

## **Standards for Personal Care Homes**

### **Tool 3**

Facility: Tudor House  
Date: June 15, 2011  
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Report date: July 29, 2011

### Summary of Results of Tool 3

Standard	Regulation	Review Team Rating
4	Information on Admission	Met
6	Initial Care Plan	Met
7	Integrated Care Plan	Met
9	Use of Restraints	Met
12	Pharmacy	Met
14	Dietary Services	Met
16	Laundry Services	Met
18	Spiritual & Religious Care	Met
19	Safety & Security	Met
22	Person in Charge	Met
23	Qualified Staff	Met
24	Staff Education	Met

### Summary

➤ <b>Met</b>	<b>12</b>
➤ <b>Partially Met</b>	<b>0</b>
➤ <b>Not Met</b>	<b>0</b>

#### **General Comments:**

- The Standards Review Team greatly appreciates the work done by management and staff of Tudor House to prepare for the standards review.
- Monitoring Tool 3 was randomly selected for this facility review. 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:**

- All of the twelve standards that were rated were assigned a rating of met. The facility is commended and congratulated.
- The facility is further encouraged to take steps to meet all performance measures, including those where the standard was found to be 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 copy of the residents' bill of rights;
- A copy of the personal care home's philosophy and mission;
- A description of the ways in which the resident and his or her designate and legal representative can participate in assessing, planning, providing, monitoring, and evaluating the resident's care;
- Information about the resident council;
- Information respecting the policies relating to complaints, abuse, and restraints;
- Financial information, including the availability and administration of resident trust accounts and government financial assistance programs;
- An orientation to the facility, including safety and security systems;
- 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 information on the operation of the home.*

**Performance Measures:**

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
4.01	<b>The personal care home has an admission package.</b>	Met	See Admission Package developed specific for Tudor House that contains standard information	Met	
4.02	The contents of the admission package are consistent with the requirements of the Personal Care Home Standards Regulation, including: a) A copy of the residents' bill of rights;	Met	Elder Bill of Rights in all Admission packages	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
4.03	b) A copy of the personal care home's philosophy and mission;	Met	-Strategic Plan 2010-11 with home's Philosophy/Values & Code of Ethics, also see copy of Tudor House - Eden Alternative Booklet -Mission & Vision flagged in front of "Information Booklet for Elders"	Met	
4.04	c) A description of the ways in which the resident and his or her designate and legal representative can participate in assessing, planning, providing, monitoring, and evaluating the resident's care;	Met	Information flagged in "Information Booklet for Elders"	Met	
4.05	d) Information about the resident council;	Met	-Information flagged in booklet for Elders	Met	
4.06	e) Information respecting the policies on complaints, freedom from abuse, and restraint use;	Met	-Information flagged in New Elder Booklet -Restraint Policy AM 10-30 & -Elder Abuse PNM II-R-05a included	Met	Information requires updating to IRHA, Director of Home Based Care & Seniors Programs.
4.07	f) Financial information including the availability and administration of resident trust accounts and government financial assistance programs;	Met	-Financial package given to families by Business Manager -also see Information Booklet.	Met	
4.08	g) An orientation to the facility, including safety and security systems;	Met	- Information flagged in booklet for elders /roam alert system, Mag-locks, alarms, Admissions Check List , CCTV Cameras at entrances -Pictures on charts / Medication sheets and care plans	Met	
4.09	h) Information respecting health care directives.	Met	Policy on health care directives & guideline	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• The highlighted measure (4.1) 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.</li> <li>• Of the 8 other measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 6</math> measures are met, standard is met</li> <li>○ If <math>\geq 4</math> and <math>&lt; 6</math> measures are met, standard is partially met</li> </ul> </li> </ul>					

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

**Result:** All performance measures are met.  
**The standard is:** Met  
**Comments:** Well done.

## **Standard 6: Initial Care Plan**

Reference: *Personal Care Homes Standards Regulation, Section 11*

### **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.

*Expected Outcome: Beginning at admission, residents receive the care they require.*

Performance Measures:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
6.01	Within 24 hours of admission, basic care requirements for the resident are documented, including: a) Medication, treatment;	Met	-Admission Package See copy of Medication Reconciliation sheet and Medication Reconciliation Policy PT 3-150	Met	
6.02	b) Diet orders;	Met	Doctor ordered within 24 hours - sample Admission Note & Doctors Orders.	Met	
6.03	c) Assistance with activities of daily living;	Met	- Integrated Care Plan & ADL is completed within 24 hours See Sample.	Met	
6.04	d) Safety and security risks;	Met	- Fall Risk Assessment done on admission, now using the Schmid Fall Risk assessment -RCMP & Alzheimer's Registry as identified on admission -Roam Alert, Restraint Assessment,	Met	Suggest there could be more documentation on admission regarding safety and security.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Fall -risk assessment, Braden Scale for Risk of pressure ulcers completed. (see -admission check off list) On tour - Fall Alert sign Fall risk poster placed on bed to alert staff of fall high risk potential.		
Scoring methodology: <ul style="list-style-type: none"> <li>• There are no pass/fail performance measures.</li> <li>• Of all 4 measures:               <ul style="list-style-type: none"> <li>○ If <math>\geq 3</math> measures are met, standard is met.</li> <li>○ If 2 measures are met, standard is partially met</li> <li>○ If <math>\leq 1</math> measure is met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All performance measures are met.

**The standard is:** Met

**Comments:** The facility is commended on the recent admission check list revision.

## **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
7.01	<b>Integrated care plans are maintained as part of the permanent resident health record.</b>	Met	-ICP is part of the Elder's record at the nursing station --original care plans are stored on elder's file -White out is not used and entries are in blue ink. - Policies - PNM I-G-30 & PNM I-G-40	Met	
7.02	<b>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.</b>	Met	-see care plan example -Multidisciplinary Review process on care plan (10 Page) that also must be completed within 8 weeks	Met	
7.03	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:	Met	- indicating preference for tub or shower, day of the week preferred & ADL Sheet	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	a) Bathing;				
7.04	b) Dressing;	Met	-on care plan -ADL sheet	Met	
7.05	c) Mouth, teeth/denture care	Met	-on care plan - ADL sheet -presence of dentures tick off	Met	
7.06	d) Skin care;	Met	-on Care Plan & ADL Sheet - routine, Pressure ulcers or any special care determined -Should Pressure ulcers be identified as a risk using Braden Scale - individual plan is developed On tour- Signage Alert Program for elders who may be at high risk for developing pressure ulcers	Met	
7.07	e) Hair and nail care;	Met	-on Care Plan sheet including preference for nails, hairdressing, barber or shave	Met	
7.08	f) Foot care;	Met	-on Care Plan & ADL sheet including needs in routine care, podiatrist, foot care nurse option	Met	
7.09	h) Exercise;	Met	- On Care Plan re range of motion exercise and walking program	Met	
7.10	i) Mobility;	Met	- On Care Plan identify needs re 1 assist, 2 assist, walker, walking belt - identifying use of mobility rental with serial number	Met	
7.11	j) Transferring;	Met	- transfer needs identified on Care Plan & ADL sheet & Head of Bed, including self, pivot, 1 Assist, 2 Assist, sit to stand, transfer belt and any other need.	Met	
7.12	k) Positioning;	Met	-positioning needs identified on Care Plan ADL sheet for both bed and chair	Met	Well done.



#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.13	l) Requirements for lifting;	Met	-Type of lift & size of Sling including for mechanical identified on Care Plan & ADL sheet	Met	
7.14	m) Bladder and bowel function, including any incontinence care product required;	Met	Elder needs for elimination including use of pads, ostomy and catheters as required identified on Care Plan & ADL sheet	Met	
7.15	n) Mental and emotional status, including personality and behavioral characteristics;	Met	Mental and emotional needs as well as pain management needs identified on Care Plan sheet	Met	
7.16	o) Available family and community supports;	Met	Family /advocate contacts (3) & Community Supports on page 1 as well as family and friends involvement on recreation sheet page 5 -listed on Page 1 of ICP	Met	
7.17	p) Hearing and visual abilities and required aids;	Met	Hearing, and visual abilities and need for aids listed on Care Plan & ADL	Met	
7.18	q) Rest periods and bedtime habits, including sleep patterns;	Met	Preferences for rest periods & Sleep pattern included on Care Plan & ADL sheet	Met	
7.19	r) Safety and security risks and any measures required to address them;	Met	Risks identified on Care Plan & ADL as well as check off box to identify care plan strategies to address any risks On tour - Fall alert signs on beds	Met	
7.20	s) Language and speech, including any loss of speech capability and any alternate communication method used;	Met	-listed on Care Plan page 2	Met	
7.21	t) Rehabilitation needs;	Met	On Care Pan, Specific needs identified including bed equipment, cushions, braces, arm/leg protector etc	Met	
7.22	u) Preference for participating in recreational activities;	Met	- On Care Plan, preference identified by needs assessment done by Recreation staff -enhanced space on form to identify	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			preferences -wellness assessment completed on all new admissions		
7.23	v) Religious and spiritual preference;	Met	-Identified within the recreation component of Care Plan. -Spiritual needs care plan also written as part of recreation care plan	Met	
7.24	x) Food preferences, diet orders and type of assistance required with eating;	Met	-Special diet needs and assistance in dining room described on Care Plan sheet -Page 7 of Care plan including Food Preferences, likes and dislikes	Met	
7.25	y) Whether the resident has made a health care directive;	Met	-on Page 1 Health Care Directive or Health Care Guideline Options including whether on not a proxy has been assigned	Met	
7.26	z) Any other need identified by a member of the interdisciplinary team.	Met	-On Care Plan there is enhanced space for all disciplines to identify needs  -Page 8 Housekeeping and laundry care plan includes special considerations for elder belongings and information in assisting and promoting elders who like to participate in room maintenance. - Specific care plans have been added to those elders with restraints and at risk for developing pressure sores.	Met	
7.27	<b>There is evidence the integrated care plan is regularly reviewed:</b> <b>a) At least once every three months by the appropriate team; and</b>	Met	-Care Plan is reviewed by team at multidisciplinary review meeting. Changes are made and signed. -IPN indicates that the plan of care has been reviewed. -changes on care plan are dated	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.28	<b>b) At least annually by all staff who provide direct care and services to the resident, including the resident and his/her representative(s) if possible.</b>	Met	-Care plans are reviewed at MDR which are scheduled quarterly. Care plan is signed by by all direct care staff involved with elder and any family that is present.	Met	
7.29	The method of communicating the integrated care plan to direct care staff ensures consistency and privacy of information.	Met	-All Daily Living sheets are in elders rooms and covered with picture to protect privacy -Change of Shift Reports are done in a private area (D/E/N) to review care plan changes with all staff	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Of 25 other measures: <ul style="list-style-type: none"> <li>○ If ≥ 20 measures are met, standard is met</li> <li>○ If ≥ 15 and &lt; 20 measures are met, standard is partially met</li> <li>○ If &lt; 15 measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All performance measures are met.  
**The standard is:** Met  
**Comments:** Facility is commended on the care planning.

## **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
9.01	<b>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.</b>	Met	Least Restraint in Personal Care Home Policy III-R-10	Met	
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	Met	-Restraint Consent/Refusal NA-III-R-10-D -Elder and/or Advocate signs consent for restraints form -Telephone/verbal consent is	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	representative is documented.		included on form -Copy of Audits		
9.03	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	Restraint Assessment NA-III- R-10-C	Met	Well done.
9.04	b) Resident's physical, emotional, psychosocial, nutritional state;	Met	Restraint Assessment NA-III- R-10-C	Partially Met	
9.05	c) Alternatives tried and exhausted;	Met	Restraint Assessment NA-III- R-10-C I	Met	
9.06	d) Identification of benefits and burdens to the resident and other additional ethical considerations.	Met	Restraint Assessment NA-III- R-10-C	Met	One chart did not contain information on burdens.
9.07	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	Restraint Order NA-III- R-10-E  An individual form for written order	Met	
9.08	b) The kind of restraint to be used;	Met	Restraint Order NA-III- R-10-E	Met	
9.09	c) The frequency of checks.	Met	Restraint Order NA-III- R-10-E	Partially Met	Physician's order for chemical restraint did not contain the frequency of checks.
9.10	There is evidence of a care plan that outlines the resident's unique and specific needs related to the use of a restraint, including: a) Restraint type and method of application;	Met	Restraint Use Care Plan NA-III- R-10-K	Met	Well done. Restraint care plan is commended.
9.11	b) Length of time the restraint is to be used;	Met	Restraint Use Care Plan NA-III- R-10-K	Met	
9.12	c) Frequency of checks and regular removal of restraints;	Met	Restraint Use Care Plan NA-III- R-10-K	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.13	d) Efforts to resolve the issue for which the restraint was initiated.	Met	Restraint Use Care Plan NA-III- R-10-K	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;	Met	Emergency Restraint Documentation NA-III- R-10-H Emergency Restraint Documentation NA-III- R-10-H	Met	
9.15	b) The name and designation of the person ordering the restraint;	Met	Emergency Restraint Documentation NA-III- R-10-H	Met	
9.16	c) The time the restraint was used and the frequency of checks;	Met	Emergency Restraint Documentation NA-III- R-10-H	Met	
9.17	d) Notification of the resident's legal representative or next of kin;	Met	Emergency Restraint Documentation NA-III- R-10-H	Met	
9.18	e) Care provided to and response of the residentq in restraint;	Met	Emergency Restraint Documentation NA-III- R-10-H	Met	
9.19	f) When the resident's reassessment is to occur.	Met	Discussed with family and Physician at MDR	Met	
9.20	The use of restraints is audited and part of the facility's continuous quality improvement/ risk management activities.	Met	Emergency Restraint Documentation NA-III- R-10-H	Met	Very well done.

## Scoring methodology:

- 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:
  - If  $\geq 15$  measures are met, standard is met
  - If  $< 15$  and  $\geq 11$  measures are met, standard is partially met
  - If  $< 11$  measures are met, standard is not met

**Result:** Highlighted measure is met and 17 of the 19 other measures are met.

**The standard is:** Met

**Comments:** The facility has six restraints in use and is commended for the least restraint environment and continuous quality improvement activities.

## **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
12.01	<b>There is a current contract with a licensed pharmacist that defines the scope of service and includes provision for emergency or after hour services.</b>	Met	- Pharmacy Services Contract addresses this criteria. See sample Contract.	Met	
12.02	<b>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.</b>	Met	- See minutes from Multidisciplinary review -Complete Medication Reviews are done quarterly with team & family involvement.	Met	Good evidence of the Pharmacy & Therapeutics Committee meetings.
12.03	Policies and procedures for pharmacy services are complete and current.	Met	All procedures and procedures reviewed with new pharmacy 2010 See P & T Manual.	Met	The policy is current/2010.
12.04	There is a designated medication storage area that is: a) Clean;	Met	On tour	Met	Both medication rooms were found to be very clean and well organized. Medications that require security were found in locked drawer. All medications current. Good evidence of pharmacy



#	Measure	Facility Rating	Comments	Review Team Rating	Comments
					audits conducted on a regular basis with staff. Noted significant improvement in medication sign off process.
12.05	b) Well organized;	Met	On tour	Met	
12.06	c) Well equipped and maintained; and	Met	On tour	Met	
12.07	d) Secure.	Met	Lock is now automatic when door closes. Locked at all times - keys kept by nurses	Met	
12.08	Narcotics are securely stored in a double locked cupboard.	Met	-Checked every shift; keys are in possession of professional nurse; cart locked, drawer locked	Met	
12.09	Narcotic drugs are audited/counted at least once per week and signed by two nurses.	Met	- Counted at beginning and end of every shift. Copy of narcotic sheets in bin	Met	
12.10	Nursing staff have access to: a) A supply of medications for emergency use (emergency drug box); and	Met	- Emergency drug box kept in locked room and checked monthly	Met	
12.11	b) Medications that should be administered without undue delay (In-house drug box for antibiotics, analgesics, etc).	Met	-Copy of drug list including expiry dates	Met	
12.12	Withdrawals from the emergency drug box, in-house drug box and narcotic cupboard are documented, including: a) Date;	Met	Copy of Emergency withdrawal drug box sign out on back of Drug Card.	Met	
12.13	b) Name and strength of the drug being withdrawn;	Met	Copy of Emergency withdrawal drug box sign out on back of Drug Card.	Met	
12.14	c) Quantity;	Met	Copy of Emergency withdrawal drug box sign out on back of Drug Card.	Met	
12.15	d) Name of the resident being given the drug;	Met	Copy of Emergency withdrawal drug box sign out on back of Drug Card.	Met	
12.16	e) Name of the nurse making the	Met	Copy of Emergency withdrawal	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	withdrawal.		drug box sign out on back of Drug Card.		
12.17	The pharmacist conducts and documents regular audits of the medication storage room, emergency drug box, in-house drug box, and narcotic cupboard. Results are shared with nursing staff.	Met	Audits are completed quarterly. See Copy of Audits in bin	Met	
12.18	<b>A monitored dose or unit dose system is used for medication distribution in the facility.</b>	Met	see blister pack	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	-orientation new staff check off sheets - nurses -monthly audits of medication pass -yearly audits of each nurse while administering meds	Met	Excellent orientation to new staff as well as continuing education - Evidenced by the results of audits.
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	- Photo of elder in Medication Administration Records book, is done the day of admission or dated and renewed yearly. -See Medication Administration Policy	Met	
12.21	The medication administration record identifies allergies and diagnoses.	Met	- Copy of MARS showing allergies and diagnosis on sheet	Met	
12.22	<b>The pharmacist is available to provide drug information as required.</b>	Met	-See Pharmacy Services Contract and 24/7 policy	Met	
12.23	<b>A committee has been established:</b>  <b>a) To regularly review and make</b>	Met	Pharmacy and Therapeutics committee meet every 3 month. Copy of minutes that review costs	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<b>recommendations on drug utilization and costs;</b>		-See P & T Manual. for policy		
12.24	<b>b) To review and follow up on medication incidents and adverse reactions;</b>	Met	Copy of P & T minutes that identify any incidents or adverse reactions . Medication error is tracked through facility CQI process	Met	
12.25	<b>c) To review and make recommendations on all policies for the procurement and administration of medication within the home, and</b>	Met	-See P & T Manual & Minutes	Met	
12.26	<b>d) Includes representation from pharmacy, medicine, nursing and administration.</b>	Met	-See P & T Manual & Minutes	Met	
Scoring methodology: <ul style="list-style-type: none"> <li>• 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.</li> <li>• Of 18 other measures:               <ul style="list-style-type: none"> <li>○ If ≥ 14 measures are met, the standard is met</li> <li>○ If ≥ 10 and &lt; 14 measures are met, standard is partially met</li> <li>○ If &lt; 10 measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All performance measures are met.  
**The standard is:** Met  
**Comments:** Well done.

## **Standard 14: Dietary Services**

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

### **Dietary services**

The operator shall provide an organized dietary service 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) Each 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) A group dining area is 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
- c) 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 dietary department that clearly delineates the lines of responsibility, authority and communication.	Met	- Organizational chart reviewed and updated	Met	
14.02	<b>All food handling staff have acquired and maintained a current Food Handling Certificate within six months of hire.</b>	Met	See Dietary Wall posted certificates. -certificate renewed every five years -All staff have completed certificate	Met	
14.03	Policies and procedures for the dietary department are complete and current and include: a) Procurement, storage and proper handling of food;	Met	Policy and procedures updated 2009 of purchasing/storage /handling of food	Met	
14.04	b) Proper cleaning of equipment.	Met	Verification sheet/policies and	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			procedures of operating and cleaning kitchen equipment - Binder with records available		
14.05	All persons, including volunteers, recreation, dietary and nursing staff who assist with residents at mealtimes receive training in safe feeding practices.	Met	Records of TTMT training for Dietary staff. Annual review includes video on safe feeding practices.	Met	
14.06	<b>The master menu is approved by a registered dietitian and is posted for the information of dietary staff.</b>	Met	Copy of master menu with the Therapeutic diets, alternatives, nourishments on a five week cycle (signed by Dietitian)	Met	
14.07	The master menu specifies the daily meals and nourishments and includes the main menu, therapeutic diets, and other alternatives.	Met	Copy of master menu with the Therapeutic diets, alternatives, nourishments on a five week cycle (signed by Dietitian)	Met	
14.08	At least three meals or equivalent are offered to each resident, each day at reasonable intervals.	Met	Copy of master menu with the Therapeutic diets, alternatives, nourishments on a five week cycle (signed by Dietitian)	Met	
14.09	Between meal nourishment and beverages are offered to the residents, including the offer of nourishment and beverages not less than two hours after the evening meal.	Met	Copy of master menu with the Therapeutic diets, alternatives, nourishments on a five week cycle (signed by Dietitian) -Times for between meal nourishment predetermined.	Met	
14.10	The menu cycle is at least 21 days long.	Met	Copy of master menu with the Therapeutic diets, alternatives, nourishments on a five week cycle (35 days) (signed by Dietitian)	Met	
14.11	Menu choices are posted daily for the residents to view.	Met	Posted in dining room and information board in recreation	Met	
14.12	Residents and their families have the opportunity to provide input into the menu.	Met	- MDR, at Elder /Family Council - see minutes -Copy of relevant comment/concern	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			reports -Food Service Supervisor attends family and elder council meetings to discuss opportunities to provide input into menus.		
14.13	Residents' likes and dislikes are recorded and accommodated to the extent possible.	Met	Discussed on admission and quarterly	Met	
14.14	Residents are served meals in a manner that promotes independent eating.	Met	-See Elder Bill of Rights -Trays are individualized and Utensils are customized for special needs	Met	
14.15	Meals are presented in a courteous manner and residents are given sufficient time to eat at their own pace.	Met	Elder Bill of Rights & Tour	Met	
14.16	Assistance with eating is provided when required and is in a manner that promotes dignity and safety and encourages interaction with the person providing assistance.	Met	Policy DM 111-F-20 Feeding Techniques	Met	
14.17	Positioning and assistance with eating is individualized as needed.	Met	- Policy DM 111-F-20 -TTMT training information -Safe Eating Practices Video	Met	
14.18	A dietitian registered under the <i>Registered Dietitians Act</i> is available for consultation as necessary.	Met	-Consulting Registered Dietitian is on Contract. J. Helps RD @ Deer Lodge Centre 6 hours / month	Met	
14.19	Dietary reassessments are carried out and documented in the resident's health record and care plan at least annually, or more frequently as needed.	Met	Dietitian assesses quarterly and PRN based on elder's condition and changes in condition See progress notes	Met	
14.20	The resident's nutritional plan is part of the interdisciplinary care plan.	Met	-Copy of Quarterly review of ICP -III-F-D-12 Nutritional Assessment	Met	
14.21	Dietary changes and recommendations are noted in the interdisciplinary progress notes of the resident's health record.	Met	-Copy of progress note/ diet requirements notification -Dietician documents in progress notes	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			DM II-f-20		
14.22	The weight of each resident is recorded within 7 days of admission.	Met	Weight is recorded on admission physical assessment	Met	
14.23	The weight of each resident is recorded monthly following admission.	Met	-Copy of weight chart/monthly flow sheet NA-4	Met	
14.24	There is evidence of a written procedure whereby dietary staff is notified of significant weight changes of residents. The accompanying policy defines significant weight change.	Met	reviewed and updated Policy & Procedure -Undesirable weight loss/gain DM 1-D-20 - Feb 2011	Met	
14.25	Food service audits are regularly conducted, reported and reviewed. Recommendations are made and followed up.	Met	-Copy of food service audits Monthly review and summary of audits compiled for management meetings. -Annual Satisfaction survey identifies family audits -Feedback received at Elder Family Council re dietary.	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• The highlighted measures (14.2, 14.6) are pass/fail performance measures. If they are not met, the standard is not met. If they are met, other measures are considered before assigning an overall rating to the standard.</li> <li>• Of the remaining 23 measures: <ul style="list-style-type: none"> <li>○ If ≥ 18 measures are met, standard is met.</li> <li>○ If ≥ 14 and &lt; 18 measures are met, standard is partially met</li> <li>○ If &lt; 14 measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All performance measures are met.

**The standard is:** Met

**Comments:**

## **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
16.01	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.	Met	On Tour -inspection of facility linens and elder laundry being done. -Inspection of dispensing systems. Card is used to program machine. - Laundry signs indication clean and dirty areas.	Met	
16.02	Soiled laundry is collected from the resident units in a timely fashion.	Met	-Times of removal on policy (4 times each shift) -All neighbourhoods have their own laundry carts -Policy - III-D-30 Soiled Linen Removal	Met	
16.03	Soiled laundry is bagged at its collection point.	Met	-Handling Linen Clean and Soiled Policy IC-6-100	Met	
16.04	Soiled laundry carts are covered.	Met	On tour - Lids on laundry carts	Met	
16.05	Soiled laundry is rinsed in the main laundry area where possible. Where rinsing in an area other than the main laundry area staff are equally able to follow appropriate infection control practices.	Met	-Policy III-D-40 Elder Heavily Soiled Linen/Clothing -No rinsing done outside laundry area. Rinsing flush on machine	Met	
16.06	Soiled laundry is not placed on the floor of either the unit, or the laundry area.	Met	Sorting is done in dirty area into bins	Met	
16.07	Soiled laundry is kept separate from	Met	Area is separated - no dirty laundry	Met	



#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	clean linen.		passes through clean area Tour.		
16.08	Proper personal equipment is available and used by staff when rinsing soiled laundry.	Met	-Personal protection including eye goggles, gloves, aprons for each staff member. All are marked with names of staff	Met	
16.09	Where there is a laundry chute a) It is kept properly secured;	Not Applicable		Met	
16.10	b) There is a documented process for cleaning the chute ; and	Not Applicable		Met	
16.11	c) It is clean on inspection.	Not Applicable		Met	
16.12	Laundry audits are regularly conducted, reported and reviewed. Recommendations are made and followed up.	Met	Laundry Audits 2009, 2010-11 with flagged recommendations and follow up with management minutes	Met	
16.13	Design of the laundry area supports the proper flow of linens to minimize cross over between clean and soiled linens.	Met	Room is clearly separated to address clean and dirty areas. View on tour	Met	
16.14	There is sufficient supply of clean linen.	Met	Ordering done on weekly basis copies of linen purchase orders in bin.	Met	
16.15	Linens and personal clothing are laundered separately.	Met	Viewed on tour, Personal clothing done separately	Met	
16.16	Residents' clothing is discretely labeled and returned to the resident in a timely manner and in good condition.	Met	-Families are encouraged to sew on labels in clothes. -Sewer is available on staff if need be to ensure labelling is done. -Labels are hidden. -Elders clothing laundered within 2 days	Met	
16.17	All laundry equipment is routinely maintained.	Met	Copy of preventative records 2010- 2011	Met	
16.18	Dryer lint traps are regularly cleaned.	Met	-Dryer cleaned daily - -record of same with date time and	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			initial.		
16.19	There is a hand washing area for laundry services staff.	Met	Plumbed in Laundry area -Eye Wash station in Laundry and checked on monthly basis. View evidence on tag attached to washing area	Met	
16.20	The laundry room is clean, well lit, and ventilated.	Met	On tour observation - Dryer Vents cleaned twice a year.	Met	

Scoring methodology:

- There are no pass/fail performance measures.
- If there is a laundry chute, of the 20 applicable measures:
  - 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.
- If there is not a laundry chute, of the 17 applicable measures:
  - If ≥ 14 measures are met, standard is met.
  - If ≥ 10 and < 14 measures are met, standard is partially met
  - If < 10 measures are met, standard is not met.

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

**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 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
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#	Measure	Facility Rating	Comments	Review Team Rating	Comments
18.01	Residents have access to the spiritual advisors of their choice.	Met	-Care Plan Spiritual Section identified on page 1 - Phone list of clergy available	Met	Spiritual needs of the residents is well represented in their individual care and care plan guide.
18.02	The home hosts regular religious services.	Met	-Recreation Calendars schedules post religious services -regular services done weekly & monthly by various denominations in the Red River Ministerial Association	Met	
18.03	Special religious observances are accommodated when possible.	Met	-Information and spiritual resource guide for staff -Staff are provided with spiritual in-services (care for caregivers series 2010 ) -Monthly Memorial Services are held for deceased Elders. -Thank you letters from families. -Sympathy & Remembrance Cards are sent to families.	Met	
Scoring methodology: <ul style="list-style-type: none"> <li>• There are no pass/fail performance measures.</li> <li>• Of the 3 measures:               <ul style="list-style-type: none"> <li>○ If 3 measures are met, standard is met.</li> <li>○ If 2 measures are met, standard is partially met</li> <li>○ If ≤ 1 measure is met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All performance measures are met.

**The standard is:** Met

**Comments:** Very well defined Pastoral Care Goal & Objectives which are well represented in their monthly calender of Inter-Faith Services and Activities.

## **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
19.01	The temperature in residential areas is a minimum of 22 degrees Celsius.	Met	See Daily check sheet	Met	
19.02	There is an easily accessible call system in all resident rooms.	Met	See on tour, Room Call system is audible at nursing station and near vicinity. -upgrading call system is being considered with future renovations to building.	Met	
19.03	There is an easily accessible call system in all resident washrooms.	Met	View on tour	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
19.04	There is an easily accessible call system in all bathing facilities.	Met	View on tour . Call string has been attached above tub so that is accessible while assisting elder.	Met	
19.05	Open stairwells are safeguarded in a manner which protects residents.	Met	On tour. Roam Alert is upgraded safety system so that doors automatically lock when elder comes near exit doors. - Gate on stairwell. Key Pad entry into area.	Met	
19.06	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	-Key pads on all entries -View on tour -Magnetic locks -Roam Alert system installed throughout building December 2010 to improve elder safety.	Met	
19.07	Windows are equipped with a mechanism or appropriately designed so they cannot be used as exits.	Met	All windows equipped with stoppers to prevent from opening more than 6 inches	Met	
19.08	Handrails are properly installed and maintained in all corridors.	Met	- See Copy of WH & Safety Audits -On tour	Met	Well maintained and solid, concerns regarding infection control. Suggest more rigorous cleaning on a daily basis.
19.09	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	Met	View on Tour	Met	
19.10	All potentially dangerous substances are labeled and stored in a location not accessible to residents.	Met	-View Tour -Hairdresser's room locked -Tub rooms locked -Housekeeping rooms locked -Housekeeping Carts have locked cupboards to store substances -Locked Cupboards recently installed in tub rooms for deodorizers and disinfectants.	Not Met	In recreation room the door to the storage room was unlocked and acetone was accessible to residents. In the same room there was a disinfectant at the handwashing station which was accessible also to residents. One housekeeping cart was left unlocked and accessible to residents.
19.11	Combustible materials are stored separately and safely.	Met	-New locked metal Combustible Storage Cabinet in Maintenance Area. Tour	Met	Maintenance area was found to be well organized and combustibles are stored in a metal cabinet.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
19.12	All equipment is safe for use and is properly stored and used in a manner that protects residents.	Met	Preventative maintenance & servicing checklist including century tubs, RANA, sanitation, boiler, gas, fire alarm	Met	
19.13	There is documented evidence of maintenance (both preventive and as needed) of all equipment including building systems.	Met	-Wheelchair checklist, RONA check O2 Concentrators Walkers, beds, lifts and bath tubs. See Preventative Maintenance Manual.	Met	
19.14	There is an orientation program for staff for the proper use of all equipment.	Met	-Orientation check off list for new staff -Department equipment check off lists -Annual review check of lists for proper use of equipment	Met	
19.15	The facility has a policy governing the use of personal electric appliances kept by the resident.	Met	-Sticker with date when checked is on all electrical appliance kept by elder . Policy I-1-65 Elder Personal Equipment & Supplies recently reviewed to include safe cords and powerbars for use in elder's rooms.	Met	
19.16	Domestic hot water in resident care areas is not less than 43°C and not more than 48°C.	Met	Logged evidence of same	Met	
19.17	Smoking takes place in designated areas only.	Met	Clearly marked. Tudor house is no smoking facility for both building and grounds since 2003.	Met	
19.18	Exits are clearly marked and unobstructed.	Met	View On tour - Door vestibule is no longer being used for storage of chairs - Signs are also posted. Daily safety checks are completed.	Met	
19.19	The exterior of the building is maintained in a manner which protects the residents.	Met	-Maintenance staff check all exits. Work orders document required maintenance. -in Winter - snow removal is done by private contractor regularly.	Met	
19.20	The grounds and exterior furniture are	Met	-Grass is cut and weeds are under	Met	Grounds well groomed and building

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	maintained in a manner which protects the residents.		control, exterior furniture is maintained. -Weeds are kept in control with regular intervention by private contractor . -see environment services outdoor work schedule		structure in good repair. The newly installed railings in the Courtyard area are commended.
Scoring methodology: <ul style="list-style-type: none"> <li>• There are no pass/fail performance measures.</li> <li>• Of the 20 measures:               <ul style="list-style-type: none"> <li>○ If ≥ 16 measures are met, standard is met.</li> <li>○ If ≥ 12 and &lt; 16 measures are met, standard is partially met</li> <li>○ If &lt; 12 measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All performance measures are met.  
**The standard is:** Met  
**Comments:** Overall, well done.

## **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.

*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	-See Organizational chart Person in Charge - Ashley Martyniw	Met	
22.02	<b>There is documented evidence of a staff development program including regular performance appraisals.</b>	Met	-Human Resources Policy manual -HR manager monitors and tracks completion timely performance	Met	Very well done.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			appraisals. -Collective agreements regarding performance appraisals -Staff development binder with evaluations and calendars -Annual In-services verification sheets 2010 -See Employee files		
22.03	There is evidence of a continuous quality improvement program that minimally includes: a) Strategic planning;	Met	See Strategic Plan 2009 currently - AM-1-60 Quality Management - Continuous Improvement -AM-1-03 -Strategic Planning & Direction -AM-1-04 Strategic Plan of Action -will be updated following community meeting in April 2011. -Policies related to CQI Process	Met	
22.04	b) Risk assessment and management;	Met	CQI - Risk assessment data and committee minutes Workplace health and safety committee Falls, Skin tears, infection	Met	
22.05	c) Disaster management;	Met	-Developed so that it is congruent with international standards & IRHA	Met	
22.06	d) Infection control;	Met	See CQI Report	Met	
22.07	e) Resident satisfaction and resident representative satisfaction;	Met	IRHA Satisfaction reports completed January 2011	Met	
22.08	f) Complaint handling;	Met	-CQI Reports & Display in Reception Area. -Complaint Policy is posted on Resident/Family Bulletin Board	Met	
22.09	h) Resident care audits;	Met	-Grooming audits, Med Pass Audit, Hand Washing Audit, Bill of Rights Audit, Restraint Audit, Nursing Care Plan Audit	Met	



#	Measure	Facility Rating	Comments	Review Team Rating	Comments
22.10	j) Policy and procedure reviews;	Met	-AM-1-15 Policy & Procedure Manuals Policy manual reviews	Met	
22.11	k) Human resource planning;	Met	-See HR Plan on Strategic Plan	Met	
Scoring methodology: <ul style="list-style-type: none"> <li>• The highlighted measure (22.2) 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.</li> <li>• Of 10 other measures:               <ul style="list-style-type: none"> <li>○ If ≥ 8 measures are met, standard is met</li> <li>○ If ≥ 6 and &lt; 8 measures are met, standard is partially met</li> <li>○ If &lt; 6 measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All performance 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	<b>Written job descriptions detailing job qualifications, requirements, responsibilities, and scope of function are available for all positions.</b>	Met	Job description examples from all departments	Met	
23.02	There is documented evidence that the licensing of staff is checked on a regular basis for all applicable positions.	Met	Copy of licensing checks Completed yearly	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
Scoring methodology: <ul style="list-style-type: none"> <li>• The highlighted measure (23.1) 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.</li> <li>• Of the only other measure:                             <ul style="list-style-type: none"> <li>○ If it is met, standard is met</li> <li>○ If it is not met, the standard is partially met.</li> </ul> </li> </ul>					

**Result:** All performance measures are met.  
**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
24.01	<b>There is documented evidence that all new staff participate in an orientation program.</b>	Met	-New employee check off list -Powerpoint presentation -2010 sign in sheets and evaluations -review of staff files	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.02	The orientation program includes a general and job specific orientation.	Met	Orientation outline including job specific training are on check off sheets.	Met	
24.03	Each staff signs an acknowledgement of the information received at orientation.	Met	New Employee Check off sheets - see staff files	Met	Well done.
24.04	The orientation program includes at a minimum the following components: a) Resident Bill of Rights;	Met	New Employee Check off sheets Staff Handbook	Met	
24.05	b) Mission Statement;	Met	New Employee Check off sheets Staff Handbook	Met	
24.06	c) Organization chart;	Met	New Employee Check off sheets	Met	
24.07	d) Disaster management including the fire plan;	Met	New Employee Check off sheets	Met	
24.08	e) WHMIS;	Met	New Employee Check off sheets	Met	
24.09	f) Infection control;	Met	New Employee Check off sheets	Met	
24.10	g) Proper use of all relevant equipment;	Met	New Employee Check off sheets -see annual review of safety checks	Met	
24.11	h) Personnel policies;	Met	New Employee Check off sheets	Met	
24.12	i) PHIA;	Met	New Employee Check off sheets	Met	
24.13	j) <i>Protection for Persons in Care Act</i> and facility policy on abuse;	Met	New Employee Check off sheets See Policy	Met	
24.14	k) Signing an Oath of Confidentiality;	Met	New Employee Check off sheets	Met	
24.15	l) Job description;	Met	New Employee Check off sheets	Met	
24.16	m) Expected skills and routines.	Met	New Employee Check off sheets	Met	
24.17	There is an organized in-service education program for all staff.	Met	In-service co-coordinator dedicated .4 EFT position -see calendars and record binder as evidence of inservices	Met	
24.18	<b>The in-service education program includes:</b>	Met	Annual in-service review on elder safety verification sheet and	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<b>a) Annual review of fire drill participation or education in fire prevention;</b>		sheet indicating those who have participated in drill		
24.19	b) WHMIS;	Met	Annual in-service review on elder safety	Met	
24.20	c) Resident Bill of Rights;	Met	Annual in-service review on elder safety	Met	
24.21	d) Policies related to use of restraints;	Met	Annual in-service review on elder safety	Met	
24.22	e) Geriatric care;	Met	-Annual in-service review on elder safety Examples mouth care, aging process, depression	Met	
24.23	f) Annual review of Freedom from Abuse policies;	Met	Annual in-service review on elder safety	Met	
24.24	g) Proper lifting and carrying techniques;	Met	-Annual in-service review on elder safety posterboard -safe use of lifting machines (mechanical & sit to stand)	Met	
24.25	h) Equipment specific to job function;	Met	-Individualized to department -completed at Annual in-service review on elder safety	Met	
24.26	An attendance record of all in-service programs is maintained.	Met	Binders in staff education with attendance records	Met	
24.27	There is a process to ensure that all staff are made aware of any new or revised policies.	Met	-Verification sheets / Binder for new policies on each neighbourhood On tour - Education Bulletin Board	Met	
24.28	There is evidence of regular evaluation of the programs, it is reviewed and recommendations for improvement made and followed up.	Met	- Minutes of In-services to Management meeting and discussion of same in planning for future needs of staff -Evaluation sheets include recommendations	Met	

## Scoring methodology:

- 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

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
rating to the standard. <ul style="list-style-type: none"> <li>• Of 26 other measures:               <ul style="list-style-type: none"> <li>○ If <math>\geq 21</math> measures are met, standard is met</li> <li>○ If <math>\geq 16</math> and <math>&lt; 21</math> measures are met, standard is partially met</li> <li>○ If <math>&lt; 16</math> measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All performance measures are met.  
**The standard is:** Met  
**Comments:** Well organized and comprehensive staff development program.