

Personal Care Home (PCH) Standards Unannounced Review (UR) Report

Regional Health Authority: Interlake Eastern Regional

Facility: Tudor House

Number of Beds: 76

Review Team: I.D. # LCB089 – Manitoba Health
I.D. # LCB342 – Manitoba Health
I.D. # IERHA0323 – Interlake Regional Health Authority

Review Date: August 24, 2023

Report Date: October 6, 2023

Summary of Results:

Standard	Regulation	Follow-Up
1	Bill of Rights	None
2	Resident Council	Recommended
5	Right to Participate in Care	None
a6	Communication	None
7	Integrated Care Plan	Recommended
8	Freedom from Abuse/Neglect	Recommended
9	Use of Restraints	Recommended
12	Pharmacy Services	Required
14	Nutrition and Food	Recommended
15	Housekeeping Services	Recommended
16	Laundry Services	None
17	Therapeutic Recreation	Recommended
18	Spiritual Care	None
19	Safety and Security	Recommended/Required
24	Staff Education	Required
25	Complaints	None

Resident Experience

Resident Experience Questions	Resident Responses by Type of Response					
	Always	Often	Sometimes	Rarely	Never	No Comment
1. Are you happy with the care you receive here?	4	1	1			
2. Do the staff check in to see if you need anything?	3	1	2			
3. Are you treated the way you want to be treated?	5		1			
4. Do you feel your privacy is protected when showering, dressing or using the bathroom?	5	1				
5. Can you access spiritual or religious services of your choice?		3	1			2
6. Are you satisfied with the activities available on weekends?	1		4			1
7. Do the staff help you to participate in activities you enjoy?	3	2				1
8. Do you decide how you spend your day?	6					
9. Do you like the food here?	2	2	2			
10. Do you enjoy the dining service?	2	2	1			1
11. Are you happy with how the staff respond to your concerns?	3		1			2
	Yes	No				
12. Do staff ask you what help you need?	4	2				
13. Would you recommend this facility to others?	6					
<p>If you could change three things about this home, what would you change? (All responses are included below):</p> <ul style="list-style-type: none"> • Nothing x2; Nothing, everything working well. • I would change this room. It is a four bed room. • I am very independent but staff come if I ring the bell. • I don't think there are recreation activities on the weekends x 2. • The people who make noise. 						

- Concerned with the cost of taxis.

Additional Comments: Six residents were interviewed and as well as providing ratings to the questions, residents were provided the opportunity to provide additional comments. These are as follows:

- The temperature in the building is cool.
- I like this facility because it is close to family.
- Staff are very tired and busy
- Staff do remind me of activities and take me to activities.
- Resident likes the food and bingo.
- Resident stated they liked the food.
- Staff provide good food around the resident's allergies.
- No choice at mealtimes – you get what they have.
- There is room for improvement in everything. Hard to choose three things as are lots of areas that need improvement – staff, care and approach.
- Recreation program is excellent. Very happy about the department.
- Call bell wait times are long.
- Staff are very good. Treat me like royalty.

Family Feedback

Family Experience Questions	Family Member Responses by Type of Response					
	Always	Often	Sometimes	Rarely	Never	No Comment
1. Does your loved one receive help when they need it?	6	8		1		
2. Do staff regularly check to see if your loved one needs anything?	2	11	2			

	Always	Often	Sometimes	Rarely	Never	No Comment
3. Does your loved one have access to other health care professionals such as the Doctor, Physiotherapists, Occupational Therapists, a Rehab Aide or a Foot Care Nurse, when requested?	7	5	1	1		1
4. Are your loved one's dietary needs and choices taken into consideration in the meals provided?	10	3	1		1	
5. Do you think your loved one takes part in activities that are of interest to them?	6	4	3	1		1
6. Do staff respect your loved one's preferences?	6	7	2			
7. Does the facility make efforts to create a home-like environment?	5	9		1		
8. Are your loved one's belongings safe in the facility?	4	7	4			
9. Is your loved one's room and the rest of the facility clean?	9	4	2			
10. Is the facility in a good state of repair?	3	7	3	2		
11. Are you regularly updated about what is happening at the facility?	6	5	3	1		
12. Are you informed of any changes in your loved one's condition, in a timely manner?	7	6	1	1		
13. Do you feel the staff address your concerns?	11	3	1			
14. Are the staff friendly and approachable?	12	3				

	Always	Often	Sometimes	Rarely	Never	No Comment
15. Do you have opportunities to participate in decisions about your loved one's care?	9	3	2			1
16. In addition to in-person visits, are you able to stay in touch with your loved one?	7	2	3	2		1
	Yes	No	2 families did not answer the question.			
17. Would you recommend this facility to a family member or friend?	12	1				
<p>If you could change three things about this home, what would you change? (all responses are included below):</p> <ul style="list-style-type: none"> • Additional common area for visiting. • More music engagement in the two common rooms daily. Too much TV. • Removing of soiled laundry in the facility. Odours are often strong. • More staff during the day shift. • More staff so staff could spend quality time with residents. • More staff to address shortages. • Better communication between shifts specifically evenings to nights. • Lay out of rooms for access to clothes closet in shared rooms. • Larger rooms; each residents' own bathroom • Bathrooms are need of repair: drains do not work properly and toilets won't flush. • Upgrade beds for easier resident access to prevent falling when transferring in an out of wheelchair. • Monthly cleaning of wheelchairs • Better food options – no powdered milk. • More opportunities for outings. • I would bring Tudor house to Lac du Bonnet. • More than one designate to share information with. I don't get updates. 						

Additional Comments: Fifteen families returned the questionnaire. In addition to rating the questions, there was an opportunity to provide additional comments. These are as follows.

- Tudor is a very good facility.
- We get care and love from most of the staff. Because there are so few health care aides (HCAs) they are run off their feet and not able to spend time with residents. Residents are often sleeping in wheelchairs or chairs in the common room. This is heartbreaking and I feel it is due to the lack of interaction that residents' health has declined.
- Staff are angels. Residents are treated with respect despite difficult behavior.

- All the staff are so good with the residents. Caring and competent. The staff deserve a round of applause.
- I take my loved to a foot nurse outside the facility.
- Many items of clothing are lost.
- Some staff (nurses) ignore you when you approach them.
- Staff to answer the phone.
- Very clean and welcoming facility. I appreciate the work of the staff.

Staff Feedback

Staff Experience Questions	Staff Responses by Type of Response					
	Always	Often	Sometimes	Rarely	Never	No Comment
1. Do you have the equipment and supplies you need to do your job	5	6	4	4		
2. Do you have enough staff to handle the work load in your department?	2	3	6	6	2	
3. Do you feel supported by co-workers from all departments?	4	7	5	3		
4. Do you receive all the information you need about each resident's current care needs?	3	2	8	5	1	
5. Are you provided with adequate training and education opportunities	5	5	5	3	1	
6. Does your manager/supervisor encourage you to share your ideas and concerns?	8		1	2	8	
7. Does the leadership team make changes based on your ideas for improvements?	1	2	2	4	8	2
8. Does your direct supervisor provide the support and guidance that you require?	8		1	1	9	

	Always	Often	Sometimes	Rarely	Never	No Comment
9. Does the leadership team keep you informed of any updates including required policies and procedures?	3	5	4	3	3	1
	Yes	No	1 questionnaire had no answer			
10. Overall, is this a good place to work?	9	9	1 questionnaire chose no but said it was good before.			
11. If you could change three things about this home, what would you change? (all responses are included below): <ul style="list-style-type: none"> • Supply needs – always short x 2. • Replace the toilets; updated equipment x 4. • Fair, respectful and equitable treatment of staff x 2. • More staff x 5. Current staffing doesn't allow time with the elders. • Better communication about residents to staff. • Communication across all departments. • Increase cooperation and consideration of front line staff. • Management and Human Resources x 7. • Flexibility in nurses schedules to allow for requests. Use of banked days. Scheduling should accommodate all nurses optimally. Availability to take stat/bank time. • Input from nurses on routines, physical changes to care areas and resident routines. • Change the pressure to complete paperwork and complete increased workload. Evening nurses are responsible to fill sick call plus all other duties. • Build morale. • More medical intervention for extremely confused and agitated residents. • Increase recreation staff and activities overall x 2; More activities for residents in the evenings. • More respect for the dietary department from other departments. 						

Additional Comments: Nineteen staff returned the Staff Experience Questionnaire of the twenty circulated. Responses came from all departments and respondents had been employed from less than a year to greater than 25 years at the facility. In addition to providing a rating staff were given the opportunity to provide additional comments. These are as follows and echo the above comments.

- This care home used to be very good. It has changed with the change in leadership.
- There is not fair treatment of staff across all staff.
- I feel we are just a number not people. Lack of appreciation x 2
- No resolution to voiced concerns x2. No avenue to voice concerns.

- Unavailability of management to discuss concerns x 2.
- Respectful communication to staff X 2.
- Clarity on leadership roles.
- Low morale x 3. Many long term staff have left. Residents are noticing the low morale of staff.
- Unhealthy work environment. Poor labour practices.
- Frequent mistakes on pay cheques. HR not approachable to address staff concerns x 3.
- Not filling the first sick call leaves staffing short for level of care.
- Staffing needs to be at the level of care required by residents. Staffing only allows the bare minimum. No time for the “little things” elders deserve.
- It is struggle to get all the paperwork required completed with the care level of the residents. Nurses are chastised for not keeping up with paperwork.
- Equipment we use is outdated or broken x 2. Need more lifts.
- Orientation has been good.
- Recreation not available in evenings. Residents say they are bored. Activities in the evening would help the overall environment in the evenings when some residents are “sundowning”.

Licence posted

Is the licence posted as required in a publically accessible location?	<u>Yes</u>	<u>No</u>	Review Team Comments
	√		Posted at front door.

Standard 1: Bill of Rights

Reference: Personal Care Homes Standards Regulation sections 2, 3, and 4

Expected Outcome: The resident’s right to privacy, dignity and confidentiality is recognized, respected and promoted.

Performance Measures:

#	Measure	Review Team Comments
	The bill of rights is posted:	

1.03	<ul style="list-style-type: none"> in minimum standard CNIB print (Arial font 14 or larger); 	The bill of rights is posted at various locations in the facility.
1.04	<ul style="list-style-type: none"> in locations that are prominent and easily accessible by residents, families and staff; 	
1.06	Residents are sheltered, fed, dressed, groomed and cared for in a manner consistent with their needs.	Pass-by observations of residents and of those residents interviewed, residents were noted to be well-groomed, appropriately dressed and comfortably seated. Staff appeared attentive to residents needs.

Follow-up: None

Standard 2: Resident Council

Reference: Personal Care Homes Standards Regulation sections 5 and 6

Expected Outcome: Residents have a forum to freely discuss their concerns and issues and the management of the home responds to this same forum.

Performance Measures:

#	Measure	Review Team Comments
2	Resident council minutes are posted as required by regulation.	Posted meeting minutes were not found on the tour with the exception of the front entrance in the corner of the bulletin board. This location is not readily seen as the lighting the corner is not bright.
2.01	There is evidence that the resident council meets, at a minimum, five times per year.	The required number of meetings has already occurred in 2023. Ten meetings were held in 2022.
2.02	Terms of Reference of the resident council meetings provide evidence that residents are encouraged and	Terms of Reference was provided as required.

	supported in bringing forward issues and concerns.	
Minutes of the resident council meetings provide evidence that the residents' issues and concerns are:		
2.03	• Documented;	Issues appear to be documented. Documentation of investigation, response and follow-up often appeared delayed or not followed up.
2.04	• Investigated;	
2.05	• Responded to at the next resident council meeting; and	
2.06	• Followed-up on in a timely fashion	

Follow-up: Recommended:

- Resident Council meeting minutes be posted in additional locations throughout the facility and posted as reasonably possible after the meeting.
- The facility implement a tracking sheet or another form of documentation to ensure issues brought forward by residents are investigated, responded to and followed-up in a timely fashion. This ensures that residents and families see the PCH is responsive and addresses issues brought forward.

Standard 5: Right to Participate in Care

Reference: *Personal Care Homes Standards Regulation, Sections 9 & 10*

Expected Outcome: Residents receive care in accordance with their wishes.

Performance Measures:

#	Measure
	There is documented evidence on the resident's health record that the resident and their representative have had the opportunity to participate in:

#	Measure	
5.01	<ul style="list-style-type: none"> The development of the initial care plan (completed within 24 hours of admission); 	Evidence on the six health reviewed, indicated residents and/or their representative had the opportunity to participate in care planning on admission, eight weeks post admission, and for those residents' health records that were applicable for an annual interdisciplinary team conference.
5.02	<ul style="list-style-type: none"> The development of the integrated care plan (completed within eight weeks of admission), and; 	
5.03	<ul style="list-style-type: none"> The annual care conferences. 	

Follow-up: None

Standard 6: Communication

Reference: Personal Care Homes Standards Regulation section 14

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	Review Team 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	<ul style="list-style-type: none"> Changes to current care plan; 	Changes to the care plan were up to date and staff were familiar with the changes.
6.05 6.06	The method of communicating the integrated care plan to direct care staff ensures privacy of the resident.	Privacy of resident information was noted by the covered Activity of Daily Living (ADL) sheet/form and the medication administration form.

Follow-up: None

Standard 7: Integrated Care Plan

Reference: Personal Care Homes Standards Regulation sections 11, 12, 13 and 14

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

Performance Measures: 7.02 – 7.42

#	Measure	Review Team Comments
The active integrated care plan (ICP) 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:		
7.29	<ul style="list-style-type: none"> language and speech, including any loss of speech capability and any alternate communication method used; 	Four of six ICPs did not identify how the resident communicates their needs i.e. speaks well, mumbles, word finding difficulty or an alternate form of communication.
7.30	<ul style="list-style-type: none"> rehabilitation needs; 	Four of six ICPs did not identify any rehabilitation needs or if it was not applicable to the resident.
7.31	<ul style="list-style-type: none"> therapeutic recreation requirements; 	Four of six ICPs did not identify the therapeutic recreation requirements based on the assessment completed.
7.32	<ul style="list-style-type: none"> preferences for participating in recreational activities; 	Four of six ICPs did not identify the residents' preference for activities or how they choose to spend their time.
7.38	<ul style="list-style-type: none"> special housekeeping considerations; 	Two of six ICPS had the required documentation.

Findings: Six resident integrated care plans (ICPs) were reviewed. The ICP is an integral part of the health record that provides direction to care providers. This direction is based on clinical assessments of the various disciplines which contribute to the ICP. Both the 24 hr care plan and ICPs were noted to be comprehensive and did outline the specific care needs of the resident as required. The exceptions are noted above where information was not in all care plans.

Documentation of quarterly ICP reviews indicate these occur on time and are interdisciplinary with exception of a quarterly review for one resident. For those residents where the annual review was applicable, these reviews did occur on time and were interdisciplinary.

Of the six health records reviewed, all six did have a post admission care conference and were interdisciplinary. Two post admission care conferences were a month late.

Each resident's health care record and ICP reviewed was also discussed with a care provider and the resident was observed. In each case, observations of the resident and discussions with the care provider indicate that this particular staff person was familiar with the care needs of the resident and were in alignment with the written care plan.

Follow-up: Recommended:

- As well as the recommendation noted in the findings, the facility is encouraged to review each care plan to ensure consistency with the Activity of Daily Living form as well as ensure there are no gaps in the care plans for the information required.
- It is recommended that the reason for the delay for care conference with families be documented.

Standard 8: Freedom from Abuse/ Neglect

Reference: Personal Care Homes Standards Regulation section 15

Expected Outcome: Residents will be safeguarded and free from abuse or neglect.

Performance Measures:

#	Measure	Review Team Comments
8.06	The Protection for Persons in Care Act information is posted in locations that are prominent and easily accessible by residents, families and staff.	Information regarding the Protection for Persons in Care Act (PPCA) was posted but not consistently across all units.

Follow-up: Recommended: The facility review the locations of the PPCA posters and ensure that minimally the posters are on every unit, common areas and other locations that these are visible to staff and families.

Standard 9: Use of Restraints

Reference: Personal Care Homes Standards Regulation, sections 16, 17 and 18, and the Manitoba Provincial Ministerial Guidelines for the Safe Use of Restraints in Personal Care Homes.

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: 9.02 – 9.33

Findings: The six health records reviewed were for residents with documented restraints. Documentation was generally complete with at least one gap within the documentation of all six Comprehensive Restraint assessments. Staff are reminded that written consent must be obtained within reasonable time of the verbal consent as per regional policy. One health record was missing the Comprehensive Restraint Assessment for one restraint of three for that resident.

Follow-up: Recommended: Restraint Definitions and restraint policies be reviewed with staff.

Standard 12: Pharmacy Services

Reference: Personal Care Homes Standards Regulation sections 24, 25 and 26

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	Review Team Comments
12.04	<ul style="list-style-type: none"> 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) and this is documented in the health record. 	Quarterly medication reviews occur as required.
There are designated medication storage areas that are:		
12.10	<ul style="list-style-type: none"> secure. 	Medication rooms were noted to be secure.
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 	To date only one audit was provided into the evidence required. Four audits were completed in 2022
12.22	<ul style="list-style-type: none"> The audits are shared with nursing staff. 	The facility reports that the audits are posted in the medication room for staff to review.

#	Measure	Review Team Comments
A committee has been established		
12.29	<ul style="list-style-type: none"> • That includes representation from pharmacy, medicine, nursing and administration. 	A committee is in place with the required representation that meets quarterly and reviews the required measures.
12.30	<ul style="list-style-type: none"> • That meets at least once every three months 	
12.31	<ul style="list-style-type: none"> • to review and make recommendations on drug utilization and costs 	
12.32	<ul style="list-style-type: none"> • to review and follow up on medication incidents and adverse reactions 	
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 	

Findings: Two different medication passes were observed. Generally, there were good practices in place with the exception on not locking the medication cart when the cart is out of sight of the nurse. Staff tend to place the cart in the alcove in the dining room and it is accessible. It is best practice to lock the cart when the cart is outside the sight lines of the nurse.

Follow-up: Required: The facility will be required to submit the medication room audits for 2023.

Standard 14: Nutrition and Food Services

Reference: Personal Care Homes Standards Regulation section 28

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

Performance Measures:

#	Measure	Review Team Comments
14.15	At least three meals or equivalent are offered to each resident, each day, at reasonable intervals.	Meal times are 8:30 am, 11:30 am and 4:30 pm.
Between meal fluids and nourishments are offered to every resident:		
14.16	between breakfast and lunch (minimally fluids must be offered);	Fluids and snacks are offered as required. The evening nutrition pass is at 6:30 pm.
14.17	between lunch and supper; and,	
14.18	not less than two hours after the evening meal.	
14.20	Menu choices are posted daily for the residents to view, at an appropriate height and displayed using minimally size 14 Arial font.	The daily menu was posted in the dining room with main entrée and alternate to the main entrée. Daily menus were also posted on the units. Three week menu rotation was also posted for viewing.
14.23	Resident's likes and dislikes are accommodated to the extent possible.	Generally, like and dislikes are managed via the dietary Kardex. Residents have an option to the entrée but only if they speak up at the time of service or before meal.
14.24	Residents are served meals in a manner that promotes independent eating.	Set up and adaptive aides were provided to promote independence.
14.25	Meals are presented in a courteous manner.	Meals were placed quietly without much interaction between the server and the residents in any of the dining rooms.
14.26	Positioning and assistance with eating is individualized as needed.	Positioning and assistance was provided as required.
Assistance with eating is provided, when required:		

#	Measure	Review Team Comments
14.27	<ul style="list-style-type: none"> • in a manner that promotes dignity; 	Safe feeding practices in place and staff were interacting with residents to encourage intake.
14.28	<ul style="list-style-type: none"> • with specific regard to safe feeding practices; 	
14.29	<ul style="list-style-type: none"> • in a way that encourages interaction with the person providing assistance. 	Staff were noted to wiping the mouth when feeding someone with the spoon. Best practice suggests it is more dignified to use a napkin with an adult.
14.30	Residents are given sufficient time to eat at their own pace.	No rushing of residents noted to complete their meals.

Findings: The facility did add the alternate choice to the daily menu posting as was recommended in the 2022 report. Meal service is both in the main dining room for those residents who generally independent with their meals and tray service was provided to the satellite dining rooms. In the main dining room, very little interaction was noted between residents and staff. Staff did not describe the meal or dessert to the resident or greet the resident. Beverages were pre-poured and pre-served at lunch in the main dining room. No offering of choice observed. Residents waited minimally 10 minutes before being served at lunch, with a similar wait time noted at breakfast. Many of the trays were texture modified diets. Residents identified there is no choice at meal times. Families also suggested better menu options.

Follow-up: Recommended:

- Changing the meal times to be more spread out through the day. There is currently 3 and 4 hours respectively between breakfast and lunch and lunch and supper. Then, the evening snack at 6:30. This leaves more than 12 hours between the snack and breakfast. The shorter times between meals, may not allow residents to fully enjoy or have good intake if they are full from the previous meal. Additionally, plate returns and other audits as well asking residents may inform a time change.
- Introduce a beverage cart for choices of beverage at the time residents arrive. At this the resident can be provided their cutlery, napkin or clothing protector. This will eliminate staff making multiple rounds in the dining room and allow the dining to be an alternate visiting space or space for residents.
- The dining room is a bright space and was recently painted so it is very bland. The facility is involving the residents in choosing the pictures.

- Resident choice meals may be a consideration which can be discussed at the Resident Council meetings.

Standard 15: Housekeeping Services

Reference: Personal Care Homes Standards Regulation section 29

Expected Outcome: The residents' environment is safe, clean and comfortable and is consistent with resident care needs.

Performance Measures:

#	Measure	Review Team Comments
15.01	The facility is clean and odour free.	No issues identified. Although, family questionnaire responses did indicate at times a strong odour from laundry/garbage bins in hallways.
15.03	There is documented evidence that the tub and bathing equipment cleaning process is completed after each resident's use.	Documentation of tub cleaning is located in the health care aide care plan binder at the desk and includes the temperature of the bath water at the time of the bath.
15.04	Upon inspection all shared equipment is found to be clean.	Shared equipment was found to be clean.

Follow-up: Recommended:

- Consider moving the tub cleaning sheets to be tub rooms. As this will allow documentation to be done in real time during the tub cleaning and does not rely on memory.

Standard 16: Laundry Services

Reference: Personal Care Homes Standards Regulation section 30

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

Performance Measures:

#	Measure	Review Team Comments
---	---------	----------------------

16.10	Soiled laundry is not placed on the floor of any unit nor in the laundry area.	No issues were identified.
16.11	Soiled laundry is kept separate from clean linen throughout the facility.	

Follow-up: None

Standard 17: Therapeutic Recreation

Reference: Personal Care Home Standards Regulation section 31

Expected Outcome: Residents participate in therapeutic recreational programming that enhances their quality of life.

Performance Measures:

#	Measure	Review Team Comments
Each month's recreation programming includes:		
17.08	A variety of planned programs to meet all residents' physical, emotional, cultural and social needs (including large and small group activities);	A variety of programming is available for residents to attend during the day, evenings and weekends. There are 3 activities in the evening one week and two evenings a week the next week.
17.09	Some evening and weekend activities, and;	
17.10	Options for residents who cannot/do not prefer to participate in group programs.	One to one activities is only listed once a month on the calendar.
Information about recreation programs:		

#	Measure	Review Team Comments
17.11	<ul style="list-style-type: none"> is posted in prominent, resident-accessible locations throughout the home; 	Recreation calendar is posted in resident rooms and other locations. Daily recreation schedule was also posted in multiple locations
17.12	<ul style="list-style-type: none"> is clear and easy for residents to read. 	

Findings: Staff questionnaires identified a need for more activities in general and specifically in the evenings. Additional staff has recently been added with increase in funding for recreation facilitators.

Follow-up: Recommended:

- It is suggested that more time be identified on the calendar when specific one to one activities are taking place.
- Residents and staff are aware of the activities. Perhaps staff have some suggestions for evening programming to assist with high need residents.

Standard 18: Spiritual and Religious Care

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

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	Review Team Comments
18.02	The home hosts regular religious services and spiritual celebrations.	Regular faith based services are minimally held weekly.

Follow-up: None

Standard 19: Safety and Security

Reference: Personal Care Homes Standards Regulation sections 33 and 34

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

Performance Measures:

#	Measure	Review Team Comments
19.01	The temperature in residential areas is a minimum of 22°C.	Ambient air temperatures were consistently lower than 22C. Residents did not identify being cold but many were sitting in layers or blankets. At this time of year is difficult to regulate the temperature due to fluctuations in temperature during the day and night particularly in older buildings
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.	Twelve water temperatures were taken at a variety of resident accessible locations and all were within the required range.
19.03	There is documented evidence of frequent monitoring (minimally once per week) of domestic hot water temperatures at locations accessible to residents.	Water temperatures at resident accessible locations are taken daily at the same five locations. The records provided indicate all temperatures documented were within range.
19.04	There is an easily accessible call system in all resident rooms.	The majority of call bells tested at the bedside in rooms did work. Two call bells did not work in the twelve resident rooms tested.
19.05	There is an easily accessible call system in all resident washrooms.	All call bells tested in the resident washrooms were accessible and in working order.
19.06	There is a call system in all bathing facilities that is easily accessible from all areas around the tub.	Not all call bells in the tub rooms were accessible from both sides of the tubs and two of the three tub rooms did not trigger the call bell with the cord available.
19.07	All open stairwells are safeguarded in a manner which prevents resident access.	No issues identified.
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.	No issues identified. Outside doors are secure and many internal doors secure.

#	Measure	Review Team Comments
19.09	All windows are equipped with a mechanism or are appropriately designed so they cannot be used as exits.	Many of the windows have the limiters missing. It was recommended in the 2022 report that all windows in resident rooms be checked to ensure all windows have limiters.
19.10	Handrails are properly installed and maintained in all corridors.	No issues identified.
19.11	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	No issues identified.
19.12	All potentially dangerous substances are labelled and stored in a location not accessible to residents.	One potentially dangerous substance was found in the Linen room on Poplar. This should be relocated to a secure location. No other substances were found.
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	None were found on the tour of the building.
There is documented evidence for all equipment, including building systems, that demonstrates completion of:		
19.17	<ul style="list-style-type: none"> • as needed repairs; 	There are areas of wear and tear on walls, doors and wall coverings. The cloth wall covering in the satellite dining rooms is starting to peel, looks faded and worn and is potentially an infection control issue as it is something that can not be wiped clean. The finish on the residents' room doors were noted be showing areas of significant wear and tear.
19.18	<ul style="list-style-type: none"> • preventative maintenance. 	
All exits are:		
19.21	<ul style="list-style-type: none"> • clearly marked; 	No issues identified.
19.22	<ul style="list-style-type: none"> • unobstructed. 	

#	Measure	Review Team Comments
19.23	The exterior of the building is maintained in a manner which protects the residents.	Both the courtyard and the front entrance walkways are in good repair. Recent repairs on the walkway at the front entrance were evident.
19.24	The grounds and exterior furniture are maintained in a manner which protects the residents.	

Findings: Not all tub rooms appeared to have an external thermometer. Staff report in the two tub rooms that they rely on the gauges of the tub. Two of tubs (Winnipeg and Geneva tub rooms) were not the same temperature as the reviewers' readings. Both were lower than 38C. The concern is the bath water is not sufficiently warm for residents comfort.

Follow-up:

- Recommended:
 - The facility institute a walk about audit quarterly to ensure that tub room call bells are accessible and operational.
 - The facility institute a call bell audit in resident rooms minimally annually.
 - Remind staff that any and all repairs be communicated to maintenance as quickly as possible for resolution.
 - Ensure that the indoor temperature is maintained at 22C as much as is reasonably possible all year around.
 - Implement the use an external thermometer to ensure that the tub water is within the acceptable range of 38C – 42C.
 - Consider reducing the frequency of water testing to weekly unless an issue is identified and requires more frequent monitoring. This should free up some time for maintenance to do other tasks.

- Required:
 - Have the two tubs noted above serviced to determine if the thermometers on the tubs are accurate.
 - Call bells in tub rooms repaired to be accessible from all sides of the tub as per the measure in the standard.
 - Provide a plan to ensure that all window limiters required on windows will be installed/repaired and windows will be audited going forward.

Standard 24: Staff Education

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

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	Review Team Comments
24	Evaluation of education records provided by facility.	Documentation of mandatory and optional educational opportunities for staff was provided as evidence.
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;	Documentation for fire drills and fire prevention education was incomplete. For the documentation provided only seven of 12 months were available to view for 2022.

Follow-up: Required: The facility provide a schedule for fire drills for the remainder of 2023 and the first 6 months of 2024.

Standard 25: Complaints

Reference: Personal Care Homes Standards Regulation section 401

Expected Outcome: A complaint process is available to residents and their representatives to address concerns.

Performance Measures:

#	Measure	Review Team Comments
Directions related to complaint processes:		
25.02	<ul style="list-style-type: none"> are posted in a prominent location in the home; 	Posting is in the front entry way.
25.03	<ul style="list-style-type: none"> include the position and contact information of the appropriate person (people); 	

Follow-up: None