

# **Resident & Family Handbook**

## **Personal Care Home**

### **PRAIRIE MOUNTAIN HEALTH**

#### **VISION**

*Health and Wellness for All*

#### **MISSION**

*Together, we deliver quality health services that meet the needs of the population*



**PRAIRIE MOUNTAIN HEALTH**



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## INTRODUCTION AND GENERAL INFORMATION

### WELCOME

The goal is that this Handbook for Residents and Families will be helpful as the resident transitions into a Personal Care Home (PCH) in Prairie Mountain Health (PMH). Learning as much as possible about this new environment can help to relieve the stress associated with a new home. In this handbook are answers to some of the most commonly asked questions. However, you are encouraged to approach staff with questions or comments that may not have been addressed in the information provided.

Each resident can expect respectful care, with consideration for their privacy, their language and their ethnic, cultural and religious preferences. PMH staff is committed to understanding and meeting the resident's personal care needs, as per the Resident Bill of Rights.

### Resident Bill of Rights

(Personal Care Home Standards Regulation; Standard 1)

1. Residents are to be treated with courtesy and respect and in a way that promotes their dignity and individuality.
2. Residents are to be sheltered, fed, dressed, groomed and cared for in a manner consistent with their needs.
3. Residents or their legal representatives have the right to give or refuse consent to treatment, including medication, in accordance with the law.
4. Subject to safety requirements and the privacy rights of other residents, residents are to be encouraged to exercise their freedom of choice whenever possible, including the freedom to do the following:
  - a. Exercise their choice of religion, culture and language
  - b. Communicate with and have contact with and visits to and from friends, family and others in private if desired
  - c. Choose recreational activities
  - d. Choose the personal items to be kept in their rooms, when space permits
  - e. Select the clothing to be worn each day
5. Residents are to be afforded reasonable privacy while being treated and cared for.
6. Residents are to be provided with a safe and clean environment.
7. Residents may communicate and meet with their legal representative as often as necessary and in private if desired.

## Section 1 - ADMISSION

### APPLICATION AND ADMISSION TO THE PERSONAL CARE HOME (PCH)

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Once the application has been accepted by the personal care home, it varies as to how long it takes for a room to be available. The applicant/alternate decision maker is encouraged to phone the personal care home/s and make arrangements for a tour and/or to discuss specific concerns. When a vacancy occurs at a PCH, a local committee reviews the wait list to decide who will be offered the vacancy. A combination of factors such as date of panel, current client need and risk and the ability of the PCH to manage the care needs, will determine who will move in to the vacancy. **The applicant/alternate decision maker will be notified by phone by the personal care home or Home Care to make the offer of placement.**

A family member/friend is encouraged to help the resident settle into their new home. This is also a time to discuss and clarify any questions with staff.

Please bring the following information that is needed for administrative purposes:

1. **Notice of Assessment** from the previous year's income tax papers. If the resident has a spouse, his/her notice of assessment is also required if the couple filed their income tax separately.
2. **The original copy of the Health Care Directive** (if available).
3. **A certified copy of the Power of Attorney document** (if applicable).
4. Proof of coverage under the **Veteran's Affairs of Canada** (if applicable).

### NOTIFICATION OF NEXT OF KIN OR ALTERNATE DECISION MAKER

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- The resident/alternate decision maker must designate a primary contact person. Every effort is made to notify this person in the event of an incident involving the resident or a change of status to the resident.
- Names and phone numbers of alternate decision maker/s are listed on the resident charts.
- Upon notification of the primary contact person, it is expected that this person notifies other family members of the situation.
- Please ensure that the PCH has the most current primary contact information.

### ROOM ALLOCATION

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Rooms are allocated to best meet the needs of all residents. Due to changes in a resident's condition, it may be necessary to move the resident to another room. In an emergency situation, the alternate decision maker will be notified as soon as possible following the transfer.

#### Transfers (internal)

Dependent upon the PCH, admission to the home may be initially semi-private accommodation. A waiting list is coordinated for those requesting private accommodation. Miscellaneous transfer costs (ie: cable and telephone) are the responsibility of the resident /alternate decision maker when a resident transfers from one room to another, unless the PCH has required the transfer.

#### Room Changes

The PCH reserves the right to move a resident from one room to another or one floor to another when the need arises. Your support and cooperation is appreciated should these changes be necessary.

## **LEAVES**

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The resident may choose to be away from the PCH occasionally. A 'leave' is a period of time when the resident is absent from the PCH. While on a leave, it is the responsibility of the care provider to ensure medications are taken properly and resident care needs are met. The residential charge will continue to be collected for the period of leave.

There are three types of 'leave':

- **Short Term Social Leave**
  - Short term social leave is an absence from the care home of a period for up to three days at any time during the course of one week.
- **Long Term Social Leave**
  - Residents are entitled to twenty-one days of extended leave during each year. This twenty-one days excludes those days taken as short-term leave defined above.
  - Extensions to this leave may be granted in certain circumstances and should be discussed with the Client Care Coordinator/Care Team Manager.
- **Hospital Leave**
  - Hospital leave is the absence of a resident from the PCH because of admission to a hospital.

## Section 2 – Financial Information

### RESIDENTIAL CHARGES

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- There is a standard residential charge for which all residents are responsible.
- An Admission Agreement which outlines the roles and responsibilities of all parties will be reviewed and signed prior to admission.
- As well, each resident /alternate decision maker is required to complete the “Application for Reduced Residential/Authorized Charge” upon admission.
- Residential charges are determined by Manitoba Health and are presently based on the individual’s previous year’s income. To determine these charges, a copy of the last Revenue Canada Notice of Assessment is required. (Accommodation payments for the current month are due upon admission and thereafter, are payable in advance on or before the first day of each month at the Business Office.) An annual summary of residential charges will be available to resident/alternate decision maker for income tax purposes. Increases to the rates are effective August 1<sup>st</sup> of each year. Notification of increases will be given to resident/alternate decision maker prior to implementation.
- Arrangements for method of payment should be made with the Business Office at the personal care home (PCH) upon admission—preferred method of payment is pre-authorized debit. Receipts for payment are issued. The assessed rate is applicable to all types of accommodation available at the facility.
- The Business Office is closed on weekends and on recognized statutory holidays. Business Office hours of operation (Monday – Friday) may vary across the Region depending on the personal care home.

### RESIDENT TRUST ACCOUNT

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- A Resident Trust Account may be established to assist the resident in handling day-to-day financial affairs. A record of expenses and monies received from the resident is kept. The balance is held in trust for the resident. The maximum balance of this account should not exceed \$400.
- The resident trust account will be used for such items as:
  - Recreation programs – lunch club, ice cream outings, etc.
  - Transportation charges
  - Sewing
  - Hair care services
  - Foot care services
  - Escorts for appointments
  - Small cash withdrawals, etc.
- Deposits and withdrawals may be made from the Resident Trust Account during designated Business Office hours.
- Resident Trust Account agreements must be signed on admission by the resident/alternate decision maker.
- The resident may request a balance of the Resident Trust Account during Business Office hours



## **INCOME TAX AND GUARANTEED INCOME SUPPLEMENT**

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- Resident/alternate decision maker is responsible for ensuring that annual **Income Tax Returns** are filed.

NOTE: Resident's may be entitled to a Guaranteed Income Supplement benefit if they are receiving the Old Age Security pension and meet the annual income requirements. Guaranteed Income Supplement forms need to be completed annually. It is the responsibility of the resident/ alternate decision-maker to apply for the Guaranteed Income Supplement and to notify Service Canada of admission to the personal care home in order to apply for an increase in Guaranteed Income Supplement. For an application form call 1-800-277-9914 or access the website:  
<http://www.servicecanada.gc.ca/eng/services/pensions/oas/gis/>

## **FINAL ACCOUNT BALANCES**

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- Any credit balances owed to residents from expense or accommodation accounts will take approximately one month for processing following discharge, transfer or death. Refund cheques will be made out to the Resident's Estate.

## **CASH AND VALUABLES / LOSS OR DAMAGE TO RESIDENT ITEMS**

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- The PCH assumes no responsibility for lost, broken or stolen possessions including valuables such as jewelry, expensive ornaments or money that is kept in the resident's room.
- Residents are encouraged to keep no more than \$20.00 in their room.
- It is recommended that the resident insure all personal valuables, effects, furnishings and money. As well, it is recommended that any item of value is sent home with family and not kept at the PCH.

## **PERSONAL AND FINANCIAL MATTERS**

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- Instances arise from time to time when residents need assistance in managing personal and financial matters. It is recommended that the resident make arrangements with a bank, lawyer or alternate decision maker, whereby a method is established so that the resident estate and affairs will be protected and managed in the event of incapacity to act. These arrangements are necessary and useful, regardless of the value of the estate. Staff is not permitted to endorse or witness legal documents.
- Please inform the Social Worker or Business Office of relevant details for notation on the resident's personal file. Please be assured that confidentiality of your records and information contained therein is carefully guarded. A copy of the appointment of Power of Attorney Committee shall be requested for the resident's file.
- If the resident has previously planned arrangements regarding third party insurance/benefits, prepaid funeral plans, etc., this information should be provided for PMH records. Prior to cancelling any third party insurance/benefits, please feel free to discuss the 'pros and cons' with the staff at the home.

## Section 3 – Daily Living Information

### FURNISHINGS AND PERSONAL PROPERTY

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#### Furniture

- Each room will be provided with basic furnishings, such as a bed, mattress, night table, chair, closet/wardrobe and fireproof garbage can.
- One piece of personal furniture of approximately 10 square feet may be placed in a resident's room. This will require prior approval by the Care Team Manager or designate. There may be less personal furniture allowed depending on the amount of equipment needed to provide care to the resident.
- The Care Team Manager or designate may request at any time that furniture be removed for health or safety reasons. If the room becomes difficult to maneuver or provide safe care due to overcrowding, you may be asked to remove some personal items.
- For those residents bringing in a television, flat screen televisions are encouraged for safety and space reasons. The PCH will provide the wall mount, or your room may already have a wall mount. Please check with the PCH regarding acceptable size of the television as this may vary depending on the size of the room and the structural integrity of the building.

#### Personal Chairs

- If a personal chair is brought to the PCH it should be made of krypton or vinyl material that is non-absorbent and can withstand regular cleaning with a hospital grade disinfectant.
- It is the responsibility of the resident/alternate decision maker to maintain personal chairs. This includes repairing the chair as necessary, and may include annual cleaning (or as required cleaning) which will be arranged for by the PCH.
- Swivel and rocking chairs can present a safety risk for residents who may be at a high risk for falls. Please check with the care team to determine if this type of chair is a hazard.
- Power lift chairs and their remotes must have a CSA/ULC approved label.

#### Electrical Appliances

- Electrical appliances such as lamps, shavers, televisions, etc. must have a CSA/ULC approved label on them and be checked by Facility Engineering Services/Maintenance Department before being placed in the room.
- Extension cords are not permitted, however approved power bars may be used.
- For safety reasons the following items are **NOT** permitted:

Hot Plates	Toasters	Coffee percolators
Kettles	Irons	Heaters
Electric Blankets	Fridges	Humidifiers
Heating Pads	Hot Water Bottles	Wheat Bags
Microwaves	Curling Irons	Halogen Lamps
Window Air Conditioners		

#### Ornaments, Keepsakes and Pictures

- The variety and number of items to be left in the resident's room should be chosen carefully. It is suggested to have pictures in photo albums or hung on the wall. Unfortunately with the amount of movement in and out of the rooms, breakage can occur. Cherished and non-replaceable items **should not** be brought into the personal care home. **Regular cleaning of multiple pieces of ornaments or keepsakes is the responsibility of the family.**

## **Wall Hangings**

- Facility Engineering Services/Maintenance Department is responsible for hanging pictures, corkboards etc.

## **Pocket Knives and other sharp objects**

- Pocket Knives and other sharp objects **are not** permitted in the resident's room for safety reasons. Blunt scissors only.

## **Personal Rugs**

- Personal rugs **are not** permitted in the resident's room for health and safety reasons.

## **Storage**

- Space is very limited in the resident's room and it is for this reason that seasonal items such as fans, Christmas trees, decorations, scooters, etc., need to be taken home when not in use.
- Family is to remove privately-owned items within 24 hours of death or discharge of a resident. Any belongings not removed within this time frame will be packed and stored in a secure location for up to 5 days. Following this 5 day time frame the PCH has the right to dispose of or donate the items. The PCH will not accept responsibility for loss or damage to belongings.
- The PCH does not accept donated equipment, furniture, clothing or other articles.

## **RESPONSIBILITY FOR LOSS OR DAMAGE OF PERSONAL ITEMS**

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- The PCH will not accept financial responsibility for loss or damage to personal possessions. In the case where damage is caused by negligence of a PMH employee, reasonable costs may be reimbursed by the Region.
- It is recommended that the resident insure all personal valuables, effects, furnishings and money. As well, it is recommended that any item of value be sent home with family and not kept at the PCH.

## **RESPONSIBILITY FOR PAYMENT FOR GOODS AND SERVICES**

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- Under the Health Services Insurance Act, a resident receives services from the PCH upon payment of the residential charge. There are some charges over and above what is covered by this Act which are the responsibility of the resident.
- Refer to the table on the next page which details items that are the responsibility of the PCH or the resident.

**Prairie Mountain Health**  
**RESPONSIBILITY FOR PAYMENT FOR GOODS AND SERVICES**

<b>Item</b>	<b>PCH Responsibility</b>	<b>Resident Responsibility</b>
Clothing	Laundering and minor repairs e.g. button replacement, seam repairs, applying labels	Purchase, replacement, one-time cost of labels, major repairs, alterations and dry cleaning
Room Set – Up	Cleaning, paint touch up, clean linen	Television and cable hook-up, telephone and phone/internet hook-up and monthly charges, charges for moving phone, cable or internet service to a preferred room, annual cleaning of resident-owned cloth chairs, dry cleaning/repair of resident owned items e.g. drapes, blankets
Personal Consumption/ Use	General personal hygiene and skin care products (PMH contract brand) e.g. body lotion, denture cups, toothettes, shampoo, body cleanser including soap, perineal cleanser and barrier products, sanitary pads/products	Cosmetics, deodorant, brushes and combs, mouthwash, toothbrush and paste, denture cleaner/adhesive, facial tissue, shavers, shaving cream, sun screen, support hose, nail care kits, compression stockings, compression garments, alcoholic beverages, tobacco products
Equipment	Mechanical lifts, commodes, transfer belts, overhead trapeze bars, raised toilet seats, bed and chair alarm systems (excluding the sensor mats), preventative maintenance of all facility-owned equipment	2 Slings for mechanical lifts, sliders, wheelchairs, sensor mats for bed and chair alarms, transfer devices (transfer poles, overarm toilet bars, assist rails), wheelchair cushions/seating for pressure relief or reduction, positional aids (e.g. pelvic/thigh belt; lap belt), fall mats, walkers or other mobility aids, repair and annual preventative maintenance on resident-owned equipment, insurance for repair or loss of personal belongings
Medical/Nursing Supplies	Dressings and wound management supplies, compression dressings, treatment for venous ulcers, catheters, needles, syringes, lancets, supplies and monitors for assessing blood glucose levels, routine diagnostic and testing materials, ostomy supplies, disinfectant and antiseptic preparations, oxygen concentrators and supplies, catheters, drainage bags, tube feeding supplies, incontinence care products (PMH contract brand)	Portable oxygen for outings (unless the outing is with the PCH recreation program); incontinence care products (non-contract brand)
Dietary Supplies	Food, including special and therapeutic diets, dietary supplies, thickeners, nutritional supplements (approved by Nutrition Services), basic aids (nosey cup, two-handed cup/basic lid, plate guard, demi-tasse spoon)	Special food/products not approved by Nutrition Services; Specialized aids and utensils for personal use (e.g. weighted dishes, cups and utensils; specialized dishes; non-slip placemat)
Drugs, Biologicals, and Related Preparations	Prescribed drugs and over the counter products covered by the PCH Drug Program	Products not covered by the PCH Drug Program, herbal and alternative therapies, throat lozenges, health food products, non-prescription eye drops
Supportive Aids		Dentures, eye glasses, hearing aids and batteries, repair and replacement of these items
Personal Services		Hiring of additional private services such as hairdressing, manicures, pedicures, massage therapy, chiropractor, escorts, companion care, private duty nursing, dentists, foot care, optometry, podiatry, private therapy (physiotherapy, occupational therapy, speech language therapy)
Other	Electronic monitoring system, transportation costs covered through the Inter-facility Transport Policy (Personal Care Home Resident Transportation HCS 205.6)	Insurance for repair or loss of personal belongings, PCH Activity/Recreation Department Social Outings, handi-van, electronic monitoring transponder device, newspapers, smoking aprons, transportation costs not covered through the Inter-facility Transport Policy (Personal Care Home Resident Transportation HCS 205.6)

\* Based on Manitoba Health Insured and Non-Insured Personal Care Services for Personal Care Home Residents HCS 205.5

Reference: PMH Policy P.LTC.370 and P.LTC.695

## **LAUNDRY SERVICES**

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### **Clothing**

- Seven (7) days of washable clothing is recommended to allow time for clothing to be washed and returned. For residents with urinary incontinence, a greater supply of clothing will be required.
- Clothing should be of a wash and wear nature, as it is laundered with commercial equipment. Avoid clothing with washing instructions that say; hang flat to dry, gentle cycle, cold water only, dry clean or hand wash only. Clothing made of natural and phentex wool, rayon, 100% cotton and acrylic, silk and other delicate fabrics should be avoided. The laundry department is not responsible for damage or shrinkage to special care items that are laundered. Family may choose to launder resident's clothing.
- Clothes hangers will be provided for all items.
- There may be circumstances where the need for open backed clothing will be discussed with you or your family. If you require assistance in determining appropriate clothing such as Velcro fasteners or special needs clothing such as open back garments, please discuss this with the Client Care Coordinator/Care Team Manager.

### **Clothing Labels**

- In order to ensure that a resident's personal items are returned each time they are laundered, clothing labels which identify the resident's name shall be purchased through the Business Office. The resident is responsible for one time label and application fee; any additional labels shall be provided and applied by the laundry department.
- Prior to admission, all pieces of clothing including belts, slippers, blankets and stuffed animals shall be labeled by the laundry department.
- Families are asked to ensure that all new items have clothing labels attached by the Laundry Department prior to them being placed in to use.
- Labels are applied under high temperature, therefore items made of 100% nylon or other delicate fabrics should be avoided.

### **Alterations and Repairs**

- Alterations and major repairs are the responsibility of the resident/alternate decision maker.

### **Lost Clothing**

- Every effort is made to ensure that clothing does not get lost, but from time to time this does occur. A lost and found area is kept in the facility so please feel free to inquire about lost articles with Laundry or Nursing staff. The facility and/or staff are not responsible for replacement of lost clothing articles.

### **Dry Cleaning**

- Clothing that requires dry cleaning is the responsibility of the resident. The PCH is not responsible if "*dry cleaning only*" clothing is inadvertently laundered.

### **Storage of Clothing Articles**

- Due to limited space, it is the resident/alternate decision maker's responsibility to do regular closet and drawer cleaning to ensure that only suitable clothing and articles are stored.

## **Bedding/Window Coverings**

- Bedding and linen is provided, but an afghan or quilt may be brought in by the resident if desired. These must be of a poly/cotton blend or be 100% cotton to meet fire code regulations.
- Window coverings are provided by the PCH.

## **TELEVISION, TELEPHONE AND INTERNET SERVICES**

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- Television, telephone and internet services may be available in the resident's room. Resident/alternate decision maker is responsible for arranging installation of these services and all monthly charges. Any repairs are at the cost of the resident.

## **MAIL**

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- Mail is picked up and delivered daily, Monday through Friday
- Mail should be addressed directly to the resident at the address of the personal care home
- Refer to the Directory for mailing address information on page 21

## **PRIVACY AND CONFIDENTIALITY**

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### **Collection, Use and Disclosure of Confidential Information**

- Confidential 'personal' and 'personal health' information will be collected and shared between care providers on a need to know basis in order to meet the resident's ongoing care needs.
- At the time of admission the resident/alternate decision maker will be asked to identify a 'primary contact'; other legal documents may also identify specific individuals as 'personal representative', 'proxy', 'power of attorney', etc. Each of these designations carries specific rights and responsibilities that relate to the provision or release of information. It is suggested you discuss this with the Client Care Coordinator and/or Care Team Manager to ensure a common understanding of the legalities and expectations from both perspectives.
- Information regarding the *care being currently provided* will be shared with immediate family members and with any other person with whom the resident has a close personal relationship, as long as the trustee (staff) believes the disclosure to be acceptable to the resident or their legal representative.

### **Voter's List**

- It is practice to provide Electoral Officers with the names of the persons residing in the PCH in order that the residents are able to exercise their right to vote.
- If a resident wishes NOT to be included on the voter's list, the resident/alternate decision maker must advise the Client Care Coordinator and/or Care Team Manager

### **Birthdays**

- It is common practice to celebrate residents' birthdays. Occasionally we are asked by government offices to verify the resident's date of birth in order that they can acknowledge a particular birthday milestone. Resident/alternate decision maker consent is required for the release of this information to another agency.

### **Photographs**

- Photographs are required as a form of resident identification and must be maintained in association with the resident's Health Record. In addition, many personal care homes have welcome signs, poster boards and photographic displays of residents taking part in the day-to-day activities of their home. This is a

good faith attempt to share activities and good times with family and visitors. Strict attention is paid to preserving the resident's dignity and to ensure that all photos are taken and displayed in good taste. Any time that a picture is being taken for a local newspaper, staff will ask for resident/alternate decision maker 'consent' before it is actually taken or published.

- If you have any concerns or special requests related to privacy or confidentiality please speak with the Client Care Coordinator and/or Care Team Manager. All possible steps will be taken to ensure that the individual rights of each resident are respected.

## **FACILITY ENGINEERING SERVICES/MAINTENANCE DEPARTMENT**

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- The Facility Engineering Services/Maintenance Department strives to provide residents with a safe, comfortable environment in accordance with their needs. Repairs to personal items are the responsibility of the resident/alternate decision maker. The Facility Engineering Services/Maintenance Department is responsible for hanging pictures, etc.
- Please notify the Facility Engineering Services/Maintenance Department or Nursing of any safety issues that arise.

## **NUTRITION SERVICES**

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### **Menu**

- Nutrition Services are pleased to offer a wide variety of menu items, which are seasonally adjusted. Regional menus, which provide well-balanced and nutritious meals and snacks according to Canada's Guidelines for Healthy Eating, have been developed by a Nutrition Services Team with extensive knowledge and experience. Registered Dietitians are part of this team. These menus are reviewed regularly to ensure resident satisfaction.
- Menus may be modified according to the resident's diet order - therapeutic or texture modified diets may be recommended by the resident's health care team. Additionally, any food allergies or intolerances are noted and appropriate modifications are made to the resident's food.
- Resident's likes and dislikes are recorded and an alternate food choice is provided when available.
- Afternoon and evening beverages and/or snacks are offered daily. Food and beverages are available in nourishment centres/unit kitchens in each facility for use in between meals

### **Food and Medication Interaction (Grapefruit Free)**

- PMH personal care homes respectfully request that the following fruits not be brought into the PCH and given to a resident, as these fruit have the potential to have an adverse reaction with commonly prescribed medications:
  - **Grapefruit** – grapefruit juice/cocktail and grapefruit sections
  - **Citrus related products** – seville oranges, pomelos. (Navel and mandarin oranges are an acceptable option.)

### **Seating Arrangements**

- There are a number of differing factors which will be considered when reviewing resident seating arrangements. These may include past friendships, levels of assistance required, space for equipment, diet requirements and compatibility with others. The resident's comfort with their surroundings will be the primary consideration.

## **Meals in Room**

- Meal time is a social occasion and with this in mind all meals are served in the dining area. When a resident is ill, nursing staff will consider a variety of factors including resident safety and location of the room prior to determining whether it is advisable for a tray to be provided to the resident in their room.

## **Guests**

- Family and friends are welcome to dine with a resident. Cafeteria pricing will apply, please consult your site Business Office or kitchen for payment procedures. Ideally, 24 hours' notice should be given to Nutrition Services so that seating and food arrangements may be made. If advance notice is not given, a guest meal may not be available. Due to space and time constraints, normally a maximum of 2 guests per resident can be accommodated. Special restrictions may apply on statutory holidays.

## **SPECIAL MEALS**

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From time to time special meals may be planned. Guests planning to attend these meals are asked to respond by the identified date in order to accommodate preparation by Nutrition Services. Pricing for special occasion meals, including pre-Christmas meals, will differ from standard meals prices according to the special meal planned.

### **Christmas and New Year's Meals**

- Residents will enjoy traditional meals on Christmas and New Year's Day. Family and friends are welcome to visit throughout the day with residents, however meals will not be available for guests on these days.
- Family and friends may also take part in a pre-Christmas meal/tea, which will be held in early December. Residents may invite up to two guests to share in the festivities. Each facility has different space and time constraints that may limit the total number of guests that can be accommodated.

### **Group Gatherings**

- Residents, family or friends wishing to have a special celebration in the PCH can ask the Activity/Recreation staff for help making the necessary arrangements. Small and large groups may book the recreation room depending on the availability of space and fire regulations.
- With advance notice, paper and beverage products may be purchased from Nutrition Services.

### **Food from Outside the Facility**

- Residents may enjoy food brought in from outside the PCH. On these occasions we ask that visitors check at the nurse's desk to ensure that the food item is suitable for the resident's diet. It is preferable that perishable food items which require refrigeration not be left with residents or in the facility due to limited storage space.
- Nutrition Services will not store or be responsible for any food items brought into the PCH. Personal food items that appear expired or spoiled will be discarded at the discretion of the facility staff. Due to safety concerns, the sharing of food with other residents is not permitted.
- Non-perishable food items that are left for the resident shall be dated and stored in a sealed container in the resident's room.

### **Donated Food**

- The Nutrition Services Department appreciates the many offers received for donated food; however, food safety regulations limit what can be accepted. Please contact the Nutrition Services Supervisor prior to donating food items.



## Section 4 – Health Care Services

### RESIDENT CARE NEEDS

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- The resident/alternate decision maker is encouraged to participate with staff in assessing, reviewing and revising the care needs for the resident. An Initial Care Conference is held within the first 8 weeks of admission to develop the resident's care plan. This care plan is monitored routinely and adjusted as necessary. Care Conferences may be initiated at any time but are held on an annual basis. The resident/alternate decision maker is encouraged to attend these reviews and communicate changes in care needs with staff whenever they arise. Families are also welcome to participate in assisting with care provision for the resident.

### NURSING

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- The PCH provides 24 hour nursing care under the overall leadership of the Care Team Manager. There are Registered Nurses, Registered Psychiatric Nurses, Licensed Practical Nurses and Health Care Aides working together to provide resident care.

### EMERGENCY MEDICAL SERVICES / TRANSFER SERVICES

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- Ambulance transport is a non-insured service in Manitoba, and therefore can be at the cost of the resident/alternate decision maker. Transportation for treatment or diagnostic tests in a hospital may be paid for under certain circumstances; however, third party/private insurance is encouraged.
- Transfer to a hospital may be required when medical needs of the resident cannot be met in the PCH. The most appropriate form of transportation will be determined based on the resident's needs (example: ambulance, handi-van or family vehicle).
- Responsibility for payment of Inter-facility Transfers is determined provincially. Please check with the Client Care Coordinator/Care Team Manager for details.

### MEDICAL / DIAGNOSTIC SERVICES

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- Each resident is assigned to a Physician or Nurse Practitioner on admission. The nurse in charge will contact the resident's physician or nurse practitioner whenever the need arises.
- Laboratory and diagnostic services will be accessed at the closest hospital offering the required service. The attending physician or nurse practitioner will order the required diagnostic testing for the resident. If diagnostic tests are required (such as X-ray, CT, EKG) transportation may be the responsibility of the resident/family as per provincial policy. When laboratory samples are required, the diagnostic staff will try and make arrangements to go to the personal care home.

## PHARMACY

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- A licensed pharmacist is available for consultation and is involved in regular resident medication reviews.

### Medications

- **Prescribed medications are supplied to residents of the PCH.**
- **Some of the medications occasionally prescribed by a nurse practitioner or physician are not covered by Manitoba Health. Payment for those will be the responsibility of the resident.** Whenever possible, alternate medications that are covered by Manitoba Health will be considered.
- The resident may take only medications that have been ordered by the nurse practitioner or physician. This includes over the counter medications, vitamins and herbal preparations.
- Residents are not allowed to keep medications of any kind in their room. This includes over the counter medications, vitamins and herbal preparations.

## INFECTION CONTROL

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- All visitors should wash their hands or use the alcohol-based hand sanitizer available at the PCH when they enter, after they provide care or visit a resident and when they leave the home, to help prevent the spread of infection and illness to the residents.
- At all times, if a visitor or family has symptoms of infection, such as a fever, new cough, sore throat, vomiting, diarrhea, or a skin rash they should refrain from visiting.
- All residents and staff are encouraged to receive an annual flu shot. Residents are also encouraged to receive other vaccinations as needed, including the pneumococcal vaccine. Immunizations are administered at the personal care home.
- There are times when visitation may be restricted or precautionary measures need to be taken by family and staff to prevent further spread of illness (e.g. shingles). In these situations, other precautionary measures may be taken or encouraging ill residents to stay in their rooms.
- In the event of an influenza (flu) or gastrointestinal outbreak, precautionary measures may be taken to protect residents, staff and visitors. These measures include the wearing of gowns, gloves and masks by visitors and staff, or restriction of visitors. Antiviral therapy may be administered to the residents and/or residents may be encouraged to stay in their rooms.

## CLINICAL NUTRITION SERVICES

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- All residents are assessed by a Registered Dietitian within the first 8 weeks of admission, annually and as consulted, thereafter. Resident's weight and nutrition care plans are monitored regularly.

## REHABILITATION THERAPY

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- An Occupational Therapist, Physiotherapist and/or Speech Language Pathologist may be available for consultation upon referral from a nurse or physician. If the therapist recommends the purchase of a wheelchair, walker, transfer pole, special seating cushions, etc., it is the responsibility of the resident/alternate decision maker to pay for this.

## SOCIAL WORK

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- A Social Worker may be available in some homes to provide counseling and practical assistance to help the resident and families deal with the social, emotional and economic factors related to daily living, chronic illness, and disability and in the transition to institutional care.

## **MENTAL HEALTH**

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- Mental Health Resource Nurses provide specialized assessment, treatment and intervention to residents who are experiencing difficulties with day-to-day functioning due to mental health problems. This may include depression, dementia, anxiety, adjustment disorder or other psychiatric conditions. Psychiatric nursing services may be available by a Mental Health Resource Nurse on-site or by consultation to Seniors Mental Health Services. Psychiatry is available on consultation.

## **DENTAL SERVICES**

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- The resident/alternate decision maker is responsible for arranging dental appointments, the costs incurred and transportation costs. A visit to the dentist prior to admission to the PCH is recommended.
- *Note:* The PCH does not accept responsibility for loss or breakage of dentures. Residents are encouraged to have their dentures engraved by the dentist/denturist prior to admission.

## **WHEELCHAIRS, WALKERS AND OTHER MOBILITY AIDS**

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- It is the responsibility of the resident/alternate decision maker to purchase their own wheelchairs, walkers and mobility aids. Consultation with an Occupational Therapist or Physiotherapist prior to purchasing any walkers, wheelchairs or mobility aids is strongly encouraged, as they need to be fitted appropriately. All walkers, wheelchairs and mobility aids owned prior to admission to the PCH will be assessed by the Occupational Therapist/Physiotherapist after admission to ensure safety and suitability.
- The resident/alternate decision maker is also responsible for maintenance of resident-owned wheelchairs, walkers and mobility aids. This includes repairing the resident-owned equipment as necessary, and also includes annual preventative maintenance which is arranged for by the PCH.
- Residents must store these items in their room when not in use. When these items are no longer needed/used, they must be removed from the PCH.
- Residents are not allowed to have powered mobility chairs/scooters unless they have been assessed by the Occupational Therapists for their ability to drive these units safely.

## **MECHANICAL LIFT OR CEILING TRACK SLINGS**

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- If the resident requires the use of a PCH-owned mechanical lift or ceiling track lift, the resident/alternate decision maker is responsible for the purchase of two (2) personal slings for this purpose. The PCH will order the recommended slings for the resident/alternate decision maker to purchase.
- In order to ensure the safety of the resident, slings are subject to a thorough inspection by the PCH. Slings with possible integrity issues in the loops or seams or other related safety concerns will not pass inspection and therefore cannot be used by the resident.
- New slings will last for approximately two years under regular use and will need to be replaced after this time if deemed to be worn or unsafe during regular inspections by PCH staff. The resident/alternate decision maker will be advised by the Care Team Manager/Client Care Coordinator when replacement slings are required.

## **EYE CARE, GLASSES, HEARING AIDS AND FOOT CARE**

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- The resident/alternate decision maker is responsible for arranging eye/hearing/foot care appointments.
- Cost incurred is the responsibility of the resident/alternate decision maker.
- Transportation costs are the responsibility of the resident/alternate decision maker.
- Residents should have eye glasses/hearing aids engraved prior to admission.
- The resident/alternate decision maker is responsible for the purchase of batteries.

*Note:* The PCH does not accept responsibility for loss or breakage of eye glasses or hearing aids.

## **RESIDENT CARE CONCERNS**

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- Resident Care Conferences are held on a regular basis. The purpose of these conferences is to plan care that addresses the residents' needs. Residents and families are encouraged to attend an annual care conference.
- You are encouraged to discuss with us any care concerns you may have. Please contact the nurse in charge regarding day-to-day care issues. The Care Team Manager is also available to discuss concerns you may have. All complaints are handled in a timely and sensitive manner. Concerns can also be expressed through our Patient Comment Line at (toll free) 1-800-735-6596.
- A Client Experience Questionnaire is distributed annually to all residents/alternate decision maker if the resident is unable to complete the form on their own. PMH staff strive to improve care and services and your comments are valuable.

## **RESPECTFUL BEHAVIOUR**

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- Residents and employees of PMH have the fundamental right to work and live in an environment free of behaviors such as discrimination, harassment, disrespectful behavior, and violence.
- Abuse of other residents and/or staff may result in termination of the admission agreement and discharge to the alternate decision maker care, or to a home where the Residents' needs can be safely and appropriately met.

## **ABUSE**

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- Every resident, staff member and visitor has the right to be free from all forms of abuse. To ensure resident safety, PMH has a process in place for receiving reports of alleged abuse against a resident. Please contact the Client Care Coordinator or Care Team Manager if you have concerns or complaints regarding any abuse, so appropriate action can be taken.
- You may also notify the Province of Manitoba's Protection for Persons in Care Office. The Protection for Persons in Care Act is an extra safe guard built into Manitoba's health care system.
- The Protection for Persons in Care Office can be accessed by phoning **1-866-440-6366**.

## **FALLS PREVENTION**

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- A Falls Assessment and Prevention program is developed to identify residents who are at risk of falling. The goal is to put measures into place early to help prevent falls and fall related injuries.
- On admission to the PCH, the nurse will assess the resident's risk of falling. Based on that assessment the team will work to develop a plan to keep the resident safe and as independent as possible.

- Examples of fall prevention strategies could include proper footwear or nonslip socks. Examples are noted in other sections of the handbook such as not using a swivel/ rocking chair or personal rugs which could pose a tripping or safety hazard.

## **RESTRAINTS**

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- PMH supports a “least restraint” philosophy with restraints implemented only when necessary to prevent harm to residents, staff, or others. Restraints are used as a last resort after all other methods have been explored.
- A restraint is defined as any restriction or reduction of the resident’s voluntary movement or freedom, implemented to ensure the safety of self or others. Examples may include a wheelchair seatbelt, bed side rails, a chair that prevents rising, a lap table or a medication.
- If safety/restraint devices should become necessary, a comprehensive assessment of need shall be conducted by the interdisciplinary team and will include consultation with the resident/alternate decision maker. Except in an emergency, resident/alternate decision maker consent is required for the use of all restraint devices.

## **HEALTH CARE DIRECTIVE**

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- None of us knows what tomorrow will bring. Advance care planning will ensure that the resident has a say in healthcare decisions when they are unable to speak for themselves. Advance Care Planning is a way to prepare for the decisions that will need to be made about a resident’s future or potential end-of-life care.
- A key part of the advance care planning process involves creating a Health Care Directive (Government of Manitoba Health Care Directives Act). Residents are encouraged to complete a Health Care Directive so that their wishes can be respected. It is important to discuss this type of information and the decisions with a doctor. If the resident already has a Health Care Directive prepared, please bring the original copy on admission so that it can be placed in the health record; so all staff know the wishes of the resident.
- Where the resident does not already have a Health Care Directive prepared, they will be provided the opportunity to complete one on admission to the personal care home as long as they are able to make health care decisions. The resident will be given the opportunity to specify in writing, the type of care they wish to receive in the event of declining health.

## **PALLIATIVE CARE**

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- Palliative Care is about living life fully to the very end of life with dignity, comfort, care and support. At some time, in some way, we must all face the end of life. When death comes to us or to a loved one, we hope it will be peaceful and free of pain. We hope to be surrounded by those we love, feeling safe, comfortable and cared for.
- At the end of life, residents are cared for in the personal care home unless their care needs can no longer be met. Palliative Care helps make the transition through the stages of a life limiting illness to death both manageable and meaningful for the person facing death, their family members and friends.

## Section 5 – Resident, Community and Recreation Activities

### VISITING HOURS

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- This is a home for the residents and therefore residents may entertain visitors any time they choose. Because residents live in a community of others, visitors need to consider all the residents and be respectful of them. Children are welcome and must be supervised at all times during the visit.
- For the safety of those residents who may wander out of the PCH, please ensure that the doors are closed when you enter/leave.

### PETS

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- Pets are welcome visitors as long as they are of a gentle nature and kept under control while visiting. Family pets should only visit the family member they are associated with. They should be kept on a short leash or carried in an appropriate cage. When a pet is brought to visit, the owner is responsible for the pet, its care and clean-up while at the PCH.
- Pets must be clean, have current immunization status and be free of disease and behavioral problems. Public health regulations do not allow pets to be taken into areas while food and beverages are being served or prepared. Management reserves the right to have a pet removed if a safety or allergy risk has been identified.
- Animals that are restricted from visiting include primates, reptiles, amphibians, hamsters, gerbils, mice and rats. Animals that have not been litter trained/housebroken or who are under 1 year of age are also restricted from visiting.
- Resident-owned pets are not permitted.
- All pet food brought into the PCH shall be stored in sealed containers. Outdoor bird feeders are maintained by the personal care home staff. Bird seed can harbor the Indian Meal Moth, therefore all bird seed shall be purchased by the Activity Department.

### RESIDENT COUNCIL

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- The purpose of the Resident Council is to provide a forum where issues that concern residents can be discussed, including the services provided to residents in the PCH. Meetings are held a minimum of 5 times per year, and all residents and alternate decision makers are invited to attend. Any concerns are responded to in a timely manner before the next meeting. Minutes of the meetings are posted for everyone to read.
- Some homes may also have a Family Council/Interest Group, whose purpose is to discuss items of mutual interest and concern, such as policies and procedures, and to provide a stronger voice to residents and families in the operation of the personal care home. It also promotes communication between the resident/alternate decision maker and the PCH staff.

### RECREATION/ACTIVITY PROGRAM

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- The Recreation/Activity Department offers a wide variety of programs to enhance the resident's quality of life, emphasizing self-worth, enjoyment and socialization. Individual and group programs attempt to meet each individual resident's desire for involvement. Some of the activities include a music/exercise program, church services, Bingo and special celebrations throughout the year. Outings are arranged, keeping the safety of residents in mind.

- Monthly calendars are posted in the personal care home, and families are encouraged to join their loved one.
- For individuals who might not be able to participate in the scheduled events, the Recreation/Activities staff provides sensory stimulation through one on one visits.

## **VOLUNTEERS**

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- Volunteers assist in the Recreation/Activity Department. Volunteers help by transporting residents to and from programs, reading or visiting with residents, providing music, etc.
- Volunteers are always needed to help with programs. If you are interested in becoming a volunteer, please notify the Recreation/Activity Department at the PCH.

## **SPIRITUAL CARE**

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- Spiritual Care is offered from a non-denominational perspective, recognizing that residents come from a variety of faith traditions. Religious care is offered by representatives of the residents' own faith communities. In order to meet the spiritual needs of our residents, representatives from a range of local faith communities are called upon to provide care.
- Residents are encouraged to attend their own religious services with family and friends, as able. Families are encouraged to have the resident's religious community involved in offering Spiritual Care through regular visits by the clergy or by other representatives, especially if worship was a regular part of the resident's life prior to admission.
- Please note, if at any time a resident would like access to a Pastoral Care visit, please contact the nurse in charge.

## Section 6 – Safety

### NURSE CALL SYSTEM AND ALARM SYSTEM

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- All personal care homes offer a secure environment for residents.
- A Nurse Call System provides communication between the resident's room and the nursing station. Residents are encouraged to utilize this system to call a nurse for necessary assistance.
- Some homes may have an alarm system that provides security to residents who are at risk of wandering out of the building unattended. If a resident is determined to be at risk for wandering, the resident may wear a bracelet that will activate the alarm system at all exit doors.

*Note:* Electronic Monitoring devices are **not** included in insured services offered at the personal care home and must be paid for by the resident/alternate decision maker. The Business Office will advise regarding details of payments for this service.

- Many homes have external doors secured by magnetic locks to help keep residents safe. These doors can only be accessed by a coded keypad and the PCH staff will let residents/visitors through the doors as necessary.

### EMERGENCY PREPAREDNESS

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- An Emergency Response Plan is in place to ensure a capable and coordinated response in the event of a disaster or serious situation needing prompt attention. If evacuation of residents is required on short notice, families will be contacted as soon as possible recognizing that resident safety would be the priority.

### FIRE

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- The PCH has an alarm system and up-to-date fire extinguishing equipment. Staff participate in regular fire drills.
- In the event of a real fire, staff will provide instructions to ensure the safety of all residents and any visitors in the building.

### SMOKING

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- If smoking is allowed in the PCH, there will be a designated smoking room in the home for residents.
- If smoking is not allowed, check with the staff to determine where the designated smoking area is outside of the home.
- To ensure safety of all residents, a care plan around smoking will be developed with staff on admission and updated as required. This may include purchase of a smoking apron, frequency of smoking and where smoking supplies will be stored.

### CLOSING COMMENTS

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- The quality of life in a personal care home depends on the contribution of everyone – residents, families, staff and volunteers. Through shared communication, education and collaboration, PMH staff is committed to ensuring the resident's stay in the home is a positive experience. Remember, staff is always available to answer questions and concerns the resident/alternate decision maker may have.





**PRAIRIE MOUNTAIN HEALTH**  
**Personal Care Home**  
**Directory**

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**Baldur, MB**  
**Baldur Health Centre**  
 531 Elizabeth Ave E.  
 Box 128  
 Baldur, MB R0K 0B0  
 Ph: 204-535-2922

**Benito, MB**  
**Benito Health Centre**  
 Box 490  
 Benito, MB R0L 0C0  
 Ph: 204-539-2815

**Birtle, MB**  
**Sunnyside Manor**  
 843 Gertrude Street  
 Box 2000  
 Birtle, MB R0M 0C0  
 Ph: 204-842-3323

**Brandon, MB**  
**Dinsdale PCH**  
 510 6<sup>th</sup> Street  
 Brandon, MB R7A 3N9  
 Ph: 204-727-3636

**Brandon, MB**  
**Fairview Home**  
 1351 13th St  
 Brandon, MB R7A 4S6  
 Ph: 204-578-2600

**Brandon, MB**  
**Hillcrest Place PCH**  
 903-26<sup>th</sup> Street  
 Brandon, MB R7B 2B8  
 Ph: 204-728-6690

**Brandon, MB**  
**Rideau Park PCH**  
 525 Victoria Avenue E  
 Brandon, MB R7A 5Z5  
 Ph: 204-578-2670

**Brandon, MB**  
**Valleyview Care Centre**  
 3015 Victoria Avenue  
 Brandon, MB  
 R7B 2K2  
 Ph: 204-728-2030

**Boissevain, MB**  
**Evergreen Place**  
 305 Mill Road  
 Box 899  
 Boissevain, MB R0K 0E0  
 Ph: 204-534-3337

**Boissevain, MB**  
**Westview Lodge**  
 200 Struthers Street  
 Box 819  
 Boissevain, MB R0K 0E0  
 Ph: 204-534-2455

**Carberry, MB**  
**Carberry PCH**  
 340 Toronto Street  
 Box 2000  
 Carberry, MB R0K 0A)  
 Ph: 204-834-2076

**Dauphin, MB**  
**Dauphin PCH**  
 625-3<sup>rd</sup> Street SW  
 Dauphin, MB R7N 1R7  
 Ph: 204-638-3010

**Dauphin, MB**  
**St. Paul's Home**  
 703 Jackson Street  
 Dauphin, MB R7A 2N2  
 Ph: 204-638-3129

**Deloraine, MB**  
**Bren-Del-Win Lodge**  
 103 Kellett Street  
 Box 447  
 Deloraine, MB R0M 0M0  
 Ph: 204-747-1826

**Deloraine, MB**  
**Delwynda Court PCH**  
 103 Kellett Street  
 Box 447  
 Deloraine, MB R0M 0M0  
 Ph: 204-747-1816

**Elkhorn, MB**  
**Elkwood Manor**  
 12 Antrim Street  
 Box 70  
 Elkhorn, MB R0M 0N0  
 Ph: 204-845-2575

**Erickson, MB**  
**Erickson & District HC**  
 60 Queen Elizabeth Rd  
 Box 250  
 Erickson, MB R0J 0P0  
 Ph: 204-636-7777

**Gilbert Plains, MB**  
**Gilbert Plains HC**  
 100 Cutforth St. N  
 Box 368  
 Gilbert Plains, MB R0L 0X0  
 Ph: 204-548-2161

**Glenboro, MB**  
**Glenboro PCH**  
 219 Murray Avenue  
 Box 310  
 Glenboro, MB R0K 0X0  
 Ph: 204-827-5304

**Grandview, MB**  
**Grandview PCH**  
 308 Jackson St  
 Box 130  
 Grandview, MB R0L 0Y0  
 Ph: 204-546-2769

**Hamiota, MB**  
**Birch Lodge PCH**  
 177 Birch Avenue  
 Hamiota, MB R0M 0T0  
 Ph: 204-764-4217

**Hartney, MB**  
**Hartney Community HC**  
 617 River Avenue  
 Box 280  
 Hartney, MB R0M 0X0  
 Ph: 204-858-2054

**Killarney, MB**  
**Bayside PCH**  
 86 Ellis Drive  
 Box 5000  
 Killarney, MB R0K 1G0  
 Ph: 204-523-4661  
 Station 1: 204-523-3208  
 Station 3: 204-523-3203

**McCreary, MB**  
**McCreary/Alonsa PCH**  
 613 PTH 50  
 Box 250  
 McCreary, MB R0J 1B0  
 Ph: 204-835-2482



**PRAIRIE MOUNTAIN HEALTH**  
**Personal Care Home**  
**Directory**

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**Melita, MB**  
**Melita PCH**  
 147 Summit Street  
 Box 459  
 Melita, MB R0M 1L0  
 Ph: 204-522-4304

**Minnedosa, MB**  
**Minnedosa PCH**  
 138-3<sup>rd</sup> Avenue SW  
 Box 960  
 Minnedosa, MB R0J 1E0  
 Ph: 204-867-2569

**Neepawa, MB**  
**Country Meadows PCH**  
 500 Veterans Way  
 Box 1240  
 Neepawa, MB R0J 1H0  
 Ph: 204-476-2383

**Reston, MB**  
**Willowview PCH**  
 523-1<sup>st</sup> Street N  
 Box 250  
 Reston, MB R0M 1X0  
 Ph: 204-877-3921

**Rivers, MB**  
**Riverdale PCH**  
 512 Quebec Street  
 Box 428  
 Rivers, MB R0K 1X0  
 Ph: 204-328-6207

**Roblin, MB**  
**Crocus Court PCH**  
 15 Hospital Street  
 Box 940  
 Roblin, MB R0L 1P0  
 Ph: 204-937-2149

**Rosburn, MB**  
**Rosburn & District HC**  
 116 Parkview Drive  
 Box 40  
 Rosburn, MB R0J 1V0  
 Ph: 204-859-2413

**Russell, MB**  
**Russell PCH**  
 113 Arsini Street E  
 Bag Service #2  
 Russell, MB R0J 1W0  
 Ph: 204-773-3117

**Sandy Lake, MB**  
**Sandy Lake PCH**  
 106-1<sup>st</sup> Street W  
 Box 7  
 Sandy Lake, MB R0J 1X0  
 Ph: 204-585-2107

**Shoal Lake, MB**  
**Morley House PCH**  
 526 Mary Street  
 Box 490  
 Shoal Lake, MB R0J 1Z0  
 Ph: 204-759-2336

**Souris, MB**  
**Souris PCH**  
 155 Brindle Avenue E  
 Box 10  
 Souris, MB R0K 2C0  
 Ph: 204-483-6216

**Ste. Rose, MB**  
**Dr. Gendreau PCH**  
 515 Mission St.  
 Box 420  
 Ste. Rose, MB R0L 1S0  
 Ph: 204-447-2019

**Swan River, MB**  
**Swan Valley Lodge**  
 1013 Main Street  
 Box 1450  
 Swan River, MB R0L 1Z0  
 Ph: 204-734-3441

**Swan River, MB**  
**Swan Valley PCH**  
 334-8<sup>th</sup> Avenue S  
 Box 1390  
 Swan River, MB R0L 1Z0  
 Ph: 204-734-4521

**Treherne, MB**  
**Tiger Hills Manor**  
 64 Clark Street  
 Box 130  
 Treherne, MB R0G 2V0  
 Ph: 204-723-2133

**Virden, MB**  
**Sherwood Nursing Home**  
 223 Hargrave Street E  
 Box 2000  
 Virden, MB R0M 2C0  
 Ph: 204-748-1546

**Virden, MB**  
**West-Man Nursing Home**  
 427 Frame Street E  
 Box 1630  
 Virden, MB  
 R0M 2C0  
 Ph: 204-748-4335

**Wawanesa, MB**  
**Wawanesa HC**  
 506 George Street  
 Box 309  
 Wawanesa, MB  
 R0K 2G0  
 Ph: 204-824-2335

**Winnipegosis, MB**  
**Winnipegosis & District PCH**  
 230 Bridge Street  
 Box 280  
 Winnipegosis, MB  
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<http://www.prairiemountainhealth.ca>



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