

Personal Care Home Standards Review

Tool #3

Regional Health Authority: Interlake-Eastern RHA
Facility: Betel Home - Selkirk
Number of Beds: 91

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Summary of Results

Standard	Regulation	Review Team Rating
04	Information on Admission	Met
06	Communication	Met
07	Integrated Care Plan	Not Met
09	Use of Restraints	Not Met
12	Pharmacy Services	Met
14	Nutrition and Food Services	Met
16	Laundry Services	Met
18	Spiritual and Religious Care	Met
19	Safety and Security	Met
22	Person in Charge	Met
23	Qualified Staff	Met
24	Staff Education	Met

Summary

Met	10
Partially Met	
Not Met	2

General Comments:

The Standards Review Team great appreciates the work done by management and staff of the Betel Home (Selkirk) to prepare for the standards review.

Monitoring tool #3 was selected for this facility review through an electronic random ordering process. The Standards Review Team evaluated and rated the standards as noted in the table above.

For the purpose of those standards related to resident health records, a sample of health records was selected from the list provided for this

review. The Standards Review Team did, at a minimum, review the health record for a newly admitted resident, one for a resident who had resided in the facility for a longer period of time and one for a resident for whom a restraint has been ordered.

Findings:

Ten of the twelve standards assessed were assigned a rating of Met and two standards were rated as Not Met.

A priority for action is compliance with any standard that is rated as other than met and any measure in a core standard that is rated as other than met. Steps must be taken to comply with all unmet measures in Standard 7 - Integrated Care Plans and Standard 9 - Use of Restraints.

Standard 4: Information on Admission

Reference: *Personal Care Homes Standards Regulation, Section 8*

Information for residents on admission

The operator shall give the following information to each resident before admission or, if that is not possible, on admission:

- a) A copy of the residents' Bill of Rights;
- b) A copy of the philosophy and mission currently in effect at the PCH;
- c) A description of the ways in which the resident and his or her designate and/or legal representative can participate in assessing, planning, providing, monitoring, and evaluating the resident's care;
- d) Information about the resident council;
- e) Information respecting the policies relating to complaints, abuse, and restraints;
- f) Financial information, including the availability and administration of resident trust accounts and government financial assistance programs;
- g) An orientation to the facility, including safety and security systems; and
- h) Information respecting health care directives.

If a resident has a legal representative, the operator shall also provide the information under subsection (1) to the legal representative.

Expected Outcome: Residents and their representatives are provided with clear information on the operation of the home.

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
4.01	The personal care home has an admission package which is provided to every resident and/or their representative prior to or on admission.	Met	Information booklet and introductory letter sent out to all prospective admissions. See copy in evidence bin.	Met	
The contents of the admission package are consistent with the requirements of the <i>Personal Care Home Standards Regulation</i> , and include:					
4.02	• A copy of the residents' Bill of Rights;	Met	in Welcome Book, in admission package	Met	
4.03	• A copy of the personal care home's philosophy and mission;	Met	See Welcome booklet	Met	
4.04	• A description of the ways in which the resident and his or her designate and/or legal representative can participate in assessing, planning, providing, monitoring, and evaluating the resident's care;	Met	See Welcome booklet	Met	
4.05	• Information about the resident council;	Met	in welcome booklet	Met	
4.06	• Information respecting the policy on the complaints process;	Met	in welcome booklet	Met	
4.07	• Information respecting the policy on freedom from abuse;	Met	welcome booklet	Met	
4.08	• Information respecting the policy on restraint use;	Met	in welcome booklet	Met	
4.09	• Financial information including the availability and administration of resident trust accounts and government financial assistance programs;	Met	in welcome booklet as well as notice of assessment in appendix	Met	
4.10	• Information respecting health care directives, and;	Met	in welcome booklet	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
4.11	<ul style="list-style-type: none"> An orientation to the facility, including safety and security systems. 	Met	in welcome booklet.	Met	
Scoring methodology: <ul style="list-style-type: none"> The bolded measure (4.01) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, the other measures are considered before assigning an overall rating to the standard. Of the 10 other measures: <ul style="list-style-type: none"> If ≥ 8 measures are met, standard is met. If ≥ 6 and < 8 measures are met, standard is partially met. If < 6 measures are met, standard is not met. 					

Result: All measures are met.

The standard is: Met

Comments: Well done.

Standard 6: Communication

Reference: Personal Care Homes Standards Regulation, Sections 14

The operator shall ensure that the staff who provide direct care and services to the resident follow the resident's current care plan.

The operator shall ensure that there are policies and processes in place to guide the sharing of significant information about each resident between and amongst staff, in an effort to limit potential harm to residents. This should include:

- a standardized process for transfer of accountability including communication of resident information between staff at change of shift and when a transfer to another unit or facility is required;
- a mechanism to review specific resident safety issues;
- an opportunity to clarify information prior to transfer of accountability;
- the use of a written tool for the exchange of information (minimal reliance on memory), and;
- the person in charge has an overview of all current significant information that require monitoring for each resident on the unit(s) for which they are responsible.

The operator shall ensure that the staff who provide direct care and services to the resident:

- follow the resident's current care plan;
 - have, where implemented, an accurate summary of the current care plan to reference (i.e. Activities of Daily Living sheet);
- and

- c) are aware of current acute care issues (i.e. hydration concerns, infections, new behavioural responses, skin breakdown, etc.)

Communication with the Physician, Nurse Practitioner and/or Physician Assistant:

The operator shall ensure that there is a standardized process to record all communications with each resident's physician, nurse practitioner and/or physician assistant in the resident record.

Expected outcome: Each resident's current care needs, including any changes, are communicated completely and accurately to all staff who require the information to provide safe, appropriate care to the resident.

Performance Measures:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
There are standardized processes in place, and supporting evidence that processes are consistently followed, to ensure ongoing, accurate and timely communication of each resident's needs including:					
6.01	• Changes to current care plan;	Met	See quarterly review documentation.	Met	
6.02	• Between staff at change of shift;	Met	Intershift Reporting tool for nurses and HCAs.	Met	
6.03	• When a transfer to another unit or facility is required, and;	Met	Regional transfer form for out of facility transfers. Also the Change of circumstance form	Met	This was applicable for three of the health records reviewed.
6.04	• For documenting and verifying the residents' departure and return from the facility.	Met	Sign in/out book on each unit. 24 hour admin report sheet	Met	
The method of communicating the integrated care plan to direct care staff ensures:					
6.05	• Consistency with current care plan, and;	Met	interdisciplinary quarterly review form, ADL sheets updated at that time. 24 hour admin reporting sheet	Met	
6.06	• Privacy of the resident's personal health information, as defined by Personal Health Information Act.	Met	Care plans kept in binder at nursing desk. ADL sheets in residents bathroom/ closets turned around, information face down	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
There is a process for recording communications with the resident's physician, nurse practitioner or physician assistant in the health record:					
6.07	• After onsite consultation, and;	Met	IPN, Physician order sheets, Physician Resident Visit Record	Met	
6.08	• After telephone consultation.	Met	IPN, Physician order sheets	Met	
Scoring methodology:					
<ul style="list-style-type: none"> • The bolded measure (6.06) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, the other measures are considered before assigning a rating to the standard. • Of the 7 other measures: <ul style="list-style-type: none"> ○ If ≥ 6 measures are met, standard is met. ○ If ≥ 4 and < 6 measures are met, standard is partially met. ○ If < 4 measures are met, standard is not met. 					

Result: All measures are met.

The standard is: Met

Comments: Well done.

Standard 7: Integrated Care Plan

Reference: *Personal Care Homes Standards Regulation, Section 11, 12, 13 & 14*

Initial care plan

Within 24 hours of admission, the operator shall ensure that the following basic care requirements for the resident are documented:

- a) medication, treatment and diet orders;
- b) the type of assistance required for activities of daily living; and
- c) any safety or security risks.

Integrated Care Plan

Within eight weeks after admission, the operator shall ensure that each member of the interdisciplinary team assesses the resident's needs and that a written integrated care plan is developed to address the resident's care needs.

The integrated care plan must include the following information:

- a) the type of assistance required with bathing, dressing, mouth and denture care, skin care, hair and nail care, foot care, eating, exercise, mobility, transferring, positioning, being lifted, and bladder and bowel function, including any incontinence care product required;
- b) mental and emotional status, including personality and behavioural characteristics;

- c) available social network of family and friends, and community supports;
- d) hearing and visual abilities and required aids;
- e) rest periods and bedtime habits, including sleep patterns;
- f) safety and security risks and any measures required to address them;
- g) language and speech, including any loss of speech capability and any alternate communication method used;
- h) rehabilitation needs;
- i) preference for participating in recreational activities;
- j) religious and spiritual preference;
- k) treatments;
- l) food preferences and diet orders;
- m) any special housekeeping considerations for the resident's personal belongings;
- n) whether the resident has made a health care directive; and
- o) any other need identified by a member of the interdisciplinary team.

Where appropriate, the integrated care plan must also state care goals and interventions that may be taken to achieve these care goals.

Review of the integrated care plan

As often as necessary to meet the resident's needs, but at least once every three months, the operator shall ensure that appropriate interdisciplinary team members review the integrated care plan and amend it, if required.

The operator shall ensure that each team member reviews each integrated care plan annually and that any amendments required to meet the resident's needs are made.

Staff to be made aware of current plan

The operator shall ensure that the staff who provide direct care and services to the resident are aware of the resident's current care plan. If the method of communicating the plan includes preparing a summary for staff to refer to, the operator shall ensure that the summary accurately reflects the current plan.

Expected Outcome: Beginning at admission, residents consistently receive care that meets their needs, recognizing that residents' care needs may change over time.

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.01	Integrated care plans are maintained as part of the permanent resident health record.	Met	See care plan. Archived care plans are located at the back of residents chart.	Met	Six resident records with integrated care plans (ICPs) were reviewed.
Within 24 hours of admission, basic care requirements for the resident are documented, including:					
7.02	• Medications and treatments;	Met	See medication reconciliation form and Nursing Admission History	Met	
7.03	• Diet orders;	Met	See medication reconciliation form and Nursing Admission History	Met	
7.04	• Assistance required with activities of daily living;	Met	See medication reconciliation form and Nursing Admission History	Met	
7.05	• Safety and security risks, and;	Met	FRAT form, Nursing Admission History	Met	
7.06	• Allergies.	Met	Nursing Admission History	Met	
7.07	There is evidence that within the first eight weeks of admission, the resident's needs have been assessed by the interdisciplinary team and a written integrated care plan has been developed.	Met	Resident assessments performed by Nurse, OT, Dietician, Recreation and Social work and plan of care developed. Care conferences include interdisciplinary input	Met	
The active integrated care plan contains detailed and current information on all aspects of each resident's care needs, to ensure all appropriate and proper care is provided, including information on and requirements for:					
7.08	• Bathing;	Met	See care plan	Met	
7.09	• Dressing;	Met	See care plan	Met	This section was left blank on one ICP.
7.10	• Oral care;	Met	See care plan	Met	
7.11	• Skin care;	Met	See care plan	Met	This section was left blank on one ICP.
7.12	• Hair care;	Met	See care plan	Partially Met	This section was left blank on two ICPs.
7.13	• Fingernail care;	Met	See care plan	Met	
7.14	• Foot care;	Met	See care plan	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.15	• Exercise;	Met	See care plan	Met	This section was left blank on one ICP.
7.16	• Mobility;	Met	See care plan	Met	
7.17	• Transferring;	Met	See care plan	Met	
7.18	• Positioning;	Met	See care plan	Met	
7.19	• Bladder function;	Met	See care plan	Met	
7.20	• Bowel function;	Met	See care plan	Met	
7.21	• Any required incontinence care product;	Met	See care plan	Met	
7.22	• Cognitive and mental health status;	Met	See care plan	Met	
7.23	• Emotional status, and personality and behavioural characteristics;	Met	See care plan	Met	This was not met on one care plan. There were significant emotional issues but nothing in the care plan to address them.
7.24	• Available family, social network, friends and/or community supports;	Met	See care plan	Met	
7.25.	• Hearing ability and required aides;	Met	See care plan	Met	
7.26	• Visual ability and required aides;	Met	See care plan	Met	
7.27	• Rest periods, bedtime habits, and sleep patterns;	Met	See care plan	Met	This section was left blank in onc ICP.
7.28	• Safety and security risks and any measures required to address them;	Met	See care plan	Met	This section was left blank in one ICP.
7.29	• Language and speech, including any loss of speech capability and any alternate communication method used;	Met	See care plan	Met	One health record identified expressive aphasia but this was not well described.
7.30	• Rehabilitation needs;	Met	See care plan	Partially Met	There was no reference to rehab needs on one care plan (section was left blank), and one care plan used an older form which

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
					did not include a section for rehabilitation.
7.31	• Therapeutic recreation requirements;	Met	See care plan	Met	
7.32	• Preferences for participating in recreational activities;	Met	See care plan	Met	
7.33	• Religious and spiritual preferences;	Met	See care plan	Met	
7.34	• Food allergies;	Met	See care plan	Met	
7.35	• Diet orders;	Met	See care plan	Met	
7.36	• Type of assistance required with eating;	Met	See care plan	Met	
7.37	• Whether or not the resident has made a health care directive;	Met	See care plan	Met	
7.38	• Special housekeeping considerations, and;	Met	See care plan	Met	This was missed on one care plan.
7.39	• Other needs identified by the interdisciplinary team.	Met	See care plan	Met	
7.40	The integrated care plan outlines care goals and interventions that will be taken to achieve those care goals.	Met	See care plan	Met	
There is evidence that the integrated care plan is reviewed:					
7.41	• At least once every three months by the interdisciplinary team, and;	Met	See interdisciplinary quarterly review record and IPN notes.	Not Met	This was documented inconsistently across various forms and units. There were only two records that contained evidence of regular quarterly reviews by the interdisciplinary team.
7.42	• At least annually by all staff who provide direct care and services to the resident, as well	Met	See annual care conference record and the IPN notes	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	as the resident and his/her representative(s), if possible.				
As part of the facility's continuous quality improvement/ risk management activities, there is evidence that care plans audits:					
7.43	• Occur at least annually;	Met	See CQI report	Met	
7.44	• Are reviewed & analyzed;	Met	See CQI report and quarterly CQI report, management team minutes	Met	
7.45	• Result in recommendations for improvement being made as required, based on the audit analysis, and;	Met	See CQI report	Met	
7.46	• Result in recommendations being implemented and followed up.	Met	See CQI report	Met	
Scoring methodology: <ul style="list-style-type: none"> • Bolded measures (7.01, 7.07, 7.41 & 7.42) are pass/fail performance measures. If any one is not met, the standard is not met. If all are met, the other measures are considered before assigning a rating to the standard. • Of the 42 other measures: <ul style="list-style-type: none"> ○ If ≥34 measures are met, standard is met. ○ If ≥25 and <34 measures are met, standard is partially met. ○ If <25 measures are met, standard is not met. 					

Result: Three of four bolded measures are met and 40 of 42 other measures are met.

The standard is: Not Met

Comments: There is improvement noted since the last review as previously there were eight measures not met.

Standard 9: Use of Restraints

Reference: *Personal Care Homes Standards, Section 16, 17 & 18* and Manitoba Provincial Ministerial Guidelines for the Safe Use of Restraints in Personal Care Homes

Written restraint policy

The operator shall establish a written least restraint policy in accordance with guidelines approved by the Minister. A statement describing the PCH Policy on restraints shall be included in the resident handbook given to the resident and/or their substitute decision-maker on or before admission to the facility.

The Minister maintains that all persons receiving care in PCHs in Manitoba can expect to live in an environment with minimal use of restraint. Where care factors require limitation(s) to a resident's liberty, this guideline mandates the inter-disciplinary process of:

- assessment;
- informed consent;
- decision making;
- care planning;
- proper application;
- regular monitoring and removal;
- reassessments completed minimally every 3 months, and;
- discontinuance of the restraint as soon as possible.

Restraint may be used only if risk of serious harm

Except in accordance with this section and section 18, no operator shall permit a restraint to be used to restrain a resident without the consent of the resident or his or her legal representative.

If a resident's behaviour may result in serious bodily harm to himself or herself, or to another person, the operator shall

- a) Do an interdisciplinary assessment to determine the underlying cause of the behaviour; and
- b) Explore positive methods of preventing the harm.

If positive methods of preventing harm have been explored and determined to be ineffective by an interdisciplinary team assessment, then a physician, physician assistant, a nurse practitioner (RN-EP or RN-NP), a registered nurse (RN), a registered psychiatric nurse (RPN) or a licensed practical nurse (LPN) may order a restraint to be used, except in the case of medication (chemical restraint) which must be ordered by a physician, nurse practitioner or physician assistant.

Requirements for use of physical restraints

Every physical restraint must meet the following requirements:

- a) Be the minimum physical restraint necessary to prevent serious bodily harm;
- b) Be designed and used so as to
 - i. Not cause physical injury
 - ii. Cause the least possible discomfort
 - iii. Permit staff to release the resident quickly; and
- c) Be examined as often as required by the restraint policy referred to in section 16.

Requirements for use of chemical restraints

When a psychotropic medication is being used in the absence of a diagnosis of a mental illness, it is to be considered a chemical restraint. Also any medication given for the specific and sole purpose of inhibiting a behaviour or movement (e.g. pacing, wandering, restlessness, agitation, aggression or uncooperative behaviour) and is not required to treat the resident's medical or psychiatric

symptom is considered a chemical restraint. If the medications are used specifically to restrain a resident, the minimal dose should be used and the resident assessed and closely monitored to ensure his/her safety.

Documentation in Resident Health Record

If any restraint is used, the operator shall ensure that the following information is recorded in the resident's health record:

- a) A description of the interdisciplinary assessment done to determine the potential for serious bodily harm to the resident or another person;
- b) A description of the alternatives to restraint that were tried and that were determined to be ineffective by the interdisciplinary team, signed by the person who directed the restraint to be used;
- c) The specific type of restraint to be used and the frequency of checks on the resident while the restraint is in place;
- d) Each time the resident and the restraint is checked while it is in place;
- e) The time and date when use of the restraint is discontinued and the reason why.

Restraint Review and Discontinuance

The operator shall ensure that the use of each and every restraint is regularly reviewed. At a minimum, reviews must occur every three months, whenever there is a significant change in the resident's condition, and whenever the resident's care plan is reviewed.

The operator shall ensure that the use of any restraint is discontinued as soon as the reason for its use no longer exists.

Expected Outcome: Residents are restrained only to prevent harm to self or others. When a restraint is necessary it is correctly applied and the resident in restraint is checked on a regular basis.

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.01	The personal care home's policy on the use of restraints is consistent with <i>guidelines</i> approved by the Minister.	Met	See Restraint Policy	Met	The policy aligns with the regional health authority policy and the ministerial guidelines.
9.02	There is documented evidence that the resident, if capable, has given written consent to the use of the restraint. Where the resident is not capable, the consent of the	Met	see restraint policy, Betel Home Foundation Restraint Package - consent for the use of restraints form	Met	There were five health records with restraints reviewed.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	resident's legal representative is documented.				
9.03	If written consent is not available, verbal consent must be obtained from the resident or their legal representative. Verbal consent must be documented, dated and signed by two staff members, one of which must be a nurse.	Met	see restraint policy, Betel Home Foundation Restraint Package - consent for the use of restraints form	Not Met	There were two records with verbal consents, one did not meet the measure.
9.04	There is documented evidence that a comprehensive assessment of the resident is completed by an interdisciplinary team, prior to application (or reapplication) of any restraint.	Met	see restraint policy, Betel Home Foundation Restraint Package	Partially Met	There were two documents that included assessments completed by two LPN's; which does not qualify as interdisciplinary.
The assessment includes documentation of each of the following:					
9.05	• Description of the resident's behaviour and the environment in which it occurs (including time of day);	Met	see restraint policy, Betel Home Foundation Restraint Package -	Met	
9.06	• The resident's physical status;	Met	see restraint policy, Betel Home Foundation Restraint Package -	Met	
9.07	• The resident's emotional status;	Met	see restraint policy, Betel Home Foundation Restraint Package -	Met	
9.08	• The resident's mental status;	Met	see restraint policy, Betel Home Foundation Restraint Package -	Met	
9.09	• The resident's nutritional status;	Met	see restraint policy, Betel Home Foundation Restraint Package -	Met	
9.10	• All alternatives tried and exhausted;	Met	see restraint policy, Betel Home Foundation Restraint Package -	Met	
9.11	• Review of current medications;	Met	see restraint policy, Betel Home Foundation Restraint Package -	Met	
9.12	• Actual and potential benefits to the resident if the restraint is applied;	Met	see restraint policy, Betel Home Foundation Restraint Package -	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.13	<ul style="list-style-type: none"> Actual and potential burdens to the resident if the restraint is applied, and; 	Met	see restraint policy, Betel Home Foundation Restraint Package -	Met	
9.14	<ul style="list-style-type: none"> Any other additional ethical considerations. 	Met	see restraint policy, Betel Home Foundation Restraint Package -	Met	
There is a written order for the restraint in the resident's health record that indicates:					
9.15	<ul style="list-style-type: none"> The kind of restraint to be used; 	Met	see restraint policy, Betel Home Foundation Restraint Package -	Met	
9.16	<ul style="list-style-type: none"> The frequency of checks on the resident while the restraint is in use; 	Met	see restraint policy, Betel Home Foundation Restraint Package -	Met	
9.17	<ul style="list-style-type: none"> The signature of the person giving the order (where a chemical restraint is used it must be ordered by a doctor, nurse practitioner or physician assistant); 	Met	see restraint policy, Betel Home Foundation Restraint Package -	Met	
9.18	<ul style="list-style-type: none"> The professional designation of the person giving the order, and; 	Met	see restraint policy, Betel Home Foundation Restraint Package -	Met	The signature and designation was not legible on two health records.
9.19	<ul style="list-style-type: none"> For a chemical restraint, the time limit for its use (the discontinuation date). 	Met	see restraint policy, Betel Home Foundation Restraint Package -	Not Applicable	No chemical restraints
There is evidence of a care plan for every restraint in use, that outlines the resident's unique and specific needs, including:					
9.20	<ul style="list-style-type: none"> The type of restraint and method of application; 	Met	See care plan	Met	
9.21	<ul style="list-style-type: none"> The length of time the restraint is to be used for each application; 	Met	See care plan	Met	
9.22	<ul style="list-style-type: none"> The frequency of the checks on the resident while the restraint is in use, and; 	Met	See care plan	Met	
9.23	<ul style="list-style-type: none"> When regular removal of restraints is to occur. 	Met	See care plan	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.24	There is documented evidence that the continued use of any restraint is reviewed at least once every three months.	Met	See interdisciplinary restraint re-assessment form	Partially Met	On two of the health records, the dates were inconsistent.
9.25	There is documented evidence within the health record of efforts to resolve the issue for which the restraint was initiated.	Met	See interdisciplinary restraint re-assessment form	Met	
Where a restraint is used in an emergency situation there is documented evidence of:					
9.26	<ul style="list-style-type: none"> The events leading up to the use of the restraint; 	Met	See emergency restraint documentation form	Met	Emergency restraints were found on two health records reviewed.
9.27	<ul style="list-style-type: none"> The name of the person ordering the restraint; 	Met	See emergency restraint documentation form	Met	
9.28	<ul style="list-style-type: none"> The designation of the person ordering the restraint; 	Met	See emergency restraint documentation form	Met	
9.29	<ul style="list-style-type: none"> The time the restraint was applied; 	Met	See emergency restraint documentation form	Met	
9.30	<ul style="list-style-type: none"> The frequency of checks; 	Met	See emergency restraint documentation form and Restraint Observation Record	Met	
9.31	<ul style="list-style-type: none"> Notification of the resident's legal representative or next of kin; 	Met	See emergency restraint documentation form	Not Met	On one health record, the next of kin was not notified when the emergency restraint was applied.
9.32	<ul style="list-style-type: none"> Care provided to and response of the resident in restraint, and; 	Met	See IPN and Restraint observation record, Emergency Restraint Documentation form	Met	
9.33	<ul style="list-style-type: none"> When the resident's reassessment is to occur. 	Met	See emergency restraint documentation form	Met	
As part of the facility's continuous quality improvement/ risk management activities, there is evidence that audits of the use of restraints:					
9.34	<ul style="list-style-type: none"> Occur at least annually; 	Met	See CQI reports	Met	
9.35	<ul style="list-style-type: none"> Are reviewed/analyzed; 	Met	See CQI reports	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.36	<ul style="list-style-type: none"> Result in recommendations for improvement being made, as required, based on the audit analysis, and; 	Met	See CQI reports	Met	
9.37	<ul style="list-style-type: none"> Result in recommendations being implemented and followed up. 	Met	See CQI reports	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> Bolded measures (9.01 & 9.04) are pass/fail performance measures. If any one of these measures is not met, the standard is not met. If they are all met, the other measures are considered before assigning a rating to the standard. Of the 35 other measures: <ul style="list-style-type: none"> If ≥ 28 measures are met, standard is met. If ≥ 21 and < 28 measures are met, standard is partially met. If < 21 measures are met, standard is not met. 					

Result: One of two bolded measures are met and 31 of 34 other measures are met.

The standard is: Not Met

Comments: Improvement is noted since the last review, where there was a number of missed restraints resulting in over 20 measures not being met.

Standard 12: Pharmacy Services

Reference: *Personal Care Homes Standards Regulation, Sections 24, 25 & 26*

Pharmacy services and medications

In clause (2)(a), pharmacist includes a corporation or other legal entity that:

- Contracts with an operator to direct and be accountable for pharmacy services in a personal care home; and
- Designates one or more individual pharmacists to provide pharmacy services for the personal care home.

The operator shall:

- appoint or contract with a pharmacist to direct and be accountable for pharmacy services for the personal care home;
- ensure that the pharmacist maintains a medication profile of each resident;
- ensure that the pharmacist and other relevant members of the interdisciplinary team review the medications and treatments ordered by a physician for each resident at least every three months;
- ensure that the pharmacy services for the personal care home are consistent with residents' needs and the scope and complexity of the care offered at the home;

- e) ensure that emergency and after-hours pharmacy services are available for residents;
- f) ensure that accurate and comprehensive drug information is available to medical, nursing and other staff of the personal care home as required;
- g) establish written policies and procedures for pharmacy services for the personal care home that provide for the following:
 - i) transmitting medication orders to the pharmacy,
 - ii) handling medication from the point it is procured until it is administered, including delivery, automatic stop orders, recommended times of administration and self-administration by residents,
 - iii) reporting, documenting, and follow-up of medication incidents, adverse reactions and refusal of medication,
 - iv) providing medications for residents who are on planned social leave and for persons who are receiving respite care in the personal care home,
 - v) security of all medications, including appropriate security measures for narcotic and controlled drugs and medications kept at a resident's bedside;
- h) by using a current photograph, ensure that each resident's identity is confirmed before staff administers medication;
- i) ensure that the overall medication use in the personal care home is monitored; and
- j) ensure that the need for education programs about medications, including education for nursing staff and residents, is assessed and that appropriate programs are developed.

Administering medications

The operator shall ensure that when staff administers medications to a resident, such medications are administered:

- a) only on a physician's, physician assistant's or nurse practitioner's order, or the order of a pharmacist, made in accordance with the *Pharmaceutical Act* and its regulations, or registered nurse made in accordance with *The Registered Nurses Act* and its regulations;
- b) only by a physician, physician assistant, nurse practitioner, registered nurse, registered psychiatric nurse or licensed practical nurse, in accordance with their respective standards of practice; and
- c) only after the resident's identity has been confirmed using minimally two identifiers.

When a physician, physician assistant, nurse practitioner or registered nurse who is not on-site at the personal care home gives a medication order by telephone, the operator shall take reasonable steps to ensure that it is confirmed in writing on the next visit to the home by the physician, physician assistant, nurse practitioner or registered nurse.

The operator shall:

- a) take reasonable steps to ensure that all medication orders are legible and up-to-date; and
- b) ensure that the person who administers any medication records it immediately after in the resident's medication administration record.

Limited medication supplies

The operator shall ensure that:

- a) a monitored dosage or unit dosage system for drug distribution is adopted and implemented in the personal care home;
- b) the personal care home has a supply of medications for emergency use;
- c) there is at least one designated, locked, properly equipped medication storage and preparation area that it is clean, well-organized and maintained;
- d) medications are stored in a locked medication storage and preparation area in a manner that protects them from heat, light and other environmental conditions that may adversely affect the efficacy and safety;
- e) medications requiring refrigeration are kept in a refrigeration unit used only for medication storage;
- f) the responsible pharmacist ensures regular audits are conducted of medication kept at the personal care home and that any expired, unused and discontinued medications are removed and properly disposed of; and
- g) the responsible pharmacist ensures regular audits of medication storage areas are conducted and takes any action necessary to ensure that medications are properly stored in accordance with this section.

Expected Outcome: Residents receive prescribed treatments and medications in accordance, with their needs and their treatments/medications are correctly administered and documented.

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.01	There is a current contract with a licensed pharmacist.	Met	See copy of contract with Medi-System. contract good until 2023	Met	
12.02	The contract defines the scope of service.	Met	see copy of contract	Met	
12.03	The contract includes provision for emergency and after hour services.	Met	see copy of contract	Met	
12.04	The pharmacist conducts medication and treatment reviews on a quarterly basis (once every 3 months) with the interdisciplinary team (pharmacist, nurse, physician/ nurse practitioner/physician assistant and other members as needed)	Met	Quarterly reviews are conducted by the nurse, pharmacist & doctor and placed on the resident's health record	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	and this is documented in the health record.				
12.05	Policies and procedures for pharmacy services are available, complete and reviewed minimally every three years.	Met	See pharmacy policy and procedure manual.	Met	
There are designated medication storage areas that are:					
12.06	• Clean;	Met	see CQI reports	Met	
12.07	• Well organized;	Met	see CQI reports	Met	
12.08	• Well equipped;	Met	see CQI reports	Met	
12.09	• Well maintained, and;	Met	see CQI reports	Met	The lower cabinet door under the sink in the medication room is falling off and needs to be secured.
12.10	• Secure.	Met	see CQI reports	Met	
12.11	All controlled substances are securely stored under a double lock.	Met	see CQI reports	Met	
12.12	All controlled substances are counted and signed by two nurses at least once every seven days.	Met	counted and signed on every shift.	Met	
Nursing staff have access to:					
12.13	• A supply of medications for emergency use (emergency drug box), and;	Met	in the med room on wing 5+6	Met	
12.14	• Medications that should be administered without undue delay (in-house drug box for antibiotics, analgesics, etc).	Met	P & T committee reviews usage to determine which meds need to be stocked for immediate resident use. Supply keep in med room on wing 5+6 and in each med room. Re-evaluated every year for changes.	Met	
Withdrawals from the emergency drug box, in-house drug box and controlled substance storage are documented, including:					
12.15	• Date;	Met	sign out sheet used	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.16	<ul style="list-style-type: none"> The name and strength of the drug being withdrawn; 	Met	sign out sheet used	Met	
12.17	<ul style="list-style-type: none"> Quantity taken; 	Met	sign out sheet used	Met	
12.18	<ul style="list-style-type: none"> The name of the resident being given the drug, and; 	Met	sign out sheet used	Met	
12.19	<ul style="list-style-type: none"> The name of the nurse making the withdrawal. 	Met	sign out sheet used	Met	
12.20	There is a process in place whereby the medications ordered for a resident on admission, and for any transfer between health care facilities, is confirmed by the physician/Nurse Practitioner, the pharmacist and the nursing staff at the receiving facility (i.e. medication reconciliation)	Met	See medication reconciliation form	Met	
The pharmacist ensures that:					
12.21	<ul style="list-style-type: none"> Audits of the medication storage room, emergency drug box, in-house drug box, and controlled substance storage are conducted and documented at three month intervals; 	Met	See CQI reports	Met	
12.22	<ul style="list-style-type: none"> The audit results are shared with nursing staff. 	Met	See CQI reports	Met	
12.23	A monitored dose or unit dose system is used for medication distribution in the facility.	Met	"Pouch Porter" med strips for each resident, some Blister packs for PRNs. Stock meds are administered according to MAR's and dosed accordingly.	Met	
There are processes in place to ensure staff administering medications are trained and follow the appropriate procedures for the monitored dose system, including:					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.24	• An orientation for new staff, and;	Met	All new staff have buddy orientation with another nurse and med pass is part of the orientation and requires a sign off on the orientation checklist.	Met	
12.25	• Periodic audits of a medication pass for each nurse.	Met	Annual medication pass audits are performed. See CQI report	Met	
12.26	The resident's identity is confirmed prior to administration of medications by use of minimally two identifiers.	Met	See policy on two identifiers. photos on med book are current and up to date. Photos are each individual medication cassette. Photos are reviewed at quarterly med review.	Met	
12.27	The medication administration record identifies allergies and diagnoses.	Met	identified on chart, care plan and MAR's	Met	
12.28	A pharmacist is available to provide drug information as required.	Met	By phone and on regular site visits	Met	
A committee has been established:					
12.29	• That includes representation from pharmacy, medicine, nursing and administration;	Met	P & T committee meets quarterly. See agenda/minutes. Medical advisory Committee meetings occur annually. Last meeting held Feb 13, 2018	Met	
12.30	• That meets at least once every 3 months.	Met	See minutes for P&T committee meetings	Met	
12.31	• To review and make recommendations on drug utilization and costs;	Met	See P&T committee minutes	Met	
12.32	• To review and follow up on medication incidents and adverse reactions, and;	Met	See minutes	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.33	<ul style="list-style-type: none"> To review and make recommendations on all policies for the procurement and administration of medication within the home; 	Met	See minutes	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> The bolded measures (12.01, 12.04, 12.23, 12.28, 12.29, 12.30,) are pass/fail performance measures. If any are not met, the standard is not met. If all are met, the other measures are considered before assigning an overall rating to the standard. Of the 27 other measures: <ul style="list-style-type: none"> If ≥ 22 measures are met, the standard is met. If ≥ 16 and < 22 measures are met, standard is partially met. If < 16 measures are met, standard is not met. 					

Result: All measures are met.

The standard is: Met

Comments: The nurse observed for the medication pass was very thorough and patient with the residents. Well done.

Standard 14: Nutrition and Food Services

Reference: *Personal Care Homes Standards Regulation, Section 28*

Nutrition and Food services

The operator shall provide an organized nutrition and food services for residents.

The operator shall ensure that:

- a) The meals served to each resident are flavourful and appetizing;
- b) The meals, nourishments, and supplements served to each resident:
 - i) Meet the resident's nutritional needs, taking into account the recommended daily allowances set out in *Canada's Food Guide to Healthy Eating*,
 - ii) Are in accordance with any therapeutic and other diet orders pertaining to the resident, and
 - iii) Whenever possible, take into account the resident's culture, religious practice and food preferences;
- c) A cycle menu is prepared for meals for each day during a specified period (a minimum of three weeks) that provides a variety of foods and offers choices;
- d) Menus are communicated to residents in a timely manner;

- e) At least three full meals or equivalent are offered to each resident at reasonable intervals in each 24-hour period;
- f) Between-meal nourishment and beverages are offered to residents, including at least one offer of nourishment and beverages not less than two hours after the evening meal;
- g) Every resident is served meals in a group dining area, unless the resident is unable or does not wish to take meals in such an area;
- h) As much as reasonably possible, the environment of the group dining area facilitates the enjoyment of meals and the social aspects of dining;
- i) All resident meals are supervised by staff who are trained to respond to and assist a resident who is choking;
- j) Residents are served their meals in a way that promotes independent eating;
- k) Assistance with eating is provided when required, in a manner that promotes dignity and safety and encourages interaction with the staff member who provides the assistance; and
- l) A dietitian registered under *The Registered Dietitians Act* is available for consultation as necessary.

The operator shall ensure that the weight of each resident is:

- a) Recorded within seven days after admission;
- b) Monitored and recorded monthly thereafter; and
that an appropriate intervention is initiated when a resident experiences a significant weight change.

Expected Outcome: Residents nutritional needs are met in a manner that enhances their quality of life.

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.01	There is an organization chart for the nutrition and food services department that clearly delineates the lines of responsibility, authority and communication.	Met	There is an organization chart for the nutrition and food services department that clearly delineates the lines of responsibility, authority, and communication posted on the kitchen communication board.	Met	
14.02	The nutrition and food services department organization chart is displayed for staff.	Met	The nutrition and food services department organization chart is displayed for staff in the kitchen on the employee information board and given to each staff member during orientation.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.03	All food handling staff have acquired and maintained a current Safe Food Handling certificate within six months of hire.	Met	All food handling staff have acquired and maintained a current Safe Food Handling certificate with 6 months of hire. Listing of staff hire dates and certificates are in evidence binder.	Met	
14.04	Policies and procedures for the nutrition and food services department are reviewed at least every 3 years	Met	Policies and procedures for the nutrition and food services were revised and reviewed January 2018	Met	
Policies and procedures for the nutrition and food services department minimally include direction for:					
14.05	• Procurement of food;	Met	B001,B002,B004	Met	
14.06	• Food storage;	Met	B005, Temperature logs	Met	
14.07	• Proper food handling, and;	Met	B11,B12,B13,B14,	Met	
14.08	• Proper cleaning of all equipment.	Met	F7, F12,F13	Met	
14.09	All persons, including families, volunteers, recreation, dietary and nursing staff, who assist residents with eating at mealtimes, receive training in safe feeding practices.	Met	All persons who assist residents with meals have received the TTMD safe feeding and swallowing through Betel's Education Department - at orientation and reviewed annually - see education binder. All family members were mailed the "feeding and swallowing" education pamphlet this spring.	Met	
There is a master menu that is:					
14.10	• Dated and signed as approved by a registered dietitian, and;	Met	The master menu is dated and approved by a registered dietitian, copy in evidence binder	Met	
14.11	• Posted for the information of dietary staff.	Met	The master menu is posted in the kitchen and resident dining areas	Met	
The master menu specifies the daily meals and nourishments and includes:					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.12	• The main menu;	Met	Copy in evidence binder, and master menu binder in kitchen	Met	
14.13	• Therapeutic diets, and;	Met	Therapeutic diets are in the master menu binder in kitchen, sample in evidence binder	Met	
14.14	• Alternatives to the main menu.	Met	Alternates are listed on master menu, see evidence binder	Met	
14.15	At least three meals or equivalent are offered to each resident, each day, at reasonable intervals.	Met	Three meals are offered to each resident daily as per master menu: Breakfast 8:30 a.m. Lunch 12:00 p.m. Dinner 5:00 p.m	Met	
Between meal fluids and nourishments are offered to every resident:					
14.16	• Between breakfast and lunch (minimally fluids must be offered);	Met	Fluids are offered to residents between breakfast and lunch in both dining areas.	Met	
14.17	• Between lunch and supper, and;	Met	Fluids are served with PM snack at 2:00 p.m. and as requested by residents.	Met	
14.18	• Not less than two hours after the evening meal.	Met	Fluids are served with HS snack at 7:00 p.m. and as requested by residents See binder for the list of specific HS snack for some residents(requested by the dietitian)	Met	
14.19	The menu cycle is at least 21 days long.	Met	Menu cycle is 28 days long	Met	
14.20	Menu choices are posted daily for the residents to view, at an appropriate height and displayed using minimally size 14 Arial Font.	Met	Week at a Glance Menu is posted in resident dining areas typed in 14 Arial Font	Met	
14.21	Residents and their families have the opportunity to provide input into the menu.	Met	Residents and families have opportunity to provide menu input though Resident & Family Advisory council, Resident	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Surveys, Family surveys, care conferences, resident's choice meal once per menu cycle		
14.22	There is a permanent record of each resident's likes and dislikes that is readily accessible to dietary, nursing and recreation staff.	Met	Resident preferences are documented in the Dietary Serving binders and are accessible to all departments	Met	
14.23	Resident's likes and dislikes are accommodated to the extent possible.	Met	Resident likes and dislikes are accommodated, residents are offered alternatives with comparable nutritional value as per master menu	Met	
14.24	Residents are served meals in a manner that promotes independent eating.	Met	Residents are encouraged independence when eating. Adaptive equipment is provided as required- plate guards, clothing protectors, Kennedy cups, easy grip cutlery, divided plates, and assistance from staff is provided as needed.	Met	
14.25	Meals are presented in a courteous manner.	Met	Residents are served by table to promote a home-like environment and staff are encouraged to interact with residents in a pleasant manner	Met	
14.26	Positioning and assistance with eating is individualized as needed.	Met	Included in annual review, OT and RD available as needed for input. Nursing assesses residents and gives direction for positioning and assistance with eating to the HCAs as indicated in the care plan. Betel Policy for Feeding-Swallowing Assessment is followed.	Met	
Assistance with eating is provided, when required:					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.27	<ul style="list-style-type: none"> In a manner that promotes dignity; 	Met	Staff provide assistance as needed in as per Resident Bill of Rights, Policy D001 - Resident Rights & Nutrition Care.	Met	
14.28	<ul style="list-style-type: none"> With specific regard to safe feeding practices, and; 	Met	All staff assisting residents with eating have received TTMD safe feeding and swallowing through Betel's Education Department - annually and at orientation. - See education binder.	Met	
14.29	<ul style="list-style-type: none"> In a way that encourages interaction with the person providing assistance. 	Met	Staff assisting residents with meals are seated at eye level with residents.	Met	
14.30	Residents are given sufficient time to eat at their own pace.	Met	Residents are not rushed as Dining Room is a home-like environment and residents are encouraged to take their time eating - see policy C008 in evidence binder.	Met	
14.31	A dietitian registered under the <i>Registered Dietitians Act</i> is available for consultation as necessary.	Met	See documentation in evidence binder. Dietitian is on site for 6-hours bi-weekly.	Met	
14.32	A dietitian assesses each resident within the first eight weeks of admission and develops their nutritional plan.	Met	See policy D005 in evidence binder	Met	
14.33	The resident's nutritional plan is part of the interdisciplinary care plan.	Met	A nutritional assessment is completed upon admission. Changes are noted in the progress notes and given to charge nurse for input into MDS - Policy D005 in evidence binder	Met	
14.34	The Dietitian re-assesses each resident and documents the findings in the resident's health record and	Met	See resident chart and Dietary Serving Binders	Met	This was applicable for four of six records reviewed.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	care plan at least annually, or more frequently as needed.				
14.35	All dietary recommendations and changes are noted in the resident's health record.	Met	See resident chart and Dietary Serving Binders	Met	
14.36	There is a written policy that defines significant weight change.	Met	Policy D003 & D004 (Weight Assessment)	Met	
14.37	There is a written procedure for formally notifying the dietary department of a significant change in a resident's weight.	Met	Policy D004 & D006(Weight Assessment)	Met	
14.38	The weight of each resident is recorded within 7 days of admission.	Met	Nursing Staff will take the residents' weight and record on the chart	Met	
14.39	The weight of each resident is recorded monthly following admission.	Met	Nursing staff weigh each resident monthly and follow up with dietitian when there is a significant change, see resident chart	Met	
14.40	A variety of food service audits are conducted on a monthly basis.	Met	See QA record and Betel CQI's	Met	
14.41	Food service audit results are analyzed, and reported.	Met	CQI program in place. See copies of audits and reports in evidence binder.	Met	
14.42	Recommendations are made from the audit analyses.	Met	see examplesRecommendations made on CQI report - see binder	Met	
14.43	Those recommendations are implemented and followed up.	Met	Through Departmental meetings	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> • The bolded measures (14.03, 14.10, 14.11) are pass/fail performance measures. If they are not met, the standard is not met. If they are met, the other measures are considered before assigning an overall rating to the standard. • Of the 40 other measures: <ul style="list-style-type: none"> ○ If ≥ 32 measures are met, standard is met. ○ If ≥ 24 and < 32 measures are met, standard is partially met. 					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
○ If <24 measures are met, standard is not met.					
Result:		All measures are met.			
The standard is:		Met			
Comments:		Well done.			

Standard 16: Laundry Services

Reference: *Personal Care Homes Standards Regulation, Section 30*

The operator shall ensure that a laundry service is in place to meet residents' linen and personal clothing needs, and that

- a) an effective system is in place for regularly collecting residents' soiled personal clothing and for laundering and returning the clean clothing to their rooms so that a sufficient supply of clean clothing is always available;
- b) soiled linen is collected regularly and a sufficient supply of clean linen (including sheets, pillow cases, blankets, towels, washcloths, napkins or clothing protectors and incontinence care products) is always readily available to meet the residents' care and comfort needs;
- c) soiled linen and personal clothing are placed into laundry bags or covered carts at point of service and taken to laundry or storage areas in closed laundry bags or covered carts;
- d) clean and soiled linen and personal clothing are kept separate at all times;
- e) incontinence care products are laundered separately from other laundry; and
- f) an effective system is in place for washing and drying linens and personal clothing, including washer equipment that has automatic programming to dispense cleaning products.

Expected Outcome: Residents have a supply of clean clothing and linens to meet their care and comfort needs.

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
To meet specific resident safety and infection control needs, an effective system is in place for washing and drying linens and personal clothing, including:					
16.01	<ul style="list-style-type: none"> • Washing equipment that has automatic programming to dispense cleaning products, and; 	Met	2-35# washers with metered cleaning products and programs	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
16.02	<ul style="list-style-type: none"> Where domestic style machines are used, there are detailed instructions outlining the appropriate type and amount of laundry product required to correctly clean the machine's contents. 	Met		Not Applicable	
16.03	Soiled laundry is collected from the resident units at frequent intervals to control odours throughout the facility.	Met	soiled laundry is collected on each wing	Met	
16.04	Soiled laundry is bagged at its collection point.	Met	on each wing	Met	
16.05	Soiled laundry carts are covered.	Met	with lids	Met	
16.06	Soiled laundry is transported from the unit to the laundry in a manner that prevents the bags from touching the floor.	Met	soiled laundry is bagged at collection point and taken in a covered cart to laundry	Met	
16.07	When required, soiled laundry is rinsed in the main laundry area.	Met	2 hopper sinks at each end of the building	Met	
16.08	Personal protective equipment is available for staff when rinsing and sorting soiled laundry.	Met	PPE is available for staff	Met	
16.09	Where rinsing in an area other than the main laundry is required, staff are equally able to follow appropriate infection control practices.	Met	PPE is available	Met	
16.10	Soiled laundry is not placed on the floor of any unit nor in the laundry area.	Met	placed in covered carts on units , placed in cart in dirty linen room	Met	
16.11	Soiled laundry is kept separate from clean linen throughout the facility.	Met	designated areas for clean and soiled linen	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
Where there is a laundry chute:					
16.12	• It is kept properly secured;	Not Applicable		Not Applicable	
16.13	• There is a documented chute cleaning process, and;	Not Applicable		Not Applicable	
16.14	• It is clean on inspection.	Not Applicable		Not Applicable	
16.15	Design of the laundry area supports the proper flow of laundry, with designated clean and soiled areas, to minimize cross over between clean and soiled and prevent cross contamination.	Met	wall between clean and soiled areas	Met	
16.16	Upon inspection, there is a supply of clean linen readily available to meet resident needs.	Met	clean linen room on both floors	Met	
16.17	Linens and personal clothing are laundered separately.	Met	Selkirk Linen for facility & betel for personal	Met	
Residents' clothing is:					
16.18	• Discretely labelled, and;	Met	clothing labels are inconspicuous	Met	
16.19	• Upon room inspection, clean and adequately supplied to meet each resident's needs.	Met	personal laundry washed daily and delivered to res room	Met	
16.20	All laundry equipment is routinely maintained.	Met	see preventative maintenance binder	Met	
16.21	There are records that all dryer lint traps are cleaned at least daily, and more often as required.	Met	lint traps cleaned daily by maintenance staff. complete cleaning record by maintenance in p.m. binder	Met	
16.22	There is an easily accessible hand washing area for laundry services staff.	Met	hand sink	Met	
The laundry room is:					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
16.23	• Clean;	Met		Met	
16.24	• Well lit; and	Met		Met	
16.25	• Well ventilated.	Met		Met	
Laundry audits:					
16.26	• Are conducted every three months;	Met	monthly	Met	
16.27	• Are reviewed and reported;	Met	see cqi	Met	
16.28	• The results are analyzed;	Met	discussed at management meeting montly	Met	
16.29	• Recommendations are made from the analysis, as required, and;	Met	discuss with staff	Met	
16.30	• Recommendations are implemented and followed up.	Met	discuss with staff	Met	
Scoring methodology:					
<ul style="list-style-type: none"> • There are no pass/fail performance measures. • <u>Where there is a laundry chute</u>, of the 30 applicable measures: <ul style="list-style-type: none"> ○ If ≥ 24 measures are met, standard is met. ○ If ≥ 18 and < 24 measures are met, standard is partially met. ○ If < 18 measures are met, standard is not met. • <u>Where there is no laundry chute</u>, of the 27 applicable measures: <ul style="list-style-type: none"> ○ If ≥ 22 measures are met, standard is met. ○ If ≥ 16 and < 22 measures are met, standard is partially met. ○ If < 16 measures are met, standard is not met. 					

Result: All measures are met.

The standard is: Met

Comments: Well done.

Standard 18: Spiritual and Religious Care

Reference: *Personal Care Homes Standards Regulation, Section 32*

The operator shall ensure that an organized spiritual and religious care program is provided to respond to the spiritual and religious needs and interests of all residents.

Expected Outcome: Residents are free to practice their individual spiritual and religious customs and residents' spiritual needs are met in a way that enhances their quality of life.

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
18.01	Residents have access to the spiritual advisor(s) of their choice.	Met	Residents make their Spiritual choice as indicated on their leisure interest survey. There are current Denomination lists and clergy phone numbers available at the nursing stations and the family notice board.	Met	
18.02	The home hosts regular religious services and spiritual celebrations.	Met	Monthly services include Anglican & United Communion. Roman Catholic & Ukrainian Catholic masses. We provide a weekly interdenominational Hymn Sing program and Sunday church services. Memorial services are held quarterly to honor the residents that passed away. We are also able to access the IERHA Spiritual Health Services for additional support as needed.	Met	
18.03	Special spiritual and religious observances are accommodated when possible.	Met	Special religious observations are held: Christmas i.e. Christmas traditions & Ukrainian Christmas.	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> • There are no pass/fail performance measures. • Of the 3 measures: <ul style="list-style-type: none"> ○ If 3 measures are met, standard is met. ○ If 2 measures are met, standard is partially met. ○ If 1 measure is met, standard is not met. 					

Result: All measures are met.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
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The standard is: Met
Comments: Well done.

Standard 19: Safety and Security

Reference: *Personal Care Homes Standards Regulation, Sections 33 & 34*

Temperature

The operator shall take reasonable steps to ensure that the temperature in residential areas of the personal care home is kept at a minimum of 22 degrees Celsius.

Safety and Security

The operator shall ensure that the environment of the personal care home is maintained so as to minimize safety and security risks to residents and to protect them from potentially hazardous substances, conditions and equipment.

Without limiting the generality of the above subsection, the operator shall ensure that:

- a) nurse call systems are installed and maintained in proper working order within resident rooms, resident washrooms, and bathing facilities;
- b) open stairwells are safeguarded in a manner which prevents resident access;
- c) all outside doors and doors to stairwells accessible to residents are equipped with an alarm or a locking device approved by the fire authority under the *Manitoba Fire Code*;
- d) windows cannot be used to exit the personal care home;
- e) handrails are properly installed and maintained in all corridors, and grab bars are properly installed and maintained in all bathrooms and bathing facilities;
- f) all potentially dangerous substances are labelled and stored in a location that is not accessible to residents;
- g) all equipment is safe and it is used, stored and maintained in a manner which protects residents;
- h) domestic hot water temperature in resident care areas is not less than 43 and not more than 48 degrees Celsius (C);
- i) the personal care home is kept clean and combustible materials are stored separately and safely;
- j) exits are clearly marked and kept unobstructed at all times;
- k) facility grounds and exterior furniture are safe for resident use;
- l) and a system is in place whereby all residents who may wander are identified and all staff are informed.

To ensure compliance with this section, the operator shall establish an ongoing safety and accident prevention program that includes the following:

- a) maintenance programs for resident safety devices, ventilation, heating, electrical equipment and all other equipment used by staff and residents;
- b) protocols relating to hazardous areas; and
- c) a policy governing electrical appliances to be used or kept by residents in their rooms.

Expected Outcome: Residents are provided a safe, secure, and comfortable environment, consistent with their care needs.

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
19.01	The temperature in residential areas is a minimum of 22°C.	Met	See log book, CQI reports	Met	
19.02	Domestic hot water, at all water sources that are accessible to residents, is not less than 43°C and not more than 48°C.	Met	Set at 44C Water temperature monitoring system implemented.	Met	
19.03	There is documented evidence of frequent monitoring (minimally once per week) of domestic hot water temperatures at locations accessible to residents.	Met	See Log Book, CQI reports	Met	
19.04	There is an easily accessible call system in all resident rooms.	Met	each room has a call bell	Met	
19.05	There is an easily accessible call system in all resident washrooms.	Met	each washroom has a call bell	Met	
19.06	There is a call system in all bathing facilities that is easily accessible from all areas around the tub.	Met	each tub room has a call bell	Met	
19.07	All open stairwells are safeguarded in a manner which prevents resident access.	Met	Maglocks to access stairs, poles at top of stairs.	Met	
19.08	All outside doors and stairwell doors accessible to residents are equipped with an alarm or locking device approved by the Fire Authority under the Manitoba Fire Code.	Met	Stairwell doors maglocked with keypad access. All doors except front are equipped with keypads and maglocks. Front door has	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			keypad and roam alert. Doors open when fire alarms activated.		
19.09	All windows are equipped with a mechanism or are appropriately designed so they cannot be used as exits.	Met	Double locks, windows modified to limit opening.	Met	
19.10	Handrails are properly installed and maintained in all corridors.	Met	secured and maintained	Met	
19.11	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	Met	secured and maintained	Met	
19.12	All potentially dangerous substances are labeled and stored in a location not accessible to residents.	Met	Per WHMIS. Dangerous substances in maintenance room when not in use. Locked storage facility provided in hairdressing room and tub room. Keypad lock on exit from main hall to back area of building.	Met	Wound dressing observed in one resident's room and surface cleaner in another's. Suggest removing these.
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	Met	combustible materials are stored in a proper manner away from anything flammable	Met	
Upon inspection/observation, all equipment is;					
19.14	<ul style="list-style-type: none"> • Safe for use; 	Met	safety guards have been installed on all required equipment that protects residents	Met	
19.15	<ul style="list-style-type: none"> • Safely stored, and; 	Met		Met	
19.16	<ul style="list-style-type: none"> • Used in a manner that protects residents. 	Met		Met	
There is documented evidence for all equipment, including building systems, that demonstrates the completion of:					
19.17	<ul style="list-style-type: none"> • As needed repairs, and; 	Met	work order books checked daily.	Met	
19.18	<ul style="list-style-type: none"> • Preventive maintenance. 	Met	See preventative maintenance book;	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
19.19	The facility has a current policy governing the use of personal electric appliances kept by the resident.	Met	Must be CSA approved and in good working condition. No heating appliances allowed.	Met	
19.20	In facilities where smoking is permitted, it takes place in designated areas only, and the ventilation system prevents exposure to second hand smoke within the facility.	Met	Smoking is not permitted in building and only in designated smoking area outside of building	Met	
All exits are:					
19.21	• Clearly marked, and;	Met		Met	
19.22	• Unobstructed.	Met		Met	
19.23	The exterior of the building is maintained in a manner which protects the residents.	Met	There are exterior sidewalks at all existing exits to assist in evacuation.	Met	
19.24	The grounds and exterior furniture are maintained in a manner which protects the residents.	Met	There are no protruding objects on any exterior furniture. Grass is trimmed and exterior sidewalks are kept clean and in the winter snow and ice-free. Flowers planted and bird feeders erected for resident enjoyment.	Met	
19.25	A system is in place to identify, and inform all staff of any resident who may wander and/or is at risk for elopement.	Met	Wanderguard system in place.	Met	
Scoring methodology:					
<ul style="list-style-type: none"> • The bolded measure (19.02) is a pass fail measure. If it is not met, the standard is not met. If it is met, the other measures are considered before assigning an overall rating to the standard • Where smoking is permitted, of the 24 other measures: <ul style="list-style-type: none"> ○ If ≥19 measures are met, standard is met. ○ If ≥14 and <19 measures are met, standard is partially met. ○ If <14 measures are met, standard is not met. 					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<ul style="list-style-type: none"> • Where smoking is not permitted, of the 23 other applicable measures: <ul style="list-style-type: none"> ○ If ≥18 measures are met, standard is met. ○ If ≥14 and <18 measures are met, standard is partially met. ○ If <14 measures are met, standard is not met. 				

Result: All measures are met.

The standard is: Met

Comments: Facility is older but generally well-maintained, clean and comfortable.

Standard 22: Person in Charge of day-to-day operation

Reference: *Personal Care Homes Standards, Section 37*

The operator shall designate a person to have overall responsibility and authority for the day to day operation of the personal care home.

The operator shall ensure that processes are in place to ensure continuous quality improvement

Expected Outcome: The personal care home is operated in an effective and efficient manner.

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
22.01	There is a person identified as having responsibility and authority for the day-to-day operation of the PCH.	Met	CEO - see job description	Met	
22.02	There is documented evidence that the staff development program includes performance appraisals for all staff, at least once every three years.	Met	See policy	Met	
22.03	The facility has a strategic plan.	Met	See copy of strategic plan	Met	There is a strategic plan for the period 2016 to 2021.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
22.04	There is a plan for the management of human resource to adequately meet the facility's current and future needs (i.e. recruitment, retention, succession planning, and attendance management).	Met	See Human Resources Plan, CEO succession policy and absenteeism/lateness policy	Met	There is a 2018/2019 plan in place with policies for attendance and absenteeism issues and succession planning.
22.05	Facility policy and procedure reviews occur at least every three years.	Met	Policies reviewed in 2018	Met	
There is evidence of a continuous quality improvement program with a forum that discusses, at a minimum, the results of the following:					
22.06	• Critical Incidents;	Met	See CQI reports	Met	This is discussed at the quality management meeting, and three times a year at the advisory committee that reports to the board.
22.07	• Complaints / complaint handling;	Met	See CQI reports, complaint forms	Met	
22.08	• Resident satisfaction and resident representative satisfaction;	Met	See CQI reports	Met	
22.09	• Resident care audits;	Met	See CQI reports	Met	
22.10	• Resident care plan audits;	Met	See CQI reports	Met	
22.11	• Compliance with the Nursing Services Guideline;	Met	See nursing service guideline reports	Met	
22.12	• Compliance with PCH Staffing Guideline;	Met	See staff schedules	Met	
22.13	• Therapeutic Recreation program audits;	Met	See CQI reports	Met	
22.14	• Medication pass audits;	Met	See CQI reports	Met	
22.15	• Restraint use audits;	Met	See CQI reports	Met	
22.16	• In-service education evaluations;	Met	See CQI reports	Met	
22.17	• Housekeeping services audits;	Met	See CQI reports	Met	
22.18	• Dietary services audits;	Met	See CQI reports	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
22.19	•Laundry services audits, and;	Met	See CQI reports	Met	
22.20	•Infection control data and analysis.	Met	See CQI reports	Met	
Scoring methodology: <ul style="list-style-type: none"> • The bolded measure (22.02) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, other measures are considered before assigning an overall rating to the standard. • Of 19 other measures: <ul style="list-style-type: none"> ○ If ≥15 measures are met, standard is met. ○ If ≥11 and <15 measures are met, standard is partially met. ○ If <11 measures are met, standard is not met. 					

Result: All measures are met.

The standard is: Met

Comments: Well done.

Standard 23: Qualified Staff

Reference: *Personal Care Homes Standards Regulation, Section 38*

The operator shall ensure that all staff of the personal care home have appropriate qualifications to carry out the responsibilities of their positions.

Expected Outcome: Staff are qualified to provide care to the residents.

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
23.01	Written job descriptions detailing job qualifications, requirements, responsibilities, and scope of function are available for all positions.	Met	see copies of job descriptions	Met	
23.02	There is documented evidence that the licensing of staff is checked annually for all applicable positions.	Met	Copies of licensing renewals in all employee files	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
23.03	Compliance with the Nursing Services Guideline is documented to ensure appropriate nursing coverage.	Met	See nursing service guideline reports. DRC is on call 24/7	Met	
23.04	Compliance with the PCH Staffing Guideline is documented to ensure appropriate staff mix.	Met	See staff schedules	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> • The bolded measure (23.01) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, the other measure is considered before assigning an overall rating to the standard. • Of the 3 other measures: <ul style="list-style-type: none"> ○ If 3 are met, the standard is met. ○ If 2 are met, the standard is partially met. ○ If 0 or 1 are met, the standard is not met. 					

Result: All measures are met.

The standard is: Met

Comments: Well done.

Standard 24: Staff Education

Reference: *Personal Care Homes Standards Regulation, Section 39*

The operator shall provide an organized orientation and in-service education program for all staff of the personal care home.

The operator shall ensure that each new employee signs an acknowledgement of the information received in the orientation.

The operator shall ensure that the orientation and in-service education programs are evaluated at least annually and revised as necessary to ensure that they are current and meet the learning needs of the staff.

The operator shall make available health related resources, including books, journals and audio-visual materials, to staff and volunteers at the personal care home.

Expected Outcome: The appropriate knowledge, skills and abilities for each position in the personal care home have been identified, documented and training is available to staff to enable them to perform their roles effectively.

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.01	There is documented evidence that all new staff participate in an orientation program.	Met	Attendance records & Orientation checklists maintained on employee files	Met	All employee files reviewed had checklists.
Orientation includes:					
24.02	• A general orientation, and;	Met	A general orientation is provided to all new employees	Met	
24.03	• A job specific orientation.	Met	Job specific orientation and checklist is provided to all new employees	Met	
24.04	Each staff signs an acknowledgement of the information received at general and job specific orientation.	Met	New employees are required to sign checklist as to topics covered. Specific topics may have an additional sign off.	Met	
The orientation program includes, at a minimum, the following components:					
24.05	• Resident Bill of Rights;	Met	See orientation binder, agenda and checklist/sign off pledge sheet.	Met	
24.06	• Mission Statement;	Met	See orientation binder, agenda and checklist. Staff sign off checklist.	Met	
24.07	• Organization chart;	Met	See orientation binder, agenda and checklist. Staff sign off checklist.	Met	
24.08	• Disaster management including the fire plan;	Met	See orientation binder, agenda and checklist. Staff sign off checklist and complete quiz	Met	
24.09	• Workplace Hazardous Materials Information System (WHMIS);	Met	See orientation binder, agenda and checklist. Staff sign off checklist and complete quiz	Met	
24.10	• Infection control;	Met	See orientation binder, agenda and checklist. Staff sign off checklist and complete quiz	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.11	• Proper use of all equipment specific to job function;	Met	See orientation binder, agenda and checklist(s). Staff sign off checklist and complete quiz	Met	
24.12	• Personnel policies;	Met	See orientation binder, agenda and checklist. Staff sign off checklist and complete quiz	Met	
24.13	• Personal Health Information Act;	Met	See orientation binder, agenda and checklist. Staff sign off checklist and complete quiz	Met	
24.14	• <i>Protection for Persons in Care Act;</i>	Met	See orientation binder, agenda and checklist. Staff sign off checklist and complete quiz	Met	
24.15	• The facility policy on freedom from abuse;	Met	See orientation binder, agenda and checklist. Staff sign off checklist.	Met	
24.16	• Signing an Oath of Confidentiality;	Met	See orientation binder, agenda and checklist. Staff required to sign an oath of confidentiality. If general orientation is after start date, staff are required to sign an interim oath when signing offer or employment letter.	Met	
24.17	• Job description, and;	Met		Met	
24.18	• Expected skills and routines.	Met		Met	
24.19	There is an organized staff education program for all staff.	Met	Staff education coordinator until June 2017. Director of Resident care assumed role .Part of Clinical Nurse Manager role Position filled April 2018	Met	
The staff education program annually includes at least the following:					
24.20	• Fire drill participation or fire prevention education for every staff member, including permanent, term and casual employees;	Met	Fire Safety Binder - attendance records of fire drill maintained. Included with annual reviews.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.21	• Review of the Freedom from Abuse policy;	Met	Policy and reporting form reviewed. Presentation with case studies and/or quizzes completed.	Met	
24.22	• Review of the Resident Bill of Rights;	Met	Component of annual review.	Met	
24.23	• Review of the Use of Restraints Policy;	Met	Component of annual review. Policy and documentation reviewed.	Met	
24.24	• Workplace Hazardous Materials Information Sheets (WHMIS);	Met	Staff complete quiz part of annual review. Staff records maintained.	Met	
24.25	• Education about Alzheimer's and related dementias, and other geriatric care information, and;	Met	Variety of topics offered throughout the year. See education calendar and attendance records	Met	
24.26	• Education opportunities that match the special considerations/ needs of the facility's current resident population.	Met	Variety of topics offered throughout the year. See education calendar and attendance records	Met	
24.27	Education on the proper use of new, job-specific equipment is provided whenever new equipment is acquired.	Met	Checklists completed	Met	
The staff education program also includes the following, minimally once every 3 years:					
24.28	• Oral Health care;	Met	general orientation and annual reviews	Met	
24.29	• Proper resident transferring techniques;	Met	MSIP training provided to all staff in April 2016. Staff retraining due Dec 2019.	Met	
24.30	• Education opportunities to ensure staff have a basic understanding of the value of spiritual and religious care as an integral part of holistic care.	Met	will be included in annual reviews	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.31	An attendance record is maintained for every in-service education program provided.	Met	Records are maintained of all sessions attended.	Met	
24.32	There is a process to ensure that all staff are made aware of all new or revised policies.	Met	New revised policies are posted. Discussed at departmental meetings. If required, educational component is offered	Met	
There is evidence of an education services audit process which includes:					
24.33	• Annual evaluation of all education programs;	Met	CQI report	Met	
24.34	• Review and analysis of the program evaluations;	Met	CQI report	Met	
24.35	• Recommendations for improvement resulting from the analysis, as required, and;	Met	CQI report	Met	
24.36	• Implementation and follow-up of those recommendations.	Met	CQI reports	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> • The bolded measures (24.01, 24.14, 24.20) are pass/fail performance measures. If any one is not met, the standard is not met. If they are met, the other measures are considered before assigning a rating to the standard. • Of the 33 other measures: <ul style="list-style-type: none"> ○ If ≥ 26 measures are met, standard is met. ○ If ≥ 20 and < 26 measures are met, standard is partially met. ○ If < 20 measures are met, standard is not met. 					

Result: All measures are met.

The standard is: Met

Comments: Well done.