

INFORMATION ON RESIDENTIAL CARE

Helping you make the best choice for your care



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S Residential Care the Right Choice for You?

If you find that your daily care needs and health issues make it difficult to continue living in your home, it may be time for you to look at a safer alternative.

The decision to move into residential care is very personal. It should be made after carefully reviewing your situation, your needs and your options.

The goal of this guide is to help answer your questions relating to Vancouver Coastal Health's (VCH) residential care facilities. The guide provides information on residential care, and outlines the steps that you and your family need to take if you decide that residential care is the best option for you.

If you have more questions after reading this guide, there is additional contact information at the back of the guide.







Mat is Residential Care?

You may know "residential care" by a number of different names including nursing homes or retirement homes.

Residential care provides 24-hour professional care in a supportive environment. Trained staff assists with personal care and daily living activities, such as bathing, dressing and managing medications. Residential care also offers a variety of therapeutic and recreational activities. While services such as meals, laundry and housekeeping are provided for you, every effort is made to help maintain your independence. The goal of VCH is to provide a high level of clinical care in a person-centred manner.



All facilities in British Columbia meet provincial quality standards and have been granted a license under either the Provincial Community Care Facilities Licensing Act or Provincial Hospital Act. They are also required to meet health, safety and fire regulations, and building codes.



Facilities fall into three categories:

- Recilities directly operated by VCH. These are partially subsidized by the government. Additional details relating to cost are covered in the next section.
- Facilities operated by providers that have a contract with VCH. These are supported, but not directly operated, by VCH. Most of these rooms are partially subsidized by the government, but some facilities also offer private pay rooms. Private pay rooms are not subsidized, which means that all costs are covered by the resident.
- Facilities that aren't connected with VCH.
 These facilities only have private pay rooms.





Because private pay facilities are not connected with VCH, you need to contact these sites directly regarding information relating to their costs and services.

Yow Much Does Residential Care Cost?

There are two types of costs associated with living in residential care: the accommodation and typical living costs.

Rate Setting

In subsidized residential care facilities, the government pays for the costs directly related to your medical care, such as nurses. However, you are responsible for paying an accommodation fee towards food and room costs based on your annual income as reported on your tax return. This fee changes every year and is paid monthly. The case manager or hospital team will advise you of the monthly rate after they have completed your assessment.

When you apply, you must sign a consent form allowing the government to check your income each year with Revenue Canada. If you do not sign the form, you are automatically charged the highest rate.

You may qualify for subsidized residential care if you:

- & Have complex care needs and are not managing at home, even though you are using all the community resources that would provide safe care in your home or in a supportive environment;
- & Require 24-hour supervision and continuous professional care;
- & Need residential care immediately;
- & Are 19 years of age or older;
- & Meet citizenship and British Columbia residency requirements.

Only a case manager, hospital discharge or transition services coordinator can help you find out if you qualify for subsidized residential care. Please see page 13 for additional contact information.

Yow Much Does Residential Care Cost?

Typical Living Costs

There are other day-to-day costs just like those you have in your current home, which the facility will charge you. The facility is responsible for letting you know about these additional charges, which are different for each facility. Depending on the facility, these costs may include:

- & Telephone, television cable or Internet charges;
- & Personal hygiene and grooming products;
- Medications not covered by Pharmacare;
- & Personal needs such as dry-cleaning, hair cuts, and newspapers;
- Equipment or aids such as hearing aids, walkers, and wheelchairs not covered by Medicare or other benefits;
- Any health care services including optometry, podiatry (foot doctor), physiotherapy, occupational therapy, dentistry, and ambulance fees not covered by Medicare or other benefits;
- ∑ You may also be charged for services such as labelling of personal clothing.

Most facilities welcome your guests for meals, and charge a fee for this service. Many also charge fees for special events or outings, such as drinks at "pub nights" or bus outings. The facility will provide information about any extra costs.

Sow Do I Begin the Process?

If You Live At Home

If you live at home, your <u>first step</u> is to contact Central Intake at 604-263-7377 if you live in Vancouver, 604-983-6740 on the North Shore, 604-278-3361 in Richmond, or 604-485-3310 in Powell River/Sunshine Coast to have a case manager assigned to you. The case manager will do an assessment to see if you need support at home, in a supportive living arrangement or in a residential care facility. The assessment is based on your physical and mental health, your ability to care for yourself, and information from you and your doctor. The case manager will explain your options, answer questions and connect you with the right people. If you need residential care, you will be registered for the first available, appropriate room.

It is very difficult to predict how long you will wait to be placed. Your case manager will keep in touch about your status. If you are waiting for a room and your health changes, please notify your case manager.

The case manager may decide, based on the assessment, that residential care is not the best option for you or you may not be eligible. If this happens, there are other services available to support you, including home support services, adult day centres, respite care, and supportive housing. Your case manager will help you access these community support services.





Yow Do I Begin the Process?

If You Are In The Hospital

When you no longer need the level of care that a hospital provides, the hospital team will have a care conference to help you plan your living arrangements after discharge. If residential care is the best option for you, the team will complete an assessment and you will be registered for the first available, appropriate room.

What Priority Access Means For You

In British Columbia, residential care is based on a Priority Access system. This means that people with the greatest need are given priority placement in the first appropriate facility that has a room available. Because it is the goal of VCH to find a home for people at risk as quickly as possible, sometimes people are not placed in the facility that is their first choice. In these situations, people can ask to have their name put on a transfer list to the care facility that they prefer. This can be discussed with the case manager or, once in the facility, with the facility's director of care, residential care coordinator, social worker or facility liaison.

Yow Do I Decide Which Facility is Best For Me?

Because every person has different needs and interests, it is important to research the facilities before choosing the best one for you. Some of the things to consider include the location of the facility, language spoken at the facility, and programs and therapeutic activities offered. At the back of this guide, there is a list of suggested questions that you may want to ask when looking at different facilities.

When you meet with your case manager, it is important that you discuss what you are looking for in a new home as it will help them better meet your needs. Not all facilities may be able to meet your needs so your preferred location may, at times, not be possible. Your case manager, social worker or facility liaison will be able to provide you with more details about whether your preferred facility is the right one for you. It is also a good idea for you and/or someone you trust to visit the facilities that you are interested in. Facilities ask that you phone ahead and book a tour, so that staff can be available to show you around and answer your questions.

Finally, every facility has information brochures, which your case manager or the facility can give you. Many facilities also have their own websites.





Before You Move In

Once a room becomes available, it is expected that you will move in immediately, usually within 48 hours. Because of this, it is important that you prepare in advance for the move. Some of the things that you may want to do include:

- Confirm whether your doctor will continue to provide medical care after the move or, if not, ask for a referral for another physician;
- ₹ Talk about your future wishes for medical treatment with your family and doctor;
- Review your eligibility for available benefits, such as Guaranteed Income Supplement;
- Make a list of places that will need a change of address notification, including the post office, British Columbia Medical Services Plan, bank and credit care, insurance company, magazines and newspapers;
- Arrange for friends, family, volunteers or an agency to help with packing and moving;
- ☼ Decide what personal items you would like to bring with you to the facility (this may be limited due to the physical space in the facility);
- New Plan your budget to include the costs of residential care accommodation and additional costs, such as cable, newspapers and telephone.



Moving In - From Your Home

When a room becomes available, your case manager will call you or your contact person. You will usually be expected to move in within 48 hours. The facility will also contact you to discuss when to arrive, what you should bring, your transportation arrangements, and who should come to help with admission.

If you do not accept the first available room that is offered, it is assumed that you do not need residential care immediately and your name will be removed from the Priority Access list. Please contact your case manager to work with you and your family to review your needs and other options if you find yourself in this situation.





The move may be stressful, but there are steps that you can take to help ensure a smoother transition. A checklist is provided at the end of the guide that will help you keep track of helpful information. Please contact your case manager, or the facility's director of care, residential care coordinator or social worker if you have questions or concerns.

Moving In – From the Hospital

If you are moving to a facility from the hospital, your hospital team will work with you, your family and the facility to make the arrangements for your move.



Becoming Comfortable In Your New Home

Any move to a new home can be stressful. It takes time to become comfortable with your new surroundings and familiar with the people living in your new community. Support from your family and friends is very important during this time. Facilities encourage your family and friends to visit, participate in activities and outings with you, and will often host events where everyone can attend.

Some suggestions for ensuring an easier transition include participating in recreational activities as this will give you the opportunity to interact with the residents and make new friends; asking the staff to take you on a tour of your new home as this will give you the chance to find out where everything is located; bringing mementos, pictures and other comforts to make your new home comfortable and familiar; and asking for the facility's resident handbook, which provides information on the facility, including programs and services.

Most facilities hold a care conference six to eight weeks after you have moved into the facility. You and your family are usually invited. At this meeting, the plan for your care is reviewed and your concerns may be discussed. The care planning process also involves discussing your specific requests for treatment, such as life support, and other important issues, such as identifying someone who can speak on your behalf if you are unable to do so. Please speak with your care team.

Your new home will offer programs and support to help during this transition time. Discuss your needs and concerns with the staff so that they are aware of how you are doing and how they can better support you. In Vancouver, each facility has a facility liaison who can work closely with you.

Yow Do I Transfer to My Preferred Facility?

While every effort is made to place you in your preferred facility, sometimes you may be placed in a facility that isn't your first choice. If you find yourself in this situation, please speak with your case manager, or once in the facility, with the director of care, facility liaison, residential care coordinator or social worker. They will work with you to add your name to the transfer list for your preferred facility, if appropriate.

The amount of time before you can move will depend on the number of other people who are also waiting to transfer to that facility. You may change your mind at any time if you want to stay at your current facility.



Oo You Have More Questions?

To find out more information about residential care, please visit our website at www.vch.ca and follow the Residential Care links. Also, don't hesitate to contact the following professionals:

- № If you live at home, contact Central Intake at 604-263-7377 if you live in Vancouver, 604-983-6740 on the North Shore, 604-278-3361 in Richmond, or 604-485-3310 in Powell River/Sunshine Coast.
- ☼ If you are in a residential care facility, contact the director of care, facility liaison, social worker or residential care coordinator.
- & If you are in the hospital, contact your hospital team.

The following is a partial list of other resources. Please check the telephone book or Internet for additional resources.

The Ministry of Health: "Choosing a Care Facility or Home" and "Home and Community Care Guide" at www.gov.bc.ca/health/.

Alzheimer Society of BC www.alzheimerbc.org

Phone: 604-681-6530 or 1-800-667-3742

Canadian Mental Health Association, BC Division

www.cmha.bc.ca

Phone: 604-688-3234 or 1-800-555-8222

Parkinson Society of BC www.parkinson.bc.ca

Phone: 604-662-3240 or 1-800-668-3330

Canadian Cancer Society, BC Division

www.bc.cancer.ca

Phone: 604-872-4400 or 1-888-939-3333

Heart and Stroke Foundation www.heartandstroke.com Phone: 604-736-4404

Solution appropriate of Residential Care Facilities in Vancouver



1	Adanac
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11 Fairhaven

Mt. St. Joseph

Three Links

- 2 Amherst
- 12 Finnish

22 Point Grey

Renfrew

Royal Arch

Royal Ascot

S.U.C.C.E.S.S.

Masonic Home

32 Villa Carital

- 3 Arbutus
- George Pearson Centre
- Purdy Pavilion 33 Villa Cathay

- Banfield Pavilion
- 14 German-Canadian

34 Windermere

- 5 Blenheim
- 15 Haro Park

35 Yaletown

36 Youville

- 6 Braddan
- 16 Holy Family

- 7 Broadway
- 17 Kopernik

- 8 Central City Lodge
- 18 Lakeview
- 28 St. Jude's

- 9 Columbus
- 19 Little Mountain
- St. Vincent's (Brock Fahrni)

- 10 Dogwood
- 20 Louis Brier
- St. Vincent's (Langara)

Map of Residential Care Facilities in Richmond



- 1 Pinegrove Place
- 2 Minoru Residence
- 3 Rosewood Manor
- 4 Fraserview Intermediate Care Lodge
- 5 Richmond Lions Manor

Map of Facilities in North Shore/Coast Garibaldi



- West Vancouver Care Centre
- 2 Inglewood Care Centre
- 3 Capilano Care Centre
- 4 Evergreen House
- 5 Lynn Valley Lodge
- 6 Cedarview Lodge

- North Shore Kiwanis Centre
- 8 Olive Devaud Residence
- 9 Evergreen Extended Care
- 10 Totem Lodge and Shorncliffe
- 11 Good Samaritan Christenson Village
- 12 Hilltop House

Choosing a Facility—Suggested Questions

Name of Home: Location: Contact:	
Telephone:	
People I Spoke to (Name and Pos	sition):

Questions	Comments
Facility's Environment	
Is the appearance of the building and grounds pleasant and clean? Do I feel welcome? Does the building smell fresh and odour-free?	
Are there one or more elevators? Is the building wheelchair accessible?	
Are the common areas comfortable and well- used, e.g. lounge, recreational room?	
Are there areas where I can entertain visitors, have private conversations with family and friends, or just have quiet time?	
Is there an outside patio or garden area? Is it safe and secure? Can I go out when I want to?	
Can I move easily around the facility? Is it easy to find my way around, e.g. clear signage? Are the corridors clear of obstacles?	
Is the noise level in the facility pleasant?	
Is the facility in a good location? Are there bus stops, banks, or shopping nearby?	
Is there easy parking? A covered area for dropping off/picking up residents?	
Is equipment for the residents, e.g. wheelchairs, in good working order?	
Are residents groomed and dressed for the time of day? Do they appear comfortable and at home?	
Is there activity and social interaction between residents? Do they appear friendly and happy?	
Is the staff friendly and helpful? Do they treat residents respectfully? Are they considerate of personal privacy? Are they focused on providing care and attention to residents?	

Questions	Comments
Resident Bedrooms	
Do I share a room? Is there an extra charge for a single room? What is the wait for a single room?	
Is the room cheerful, well-lit, clean and nicely decorated? Is there a window? Are the bed/chair comfortable? Is there space to move a wheel-chair or walker? Can I lock my door if I wish? Can I bring any of my own furnishings? Can I decorate with personal mementos and pictures?	
Can I have my own telephone and television?	
Is there storage and closet space? Is there a locked cupboard or drawer?	
Do I have my own bathroom or place to store personal toiletries? Is it clean and accessible? Is there enough space if I need assistance?	
Can I easily call for help from the bed?	
My Special Needs	
Is my language spoken? If not, what are they doing to be able to communicate with me?	
Are there other residents who have similar cultural backgrounds?	
Is the facility able to meet my religious and/or cultural needs? What religious/cultural holidays are celebrated? Will staff help me go out if I want to participate in cultural/religious programs? How often may I have a bath/shower? May I	
choose when? Can I use my own soap/shampoo?	
Personal Services What clothing can I send to the laundry? Do clothes need to be labelled? If there is a lot of laundry, will there be an extra charge? What about dry-cleaning? Mending? How often does the housekeeping staff clean my bedroom?	
Is there a hairdresser? Barber?	
Does the facility provide incontinence supplies without charge? What is the policy if I prefer a certain type of incontinence supply that is different from the one provided by the facility?	
Does the facility provide newspapers, access to email and the Internet, etc.? Is a private and accessible phone available for me to use?	
What banking and similar services are available, e.g. comfort fund, detailed statement of account?	

Questions	Comments
Health Care Services	
If my doctor can't continue caring for me after I	
move into the facility, will the facility help me	
find another doctor?	
How will my family and I be involved in making	
decisions about my care? What is the process to	
include us? Who do we speak with if we have	
questions or concerns?	
Does the Medical Coordinator have a lot of ex-	
perience caring for the elderly?	
Are there Registered Nurses on duty 24 hours a	
day? What is the ratio of staff to residents on days, weekends, and nights?	
Does the facility have experience in responding	
to my specific medical needs? Have they identi-	
fied specific staff skills/programs/equipment that	
relate to my specific care and support needs?	
Who is responsible for administering medication?	
Is the facility connected with a pharmacy?	
Does the facility have regular access to special-	
ists – dentists, foot doctors (podiatrists), physio-	
therapists, occupational therapists? Any other	
specialists? How often do they visit?	
Does staff help arrange medical appointments	
outside of the facility and transportation?	
What are the rules about wheelchairs, walkers	
and electric scooters? Who does the repairs and	
ensures safety?	
Food Services	
Does the facility have a dietician?	
Does the facility serve the type of food that I	
like? If I need special food because of my health,	
religion or culture, will I be able to get it?	
Are there menu choices? Are they displayed?	
How often do they change?	
What are the meal times? Is it flexible if I want	
to eat at a different time? Are snacks or drinks available between meals?	
available between meals!	
Is the dining room clean and pleasant? Is there a	
central dining room or several smaller rooms?	
Can I choose who I want to sit with?	
May I invite guests to stay for a meal? What is	
the cost?	
Is there an area where my guests or I can make	
a drink or prepare a snack?	
Are there special meals for events such as holi-	
days?	

Questions Comments	
Safety and Security	
Are there smoke detectors? Sprinkler system? Regular fire drills? Clearly marked, well-lit exits?	
Current emergency plan?	
Is the building secured at all times? Is there a	
system to protect those at risk of wandering out?	
What are the security policies relating to valu-	
ables, emergencies, facility entry/access, infec-	
tion control, hand washing, etc.? Activities and Programs	
Does the facility have a trained recreational	
therapist? How many activity staff is there?	
What activity programs are available? Is there a	
schedule? Are there extra charges? What activi-	
ties can my family and friends participate in?	
Does the facility have a wheelchair accessible ve-	
hicle for programs outside the facility?	
Are things of normal life encouraged, e.g. hob-	
bies, baking, gardening, and other activities?	
Does the facility have any pets? Can I bring my	
pet to live with me? Can pets visit?	
What does the facility do to help residents adjust	
to their new home, e.g. counselling?	
Is there a "Residents' Council" and/or a "Family	
Council"? What other support groups are avail-	
able, both in and outside of the facility?	
General Policies	
What are the rules about smoking and alcohol?	
Are friends and family welcome at any time or	
are there visiting hours?	
Is there a "Residents' Bill of Rights"?	
What extra costs are there, e.g. TV?	
What are the rules regarding leaving the facility	
for a short time, e.g. vacation, hospitalization?	
Do I sign out when I go out for a brief time?	
Care Philosophy	
What is the facility's mission statement? Philoso-	
phy of care? Vision?	
What are the facility's policies on issues such as	
restraints, medications, resuscitation, etc.?	
Are volunteers and members of the community	
involved in the facility?	
Are married couples housed together?	
Is there a clearly defined process for registering and resolving complaints?	
If my care needs increase to Extended Care will I have to move to a different room or facility?	

If you or your family member has additional care requirements that require a Special Care Unit, you may also want to use this checklist in addition to the general one.

Questions	Comments
Special Care Unit	
Is the Special Care Unit secure? Are the doors and windows locked? Are there detailed rules for staff to follow if a resident wanders out? Is there a separate, safe and secure outdoor area?	
Is the unit fully self-contained with dining and activity areas? Do these areas look homelike? Are colours and signed used to help residents find their way in the unit? Are there small, separate areas for residents who want to be alone?	
Is there a pathway that provides a circular walking circuit in the facility, e.g. hallways that loop around? Is there plenty of walking space? Are all resident rooms single rooms? Are items familiar to the resident's past in their room?	
Is there a policy of "Least" or "No" restraint? (Restraints include drugs or anything that stops the resident from moving about.) How does staff manage challenging behaviours such as aggression and agitation? Are medications for behaviour used only after all other ways to solve the problem have been tried, and are they used only as short-term solutions?	
Are there the same efforts to respect privacy and dignity for residents in special care?	
Does the staff look pleasant and happy? Have they received special education and training to work with residents who have dementia?	
Are care routines flexible, e.g. does staff adjust their timing of care, such as bathing and meal times, to the needs of the residents?	
Does staff use a resident care plan that provides specific information about each resident's routine, background, preferences and other personal information that may enhance care? Is the family involved in care decisions, kept informed and made to feel welcome?	
Are the activity programs developed for people with dementia? Are there small group/one-to-one	
activities? Are there outings and bus trips? Is all staff committed to providing residents with opportunities for sensory stimulation?	
Other comments:	

Resident/Family Moving-In Checklist

Resident Name:Date of Move:
Moving to a residential facility may be a stressful time for residents, their families and friends. The individual's safety and comfort can be improved by sharing accurate and timely information. However, the amount of information shared between residents, families and staff can be overwhelming. This list will help you keep track of the information that you may find helpful.
The staff person to contact for the day of moving in and the next several days is:
Feel free to review these topics with your nurse or care aide
I have received a list of phone numbers for the unit and department numbers.
I have received information on Care conferences: what they are and when one will be scheduled for me.
I have been introduced to other residents and their families.
I have received a description of the routine of the unit, e.g. times of meals and medications.
I have received information on how to personalize my room.
I have received information on the Family/Residents Council – what they do and when they meet.
I have received a copy of the handbook.
I have received information on trust accounts, and other financial resources.
I have had a tour of the facility and a description of nearby shopping, restaurants, outdoor areas.
I have received information on Activities and on-site services available, e.g. hairdresser, pool, canteen, laundry.
I have made a choice between an identification armband or card.
I have discussed the level of intervention with the physician
(level of care to be provided if there is a change in condition).
I have been informed about personal supplies that I may need,
e.g. for care of the teeth and gums.
I have had my glasses, radio, hearing aids, TV, clothing, wheelchair and other personal items labeled.



Residential Care:

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