

CARF Accreditation Report for Fairmount Home - Frontenac County

Three-Year Accreditation



CARF Canada
501-10154 104 Street NW
Edmonton, AB T5J 1A7, Canada

A member of the CARF International group of
companies

CARF International Headquarters
6951 E. Southpoint Road
Tucson, AZ 85756-9407, USA

www.carf.org

Contents

[Executive Summary](#)

[Survey Details](#)

[Survey Participants](#)

[Survey Activities](#)

[Program\(s\)/Service\(s\) Surveyed](#)

[Representations and Constraints](#)

[Survey Findings](#)

[Program\(s\)/Service\(s\) by Location](#)

About CARF

CARF is an independent, non-profit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Fairmount Home - Frontenac County
2069 Battersea Road
Glenburnie ON K0H 1S0
CANADA

Organizational Leadership

Susan Brant, CPA, CGA, Administrator

Survey Number

201136

Survey Date(s)

September 25, 2025–September 26, 2025

Surveyor(s)

Lisa D. Coe, Administrative
Elizabeth R. Gossett, RN, Program

Program(s)/Service(s) Surveyed

Person-Centred Long-Term Care Community

Previous Survey

April 27, 2023–April 28, 2023
Three-Year Accreditation

Accreditation Decision**Three-Year Accreditation**

Expiration: November 30, 2028

Executive Summary

This report contains the findings of CARF's site survey of Fairmount Home - Frontenac County conducted September 25, 2025–September 26, 2025. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Fairmount Home - Frontenac County demonstrated substantial conformance to the standards. Fairmount Home showcases that it uses the CARF standards to the benefit of the residents, families, staff members, and other stakeholders. It is committed to quality resident care and services, as reflected in its principles and values. Residents, families, and staff members expressed high levels of satisfaction and felt that Fairmount Home was truly their "home." The organization has a dedicated staff, supportive county office, and strong team of volunteers. Fairmount Home has received a Best Practice Spotlight recognition, and it was evident that the organization has a strong commitment to living and breathing best practices and process improvement. There is one area for improvement identified in implementing a written procedure for suicide and attempted suicide. Fairmount Home has truly demonstrated its commitment to ongoing process improvement, and it is dedicated to gathering, analyzing, and taking action on data collected.

Fairmount Home - Frontenac County appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Fairmount Home - Frontenac County is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Fairmount Home - Frontenac County has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Fairmount Home - Frontenac County was conducted by the following CARF surveyor(s):

- Lisa D. Coe, Administrative
- Elizabeth R. Gossett, RN, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Fairmount Home - Frontenac County and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Person-Centred Long-Term Care Community

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that Fairmount Home - Frontenac County demonstrated the following strengths:

- Residents, family members, and staff members all praised how the organization feels like home. There is an atmosphere of respect and dignity. The staff members care for the residents and strive to provide person-centred care in all program planning, charting, and activities. The All About Me program is another example of how Fairmount Home strives to get to know the unique individual needs and desires of each resident.
- Leadership is recognized for holding meetings with other local homes to share best practices and provide support to one another.
- The organization, in collaboration with the county, has a robust succession plan. The organization is actively engaged with evaluating potential needs and proactively supports and trains individuals to step into these future openings.
- Fairmount Home actively ensures that residents, families, staff members, and management are all involved in the strategic planning process. It is evident that the organization strives to include all stakeholders in its decision-making processes.
- The organization is forward-thinking and understands that its population is aging and requires new adaptive equipment. This commitment to meeting the needs of residents was evident through the new adaptive tables in the dining room and lift rails in the residents' rooms.
- The longevity of the staff is a testament to the organization's engagement. Some team members shared that they left the organization to gain additional training and returned to Fairmount Home because it is so different than other senior living facilities.

- A digital display is available for residents to view important daily event information. This information board also greets viewers with touching photos of residents and staff interacting. Showcasing these interactions is a wonderful way to reinforce the positive relationships that are clearly part of the culture at Fairmount Home.
- The culture of Fairmount Home is one of ongoing process improvement. Individuals at all levels of the organization look for ways to enhance programming and identify person-centred care opportunities. The voices of staff members, residents, and family members are all woven into program planning and initiatives.
- Fairmount Home has been honoured as a Best Practice Spotlight Organization. The organization is very proud of the work put into each of the best practice pathways. The organization is also recognized for training over 20 percent of the team to be Best Practice Champions, which exceeds the 6 percent requirement.
- Visitors enter Fairmount Home through a freshly remodelled lobby where there are spaces for activities and socializing. Residents appreciated being involved in selecting some of the paint colours and materials during the renovation. The Creative Home Committee is a vibrant group of residents, families, and staff members whose goal is to ensure that the home reflects the needs, preferences, and interests of the residents.
- Each of the four home areas is unique in its design and decoration. Outside the residents' rooms are display cabinets that are available for residents to place items of importance, creating ways to celebrate their individuality as well as assist in identifying their rooms. The residents' rooms are spacious enough to allow them to bring many items that add to their personalization.
- Outdoor spaces are well maintained and are designed to allow residents with mobility challenges access to raised planting beds. Each of the home areas has a weekly barbecue during warmer weather. Each of the dining rooms has an attached covered patio, providing additional space for the enjoyment of the outdoors by residents, families, and staff members.
- Lilac Terrace provides a secure environment for residents with behavioural challenges. This colourful location has areas for both stimulation and quiet. Staff members model the practice of Gentle Persuasion with residents. The Behavioural Supports Ontario (BSO) team works with all disciplines on a regular basis to address difficult situations.
- The organization has an active team of volunteers. The fact that many volunteers continue to provide support even after their loved ones have passed is a testament to how connected families feel to this special organization. Volunteers even commented that they hope to move to Fairmount Home in the future and that it is the only facility where they want to live.
- Fairmount Home is committed to ensuring intergenerational programming. There is a Grand Friends Program where residents are matched with a local third grader. This program is rewarding to both the resident and the student. Additionally, the home participates in the Early ON program, which is another intergenerational programming opportunity for residents to interact with children.
- Communication with families and residents is extremely effective. The organization uses an email platform to keep families informed about events at the home, and residents are kept up to date with multiple postings around the facility and through resident council meetings.
- The activity department uses resident input to plan events, both at the home and in the surrounding community. The creative wheelchair art is an example of both creativity and inclusion. Very popular activities include bingo, puzzles, the beauty bar, and the Diner's Club (a weekly opportunity for residents to order food from various local restaurants). Also popular is a weekly activity where residents participate in making their own lunches.
- Dining services incorporates resident and family suggestions to create meals and snacks that are appreciated throughout the year. In process is a new menu that expands the offerings for meals and snacks. There is an informal café area where residents, families, and staff members can purchase casual food items. The organization is working to expand the hours and offerings of this space.

- The environmental services department displayed a clear strength in identifying opportunities for improvements and taking action to make modifications. One example includes the addition of ozone, which reduced chemical usage and associated costs. Additionally, the team switched to a microfiber mopping system to reduce cross-contamination.
- Fairmount Home takes a proactive approach to palliative care by speaking with residents early on to learn about end-of-life wishes. By gathering this data early on and documenting this important information, the staff is able to provide an end-of-life experience that meets or exceeds the residents' expectations. This is just another example of the organization's ongoing commitment to person-centred care.
- The home is recognized for its commitment to remembering those who have passed. Every June, butterflies are released in honour of these residents. A speaker is chosen for this special event, and the speaker's name is commemorated on a butterfly plaque.
- Education is a dynamic process that involves staff members, residents, and families. In addition to online learning, there are both formal and informal opportunities provided. Residents are welcome in the Education Committee, and there is a resident and family education day held annually with educational teams providing information on a variety of subjects. Staff members have been responsive to feedback from families and are planning to hold this event in the early evening in the future.
- The family council provides a vital link between residents, families, and staff members. New residents' families are contacted on admission to ensure that there are no unmet needs for information or support during this transition phase.
- Wound care is provided by a motivated and dynamic team that is a part of the Best Practice Champions network. Monthly meetings address existing wounds, prevention strategies, and education needs for both staff and residents. Staff members are pursuing additional education opportunities as they become available.
- Medical care is provided by two on-site nurse practitioners who are supported by a medical director who expressed a genuine passion for long-term care. There is participation by the nurse practitioner and medical director in quality assurance, risk management, and educational activities for staff and residents at the home.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of "aspiring to excellence." This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate non-conformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure and responsibilities
- Person-centred philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency, diversity, and inclusion
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

Recommendations

1.H.10.a.(16)

Although the organization has comprehensive written procedures for most critical incidents, it is recommended that the organization also implement written procedures regarding critical incidents that specify suicide and attempted suicide.

Consultation

- It is suggested that the organization reference where to find emergency phone numbers in the health and safety written procedures. Phone numbers are readily available and updated frequently, and it may be helpful to indicate where to find this important information during a time of emergency.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization.

Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioural expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that centre on enhancing the lives of persons served.

Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

Recommendations

There are no recommendations in this area.

Consultation

- Currently, agency workers do not have access to email, which means they do not have access to changes that have occurred as easily as Fairmount Home staff. The organization might consider creating a central email for the agency workforce to support communication of items that have been communicated via email to other staff members.

1.K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

Recommendations

There are no recommendations in this area.

1.L. Accessibility

Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

Consultation

- The organization has a well-written emotional abuse policy that addresses attitudes. It is suggested that the accessibility plan reference this emotional abuse policy.
- Fairmount Home does a good job of identifying areas of opportunity through the Quality Assurance and Accountability Committee as well as several other methods. Although needs, changes, timelines, etc., are captured in a variety of ways, it is suggested that the organization use a tracking tool to provide an easy way to monitor actions to be taken and associated timelines.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan

- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

Recommendations

There are no recommendations in this area.

Section 2. Care Process for the Persons Served

Description

For an organization to achieve quality services, the persons served are active participants in the planning, implementation, and ongoing review and revision of the services offered. The organization's commitment to quality and the involvement of the persons served spans the entire time that the persons served are involved with services. Persons served are treated with dignity and respect, have access to needed services that achieve optimum outcomes, and are empowered to exercise informed choice.

2.A. Program/Service Structure

Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Scope of the program
- Entry, transition, exit criteria of the program
- Composition of the service delivery team

- Service delivery team communication
- Person-centred planning
- Provision of services to persons served
- Partnering with families/support systems

Recommendations

There are no recommendations in this area.

Consultation

- While family members expressed a high level of satisfaction with communication from the organization, it is suggested that the care plan meeting summary notes be shared with the resident and/or family, as appropriate.

2.B. Residential Communities

Key Areas Addressed

- Service delivery planning in a congregate residential program
- Medication management/assistance
- Contracting for outside services
- Safety and security of the living environment
- Procedures for medications and controlled substances

Recommendations

There are no recommendations in this area.

2.C. Care Process for Specific Diagnostic Categories

Key Areas Addressed

- Adequately addressing the complex needs of individuals with dementia
- Person-centred approach to service delivery
- Positive, therapeutic approach to behaviour
- Primary areas of education and support needed for personnel, families and support systems, and all stakeholders to meet the needs of individuals with dementia

Recommendations

There are no recommendations in this area.

Consultation

- Lilac Terrace provides a secure area for residents with specific behavioural challenges. There is no formal mechanism to review a resident's appropriateness for this area on a regular basis. It is suggested that Fairmount Home establish a written tool and use it to evaluate appropriateness for a secure environment on a regular basis.

2.D. Skin Integrity and Wound Care Standards

Key Areas Addressed

- Written procedures to address skin integrity and wound care
- Written protocols for wound care needs that are within the scope of the program
- Referrals to appropriate healthcare professionals to address wound care needs that are outside the scope of the program
- Initial and ongoing assessments of persons served
- Documented competency-based training for personnel related to skin integrity and wound management
- Data collection and analysis

Recommendations

There are no recommendations in this area.

Section 3. Program Specific Standards

3.C. Person-Centred Long-Term Care Community

Description

Person-centred long-term care communities, such as nursing homes or long-term care homes, may include freestanding homes, homes that are part of continuums of care, or homes that are part of health systems. Person-centred long-term care communities are residential programs that provide nursing and other services 24 hours a day, 7 days a week. Programs may offer long-term services, short-term services, or both to address a variety of needs.

Person-centred long-term care communities foster a holistic culture that focuses on:

- Autonomy, dignity, and individual choice of the persons served.
- Relationships among persons served, families/support systems, and personnel.
- Understanding what services persons served want, how the services should be delivered, and how the persons served can be engaged in the community.
- Persons served making decisions about the rhythm of their day, the services provided to them, and the issues that are important to them.
- Cultural competence, flexibility, and safety and security of the community.

Persons served are the experts regarding life in their home. Their voices are heard and their life stories, wishes, and needs drive service delivery. Persons served and personnel celebrate the cycles of life and connect to the local community to continue relationships that nurture the quality of everyday life.

Leadership commits to continuous learning and growth, teamwork, empowerment, responsiveness, and spontaneity. A person-centred long-term care community is a place where persons served want to live, people want to work, and both choose to stay.

Key Areas Addressed

- Person-centred philosophy
- Arrangements for specific services
- Reducing risks for persons served
- Promoting choices of persons served
- Responding to individual needs of persons served

- Nursing services
- Medical management and physician involvement
- Performance measurement regarding long-term care topics
- Palliative care
- End-of-life care

Recommendations

There are no recommendations in this area.

Consultation

- The All About Me document that is derived from the My Personhood admission assessment provides valuable information to caregivers to enhance person-centred care. It is suggested that Fairmount Home adopt an annual review of this document to ensure that the information is up to date.

Program(s)/Service(s) by Location

Fairmount Home - Frontenac County

2069 Battersea Road
Glenburnie ON K0H 1S0
CANADA

Person-Centred Long-Term Care Community