

WELCOME TO THE HILLVIEW LODGE



**696 – 6 Ave East, Drumheller, Alberta
403-823-3290**

Vision

To lead our community in age-friendly, home-like accommodation

Mission

We ensure Drumheller and area seniors have a high-quality of life by providing affordable and supportive accommodations.

TABLE OF CONTENTS

	<u>Page #</u>		<u>Page #</u>
The CAO's Welcome	1	Complete Price List	16
Our Core Values	2	Staff List and Important Phone Numbers	17
Moving into the Hillview Lodge	3-4	Housekeeping Schedule	18
Telephone	4	Fire Procedures and	
Television and Radios	4	Emergency Situations	19-26
Air Conditioners	4		
Storage	4	Policies:	
Resident Parking	5	2.01 Capacity Assessment Policy	27
Scooters & Motorized Mobility Aids	5	2.02 Motorized Scooter Policy	28
Mail	5	2.06 Guest Meal Policy	29
General Behavior	6	2.08 Room Cleanliness Standards Policy	30
Smoking and Alcohol	6	2.09 Pet and Animal Therapy	31-32
Meals	6	2.10 Palliative/End of Life Care Policy	33
Visitors	7	2.16 Resident Trust Account	34
Activities	7	2.19 Pet Visitation Program	35-36
Housekeeping of Resident Rooms	7-8	2.20 Raised Toilet Seats	37
Isolation Procedures	8	3.06 Protection of Persons in Care Policy	38
Laundry	8	3.16 Concern Resolution Policy	39
Maintenance	8	5.05 Involvement in Residents' Personal	
Personal Care	8-11	Affairs Policy	40
Health Care / Medical	11	5.13 Protection and Privacy of Personal	
Hair Salon	11	Information	41
Safety and Security	12	6.11 Medication Management	42-52
Water Temperature Safety	12	6.14 Quality Improvement	53
Resident Survey	12	6.28 Resident Safety Plan	54-58
Valuables	13	6.38 Infection Prevention and Control	59-60
Emergency Situations	13		
Personal Directives and Power of			
Attorney	13		
Rental Rates and Increases	13		
Resident Eviction	14		
Damages	14		
Move out Procedures	14		
Move to a Higher Level of Care	15		
Deceased Resident Procedure	15		



DRUMHELLER DISTRICT SENIORS FOUNDATION

Dear New Resident,

It is with great pleasure that I welcome you to your new home. It's my desire that you discover a wealth of memories within its walls. New friendships, leisure opportunities, a carefree environment and pleasurable experiences will be a part of your daily routine.

The Drumheller & District Seniors Foundation takes pride in ensuring its residents are comfortable, satisfied, and safe in each lodge it administers. We know that it is important for you to feel at home in your new surroundings and will do our utmost to ensure a smooth transition.

As Acting Chief Administrative Officer for the Drumheller & District Seniors Foundation I am responsible for the Lodge Program, ensuring that it continues to address the needs of the residents within. Please be assured that our lodges meet or exceed all government standards for which they are regularly inspected.

Further, I am proud of all my staff who play an integral part in the successful operation of the Foundation. Our united goal is to make each lodge environment a pleasing one for residents.

Again, welcome to your new home. I look forward to getting to know you better and hope your stay is both enjoyable and memorable.

Respectfully,

A handwritten signature in black ink, appearing to read 'Glenda Youngberg', is written over a horizontal line.

Glenda Youngberg CAO
Drumheller & District Seniors Foundation

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www.ddsf.ca

Our Core Values

We value dignity and respect.

We believe in the inherent value and worth of all individuals and that they should be treated without discrimination or prejudice.

We value choice.

We believe that providing personal preferences to each Resident is essential in delivering an enriched, fulfilled, and comfortable lifestyle.

We value collaboration.

We believe that we are interdependent with each other and our environment and that as a team we can achieve greater impact in the context of the common good of our community.

We value integrity.

We believe in an open, honest approach and accountability that strengthens relationships between our Residents, Employees, Stakeholders, and the DDSF.

We value compassion.

We believe that all individuals have the right to be treated with kindness and empathy.

We value well-being.

We believe in the intrinsic value, dignity, safety, and uniqueness of each individual and that well-being encompasses all aspects of physical, mental, spiritual, and social life.

1. MOVING IN TO THE HILLVIEW LODGE

The Drumheller & District Seniors Foundation, partnered with Assisted Living Alberta are committed to ensuring that residents of Hillview Lodge:

- Are treated with respect and dignity
- Maintain their right to self-determination
- Have access to information which allows them to make responsible choices regarding their health & well-being
- Can achieve quality living, supported by relatives, friends and community networks together with responsive services and settings
- Are able to live safely where they choose
- Are part of a collaborative experience with health care providers
- Participate in all aspects of daily living and decision making
- Achieve an optimum level of health and social activity
- Achieve as high a level of independence as possible

New residents will be issued 1 room key, 1 mail box key and 1 Emergency Call Pendant. Should the pendant be lost or damaged the resident will be responsible for the cost of replacement.

Each resident room will be furnished with a twin bed, dresser, a night stand, window coverings, a bar sized fridge and a microwave. Bed linens and towels are also provided. Residents are welcome to personalize their rooms by hanging pictures, using their own bedspread, or bringing other personal items as long as they are not deemed excessive or hazardous.

All resident owned electrical equipment must be inspected by our maintenance department to ensure good working order and CSA approved prior to being installed.

For Health & Safety reasons residents are not allowed to have humidifiers, space heaters, or toasters in their rooms. Electric Blankets will be looked at by the Supportive Living Manager on a case by case basis.

Residents are asked to refrain from using any type of rug in their bedroom as it is deemed a tripping hazard and rubber-backed mats in the bathroom, as they ruin the finish on the flooring.

Upon commencement of residency in the Lodge, a room inspection report will be completed with the new resident and/or family member as to the exact state of the room. When residency is terminated for whatever reason, any and all damages will be charged to the resident.

Residents are responsible for providing their own:

- Toiletries, cosmetics, shampoo, facial tissues and soaps
- Dental hygiene products including toothpaste
- Personal clothing and footwear
- Nail clippers and files
- Personal wipes
- Incontinence products

Country Kitchen:

Coffee, teas, juices, cold water & snacks are available all day in our Country Kitchen area. Please help yourself and visit with your fellow residents.

2. TELEPHONE

Each resident room has one telephone jack. Telephone installation, relocation, disconnection, payment, etc. is the responsibility of the resident and/or family. It is recommended that each resident has their own phone. Staff members are not responsible for resident messages or telephone calls.

3. TELEVISION & RADIOS

Earphones for radios and/or TVs are recommended for those who may have a hearing impairment so as not to disrupt your neighbors.

Telus Fibre Optik TV and internet is provided in each room. Each room is equipped with a Telus box and remote. The monthly fee is added to your rent. Please refer to the complete price list on **page 16**. Please ensure your TV has an HDMI plug.

Residents are asked to help conserve power by turning off TVs, radios, etc. when leaving their room.

4. AIR CONDITIONERS

Please note there is no air conditioning in the residents room, only in common areas like the hallways, dining room etc. If a resident wishes to have an air conditioner in their room, they will be responsible for the purchase of a Portable Unit. Maintenance staff will install air conditioners in May and remove them at the end of September each year. If family members are able to take the Air Conditioner home for storage it would be appreciated as space is limited inside the residents room.

5. STORAGE

Each resident is provided with a small storage cage in the basement for seasonal items. The Activities/Maintenance staff will take your items to your cage and bring them up for you as required.

6. RESIDENT PARKING

Resident parking is provided on a first-come first-serve basis subject to availability. The monthly fee for parking is determined by the Board of Directors, who may adjust the fee as they see fit. Please refer to the complete price list on **page 16**.

Resident vehicles must be kept in running order and either the resident or a family member must be able to move the vehicle for snow removal or other maintenance of the parking lot.

The DDSF is not responsible for loss or damage to any vehicles parked on their property.

7. SCOOTERS

The Drumheller and District Seniors Foundation encourages the independence of residents.

Prior to power scooter use all Hillview residents must have an assessment done by occupational therapy prior to initial use.

Due to the width of the hallways at Hillview Lodge and the frailty of some residents, the use of any motorized mobility aid is not allowed inside the lodge. Motorized mobility aids encourage independent transportation outside of the facility.

Resident safety is a priority for both motorized mobility aid users and fellow residents. Residents using motorized mobility aids outside the facility need to demonstrate their understanding and ability to follow all safety rules pertaining to motorized mobility aids to operate their device safely.

The motorized mobility aid shall be parked and stored outside in a designated area in the facility that has been approved by the DSL Manager.

Any damage caused to the facility by the motorized mobility aid will be the responsibility of the owner.

Prior arrangements for use of and parking of power scooters need to be made with Management. For the safety of others, use of scooters and motorized mobility aids inside the building is prohibited.

Please refer to Policy 2.02 – Motorized Scooters on **page 28**.

8. MAIL

Mail is delivered by Canada Post, Monday to Friday in the individual resident mail boxes. Flyers will not be delivered unless specifically requested. Stamps are available through the receptionist.

9. GENERAL BEHAVIOUR

Residents of Hillview Lodge are expected to respect the rights, privileges and privacy of others. Proper manners and respect towards others is expected at all times. Abuse and/or harassment of any kind (physical, sexual or verbal) towards residents or staff will not be tolerated. Rude, inappropriate behavior or repeated violation of DDSF regulations may result in an eviction notice. Management reserves the right for immediate eviction if the situation is considered serious enough. (e.g. physical assault) Refer to #28 on **page 14**.

10. SMOKING AND ALCOHOL

Smoking inside Hillview Lodge is prohibited. Smoking is allowed in the designated outside areas only.

When you move into Hillview Lodge your cigarettes may be held by the HCA staff in the office if you require us to do so for safety reasons.

Residents may have alcoholic beverages in their suites for an occasional drink, or to entertain their guests as deemed appropriate by DDSF management or your ALA Case Manager. Residents are not permitted to have alcohol while in the common areas of the Lodge. Chronic use or abuse of alcohol will not be tolerated.

11. MEALS

Well-balanced, nutritious meals are provided. The Canada Food Guide is followed and our seasonal menus are approved by a Registered Dietician annually. Diabetic desserts are also available. Please inform the Supportive Living Manager of any special diet requirements.

Our facility is licensed under the Public Health Act and follows the food regulations under the Food Handling Permit as posted.

Dinner and Supper menus for the current and next day are posted at the entrance to the dining room.

Meal times:	Breakfast	8:30 am
	Dinner	12:00 pm (Largest Meal of the Day)
	Supper	5:00 pm

When you move into the Lodge you will be assigned a specific seat in the dining room. This is where you will sit for all meals.

An evening snack will be served at 7:30 pm.

Absence for meals:

Residents are asked to put their name on the white board (located just outside the staff room), or to inform a staff member if they will be away for a meal, or for an extended period of time. Rooms will be checked when a resident fails to appear for a meal if staff have not been notified prior.

Guest meals:

You are welcome to have guests join you for a meal. You are required to notify the kitchen staff 24 hours in advance. Special occasions will require more notice as space is limited. The cost for a guest meal can be paid at the Finances Office or with reception. For prices see the Guest Meal Policy 2.06 on **page 29**.

12. VISITORS

Visitors are welcome at any time, provided they do not disrupt other residents. All guests are welcome to coffee, tea or juice from our Country Kitchen. Overnight guests are not permitted, unless requested by the Designated Supportive Living Manager in times of resident illness.

DDSF has created a Dwelling Suite at Sunshine Lodge for guests of residents to stay overnight. Refer to **page 26**. Please see the CAO or Resident Manager at Sunshine Lodge for more information.

13. ACTIVITIES

A monthly Activity Calendar is given to all residents and can also be emailed to family members upon request. The calendar includes exercises, bingos, church services and various social events which are planned by our Activity Department staff. Each morning the activities for the day are posted in the activity area with any changes that have been made.

Birthday Treats: If a resident wishes to purchase a special dessert to have at dinner on their birthday, please inform the kitchen staff well in advance so they can make these arrangements for you. We will order and pick up the item (cake, revels, etc.). The resident will be charged for the cost of the item. Payment can be made to the Finances Office or reception, Monday – Friday between 8:00am and 4:00pm.

Resident Birthday Parties: A resident birthday party is held each month for all residents and the names of those celebrating are posted on the monthly bulletin board. If you do not wish to have your birthday posted or acknowledged please inform the Activities Coordinator.

14. HOUSEKEEPING OF RESIDENTS ROOMS

Housekeeping staff will thoroughly clean the bathroom, wash floors, vacuum and change bedding & towels a minimum of once per week. Extra cleaning will be provided as needed. See **page 18** for cleaning schedule. Residents are asked to leave their room while it is being cleaned.

Housekeeping staff will defrost fridges every two months as required.

Housekeeping staff will conduct a “Deep Clean” once a year. This will include wall washing & carpet shampooing.

Lodge staff are not responsible for breaking personal items that are kept in a residents' room nor for the care and cleaning of these items.

15. ISOLATION PROCEDURES

When a resident becomes ill they will be asked to remain in their room to protect the rest of the population. During this time, all meals will be served to the resident in their room. They will be checked on by the Designated Supportive Living Manager (DSL Manger), ALA Home Care Case Manager (HC Case Manager) and HCA staff to keep track of their symptoms.

Visitors are allowed while a resident is in isolation provided:

- They wear a gown, gloves and mask while inside the room
- They do not visit any "well" residents after being inside the isolated room

The HC Case Manager in conjunction with the DSL Manger will determine when an isolated resident will be allowed out of their room based on the type of illness and symptoms. At this time, the housekeeping staff will conduct a complete clean of the residents room and the resident will not be allowed to re-enter their room until that is complete.

16. LAUNDRY

Laundry service is provided for all Hillview Lodge residents on a weekly basis. The fee for this is added to the monthly rent. Please refer to the complete price list on **page 16**. Residents will be assigned a laundry day, and staff will pick laundry up from their room and laundry will be washed, dried, ironed, and returned to the resident's room the following day. Clothes will be hung if hangers are provided at the time laundry is picked up.

17. MAINTENANCE

The DDSF has a Project Operations Manager who oversees the Maintenance Department. There are 2 maintenance staff on daily during weekdays, and 1 on call during evenings, weekends and holidays. Residents may report any concerns or repairs needed to any staff member and they will contact maintenance.

18. PERSONAL CARE

The primary goal of the Hillview Lodge is to promote resident independence. Assistance is provided as documented in the resident's Care Plan on a 24-hour basis to accommodate scheduled and un-scheduled needs.

The following is a general overview of possible personal care that Hillview Lodge residents may require. Service requirements will vary with each individual resident, depending upon their assessed need.

Appointments:

- Assistance with scheduling appointments & transportation (i.e. dental/medical/valley bus)

Bathing:

- Assisting with shower / sponge bath / bed bath
- Use of bath equipment may be required (including: “hand-held” shower)
- Established facility policy and procedure is followed regarding safe bathing temperatures

Basic Skin Care:

- The application of non-prescription lotions / ointments / creams

Facial Grooming:

- The application of cosmetic products
- Beard trimming
- Shaving

Hair Care:

- Brushing
- Shampooing
- Styling

Mouth Care:

- Caring for dentures / teeth

Nail Care:

- Trimming of fingernails and toenails of non-diabetic and those residents not on blood thinners.
- Health Care Aide staff must not complete fingernail or toenail care for residents with impaired circulation or specific medical conditions, including diabetes
- For infection control purposes, residents must supply their own nail care equipment

Eating:

- Encouraging adequate nutrition
- Monitoring food and liquid intake
- Observing eating behavior and monitoring safety risks
- Preparing foods for residents with eating difficulties (cutting) or who require a texture modified diet (pureed, minced, etc.)
- Individual tray service may be provided on a short-term basis, based on specific resident need as deemed appropriate by the DSL Manager

Elimination:

- Assisting with the use of urinal, bedpan or commode
- Assisting with ostomy management as delegated by the HC Case Coordinator and taught by the DSL Manager
- Assisting the management of constipation through diet and monitoring if needed.
- Providing management and care related to incontinence including changing of incontinence products

Medication:

- Assisting with medication management as assigned by the HC Case Manager and as indicated on the Medication Assistance Program (MAP) care plan
- Contacting the pharmacy for refills
- Assisting with all areas of medication assistance, oral, injectable, topical, transdermal, inhaled medications.

Positioning:

- Assisting from back-lying to side-lying position
- Assistance with repositioning in wheelchair
- Use of positioning aids (pillows, rolls, cradles)

Transfers and Mobility:

- Stand by assistance with transfers from/to wheelchair and bed/chair/toilet
- Assistance with the use of a wheelchair, walker or cane

Dressing:

- Assisting residents in choosing indoor and outdoor clothing appropriate to the environment
- Assisting residents with dressing and undressing
- Assistance with application and removal of compression stockings as directed by the HC Case Manager.

External Relationships:

- Establishing and maintaining relationships with substitute decision maker/ trustee/family members/friends/other professionals as appropriate

Emergency Response:

- Accessing emergency medical response services (911) as required

Documentation:

- The completion of accurate, behaviorally specific documentation as required

Recreation & Leisure Activities & Programming:

- All personnel will be involved in creating an environment that supports a positive engagement with life philosophy in their daily resident interactions
- Refer to **Section 13: Activities on pages 6-7.**

Allied Health Supportive Living Team:

- On a scheduled basis, Allied Health/ALA can provide Occupational Therapy, Physiotherapy, Respiratory Therapy, Social service support and Speech Language Pathology to residents one-on-one. Referrals for the above supports are completed by your Home Care Case Manager

19. HEALTH CARE / MEDICAL

Hillview Lodge is a Designated Supportive Living Level 3 facility which means,

- Health Care Aides are onsite 24 hours a day to provide support, personal care, and medication assistance
- Each Resident of Hillview Lodge is under the care of the Home Care Case Manager and their services are accessible 24 hours a day to also provide support for more complex needs as they may arise.
- Depending on the increased needs of the individual, scheduled professional care (nursing, rehabilitation therapy, etc.) will be provided through referrals from Home Care and coordinated by your Home Care Case Manager.
- In the event of emergency staff will phone 911 and an ambulance will be requested.
- Family and other informal caregivers are important members of your care team and are welcome to participate in the individual's care plan which is accessible to you the resident or resident's legal representative at any time.

Upon moving into Hillview Lodge, it is the resident's or resident's legal representative's responsibility to ensure a family Doctor is in place within the community if there is not one already. Hillview Lodge's preferred pharmacy is Riverside Pharmacy Drug Mart. They will supply resident's personal supplies and medications in compliance with Continuing Care Health Service Standards and the medication assistance program (MAP).

Home Care may be contacted at 403-820-6020 and you can request to speak to the Home Care Case Manager, or you can contact the Designated Supportive Living Manager at 403-823-3290 Ext. 238 for any questions or concerns with your health care needs.

20. HAIR SALON

There is a licensed Hair Dresser at the Hillview Lodge on Wednesdays.) Residents are responsible for making their own appointments and paying their own charges directly to the Hair Dresser. Prices are posted in the Salon.

21. SAFETY AND SECURITY

The DDSF takes all reasonable precautions for the safety and security of all residents. This includes 24 hour Health Care Aide & non-medical staffing, checking on residents who do not come out for meals and alarmed security doors at night. In addition the CAO (or delegate) will contact family or Home Care staff should a health issue arise. Despite these measures the DDSF cannot guarantee individual monitored supervision as residents are free to come and go as they wish at any time.

The outside doors are alarmed at 8:00 pm and locked at 9:30 pm daily. If a resident is out past 9:30 pm they are to push the call button in the entrance way and wait for staff to come and open the door. Residents are asked to inform a Health Care Aide when they plan to be out past 9:30 pm.

If in trouble while in your room, push the button on your Emergency Call Pendant, push the Call Button on the wall in the main room or pull the chord on the wall in the bathroom to call staff for assistance.

All inspection reports related to Accommodation Standards or Health & Safety are available for you to read. They are located in a binder by the mailboxes.

When a resident chooses to engage in a risk activity or chooses to live in an accommodation that cannot fully meet their needs, the resident or their representative and the accommodation enter into a Managed Risk Agreement whereby the consequences of or liability for the risk is determined.

In the event of a power outage, Hillview Lodge has a back-up generator. In each resident room, the outlet directly below the Nurse Call button is powered by the generator. Candles are not allowed in resident rooms.

22. WATER TEMPERATURE SAFETY

The DDSF has policies and procedures in place to ensure the provision of safe bath and shower water temperatures for all residents at Hillview Lodge. The hottest flowing water at bathtubs, showers, and all other taps that can be accessed by a resident shall not exceed 49°C. Policies and procedures are available next to the mailboxes.

23. RESIDENT SURVEY

A survey will be sent out to residents or family members annually to collect the opinions of the services provided at Hillview Lodge. After completion of the surveys a letter will be sent to the residents/family members to inform them of the results and actions taken. Management also has an “open door” policy for any concerns as they arise.

24. VALUABLES

For security reasons, residents are encouraged to lock the door to their room while absent. The DDSF will not be responsible for lost, stolen or mislaid property of a resident.

Residents are discouraged from keeping large amounts of cash in their rooms. To facilitate a secure method of cash control while at the same time allowing each resident the independence to handle their own finances, management will make available to each resident the use of a “trust” account which may be established with the receptionist for those residents requesting this service.

25. EMERGENCY SITUATIONS

For resident and staff safety, fire drills are conducted on a regular basis. Fire procedures are posted on the inside of all residents rooms. Fire procedures and Emergency Situations can also be found in the Emergency Book by the Mail Boxes. Refer to **pages 19 – 26** for Fire Procedures and Emergency Situations.

In the case of an emergency, or perceived emergency, the staff have the right to enter your room. The resident, irrevocably authorizes the DDSF staff to call an ambulance (if necessary) and then to notify the family member or contact person.

26. GOALS OF CARE, PERSONAL DIRECTIVES AND POWER OF ATTORNEY

Every resident must have a goals of care designation (green sleeve) prior to residing at Hillview lodge. Any changes needing to be made to your goals of care designation must be done so with your family doctor and are to updated/reviewed yearly. Ensure the DSL Manager has the most recent goals of care designation as this is sent with you in the event of an emergency.

Residents are encouraged to provide a copy of a Personal Directive and/or Power of Attorney to the DSL Manager, as well as to the Home Care Case Manager.

27. RENTAL RATES AND INCREASES

Annual rental rate is set by Continuing Care Home accommodation charges. Rental increases are effective August 1 annually according to the Consumer Price Index for Alberta.

Service rates are set by the Board of Directors and are reviewed annually. If there is an increase in rent, residents will be informed in writing 3 months in advance.

Rent is due on or before the first of each month, and can be paid to the Finances Office between 8:00 am – 4:00 pm weekdays. Electronic funds transfers are accepted for your convenience. Please refer to the complete price list on **page 16**.

Full rental rates apply to all accommodations while the resident is absent from the Lodge regardless for the reason of the absence.

28. RESIDENT EVICTION

The CAO &/or Board of Directors of the DDSF reserve the right to request a resident to vacate the premises, in any of the situations as listed in Section 11 of the Tenancy Agreement.

In the event of a lodge resident physically assaulting another resident or staff member the RCMP will be called. Immediate eviction may follow.

29. DAMAGES

The DDSF strongly recommends that you carry contents & liability insurance as the Foundation's insurance policy will not cover personal loss. This is the responsibility of the resident.

In the event that DDSF property is damaged by a resident or one of a resident's guests, the resident will be responsible for payment of the damage. Any damage caused by resident negligence will be the financial responsibility of that resident.

No additions, extensions, fixtures or renovations are to be done to any DDSF property without prior approval.

Residents or their families are responsible for the cost of repairing any damage beyond normal wear and tear, which occurs in a resident's room. All items of a permanent nature fastened to DDSF property are to remain in the room when the resident vacates. Residents and their families are responsible for hanging pictures and related items so as to minimize damage to walls.

Damage and Loss of call Pendant: It is the residents responsibility to keep the device safe and it must be removed at any time a resident leaves the lodge for outings. If it becomes lost or damaged the resident must inform management and they will be charged \$280.00 fee to replace the device.

30. MOVE OUT PROCEDURES

When a resident moves out of the Lodge and the resident's personal belongings have been removed, a Move Out Inspection Form will be completed by Management and signed by the resident or their designate. The resident will be charged for damages to DDSF property beyond normal wear and tear.

All keys and pendant are to be returned at this time.

31. MOVE TO A HIGHER LEVEL OF CARE

When a resident of the Hillview Lodge has been determined by the DDSF (in conjunction with Home Care) to have reached a health status level that requires assistance beyond what is provided, the resident will no longer be eligible for accommodation at the Hillview Lodge.

32. DECEASED RESIDENT PROCEDURE

The DDSF has a policy in place in regards to death of a resident. Policies are available next to the mailboxes.

Responsibility will not be accepted by the DDSF for any unauthorized entry made by family or friends holding a room key.

After the deceased resident's personal belongings have been removed, a move out inspection form will be completed by Management and signed by the resident's designate. Keys and pendant are to be returned at this time.

The estate will be billed for any outstanding charges. (i.e. rental charges, damages to DDSF property beyond normal wear and tear, etc.) If there are no damages beyond normal wear and tear a cheque for the refund of the security deposit will be issued to the estate.

HILLVIEW LODGE PRICE LIST

As of September 1, 2025

Basic Rent	\$2592.00 / month
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Additions:

Cable/Internet	\$55 / month
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Parking	\$15 / month
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Laundry Service	\$40 / month
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Security Deposit	\$400
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STAFF

Chief Administrative Officer	Glenda Youngberg
Project Operations Manager	Jason Westin
Maintenance Staff	Doug Stevenson
	Edwin Maglalang
Supportive Living Manager	Jessica Mills
Resident Manager	Kelsie Yavis
Services Manager	Dagmar Walters
Finance & Compliance Manager	Melanie Graff
Sunshine Lodge Receptionist	Karleigh Thrane
Hillview Lodge Administrative Assistant	Mackenzie Oliver
Recreation Manager	Ashley Berlando
Activities Assistant	Andrew Cartwright
	Mandy Addison

IMPORTANT NUMBERS

Police, Fire, Ambulance	911
Drumheller Associated Physicians Clinic	403-823-3345
Riverside Medical Clinic	403-823-5000
Hospital	403-823-6500
Drumheller Valley Bus	403-823-1319
Drum Taxi	403-436-4360
Senior Services	403-823-1317
Home Care	403-820-6020
Pioneer Trail Society	403-823-6565
Health Link Alberta	811
Seniors Outreach	403-820-7863
Protection for Persons in Care	888-357-9339
Alberta Aids to Daily Living	877-644-9992
Alberta Blue Cross	800-661-6995
Alberta Health Services	800-408-5465
Alberta Seniors Benefit	877-644-9992
Canada Revenue Agency	800-959-8281
GST Credit	800-959-1953
OAS / CPP / GIS Call Centre	800-227-9914
Veterans Affairs	866-522-2122
Victim Services	403-823-4233

HOUSEKEEPING SCHEDULE

MONDAY

Rooms 121, 122, 123, 124, 125, 126, 127, 128

TUESDAY

Rooms 119, 120, 129, 130, 131, 132, 133

WEDNESDAY

Rooms 101, 116, 117, 118, 134, 135, 136,

THURSDAY

Rooms 102, 103, 104, 105, 106, 107, 115

FRIDAY

Rooms 108, 109, 110, 111, 112, 113, 114

Any changes to this schedule due to holidays, etc. will be posted on the Activities White Board.

FIRE PLAN REGULATIONS:

Residents are requested to familiarize themselves with these regulations and to cooperate with safety measures by smoking only in designated areas and carefully disposing of matches and cigarette butts. Also refrain from tampering with light fixtures and flammable materials.

FIRE RULES:

- Any person discovering a FIRE shall immediately and ALWAYS sound the alarm. Notify a member of the staff or use a responsible resident.
- Where practical, all windows, doors, and similar openings shall be closed when the alarm sounds.
- All residents are required to contribute their full cooperation by taking the following actions:
 1. When residents are in their rooms, but not in immediate danger when the alarm sounds, they should dress and remain in their room waiting for instruction from the staff member in charge. If instructions are given to leave the room, each resident should proceed as directed.
 2. If a resident is in the corridor when the alarm sounds, or if the fire is between the resident and his/her room, the resident should proceed to the nearest safe common area.
 3. Residents that are in the dining room, recreation room or a sitting area, when the alarm sounds, should remain in that location until receiving further instruction from the staff member in charge.
 4. Persons in immediate danger shall proceed to a place of safety without awaiting instructions.
 5. No one should open a door leading to a corridor without first placing a hand upon it to ascertain its temperature. If it is HOT, the door should not be opened.

HILLVIEW LODGE EMERGENCY SITUATIONS

Water or Sewer Problems

- Contact Maintenance On-Call, CAO &/or Delegate.
- Maintenance will determine cause and contact appropriate repair company if unable to complete repair as per telephone contact list in the general info. tab.
- In the case of no water, bottled water may be purchased from various vendors and grocery stores in town, for drinking and cooking (Water Pure & Simple 403-823-7088).
- Use hand sanitizers and wipes.
- Arrange for portable chemical toilets (Caron's Waste Management 403 321-6040).
- CAO &/or Delegate will determine if additional staff need to be called in depending on the severity, or if evacuation procedures need to be implemented.
- Family members may be contacted with the option of taking the resident home.

Disruption of Hospitality Services

- Depending on the circumstances of the disruption CAO &/or Delegate will make the decision on an individual basis.
- If the kitchen in Hillview Lodge is not operating, Sunshine Lodge will prepare and supply food for Hillview residents.
- If the kitchen in Sunshine Lodge is not operating, Hillview Lodge will prepare and supply food for Sunshine residents.
- If we are unable to provide meal service from within food will be provided by outside vendors:
 - Double D Catering – 403-823-7948
 - Drumheller IGA – 403-823-3995
 - Any of the local restaurants
- If the laundry services in Sunshine Lodge are not operating, Hillview Lodge will supply laundry service for Sunshine Lodge.
- If the laundry services in Hillview Lodge are not operating, Sunshine Lodge will supply laundry service for Hillview Lodge.
- If we are unable to provide laundry services from within the two lodges, then the laundry will be taken to a local laundry-mat for short term. (Laundromats in the general info. tab) If this is for a prolonged period, arrangements will be made with local facilities.
- Maintain 3 days' supply of disposable dishes and cutlery.
- Family members may be contacted with the option of taking the resident home.

HILLVIEW LODGE EMERGENCY SITUATIONS

Power Outage

- Contact Maintenance On-Call, CAO &/or Delegate.
- Every resident should have a flashlight in their room.
- Keep residents' calm. Ensure that oxygen units are plugged into the outlets that are powered by the back-up generator, located in each resident room directly underneath the nurse call button.
 - As a last resort, extra oxygen tanks can be requested from EMS.
- Maintenance or CAO will contact Atco immediately at 1-800-668-5506.
- If power outage occurs at Sunshine Lodge (in the cooler months of the year), and lasts longer than 8 hours, it will be determined by CAO, Maintenance &/or Delegate to move Sunshine residents to the Hillview Lodge.
- If power outage occurs at Hillview Lodge the generator will take over
- Advise residents to keep windows and outside doors closed to preserve heat or cool air.
- Staff call back, fan out and need to evacuate, will be implemented as determined by the CAO, Maintenance &/or Delegate.
- Family members may be contacted with the option of taking the resident home.
- "Building Walk-Around" sheets will be available in the Fire Books.

Loss of Generator

- Contact Maintenance On-Call, CAO &/or Delegate.
- A temporary generator may be rented from Drum Equipment.
- Family members would be contacted with the option of taking the resident home.
- CAO / Delegate will determine if evacuation procedures will be implemented depending on the severity of the situation.

Loss of Air Conditioning Unit

- Contact Maintenance On-Call, CAO &/or Delegate.
- Maintenance will turn all units to "fan only".
- Keep all blinds closed.
- In extreme heat keep all windows and outside doors closed.
- Offer extra fluids to residents.
- Recommend residents dress appropriately.
- Residents may be moved to common areas where the air flows more than in rooms.
- If the unit cannot be repaired in a reasonable amount of time, family members may be contacted with the option of taking the resident home.
- "Portacool" units may be rented from Drum Equipment if necessary.
- CAO &/or Delegate will determine if evacuation procedures will be implemented depending on the severity of the situation.

HILLVIEW LODGE EMERGENCY SITUATIONS

- Family members may be contacted with the option of taking the resident home.

Nurse Call, Outer Doors, Fire Panel Failures

- Contact Maintenance On-Call, CAO &/or Delegate.
- Maintenance will determine cause and contact appropriate repair company if they are unable to fix
- Staff will complete visual checks on residents on a continual rotating basis, at a minimum of hourly.
- “Building Walk-Around” sheets are available in the Fire Books.

Gas Leak

- Keep residents calm.
- Call Maintenance On-Call, CAO &/or Delegate.
- Contact Alta Gas at 1-866-222-2068.
- Open windows for ventilation and move any residents that are in close proximity to another location within the building depending on severity.
- Call Alta Gas immediately if you detect an odor that you think may be natural gas. If the odor is strong or if you hear a “hissing” sound that might indicate escaping gas, leave the building immediately.
- Do not use the phone or turn any electrical switches on or off. Phone Alta Gas or the Fire Department from a safe location. Do not return to the building or allow anyone else to do so.
- If it is determined that lives are in danger, follow evacuation procedure located in the FIRE PLAN.

Heat Loss – Furnace (affects hallways)

- Contact Maintenance On-Call, CAO &/or Delegate.
- Keep all windows and outside doors closed. Building will maintain heat for up to 8 hours. If it cannot be repaired within 8 hours, Hillview Lodge residents will be taken to Sunshine Lodge.
- Maintenance will determine cause and contact appropriate repair company if unable to complete repair.
- In extreme cold temperatures, suggest residents dress appropriately. Alternate heat sources other than power loss are fireplaces, vestibules, and unit heaters.
- CAO / Delegate will determine if evacuation procedures will be implemented depending on the severity of the situation.
- Family members may be contacted with the option of taking the resident home.

HILLVIEW LODGE EMERGENCY SITUATIONS

Loss of Boilers (affects resident rooms & common areas)

- Contact Maintenance On-Call, CAO &/or Delegate.

Hillview Lodge has 2 boilers. If one boiler of a pair goes down, the second one will suffice until it can be repaired.

If both boilers go down:

- Keep all windows and outside doors closed. Building will maintain heat for up to 8 hours. If it cannot be repaired within 8 hours, it will be determined by CAO &/or Delegate to move Hillview Lodge residents to Sunshine Lodge.
- Maintenance will determine cause and contact appropriate repair company if unable to complete repair, as per telephone contact list attached.
- In extreme cold temperatures, I suggest residents dress appropriately. Alternate heat sources other than power loss are fireplaces and unit heaters. Residents may also be moved into heated areas to keep together and warm.
- CAO &/or Delegate will determine if evacuation procedures will be implemented depending on the severity of the situation.
- Family members may be contacted with the option of taking the resident home.

Fire

- Staff follow procedures as outlined in the Fire Plan.

Severe Weather Systems

- Contact CAO, Maintenance On-Call &/or Delegate.
- CAO / Delegate &/or Maintenance will consult with Town Authorities for assistance.
- Staff unable to report to work will follow union contract of reporting.
- Staff listens to local radio stations for public announcements.
- CAO / Delegate will contact staff when he/she arrives at the lodge
- Staff on shift will remain at lodge until relieved by other staff.
- Schedule replacement staff.
- Request assistance from administration staff.
- Recruit family members.
- Utilize volunteers.

HILLVIEW LODGE EMERGENCY SITUATIONS

Tornado

- **Watch** is an advisory only. Nothing may happen but a **watch** could develop into a **warning**. Stay alert! Listen to your local radio station.
- **Warning** means that the event is imminent. Take precautions and listen to your local radio station.
- Residents / staff will find protection in inner hallways, washroom or closet away from exterior window. The shelter must be able to offer protection from flying glass, debris and furniture.
- CAO / Delegate will determine if evacuation procedures will be implemented depending on the severity of the situation.

Flood

- If the town is being evacuated, the Town emergency plan will be followed.

Staff Shortages

Due to a Union Walk-Out:

- Management, Administration, any other non-union staff and Board Members would be called in.
- Family members would be called with the option of taking the resident home or coming in to help if able.
- Contact any volunteers.
- Contact the Lodge in Hanna or Three Hills for any available staff.
- Refer to Disruption of Hospitality Services section in regards to Food Service and Housekeeping Services.

Due to an Outbreak:

- Management, Administration, any other staff and Board Members would be called in.
- To cover shortage of HCAs at Hillview Lodge, Home Care would be contacted.
- Contact the Lodge in Hanna or Three Hills for any available staff in Housekeeping or Kitchen.
- Family members would be called in to volunteer or with the option of taking the resident home.
- Contact any volunteers.
- Staff would be required to bring a change of clothes, shoes, and personal care products.
- A shower area and sleeping area would be made available for staff
- Refer to Disruption of Hospitality Services section in regards to Food Service and Housekeeping Services.

HILLVIEW LODGE EMERGENCY SITUATIONS

BUILDING EVACUATION PROCEDURE:

When an evacuation is ordered:

- Staff will retrieve the evacuation checklists from the staff room as instructed by the Person in Charge.
- Staff will proceed to each resident's room and inform of evacuation. Start with the resident's room closest to the exit and work back. Staff will record on the checklist if the resident was found or if they were not in their room.
- All residents and staff shall proceed from exit areas to a safe location depending on the location of the fire.
- If evacuation is not necessary, residents are asked to wait inside their room for further instruction. If the fire or problem area is not in their particular wing, they should stay in their room with their doors unlocked and wait for further instruction.
- If evacuation of one wing is necessary and the weather is inclement; residents should be evacuated to another part of the building away from the problem area or to the Sunshine Lodge.

IN THE EVENT OF TOTAL EVACUATION

- Evacuated residents will be assisted by the Valley Bus or by Taxi, to the Nazarene Church located at 627 – 6 Street East, Drumheller, phone number 403-823-2156.
- Staff will call family members of residents as listed on the NOK contact sheets contained in the fire books. If the resident can be taken to the home of a family member, the family member will come to the evacuation location and pick up the resident. The family member will sign their name as the responsible person on the sheet and record the date and time of picking up the resident. Residents who do not have available family members will remain at the evacuation center to await further instructions.
- If the town is being evacuated, the Town emergency plan will be followed.

HILLVIEW LODGE EMERGENCY SITUATIONS

MISSING PERSON

When a resident is determined to be missing, notify your supervisor.

- The supervisor's office will be the central command post.
- Follow the instructions on the Missing Person Incident Form (copies in the staff room)



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	2.01
Title:	Capacity Assessment
Department:	Resident
Board Approval Date:	October 23, 2014
Revised Date:	August 22, 2025

Policy Statement: The Drumheller and District Seniors Foundation presume that every resident has the capacity to make decisions until the contrary is determined.

- 2.01.01 Capacity is the ability to understand the information that is relevant to the making of a personal decision and the ability to appreciate the reasonably foreseeable consequences of the decisions.
- 2.01.02 Should the need for a capacity assessment become necessary, the guide to capacity assessment under the personal directives act will be followed while working closely with the resident, family, case coordinator, physician, and facility staff.
- 2.01.03 <https://canlii.ca/t/826z>



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	2.02
Title:	Motorized Scooters
Department:	Resident
Board Approval Date:	September 19, 2019
Revised Date:	

Policy Statement: The Drumheller and District Seniors Foundation encourages the independence of residents and tenants. The use of a motorized scooter allows for independent transportation outside of the facility. Resident and tenant safety are a priority for both scooter users and fellow residents/tenants.

- 2.02.01 All motorized scooters shall be subject to approval by the DDSF prior to their operation on any property being managed by the DDSF.
- 2.02.02 The motorized scooter shall be parked and stored in a designated area outside the facility as approved by the Resident Supervisor. Failure to comply with the parking/storage requirements will result in the removal of the unit from the facility at the owner's expense. Scooters are not allowed inside the building and must be driven on sidewalks **only**, not lawns.
- 2.02.03 The owner of the motorized scooter will be charged a monthly fee from May through September to help cover the cost of electricity, parking, and storage. This fee will be determined by the Board of Directors and will be payable with the monthly rent.
- 2.02.04 Any damage caused to the facility by the motorized scooter will be the responsibility of the owner.
- 2.02.05 The owner will be responsible for the security and safety of the scooter as well as the appropriate liability insurance coverage.
- 2.02.06 The management reserves the right to require an assessment if he/she feels that the resident/tenant is unable to operate the scooter safely.
- 2.02.07 It is recommended that the scooter be equipped with a flag that is visible while in use on public sidewalks. It is also recommended that each resident carry a fully charged cell phone while operating their scooter, in case of an emergency.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	2.06
Title:	Guest Meals
Department:	Resident
Board Approval Date:	January 16, 2020
Revised Date:	

Policy Statement: The Drumheller & District Seniors Foundation encourages a high quality of life for its residents and promotes interaction with family and friends by providing guest meals for a nominal fee.

- 2.06.01 Meals are provided for the residents of Sunshine Lodge at 8:00 am, 12:00 pm, and 5:00 pm daily.
- 2.06.02 Meals are provided for the residents of Hillview Lodge at 8:30 am, 12:00 pm, and 5:00 pm daily.
- 2.06.03 In order to allow sufficient time for meal preparation and dining room set up, the kitchen staff would require notification the day before for a guest meal the following day.
- 2.06.04 It is recommended that a maximum of 2 guests per resident/couple be observed. The Lodge will accommodate a maximum of 10 guests at any one meal.
- 2.06.05 Guest meal prices are set as follows:
- Dinner- \$10.00
 - Supper - \$ 7.00
 - Dinner + Special Occasions - \$18.00
- 2.06.06 Special occasions will include Christmas Day, New Year's Day, Easter, and Thanksgiving Day, as well as any other occasion so designated by the CAO.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	2.08
Title:	Room Cleanliness Standards
Department:	Resident
Board Approval Date:	September 19, 2019
Revised Date:	

Policy Statement: As a condition of residency, all residents are responsible for maintaining their room in a manner that meets the following DDSF Occupational Health and Safety standards:

- 2.08.01 Floors are to be kept free from clutter, such as boxes, suitcases, etc. (closets are exempt). All dirty clothes are to be set in clothes hamper or basket.
- 2.08.02 Tubs and showers are not to be used for storage. Employees must be able to maintain a cleanliness program even if the resident does not use the tub.
- 2.08.03 Shower rods are not to be used for hanging clothes on a permanent basis.
- 2.08.04 The bed area must be kept clear of clutter, boxes and furniture to allow for vacuuming and making of beds. There is to be no storage of materials under a bed (unless stored on wheels for easy mobility) in order to allow for proper cleaning.
- 2.08.05 The room and bathroom doorways must be free from obstruction to allow DDSF employees or emergency personnel to gain entrance.
- 2.08.06 Radiator shut-off valves must be accessible at all times.
- 2.08.07 Residents are required to care for their own personal collectables, pictures, books, CDs, toiletries, etc. Please ensure that these items are placed on a shelving unit, in a cabinet, in a storage basket etc. Residents are responsible to clean and/or dust these items.
- 2.08.08 Residents are allowed a maximum of 2 recliners per room. Loveseats are NOT permitted.
- 2.08.09 In situations where conditions are unacceptable, residents will be provided with written notice of the following:

The room or identified areas that do not meet DDSF standards will be given a one (1) month time frame in order to correct the situation and a date set for a follow-up inspection. If the area/s is not corrected DDSF may charge the resident an additional \$20/hr. for cleaning the area/s in question. However, should management determine that conditions continue to not meet DDSF standards the resident may be required to seek alternative accommodation.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	2.09
Title:	Pet and Animal Therapy
Department:	Resident
Board Approval Date:	June 27, 2024
Revised Date:	

Policy Statement: To provide direction on animal interactions (e.g., personal pet visitations, animal assisted therapy, animal assisted activity, and qualified assistance dogs (service/guide dogs)) within a supportive living setting including the requirement for compliance with the Service Dogs Act (Alberta) and the Blind Persons' Rights Act (Alberta).

- To provide direction on resident/facility animals at Hillview Lodge and Sunshine Lodge.
- To support the health, safety, and wellness of patients, designated family/support persons, and DDSF volunteers and employees.
- To communicate the expectations and requirements of this Policy and collaborate with patients, designated family/support persons, and visitors on all animal interactions within a Lodge setting.

Animal interactions are recognized as having a role in the health and wellness of patients, supporting commitment to patient and family-centered care.

- Sunshine Lodge and Hillview Lodge recognizes that the health and safety of patients, designated family/support persons, visitors, employees, and animals in Lodge settings are paramount in all animal interactions.
- This Policy is intended to balance wellness and environmental safety.

- 2.09.01 The animal requires the necessary immunizations to protect it against rabies and disease. The CAO can request that the animal be certified annually as healthy, fully immunized, and free of disease, wounds, and skin conditions as determined by a veterinarian.
- 2.09.02 Animals are not allowed in the dining room or laundry areas at any time.
- 2.09.03 Animal owners are responsible for cleaning up after their animal(s), both inside and outside the building. There will be a service charge for any cleanup that is done by staff.
- 2.09.04 The animal owner will be responsible for and pay for any damage or destruction caused by the animal to any unit or common area(s).



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	2.09
Title:	Pet and Animal Therapy
Department:	Resident
Board Approval Date:	June 27, 2024
Revised Date:	

- 2.09.05 Gloves are to be worn when dealing with eliminated waste from an animal. Organic debris must be cleaned with a paper towel, placed in a plastic bag, and disposed of in a waste container. The affected area must then be cleaned with a community-approved disinfectant.
- 2.09.06 Residents, visitors, and staff must perform hand hygiene before and after contact with the animal.
- 2.09.07 Animal bites to any staff member, resident, family member, or visitor must be reported to the CAO.
- 2.09.08 If the CAO deems that the animal is a danger to people and property, or that it has the potential to injure people, or that the animal's behaviour or actions are such that they create a nuisance or disrupt and/or frighten people, the CAO may order that the animal be muzzled or banned from the premises.
- 2.09.09 Animal privileged may be withdrawn at any time at the discretion of the CAO. Potential reasons of animal privilege include:
- failure to adhere to the guidelines outlined in this policy
 - complaints from other residents
 - complaints of allergies to the animal from other residents, staff, or visitors

Background: Alberta Health and Wellness Continuing Care Health Service Standards (July 2018) Standard 11.0 (11.1) mandates that an operator shall establish, implement and maintain documented IPC policies and procedures which must address but are not limited to the following: (I) IPC management of operator-owned, client-owned, and pet-therapy pets and animals.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	2.10
Title:	Palliative Care, End of Life
Department:	Resident
Board Approval Date:	October 2019
Revised Date:	

Policy Statement: Palliative care is an approach that helps to improve the quality of life of residents and their families facing the problem(s) associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, thorough assessment, treatment of pain and other problems and a focus on physical, psychosocial and spiritual care. DDSF will work with the resident and their family along with Alberta Health Services in order to provide those services not beyond Supportive Living 3 guidelines.

- 2.10.01 Works with AHS to manage the resident's relief from pain and other distressing symptoms.
- 2.10.02 Affirms life and regards dying as a normal process.
- 2.10.03 Intends neither to hasten or postpone death.
- 2.10.04 Respects the psychological and spiritual aspects of the resident's care.
- 2.10.05 Supports the residents to live as actively and as comfortably as possible.
- 2.10.06 Uses a team approach to address the needs of the resident and their family.
- 2.10.07 If at any time that resident's care increases beyond a Supportive Living Level 3, we will follow regular placement request guidelines by asking for added care hours until a higher level of care placement can be found, request crisis placement, or send the resident to the hospital.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	2.16
Title:	Resident Trust Account
Department:	Resident
Board Approval Date:	July 25, 2024
Revised Date:	

Policy Statement: To provide the resident with access to personal funds, the residents/decision maker will be given the option of establishing a trust account to pay for any authorized goods and services.

- 2.16.01 A resident trust account petty cash float is maintained by the administration. Money in the trust account is stored in a locked device in the administration office.
- 2.16.02 Residents with authorized trust accounts can withdraw cash from their Trust Account during business office hours: Monday through Friday (excluding stat holidays) between the hours of 8:00 am and 4:00 pm.
- 2.16.03 If required, cash withdrawal receipt may be signed by the resident/decision maker receiving the cash and the DDSF designate dispersing the cash.
- 2.16.04 The administration will notify the resident/decision maker of the trust petty cash if the trust account is depleted, and replenishment will occur as needed.
- 2.16.05 Administration maintains a trust summary spreadsheet for each resident, which summarizes what services/bills have been authorized for payment. If the resident or family member wish to review the receipts or statements, DDSF administration will provide all upon request.
- 2.16.06 A maximum amount of \$800 will be allowed for each residents' trust account.
- 2.16.07 Complaints from the resident/decision maker or other person regarding the handling of residents' personal trust fund should be directed to the CAO of the DDSF. If the complaint is not resolved at the administration level, the person may refer the complaint to the Board of Directors for investigation.
- 2.16.08 If a resident moves out or passes away, the amount of money in their trust account will be returned to them or their emergency contact, in cash, within 15 working days.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	2.19
Title:	Pet Visitation
Department:	Resident
Board Approval Date:	May 30, 2016
Revised Date:	August 22, 2025

Policy Statement: In support of providing quality care, and to balance the environmental and legislative requirements with those that encourage the emotional well-being of residents, the Drumheller and District Seniors foundation has established guidelines for pets visiting our facilities. Reasonable precautions shall be taken to ensure the safety of individuals and to prevent the transmission of diseases from animals to residents, staff and visitors.

- 2.19.01 Dogs, cats, and caged tame birds may be brought into the Drumheller and District Seniors Foundation facilities for the purpose of visiting residents. Animals other than those listed may be brought into the facility with the approval of the Resident Supervisor.
- 2.19.02 Proof of immunization records must be presented prior to scheduling a visit. Copies of immunization records may be kept on file in the Resident Supervisor's office if visitors wish; otherwise, the copies of immunization records must be presented prior to each scheduled visit.
- 2.19.03 Animals must not attend if they are unwell.
- 2.19.04 Pets are not permitted in the dining room or the food service area.
- 2.19.05 The pet owner assumes responsibility for the animal during the visit and must accompany the animal at all times. Staff will not assume responsibility for animal care.
- 2.19.06 Under no circumstances are animals allowed to roam freely in our facilities. Animals must be on a leash or in a pet carrier and must be always under the control of the owner.
- 2.19.07 The owner will immediately clean up any animal waste when accidents occur.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	2.19
Title:	Pet Visitation
Department:	Resident
Board Approval Date:	May 30, 2016
Revised Date:	August 22, 2025

- 2.19.08 Should the animal show aggression, scratch, or bite an individual, staff must be notified immediately to ensure appropriate treatment is given and adequate documentation occurs. (e.g. Incident report and/or employee WCB report and seek medical treatment immediately). Public Health will be notified (**403-820-6004**). If an animal shows aggression, scratches, or bites a resident, visitor or staff member, management reserves the right to revoke visitation privileges.
- 2.19.09 Pets will be permitted on the premises for visitation only. Residents must obtain approval from the Landlord for any overnight visitation, such approval being at the sole discretion of the Landlord.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	2.20
Title:	Raised Toilet Seats
Department:	Resident
Board Approval Date:	April 30, 2026
Revised Date:	

Policy Statement: To outline the Drumheller and District Senior's Foundation (DDSF) position regarding the installation, maintenance, and cleaning of raised toilet seats in resident suites to ensure safety and clarify responsibilities.

- 2.20.01 The Drumheller and District Senior's Foundation shall not be held liable for any injuries or incidents resulting from the use, improper installation, or condition of raised toilet seats.
- 2.20.02 Residents shall be responsible for ensuring that raised toilet seats are properly and safely installed in accordance with manufacturer recommendations.
- 2.20.03 Residents shall be responsible for maintaining raised toilet seats in a safe and sanitary condition, including regular cleaning.
- 2.20.04 Housekeeping staff will complete routine weekly cleaning of bathroom areas, including cleaning accessible surfaces of raised toilet seats, without removing or adjusting the equipment.
- 2.20.05 Drumheller and District Seniors Foundation staff shall not remove, disassemble, or reinstall raised toilet seats at any time.
- 2.20.05 Any concerns related to the cleanliness or safety of raised toilet seats observed by staff or residents shall be reported promptly to Management.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	3.06
Title:	Protection for Persons in Care
Department:	Operational
Board Approval Date:	March 27, 2014
Revised Date:	September 12, 2025

Policy Statement: The Drumheller and District Seniors Foundation provides housing in a safe and secure environment, where seniors are free from abuse and neglect by following the guidelines under the Protection for Persons in Care Act.

- 3.06.01 All staff shall report incidents where they have reasonable and probable grounds to suspect that there is, or has been, abuse against a resident.
- 3.06.02 All staff are responsible to be familiar with the Protection of Persons in Care Act.
- 3.06.03 Abuse shall be reported “as soon as reasonably practical” once the safety of the resident and others have been addressed.
- 3.06.04 The resident or their families have up to two years from the date of the alleged abuse to report it.
- 3.06.05 Where to report abuse:
- To the government of Alberta Protection of Persons in Care reporting line: **1-888-357-9339** (toll free)
 - To the police if a person’s life or well-being is in immediate danger
 - If the incident involves a professional, such as a registered nurse or physician, a report may be made directly to the applicable professional college or association.
 - In addition to the above, report all occurrences to the CAO who, if applicable, will report to Alberta Health Services.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	3.16
Title:	Concern Resolution
Department:	Operational
Board Approval Date:	February 24, 2022
Revised Date:	

Policy Statement: The Drumheller & District Seniors Foundation promotes an easily accessible process to enable residents, families, and the general public to voice concerns and/or complaints related to the services provided.

- 3.16.01 The DDSF will acknowledge the receipt of all concerns/complaints within three (3) working days.
- 3.16.02 The resolution of a concern/complaint will be handled as close as possible to the source of the concern/complaint.
- 3.16.03 The process for residents, families, and the public to follow is:
- The concern/complaint form is to be used always, unless the concern/complaint is minor and can be resolved within a matter of a few minutes.
 - If the matter cannot be resolved quickly to the initiator's satisfaction, the concern/complaint form must be used and the matter taken to the department supervisor.
 - The supervisor will investigate the concern/complaint by conducting interviews with the parties involved, if appropriate within three (3) working days. If the matter is still not resolved to the initiator's satisfaction, the matter will be taken to senior management.
 - Senior management will begin to investigate the written concern/complaint in a timely manner not to exceed five (5) working days. Investigation may include meetings with all parties involved.
 - Resolution outcome will be provided to the initiator or the concern/complaint in writing within 10 days upon completion of the investigation.
- 3.16.04 The DDSF welcomes and encourages feedback from residents, families, and the general public and promotes an environment where they can voice their concerns without fear of retribution or reprisal.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	5.05
Title:	Involvement in Residents' Personal Affairs
Department:	Personnel
Board Approval Date:	July 23, 2015
Revised Date:	August 22, 2025

Policy Statement: The Drumheller & District Seniors Foundation must ensure that residents, their representatives, employees, and volunteers are aware of the policies regarding involvement of employees and volunteers in the financial and non-financial affairs of residents.

- 5.05.01 The Drumheller & District Seniors Foundation ensures the protection of both the residents and the employees (i.e. preventing the employees from taking advantage of vulnerable residents and to prevent the residents from accusing employees of theft after doing business with them).
- 5.05.02 Employees/volunteers/affiliates who are actively participating in the treatment and/or care of a resident shall not:
- Refer the resident to a private practice or business in which home care or Alberta Health Services has a vested interest.
 - Take money to run errands or do favors for a resident (i.e. going to the store). No money or gifts may exchange hands between a resident and a staff member for any reason.
 - Knowingly be appointed as a power of attorney, named as a beneficiary or executor in a will, named in a personal directive, or any other type of guardianship of a resident.
 - Use their employment at DDSF to benefit their business. This includes conducting this business while on duty, or while on the employer's property, or using means of communication available to staff for soliciting business.
 - Any situation that may arise out of the normal scope **must** have prior approval of the CAO.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	5.13
Title:	Protection and Privacy of Personal and Health Information
Department:	Personnel
Board Approval Date:	March 27, 2014
Revised Date:	

Policy Statement: To ensure the collection, use, access, and disclosure of personal information and health information in the custody or control of the Drumheller & District Seniors Foundation complies with the Freedom of Information and Protection of Privacy Act (FOIP) and the Health Information Act (HIA).

- 5.13.01 All employees of the DDSF collecting, accessing, using, or disclosing personal or health information shall comply with FOIP and HIA legislation. Employees shall use the information responsibly and appropriately, and shall maintain the confidentiality, security, integrity, and accuracy of the information. Breaches of confidentiality shall be considered grounds for disciplinary action up to and including dismissal.
- 5.13.02 Personal information and health information shall only be accessed or disclosed and used within DDSF without individual consent for the purposes permitted by FOIP, HIA, and other applicable legislation. Disclosure of personal or health information for any other purpose shall require the written consent of the individual who is the subject of the information.
- 5.13.03 The Chief Administrative Officer is the head of DDSF for the purpose of FOIP and HIA. Attached for reference are:
- A guide to Alberta's Freedom of Information and Protection of Privacy Act (FOIP)
 - Frequently asked questions for housing management bodies
 - A guide to Alberta's Health Information Act (HIA)



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	6.11
Title:	Medication Management
Department:	DSL
Board Approval Date:	October 20, 2022
Revised Date:	June 8, 2026

Policy Statement:

To identify medication management strategies and processes in supportive living that contribute to patient safety and quality outcomes. To define medication supports that may be offered to supportive living residents and family (when involved), when medication management is a component of care and assessed as an unmet need.

Guidelines:

Within supportive living, medication management refers to the resident's use of prescribed and non-prescribed medications within an integrated medication management system, and their ability to manage this process. It involves health care team members located in different environments working together to meet the medication-related unmet needs of a patient, where medication management is a component of care.

Residents residing in a private residence in the community, or in a continuing care home (CCH) Type B (supportive living), are responsible for all medication-related costs (e.g., drugs, equipment, supplies, delivery, pharmacy-prepared medication delivery systems, or safety-engineered devices).

The ALA Case Manager is to assess and assign the level of medication assistance for each resident, and the DSL manager is responsible for education on orientation and continued education of the medication assistance (MAP) program to Hillview Lodge HCA's.

Improving safety in medication management requires commitment from the health care system, health care providers, patients, and families.

Health care professionals must have the knowledge, competency, and authorization to provide medication management as determined by applicable regulatory bodies and Assisted Living Alberta (ALA)



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	6.11
Title:	Medication Management
Department:	DSL
Board Approval Date:	October 20, 2022
Revised Date:	June 8, 2026

Medication Supports in Supportive Living:

Medication support activities encompass a spectrum of services to support the resident, which may include but are not limited to:

- Supporting resident self-administration of medication when assessed as competent and capable of doing so by an ALA health care professional.
- Medication assistance provided by a health care aide or other health care provider with competency, as assigned by an ALA health care professional, when the resident is unable to perform some of or all components of self-administration.

Assessment:

Resident assessments shall be completed within the established timelines using the appropriate comprehensive assessment for the client group and/or care setting which is determined by the ALA health care provider.

When medication management is identified as a component of care, the ALA health care professional shall use the appropriate comprehensive assessment and any secondary assessment tool (e.g., Medication Risk Assessment) appropriate for the care setting to:

- Determine the resident's physical and cognitive ability to competently self-administer medication.
- Identify the resident's medication knowledge
- Identify willful or inadvertent non-adherence to their medication regime.
- Provide access to medication information to the patient and family.

Medication support services shall be provided to the patient based upon their assessed unmet needs.

- When medications are administered by an ALA health care professional, medication support services are provided in accordance with the AHS Medication Administration Policy (Continuing Care).



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	6.11
Title:	Medication Management
Department:	DSL
Board Approval Date:	October 20, 2022
Revised Date:	June 8, 2026

- When medication support services are assigned by an ALA health care provider and supervised by an RN/LPN care professional to a health care aide, medication support services are provided in accordance with the Medication Assistance Program (MAP) Manual.
- ALA Health care professionals shall involve the patient and family in developing a care plan to address medication support services
- When HCA are assigned to assist with medication administration they are to follow the 8 rights of medication administration. Hillview Lodge uses names and pictures as identifiers to ensure medication is delivered to the right resident.

The “8” Rights of Medication Administration

#1 Right client The right client is confirmed using two (2) client identifiers such as the client’s name and date of birth. In some settings, a photograph may be used as a client identifier.

#2 Right medication Verification between the label on the medication or packaging and care plan or medication record. The client’s name on the medication label confirms the medication belongs to the client.

#3 Right time Verification of the date and time medication is provided, identified on the controlled dosage system or medication label, which corresponds to the care plan or medication record.

#4 Right Dose (amount) The correct number of tablets/capsules or amount of medication (e.g., number of drops) is verified against the medication label and care plan or medication record.

#5 Right Route The right route is the method the medication is taken into the body. The route is identified on the medication label and in the care plan or medication record.

#6 Right Documentation of the medication assistance activity is completed immediately assisting the client, in accordance with the processes in the care setting.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	6.11
Title:	Medication Management
Department:	DSL
Board Approval Date:	October 20, 2022
Revised Date:	June 8, 2026

#7 Right of Refusal The client has the right to refuse medications. If the client refuses medication, document the refusal and immediately notify the supervising regulated health care provider.

#8 Right reason* Unregulated health care providers are not required to know the “right reason” for the medication when providing medication assistance and directions on the care plan are followed. Regulated health care providers who regularly review the medication regimen in collaboration with the client and the health care team are responsible to ensure medication is taken for the “right reason.”

Medication Reconciliation and Best Possible Medication and Best Possible Medication History (BPMH):

ALA Health care professionals are responsible for Medication Reconciliation, BPMH and care setting specific requirements, as applicable. Health care professionals shall work together with the resident and family to generate and maintain a medication list for residents for whom medication management is a component of care.

Medication Reviews:

ALA Health care professionals, Physicians and/or Pharmacists participate in medication reviews, in accordance with their scope of practice. When medication management is a component of care, medication reviews shall be performed annually and more frequently based on the resident’s health care needs and/or when there is a significant change in the resident’s health status.

Pharmacy Services in Supportive Living:

Single pharmacy services should be considered to standardize medication dispensing and distribution systems. Hillview Lodge does recommend one Pharmacy service but ultimately it is the choice of the resident in which pharmacy provider to use.

Pharmacy services should be aligned with the MAP Manual to meet the needs of patients when they receive medication assistance.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	6.11
Title:	Medication Management
Department:	DSL
Board Approval Date:	October 20, 2022
Revised Date:	June 8, 2026

Processing of new orders is completed at the pharmacy level and are checked prior to being delivered to Hillview Lodge.

Over-the-counter medications:

The client and/or family must be advised to inform regulated health care providers of any medication the client is using, including OTC or natural health products.

Within designated supportive living (DSL) these medications must be ordered/prescribed by an authorized prescriber and come directly from the pharmacy.

When the client receives medication assistance (Levels 2 & 3) or medication administration, the ALA Home Care Case Manager must collaborate with the authorized prescriber to determine if medication support services may include OTC medications or natural health products.

Documentation is the responsibility of the ALA Home Care Case Manager and is to be added to be added to the medication administration flow sheet and the medication administration record.

Outings and Absences:

Residents shall be supported to maintain independence in medication self-administration while on pass or supervised excursions. For residents that require assistance and are unable to self-administer medication while on pass or supervised excursions document who the responsible person given the pass medications in their multidisciplinary notes.

If there is no assistance available during pass or supervised excursions, and the resident has been assessed as unable to safely self-administer medication, pass medication shall not be provided to the resident. Consult with the ALA health care provider when a dose of medication may be missed.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	6.11
Title:	Medication Management
Department:	DSL
Board Approval Date:	October 20, 2022
Revised Date:	June 8, 2026

Medication Storage:

Medication shall be stored in accordance with manufacturer directions and appropriately secured as direct by legislation and assessed level of risk. No ward stock is kept on site.

Medication fridges are to be checked nightly for temperature (2 degrees Celsius and 8 degrees Celsius) and documented. Uncontrolled temperatures are to be alerted to maintenance or the DSL Manager

Where medication carts are used, they shall be locked when not in use or unattended.

In the supportive living facility medications in resident's rooms shall be kept in a locked storage location ensuring only those who self-administer, administer, or assist with medications have access.

Transportation of medication is the responsibility of the community pharmacy. Staff should not transport resident medication between sites unless all other options have been exhausted, it is safe to transport and the appropriate manager/supervisor has authorized the staff member to transport medication.

Medication Disposal

Disposal of refused, contaminated, or expired medication shall be performed in a timely manner that is suitable for the environment and prevents unauthorized access and risk of injury to others.

Process of discarding medication:

Place discarded medication in the sharps container located in both the north and south locked medication room labeled dead drugs. Once full it is to be returned to pharmacy for proper disposal. Pharmaceuticals that have expired, been discontinued, or gone unused, that are partially used or contaminated must also be returned to pharmacy for proper disposal. These medications can be left in the return to pharmacy bin in the north nurse's station.

Used medical sharps shall be disposed of in a biohazard container, in accordance with Policy 6.06.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	6.11
Title:	Medication Management
Department:	DSL
Board Approval Date:	October 20, 2022
Revised Date:	June 8, 2026

Narcotics and controlled drugs must be kept in locked box until returned to pharmacy for disposal.

Narcotics and Controlled Substances:

All narcotics, controlled drugs and substances are accounted for to ensure there are no discrepancies.

Procedure:

- Narcotic and controlled drug counts are done every shift with staff taking accountability of narcotic keys. Narcotic and controlled drugs will be counted and documented by both staff members using a Narcotic Count Sheet. The oncoming staff member will count the medication whereas the off-going staff member will ensure the documented records are correct.
- When withdrawing a narcotic or controlled drug, the staff member will document both the amount administered, the time of administration and this record will be retained with the resident's medical records.
- Place discontinued narcotics or controlled drugs in locked box until they can be returned to pharmacy.
- When alerted that the count is off an incident report will be completed to document the incident and notify the DSL Manager. The DSL Manager or ALA health care provider will then investigate. A review of individual narcotic sheets, drug record books, staff schedules, staff interviews, checking of medication carts, bins etc. to determine the cause (e.g., documentation, borrowed, medication error). If misappropriation of narcotics is suspected, police would be notified.

Narcotics and controlled substances are limited to oral and patch form; no ampules or parental medications are to be kept on site. Pharmacy controls the number of narcotics sent to a weekly resident supply to decrease safety related incidents, examples, missing narcotics/controlled substances and errors in dispensing.

Hazardous and High Alert Medications (HAMS):



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	6.11
Title:	Medication Management
Department:	DSL
Board Approval Date:	October 20, 2022
Revised Date:	June 8, 2026

ALA Health care professionals are to follow the ALA, formally **AHS Provincially High Alert Medication List** and shall educate residents who are self-administering medication on the safe disposal of hazardous and/or high alert medications and/or packaging in supportive living settings.

“Hazardous medication are those medications that can pose a health risk from exposure in the workplace due to the medication’s inherent toxicity.” Exposure may occur in various ways (e.g., skin contact, inhalation) and be a result of a single exposure to a large amount, or cumulative result from low, frequent exposures. ALA Regulated health care providers assigning medication assistance activities must be aware of the potential risks to health care aids, and others, when handling hazardous medication, including any generated wastes. Risk mitigation strategies must be implemented and followed.

High-alert medications (HAMs) are defined as “medications that bear a heightened risk of causing significant resident harm when used in error.” Examples of HAMs are specified concentrated electrolytes, specified heparin / low molecular weight heparin products and specified high potency parental narcotics.

Prior to assigning assistance with HAMs or hazardous medications to the health care aids the ALA regulated health care provider must consider resident acuity and predictability of response, risks associated with performing the activity in the setting and ensure appropriate care plan interventions and the required level of supervision are in place.

Health care aides are not responsible for knowing what each individual medication is prescribed for and do not perform or participate in independent double-checks of high alert medications (HAMs). Certain medications or methods of administration may be the sole responsibility of ALA regulated health care providers, whereas others may be assigned to a health care aide, when assessed as appropriate by the ALA Home Care Case Manager.

All residents at Hillview Lodge self-administer medication with an assigned level of assistance, HCA’s will never give insulin or any other injectable medication at this level of care.

Levels of Medication Assistance are as follows:



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	6.11
Title:	Medication Management
Department:	DSL
Board Approval Date:	October 20, 2022
Revised Date:	June 8, 2026

Level 1 REMINDER:

- Clients can self-administer medication with a verbal reminder only.
- Clients know what medication to take and self directs PRN medication.
- The need for a controlled dosage system is determined by the client assessment.
- Client or family may prepare dosette or other medication for client to self-administer.
- Client does not need to be supervised taking medication

Level 2 SOME/PARTIAL ASSISTANCE:

- Clients can self-administer own medications with minimal assistance, including PRN medication.
- Client needs assistance in opening containers or stand-by/hands-on assistance.
- Clients do not need to be supervised taking medication.

Level 3 FULL ASSISTANCE:

- Medication must be removed from packaging and/or prepared.
- Clients require hands-on assistance to take medication, including PRN medication.
- Client needs supervision to ensure medications are taken.

Labeling of high alert medication is done at the pharmacy level and the MAP flow sheet and MAR is updated by the ALA Home Care Case Manager as to what precautions are to be used by the HCA assisting in medication administration, ex gloves when dispensing.

The ALA regulated health care provider Role and Responsibility regarding high alert and hazardous medications is to:



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	6.11
Title:	Medication Management
Department:	DSL
Board Approval Date:	October 20, 2022
Revised Date:	June 8, 2026

- is to determine the hazard (i.e., known, potential or reproductive hazard medication)
- collaborates with the resident's pharmacy to provide commercially prepared hazardous medication or, when prepared by pharmacy, in a format which, whenever possible, requires no or minimal preparation by the health care aide and appropriate waste containers for medication waste.
- Coordinates care with the resident and/or housing/accommodation provider to ensure medication storage, handling, and waste management processes are implemented and followed.
- Provides required education/training for the resident, family, and health care aides assisting with hazardous medication, including personal protective equipment (PPE), medication storage, handling, and waste management requirements pertinent to the care setting

Do Not Use List of Abbreviations:

DSL Staff and ALA staff are to follow Assisted Living Alberta (ALA) formally Alberta Health Services (AHS) **Policy Do Not Use List Of Abbreviations, Symbols and Dose Designations For Medication Related Documentation Document # PS-08** as per Schedule B of the Master Service Agreement with ALA/AHS and DDSF.

Medication Administration Records are the responsibility of ALA Health Care Professionals but the DSL Manager will conduct audits quarterly to test for compliance and make the ALA Home Care Case Manager aware of any discrepancies found.

Clinical Adverse Events and Reporting:

All resident adverse events, close calls, hazards, and incidents shall be documented on an incident report and reported and reviewed regularly by the health care team for the purpose of supporting the development of recommendations and actions for system improvements that will make resident care safer.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	6.11
Title:	Medication Management
Department:	DSL
Board Approval Date:	October 20, 2022
Revised Date:	June 8, 2026

As appropriate, complete and submit a duty to notify form to Alberta Health if the clinical adverse event meets the criteria for reporting (refer to the Duty to Notify – Decision Guide [Alberta Health]).

Quality Improvements:

Audits of the “do not use” list of abbreviations will be performed quarterly and HAM audits to be performed annually by the DSL Manager. Results of audits and evidence of medication-related quality improvement initiatives shall be documented by the Collaborative meeting minutes, where medication incidents are discussed and quality improvements can be made through a team approach.

Documentation:

Home Care Case Manager’s resident assessment of level of assistance and times of medication administration shall be documented on the resident’s care plan and Medication Administration flow sheet when the resident has been assessed as having unmet needs.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy:	6.14
Title:	Quality Improvement
Department:	DSL
Board Approval Date:	May 17, 2023
Revised Date:	

Policy Statement:

To recognize and support quality improvement processes that identify, improve, and evaluate quality of care, quality of life and quality of services delivered. To support compliance with the legislated Continuing Care Health Service Standards as the minimum standard of care. Our aim is to improve the experience of patient's health and well being.

- 6.14.01 To ensure safe, quality care and services which include reduction of falls, pressure injuries and the reduction and use of appropriate restraints.
- 6.14.02 The DSL team shall collaborate with patients, families, care teams and/or quality councils to identify opportunities for improvement and prioritize quality improvement initiatives which recognize and include:
responding to hazards, close calls, clinical adverse events and documentation and tracking of close calls, hazards and near misses.
- 6.14.03 The DSL team leader will take the recommended education, training and will support and enable the team to receive education and training in the selected or identified quality processes used in the care setting.
- 6.14.04 The DSL team must utilize measurement data and quality indicators to support the evaluation of the quality of care. These may include compliance and survey results, workforce engagement surveys, infection prevention and control reports, patient and family experience data including patient and family feedback.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy	6.28
Title:	Resident Safety Plan
Department:	DSL
Board Approval Date:	November 27, 2025
Revised Date:	July 6, 2026

Purpose: To establish a structured approach to identify, assess, and manage risks for residents, ensuring a safe environment that promotes well-being, dignity, and quality of life, while reducing preventable harm. DDSF identifies resident safety as an organizational strategic priority and allocates appropriate staffing, education, quality improvement and monitoring resources to support implementation of this plan.

Policy Statement:

The facility will ensure that:

- Each resident has an individualized safety plan based on assessed risks
- Safety risks are identified early and managed proactively
- Staff follow standardized procedures for monitoring and escalation
- Communication is clear, timely, and consistent.
- Medication safety, infection control, and fall prevention are prioritized
- All practices align with:
 - Accreditation Canada ROPs
 - Alberta Continuing Care Standards
- Resident safety education will be provided every 2 years to all staff and managers.
- Training will address incident reporting, medication safety, fall prevention, infection prevention & control, emergency response and communication practices.

Risk Assessment Requirements

- All residents must undergo a comprehensive risk assessment:
 - Admission
 - Change in condition
 - Post-incident (fall, hospitalization)
 - Schedules review (quarterly)

KEY AREAS

- Falls and mobility
- Cognitive impairment/wandering



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy	6.28
Title:	Resident Safety Plan
Department:	DSL
Board Approval Date:	November 27, 2025
Revised Date:	July 6, 2026

- Choking/swallowing
- Medication safety
- Skin integrity/pressure injuries
- Infection risk
- Behavioral concerns
- Emergency response needs

Development of Safety Plan

- Each resident will have a documented individualized plan including:
- Identified risk factors
- Required interventions and supports
- Level of supervision needed
- Use of assistive devices
- Emergency instructions
- Goals of Care (GCD)

Implementation of Safety Interventions

Staff must implement interventions consistently, such as:

- Falls prevention
- Use of walkers/wheelchairs
- Safe footwear
- Environmental hazard checks

Medication Safety (ROP)

- Medication reconciliation at transitions
- Monitoring for adverse effects
- Accurate administration and documentation

Infection Prevention (ROP)

- Hand hygiene compliance
- Use of PPE
- Isolation precautions as required



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy	6.28
Title:	Resident Safety Plan
Department:	DSL
Board Approval Date:	November 27, 2025
Revised Date:	July 6, 2026

Cognitive & Behavioral Safety

- Wandering prevention strategies
- Supervision and monitoring plans
- De-escalation approaches

Emergency Response Integration

- All safety plans must align with:
- Emergency Decision Tree
- Transfer of Care Policy
- Staff must:
- Recognize deterioration early
- Escalate care appropriately
- Call 911 for life-threatening situations

Communication (ROP Requirement)

Staff must use standardized communication practices:

- Home Care communication
- EMS handover
- Shift handovers

Communication must include:

- Resident status changes
- Care plan updates
- Family/Agent notifications

Documentation Requirements

Resident safety incidents will be categorized according to actual or potential harm to determine the level of analysis required. All recommendations arising from incident reviews will be documented and reviewed. Decisions to implement delay or reject recommendations will include document rationale.



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy	6.28
Title:	Resident Safety Plan
Department:	DSL
Board Approval Date:	November 27, 2025
Revised Date:	July 6, 2026

Monitoring and Reassessment

Safety plans must be continuously reviewed and updated:

Triggers for reassessment:

- Fall or injury
- Hospital transfer
- Medication change
- Change in cognition or mobility

Resident and Family Involvement

Residents must be involved in planning whenever possible.

Families/Agents must be informed of:

- Identified risks
- Interventions
- Resident preferences must be respected
- Information regarding lessons learned, corrective actions, and system improvements will be shared with staff and where appropriate, residents and families.

Roles and Responsibilities

HCA Staff

- Monitor resident condition
- Implement safety interventions as per care plan
- Report changes immediately
- Document care

ALA Staff

- Complete risk assessments
- Develop and update Care Plans
- Provide clinical oversight



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy	6.28
Title:	Resident Safety Plan
Department:	DSL
Board Approval Date:	November 27, 2025
Revised Date:	July 6, 2026

Management

- Ensure policy compliance
- Provide staff training and education
- Monitor safety performance indicators

Quality Assurance (Accreditation Focus)

The facility will:

- Conduct regular safety audits
- Monitor fall rates
- Monitor medication errors
- Monitor infection rates
- Review incidents and identify trends
- Implement corrective actions and staff education

Key Accreditation Canada Alignment (ROPs)

This policy supports:

- Falls Prevention Strategy
- Medication Reconciliation
- Infection Prevention and Control
- Communication at Transitions
- Client-Centered Care
- Risk Reduction and Incident Management



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy	6.38
Title:	Infection Prevention and Control Statement of Purpose
Department:	Operational
Board Approval Date:	July 7, 2026
Revised Date:	July 13, 2026

Policy Statement: The purpose of the Infection Prevention and Control (IPC) Policies is to promote a safe, healthy, and supportive living environment for all residents of Hillview Lodge. The practices outlined in the policies are to reduce the risk of infection while respecting each resident's dignity, independence, and right to person-centered care.

Residents who reside at Hillview Lodge live in a shared community and receive personal and health-related services that may increase the risk of infection. Hillview Lodge will conduct ongoing surveillance of health care-associated infections and communicable diseases. Infection data will be collected, tracked, and reviewed on a regular basis to identify infection rates, emerging concerns, and opportunities for improvement.

These policies provide guidance to support:

- Safe daily care activities and shared living environments
- Early recognition and management of infections
- Prevention and control of communicable diseases and outbreaks
- Clean, well-maintained surroundings
- Education and shared responsibility among residents, staff, families, and visitors

Infection prevention and control practices are carried out in a manner that is respectful, responsive, and proportionate to risk. Infection surveillance data will be analyzed regularly to identify trends, clusters, outbreaks, and potential areas of increased infection risk. Findings will be used to guide prevention and control strategies.

These IPC Policies support compliance with provincial health requirements and aligns with Accreditation Canada standards, ensuring that resident safety and well-being remain at the center of all infection prevention and control activities.

Infection prevention and control surveillance findings, outbreak reviews, and recommendations will be communicated to staff, management, and other relevant stakeholders to support continuous quality improvement and resident safety.

Hillview Lodge IPC policies include,

6.02 Occupational Exposure to Blood and Body Fluids



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DRUMHELLER DISTRICT SENIORS FOUNDATION

Policy	6.38
Title:	Infection Prevention and Control Statement of Purpose
Department:	Operational
Board Approval Date:	July 7, 2026
Revised Date:	July 13, 2026

- 6.06 Sharps – Safe Handling and Disposal
- 6.08 Measles
- 6.09 Ethics
- 6.19 General Signs of Infection in the Elderly
- 6.20 Point of Care Risk Assessment
- 6.21 Routine Precautions
- 6.22 Additional Precautions
- 6.23 N-95 Mask Fit Testing
- 6.24 Antibiotic Resistant Organisms
- 6.25 Critical and Semi-Critical Single Use Medical Devices
- 6.26 Hand Hygiene Policy and Procedure
- 6.30 Communicable Disease
- 6.31 Influenza Immunization
- 6.32 Pneumococcal Immunization
- 6.33 Clostridium Difficile
- 6.34 Scabies

The above policies are to be used in conjunction with ALA's Guide for outbreak management which a copy can be found in the North nurse's station, IPC Diseases and Conditions Table Recommendations for Management of Residents Continuing Care Online a ([IPC Diseases and Table Recommendations for Management of Residents Continuing Care](https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-disease-and-condition-table-cc.pdf)) <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-disease-and-condition-table-cc.pdf> and resources found online on the Central Zone Outbreak information website ([Central Zone Outbreak Information | Alberta Health Services](https://www.albertahealthservices.ca/moh/Page19028.aspx?category=ndsl)) <https://www.albertahealthservices.ca/moh/Page19028.aspx?category=ndsl>

Summary reports of health care-associated infections, outbreak investigations, trend analyses, and recommendations will be provided to team members, senior leadership, and the governing body at defined intervals and following significant outbreaks.