

SMALL COMMUNITY, WARM HEART, EXCEPTIONAL CARE

GOLDEN MANOR HOME FOR THE AGED – CITY OF TIMMINS



INFORMATION PACKAGE

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WELCOME

Message From the Administrator:

WELCOME!

The Golden Manor Home for the Aged is an Accredited 176-bed Municipal Long-Term Care Home in the City of Timmins. We are located on the corner of Jubilee and Theriault Blvd., in a beautiful neighborhood, close to a park area and bus routes.

At the Golden Manor, residents are provided with opportunities for meaningful and continuing relationships with their families, other residents and the community. There are many wonderful opportunities within the home for residents to gather with friends and family.

A variety of activities form the basis for an active and balanced life within an environment that supports the physical, emotional, mental and spiritual health of residents. Dedicated activity staff organize and facilitate the activities while engaging with residents in the home.

Based on individualized needs, residents receive varying degrees of care, assistance and services aimed at maximizing their quality of life. Our philosophy of care respects the individual needs of the resident, while encouraging independence in activities of daily living.

The Golden Manor strives for excellence in resident-centered care. We have a committed, compassionate team who are guided in their work by our Mission and our Vision. We recently launched our Strategic Plan 2020-24, which identifies our strategic priorities over the next four years.

We are excited about our Redevelopment Project. We are currently in the design phase of a brand new modern 192 bed Long-Term Home which will be built on our property. You are invited to follow our progress, between now and 2024 when we plan to move into our beautiful new facility.

We welcome you and your loved one to our Home. Please feel free to speak to anyone of us should you have questions or concerns, or would like to provide suggestions on our care and services. We look forward to seeing you at The Golden Manor.

Kind Regards,

Lia Fontana, Administrator



OUR MISSION

Small Community, Warm Heart, Exceptional Care

OUR VISION

Golden Manor Home for the Aged will be the leading Community of Care for the wellbeing and diversity of individuals and cultures in our community.

OUR VALUES

Respect: We respect and value the uniqueness of each individual

Encouragement: We encourage collaboration between our staff, volunteers, residents and families to achieve engagement.

Striving: We strive always to improve the physical, emotional, mental and spiritual health of our residents in their home.

Promoting Dignity: We promote an environment of dignity and wellbeing.

Excellence: We pursue excellence in everything that we do.

Community: We are a community of care

Teamwork: WE demonstrate teamwork by trusting each other.



MISSION



VISION



VALUES

INFORMATION ABOUT THE LICENSEE

A license to operate the Home has been issued pursuant to the Fixing Long-Term Care Act, 2021 to the following licensee:

Golden Manor- 705-360-2644

MANAGEMENT TEAM

Administrator	Lia Fontana
Director of Care	Julie Mavrinac-Nikoruk
Assistant Director of Care	Alison Stewart
Infection Control	Tiffany Rock
Environmental Services	Adam Shortt
Resident Services	Sue Walton
Quality Coordinator	Amy Beaven
Dietitian	Amy Gravel
Nutrition Coordinator	Karine Faubert

OTHER MEMBERS OF OUR TEAM

Medical Director	Dr. Julie Auger
Physicians	Dr. Schwertfeger, Dr. Kos & Dr. Gillies
Nurse Practitioner	Debby Kapias
BSO Program Lead	Carmelina Blanchette

ACCOMMODATIONS

Golden Manor provides different levels of care based on the particular needs of the individual resident. All rooms are private or semi-private with ensuite washrooms. A bedside dresser, bedding, linens, window coverings and adjustable beds are provided.

Personal Items Permitted



- 1 lounge chair (appropriately sized for the room)
- 1 television (32" max if sitting on dresser or 43" max if mounted to the wall – plus swivel mounting arm)
- 1 table lamp
- 1 end table
- Pictures (size and number appropriate to fit resident's personal space)
- Clock
- Electronics (DVD player, Radio, Stereo System)
- 1 Fan
- Personal bedding
- Personal Toiletries (Shampoo, toothpaste, toothbrush, etc.)
- Plants (as approved by the home)
- Scooters (for outdoors only)



Items Not Permitted

- Floor lamp
- Rugs
- Humidifiers/vapourizers
- Portable heaters
- Kitchen equipment (fridges, toasters, kettles)
- Sharps (knives, scissors, nail clippers)
- Body powders
- Medications of any kind (i.e. over the counter)
- Rocking Chairs
- Mirrors
- Foot stools or ottoman's
- Pictures with glass

Restrictions

Additional items such as lighters, electronic cigarettes, cigarettes will be kept at the nursing desk for the safety of the home and the resident.

The Maintenance Department must check all electrical equipment before it is placed in the resident's room to ensure that the items meet all CSA safety standards and are in good working order.



Resident Rooms

To ensure a safe and hazard free environment for residents and staff, no items are to be stored on the floor.

Residents or their designate will provide, on an ongoing basis, appropriate clothing, footwear, care aides (glasses, dentures, hearing aids, etc.) and anything else, which is reasonably necessary for the resident's comfort and functional ability in the Home. Residents or their designate agree to pay for any needed repair to these necessary personal devices.

Resident Room Transfers

Resident may be moved to another room within the Golden Manor. The priorities used to determine room changes are:

1. Safety considerations
2. Resident care needs
3. Ability to pay for a preferred accommodation
4. Resident preference

Requests for room changes must be made to the Resident Services Supervisor and will be reviewed by the bed allocation committee and placed on a waiting list in order of priority.

Resident Room Discharge

The Golden Manor is sensitive to the grief that family and friend face when a loved one passes and we strive to be supportive and responsive to the needs of family and friends. When this occurs, the room must be made available for occupancy within 24 hours and all items must be removed within that time frame.

We are unable to accept Donations of Clothing or Mobility Devices at this time.

RESIDENT CHARGES





The Home will not charge a fee to a resident for anything, except in accordance with the following:



1. For basic accommodation, a resident shall not be charged more than the amount provided for the Regulation under the Fixing Long-Term Care Act, 2021 for the accommodations provided.
2. For preferred accommodation, a resident shall not be charged more than can be charged for basic accommodation, unless the preferred accommodation was provided under an agreement, in which case the resident shall not be charged more than the amount provided for the Regulation under the Fixing Long-Term Care Act, 2021 for the accommodation provided.
3. For anything other than accommodation, a resident shall be charged only if it was provided under an agreement and shall not be charged more than the amount provided for the Regulation under the Fixing Long-Term Care Act, 2021, or, if no amount is provided for, more than a reasonable amount.
4. A resident shall not be charged for anything for which the Regulation under the Fixing Long-Term Care Act, 2021, provided is not to be charged. The following charges are prohibited by the Regulation:
 - a. Charges for goods and services that the Home is required to provide to a resident using funding that the Home receives from a local health integration network (including goods and services funded by a local health integration network under a service accountability agreement), or the Minister of Health and Long-Term Care;
 - b. Charges for goods and services paid for by the Government of Canada, the Government of Ontario, including a local health integration network, or a municipal government in Ontario;
 - c. Charges for goods and services that the Home is required to provide to residents under any agreement between the Home and the Ministry or between the Home and a local health integration network;
 - d. Charges for goods and services provided without the resident's consent;
 - e. Charges, other than the accommodation charge that every resident is required to pay, to hold bed for a resident during a medical absence, psychiatric absence, causal absence and vacation absence, or during the period permitted for a resident to move into the Home once the placement coordinator has authorized admission to the Home;
 - f. Charges for basic or preferred accommodation for residents in the short-stay convalescent care program;
 - g. Transaction fee for deposits to and withdrawals from a trust account required to be established and maintained by the Home, or for anything else related to a trust account; and

- h. Charges for anything the Home must ensure is provided to a resident pursuant to the Regulation under the Fixing Long-Term Care Act, 2021, unless a charge is expressly permitted.

The Fixing Long-Term Care Act, 2021 states that every licensee of a long-term care home shall ensure the following care and services are available at no additional cost:

1. **Nursing and personal support service.** “Personal support service” means services to assist with the activities of daily living, including personal hygiene services, and include supervision in carrying out those activities. **24-Hour nursing care.**
2. **Restorative Care** that promotes and maximizes independence and where relevant to the resident’s assessed care needs, included but is not limited to, physiotherapy and other therapy services which may be either arranged or provided by the licensee. 
3. **Recreational and social activities** that meet the interest of the residents and include services for residents with cognitive impairments and residents who are unable to leave their rooms.
4. **Dietary services and hydration** that meet the daily nutrition and hydration needs of the residents. Residents are provided with food and fluids that are safe, adequate in quantity, nutrition and variety. 
5. **Medical services** including information and assistance in obtaining goods, services and equipment that is relevant to the resident’s health care needs but are not provided by the licensee (excluding financial assistance)
6. **Religious and spiritual practices** to ensure that residents are given reasonable opportunity to practice their religious and spiritual beliefs and to observe the requirements of those beliefs. 
7. **Accommodations Services** which include an organization program of housekeeping and organized program of laundry services to meet the linen and personal clothing needs of the residents and an organized program of maintenance services for the home.
8. **Volunteer Program** for the home that encourages and supports the participation of volunteers in the lives and activities of the residents. 

MAXIMUM CHARGES FOR ACCOMMODATION

The Daily/Monthly co-payment rates effective July 1, 2023 are follows:

Long-Stay Residents:

Basic Accommodation	Daily \$65.32	Monthly \$1986.82
Private Accommodation	Daily \$85.46	Monthly \$2599.41

These rates are established by the Ministry of Long Term Care and any increases usually occur in July of each year. Resident are notified at least 30 days in advance of an increase.

During a medical absence, psychiatric absence, casual absence and vacation absence, a resident continues to be responsible for the payment of the maximum amounts that may be charged by the Home to the resident for the same class of accommodation that was provided to the resident immediately before the absence.

Even if the Home does not have an agreement with the resident, the resident is responsible for the payment of the amount charged by the Home for basic accommodation calculated in accordance with the Fixing Long-Term Care Act, 2021.

AVAILABLE REDUCTIONS

Please see the “Guide to Rate Reductions” included in this package for information on these types of rate reductions that are available, the process for applying for these rate reductions and the relevant applications for the same.

Where a long-stay resident of a long-term care home has accessed all sources of income to maximize his or her annual net income, the resident may apply to the Director for a reduced amount payable by the resident for basic accommodation.

The Home’s Administrator can provide a rate reduction application form to residents to complete. The application must be in a form and manner acceptable to the Director, must include any supporting documentation required by the Director, and must include the Notice of Assessment issued under the *Income tax act (Canada)* for the resident’s most recent taxation year. Upon the request of a resident, the Home will provide assistance in completing the application.

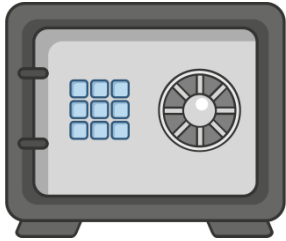
INFORMATION ABOUT FUNDING

A new funding system for all long-term care homes was introduced in July 1993. The system is based on dividing all funding into three separate “envelopes”; Nursing and Personal Care/ Programs and Support Services/ Accommodation Nursing and Personal Care includes all nursing services and medical and nursing supplies, as well as personal care of residents. Ministry of Health funding for Nursing and Personal Care is based on a formula that reflects two often conflicting priorities:

First, the amount of funding that the Ministry has and second, the number of residents and their needs. The nursing and personal care funding formula is the same for private sectors and public service providers and reflects the fact that private and public sector long term care providers, the funding from this envelope must be used only for nursing and personal care. If, at the end of the funding year a long term care home has surplus nursing and personal care funds, the money must be returned to the Ministry of Health. An exacting audit process has been established to verify surpluses. The Program and Support Services envelope includes funding for therapeutic services, pastoral care, recreation staff training and volunteer coordination. As with the Nursing and Personal Care envelope, funding is based on resident needs, but in reality reflects available funds. Again, any surplus funds remaining at the end of the year are carefully audited and must be returned to the Ministry.

The Accommodation envelope includes funding for “room and board” expenses such as food costs, housekeeping, dietary services, laundry and linen services, administration, building and property operations and maintenance. The Ministry of Health sets a predetermined minimum expenditures for food costs as well as specific requirements for dietary staffing levels. There are two types of accommodations: basic and private.

TRUST ACCOUNTS



Residents have the ability to have money deposited into a non-interest bearing trust account. The Home has established and will maintain a non-interest bearing trust account at a financial institution in which it shall deposit all money entrusted to it on behalf of a resident. At no time will the Home hold more than \$5,000.00 in the trust account for any resident at any time. The Home will keep petty cash trust money, composed of money withdrawn from the trust account, which is sufficient to meet daily cash needs of the residents who have money deposited in the trust account on their behalf.

A resident, or person acting on behalf of a resident, may pay the Home for accommodation and other charges with money from the trust account upon providing the Home with a written authorization.

The Home has a written policy and procedures for the management of resident trust accounts and the petty cash trust money. The written policy and procedures is available to every resident and person acting on behalf of a resident who asks to have money deposited into a trust account.

To set up a trust account or enquire about the same, please contact the Accounts Clerk at 705-360-2644 during 8:00a.m to 4:00 p.m. Monday to Friday.

Absence/Leave from the Golden Manor

Please be aware that residents are obligated to pay accommodations during Medical, Psychiatric, Vacation and Casual absences for the Home

Casual Leave



Casual Leaves of Absence of up to forty-eight (48) hours per week are available to residents in long-term care homes. Casual leaves are permitted throughout the year regardless of vacation or other medical leaves taken. Casual Leaves are considered separate from medical and vacation leaves.

Vacation Leave



A Vacation Leave of Absence of up to twenty-one (21) days a year is available to resident of long-term care homes. Resident or designate are asked to let RPN on unit know well in advance of anticipated leave so that medications can be prepared with an expected return date and time so the exact doses of medications can be supplied. A Leave request form will need to be completed prior to leaving the unit.

Medical Leave



A resident's condition may change requiring assessment or treatment in a hospital. If this occurs a Medical Leave of Absence in a hospital for up to thirty (30) days per each hospitalization stay is available to the resident.

Psychiatric Leave

A Psychiatric leave in a hospital for up to sixty (60) days at a time is available to residents of the Golden Manor for the purpose of assessment, treatment and stabilization of a resident's psychiatric status.

Residents leaving their Unit



All Nursing Desks have a Dry Erase board secured to the wall. Family members, friends, and residents are asked to utilize this board whenever a resident is leaving their home Unit.

Resident must be signed out when leaving. It is critical to nursing staff communications. Staff will otherwise be unaware and begin to search for a missing resident.

When a resident returns to their home Unit their name can be removed from the board.

CLINICAL SERVICES

Resident Care Review



Resident Care Review conferences are multidisciplinary meetings held within six (6) weeks of admission and annually thereafter to review the resident's plan of care.

On admission, the Health Informatics Nurse and care team will develop an initial plan of care. Within the first six weeks after the resident is admitted to the Golden Manor, the Administrative Assistant will arrange a Resident Care Review conference to meet with the resident, their family or designate to evaluate the initial plan of care.

In addition to Resident Care Review conferences, Family meetings may also be scheduled to discuss significant changes in resident health of care needs.

Nursing and Personal Support Services



Nursing and personal support services staff are available 24 hours a day, seven (7) days a week.

Personal Support Workers (P.S.W.'s) provide services to assist with the activities of daily living, including personal hygiene services, and supervision in carrying out those activities.

Registered Practical Nurses (R.P.N.'s) are responsible for the administration of prescribed medications, treatments and other duties within their scope of practice. They are the team leaders on the units.

Registered Nurse (R.N.'s) are responsible to carry out nursing duties, within their scope of practice, they work closely with the Specialized Nursing program leads, Physicians and Nurse Practitioner to provide a multidisciplinary plan of care. There is at least one (1) R.N. on duty and present in the Home at all times.

NON-ARM'S LENGTH RELATIONSHIPS

Providers who may offer care, services, programs or goods to residents may include, but are not limited to: Medical Pharmacies, Tena, Cardinal Health, Motion Specialties, Home and Community Care Support Services North East, Life Labs, Timmins and District Hospital, Pearly Whites (dental), Handi Trans, Hair Dressing Services, Bayshore, Vital Air, Freedom Vending, and all of our generous Volunteers including our Spiritual Volunteers.

ATTENDING PHYSICIANS AND RNs (EXTENDED CLASS)

A Resident or the resident's substitute decision-maker may retain a physician or registered nurse in the extended class to perform the following services:



- a. A physical examination of the resident upon admission and an annual physical examination thereafter, and to produce a written report of the findings of the examination;
- b. Attend regularly at the Home to provide services, including assessments; and
- c. Participate in the provision of after-hours coverage and on-call coverage.

Specialized Nursing Programs

In addition to the extraordinary care that is provided to residents on a daily basis by the multidisciplinary team. The Golden Manor also offers the following specialized programs.

Fall and Injury Prevention Program

Our Home considers a fall to be any unintentional change in position where the resident ends up on the floor, ground or other lower level.



Our definition of a fall includes:

- Witnessed falls & un-witnessed falls;
- If a resident falls onto a mat placed on the floor;
- If a fall occurs as a result of a violent blow or other purposeful action; and
- Whether or not an injury is sustained
 - An injury includes any known or suspected head-injury and/or a fall in which a resident sustains a fracture, wound, cut, gash, laceration, contusion or trauma requiring a transfer to hospital, stitches or steri-strips

The Golden Manor's Fall and Injury Prevention Program is an interdisciplinary program that strives to reduce the incidence of falls and injuries occurring within the Home. While the team acknowledges that not all falls can be prevented, approaches and strategies aimed at promoting safety, independence and quality of life will be promoted.

Nursing Rehabilitation & Restorative Care Program

Nursing Rehabilitation & Restorative Care refers to interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible. Examples include, but are not limited to:

- Dressing & grooming exercises
- Using assistive devices to facilitate independent eating
- Daily exercise routines
- Resident walks with caregivers to meals, bathroom or to get a drink
- Improved continence by bladder retraining or toileting routines



The Golden Manor's Nursing Rehabilitation and Restorative Care Program is an interdisciplinary program that strives to improve a resident's functional level and/or quality of life; prevent deterioration from occurring; or maintain their current level of functioning.

Pain Management Program



The Golden Manor's Pain Management program is designed to maintain an interdisciplinary team approach to pain management that provides the resident with optimal comfort, dignity and quality of life.

Our Nurse Practitioner works with our physicians to ensure that proper assessment and treatment of pain is occurring within our home.

Skin & Wound Care Program

The Skin & Wound Care Program is designed to:

- Identify residents at risk for skin breakdown
- Implement strategies to prevent and/or manage pressure ulcers and reduce pain and minimize infection.
- Reduce the overall incidence of pressure ulcers.
- Reduce risk factors that contribute to the development of pressure ulcers.
- Monitor the incidence and severity of pressure ulcers.
- Promote an optimal level of resident function, comfort and quality of life.
- Monitor and evaluate resident outcomes.



Contenance Care & Bowel Management Program

The Contenance Care & Bowel Management Program ensures that each resident has:

- Treatments and interventions in place to promote continence and prevent constipation, including hydration and nutrition protocols
- Toileting programs as appropriate
- Strategies to maximize residents' independence, comfort and dignity, including access to necessary equipment, supplies, devices and assistive aids

Each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, types of incontinence and potential to restore function with specific interventions.

Behaviours and Dementia Care Program

Responsive Behaviours is a term that is used to describe a means by which persons with dementia or other conditions may communicate their discomfort with something related to the physical body (e.g. an infection), social environment (e.g. boredom) or the physical environment (e.g. lighting or noise).

The Golden Manor is committed to ensuring that the needs of residents with responsive behaviours are met. Escalation in a resident's responsive behaviour can lead to altercations and may be harmful or abusive. As a result, a key aspect of resident care is to prevent or minimize the situations in which a resident exhibits responsive behaviours.

Standardized tools, assessments, and protocols will be utilized by the clinical team:

- To provide objective assessments of cognitive changes;
- To track the pattern of responsive behaviours;
- To assist caregivers with understanding the underlying cause(s) or responsive behaviour(s); and/or
- To utilize a person-centered approach to meet the needs of the resident



Minimal Restraint Program

The Golden Manor promotes a least restraint philosophy that aims to preserve the dignity of the residents within the home. The team is committed to ensure that our residents live in a safe environment free from restraints. The home recognizes that residents have a right to live with risk and have the right not to be physically restrained except in limited circumstances.

The program ensures that the least restrictive type of restraint is used as an intervention after all alternatives to restraining have been considered to be ineffective.

Standardized assessments and protocols will be utilized by the clinical team:

- To ensure that all alternatives have been considered prior to implementation of restraint (using safety devices such as chair pad alarms, walking programs to decrease agitation, engaging residents in Montessori activities to lessen boredom/loneliness, considering moves closer to Nursing station, 1;1 supervision
- To assist caregivers and family members in understanding the risks associated with restraints such as but not limited to: skin breakdown, constipation, urinary tract infection, increased agitation, fear, overall physical and cognitive decline
- Should a restraint be deemed appropriate, the team will collaborate to ensure there is ongoing evaluation of such restraint through proper documentation, monthly meetings and care planning.

Infection Control Program

The Golden Manor's Infection Control Program is a comprehensive corporate program that ensures compliance with Infection Control practices across all disciplines and in all areas of service delivery.

The Infection Control program outlines key elements related to:

- Surveillance of illness and infection;
- Education for staff, residents and family members;
- Medical Directives (e.g. for vaccinations);
- Protocols to prevent infections (e.g. hand hygiene, safe disposal of sharps, standard precautions & screening);
- Prevention, reporting and management of outbreaks
- COVID-19 preparedness



BSO Program



Behavioural Supports Ontario

Soutien en cas de troubles du comportement en Ontario

The Behavioural Supports Ontario (BSO) initiative was created to enhance health care services for older adults in Ontario with or at risk of responsive behaviours/personal expressions associated with dementia, mental health, substance use and/or other neurological conditions. The initiative also provides enhanced family care partner support in the community, in long-term care or wherever the individual and/or care partner(s) reside.

At the Golden Manor the BSO team consists of a BSO Lead with specialized skills and experience. Through tools such as “Piece of my Personhood”, the BSO team will develop a plan of action that will “accommodate the behavior, rather than control it”

“I am more than my behavior. Learn who I was, understand who I am”.

Nutrition & Hydration Program

The Nutrition & Hydration Program is aimed at improving or preventing deterioration in a resident’s functional and wellness level through an interdisciplinary approach to meal preparation and service. The program strives to ensure that:

- Each resident’s daily nutrition and hydration needs are met consistently
- Each meal and snack is planned to ensure that sufficient fluids and nutrients are provided
- Risks are identified, mitigated and managed regarding nutrition, hydration and dietary services
- Each resident’s weights are monitored and that food and fluid intake is reviewed to ensure skin integrity



SUPPORT SERVICES

Housekeeping Program



The Housekeeping Program focuses its efforts on ensuring that the home, furnishings and equipment are kept clean and sanitary to prevent the spread of infection. Housekeeping staff follow set procedures within the home to ensure that all areas are kept clean and follow any special protocols that are established in collaboration with the Infection Control Coordinator. The Housekeeping Program is responsible for ensuring that all chemicals and equipment are properly labeled and stored safely away from residents.

Laundry Program

Our Laundry Program exists to ensure that the needs of our residents are met and that they have clean linen and personal clothing available to them. The Laundry department staff ensure that each resident's linen and clothing are collected, sorted, labelled, cleaned and delivered to them in a timely manner.



Maintenance Program



The Maintenance Program ensures that the residents within our home are living in a safe and secure environment. Through rigorous preventative maintenance, audits and supervision of equipment, our maintenance program ensures that the home and its furnishings and equipment are kept in a safe condition and in a good state of repair. The Maintenance Program ensures that there is consistency in the types and style of equipment and furnishings purchased within the home and that appropriate training is provided.

Dietary Program



The Dietary Program is managed by the Registered Dietitian with the assistance of the Nutrition Coordinator. The program ensures that staff has a standard set of procedures to follow to ensure that residents are provided with nutritional options to meet their dietary needs.

Menus are developed biannually to meet the therapeutic and texture modification needs of our residents. Daily and weekly menus are posted outside each unit Dining Room. Choices are offered at breakfast, lunch, and supper. Nutritious snacks are provided daily according to the menus, meals and snack times. The menus are reviewed with Resident and Family Councils to allow for positive changes to be made to meal service and to ensure resident satisfaction.

Best practices are implemented related to dining service, menu planning and food production.

Sharing meals with residents in the Home

For family wishing to share a meal with Residents they may purchase a meal ticket from the front office a minimum of 4 hours before the meal daily. There are a limited number of tickets available each day.

Food and beverages are carefully handled at the Golden Manor to prevent any possible foodborne illness or contamination. Therefore, the Dietary department cannot store food from outside the Home. If a meal is brought in for the resident then it can be served at that meal only.

Residents may have food allergies or medical restrictions. Please do not share outside food with other residents.

Resident Services

The Resident Services Program provides a wide range of activities. The Home is very active with recreation and entertainment planned by the Resident Services Department.



Residents are also encouraged to remain active in any clubs or activities with which they were previously associated. Within the Home there is a daily program of activities. A monthly calendar is prepared to provide residents and families with information of activities planned in the home.

VISITING PETS

The benefits of interaction with animals are physical, mental and emotional. Residents therefore get the loving attention of the animal without the necessary care requirements, which is beneficial in facilities where pets are not permitted to live. Our hope is that families, friends and staff continue to share the experiences of bring their beloved animals into our home for residents to enjoy. We love nothing more than to see the faces of our residents light up when a pet walks into our home.



As per Ministry Standards we are required to have on file up-to-date vaccinations for all pets that enter our home. We are asking family/friends who bring in their pets to provide our home with copies of their animals vaccinations.

If you have any questions or would like to give copies of your pet's vaccinations please contact the Support Services Supervisor at 705-360-2644 ext. 4512.

Palliative Care/End-of-Life Program

Palliative care is care that improves the quality of life of residents and their families when they are facing life-threatening illness. With palliative care, particular attention is given to the assessment and treatment of pain (and other symptoms), and to the provision of psychological and emotional support. The focus of the palliative care program is to achieve comfort while ensuring respect for the person nearing death while maximizing quality of life for the resident, family and loved ones.



The palliative care program addresses:

- Proper assessment (e.g. PPS and Clinical Frailty Scale)
- Advanced care planning and decision making
- Education for residents, staff and family around common signs of imminent death
- Symptom management
- Strategies for communication at end-of-life
- Death pronouncement
- After-care

GENERAL INFORMATION

INTERNAL COMPLAINTS PROCEDURE

Receiving feedback is a significant factor in improving quality of care and services offered. All residents/representatives of residents are encouraged to bring forward any complaints, concerns, compliments and recommendations to help us to address issues and continue to improve.

If you have a complaint or concern:

1. Start by addressing your complaint or concern with the team leader (RPN) on the resident's floor. The team leader (RPN) will:
 - Listen, empathize and apologize
 - Address the problem if it is within their ability to do so
2. If the team leader (RPN) is unable to resolve your complaint or concern they will:
 - Ensure the charge RN or appropriate supervisor/registered staff is informed.
 - The appropriate supervisor/registered staff will follow-up with you on the next business day
3. The appropriate supervisor must investigate the complaint or concern and take appropriate action depending on the nature of the complaint:
 - Verbally discuss with the resident/family member face-to-face or by telephone
 - Meet with involved disciplines to develop a written action plan
 - Set up a team and resident/family meeting to resolve the concern
 - Bring the complaint to Resident Council, Family Council for input into a solution to non-resident health specific issues
4. Where the complaint alleges harm or risk of harm to one or more resident, the investigation shall be commenced immediately.
5. If your complaint cannot be resolved within 24 hours, a response will be provided within ten (10) business days and include what has been done to resolve the complaint or notification to the complainant that the home believes the complaint to be unfounded and the reasons for the belief.
6. For those complaints that cannot be investigated and resolved within ten (10) business days, an acknowledgement of receipt of the complaint will be provided within ten (10) business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution.

COMPLAINTS TO THE DIRECTOR

Should you not be satisfied with the handling of a complaint from the Golden Manor, there are contacts that can be reached within the Ministry of Long-Term Care.

Call the Ministry

Long-Term Care Homes ACTION line:
1-866-434-0144
Hours of operation:
8:30 a.m. – 7:00 p.m., 7 days a week

Write to the Ministry

Director
Long-Term Care Inspections Branch
Long-Term Care Homes Division
Central Intake, Assessment and Triage Team
119 King St. W, 11th Floor
Hamilton ON, L8P 4Y7

MANDATORY REPORTING

Regulated health professionals who have reasonable grounds to suspect that any of the following has occurred or may be occurring must immediately report that suspicion and the information upon which the suspicion is based to the Director appointed by the Minister of Long-Term Care:

Note: Residents and families have the option to report. Regulated health professionals are required by law to report, and other staff and volunteers are expected to as well.

- a. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident;

Abuse of a resident by anyone, or neglect of a resident by the Home or its staff, that resulted in harm or a risk of harm to the resident;

Unlawful conduct that resulted in harm or a risk of harm to a resident;

Misuse or misappropriation of a resident's money; or

Misuse or misappropriation of funding provided to the Home under the Fixing Long-Term Care Act, 2021.

WHISTLE-BLOWING PROTECTION

Whistleblowers: those who disclose information about something they believe to be harmful to the public's interest, occurring in business or in government. It includes disclosure to authorities' within the organization, to outside agencies or to the media.



Protection: The Fixing Long-Term Care Act, 2021 offers protection against retaliation to any person who discloses information to an inspector or to the Director of the Ministry of Long-Term Care, or who gives evidence in legal proceedings. This protection is known as the "whistle-blowing" protection.

Specifically, the whistle-blowing protection requires that Golden Manor and its staff will not retaliate against any person, whether by action or omission, or threaten to do so because anything has been disclosed to an inspector or to the Director. This includes, but is not limited to, disclosure of: (i) improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident; (ii) abuse of a resident by anyone or neglect of a resident by the Home or its staff that resulted in harm or a risk of harm to the resident; (iii) unlawful conduct that resulted in harm or a risk of harm to a resident; (iv) misuse or misappropriation of a resident's money; (v) misuse or misappropriation of government funding provided to the Home; (vi) a breach of a requirement under the Fixing Long-Term Care Act, 2021; or (vii) any other matter concerning the care of a resident or the operation of the Home that the person advising believes ought to be reported to the Director.

In addition, no person will encounter retaliation because evidence has been or may be given in a proceeding, including a proceeding in respect of the Fixing Long-Term Care Act, 2021 or its regulations, or in an inquest under the Coroners Act.

Golden Manor or its staff will not do anything that discourages, is aimed at discouraging or that has the effect of discouraging a person from doing anything mentioned above. Nor will the Golden Manor or its staff do anything that to encourage a person to fail to do anything mentioned above.

For the purposes of the whistle-blowing protection, “retaliation” includes, but is not limited to, discipline or dismissing a staff member, imposing a penalty upon any person, or intimidating, coercing or harassing any person. A resident shall not be discharged from the Home, threatened with discharge, or in any way be subjected to discriminatory treatment (e.g. any change or discontinuation of any service to or care of a resident or the threat of any such change or discontinuation) because of anything mentioned above, even if the resident or another person acted maliciously or in bad faith. Further, no family member shall be threatened with the possibility of any of those being done to the resident.

ZERO TOLERANCE OF RESIDENT ABUSE AND NEGLECT PROGRAM



The Golden Manor is committed to providing a safe and secure environment in which all residents are treated with dignity and respect and protected from all forms of abuse or neglect at all times.

The Golden Manor has a zero tolerance for abuse. Any form of abuse by any person interacting with residents, whether through deliberate acts or negligence, will not be tolerated.

Prevention of abuse and neglect are fundamental to the zero tolerance program.

All homes will implement a comprehensive zero tolerance program including measures to:

- Prevent, detect and immediately respond to any alleged incident of resident abuse or neglect
- Promote, fulsome and timely internal and external reporting and disclosure
- Promptly and thoroughly investigate all alleged or reported incidents in a fair and transparent manner
- Identify and address root causes using the quality improvement methods and tolls and interdisciplinary care planning strategies
- Communicate with and support residents, families, witnesses, whistleblowers and other throughout the process
- Monitor, evaluate and improve the program continuously.

Forms of abuse include, but are not limited to verbal, emotional, physical, sexual and financial.

Neglect means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or wellbeing and includes inaction or a pattern of inaction that jeopardizes one or more residents.

All persons, including but not limited to employees, physicians, residents, student, contracted individuals, and volunteers, are encouraged to report breaches of the home's policies, procedures and legislations issues that apply to the home. Refer to Whistleblower Protection Policy.

Zero Tolerance of Resident Abuse and Neglect Policies will be widely communicated and displayed in the home in a manner that is both highly visible and legible to all residents, staff and visitors.

This policy applies to all staff, agency/contractors, students, volunteers, families, visitors, board members, and individuals that are involved with the care of the resident and / or the safe operation of the home.

ZERO TOLERANCE OF RESIDENT ABUSE AND NEGLECT: RESPONSE AND REPORTING

Golden Manor has a zero tolerance for abuse. Any form of abuse by any person interacting with Residents, whether through deliberate acts of negligence will not be tolerated.

All staff must protect the rights of each resident entrusted in their care.

All staff/ persons involved with the Golden Manor homes have a duty to report any form of alleged potential, suspected, or witnessed abuse, including suspected abuse outside the home. Failure to report suggest that the activity is condoned, which can result in that person receiving the same disciplinary action as is given to the abuser.

ZERO TOLERANCE OF RESIDENT ABUSE AND NEGLECT: INVESTIGATION AND CONSEQUENCES

All reported incidents of abuse and/ or neglect will be objectively, thoroughly and promptly investigated.

During an investigation, staff will reassure and support residents and regularly communicate with families/ Power of Attorneys (POAs)/ Substitute Decision Makers (SDMs) and other relevant stakeholders.

At the conclusion of an investigation, a determination will be made, based on the facts of the case on the best course of action to prevent future incidents of abuse and/ or neglect.

Staff who commits abuse or neglect, fail to report abuse or neglect in a timely manner or intimidate, or coerce, discourage or otherwise keep others from reporting abuse or neglect will be subject to corrective action.

Staff who have been found to have committed abuse or neglect and are registered members of a professional college or association, will be reported to their respective college or associations.

Volunteers, students and contracted service providers who commit abuse and/ or neglect will face corrective action up to and including termination of the service contract or volunteer status within the home. Those who are members of a regulated health profession will be reported to their respective regulatory body.

Family members and visitors who commit and an act of abuse or neglect of a resident will be subject to corrective action, ban from the home or possible legal action.

Residents who commit an act of abuse may be moved within the home, transferred to hospital or specialized facility, or discharge from the home with appropriate authorization from relevant authorities where required.

The Police will be notified if there are grounds to believe a criminal code offence has been committed.

Investigation results will be shared with key stakeholders, including residents, families, staff and relevant regulatory authorities and used for quality improvement purposes. Refer to Zero Tolerance Program and Disclosures policies for details. If the resident's SDM is the individual being alleged of abuse, the home will ensure that this fact is included in reports to police or external authorities and is not required to advise the SDM of the results of the investigation.

This policy applies to all staff, agency/contractors, students, volunteers, families, visitors, board members, and individuals that are involved with the care of the resident and/ or the safe operation of the home.

The policy and procedures herein operate subject to applicable legislation and collective agreements.

ADDITIONAL POLICIES

The Golden Manor has a number of policies which identify and respond to risk of injury to residents and their staff.




Our **Safe Lift and Transfer policy** prevents injury to the resident during transfer and prevention of back injuries to the staff. If a resident is unable to weight bear a mechanical lift will be used at all times with 2 staff involved in the entire mechanical lift process. Occupational Health and Safety legislation takes precedence above all other legislations. The safety of staff and prevention of work related injuries is paramount in caring for the residents.

Our **Safe smoking policy** prevents injury of burns to the resident and fire to the facility. Residents must be capable of independently smoking safely and in a properly designated area. If on assessment a resident is found to be an unsafe smoker then smoking will only be permitted during family supervision.



GOLDEN MANOR FAMILY/ FRIENDS SAFETY TIPS

We would like to welcome you to the Golden Manor. In order for you visits here to be pleasant and safe ones, we would like to provide you with these safety facts.

- ❖ **Door Alarms:** All outside doors are on alarms. The code is posted on all key pads. **ALWAYS** check that a resident is not following you through the door. If you are unsure please ask for assistance.
- ❖ **Wanderguard System:** An alarm will sound when a resident who wears this guard is in the area of the door. If you hear the alarm, wait for staff assistance. They will assist by removing the resident and resetting the alarm. It will then be safe for you to exit the building. 
- ❖ **Elevator:** The elevators are located on the East and West side of the building. In the event that the elevator ceases to work do not panic, pick up the phone and wait for assistance.
- ❖ **Fire/ Evacuation Alarm:** In case of fire/ evacuation please take direction from staff. Fire drills happen once a month on all shifts, but no one should ever assume it's a drill. Staff knows the procedures and will make sure that everyone is safe. Clear all doorways as Mag locks on all of the fire door will release and doors will close. Do not be alarmed if you hear doors closing as this is a safety precaution. 
- ❖ **Other Important Safety Tips:**
 - Please do not visit if you are feeling sick. During an outbreak always check with nursing staff at the desk regarding infection control information.
 - Always use hand sanitizer on arrival and when you leave. Hand sanitizer is provided throughout the home for your convenience.
 - Hand washing techniques are critical to keeping our residents, visitors and staff safe while in our home. We encourage everyone to follow the guidelines posted in the public washroom. 
 - Do not transfer residents without staff to assist you. If a resident falls do NOT pick them up. Inform nursing staff and they will assess them before they assist them up. The Golden Manor has a zero lift policy.
 - If you see an unsafe condition, please report it to staff. During the winter months please make every effort to remove any excess snow on your shoes or boots.

EVALUATING SERVICES

Annual Satisfaction Surveys allow residents and families the opportunity to evaluate the services at the Golden Manor. Results of the surveys are brought forward to the family and resident councils for review and recommendations.

RESIDENTS' COUNCIL:



The Residents' Council encourages an exchange of ideas, recommendations and concerns regarding all aspects of care and activities in the home by facilitating regular communication among the residents and the Golden Manor.

A Residents' Council has been established in the Home. Only residents of the Golden Manor may become members of the Residents' Council. The Quality, Risk and Resident Experience Coordinator serves as the Residents' Council assistant to liaise between the Residents' Council and Golden Manor and provide response to any concerns or recommendations.

If you would like additional information about the Residents; Council and its role you may contact: Quality, Risk and Resident Experience Coordinator at 705-360-2644 ext. 4504.

FAMILY COUNCIL



The Family Council's objective is to improve the quality of life and care for all residents by promoting an atmosphere of sensitivity, caring and support among the friends and family members of the residents and the staff of The Golden Manor. The Family Council is a vehicle for family members, friends and those important to the residents to advocate for all residents and voice their concerns and recommendations for the Golden Manor.

At The Golden Manor we provide a meeting space and cooperate with the council's activities, and respond to the group's concerns. The Quality, Risk and Resident Experience Coordinator serves as the Family Council assistant to liaise between the Family Council and the Golden Manor and provide response to any concerns or recommendations.

If you would like additional information about the Family Council and its role you may contact: the Family Council chairs at timmins.gmfamilycouncil@gmail.com or the Quality, Risk and Resident Experience Coordinator at 705-360-2644 ext. 4504.

RESIDENT'S BILL OF RIGHTS

The Ontario Ministry of Health introduced the “Bill of Rights” for the residents of Ontario nursing home in 1987. Every licensee shall ensure that the rights of residents are fully respected and promoted.

The “Bill of Rights” is posted prominently in the facility in both English and French. Each resident receives a copy on admission. Every licenses of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

Right to be treated with respect

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.
2. Every resident has the right to have their lifestyle and choices respected.
3. Every resident has the right to have their participation in decision-making respected.

Right to freedom from abuse and neglect

4. Every resident has the right to freedom from abuse.
5. Every resident has the right to freedom from neglect by the licensee and staff.

Right to an Optimal Quality of Life

6. Every resident has the right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference.
7. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
8. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
9. Every resident has the right to meet privately with their spouse or another person in a room that assures privacy.
10. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop their potential and to be given reasonable assistance by the licensee to pursue these interests and to develop their potential.
11. Every resident has the right to live in a safe and clean environment.
12. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
13. Every resident has the right to keep and display personal possessions, pictures and furnishings in their room subject to safety requirements and the rights of other residents.
14. Every resident has the right to manage their own financial affairs unless the resident lacks the legal capacity to do so.
15. Every resident has the right to exercise the rights of a citizens

Right to quality care and self-determination

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.
19. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of their plan of care,
 - ii. give or refuse consent to any treatment, care or services for which their consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of their care, including any decision concerning their admission, discharge or transfer to or from a long-term care home and to obtain an independent opinion with regard to any of those matters, and
 - iv. have their personal health information within the meaning of the *Personal Health Information Protection Act, 2004* kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.
20. Every resident has a right to ongoing and safe support from their caregivers to support their physical, mental, social and emotional wellbeing and their quality of life and to assistance in contacting a caregiver or other person to support their needs.
21. Every resident has the right to have any friend, family member, caregiver or other person of importance to the resident attend any meeting with the licensee or the staff of the home.
22. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
23. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
24. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
25. Every resident has the right to be provided with care and services based on a palliative care philosophy.
26. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

Right to be informed, participate, and make a complaint

27. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
28. Every resident has the right to participate in the Residents' Council.
29. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else:
 - i. the Residents' Council.
 - ii. the Family Council.
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part IX, a member of the committee of management for the home under section 135 or of the board of management for the home under section 128 or 132.
 - iv. staff members.
 - v. government officials.
 - vi. any other person inside or outside the long-term care home

ATTACHMENTS:

1. HOW TO APPLY FOR A RATE REDUCTION

HOW TO APPLY FOR A RATE REDUCTION

This document will provide information on how to prepare for a rate of reduction application and how to complete the application form. There are three sections to this document:

1. The first section provides an overview of what documents you will need to apply for a rate reduction.
2. The second section provides guidelines to help you select the right application form. There are four types of forms.
3. The third section provided information on the forms you need to complete and the guidance on the areas of the form where applicants generally have questions.

1. WHICH DOCUMENTS DO I NEED?

You need to ensure that you have all the required supporting documents. Generally, all residents are required to provide a Notice of Assessment (NOA) commonly known as your income tax return from last year. **For example, if you are applying after July 1, 2023 you are required to provide an NOA from 2020. If you are admitted to the LTC home in the last 12 months and you do not have an NOA from the last year, then you may provide alternate documentation.**



What documentation do I need about the benefits I am receiving?

For Residents receiving benefits from Old Age Security (OAS) and the Guaranteed Income Supplement (GIS):

If your 2020 NOA includes your OAS and GIS benefits and all other income sources currently available to you, then you do not require any additional documentation

If you have only recently begun receiving OAS or GIS and these benefits are not included in your 2020 NOA, then you will be required to provide a copy of your Service Canada “Benefit Rate Letter”, which is also sometimes referred to as a “Notice of Entitlement”. This letter outlines the effective date and rate of payment.

- To get a copy of the “Benefit Rate Letter”/ Notice of Entitlement” letter, please call Service Canada at 1-800-277-2914 or TTY (Teletypewriter) 1-800-255-4786.

- If you need a copy of your Notice of Assessment, call the Canada Revenue Agency at 1-800-959-8281 or TTY (Teletypewriter) 1-800-665-0354.

For Residents receiving benefits from Ontario Disability Support Programs (ODSP):

You are not required to submit a Notice of Assessment

If you are receiving ODSP a copy of your Income Card can be used as proof of income.

If you have applied for ODSP but have yet to receive your letter of decision, you will be required to provide your ODSP I.D. Number. To obtain your ODSP number, you will need to call the Ministry of Community and Social Services to get the phone number of your regional office. The regional office will need either your Social Insurance Number or your Health Card Number in order to respond to your request. Please call the Ministry of Children, Community and Social Services system at 1-800-808-2268, and press "0". You can ask the operator for the phone number of your local regional office.

“When do I require an “Option-C Printout”?”

The “Option-C Printout” provides a line-by-line account for the financial information submitted to Canada Revenue Agency (CRA) when completing income taxes. Some residents may be required to provide a copy of their “Option-C Printout”. This is only required to provide a copy of their “Option-C Printout”. This is only required how are:

- Receiving benefits that have since been replaced by new benefits because they were 64 in 2015 and have turned 65. The “Option-C Printout” verifies the net amount of new benefits.
- Claiming an exclusion of income that was included in the 2015 Notice of Assessment (e.g., RRSP withdrawals, Universal Child Care Benefit, Registered Disability Support Payment, stoppage of employment income, split pension income, RRIF or LIF income)
- Receiving support payments.

The Application form provides a full breakdown of when an “Option-C Printout” is required. Beside each input line in brackets, is the source document required if you are claiming the income.

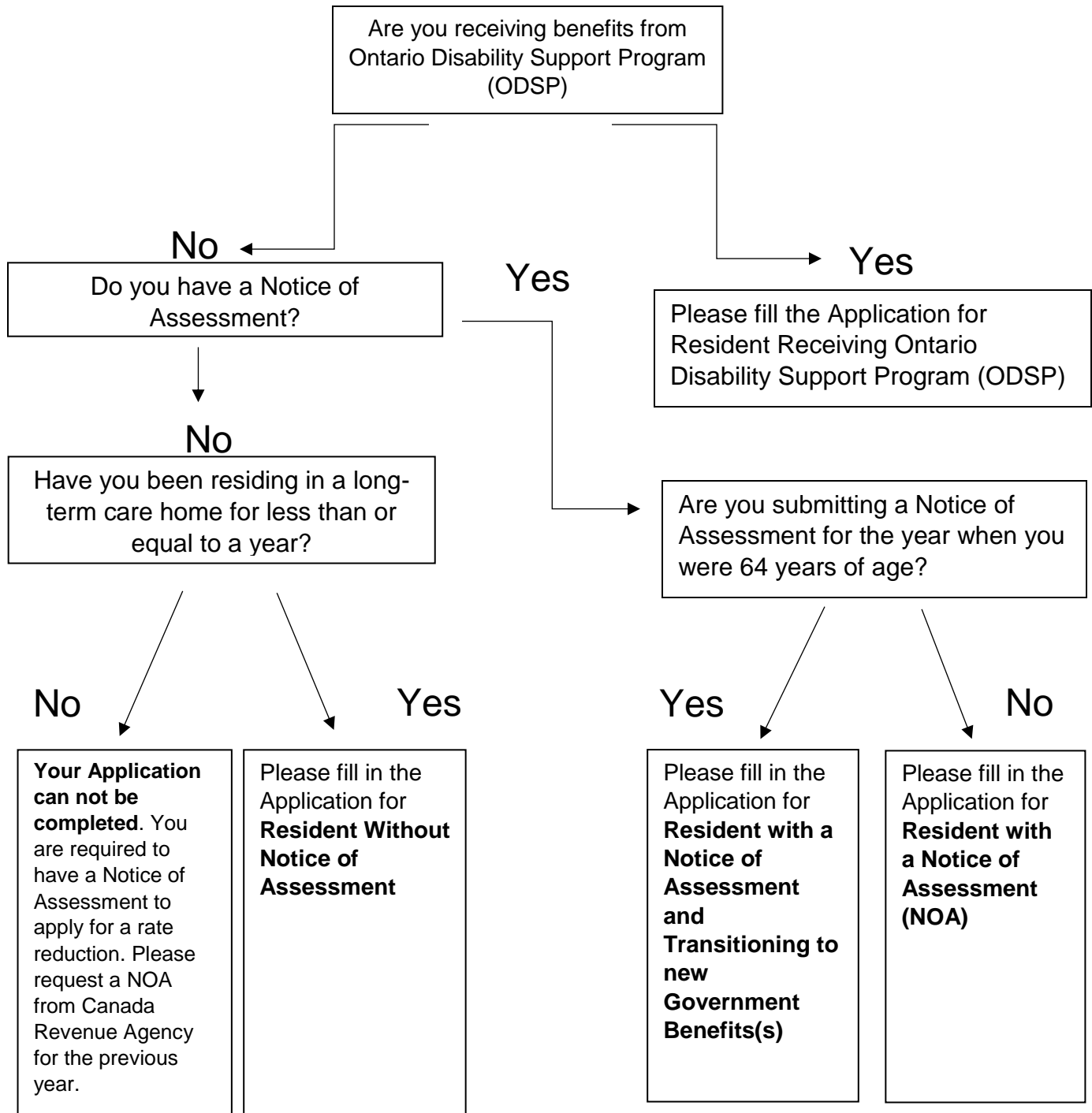
*If you require a copy of the Option-C Printout, please call the Canada Revenue Agency at 1-800-665-0354. In order to respond to your request you will be asked to provide your Social Insurance Number, name and date of birth, and some tax-related information.

2. WHICH RATE REDUCTION APPLICATION FORM SHOULD I FILL IN?

There are four (4) types' of application forms. Staff from your long-term care home will provide you with a copy of the correct application form for a rate reduction. They will also fill it in, or assist you to fill it in.

Please see the Rate Reeducation Application Form Selection Guide on the next page to aid you in determining which form is the correct one for you to download and print.

RATE REDUCTION APPLICATION FORM SELECTION GUIDE



3. HOW DO I FILL IN THE RATE REDUCTION APPLICATION FORM?

There are four sections where residents commonly have questions regarding the form. Please see clarification provided below regarding Part A (Question 1 and 3), Part D and Part E. If you have further questions regarding the form, please direct them to the LTC home office staff that can assist you further.

Once you have completed the forms, please provide to LTC home staff. They will verify the information you reported on your form based on your supporting documentation, input the information you reported on the form into the ministry's Rate Reduction Information System Application (RRISA) tool, which calculates your reduced rate based on your reported income. The tool produces a standard letter outlining your reduced rate which the long-term care home will provide you.

KEY TERMS AND DEFINITIONS

To fill in the forms you will need to know and understand the following terms and definitions.

Old Age Security	Old Age Security (OAS) pension is a monthly benefit available to most Canadians 65 years of age or older who have lived in Canada for at least 10 years.
Guaranteed Annual Income System	GIS provides additional money benefits on top of the OAS pension to low-income seniors living in Canada. To be eligible for the GIS you must be receiving the OAS pension.
Guaranteed Annual Income System	GAINS is a monthly benefit ensuring a guaranteed minimum income for Ontario seniors. It provides monthly payments to qualifying pensioners on top of the federal OAS pension and GIS payment.
Notice of Assessment Year	The NOA is commonly known as your income tax return from the last tax year. NOA line 23600 represents a resident's Canada Revenue Agency (CRA) defined net income from a previous year and is a key component of calculating a resident's reduced rate.
Ontario Disability Support Program	The Ontario Disability Support Program (ODSP) provides financial assistance for people with disabilities to pay for living expenses like food and housing. If you are under the age of 65 and qualify you are required to apply for ODSP.
Option-C Printout	The Option-C Printout provides a line-by-line account of the financial information submitted and verified by the Canada Revenue Agency (CR) through the NOA.
Lump Sum Income	Lump sum income is income that was paid in a single one-time payment to the resident and may not be recurring.

GENREAL INFORMATION

- If you are receiving OAS pension and have a spouse but you are not living with your spouse in the same room in the long-term care home, then you may be able to increase your OAS benefits by applying for what is called an “Involuntary Separation Agreement”
- “Involuntary Separation” is a term used only to indicate that, as result of circumstances beyond their control, married couples are required to live apart. This application does not change your marital status- it only separates your finances for purposes of calculating your benefit amount under the OAS and GIS programs.
- If you have already submitted an application to Services Canada or if you have already submitted and received a letter of approval from Services Canada, please answer “Yes” on the rate reduction application. If you have NOT submitted an application to Service Canada, please answer “No”.
- To be eligible for a rate reduction, residents must access all available sources of income by applying for federal and provincial benefits that residents may qualify for.
- Residents receiving OAS that also have a low income can also apply for GIS and GAINS benefits