Manitoba

Health, Seniors and Active Living

Personal Care Home Standards Review

Tool #3

Regional Health Authority:	Interlake-Eastern RHA
Facility:	Tudor House Personal Care Home
Number of Beds:	76
Review Team:	Sabine Bures (Manitoba Health, Seniors and Active Living) (MHSAL), Heather Roos (MHSAL), and Marlene Myketa-Girard (Interlake-Eastern Regional Health Authority) (IERHA)
Review Date (yyyy/mm/dd):	2018/08/28
Report Date (yyyy/mm/dd)::	2018/10/03

Summary of Results

Standard	Regulation	Review Team Rating
04	Information on Admission	Met
06	Communication	Met
07	Integrated Care Plan	Met
09	Use of Restraints	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	**12**
Partially Met	**0**
Not Met	**0**

General Comments:
The Standards Review Team greatly appreciates the work done by management and staff of Tudor House Personal Care Home 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 that are related to health records, a sample of health records were selected from the list provided for this review. The Standrds Review Team did, at a minimum, review the health record of a newly admitted resident, a resident who has resided in the facility for a longer period of time, and a resident for whom a restraint has been ordered.

Findings:
All twelve of the standards assessed were assigned a rating of met. Well done.

A priority of action is compliance with any measure in a core standard that is rated as other than met. Steps must be taken to comply alll unmet measures in Standard 7 - Integrated Care Plan.

The facility is further encouraged to take steps to meet all performance measures rated as less than met in all non-core standards that were rated as met.

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	Tudor House has Welcome Package that goes out to Family in advance. -On the day of Admission, nurses completes Admission Package and Business Office completes Admission Package -See Resident's Medical Record and Business Office File	Met	
The contents of the admission package are consistent with the requirements of the *Personal Care Home Standards Regulation*, and include:					
4.02	• A copy of the residents' Bill of Rights;	Met	see Welcome Book page 9	Met	
4.03	• A copy of the personal care home's philosophy and mission;	Met	see Welcome Book page 6	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 Book page 31 and Brochure "Be Involved with your Resident's Healthcare"	Met	
4.05	• Information about the resident council;	Met	see Welcome Book page 32 and Brochure "Be Involved with your Resident's Healthcare"	Met	
4.06	• Information respecting the policy on the complaints process;	Met	see Welcome Book page 13	Met	
4.07	• Information respecting the policy on freedom from abuse;	Met	see Welcome Book page 13 and Brochures "Be Involved with your Resident's Healthcare" and "Protecting Adults in Care"	Met	
4.08	• Information respecting the policy on restraint use;	Met	see Welcome Book page 29 and Brochure "Restraints"	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
4.09	• Financial information including the availability and administration of resident trust accounts and government financial assistance programs;	Met	-See Welcome Book page 22 -Welcome Letter -Blank PCH Residency Aggreement	Met	
4.10	• Information respecting health care directives, and;	Met	-See Welcome Book page 12 -Chek for ACP Brochure	Met	
4.11	• An orientation to the facility, including safety and security systems.	Met	-see Welcome Book page 27 -PCH Admission Tour Checklist -NA-19A Admission to 8-week Checklist	Met	

Scoring methodology:

- 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:
  - 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) 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;
b) a mechanism to review specific resident safety issues;
c) an opportunity to clarify information prior to transfer of accountability;

d) the use of a written tool for the exchange of information (minimal reliance on memory), and;
e) 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:

a) follow the resident's current care plan;
b) 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	-The Care Plan has a section for evaluation and dates along the bottom to indicate review. -See IPN notes --Significant changes are indicated on Intershift Report NC-75C	Met	
6.02	• Between staff at change of shift;	Met	See NC-75C Intershift Report for NUrses and NC-75D Intershift Report for HCAs.- -Resident Daily Care - Removal Memo	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
6.03	• When a transfer to another unit or facility is required, and;	Met	-see Change of Circumstances (IERHA) From and Inter-Facility Trasfer (Manitoba Health) Form. -PCH Proram Medication Reconciliation FOrm	Met	This was evident on four of the six charts.
6.04	• For documenting and verifying the residents' departure and return from the facility.	Met	-see LOA book -Changed of Cicumstances Form -Inter-Shift Report -Facility 24-Hour Report -Short term leave of absence from PCH -IPN on Resident's Chart	Met	
The method of communicating the integrated care plan to direct care staff ensures:					
6.05	• Consistency with current care plan, and;	Met	ADL Sheets - Transfer signage for Residents -care plan consistent and includes transfers, restraints, food textures and diets	Not Met	Three of the six health records included inconsistent information across documents (e.g. two regarding visual aides and one regarding hearing aides).
6.06	• **Privacy of the resident's personal health information, as defined by Personal Health Information Act.**	Met	- Policy: PHIA & Use and disclosure of Personal Health Information - ADL Sheets are kept in rooms and are covered by picture from the resident's home community. - Files are kept in lock drawers behind nursing stations.	Met	
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	Flag System is used (on Physician's Order Sheet), Nurse Initial and documented on shift report. Physician's Rounds Sheet are kept in binder in Ward Clerk's Office for 2 year	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			(available in the boardroom on day of Standards Review) -see chart review - Verbal orders have corresponding IPN note		
6.08	• After telephone consultation.	Met	-Telephone conversation are noted in IPN's and in shift report -see IPN. INter-shift report and if order see Physician's Order Form.	Met	This was noted on five of the six health records reviewed.

Scoring methodology:

- 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:
  - 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: The bolded measure and 6 of 7 other measures are met.
The standard is: Met
Comments:

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	Chart review Chart order and guide of archiving Resident Health Records	Met	Reminder not to use white-out for corrections on care plan.
Within 24 hours of admission, basic care requirements for the resident are documented, including:					
7.02	• Medications and treatments;	Met	all areas are addressed or stated N/A	Met	
7.03	• Diet orders;	Met	all areas are addressed or stated N/A on diet order and med reconciliation sheet	Met	
7.04	• Assistance required with activities of daily living;	Met	all areas are addressed or stated N/A see also risk and transfer mobility assessments	Met	
7.05	• Safety and security risks, and;	Met	all areas are addressed or stated N/A -all residents have violence & suicide prevention screening & assessments; alerts and care plans	Met	
7.06	• Allergies.	Met	all areas are addressed or stated N/A see page 1 also	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	Chart review for evidence of discussion between interdisciplinary team members re : interaction between Nurse/ HCA and Nurse/ Family -all residents have a Multidiscipline review within 8 weeks of admission. see IPN	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:					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.08	• Bathing;	Met	page 3 - completed - no blanks in care plan - specific to resident need	Met	
7.09	• Dressing;	Met	page 3- completed - no blanks in care plan - specific to resident need	Met	
7.10	• Oral care;	Met	page 6-completed - no blanks in care plan - specific to resident need	Met	
7.11	• Skin care;	Met	page 4- personal hygiene and page 12 additional care needs re wound care - no blanks in care plan - specific to resident need	Met	
7.12	• Hair care;	Met	page 4 personal hygiene completed - no blanks in care plan - specific to resident need	Met	
7.13	• Fingernail care;	Met	page 4 personal care completed - no blanks in care plan - specific to resident need	Met	
7.14	• Foot care;	Met	page 4 in personal care completed - no blanks in care plan - specific to resident need	Met	
7.15	• Exercise;	Met	Page 7 ambulation /mobility also in recreation care plan completed - no blanks in care plan - specific to resident need	Met	
7.16	• Mobility;	Met	Page 7 ambulation / mobility - no blanks in care plan - specific to resident need ot/pt needs	Met	
7.17	• Transferring;	Met	completed - no blanks in care plan - specific to resident need	Met	
7.18	• Positioning;	Met	page 8 safe client handling including positiioining / supports and turning frequency. completed - no blanks in care	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			plan - specific to resident need ie how independent listed		
7.19	• Bladder function;	Met	page 5 elimination completed - no blanks in care plan - specific to resident need	Met	
7.20	• Bowel function;	Met	page 5 elimination completed - no blanks in care plan - specific to resident need	Met	
7.21	• Any required incontinence care product;	Met	page 5 type, name , size completed - no blanks in care plan - specific to resident need	Met	
7.22	• Cognitive and mental health status;	Met	Page 11 completed - no blanks in care plan - specific to resident need	Met	
7.23	• Emotional status, and personality and behavioural characteristics;	Met	Page 11 completed - no blanks in care plan - specific to resident need	Met	
7.24	• Available family, social network, friends and/or community supports;	Met	Key contacts on demographic Page 1 friends and community supports on	Met	
7.25.	• Hearing ability and required aides;	Met	Page 3 under dressing completed - no blanks in sensory devices - specific to resident need . see also demographic page 1	Not Met	Five of six health records did not speak to hearing ability and the remaining record contained inconsistent information about hearing ability and aides.
7.26	• Visual ability and required aides;	Met	Page 3 under dressing completed - no blanks in sensory devices - specific to resident need . see also demographic page 1	Not Met	Three records did not reference visual ability and two records contained inconsistent information about eye glasses.
7.27	• Rest periods, bedtime habits, and sleep patterns;	Met	page 10 sleep and rest pattern specific to resident need	Met	
7.28	• Safety and security risks and any measures required to address them;	Met	page 11 - see also CARE plan for violence prevention and suicide prevention care plan. no blanks in care plan - specific	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			to resident need page 8 safe resident handling		
7.29	• Language and speech, including any loss of speech capability and any alternate communication method used;	Met	see demographic page 1 and page 10 under cognitive status completed - no blanks in care plan - specific to resident need or speech aides listed	Met	
7.30	• Rehabilitation needs;	Met	Page 7 ambulation/ mobility completed - no blanks in care plan - specific to resident need -included OT/ PT needs specific to resident FRAT completed on all residents	Met	
7.31	• Therapeutic recreation requirements;	Met	se MARRCC ASSESSMENT which includes past experiences etc.	Met	
7.32	• Preferences for participating in recreational activities;	Met	identified in MARRCC assessment	Met	
7.33	• Religious and spiritual preferences;	Met	demographic sheet and recreation assessment - not left blank	Met	
7.34	• Food allergies;	Met	on demographics sheet	Met	
7.35	• Diet orders;	Met	see page 6 nutrition	Met	
7.36	• Type of assistance required with eating;	Met	page 6 nutrition and ADL sheet	Met	
7.37	• Whether or not the resident has made a health care directive;	Met	Resident demographic sheet	Met	
7.38	• Special housekeeping considerations, and;	Met	see housekeeping laundry care plans.for specific needs of resident	Met	
7.39	• Other needs identified by the interdisciplinary team.	Met	additional care needs such as wound care, pain management, diabetis, hypertension etc.. on	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			page 12 with room for additional pages		
7.40	The integrated care plan outlines care goals and interventions that will be taken to achieve those care goals.	Met	review of selected care plans	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	Tudor House residents have quarterly case conferences and care plans are reviewed as well as care conferences daily with staff involved in their care.	Met	It was not always clear if meeting was a quarterly or an annual due to inconsistency in dates on the forms.
7.42	• **At least annually by all staff who provide direct care and services to the resident, as well as the resident and his/her representative(s), if possible.**	Met	see chart for documentation of annual care conferences	Met	
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 integrated care plan audit binder for evidence	Met	Ratings for 7.43 to 7.46 are based on the new audit tools/process developed and implemented following the UR in 2017.
7.44	• Are reviewed & analyzed;	Met	see audits for evidence reviewed and analyzed by nurse manager	Met	
7.45	• Result in recommendations for improvement being made as required, based on the audit analysis, and;	Met	see care plan audits analysis	Met	
7.46	• Result in recommendations being implemented and followed up.	Met	see care plan audits	Met	
Scoring methodology:					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments

• 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:
  ○ 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: The bolded measures and 40 of 42 other measures are met.
The standard is: Met
Comments: Care plans were generally well done and improved audit processes have been implemented.

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 *guidelines* approved by the Minister.**	Met	Policy III -R-10 Least Restraint in personal care home	Met	Five of the six health records included restraints.
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 resident's legal representative is documented.	Met	See new restraint consent on resident file on Chart review	Met	
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	Chart Review : verbal consent has bneen dated and signed by two staff members	Met	One record reviewed included a verbal consent.
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	Chart review: documented evidence that comprehensive assessment is completed by interdisciplinary team. prior to restraint application or reapplication.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
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	chart review documentation	Met	
9.06	• The resident's physical status;	Met	chart review documentation	Met	
9.07	• The resident's emotional status;	Met	chart review documentation	Met	
9.08	• The resident's mental status;	Met	chart review documentation	Met	
9.09	• The resident's nutritional status;	Met	chart review documentation	Met	
9.10	• All alternatives tried and exhausted;	Met	chart review documentation	Met	
9.11	• Review of current medications;	Met	chart review documentation	Met	One record used an old form without a designated section to list current medications.
9.12	• Actual and potential benefits to the resident if the restraint is applied;	Met	chart review documentation	Met	
9.13	• Actual and potential burdens to the resident if the restraint is applied, and;	Met	chart review documentation	Met	
9.14	• Any other additional ethical considerations.	Met	chart review documentation	Met	
There is a written order for the restraint in the resident's health record that indicates:					
9.15	• The kind of restraint to be used;	Met	chart review documentation	Met	
9.16	• The frequency of checks on the resident while the restraint is in use;	Met	chart review documentation	Met	
9.17	• 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	chart review documentation	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.18	• The professional designation of the person giving the order, and;	Met	chart review documentation	Met	
9.19	• For a chemical restraint, the time limit for its use (the discontinuation date).	Met	chart review documentation	Met	There was only one chemical restraint included in the resident records reviewed.
There is evidence of a care plan for every restraint in use, that outlines the resident's unique and specific needs, including:					
9.20	• The type of restraint and method of application;	Met	chart review documentation	Met	
9.21	• The length of time the restraint is to be used for each application;	Met	chart review documentation	Met	
9.22	• The frequency of the checks on the resident while the restraint is in use, and;	Met	chart review documentation	Met	
9.23	• When regular removal of restraints is to occur.	Met	chart review documentation	Met	
9.24	There is documented evidence that the continued use of any restraint is reviewed at least once every three months.	Met	chart review documentation	Met	
9.25	There is documented evidence within the health record of efforts to resolve the issue for which the restraint was initiated.	Met	chart review documentation	Met	
Where a restraint is used in an emergency situation there is documented evidence of:					
9.26	• The events leading up to the use of the restraint;	Met	health records for emergency restraints	Met	There was only one emergency restraint included in the resident records reviewed.
9.27	• The name of the person ordering the restraint;	Met	health records for emergency restraints	Met	
9.28	• The designation of the person ordering the restraint;	Met	health records for emergency restraints	Met	
9.29	• The time the restraint was applied;	Met	health records for emergency restraints	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.30	• The frequency of checks;	Met	health records for emergency restraints	Met	
9.31	• Notification of the resident's legal representative or next of kin;	Met	health records for emergency restraints	Met	
9.32	• Care provided to and response of the resident in restraint, and;	Met	health records for emergency restraints	Met	
9.33	• When the resident's reassessment is to occur.	Met	health records for emergency restraints	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	• Occur at least annually;	Met	restraint audits are now being done each month to ensure all criteria have been met	Met	The rating is based on audits completed subsequent to the UR in 2017.
9.35	• Are reviewed/analyzed;	Met	see restraint audits completed	Met	As above
9.36	• Result in recommendations for improvement being made, as required, based on the audit analysis, and;	Met	see restraint audits completed	Met	It is suggested the analysis of audits be clearly documented with any new recommendations, and implementation completed and followed up.
9.37	• Result in recommendations being implemented and followed up.	Met	see restraint audits completed	Met	

Scoring methodology:

- 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:
  - 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: All measures are met.
The standard is: Met
Comments: Well done.

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:

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

The operator shall:

a) appoint or contract with a pharmacist to direct and be accountable for pharmacy services for the personal care home;
b) ensure that the pharmacist maintains a medication profile of each resident;
c) 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;
d) 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 disposes 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	Current contract is kept in CEO's Office and available on request (with Rexall-Geri-Aid)	Met	
12.02	The contract defines the scope of service.	Met	See Contract	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.03	The contract includes provision for emergency and after hour services.	Met	See 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) and this is documented in the health record.**	Met	Nurse documents in IPN, and Med Reviewcopy which is placed under tab "Physician's Order"	Met	
12.05	Policies and procedures for pharmacy services are available, complete and reviewed minimally every three years.	Met	Rexall-Geri-Aid Policies and Procedure Manual are in each nursing units and in board room for references and easy access by nurses. Last review October 2015 and ongoing updates.	Met	
There are designated medication storage areas that are:					
12.06	• Clean;	Met	Observe on tour	Met	
12.07	• Well organized;	Met	Observe on tour. Contents of cupboards are organized and labeled; internal and external products are separated.	Met	
12.08	• Well equipped;	Met	Observe on tour	Met	
12.09	• Well maintained, and;	Met	Observe on tour	Met	
12.10	• Secure.	Met	Observe on tour. Door locks automatically and only assigned Med Nurse have keys.	Met	
12.11	All controlled substances are securely stored under a double lock.	Met	Observe on tour: Locked box in locked drawer on Med Cart	Met	
12.12	All controlled substances are counted and signed by two nurses at least once every seven days.	Met	Tudor House counts controlled substances every shift.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			-See narcotic count kept in Medication Room on each unit.		
Nursing staff have access to:					
12.13	• A supply of medications for emergency use (emergency drug box), and;	Met	Emergency drugs are securely stored in a box located in Poplar Oak Medication room and are checked monthly. There is a list of all medication in the Emergency Drug Box in both Med rooms. Monthly Check Sheet are completed by night nurse and stored in Audit Binder in Staff Education Office.	Met	
12.14	• Medications that should be administered without undue delay (in-house drug box for antibiotics, analgesics, etc).	Met	These Medications are checked by night staff monthly and are also checked by Pharmacist Med Room Quarterly Audit	Met	
Withdrawals from the emergency drug box, in-house drug box and controlled substance storage are documented, including:					
12.15	• Date;	Met	-See Blank Withdrawal Sheet -See Current tracking sheets are in Medication room and completed ones are stored in Ward Clerk Office	Met	
12.16	• The name and strength of the drug being withdrawn;	Met	See Blank Withdrawal Sheet	Met	
12.17	• Quantity taken;	Met	See Blank Withdrawal Sheet	Met	
12.18	• The name of the resident being given the drug, and;	Met	See Blank Withdrawal Sheet	Met	
12.19	• The name of the nurse making the withdrawal.	Met	See Blank Withdrawal Sheet	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	Met	Medication Reconciliation is completed on all residents on admission, transfer and discharge between health care facilities. (see resident files)	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	facilities, is confirmed by the physician/Nurse Practitioner, the pharmacist and the nursing staff at the receiving facility (i.e. medication reconciliation)		- See tab "Physician's Order"		
The pharmacist ensures that:					
12.21	• 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	Pharmacist audits every 3months. Completed aufidts are kept in Rexall Pharmacist Audit in Staff Education Office.	Met	
12.22	• The audit results are shared with nursing staff.	Met	Audits results are ported in medication room for all Nurses to review and shared woth Professional Nurses Meeting.	Met	
12.23	**A monitored dose or unit dose system is used for medication distribution in the facility.**	Met	Pac-Med System is used. See on tour.	Met	
There are processes in place to ensure staff administering medications are trained and follow the appropriate procedures for the monitored dose system, including:					
12.24	• An orientation for new staff, and;	Met	New staff are orientated to Pac-Med System -See Orientation Sheet	Met	
12.25	• Periodic audits of a medication pass for each nurse.	Met	See Medication Pass Audit Binder in Staff Education Office.	Met	
12.26	The resident's identity is confirmed prior to administration of medications by use of minimally two identifiers.	Met	Pictures on all MARS and TARS (updated yearly). Residents have wrist bracelets.	Met	
12.27	The medication administration record identifies allergies and diagnoses.	Met	Allergies and Diagnosis is on all MARS Sheet. (Allergies is wriiten in Red on Resident Care Plan.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.28	**A pharmacist is available to provide drug information as required.**	Met	See Pharmacy after hours contact information on Flip & Find Desk Organizer in each nursing units.	Met	
A committee has been established:					
12.29	• **That includes representation from pharmacy, medicine, nursing and administration;**	Met	- See P: Drive for minutes of meetings (see in binder) - Pharmacy Physician, Nurse Manager Attend Committee - See P&T Binder.	Met	
12.30	• **That meets at least once every 3 months.**	Met	See P&T Binder.	Met	
12.31	• To review and make recommendations on drug utilization and costs;	Met	See P&T Binder.	Met	
12.32	• To review and follow up on medication incidents and adverse reactions, and;	Met	See P&T Binder.	Met	
12.33	• To review and make recommendations on all policies for the procurement and administration of medication within the home;	Met	See P&T Binder.	Met	

Scoring methodology:

- 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:
  - 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: 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	Organizational Chart for Dietary posted in the Kitchen	Met	
14.02	The nutrition and food services department organization chart is displayed for staff.	Met	posted in kitchen	Met	
14.03	**All food handling staff have acquired and maintained a current Safe Food Handling certificate within six months of hire.**	Met	See renewals in binder and list of staff. Certificates are posted on wall in Dietary - Renewed every 5 years. completed within 6 months of hire	Met	
14.04	Policies and procedures for the nutrition and food services department are reviewed at least every 3 years	Met	completing update this year. Manual kept in kitchen and accessible to dietary staff.	Met	
Policies and procedures for the nutrition and food services department minimally include direction for:					
14.05	• Procurement of food;	Met	III-A-17 Purchasing Policy III-A-12 Purchasing Supply Management	Met	
14.06	• Food storage;	Met	III- A-14 Food Storage Supply Management III - A- 14 Leftovers Supply Management III-A-18 Storage of leftovers III-A-19 Storage of perishable foods III -A 22 Storage of non perishable foods III- A- Storage of newly received food items	Met	
14.07	• Proper food handling, and;	Met	IV-G-130 Food Preparation oSanitation	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			IV-G-160 Food Preparation Guidelines		
14.08	• Proper cleaning of all equipment.	Met	IV-F-110 Equipment cleaning	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 new staff in Nursing , Dietary and recreation view Baycrest Safe Feeding Pracitices video and power point presentation on Dysphasia. See New Staff orientation sheets	Met	
There is a master menu that is:					
14.10	• **Dated and signed as approved by a registered dietitian, and;**	Met	see mentu binder in kitchen (2 years of menus	Met	
14.11	• **Posted for the information of dietary staff.**	Met	Posted in kitchen and dining room - view on tour	Met	
The master menu specifies the daily meals and nourishments and includes:					
14.12	• The main menu;	Met	see master menu and weekly menus	Met	
14.13	• Therapeutic diets, and;	Met	attached to master menu posted and in binder	Met	
14.14	• Alternatives to the main menu.	Met	master menu and weekly menus, laternatives listed in individual meal plan	Met	
14.15	At least three meals or equivalent are offered to each resident, each day, at reasonable intervals.	Met	see Master Menu - see I-B-120 Resident Meal Hours	Met	
Between meal fluids and nourishments are offered to every resident:					
14.16	• Between breakfast and lunch (minimally fluids must be offered);	Met	see master menu	Met	
14.17	• Between lunch and supper, and;	Met	see master menu	Met	
14.18	• Not less than two hours after the evening meal.	Met	see master menu II-F-40 Resident Nourishment	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			I-B-120 Resident Meal and Nourishment times		
14.19	The menu cycle is at least 21 days long.	Met	Menu cycle is 21 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	Hand written in Large font in recreation board and in main dining room whiteboard.	Met	
14.21	Residents and their families have the opportunity to provide input into the menu.	Met	Food Service Supervisor or designate attend Care Conference and Resident Council. Input to menu is provided regularly through Resident Council. New menus are brought to council and reviewed with residents. See Council minutes for evidence	Met	
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	Sharing Likes and dislikes on Care Plan and are in Dietary Kadex. they are also posted in Kitchen above serving area	Met	
14.23	Resident's likes and dislikes are accommodated to the extent possible.	Met	Residents likes and dislikes are entered on the Diet Card. Diets are discussed at each resident's Care Conference. Observe on tour.	Met	
14.24	Residents are served meals in a manner that promotes independent eating.	Met	In dining room, resident meals are served a course at a time to promote frequent interaction and improve success of meals. See Resident Bill of Rights. Observed on tour.	Met	
14.25	Meals are presented in a courteous manner.	Met	observed on tour	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.26	Positioning and assistance with eating is individualized as needed.	Met	observed on tour	Met	
Assistance with eating is provided, when required:					
14.27	• In a manner that promotes dignity;	Met	observed on tour	Met	
14.28	• With specific regard to safe feeding practices, and;	Met	Residents that are not at risk can eat independently in own room. See ADL/Care Plan regarding specific safe feeding practices	Met	
14.29	• In a way that encourages interaction with the person providing assistance.	Met	observed on tour	Met	
14.30	Residents are given sufficient time to eat at their own pace.	Met	observed on tour	Met	
14.31	A dietitian registered under the *Registered Dietitians Act* is available for consultation as necessary.	Met	J Helps RD is on contract with Tudor House for consultation	Met	
14.32	A dietitian assesses each resident within the first eight weeks of admission and develops their nutritional plan.	Met	see Resident Health Record	Met	
14.33	The resident's nutritional plan is part of the interdisciplinary care plan.	Met	See Care Plan	Met	
14.34	The Dietitian re-assesses each resident and documents the findings in the resident's health record and care plan at least annually, or more frequently as needed.	Met	Dietitian reviews each resident annually or on request	Met	
14.35	All dietary recommendations and changes are noted in the resident's health record.	Met	see health records	Met	
14.36	There is a written policy that defines significant weight change.	Met	I-D-320 Undesirable Weight loss/ gain	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.37	There is a written procedure for formally notifying the dietary department of a significant change in a resident's weight.	Not Met	NAM -III -I-06 Measuring and recording vital signs : weighing the resident	Met	
14.38	The weight of each resident is recorded within 7 days of admission.	Met	see admission notes on residents file	Partially Met	Two of the six health records reviewed did not include a weight taken within seven days of admission.
14.39	The weight of each resident is recorded monthly following admission.	Not Met	see weights in files	Met	
14.40	A variety of food service audits are conducted on a monthly basis.	Met	Audits located in ketchen and will be available on day of review. reviewed by managers an dreported at staff meetings, Food audit, waste plate audit, appearance, taste presentation, temperature audit	Met	
14.41	Food service audit results are analyzed, and reported.	Met	Analyzed and reported at management meetings and an agenda item on dietary meetings	Not Met	There are a number of audits completed in the dietary department. There was, however, no evidence of analysis, nor implementation of any recommendations or follow up.
14.42	Recommendations are made from the audit analyses.	Met	Recommendations implemented as appropriate	Not Met	
14.43	Those recommendations are implemented and followed up.	Met	Follow up by food services manager	Not Met	

Scoring methodology:

- 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:
  - 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: The bolded measures and 39 of 43 other measures are met.
The standard is: Met
Comments: It is recommended that an annual summary analysis of audit findings be completed, including the actions taken to address any deficits identified.

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	• Washing equipment that has automatic programming to dispense cleaning products, and;	Met	add updated policies III-D-130b; III-D-130c; III-D-130d	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
16.02	• 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.	Not Applicable		Not Applicable	
16.03	Soiled laundry is collected from the resident units at frequent intervals to control odours throughout the facility.	Met	New carts purchased in 2018 with waterproof laundry bags- each section is labelled policies reviewed and updated III-D-10; III-D-60; III-D-20	Met	
16.04	Soiled laundry is bagged at its collection point.	Met	III-D-10; III-D-30; IC 6-100; III-D-20	Met	
16.05	Soiled laundry carts are covered.	Met	new carts purchased 2018 (for care areas) have pedal press to lift cover	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	observed on review day	Met	
16.07	When required, soiled laundry is rinsed in the main laundry area.	Met	policy III-3-40 . No rinsing is done outside laundry. There is a rinsing flush cycle on the washing machine.	Met	
16.08	Personal protective equipment is available for staff when rinsing and sorting soiled laundry.	Met	PPE available and marked with staff name. Policy -	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.	Not Applicable	there is no rinsing outside the laundry	Not Applicable	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
16.10	Soiled laundry is not placed on the floor of any unit nor in the laundry area.	Met	observe on review day	Met	
16.11	Soiled laundry is kept separate from clean linen throughout the facility.	Met	see policy - observed on tour	Met	
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	observed on tour - doors have signs to prevent cross over between clean and soiled	Met	
16.16	Upon inspection, there is a supply of clean linen readily available to meet resident needs.	Met	observed on review day	Met	
16.17	Linens and personal clothing are laundered separately.	Met	see policy - will be observed on review day	Met	
Residents' clothing is:					
16.18	• Discretely labelled, and;	Met	observed on review day	Met	
16.19	• Upon room inspection, clean and adequately supplied to meet each resident's needs.	Met	observed on review day	Met	
16.20	All laundry equipment is routinely maintained.	Met	see equipment maintenance schedules; records of completion & documentation of needed repairs	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
16.21	There are records that all dryer lint traps are cleaned at least daily, and more often as required.	Met	2 years of documentation (from laundry dept - signed off daily)	Met	
16.22	There is an easily accessible hand washing area for laundry services staff.	Met	observed on tour day	Met	
The laundry room is:					
16.23	• Clean;	Met	observed on tour day	Met	
16.24	• Well lit; and	Met	observed on tour day	Met	
16.25	• Well ventilated.	Met	observed on tour day	Met	
Laundry audits:					
16.26	• Are conducted every three months;	Met	list of audits kept by supervisor	Met	
16.27	• Are reviewed and reported;	Met	reviewed and reported to management and to staff at staff meetings	Met	Laundry report is a standing agenda item at the management committee meetings.
16.28	• The results are analyzed;	Met	analyzed by supervisor	Met	
16.29	• Recommendations are made from the analysis, as required, and;	Met	recommendations identified on audit	Met	
16.30	• Recommendations are implemented and followed up.	Met	recommendations implemented and follow -up by supervisor on summary	Met	

Scoring methodology:

- There are no pass/fail performance measures.
- Where there is a laundry chute, of the 30 applicable measures:
  - 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.
- Where there is no laundry chute, of the 27 applicable measures:
  - 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 applicable measures are met.

The standard is: Met

#	Measure	Facility Rating	Comments	Review Team Rating	Comments

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	-updated spiritual advisor list -Spiritual preference is identified on admission and in recreation MARRCC assessment see health records -update to policy II-E-20 & interfaith calendar	Met	
18.02	The home hosts regular religious services and spiritual celebrations.	Met	See recreation calendars for past 2 years. for services and celebrations	Met	There are a wide variety of faiths recognized and celebrated.
18.03	Special spiritual and religious observances are accommodated when possible.	Met	see calendars - examples, rememberence Christmas, Easter, Memorial (monthly)	Met	

Scoring methodology:

- There are no pass/fail performance measures.
- Of the 3 measures:
  - If 3 measures are met, standard is met.
  - If 2 measures are met, standard is partially met.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	○ If 1 measure is met, standard is not met.				

Result: All measures are met.
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 temperature monitoring for past 2 years. Binder in Copy Room[maintenance records	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	- See Water Temperature Records and testing on review day. - See Hot Water Audits	Met	All of the seventeen temperatures taken were within range.
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 Water Temperature Records for past two years monitored twice weekly in 4 locations. Binder in Copy Room	Met	
19.04	There is an easily accessible call system in all resident rooms.	Met	View on tour. Call System close to bed. it is audible in nursing stations and near vicinity.	Met	
19.05	There is an easily accessible call system in all resident washrooms.	Met	View on tour. Call System in washroom accessible to resident. It is audible at nursing station and near vicinity.	Met	
19.06	There is a call system in all bathing facilities that is easily accessible from all areas around the tub.	Met	View on tour. Call System is within reach and accessible arounf the tub. It is audible at nursing station and near vicinity.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
19.07	All open stairwells are safeguarded in a manner which prevents resident access.	Met	View and assessed on tour. see signage.	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	View on tour. Stairwell doors are not accessible to residents. Outsider door have keypad/magnetic locks approved by fire code. -See fire inspection verification for years.	Met	
19.09	All windows are equipped with a mechanism or are appropriately designed so they cannot be used as exits.	Met	View and assessed on tour. All windows have limiters intalled. See Audit completed by Workplace Health and Safety.	Met	
19.10	Handrails are properly installed and maintained in all corridors.	Met	Assessed on tour. Audits completed by Workplace Health and Safety. -See Workplace Health and Safety Inspection 2016	Met	
19.11	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	Met	Assessed on tour. Audits completed by Workplace Health and Safety.	Met	
19.12	All potentially dangerous substances are labeled and stored in a location not accessible to residents.	Met	Assessed on tour. Locked cabinet in tub rooms. Denture cleaner, hair spray are kept in and are not accesible to resident room wanderers. Hair dressing supplies are locked in Hairdressing Room and door is locked unless hairdresser is present.	Met	
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	Met	Assessed on tour. Metal combustible storage cabinet is in Maintenance Area in basement.	Met	
Upon inspection/observation, all equipment is;					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
19.14	• Safe for use;	Met	Assessed during visit	Met	
19.15	• Safely stored, and;	Met	Assessed during visit	Met	
19.16	• Used in a manner that protects residents.	Met	Assessed during visit	Met	
There is documented evidence for all equipment, including building systems, that demonstrates the completion of:					
19.17	• As needed repairs, and;	Met	see Work Oder Binder in wark Clerk Office and copy of Maintenance Repair request Sheet.	Met	
19.18	• Preventive maintenance.	Met	See Preventative Maintenance Binder in boardroom (Divided into departments) 2 years.	Met	
19.19	The facility has a current policy governing the use of personal electric appliances kept by the resident.	Met	See New Resident Welcome Book and Policy M-I-A-65 Resident's Personal Equipment & Supplies	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.	Not Applicable	See Policy AM-4-40 Tobacco Use/Smoke Free Environment	Not Applicable	
All exits are:					
19.21	• Clearly marked, and;	Met	Assessed on tour	Met	
19.22	• Unobstructed.	Met	Assessed on tour	Met	
19.23	The exterior of the building is maintained in a manner which protects the residents.	Met	Assessed on tour. See also Maintenance Check Forms	Met	
19.24	The grounds and exterior furniture are maintained in a manner which protects the residents.	Met	Assessed on tour. Daily Check Binder in Copy room	Met	
19.25	A system is in place to identify, and inform all staff of any resident who	Met	Tudor House has Roam Alert System in place which has	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	may wander and/or is at risk for elopement.		identifying bracelets for residents as wells as keypad at all exit doors. Residents who are at risk for elopementare identified by name and picture places in discreet staff observed places (Admin Office, Nursing Stations) - Alzheimer Registry with RCMP - Practice Code Yellow regularly		

Scoring methodology:

- 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:
  - 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.
- Where smoking is not permitted, of the 23 other applicable measures:
  - 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 bolded and applicable measures are met.

The standard is: Met

Comments: Faciltiy is generally well-maintained, clean and inviting. Suggest that gardening supplies not be stored in recreation room and that the flooring in the hair salon (under sink) be repaired.

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	- John Ashley Martyniw, RN is in charge of day-to-day operation of facility. Job Description is available in Payroll/HR Office and on computer P: Drive. - After hours, the person-in-charge is indicated at the reception area signage.	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	Staff appraisals have occurred often than every three years. See Staff files for evidence.	Met	
22.03	The facility has a strategic plan.	Met	See Strategic Plan Document 2018 and Beyond	Met	
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 Strategic Plan Document 2018 and Beyond	Met	
22.05	Facility policy and procedure reviews occur at least every three years.	Met	- See all Policy Manual - See P: Drive "Manual"	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	- Discussed at CQI or Management Meetings at least annually. - See Quarterly CQI Report. - No Critical Occurences since 2015 - See Critical Incident Report on S: Drive	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
22.07	• Complaints / complaint handling;	Met	- See Quarterly CQI Report - See Concern&Complaint Binder	Met	
22.08	• Resident satisfaction and resident representative satisfaction;	Met	- See Quarterly CQI Report - See 2017 Family/Resident Survey result.	Met	
22.09	• Resident care audits;	Met	- See Quarterly CQI Report - See Resident Care Audit Binder	Met	
22.10	• Resident care plan audits;	Met	- See Quarterly CQI Report - See Resident Care Plan Audit Binder	Met	
22.11	• Compliance with the Nursing Services Guideline;	Met	- See Quarterly CQI Report - See Nursing Duty Sheet and Schedule.	Met	
22.12	• Compliance with PCH Staffing Guideline;	Met	- See Quarterly CQI Report - See MIS Reports and Nursing Hours Monthly Summary	Met	
22.13	• Therapeutic Recreation program audits;	Met	- See Quarterly CQI Report - See Recreation Program Audit Binder in Recreation Office.	Met	
22.14	• Medication pass audits;	Met	- See Quarterly CQI Report - See Medication Pass Audit Binder	Met	
22.15	• Restraint use audits;	Met	- See Quarterly CQI report - See Restraint Use Audit Binder.	Met	
22.16	• In-service education evaluations;	Met	See Inservice Education Evaluation Binder	Met	
22.17	• Housekeeping services audits;	Met	See Housekeeping Services Audit Binder	Met	
22.18	• Dietary services audits;	Met	See Dietary Services Audit Binder	Met	
22.19	• Laundry services audits, and;	Met	See Laundry Services Audit Binder	Met	
22.20	• Infection control data and analysis.	Met	- See Quarterly CQI Report	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			- See IERHA Report - See I&C Committee Meeting Minutes		

Scoring methodology:

- 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:
  - 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	Copies of all Job Description available in HR/Payroll Office.Also available on computer on P: Drive. Routines included in binder.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
23.02	There is documented evidence that the licensing of staff is checked annually for all applicable positions.	Met	Licensing check is done annually by CEO and PAyroll Manager. See records	Met	
23.03	Compliance with the Nursing Services Guideline is documented to ensure appropriate nursing coverage.	Met	- Compliance with Nursing Services Guideline is available in HR Office. - See schedules - See MIS Report Binder in CEO's Office	Met	
23.04	Compliance with the PCH Staffing Guideline is documented to ensure appropriate staff mix.	Met	See MIS Report Binder in CEO's Office	Met	

Scoring methodology:

- 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:
  - 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	See staff files for check off list	Met	
Orientation includes:					
24.02	• A general orientation, and;	Met	Located in employee files	Met	
24.03	• A job specific orientation.	Met	Located in employee files	Met	
24.04	Each staff signs an acknowledgement of the information received at general and job specific orientation.	Met	See employee files	Met	
The orientation program includes, at a minimum, the following components:					
24.05	• Resident Bill of Rights;	Met	see check off list and ppt. presentation	Met	
24.06	• Mission Statement;	Met	see check off list and ppt. presentation	Met	
24.07	• Organization chart;	Met	see check off list and ppt. presentation	Met	
24.08	• Disaster management including the fire plan;	Met	see new disaster plan	Met	
24.09	• Workplace Hazardous Materials Information System (WHMIS);	Met	see check off list and ppt. presentation	Met	
24.10	• Infection control;	Met	see check off list and ppt. presentation	Met	
24.11	• Proper use of all equipment specific to job function;	Met	see check off list and ppt. presentation (specific)	Met	
24.12	• Personnel policies;	Met	in ppt and new staff booklet	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.13	• Personal Health Information Act;	Met	see check off list and ppt. presentation	Met	
24.14	• ***Protection for Persons in Care Act*;**	Met	see check off list and ppt. presentation	Met	
24.15	• The facility policy on freedom from abuse;	Met	see check off list and ppt. presentation	Met	
24.16	• Signing an Oath of Confidentiality;	Met	see check off list and ppt. presentation (on hire)	Met	
24.17	• Job description, and;	Met	see check off list and ppt. presentation	Met	
24.18	• Expected skills and routines.	Met	see check off list and ppt. presentation (specific)	Met	
24.19	There is an organized staff education program for all staff.	Met	follow IERHA program	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	see records and 2016, 2017 & 2018 annual learning packages	Met	
24.21	• Review of the Freedom from Abuse policy;	Met	see 2016, 2017 & 2018 annual learning packages	Met	
24.22	• Review of the Resident Bill of Rights;	Met	see 2016, 2017 & 2018 annual learning packages	Met	
24.23	• Review of the Use of Restraints Policy;	Met	see 2016, 2017 & 2018 annual learning packages	Met	
24.24	• Workplace Hazardous Materials Information Sheets (WHMIS);	Met	see 2016, 2017 & 2018 annual learning packages	Met	
24.25	• Education about Alzheimer's and related dementias, and other geriatric care information, and;	Met	see records binder	Met	
24.26	• Education opportunities that match the special considerations/ needs	Met	see records binder	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	of the facility's current resident population.				
24.27	Education on the proper use of new, job-specific equipment is provided whenever new equipment is acquired.	Met	see new equipment training binder	Met	
The staff education program also includes the following, minimally once every 3 years:					
24.28	• Oral Health care;	Met	last 2016 scheduled March 2019	Met	
24.29	• Proper resident transferring techniques;	Met	MSIP 2018	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 offered in Fall 2018 (	Met	
24.31	An attendance record is maintained for every in-service education program provided.	Met	see binders	Met	
24.32	There is a process to ensure that all staff are made aware of all new or revised policies.	Met	see policy (posted downstairs and memo verification	Met	
There is evidence of an education services audit process which includes:					
24.33	• Annual evaluation of all education programs;	Met	see binder with evaluations	Met	
24.34	• Review and analysis of the program evaluations;	Met	see binder with review and analysis	Met	
24.35	• Recommendations for improvement resulting from the analysis, as required, and;	Met	see binder with any recommendations	Met	
24.36	• Implementation and follow-up of those recommendations.	Met	see binder with followup of recommendations .	Met	
Scoring methodology:					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments

• 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:
  ○ 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.