

Grace Manor Family Council Meeting MINUTES

Date:	Wednesday, 10 September 2025
Time:	2-3 pm ET
Location:	Virtual - ZOOM Meeting

In Attendance	Representing
Michelle van Beusekom	FC Chair - regrets
Denise Sannella	FC Treasurer
Fred Benedikt	FC Secretary
Justine Dudziak	GM Administrator
Sue Bland	Member
Kristine Nielsen	Resident Advocate and Programs Manager
Patricia Roelofsen	Member
Glenda McKay	HCH Volunteer Coordinator
Manpreet Jhita	GM Assistant Director of Resident Care
Jacque Vezeau	HCH Community Builder and Mentor
Helena	GM Resident Guest
Priyanka Sharma	GM Director of Resident Care
Agnes Wolfe	Member
Iphone HMH	Member unknown

Minutes Items
Welcome - Michelle van Beusekom
Old Business • Approval of previous 11 June 2025 meeting minutes – approved by Denise S and seconded by Sue B. • Update – Chick Hatching Project – Patricia R. ○ Patricia reports the previous chicks are doing well at the farm and are nearly full size. ○ Patricia is getting ready to raise a new batch, but only 8 eggs this time and some may not hatch. Based on experience, this reduction would work out better for keeping the hutch clean. ○ We are looking for more volunteers to help manage the chicks. There is little to do before the eggs hatch. After hatching for about a 2 week period, there needs to be a daily check for food, water, new bedding and some and hutch cleaning – about 15 minutes max. We want to take care of them as best as we can. ▪ Action – Patricia will draft a volunteer request for the family council memberships and create a schedule, i.e. a rota. (Secretary’s Note – Patricia created and sent the rota to the volunteers) ▪ Action – Patricia will create and article for the Ties that Binds about the chicks and will end with a request for volunteers. Glenda will look at the volunteer request, but cautions that getting volunteers commitment to specific timings is always a problem. ○ Patricia noted the chicks not only drew the attention from the Manors, but also from

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the Towers. Patricia would like to install the web camera some more can enjoy the chicks and also help with monitoring them to address any concerns.

- There was a delay in getting a new chick batch to avoid conflict with the budgies in the atrium due to an agreement with the aviary group.

- **HCH Volunteer Process and Opportunities – Glenda M**

- Glenda started by provided some basic volunteer statistics:
 - as of today there are 160 active (130 internal and 36 external)
 - for the month of August only, GM had 407 hours which is a very good number.
 - GM has 25 regular assignments for 69 volunteers
 - At the moment there is no shortage of applications with 23 in various stages of the requirement process.
- The Chair posed a question about the distribution of volunteers in the various GM neighbourhoods. Noted were many volunteers at Hymn Sing, but lacking at meal times or on the floor with residents. Glenda stated that there needs to be recognition that this is a volunteer role and as such they have a say in their assignment. Should someone opt for assisting at meal time, then after receiving the feeding training, to be fair, Glenda assigns them equally between Faith and Grace Manors. For the month of July, GM as 2 new mealtime assistants and 4 for the month of August. Hymn Sing is very popular at thus easier to place volunteers. She does actively encourage volunteers to be placed where there is a greater need, such as meal time assistance and activation, but in the end one must accept the volunteers have a placement choice.
- A member was looking at the quarterly statistics and noted the Towers have more the volunteer hours than the Manors (Towers 992 hours versus GM at 684 and Faith at 549) and asked about providing a partner or tutor to encourage more volunteers to choose to help out in the Manors. Glenda does strongly encourage this but choosing the Manors is not as easy a role compared to the Towers.
- A member asked what has changed in the volunteer participation pre and posts covid as pre-covid saw more volunteers in the Manors. Glenda suggested this is a complex situation and may not only be age related since she has younger folks coming into HCH all the time. Kris commented that the residents entering Grace Manor have more complex needs and may deter some Tower volunteers to choose an easier option. Kris is in regular contact with Glenda for new volunteer placements for GM.
- A member reiterated that their grandchild volunteered informally at a hospice and was just assigned to work with staff (to obtain fulfil their high school volunteer requirement). There was no formal requirement or training process. There was a Zoom chat comment that High School volunteer hours might be a path to explore. They need 40 signed hours to graduate in Peel and Dufferin. Glenda outlined that to volunteer at HCH you must meet their prerequisites: minimum age of 15, provide a 60 hour commitment and go through a volunteer training process. Additionally, persons 18+ years of age will need a police check. Full HCH details can be found here:

<https://www.hch.ca/volunteer-at-hch/>

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- Glenda continually receives requests from high school students looking for their 40 volunteer hours. Glenda is not completely certain why HCH seeks a 60 hour commitment, but suspects this is to make sure the volunteer is serious and that HCH recuperates the training time invested.
- However, this does not prohibit informal interaction between a grandchild visiting their grandfather or grandmother and/or any resident in appropriate situations not requiring any specialized training. Jacquie provided a Zoom chat comment that one of her past initiatives was to adopt a grandma and/or grandpa one Saturday and one evening a month. It was great for both the residents and youth.
- **Update – Eden Alternative Care Model and the Salty Shore Pilot – Jacquie V**
 - The Salty Shore Eden pilot neighbourhood is going well and will set the foundation for GM. Jacquie is vigilant that GM does not slip backward to former practices. Jacquie only has the capacity to do this pilot neighbourhood well so as to truly establish person-centred care at GM. Families on Salty Shores have positive comments on the changes. Jacquie can usually be found in GM neighbourhoods every Wednesday.
 - Any positive pilot outcomes will be rolled out to the other 4 neighbourhoods, but not all neighbourhoods may be the same.
 - Some Eden principles are already well established at GM, such as, the removal of institutional trappings to create a home atmosphere, the use of appropriate language, activities so the residents are not bored and creating conditions for more resident-to-resident or resident-to-staff interactions.
 - The Chair noted some of these positive changes on Salty shores, such as, the relocation of the guinea pigs; on a Saturday the aviary group brought in a parrot to the delight of the residents; and the place is looking homey with the plants and the décor of some smaller tables in the common room so the TV is not the room's focus and the possibility of communal dining.
 - In summary, there are some positive strides and Jacquie would like to be further along, but slow and steady is the pace. The expectation is to have Eden well established in GM by Dec 2026, although it will continually evolve to fit any particular neighbourhood. She is only one person and needs to use the trained care partners to bring about the expected changes throughout Grace Manor.
 - The Salty Shores pilot neighbourhood is her primary focus until the end of this year. Come Nov/Dec 2025 there will be a walk-through reviewing the status that is open to everyone interested. Salty Shores will be a good representative sample of what families can expect to come to all the neighbourhoods at GM.
 - **Action items for Jacquie for FC:**
 - Provide a some words on how to access the communal dining for families
 - Provide the walk-through dates so interested family members can attend.

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- **Purposeful Hourly Rounding – the 4 P’s – Justine D, Priyanka S and Manpreet J**
 - The Chair posed a series of advance questions to Justine about purposeful hourly rounding. Rounding is a purposeful check on the residents. How is this operationalized and audited to assure it is done? Kaitlan Lavolette wrote an article how HCH has adopted this RNAO practice for both Manors. See Appendix A or the link <https://community.cna-aiic.ca/dev-cn-en/blogs/cn-content/2020/04/27/purposeful-hourly-rounding-in-long-term-care>
 - From the article, it is a practice that improves resident safety, resident experience and reduces call bells. Check your resident every hour for the 4 P’s: *Pain* (screen for pain by asking or observing signs), *Possessions* (personal items within reach), *Positioning* (resident is comfortable) and *Personal* needs (toileting, hungry, thirsty, hot/cold) See Appendix B - Summary of HCH Purposeful Hourly Rounding
 - Purposeful Hourly Rounding has a twofold purpose: the reduction of falls for high risk residents and as a general check to see how a resident is doing or if the resident is in need of anything. There are other falls interventions in place such as chair alarms. For bed bound residents or night-time, the resident may be repositioned (but every 2 hours). Hourly rounding reduces call bell requests. Each resident has an hourly rounding report sheet. Every care partner should be doing rounding as part of their job description, but is formally recorded only by PSWs
 - The Chair asked how the people are being trained. The Kaitlan article describes a methodology; however this is something that is not obviously visible. What should a family member see? Staffs have weekly huddles and are encouraged to do hourly rounding. Often care partners will observe what residents are doing from afar in the common room or dining room; perhaps an activity, sleeping, etc. This observation is then recorded.
 - A family member asked why the word “encourage” is used in relation to hourly rounding. At the previous family council meeting a member who spends considerable time each day at GM, has noted some residents are left alone for hours and has not seen hourly rounding practiced. Another long-time family member noted never seeing hour rounding practices as documented. There are some past survey comments about problems with toileting, eyeglasses, hearing aids, remote controls, etc. which can suggest rounding may not be completed consistency. This is exactly what purposeful hourly rounding addresses.
 - There appears a disconnection at times between what is being done and what should be done. The described procedure for the hourly rounding is that “ PSWs are to sign-off on the rounding log hourly to indicate that purposeful hourly rounding has been completed” See Appendix C - HCH Hourly Rounding Procedure from in-house monitor
 - Since recently coming to GM, Priyanka (Director Resident Care) has noted these gaps and will be actively doing the 4 P’s. Care partners are now being told to do the rounding hourly and to physically check on the resident with the 4 P’s, even if family is present –unless instructed otherwise by the resident if capable or family.
 - Hourly rounding is part of everyone’s job description and is an expectation. As for the log recording of the rounding, there may be times when several residents observed at

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the same time, for example when residents are engaged in an activity, and then get entered into the log. No one should be filling-in log sheets when the hourly rounding not completed. Rounding is re-enforced at weekly huddles and is a standing agenda item to ensure consistency. ○ Question from the Zoom Chat - Falls happening when residents are alone is also a concern. If the hourly rounding is happening and things are being recorded, why isn't the information passed on to families? A: The protocol is that when a fall occurs the POA of care is notified. Tracking falls is not only about trends, but to address the needs of the individual resident to mitigate falls. ● Family Council Executive Nominations and Elections – Michelle van B. ○ Due to the meeting time constraint, the Chair proposed motion moving election nominations to October and then elections to November. Denise S moved to accept the motion and was seconded by Patricia R. Motion carried.
New Business ● Update - GM Home Information – Justine Dudziak ○ A Resident and Family Information session topic of about Capacity and Consent is scheduled for 29 September from 3:00pm to 4:00pm in the Grace Manor Chapel ○ Resident and Family Experience Surveys are in preparation and will be shared at next FC meeting.
Financial - Denise ○ The current FC balance is about \$500
CLOSING REMARKS/REMINDERS ● We need your good ideas and observations to help improve the quality of life and care for the residents. Please consider volunteering for a role on the Executive Council or as an Advisor. ● Next meeting: Wednesday, 8 October 2025 at 2:00PM by Virtual Zoom. ● Please send your comments, observations and suggestions to: gracemanorbramptonfc@gmail.com
MEETING ADJOURNMENT

Appendix A – Purposeful Hourly Rounding in Long-term-Care – Canadian Nurse Periodical – by Kaitlan Laviolette

Appendix B – Summary of HCH Purposeful Hourly Rounding – extract form Kaitlan article above

Appendix C – HCH Hourly Rounding Procedure from in-house monitor

Appendix A -



Purposeful Hourly Rounding in long-term care

Apr 27, 2020, By: Kaitlan Laviolette



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Take away messages:

- Utilization of best practice guidelines in long-term care can have significant impacts on resident safety and quality of life.

- The concept of purposeful hourly rounding for falls reduction in long-term care has excellent outcomes in terms of falls rates and reduces severity of injury post-fall.
- Implementation and uptake of quality improvement initiatives should be tailored to meet the learning needs of staff in long-term care.

Long-term care (LTC) can be a complex and challenging environment to work in. As the attending nurse practitioner for two homes—Grace Manor and Faith Manor, both part of Holland Christian Homes in Brampton, Ontario—I quickly came to the realization that LTC is a unique area of practice within the health care system. One of the first things I recognized was the need to provide primary care within the strict guidelines of the Long-Term Care Homes Act and its accompanying regulations.

Our challenges

Another realization was the challenges for staff and the organization as a whole in keeping up with changes in nursing best practice to provide excellent resident care. Without a formal educator role, nursing and PSW education often falls on the shoulders of the very busy directors of resident care, who must juggle staffing needs, policy writing, ministry requirements, filling beds, and managing resident concerns.

After noting these challenges, I soon came to the conclusion that they create the “perfect storm” with regard to high fall rates for our residents. With three to four staff members on a unit of 30 residents, it is impossible to have eyes on all residents at all times. Pair this with progressive cognitive decline, delirium, illness, or simply the fierce drive of a resident to maintain independence at all costs, and you may well end up with a resident on the floor.

Our focus

Shortly after starting in LTC, I came to notice that a great number of falls were occurring at one home in particular. The second-floor unit of Faith Manor (FM2) is home to 60 residents. It is a secure unit with, mainly, a population of residents who suffer from cognitive impairment. In March 2018, there were a total of 39 falls in one month by 20 different residents. This translates to just over one fall per day.

The impact of one fall can be devastating on a senior: there is a possibility of death if they happen to hit their head and are on a blood thinner. There is also the risk of severe disability from a fracture, for example, to the hip, which can lead to increased pain, inability to walk, and as a result, poor quality of life. After our team assessed the number of falls and their impact on residents, improving resident safety became our main priority.

Spotlight on best practices

I decided to bring forth the idea of applying to become a Best Practice Spotlight Organization (BPSO) through a partnership with the Registered Nurses’ Association of Ontario (RNAO). In

2017, Holland Christian Homes' Grace and Faith manors were accepted into the BPSO program, and we began our journey into best practice implementation.

Among the Best Practice Guidelines (BPG) we chose to implement in 2018 was *Preventing Falls and Reducing Injury from Falls* (4th ed.). One particular practice that we have implemented and believe should emerge as a promising practice in LTC is *Recommendation 5.3: Implement rounding as a strategy to proactively meet the person's needs and prevent falls*.

With three to four staff members on a unit of 30 residents, it is impossible to have eyes on all residents at all times.

Although fall prevention and management are extremely complex, with many different individualized multifactorial approaches, we have found that a combination of these best practices and the completion of Purposeful Hourly Rounding has been the most effective strategy in LTC for falls reduction and minimization of injury.

Rounding and the 4Ps

The practice of Rounding is “the act of checking in on patients in person on a regular basis (e.g., hourly) to proactively meet their needs” (RNAO, 2017). It has been well established in the hospital sector; however, much less evidence exists to support its use in LTC. Although there are variations in Rounding resources available throughout the health care sector, one of the most widely utilized concepts is the 4Ps approach, which aims to address four specific key needs: Pain Control, Position, Placement (Possessions), and Personal Needs (Centre for Effective Practice, 2016). Our implementation of Purposeful Hourly Rounding included shared concepts from the 4Ps, adapted from the Alberta Health Services Comfort Rounds and The Perley and Rideau Veterans' Health Centre Rounding Guide.

Our existing interdisciplinary falls team is led by the assistant director of resident care, Sellinor Ogwu, at Faith Manor. We implemented Purposeful Hourly Rounding mainly as a PSW-led initiative aimed at addressing the 4Ps with the use of a quick script with each hourly visit to the resident's room or current location.

The entire project of Rounding alone took 7 months, between April 2018 to November 2018; falls BPG work started in January 2018, to ensure that a comprehensive falls program was in place to comply with best practices for identification of falls risk factors, interventions, and assessments.

Implementation

Purposeful Hourly Rounding was implemented by our pre-existing falls team as part of our BPG implementation work. The team was composed of interdisciplinary members including myself, RNs, RPNs, PSWs, activation staff, an administrator, and a physiotherapist. Assistance was provided from our RNAO coach, Rebecca DeWitt (RN).

The initial challenge we faced during implementation was staff buy-in. Since Purposeful Hourly Rounding is PSW led, and as noted earlier, the staffing ratios were already very constrained, staff felt we were adding additional work to their already busy schedules.

Initial training consisted of face-to-face group learning with a presentation of the *Comfort Care Rounding in Long-Term Care* videos developed by The Perley and Rideau Veterans' Health Centre and the Studer Group (2019). During this training, we also reviewed the documentation process for Purposeful Hourly Rounding and then gave the staff an opportunity to ask questions.

Following the training, implementation of Purposeful Hourly Rounding took place for all residents on FM2 starting on October 1, 2018.

Uptake, and “take 2”

Unfortunately, the uptake of Purposeful Rounding by staff did not go as we had hoped. During the measurement period (October 2018), staff completed Purposeful Hourly Rounding only 76% of the time.

We took the opportunity in November 2018 to re-educate our staff using a different approach. Didactic learning did not seem to be effective, so we tried the “See One, Do One, Teach One” approach based on the medical-surgical model. This proved to be highly effective.

... we have found that a combination of these best practices and the completion of Purposeful Hourly Rounding has been the most effective strategy in LTC for falls reduction and minimization of injury.

Each staff member was allotted 15 minutes for training, and we used an educational poster as a facilitation guide ([Figure 1](#) [PDF, 214.4 KB]). During this time, the staff member would watch a demonstration of Purposeful Hourly Rounding by an instructor, initially with the use of a teaching mannequin (“see one”), and they would then demonstrate Purposeful Hourly Rounding to the instructor based on what they had just learned (“do one”). Lastly, they would become the instructor and teach their colleagues how to perform Purposeful Hourly Rounding (“teach one”).

This method of teaching included return demonstration, which was effective in providing real-time feedback or correction as required. It also allowed the opportunity for staff to practise the new skill as well as build peer-to-peer support.

Results

Following the November education session, we saw a drastic improvement in our Purposeful Rounding completion rates, and most importantly, a reduction in the total number of falls and the number of residents falling. In November 2018, we had a total of 26 falls and a total of 9 residents who fell. One month later, in December, there was a reduction in total falls by 10 (38%) to a total of 16, and an improvement in the number of residents falling from 9 to 6 (33%).

Fast-forward to June 2019: we had a total of 7 falls (a 73% reduction from November) and a total of 6 residents falling. Month after month, we continued to see an improvement with our Purposeful Hourly Rounding completion rates from 76% to 99%. (For a detailed breakdown of our results, see [Figure 2](#) [PDF, 158.9 KB], which shows pre- and post-implementation data.)

Another important improvement that was noted was a reduction in serious injuries sustained as the result of a fall ([Figure 3](#) [PDF, 163 KB]). FM2 had a 10-month span with no fractures as the result of a fall. Injuries were limited to bruises and skin tears in those residents that did sustain an injury.

Although the experience of implementing Purposeful Hourly Rounding was initially challenging, the results were worth the effort. Since rolling out Purposeful Hourly Rounding on the second floor, we have now expanded Rounding to the first floor. The roll-out onto the first floor was a much smoother process, as we had now figured out the challenges and barriers after the initial implementation.

Next steps

In fall 2019 we began slowly to roll out Purposeful Hourly Rounding to our sister home, Grace Manor, and by January 2020 we had fully implemented Purposeful Hourly Rounding throughout the entire facility. We are currently in the early stages of our data collection, but we have already started to see a reduction in our total number of falls.

As with any project, ongoing oversight with audits and continued training will be required to maintain this practice change. Moving forward, we have created an interdisciplinary training tool for every department in our organization to ensure that a culture of sustainability is maintained. We look forward to seeing our anticipated ongoing positive results in the future.

Acknowledgments: This work is part of the BPSO Designation, funded by the Ontario Ministry of Health and Long-Term Care.

References

Centre for Effective Practice. (2016). [Falls prevention discussion guide](#).

Registered Nurses' Association of Ontario. (2017). [Preventing falls and reducing injury from falls](#) (4th ed.).

Studer Group. (2019). [Comfort care rounding in long-term care](#).

Kaitlan Laviolette, MN, NP-PHC Holland Christian Homes: Grace and Faith Manor LTC, is a primary care nurse practitioner currently working as an attending nurse practitioner in long-term care. She is passionate about working with the geriatric population and works hard to continue to improve nursing and resident care in the long-term care setting. She is an advocate for quality improvement and life-long learning to promote resident safety and improve quality of life. For more information, please contact: kaitlan.laviolette@hch.ca.

Appendix B - Summary of Hourly Rounding

Purposeful Hourly Rounding

Purposeful Rounding, sometimes known as “Hourly Rounding” or “Intentional Rounding,” is a practice *that improves resident safety, resident experience and reduces call bells. Check your residents every HOUR for the 4“P’s”: PAIN, POSSESSIONS, POSITIONING, PERSONAL NEEDS*

PAIN

Is your resident experiencing pain?

Screen for pain by asking residents if they have pain, or observing for signs and symptoms of pain in cognitively impaired residents.

*If pain can not be managed, notify the registered staff.



POSSESSIONS

Are all the items your resident would like placed within their reach?

Make sure that necessary personal items are within easy reach; e.g., call bell, TV remote, telephone, Kleenex, beverages, etc.



POSITION

Is your resident in a comfortable position?

Make sure the resident is comfortable and assist in repositioning as required.



PERSONAL NEEDS

Does your resident need to use the bathroom?

Offer assistance to the toilet or assess if the resident needs to be changed. Is the resident hungry or thirsty, or are they hot or cold?



How do you perform purposeful rounds?

- 1) Use opening words
(i.e. “Good morning, Mr. Smith”)
- 2) Perform scheduled tasks
- 3) Address pain, positioning, and toileting
- 4) Assess additional comfort needs
- 5) Assess personal environment
(e.g. Remove hazards, place call bell or TV remote within reach)
- 6) Close the conversation
(“Is there anything I can do for you before I go? I have time.”)
- 7) Tell resident when you will be back
(“I will be back to check on you in 1 hour.”)
- 8) Document the round on the log

Appendix C - HCH - in-house monitor

What is Purposeful Hourly Rounding?

- Purposeful hourly rounding is MORE than just a “check-in” of the resident every hour.
- It is done **INTENTIONALLY** in order to **PROACTIVELY** meet the needs of the resident.
- Purposeful hourly rounding has been proven in the literature to:
 - Reduce falls
 - Increase patient/resident satisfaction
 - Reduce pressure injuries
 - Decrease call bells.

Who completes Purposeful Hourly Rounding?

- **PSWs** are expected to sign off on the rounding log hourly to indicate that purposeful hourly rounding has been completed.
- **Interdisciplinary team members and/or volunteers** are expected to ask the 4P questions and direct any actions outside of their scope of practice to a registered staff or PSW.
- *Examples of interdisciplinary team members could include housekeeping or laundry staff, activation staff, maintenance or janitorial staff, physiotherapist, social work, physician, nurse practitioner, administrator or CEO!



Purposeful Hourly Rounding Checklist

PURPOSEFUL HOURLY ROUNDING CHECKLIST

RESIDENT NAME: _____ ROOM NUMBER: _____ STARTING DATE: _____

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
08:00-09:00							
09:00-10:00							
10:00-11:00							
11:00-12:00							
12:00-13:00							
13:00-14:00							
14:00-15:00							
15:00-16:00							
16:00-17:00							
17:00-18:00							
18:00-19:00							
19:00-20:00							
20:00-21:00							
21:00-22:00							
22:00-23:00							
23:00-24:00							

HOURLY ROUNDING

All residents in this unit are visited hourly by the staff. Please place your initials in the corresponding time box after the round has been completed and the location of the resident. Rounding is only complete if all 8 key interventions have been done. If residents do not wish to be rounded on, please indicate. Once these rounds are off with a MRN.

R-ROUNDING COMPLETE (1-8)

- 1) Use opening words
- 2) Perform scheduled tasks
- 3) Address pain, positioning, and toileting
- 4) Assess additional comfort needs
- 5) Assess personal environment
- 6) Close the conversation
- 7) Tell Resident when you will be back
- 8) Document the round on the log

Remember Rounding is Addressing the 4Ps:

PAIN (IN PAIN READY TO IN/PAIN)
 PERSONAL NEEDS (NEED TO USE TOILET OR BE CHANGED)
 POSITION (NEED TO BE REPOSITIONED)
 POSSESSIONS (CALL LIGHT, ALARM, ETC)

PRINT NAME _____ **INITIALS** _____

LOCATION:
 CA = COMMON AREA
 DR = DINING ROOM
 BR = BED ROOM
 LOA = OFF UNIT

ROUNDING:
 R = ROUNDING COMPLETE
 S = SLEEPING
 EXAMPLE:  

DOCUMENTATION KEY

PRINT NAME _____ **INITIALS** _____

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Purposeful Hourly Rounding addresses the 4P's

4P's Approach



Pain

Are you in pain?
Do you have any discomfort?



Position

Do you want me to help you move into a better position?



Placement (Possessions)

Do you need anything to be placed within easy reach?
(e.g. call bell, phone, reading material)



Personal Needs

Do you need anything to drink or eat?
Do you need to go to the washroom?