years

“Treat others as you would want to be treated”

Hazardous Spill	Code Brown	250-IV-J- 10A&B	Every 3 Years
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**ADDITIONAL HOME SPECIFIC CODES**

Extreme Weather (Tornado Warning)	Code Olive	250-IV-I-10	Annual
External Air Exclusion	Code Silver	250-IV-G- 10A&B	Every 3 Years
Intruder	Code Grey	250-IV-D- 10	Every 3 Years

**ADDITIONAL EMERGENCY PLANS**

Natural Disaster Community Assistance Emergency Plan		250-V-05	Annual
Outbreak Emergency Plan		250-V-15	Annual
Extreme Internal Temperature Emergency Plan		250-V-23	Annual
Loss of Essential Services Emergency Plan		250-VI-05	Annual
Gas Leak Emergency Plan		250-VI-65	Every 3 Years
Water Supply Emergency Plan		250-VI-70	Annual
Flood		250-VI-100	Annual

Copies Distribution: Administrator, Family Library, Charge RN

4.22 IPAC Education (September)
<b>5.0</b> Food Committee:
<b>6.0</b> Round Table:
<b>7.0</b> Date of Next Meeting: <b>12 Sept 2022</b>
<b>8.0</b> Closing

Copy to Administrator, CEO, Department Heads, Team Leads,  
Resident Council binder, Vision Shared Drive/Team  
Meeting/Resident Council/2022/Nursing Home folder