

	<b>Developer:</b> Executive Director; Manager of Seniors Residence; Director of Care	<b>Category:</b> Operations	<b>Domain:</b> Seniors Residence	<b>Policy #:</b> OPS-MSR-(#)
	<b>Effective Date:</b> June 2020	<b>Subject Title:</b> Tenancy in Momiji Seniors Residence		<b>Approval:</b> Management Committee
	<b>Last Reviewed:</b> March 2020	<b>Next Review:</b> January 2023	<b>Supersedes:</b> NEW	<b>Pages:</b> 10

**PURPOSE:**

Momiji Seniors’ Residence (MSR) is intended for seniors who require some care in order to remain living independently. It is funded by government assistance to provide accommodation as well as pre-defined types/amount of care to our tenants.

This policy has been established to enable shared understanding of the types and amount of MSR tenants’ care needs that might be safely met within the limitations of Momiji’s resources. It also provides explicit guidelines for when recommendation is to be made to a tenant to consider accessing alternative accommodation and care services when his/her need for care becomes too great or complex to be safely met in an independent living environment.

**POLICY:**

**I. Admission and Tenancy**

Momiji’s mission is to assist seniors to live independently in their own homes for as long as possible. However, when subsequent to moving into MSR a tenant develops care needs that Momiji’s Assisted Living Program is unable to meet (e.g. requiring two Momiji staff members to transfer, or requiring 24-hour supervision or nursing care), or displays behaviours that could be harmful to themselves or to others (E.g. wandering, aggressive behavior, inability to follow emergency protocol) efforts are to be made to explore alternate means for meeting such care needs. Momiji’s obligation to ensure the safety of all tenants in the building.

II. **The Admission and Tenancy Committee (ATC)** is an ad hoc staff committee whose members include the Director of Care, Manager of Seniors’ Residence, Client Intervention Worker, and Coordinator(s) – Support Services. The ATC has the responsibility for decisions regarding offering of tenancy at the Momiji Seniors’ Residence, and planning towards facilitating for tenants to access more suitable accommodation/care arrangements when necessary.

## PROCEDURES:

1. Anyone wishing to become a tenant at MSR must first submit a Tenancy Application. Once the application has been received and approved by the Client Intervention Worker, the applicant will join the Waiting List for housing in the MSR. Housing applicants must be aged 60 or older (in the case of a couple, only one partner need be 60 or older), and must be either Canadian citizens or legally allowed to reside in Canada.
  
2. From the full Waiting List of all those who have submitted Tenancy Applications to MSR, the Client Intervention Worker is responsible for maintaining a Short List of applicants who are prepared to move into MSR when a unit becomes available. To be eligible for the Short List, applicants must:
  - Complete an InterRAI-CHA Assessment with Momiji staff, which is to be updated annually at minimum;
  - Submit a form, called “Form B”, completed by their doctor within the past year, or more recently if there have been significant changes to their health condition;
  - Be cognitively intact, as per their doctor’s evaluation, to be able to keep living independently, but require some level of care within the scope of services that Momiji can provide (see Appendix A);
  - Satisfy the eligibility guidelines for living independently and safely in Momiji’s Assisted Living Setting (see Appendix B);
  - Submit required financial documentation, and have resided in Ontario for at least one year if they intend to apply for Rent Geared to Income (RGI). Applicants who meet the RGI eligibility but have not been living in Ontario for more than one year may move into Momiji as market rent tenants for the first year;
  - Be ready to move into MSR when an apartment is available (generally notice of availability is provided one month in advance);
  - Be a non-smoker;
  - In addition, we strongly recommend that all MSR tenants have designated someone as Power of Attorney or Substitute Decision Maker (POA/SDM), and would be willing to act for and in the best interest of the individual taking up residence at MSR when needed.
  
3. When an apartment becomes vacant, the ATC will meet as soon as possible to review the Short List, identify suitable applicant(s) and offer the tenancy opportunity. There are four major factors the Committee must consider in making this decision:
  - **Rent Geared to Income (RGI) vs. Market Rent status:** MSR is required by the Ministry of Housing to reserve 65% of its apartments to RGI households, regardless of the number of applicants on hand who can pay Market Rent. Unless there is a crisis case

that takes more urgent priority, we try to replace RGI vacancies with RGI applicants, and Market Rent vacancies with Market Rent applicants.

- **Length of Time on Waiting List:** With all other factors being equal, we will choose the applicant who has been on the waiting list for a greater length of time.
- **Age:** With all other factors (including Care Needs) being equal, we will choose an older applicant over a younger one.
- **Care Needs:** All persons living in the MSR have some level of care needs as a prerequisite for admission. Any applicant with care needs or behavioral presentation that Momiji cannot safely manage will not be considered for admission. For example, if an applicant meets the eligibility criteria for a long-term care facility, he or she will not be considered for tenancy at MSR which only have “Assisted Living” level support available. All care needs must be feasible for meeting with scheduled services. Under the Assisted Living Program Momiji is not able to provide care on an “as needed” basis (e.g. toileting assistance).

Once the Committee has made a decision, the Manager of Seniors’ Residence will offer the vacant unit to that applicant. If for any reason the applicant turns it down, an offer will be made to the next eligible applicant on the Short List. Applicants who refuse an offer are generally allowed to remain on the Short List, unless they choose to withdraw their application. However, after refusing three offers, their wait status will be reassigned to the bottom of the list.

4. As part of the procedure for moving into MSR, all new tenants must sign an Indemnity Agreement in addition to the Tenancy Agreement.
5. If a tenant of MSR develops care need(s) beyond that which the Momiji assisted living program is able to meet, or presents behaviours that could be harmful to him/herself or others the situation will be addressed in a timely fashion.

As a first step, a care consultation meeting will be called by the Director of Care with the tenant, his/her family or POA/SDM as appropriate to discuss Momiji’s concerns and decide on how to mitigate the risks. This might involve the family

- Increasing their attendance at MSR to support the resident;
- Applying for other government-funded home support service if eligible;
- Retaining private-duty nurses or personal support workers; or
- Hiring a private caregiver;

in order to meet the tenant’s additional care needs, and/or accessing an alternative form of care and accommodation.

While Momiji staff might provide guidance or assistance in completing an application for long-term care or another residential setting this is the responsibility of the tenant, his/her

family or POA/SDM to do so. While the tenant is waiting to move to a different residential setting the POA/SDM must provide the extra care necessary to ensure that the tenant can continue to live safely at Momiji in the interim.

6. In the event that safety for the tenant, care staff and others at Momiji is put at risk from the continued stay of the tenant at MSR Momiji staff will make every effort to work cooperatively with the tenant's family or POA/SDM to ensure a timely transfer to a more appropriate care setting including to a hospital.

## APPENDIX A

### **Available service list**

#### Assisted Living services available at Momiji

##### Personal Care

- Daily checks (phone/visit) on agreed schedule
- Medication Reminders on agreed schedule: the tenant must be able to arrange the medication by picking up by her/himself or arranging delivery by the pharmacy of her/his choice.
- Assistance with bathing, maximum twice per week, on a scheduled day and time
- Assistance with personal hygiene: morning and night for basic activities such as changing clothes, oral care assistance, changing incontinence pads. Maximum care time per tenant is approximately 15 minutes per visit.
- Escorting to Medical and Non-Medical appointments: escorting is done by one PSW only. This service is available only when POA/Family cannot accompany the tenant. The escorting must be requested and accepted in advance.

##### Home Making

- Light housekeeping (only for the areas that the tenant cannot clean by her/himself)
- Light meal preparation (if the tenant cannot purchase Momiji's meal program or community meals on wheels service for an acknowledged reason). Allocated service hours by PSW are approximately 15 minutes per meal.
- Grocery shopping: a PSW is able to shop for tenants and deliver groceries to the apartment. The tenant must be able to prepare the grocery list and manage the cash transaction for each shopping trip.

##### Participating in various programs

- The tenant must be able to make appointments, remember them, and transport him/herself to appointments within the facility, make cancellations with adequate notice, and make payments accordingly.

##### Other needs

- The tenant must be able to recognize his/her own needs and obtain the help he/she requires to live independently at Momiji, for example, dealing with apartment-related issues such as flooding, fire hazards, or garbage disposal, or ensuring that they have enough necessities such as cash, food and proper clothing.

## APPENDIX B

### Eligibility guidelines for living independently and safely in Momiji's assisted living setting

A tenant living in the Momiji Seniors Residence should not be:

- A person who is at risk of harming themselves or others.
- A person who cannot recognize an emergency e.g. fire, chemical spill etc. and follow activating alarm, evacuation and other response protocols.
- A person who cannot call for help in an emergency situation by using the telephone or their duress button.
- A person who needs 24/7 nursing care or monitoring daily.
- A person who has a moderate or advanced level of cognitive impairment, defined as having an MMSE score lower than 20/30, or certain check marks on the Form B, section “Cognitive Function”. (Appendix C)
- The check marks concerned in Form B are:
  - “Cognitive Function” – Impaired Judgement
  - “Memory Loss” – Long Term
  - “Orientation” – Place and Time
  - “Overall Impact on ADL” – Moderate or Severe.
  - A person who falls under the “Very High Needs” or “High Needs” categories based on their Inter-RAI CHA outcome score. The needs analysis tool is attached under Appendix D.
  - A person whose clinical frailty score is level 6 and higher (Momiji uses the Clinical Frailty Scale suggested by Dalhousie University – see Appendix E).
  - A person whom the ATC has determined to be not eligible.

APPENDIX C

**MOMIJI HEALTH CARE SOCIETY - - MOMIJI SENIORS CENTRE**

**FORM B: HEALTH ASSESSMENT**

(TO BE COMPLETED BY YOUR DOCTOR)

Name                      Mr.  
                                 Mrs. \_\_\_\_\_  
                                 Miss                      Surname                      First                      Second

Birth Date \_\_\_\_\_ Health Card No. \_\_\_\_\_

**PLEASE ATTACH**

1. Current list of medications
2. Chest x-ray report taken within the past 6 months
3. Other relevant reports (i.e. CT, MRI etc.) (if available)

**MEDICAL HISTORY**

Current medical diagnosis(es) and present condition

History of significant illnesses in the past 10 years:

History of surgery in the past 10 years:

**COGNITIVE FUNCTION**

**1. Cognitive Function**                       Unimpaired                       Impaired Judgement

**2. Memory Loss**                               Recent                               Long Term

**3. Disorientation**                               No issue                               Person                               Place                               Time

**4. Overall Impact on ADL**                       None                               Mild                               Moderate                               Severe

MMSE score (        /30)        or/and        MoCA score :(        / 30)

Comments:

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**Mobility issues and Risk of Falls**

Comments:

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**Risk Factors** (Include behavioural risk to self and to others and paranoia): please describe any current behaviour and behaviour during the past 12 months.

Comments:

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**Vaccination record:**

	Yes	Date(yyyy/mm/dd)	No
1. Pneumovax	<input type="checkbox"/>	( / / )	<input type="checkbox"/>
2. TB Results (Chest X-Ray)	<input type="checkbox"/>	( / / )	<input type="checkbox"/>
3. Tetanus, Whooping cough, Diphtheria	<input type="checkbox"/>	( / / )	<input type="checkbox"/>
4. Zostavax / Shingrix	<input type="checkbox"/>	( / / )	<input type="checkbox"/>
5. Other	<input type="checkbox"/>	( / / )	
	<input type="checkbox"/>	( / / )	
	<input type="checkbox"/>	( / / )	

**GENERAL COMMENTS**

Length of time you have been attending this applicant \_\_\_\_\_

\_\_\_\_\_  
Doctor's signature

\_\_\_\_\_  
Please print doctor's name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Please forward form to: Momiji Seniors Centre  
3555 Kingston Road  
Toronto, Ontario M1M 3W4

## APPENDIX D

### Inter-RAI CHA Score result analysis tool – Momiji Health Care Society

\*\*Given the nature of Assisted Living (an independent living setting), we primarily consider MAPLe, IADL, ADL, and CPS to determine a client's needs.

**1. Very High Needs:**

MAPLe score 4-5, and one of the following:  
IADL 15-21 or ADL >3 or CPS >3

**2. High Needs:**

MAPLe 5 – automatically categorized as high needs  
MAPLe 4 & IADL > 8 or CPS >3  
MAPLe 3 & IADL > 15  
MAPLe 3 & IADL > 8 & ADL >2 or CPS >2  
MAPLe 3-5 & CPS >3

**3. Moderate Needs:**

MAPLe score 2-4, IADL 0-15, ADL >2, CPS >1  
MAPLe 4 & IADL 0-7 & CPS < 2  
MAPLe 3 & IADL 0-14 & CPS < 2  
MAPLe 2 & IADL > 8 & CPS < 2  
MAPLe 1 & IADL > 8

**4. Low Needs:**

MAPLe score 1-2 & IADL < 7

MAPLe	1-5
IADL	0-21
ADL	0-6
CPS	0-6
DRS	0-6
CHESS	0-5
PAIN	0-4
SRI	0 or 1

## APPENDIX E

### Clinical Frailty Scale\*



**1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



**2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



**3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



**4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



**5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



**6 Moderately Frail** – People need help with all **outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



**7 Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



**8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



**9. Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

#### Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

\* 1. Canadian Study on Health & Aging, Revised 2008.

2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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