



HCH *Here to Care.*

Holland Christian Homes Inc.
7900 McLaughlin Road South
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MEMO:

August 9, 2022

Regarding: EYE CLINIC COMING TO FAITH MANOR

Distribution: FAITH MANOR FAMILIES

From: Liana Chandran – Assistant Director of Resident Care, Faith Manor

Dear Families,

In a continuing effort to ensure that the residents of Faith Manor receive the best possible care, we are presently planning an Eye Care program for September 22, 2022. Our hope is that any resident who would potentially benefit, will receive an eye examination. The screening will be conducted by an eye doctor, accompanied by an Ontario registered optician from a company called Eye Contact. This company specializes in eye care for the elderly.

Any resident who has seen, or is scheduled to see, their own eye doctor within the last year should NOT attend this clinic as this constitutes a duplication of services. The clinic is exclusive to those residents who cannot go out for their eye exams and prescription eyewear.

The benefits of regular screening include:

1. Ensuring that the appropriate updated prescription eyewear is available.
2. The ability to monitor the status of our residents' eyes - e.g. cataracts and possible need for surgery to restore and ensure optimal vision.
3. Increasing resident safety through better vision.
4. Improving the resident's potential to maximize the benefits of psychosocial opportunities.

There will be established lines of communication between the eye doctor and optician, and our physicians and staff.

The eye screenings would be provided at no cost to the resident, however any resulting eyewear or changes to eyewear would be the responsibility of the resident/POA. All recommended eyewear or changes to eyewear, would require the approval of the resident/POA before they were made available.

Faith Manor is pleased with the availability of such a service and ask that you complete the form below and return it to us by September 10, 2022. We require family of those residents with severe to advanced cognitive impairment (e.g. dementia/Alzheimers) to accompany them to the eye clinic.

I would like my family member to receive an eye examination: YES NO

I will accompany the resident to this appointment: Yes No

Residents Name: _____ Room # _____

POA/Signature: _____ Date _____



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Your co-operation with our efforts to appropriately care for our residents is greatly appreciated. If you have any questions, please do not hesitate to contact me.

Liana Chandran, RN - Assistant Director of Resident Care, Faith Manor

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