



Personal Care Homes Standards Final Report

Standards for Personal Care Homes

Tool 2

Facility: Tudor House PCH, Selkirk MB
Date: April 3, 2007
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Tool two was randomly selected for this site visit where the following 12 of the 26 standards were reviewed. Please use your self assessment of the remaining 14 standards to guide you to reach those performance measures. The 14 standards not being reviewed on this visit were removed from the visit document.

Summary of Results - Tool 2

Standard	Regulation	Review Team Rating
2	Resident Council	Met
5	Participation in Care Plans	Met
7	Integrated Care Plan	Not Met
9	Use of Restraints	Met
10	Medical Care	Met
12	Pharmacy	Met
13	Health Records	Met
15	Housekeeping Services	Met
19	Safety & Security	Met
21	Infection Control Program	Met
24	Staff Education	Met
25	Complaints	Partially Met

Summary

- Met 10
- Partially Met 1
- Not Met 1

General Comments:

- The Standards Review Team greatly appreciates the work done by management and staff of the Tudor House PCH to prepare for the standards visit.
- Monitoring Tool #2 was randomly selected for this facility visit. 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 resident health records and in the interest of time, a sample of randomly selected health records were reviewed. The Standards 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 had been ordered.

Findings:

- Ten of the twelve standards that were rated were assigned a rating of met. One standard was assigned a rating of partially met and one standard was assigned a rating of not met.
- A priority for action is compliance with any standard that is rated as other than met. Tudor House PCH must take steps to comply with Standard 7 – Integrated Care Plan and Standard 25- Complaints.
- The facility is further encouraged to take steps to meet all performance measures, including those where the standard was found to be met.

Standard 2: Resident Council

Reference: *Personal Care Homes Standards Regulation Sections 5 & 6*

Resident Council

The operator shall ensure that reasonable assistance is given to residents and their designates to help them establish and maintain a resident council.

The purpose of the resident council is to provide a forum where issues that concern residents can be discussed, including the services provided to residents in the personal care home.

The resident council may consist of residents, their designates and any other persons that the council considers appropriate.

Suggestions and concerns raised by the council

The operator shall ensure that a concern raised by the resident council is addressed, including an investigation of the concern if necessary, and that a response, or a preliminary response, is provided to the council at or before its next meeting.

The minutes of the council's meetings, must – unless the council decides on another method of communicating the information – be posted in standard CNIB print (Arial 14 font) in a location that is prominent and easily accessible by residents and staff.

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

Performance Measures:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
2.1	There is evidence that the resident council meets at a minimum five times per year.	Met	Minutes are taken If there is a lack of attendance a note is made that a meeting attempt was made Information booklet indicates meeting take place Next meeting is posted in the facility It is held every 4 th Friday of the month. Minutes in the bin	Met	
2.2	Minutes of the meetings of the resident council provide evidence that residents are encouraged and supported in bringing forward issues and concerns.	Met	In addition to minutes encouraging resident input important consumer concerns are forwarded to management attention	Met	Residents report they are very comfortable bringing forward complaints.
2.3	Minutes of the meetings of the resident council provide evidence that the residents' issues and concerns are:	Met	Consumer Concern forms are forwarded to Managers, Sr. Management & Board Concerns are documented in	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	a) Documented:		minutes		
2.4	b) Investigated; and	Met	Management follows up on concerns	Met	
2.5	c) Responded to in a timely fashion.	Met	Outcomes are reported on at next meeting and documented All concerns are dated and followed.	Met	
Scoring methodology: <ul style="list-style-type: none"> • The highlighted measure (2.1) 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 4 other measures: <ul style="list-style-type: none"> ○ If ≥ 3 measures are met, standard is met ○ If 2 measures are met, standard is partially met ○ If ≤ 1 measure is met, standard is not met. 					

Result: Highlighted measure 2.1 is met as are the other measures.

The standard is Met

Comments:

Standard 5: Right to Participate in Care

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

Resident's right to participate in care

The operator shall ensure that a resident and his or her designate and legal representative are given an opportunity to participate in assessing, planning, providing for, monitoring and evaluating the resident's care.

Resident's wishes

The operator shall ensure that the resident's wishes are considered when a care plan is developed or amended under this Part.

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

Performance Measures:

#	Measure	Facility Rating	Comments	Reviewer Rating	Comments
5.1	There is documented evidence that: a) The resident and their representative have had the opportunity to participate in the initial care plan;	Met	“information provided by:” section is on the Part 1 of PCH Assessment and on the ADL sheet of the integrated care plan on admission.	Met	
5.2	b) The resident and their representative have had the opportunity to participate in the development of the integrated care plan;	Met	Documented on admission, also signed on care plan	Met	
5.3	c) The resident and their representative have had the opportunity to participate in the annual care conference.	Met	Minutes from MDR which is held quarterly. Family and resident are invited to attend	Met	

Scoring methodology:
 All performance measures (5.1, 5.2, 5.3) are pass/fail for the standard. Any one performance measure not met results in assessing the standard as not met.

Result:
The standard is Met
Comments:

Standard 7: Integrated Care Plan

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

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 them.

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 behavioral characteristics;
- c) available family 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) medications and treatments ordered by a physician;
- 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;
- 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: 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
7.1	Integrated care plans are maintained as part of the permanent resident health record.	Met	An integrated care plan is part of the resident record at the nursing station. Kept as permanent record Completed in pen	Not met	4 of the 7 integrated care plans had entries completed in pencil for both dates and notes
7.2	There is evidence that within eight weeks of admission, the interdisciplinary team has assessed the resident's needs and a written integrated care plan is developed.	Met	Care plan (see example)	Met	
7.3	The integrated care plan contains care elements consistent with the requirements of the Personal Care Home Standards Regulation and includes the type of assistance required with: a) Bathing;	Met	Copy of Care Plan	Met	
7.4	b) Dressing;	Met		Met	
7.5	c) Mouth, teeth/denture care	Met	Copy of Care Plan	Met	
7.6	d) Skin care;	Met	Copy of Care Plan	Met	
7.7	e) Hair and nail care;	Met	Copy of Care Plan	Met	
7.8	f) Foot care;	Met	Copy of Care Plan	Met	
7.9	h) Exercise;	Met	Within 2 weeks an assessment is done by OT Copy of Care Plan	Partially Met	Inconsistencies were noted between the Care Plan and the ADL copy

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.10	i) Mobility;	Met	Within 2 weeks Copy of Care Plan	Met	
7.11	j) Transferring;	Met	Copy of Care Plan	Met	
7.12	k) Positioning;	Met	Copy of Care Plan	Met	
7.13	l) Requirements for lifting;	Met	Type of Lift Copy of Care Plan	Met	
7.14	m) Bladder and bowel function, including any incontinence care product required;	Met	Copy of care plan	Met	
7.15	n) Mental and emotional status, including personality and behavioral characteristics;	Met		Met	1 of 7 integrated care plans showed incomplete information
7.16	o) Available family and community supports;	Met	Public Trustee, Legion, Veteran's Affairs, Religion, ARC Next of kin are listed	Met	
7.17	p) Hearing and visual abilities and required aids;	Met		Met	1 of 7 integrated care plans showed no documentation
7.18	q) Rest periods and bedtime habits, including sleep patterns;	Met	Check Care Plans	Met	
7.19	r) Safety and security risks and any measures required to address them;	Met	TABS, WanderGuard, Bed and chair Restraint, Elopement Risk, Alzheimer's List sent to RCMP	Met	
7.20	s) Language and speech, including any loss of speech capability and any alternate communication method used;	Met		Met	
7.21	t) Rehabilitation needs;	Met	On care plan	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.22	u) Preference for participating in recreational activities;	Met	Morning and Afternoon preferences and what they enjoy	Met	
7.23	v) Religious and spiritual preference;	Met	preferences are on care plans	Met	2 of 7 integrated care plans provided no information
7.24	x) Food preferences, diet orders and type of assistance required with eating;	Met		Met	
7.25	y) Whether the resident has made a health care directive;	Met	All residents or families are encouraged to complete	Partially met	3 of 7 integrated care plans were not completed by indicating a √ for <u>No</u> . This was noted specifically for those residents of the Public Trustee.
7.26	z) Any other need identified by a member of the interdisciplinary team.	Met		Met	
7.27	There is evidence the integrated care plan is regularly reviewed: a) At least once every three months by the appropriate team; and	Met		Met	Excellent documentation regarding quarterly assessments as shown by the appropriate team involvement.
7.28	b) At least annually by all staff who provide direct care and services to the resident, including the resident and his/her	Met		Met	See note above

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	representative(s) if possible.				
7.29	The method of communicating the integrated care plan to direct care staff ensures consistency and privacy of information.	Met	Daily reports (D/E/N) To review care plans with all staff ADL in books on carts	Not met	ADL sheets (which were photocopies of the integrated care plan) were often inconsistent with the current integrated care plans. To avoid confusion for care providers, the team would recommend the development of a separate sheet designed specifically for care needs of the resident and for use by those who provide the direct care. This separate sheet may be discreetly posted in the resident's room or bathroom.
<p>Scoring methodology:</p> <ul style="list-style-type: none"> • Highlighted measures (7.1, 7.2, 7.27, 7.28) are pass/fail performance measures. If any one is not met, the standard is not met. If all are met, other measures are considered before assigning a rating to the standard. • Of 25 other measures: <ul style="list-style-type: none"> ○ If ≥ 20 measures are met, standard is met ○ If ≥ 15 and < 20 measures are met, standard is partially met ○ If < 15 measures are met, standard is not met. 					

Result:

The standard is Not Met due to not meeting the required performance measure 7.1.

Comments: Minor procedural changes will assist you in meeting this standard.

Standard 9: Use of Restraints

Reference: *Personal Care Homes Standards, Section 16, 17 & 18 and Restraints in Personal Care Homes – Resident Safety Policy 302SS*

Written restraint policy

The operator shall establish a written restraint policy in accordance with guidelines approved by the minister.

Physical restraint may be used only if risk of serious harm

Except in accordance with this section and section 18, no operator shall permit a physical 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 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, a physician, a registered nurse, or a registered psychiatric nurse may order a physical restraint to be used.

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.

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

- a) A description of the assessment done to determine the potential for serious bodily harm to the resident or another person, and a description of the positive methods to prevent harm that were determined to be ineffective, signed by the person who directed the physical restraint to be used;
- b) The type of physical restraint used;
- c) Each time the resident and the physical restraint is checked;
- d) The time and date when use of the physical restraint is discontinued and the reason why.

The operator shall ensure that the use of each physical restraint is regularly reviewed. At a minimum, the use must be reviewed whenever the resident's care plan is reviewed.

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

Outcome Expected: 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
9.1	The personal care home's policy on the use of restraints is consistent with <i>Restraints in Personal Care Homes – Resident Safety Policy 302SS</i> or any other restraint use policy applicable to personal care homes approved by the Minister.	Met	Policy	Met	
9.2	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	Met	Copy of audits to go in bin	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	consent of the resident's legal representative is documented.				
9.3	There is documented evidence of a comprehensive interdisciplinary assessment of the resident prior to application/reapplication of a restraint, including: a) Description of behaviour and environment in which it occurs;	Met	Part of Assessment Copy in bin	Met	Assessments were completed with the input of the RN, LPN and as needed with OT, Social Service or recreation.
9.4	b) Resident's physical, emotional, psychosocial, nutritional state;	Met	Copy in bin	Met	
9.5	c) Alternatives tried and exhausted;	Met	Copy in bin	Met	
9.6	d) Identification of benefits and burdens to the resident and other additional ethical considerations.	Met	Copy in bin	Not met	Benefits identified clearly, burdens not reviewed.
9.7	There is a written order for the restraint in the resident's health record that indicates: a) Signature and designation of professional; where medication is used it is ordered by the physician only;	Met		Met	The initial order was written by the RN or the physician. As well the order was clearly documented on the Medication and Order Review, and reviewed quarterly
9.8	b) The kind of restraint to be used;	Met	Copy in bin	Met	
9.9	c) The frequency of checks.	Met		Met	
9.10	There is evidence of a care plan	Met	Put Copy of Care Plan in bin	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	that outlines the resident's unique and specific needs related to the use of a restraint, including: a) Restraint type and method of application;				
9.11	b) Length of time the restraint is to be used;	PM	Reassess every 3 months	Met	
9.12	c) Frequency of checks and regular removal of restraints;	Met	Copy of restraint check form	Met	
9.13	d) Efforts to resolve the issue for which the restraint was initiated.	MET		Met	
9.14	Where a restraint is used in an emergency situation there is documented evidence of: a) The events leading up to the use of the restraint;	Partially met	Look for copy for evidence	Met	Based on an emergency restraint from April 2, 2007. Evidence located in PN and on Emergency restraint document.
9.15	b) The name and designation of the person ordering the restraint;	Met		Met	RN
9.16	c) The time the restraint was used and the frequency of checks;	Met		Met	See 9.14
9.17	d) Notification of the resident's legal representative or next of kin;	Met		Met	See 9.14
9.18	e) Care provided to and response of the resident in restraint;	Partially Met		Met	See 9.14
9.19	f) When the resident's reassessment is to occur.		Discussed with family and Dr. at MDR	Met	See 9.14

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.20	The use of restraints is audited and part of the facility's continuous quality improvement/risk management activities.	PM	Copy of Audits added	Partially Met	Audits implemented May 2006 and completed May 2006, August 2006 and September 2006.
Scoring methodology: <ul style="list-style-type: none"> • Highlighted measure (9.1) 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 a rating to the standard. • Of 19 other measures: <ul style="list-style-type: none"> ○ If ≥ 15 measures are met, standard is met ○ If < 15 and ≥ 11 measures are met, standard is partially met ○ If < 11 measures are met, standard is not met 					

Result:

The standard is Met

Comments: Well done.

Standard 10: Physician Services

Reference: *Personal Care Homes Standards Regulation, Sections 19 & 20*

Designated physician

The operator shall designate a physician to be responsible for the overall coordination and evaluation of medical services for the personal care home.

Medical care of residents

The operator shall ensure that:

- a) A physician supervises each resident's medical care;
- b) A physician examines each resident as often as the resident's condition requires;
- c) The professional staff and residents have access to a physician 24 hours per day, seven days per week to provide emergency care and consultation as necessary.

Expected Outcome: Residents receive medical care in accordance with their needs and in a manner that enhances their quality of life.

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
10.1	There is a designated physician responsible for the overall coordination and evaluation of medical services.	Met	Copy of Contract	Met	Dr. Demsas and Dr. Lindenschmidt share duty
10.2	Each resident has an assigned physician.	Met	On all Care Plans	Met	
10.3	There is a physician on call for services at all times.	Met		Met	On Call Calendar provided
10.4	The personal care home has established rules and regulations and/or policies governing medical services.	Met		Met	Medical Staff Bylaws

Scoring methodology:

- Highlighted measure (10.1) 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 a rating to the standard.
- Of the remaining 3 measures:
 - If 3 measures are met, standard is met
 - If 2 measures are met, standard is partially met
 - If ≤ 1 measure is met, standard is not met.

Result:

The standard is Met

Comments:

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 administer medications to a resident, such medications are administered:

- a) only on a physician's order or the order of a registered nurse made in accordance with *The Registered Nurses Act* and its regulations;
- b) only by a physician, 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.

When a physician 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 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 medication records it immediately in the resident's medication administration record, unless the medication is self-administered.

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 locked, properly equipped, designated medication storage and preparation area, and that it is clean, well-organized and maintained;
- d) medications (other than those that are self-administered) 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 them;
- e) medications that a resident self-administers and keeps in his or her room are stored so that they are not accessible to other residents;
- f) medications requiring refrigeration are kept in a refrigeration unit used only for medication storage;
- g) the pharmacist conducts regular audits of medication kept at the personal care home and removes and properly disposes of any expired, unused and discontinued medications; and
- h) the pharmacist conducts regular audits of medication storage areas 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
12.1	There is a current contract with a licensed pharmacist that defines the scope of service and includes provision for emergency or after hour services.	Met	Shopper's contract signed	Met	The contract in evidence bin expired April 1 st 2007 confirm the date the contract was signed in April. New contract has been signed and effective until April 1 st 2008.
12.2	The pharmacist conducts medication and treatment reviews on a quarterly basis with the interdisciplinary team (pharmacist, nurse, physician and other members as needed) and this is documented in the health record.	Met	MDR. Copy of minutes of MDR and TR Sheet – put in bin	Met	
12.3	Policies and procedures for pharmacy services are complete and current.	met	redone	Met	Pharmaceutical Services P & P Manual updated Jan 2007
12.4	There is a designated medication storage area that is: a) Clean;	Met		Partially Met	Best practice is to keep personal items in a staff locker room. If this is not possible storage in a cupboard instead of the floor or counter would be preferred.
12.5	b) Well organized;	Met		Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.6	c) Well equipped and maintained; and	Met		Met	
12.7	d) Secure.	Met	Keys kept by professionals	Met	
12.8	Narcotics are securely stored in a double locked cupboard.	Met		Met	
12.9	Narcotic drugs are audited/counted at least once per week and signed by two nurses.	Met	Done every shift, sign sheet in bin	Met	Done every shift
12.10	Nursing staff have access to: a) A supply of medications for emergency use (emergency drug box); and	Met	Checked on regular basis. Copy of emergency drug list in drug box.	Met	On crash cart
12.11	b) Medications that should be administered without undue delay (In-house drug box for antibiotics, analgesics, etc).	Met	Drug Box – list of meds. available	Met	
12.12	Withdrawals from the emergency drug box, in-house drug box and narcotic cupboard are documented, including: a) Date;	Met	Copy of sign out card in bin	Met	
12.13	b) Name and strength of the drug being withdrawn;	Met	Put in bin	Met	
12.14	c) Quantity;	Met		Met	
12.15	d) Name of the resident being given the drug;	Met		Met	
12.16	e) Name of the nurse making the withdrawal.	Met		Met	
12.17	The pharmacist conducts and documents regular audits of the medication storage room,	Met	Copy of audits – put in bin Put in monthly meetings	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	emergency drug box, in-house drug box, and narcotic cupboard. Results are shared with nursing staff.				
12.18	A monitored dose or unit dose system is used for medication distribution in the facility.	Met	Put empty card in bin	Met	
12.19	There are processes in place to ensure staff administering medications are trained and follow the appropriate procedures for the monitored dose system, including: a) An orientation for new staff; and b) Periodic audits of the medication pass.	Met	Monthly audits are done of Medication sheets. Orientation sheet ensures that staff are familiar with procedure of administering meds. Yearly audits done of each nurse while administering meds	Met	Orientation Form Med pass Feb. 2007
12.20	The resident's identity is confirmed prior to administration of medications by use of a current photo on the medication administration record.	Met	Copy of photo in Mars Book, done the day of admission	Met	Would recommend that the Resident picture be dated of time of being taken
12.21	The medication administration record identifies allergies and diagnoses.	Met	Copy of MARS	Met	
12.22	The pharmacist is available to provide drug information as required.	Met	Contract and 24/7 Policy (Shopper's)	Met	
12.23	A committee has been established:	Met	Pharmacy & Therapeutics meet every 3 months. Copy	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	a) To regularly review and make recommendations on drug utilization and costs;		of minutes		
12.24	b) To review and follow up on medication incidents and adverse reactions;	Met	Copy of minutes. We review any medication errors. .	Met	Reviewed in minutes but no action/review comments were noted
12.25	c) To review and make recommendations on all policies for the procurement and administration of medication within the home, and	Met		Met	
12.26	d) Includes representation from pharmacy, medicine, nursing and administration.	Met	Administrator gets a copy of minutes	Met	

Scoring methodology:

- The highlighted measures (12.1, 12.2, 12.18, 12.22, 12.23, 12.24, 12.25, 12.26) are pass/fail performance measures. If any are not met, the standard is not met. If all are met, other measures are considered before assigning an overall rating to the standard.
- Of 18 other measures:
 - If ≥ 14 measures are met, the standard is met
 - If ≥ 10 and < 14 measures are met, standard is partially met
 - If < 10 measures are met, standard is not met.

Result:

The standard is Met.

Comments:

Standard 13: Health Records

Reference: *Personal Care Home Standards Regulation, Section 27*

The operator shall maintain a health record in the personal care home for each resident that includes the following information:

- a) admission information that includes:
 - i) a completed application and assessment form, and
 - ii) any other information provided by the resident and his or her designate or legal representative and any person or entity that has provided health care to the resident;
- b) current information about the resident's care that includes the following:
 - i) the initial care plan and the integrated care plan and any amendments made to them,
 - ii) medications and treatments ordered by a physician,
 - iii) medications and treatments administered,
 - iv) information about the use of restraints, as required by subsection 18(2),
 - v) interdisciplinary progress notes,
 - vi) the results of ongoing clinical monitoring,
 - vii) consent forms where necessary,
 - viii) the resident's health care directive, if any,
 - ix) a copy of any committee order under *The Mental Health Act*, appointment of a substitute decision-maker under *The Vulnerable Persons Living with a Mental Disability Act* or enduring power of attorney,
 - x) The date of discharge, transfer or death.

The operator shall ensure that all the documentation in a resident's health record is:

- a) accurate, legible, up-to-date, complete and not misleading;
- b) written by the person who made the observation or who provided or supervised the care or treatment, or that person's supervisor;
- c) written as soon after the event recorded as possible;
- d) identified by the date and time of the entry; and
- e) identified by the signature and professional designation of the person making the entry or by such other means of identifying the person as may be approved by the Minister.

Expected Outcome: Residents health records provide a full, complete and accurate picture of residents and of their care from the time of admission.

Performance Measures:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
13.1	The resident's health record consists of the following information: a) A completed application and assessment form, or such alternate form as approved by the Minister;	Met	Copy in bin	Met	
13.2	b) The initial care plan;	Met	Copy in bin	Met	
13.3	c) The integrated care plan and any amendments;	Met		Met	
13.4	d) Medications and treatments ordered by a physician;	Met	Copy of MARs and TARs	Met	
13.5	e) Medications and treatments administered;	Met	Copy of MARs and TARs	Met	
13.6	f) Information on the use of restraints, if applicable;	Met	Permission; mini-mental, restraints assessment forms given in admission package	Met	
13.7	g) Interdisciplinary progress notes;	Met	Every Chart has	Met	Nice to see interdisciplinary progress notes are detailed, dated, and signed with discipline designation
13.8	h) The results of ongoing clinical monitoring;	Met	Lab reports	Met	
13.9	i) Consent forms;	Met	Consents signed – yearly for flu vaccine	Met	
13.10	j) The resident's Health Care Directive, if applicable;	Met		Met	
13.11	k) A copy of any committeeship	Met	Copy in chart	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	order under <i>The Mental Health Act</i> , appointment of a substitute decision-maker under <i>The Vulnerable Persons Living with a Mental Disability Act</i> or enduring power of attorney;				
13.12	l) Record of referrals made to an external agency or specialist on the recommendation of a member of the interdisciplinary team;	Met	Copy of referral form	Met	
13.13	m) Results of any examinations or tests conducted as a result of referral;	Met	Kept in residents chart	Met	
13.14	n) The date of discharge, transfer or death.	Met	Copy of Progress Notes	Met	
13.15	There is documented evidence of follow-up of resident issues throughout the health record that arise from assessments, or as noted in the integrated progress note.	Met	Copy of Progress Notes	Met	
13.16	Documentation in the health record identifies:	Met		Met	
	a) The date;				
13.17	b) The time;	Met	Copy of Progress Notes	Met	
13.18	c) Signature; and	Met	Copy of Progress Notes	Met	
13.19	d) Professional designation of all entries in the health	Met	Copy of Progress Notes	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	record.				
13.20	There is a current policy to guide thinning of the resident health record.	Met	Copy of Policy	Met	Policy reviewed January 2007.
13.21	There is a current policy on retention and destruction of health records.	Met	Copy of Policy	Met	Policy reviewed January 2007.
<p>Scoring methodology:</p> <ul style="list-style-type: none"> • There are no pass/fail performance measures. • Of all 21 measures: <ul style="list-style-type: none"> ○ If ≥ 17 measures are met, standard is met. ○ If ≥ 13 and < 17 measures are met, standard is partially met ○ If < 13 measures are met, standard is not met. 					

**Result: All performance measures were met.
The standard is Met.**

Comments:

Standard 15: Housekeeping Services

Reference: *Personal Care Homes Standards Regulation, Section 29*

The operator shall ensure that a housekeeping service is in place to provide a clean and well-maintained environment for residents, staff and visitors.

At a minimum, the operator shall ensure that

- a) all floors, stairs, walls, ceilings, doors, windows, window coverings, sinks, toilets, furniture and equipment in the personal care home are cleaned as often as may be necessary to keep them clean and to minimize odours;
- b) all bathing facilities in the personal care home, including hydrotherapy units (whirlpools), tubs, showers, shower chairs and lift chairs are cleaned and disinfected after each resident use; and
- c) There is an organized pest control program in the personal care home.

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

Performance Measures

#	Measure	Facility Rating	Comments	Reviewer Rating	Comments
15.1	The facility is clean and odour free.	Met	Daily staff ensure cleanliness	Met	The Home is very clean and odour free
15.2	There is a schedule for daily as well as periodic cleaning.	Met	Copy in the bin	Met	Extensive cleaning schedules for daily, weekly, monthly and yearly tasks.
15.3	There is a list of cleaning products used and their purpose.	Met	Copy in the bin	Met	A housekeeping supply list with products and their purpose is used.
15.4	All chemicals that are potentially dangerous to residents are securely stored.	Met	Housekeeping carts are not left unsupervised. Kept in locked room when not in use	Met	Potentially dangerous products are kept in locked rooms
15.5	Housekeeping audits are regularly conducted, reported and reviewed. Recommendations are made and followed up	Partially Met	Monthly audits are given to residents/families In process of developing and completing regular audits on rooms	Partially Met	Audits are being done on a regular basis by families and staff. There was no evidence of recommendations being made and follow-up taking place.
15.6	There is an organized pest control program.	Met	Copies are in bin. Also a binder in front where bills are left as evidence	Met	Contracted pest control services with regular audits. November 2006 is the most recent.

Scoring methodology:

- There are no pass/fail performance measures.
- Of the 6 measures:
 - If ≥ 5 measures are met, standard is met.
 - If ≥ 4 and < 5 measures are met, standard is partially met

#	Measure	Facility Rating	Comments	Reviewer Rating	Comments
o If < 4 measures are met, standard is not met.					

Result:

The standard is Met

Comments: The facility is exceptionally clean and well maintained.

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 protects residents;
- 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;
- 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 so notified.

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
19.1	The temperature in residential areas is a minimum of 22 degrees Celsius.	Met	copy of check list and policy is in the bin	Met	Thermometers in hallways record 22 degrees Celsius.
19.2	There is an easily accessible call system in all resident rooms.	Met	Call light in bathroom and rooms	Met	
19.3	There is an easily accessible call system in all resident washrooms.	Met		Met	
19.4	There is an easily accessible call system in all bathing facilities.	Met		Met	
19.5	Open stairwells are safeguarded in a manner which protects residents.	Met	Doors have magnetic locks. No stairs are accessible to residents	Met	There is a keypad entry to area where stairwell is located.
19.6	All outside doors and stairwell doors accessible to residents are equipped with an alarm or locking device approved by the Fire Authority under the	Met	Magnetic locks	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	Manitoba Fire Code.				
19.7	Windows are equipped with a mechanism or appropriately designed so they cannot be used as exits.	met	Window have been set so that they only open partially	Met	
19.8	Handrails are properly installed and maintained in all corridors.	Met	Copy needed of Visual daily inspection. We do Health & Safety checks every 3 months. Copy in bin	Met	
19.9	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	Met	Visual daily checks are done Health & Safety checks are completed	Met	Audits are done routinely by Workplace Safety and Health Committee and the results are reported to the CQI Committee. Any deficiencies found are addressed at once.
19.10	All potentially dangerous substances are labeled and stored in a location not accessible to residents.	Met	All doors locked	Met	
19.11	Combustible materials are stored separately and safely.	met		Met	
19.12	All equipment is safe for use and is properly stored and used in a manner that protects residents.	met	Boiler Inspection is completed tags on mechanical lifts indicating when they were serviced. Gas inspection. Preventative Maintenance. Binder re: copy of visits. Century Tubs (Arjo) Rana, sanitation, Boiler Insp., Gas	Met	All documentation is in place.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Insp. Photocopy of annual fire alarm service – is still needed.		
19.13	There is documented evidence of maintenance (both preventive and as needed) of all equipment including building systems.	met	Copies still needed	Met	There is comprehensive up to date documentation.
19.14	There is an orientation program for staff for the proper use of all equipment.	Met	Copy of orientation sheets in bin	Met	There is an Orientation checklist for position descriptions which includes supervisor's follow-up responsibilities.
19.15	The facility has a policy governing the use of personal electric appliances kept by the resident.	Met	Policy in place Sticker with date when checked has been put on back of electrical items. ex. televisions fridges razors	Met	Excellent system
19.16	Domestic hot water in resident care areas is not less than 43°C and not more than 48°C.	Partially met	On Daily Check. Copy of checklist.	Partially met	A century tub had a maximum temperature of 42 degrees Celsius.
19.17	Smoking takes place in designated areas only.	N/A	No Smoking Policy	Met	There is a policy in place and a statement in the New Resident Booklet
19.18	Exits are clearly marked and unobstructed.	Met	Signs posted	Met	
19.19	The exterior of the building is maintained in a manner which protects the residents.	Met	Copy of work orders. Copy of preventative maintenance program. Shovel snow – daily check Workplace Safety & Health	Met	Note that the ground has settled around cement pads at some exits which could put Residents at risk for falls when exiting.
19.20	The grounds and exterior	Met	Maintenance Preventative	Met	Maintenance checklist is

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	furniture are maintained in a manner which protects the residents.		Program. Tracking work orders. Daily check of grounds		maintained. Grounds were not assessed.
Scoring methodology: <ul style="list-style-type: none"> • There are no pass/fail performance measures. • Of the 20 measures: <ul style="list-style-type: none"> ○ If ≥ 16 measures are met, standard is met. ○ If ≥ 12 and < 16 measures are met, standard is partially met ○ If < 12 measures are met, standard is not met. 					

Result:
The standard is Met

Comments: Well done!

Standard 21: Infection Control Program

Reference: *Personal Care Homes Standards, Section 36*

In order to prevent or control the spread of infection in the personal care home, the operator shall implement an infection control program that includes

- a) surveillance of nosocomial infections with review of data at regular intervals;
- b) establishing policies and procedures designed to minimize or eliminate transmission of infectious disease;
- c) education for staff about infectious diseases, their modes of transmission and methods of prevention; and
- d) a contingency plan for outbreaks of infectious diseases with delineated responsibilities for staff, including the reporting requirements under *The Public Health Act*.

Expected Outcome: Residents are protected from the spread of infection by an infection control program.

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
21.1	There is evidence of an Infection Control Program that includes: a) Designation of an individual responsible for infection control;	Met	L. Boyce RPN at present	Met	
21.2	b) Surveillance of nosocomial infections;	Met	Copy of data	Met	Outbreak investigation reports are kept in a manual.
21.3	c) Data collection, review and follow-up;	Met	Infection Control Minutes	Met	
21.4	d) Reporting of infectious diseases as required under <i>The Public Health Act</i> ;	Met	Copy of last report MRSA and Policy	Met	
21.5	e) Policies and procedures to prevent or control the spread of infectious disease, including: i) Protocols for handling contaminated laundry	Met	Infection Control manual has been updated. Video is available for staff to review Copy of policy	Met	Protocol is in place and currently revised and waiting approval.
21.6	ii) Protocols for handling clean and soiled laundry	Met	Copy of protocol	Met	Protocol is in place and currently revised and waiting approval.
21.7	iii) Contingency plans for dealing with a suspected or confirmed outbreak including restriction of visits to the home during an outbreak	Met	Copy of policy. Isolation basket (labeled) General outbreak policy	Met	
21.8	iv) Protocols for cleaning schedules and cleaning products	Met	Wheelchairs Housekeeping has policies	Met	Protocols and schedules are in place with check off sheet documentation.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
21.9	v) Pet care	Met	Policy in bin Check cat fed/watered. Regular vet visits. Copy of certificate	Met	There is a policy on pet visitations which addresses infection control. The team was unable to locate policy for a residing pet related to infection control; this policy should be developed as the facility has a resident cat.
21.10	There is a program of staff education about infectious diseases and infection control practices.	Met	Talk to Majel. Annual inservices/flu vaccine. Orientation, posted signs	Met	Education given during orientation on hand washing. Training is currently taking place on new safety syringes. Ongoing training regarding outbreaks.
<p>Scoring methodology:</p> <ul style="list-style-type: none"> • The highlighted measure (21.1) 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 9 other measures: <ul style="list-style-type: none"> ○ If 7 measures are met, standard is met ○ If ≥ 5 and < 7 measures are met, standard is partially met ○ If < 5 measures are met, standard is not met. 					

Result:
The standard is Met

Comments:
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
24.1	There is documented evidence that all new staff participate in an orientation program.	Met	Copy of Orientation	Met	Excellent method of tracking how and what staff participate in.
24.2	The orientation program includes a general and job specific orientation.	Met	Copy of orientation	Partially met	Forms are well developed, please utilize for new hires.
24.3	Each staff signs an acknowledgement of the information received at orientation.	Met	Copy of Orientation	Met	
24.4	The orientation program includes at a minimum the following components: a) Resident Bill of Rights;	Met	In handbook and on orientation sheet	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.5	b) Mission Statement;	Met	In handbook and on orientation sheet	Met	
24.6	c) Organization chart;	Met		Met	
24.7	d) Disaster management including the fire plan;	Met		Met	
24.8	e) WHMIS;	Met	on hire	Met	
24.9	f) Infection control;	Met	On hire	Met	
24.10	g) Proper use of all relevant equipment;	Met	On orientation check list	Met	
24.11	h) Personnel policies;	Met	Copy of handbook	Met	
24.12	i) PHIA;	Met	On hire	Met	
24.13	j) <i>Protection for Persons in Care Act</i> and facility policy on abuse;	Met	GA-3-65 Reviewed annually and on hire	Met	
24.14	k) Signing an Oath of Confidentiality;	Met	On hire	Met	
24.15	l) Job description;	Met	Yes	Met	
24.16	m) Expected skills and routines.	Met	Yes	Met	
24.17	There is an organized in-service education program for all staff.	Met	.5 position	Met	
24.18	The in-service education program includes: a) Annual review of fire drill participation or education in fire prevention;	Met	Yes	Met	All staff has participated in either a fire drill or an annual review of fire safety/prevention.
24.19	b) WHMIS;	Met		Met	
24.20	c) Resident Bill of Rights;	Met		Met	
24.21	d) Policies related to use of restraints;	Met		Met	
24.22	e) Geriatric care;	Met	Mouth Care; Aging Process;	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Teds; Depression		
24.23	f) Annual review of Freedom from Abuse policies;	Met		Met	
24.24	g) Proper lifting and carrying techniques;	Met		Met	
24.25	h) Equipment specific to job function;	Met	Bed orientation; Kitchen; Boilers, Buffer, Washer/Dryers	Partially met	
24.26	An attendance record of all in-service programs is maintained	met		Met	
24.27	There is a process to ensure that all staff are made aware of any new or revised policies.	Met	Memo verification – examples	Met	Evidence of same was provided for changes in the occurrence policy.
24.28	There is evidence of regular evaluation of the programs, it is reviewed and recommendations for improvement made and followed up.	Met	Sign off sheet and Majel has copy of	Not Met	There are participation evaluation sheet, need to take the next step to review and make recommendations for improvement.
<p>Scoring methodology:</p> <ul style="list-style-type: none"> • The highlighted measures (24.1, 24.18) are pass/fail performance measures. If either are not met, the standard is not met. If they are met, other measures are considered before assigning a rating to the standard. • Of 26 other measures: <ul style="list-style-type: none"> ○ If ≥ 21 measures are met, standard is met ○ If ≥ 16 and < 21 measures are met, standard is partially met ○ If < 16 measures are met, standard is not met. 					

Result:

The standard is Met

Comments: The use of the words 'orientation' and 'in-service' were used interchangeably in the evidence provided. It was difficult to identify the differences in the evidence.

Standard 25: Complaints

Reference: *Personal Care Homes Standards Regulation, Section 40*

The operator shall establish a written policy for dealing with complaints made by residents and others about the home's care, services or environment, in accordance with any guidelines established by the regional health authority for the health region in which the personal care home is located.

The operator shall post an outline of how to lodge a complaint in a prominent and easily accessible location in the personal care home.

The operator shall keep such records respecting the receipt and handling of complaints as may be required by the regional health authority for the health region in which the personal care home is located.

An operator, other than a regional health authority, shall provide to the regional health authority for the health region such information respecting complaints received as the authority may require, in the time and in the form the authority requires.

A regional health authority shall provide to the minister, as required by the minister and within the time and the form specified, reports respecting complaints received by the personal care homes in the health region, including reports provided to the authority under subsection (4).

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

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
25.1	There is a written policy that includes a process for dealing with complaints made about the home's care services or environment.	Met	Concern forms GA-3-55	Met	
25.2	Directions related to complaints handling are posted in a prominent location in the home	Met	On the bulletin board and also forms are kept at reception area	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	and included in the home's admission information package.		Copy of admission package		
25.3	Complaints are responded to in a timely manner.	Met	There are set guidelines for responding Some are within 24 hours Some within 72 hours	Met	
25.4	There is record of every complaint received which includes: a) The name of the complainant;	Met		Not met	Form was amended in September-October 2006 and left out the Name of Complainant
25.5	b) The nature of the complaint;	Met		Met	
25.6	c) The date of receipt of the complaint;	Met		Met	
25.7	d) The action taken;	Met		Met	
25.8	e) The date a response was provided to the complainant.	Met		Met	
25.9	There is regular analysis of the number and type of complaints, recommendations made and followed up.	met	These are brought up at the management meeting and recommendations are made	Not met	Analysis of the number of complaints and analysis of type of complaints is pending a revision of the CQI process.

Scoring methodology:

- The highlighted measure (25.1) 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 8 other measures:
 - If > 6 are met, standard is met
 - If ≥ 4 and < 8 are met, the standard is partially met.
 - If < 4 are met, the standard is not met

Result:

The standard is Partially met

Comments: Processes are underway to meet this standard.