

## **Personal Care Home Standards Review**

### **Tool #3**

Regional Health Authority: Winnipeg RHA  
Facility: River East Personal Care Home Ltd  
Number of Beds: 120

Review Team: Kathy Kelly, Manitoba Health, Seniors and Active Living (MHSAL); Sabine Bures (MHSAL),  
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Review Date (yyyy/mm/dd): 2018/05/30  
Report Date (yyyy/mm/dd):: 2018/06/22 Revised June 29, 2018

### Summary of Results

Standard	Regulation	Review Team Rating
04	Information on Admission	Met
06	Communication	Met
07	Integrated Care Plan	Met
09	Use of Restraints	Met
12	Pharmacy Services	Met
14	Nutrition and Food Services	Met
16	Laundry Services	Met
18	Spiritual and Religious Care	Met
19	Safety and Security	Met
22	Person in Charge	Partially Met
23	Qualified Staff	Met
24	Staff Education	Met

### Summary

<b>Met</b>	<b>11</b>
<b>Partially Met</b>	<b>1</b>
<b>Not Met</b>	<b>0</b>

#### **General Comments:**

The Standards Review Team greatly appreciates the work done by the management and staff of River East Personal Care Home 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, a sample of health records were selected from the list provided for this review. 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:**

Eleven of the twelve standards reviewed were assigned a rating of Met. One standard was assigned a rating of Partially Met.

A priority for action is compliance with any standard that is rated as other than met and any measure in a core standard that is rated other than met.

Steps must be taken by River East Personal Care Home to comply with all unmet measures in Standard - 22 Person in Charge.

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

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

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

**Performance Measures**

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
4.01	<b>The personal care home has an admission package which is provided to every resident and/or their representative prior to or on admission.</b>	Met	River East has an Elder Handbook that is provided to the Elder and family upon moving into the home. In addition, our Social Worker reviews other financial documents such as the move-in agreement and ancillary charges.	Met	
The contents of the admission package are consistent with the requirements of the <i>Personal Care Home Standards Regulation</i> , and include:					
4.02	• A copy of the residents' Bill of Rights;	Met	See Elder Handbook	Met	
4.03	• A copy of the personal care home's philosophy and mission;	Met	See Elder Handbook	Met	
4.04	• A description of the ways in which the resident and his or her designate and/or legal representative can participate in assessing, planning, providing, monitoring, and evaluating the resident's care;	Met	See Elder Handbook	Met	
4.05	• Information about the resident council;	Met	See Elder Handbook	Met	
4.06	• Information respecting the policy on the complaints process;	Met	See Elder Handbook	Met	
4.07	• Information respecting the policy on freedom from abuse;	Met	See Elder Handbook	Met	
4.08	• Information respecting the policy on restraint use;	Met	See Elder Handbook	Met	
4.09	• Financial information including the availability and administration of resident trust accounts and government financial assistance programs;	Met	See Elder Handbook, financial information is also included in the Admission Paperwork package.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
4.10	<ul style="list-style-type: none"> <li>Information respecting health care directives, and;</li> </ul>	Met	See Elder Handbook, this information is also included in the Admission Paperwork package.	Met	
4.11	<ul style="list-style-type: none"> <li>An orientation to the facility, including safety and security systems.</li> </ul>	Met	See Elder Handbook	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>The bolded measure (<b>4.01</b>) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, the other measures are considered before assigning an overall rating to the standard.</li> <li>Of the 10 other measures: <ul style="list-style-type: none"> <li>If <math>\geq 8</math> measures are met, standard is met.</li> <li>If <math>\geq 6</math> and <math>&lt; 8</math> measures are met, standard is partially met.</li> <li>If <math>&lt; 6</math> measures are met, standard is not met.</li> </ul> </li> </ul>					

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

**The standard is:** Met

**Comments:**

### **Standard 6: Communication**

*Reference: Personal Care Homes Standards Regulation, Sections 14*

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

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

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

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

- a) follow the resident's current care plan;
- b) have, where implemented, an accurate summary of the current care plan to reference (i.e. Activities of Daily Living sheet); and
- c) are aware of current acute care issues (i.e. hydration concerns, infections, new behavioural responses, skin breakdown, etc.)

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

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

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

**Performance Measures:**

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
There are standardized processes in place, and supporting evidence that processes are consistently followed, to ensure ongoing, accurate and timely communication of each resident's needs including:					
6.01	• Changes to current care plan;	Met	Please refer to "Communication" Policy. Please refer to Elder Health records as Evidence.	Met	Six resident health records reviewed.
6.02	• Between staff at change of shift;	Met	Please refer to 24 hour Report form.	Met	
6.03	• When a transfer to another unit or facility is required, and;	Met	Please refer to Elder Health Records, Elder Census Change & Transportation form.	Met	
6.04	• For documenting and verifying the residents' departure and return from the facility.	Met	Please refer 24 Hour Report form and the Elder Census Change & Transportation form.	Met	
The method of communicating the integrated care plan to direct care staff ensures:					
6.05	• Consistency with current care plan, and;	Met	Please refer to Elder Health Records, Care plan A and Care plan B. When changes are made, the care plan is updated,	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			and information shared with the 24 hour report.		
6.06	<ul style="list-style-type: none"> <li>• <b>Privacy of the resident's personal health information, as defined by Personal Health Information Act.</b></li> </ul>	Met	Elder health Records are stored in the nursing station with a locking door. Care plan A is kept in the Elder suite, behind the medicine cabinet door. Care plan B is stored in a binder in the nursing station. All personal Health information is kept private.	Met	
There is a process for recording communications with the resident's physician, nurse practitioner or physician assistant in the health record:					
6.07	<ul style="list-style-type: none"> <li>• After onsite consultation, and;</li> </ul>	Met	Please refer to MD/NP book, found on each neighbourhood.	Met	
6.08	<ul style="list-style-type: none"> <li>• After telephone consultation.</li> </ul>	Met	Please refer to the Elder's Health Record IPN, MD/NP binder.	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• The bolded measure (<b>6.06</b>) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, the other measures are considered before assigning a rating to the standard.</li> <li>• Of the 7 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> <li>○ If <math>&lt; 4</math> measures are met, standard is not met.</li> </ul> </li> </ul>					

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

**The standard is:** Met

**Comments:**

### **Standard 7: Integrated Care Plan**

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

#### **Initial care plan**

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

- a) medication, treatment and diet orders;

- b) the type of assistance required for activities of daily living; and
- c) any safety or security risks.

### **Integrated Care Plan**

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

The integrated care plan must include the following information:

- a) the type of assistance required with bathing, dressing, mouth and denture care, skin care, hair and nail care, foot care, eating, exercise, mobility, transferring, positioning, being lifted, and bladder and bowel function, including any incontinence care product required;
- b) mental and emotional status, including personality and behavioural characteristics;
- c) available social network of family and friends, and community supports;
- d) hearing and visual abilities and required aids;
- e) rest periods and bedtime habits, including sleep patterns;
- f) safety and security risks and any measures required to address them;
- g) language and speech, including any loss of speech capability and any alternate communication method used;
- h) rehabilitation needs;
- i) preference for participating in recreational activities;
- j) religious and spiritual preference;
- k) treatments;
- l) food preferences and diet orders;
- m) any special housekeeping considerations for the resident's personal belongings;
- n) whether the resident has made a health care directive; and
- o) any other need identified by a member of the interdisciplinary team.

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

### **Review of the integrated care plan**

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

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

### Staff to be made aware of current plan

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

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

### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.01	<b>Integrated care plans are maintained as part of the permanent resident health record.</b>	Met	The most current care plans are kept in a care plan binder with the Daily Care Records. When the care plans are updated, if there is hand written entries, the outdated care plan is placed in the "history" section of the Elder Health Record. The integrated care plan policy outlines the details of the location of the care plans and the process of updating care plans.	Met	
Within 24 hours of admission, basic care requirements for the resident are documented, including:					
7.02	• Medications and treatments;	Met	Please refer to the Elder Health Record.	Met	Six resident Integrated Care Plans (ICPs) reviewed.
7.03	• Diet orders;	Met	Please refer to the Care Plan B as well as Care Plan A in the Elder medicine cabinet.	Met	
7.04	• Assistance required with activities of daily living;	Met	Please refer to the Care Plan B as well as Care Plan A in the Elder medicine cabinet.	Met	
7.05	• Safety and security risks, and;	Met	Please refer to the Care Plan B as well as Care Plan A in the Elder medicine cabinet.	Met	
7.06	• Allergies.	Met	Please refer to the Care Plan B as well as Care Plan A in the	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Elder medicine cabinet. These are also noted on every Elder's MAR, TAR and at the front of every Health Record on an Allergy notice form.		
7.07	<b>There is evidence that within the first eight weeks of admission, the resident's needs have been assessed by the interdisciplinary team and a written integrated care plan has been developed.</b>	Met	Within the first 8 weeks each discipline completes their admission assessment. Refer to Elder Health Record. These are discussed at the Path Meeting and Care Plans are reviewed and updated.	Met	
The active integrated care plan contains detailed and current information on all aspects of each resident's care needs, to ensure all appropriate and proper care is provided, including information on and requirements for:					
7.08	• Bathing;	Met	Please refer to Elder Care Plan	Met	
7.09	• Dressing;	Met	Please refer to Elder Care Plan	Met	
7.10	• Oral care;	Met	Please refer to Elder Care Plan	Met	
7.11	• Skin care;	Met	Please refer to Elder Care Plan	Met	
7.12	• Hair care;	Met	Please refer to Elder Care Plan	Met	
7.13	• Fingernail care;	Met	Please refer to Elder Care Plan	Met	
7.14	• Foot care;	Met	Please refer to Elder Care Plan	Met	
7.15	• Exercise;	Met	Please refer to Elder Care Plan	Met	
7.16	• Mobility;	Met	Please refer to Elder Care Plan	Met	
7.17	• Transferring;	Met	Please refer to Elder Care Plan	Met	
7.18	• Positioning;	Met	Please refer to Elder Care Plan	Met	
7.19	• Bladder function;	Met	Please refer to Elder Care Plan	Met	
7.20	• Bowel function;	Met	Please refer to Elder Care Plan	Met	
7.21	• Any required incontinence care product;	Met	Please refer to Elder Care Plan	Met	
7.22	• Cognitive and mental health status;	Met	Please refer to Elder Care Plan	Met	
7.23	• Emotional status, and personality and behavioural characteristics;	Met	Please refer to Elder Care Plan	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.24	• Available family, social network, friends and/or community supports;	Met	Please refer to Elder Care Plan	Met	
7.25.	• Hearing ability and required aides;	Met	Please refer to Elder Care Plan	Not Met	Three of six ICPs met the required criteria.
7.26	• Visual ability and required aides;	Met	Please refer to Elder Care Plan	Met	
7.27	• Rest periods, bedtime habits, and sleep patterns;	Met	Please refer to Elder Care Plan	Met	
7.28	• Safety and security risks and any measures required to address them;	Met	Please refer to Elder Care Plan	Met	
7.29	• Language and speech, including any loss of speech capability and any alternate communication method used;	Met	Please refer to Elder Care Plan	Met	
7.30	• Rehabilitation needs;	Met	Please refer to Elder Care Plan	Met	
7.31	• Therapeutic recreation requirements;	Met	Please refer to Elder Care Plan	Partially Met	Four of six ICPs met the required criteria.
7.32	• Preferences for participating in recreational activities;	Met	Please refer to Elder Care Plan	Partially Met	Four of six ICPs met the required criteria.
7.33	• Religious and spiritual preferences;	Met	Please refer to Elder Care Plan	Met	
7.34	• Food allergies;	Met	Please refer to Elder Care Plan	Met	
7.35	• Diet orders;	Met	Please refer to Elder Care Plan	Met	
7.36	• Type of assistance required with eating;	Met	Please refer to Elder Care Plan	Met	
7.37	• Whether or not the resident has made a health care directive;	Met	Please refer to Elder Care Plan	Met	
7.38	• Special housekeeping considerations, and;	Met	Please refer to Elder Care Plan	Met	
7.39	• Other needs identified by the interdisciplinary team.	Met	Please refer to Elder Care Plan	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.40	The integrated care plan outlines care goals and interventions that will be taken to achieve those care goals.	Met	Please refer to Elder Care Plan	Met	
There is evidence that the integrated care plan is reviewed:					
7.41	<ul style="list-style-type: none"> <li>At least once every three months by the interdisciplinary team, and;</li> </ul>	Met	Each Neighbourhood is assigned a day of the week to review Elder Care Plans as an interdisciplinary team. These are scheduled in correlation with their MDS assessment. By the end of each quarter each Elder has had their Care Plan reviewed by the team. Please see the policy related to this process.	Met	
7.42	<ul style="list-style-type: none"> <li>At least annually by all staff who provide direct care and services to the resident, as well as the resident and his/her representative(s), if possible.</li> </ul>	Met	Team members including the Elder and their families come together annually for the Elder's Family Matters Meeting. Any concerns are documented on the PATH form and an action plan is completed with follow up.	Met	
As part of the facility's continuous quality improvement/ risk management activities, there is evidence that care plans audits:					
7.43	<ul style="list-style-type: none"> <li>Occur at least annually;</li> </ul>	Met	Please refer to Elder Chart Audit and Care Plan Audit summary.	Met	
7.44	<ul style="list-style-type: none"> <li>Are reviewed &amp; analyzed;</li> </ul>	Met	Please refer to Elder Chart Audit and Care Plan Audit summary.	Met	
7.45	<ul style="list-style-type: none"> <li>Result in recommendations for improvement being made as required, based on the audit analysis, and;</li> </ul>	Met	Please refer to Elder Chart Audit and Care Plan Audit summary.	Met	
7.46	<ul style="list-style-type: none"> <li>Result in recommendations being implemented and followed up.</li> </ul>	Met	Please refer to Elder Chart Audit and Care Plan Audit summary.	Met	
Scoring methodology:					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<ul style="list-style-type: none"> <li>• Bolded measures (<b>7.01, 7.07, 7.41 &amp; 7.42</b>) are pass/fail performance measures. If any one is not met, the standard is not met. If all are met, the other measures are considered before assigning a rating to the standard.</li> <li>• Of the 42 other measures: <ul style="list-style-type: none"> <li>○ If ≥34 measures are met, standard is met.</li> <li>○ If ≥25 and &lt;34 measures are met, standard is partially met.</li> <li>○ If &lt;25 measures are met, standard is not met.</li> </ul> </li> </ul>				

**Result:** Bolded performance measures are met and 39 of 42 other performance measures are met.

**The standard is:** Met

**Comments:**

### **Standard 9: Use of Restraints**

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

#### **Written restraint policy**

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

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

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

#### **Restraint may be used only if risk of serious harm**

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

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

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

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

### **Requirements for use of physical restraints**

Every physical restraint must meet the following requirements:

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

### **Requirements for use of chemical restraints**

When a psychotropic medication is being used in the absence of a diagnosis of a mental illness, it is to be considered a chemical restraint. Also any medication given for the specific and sole purpose of inhibiting a behaviour or movement (e.g. pacing, wandering, restlessness, agitation, aggression or uncooperative behaviour) and is not required to treat the resident's medical or psychiatric symptom is considered a chemical restraint. If the medications are used specifically to restrain a resident, the minimal dose should be used and the resident assessed and closely monitored to ensure his/her safety.

### **Documentation in Resident Health Record**

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

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

### **Restraint Review and Discontinuance**

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

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

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

**Performance Measures**

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.01	<b>The personal care home’s policy on the use of restraints is consistent with <i>guidelines</i> approved by the Minister.</b>	Met	Please see River East PCH restraint policy. Document Titled "Restraint Use at River East Personal Care Home"	Met	Six health records of residents with restraints reviewed.
9.02	There is documented evidence that the resident, if capable, has given written consent to the use of the restraint. Where the resident is not capable, the consent of the resident’s legal representative is documented.	Met	River East PCH uses the Restraint Assessment Tool from the WRHA to document consent. Each neighbourhood has the restraint tools together in a binder for easy access and continued re-evaluation.	Met	
9.03	If written consent is not available, verbal consent must be obtained from the resident or their legal representative. Verbal consent must be documented, dated and signed by two staff members, one of which must be a nurse.	Met	Please refer to the "Restraint Assessment Tool Binder."	Met	
9.04	<b>There is documented evidence that a comprehensive assessment of the resident is completed by an interdisciplinary team, prior to application (or reapplication) of any restraint.</b>	Met	Please refer to the "Restraint Assessment Tool Binder."	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
The assessment includes documentation of each of the following:					
9.05	<ul style="list-style-type: none"> <li>Description of the resident's behaviour and the environment in which it occurs (including time of day);</li> </ul>	Met	Please refer to the "Restraint Assessment Tool Binder."	Met	
9.06	<ul style="list-style-type: none"> <li>The resident's physical status;</li> </ul>	Met	Please refer to the "Restraint Assessment Tool Binder."	Met	
9.07	<ul style="list-style-type: none"> <li>The resident's emotional status;</li> </ul>	Met	Please refer to the "Restraint Assessment Tool Binder."	Met	
9.08	<ul style="list-style-type: none"> <li>The resident's mental status;</li> </ul>	Met	Please refer to the "Restraint Assessment Tool Binder."	Met	
9.09	<ul style="list-style-type: none"> <li>The resident's nutritional status;</li> </ul>	Met	Please refer to the "Restraint Assessment Tool Binder."	Met	
9.10	<ul style="list-style-type: none"> <li>All alternatives tried and exhausted;</li> </ul>	Met	Please refer to the "Restraint Assessment Tool Binder," Benefits and Burdens Supplement form, Elder Handbook and Restraint pamphlet for Families.	Met	
9.11	<ul style="list-style-type: none"> <li>Review of current medications;</li> </ul>	Met	Please refer to the "Restraint Assessment Tool Binder."	Met	
9.12	<ul style="list-style-type: none"> <li>Actual and potential benefits to the resident if the restraint is applied;</li> </ul>	Met	Please refer to the "Restraint Assessment Tool Binder." Benefits and Burdens Supplement Form.	Met	
9.13	<ul style="list-style-type: none"> <li>Actual and potential burdens to the resident if the restraint is applied, and;</li> </ul>	Met	Please refer to the "Restraint Assessment Tool Binder."	Met	
9.14	<ul style="list-style-type: none"> <li>Any other additional ethical considerations.</li> </ul>	Met	Please refer to the "Restraint Assessment Tool Binder."	Met	
There is a written order for the restraint in the resident's health record that indicates:					
9.15	<ul style="list-style-type: none"> <li>The kind of restraint to be used;</li> </ul>	Met	Please refer to the "Restraint Assessment Tool Binder."	Met	
9.16	<ul style="list-style-type: none"> <li>The frequency of checks on the resident while the restraint is in</li> </ul>	Met	Please refer to the "Restraint Assessment Tool Binder."	Partially Met	Four of six health records met the required criteria.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	use;				
9.17	<ul style="list-style-type: none"> <li>The signature of the person giving the order (where a chemical restraint is used it must be ordered by a doctor, nurse practitioner or physician assistant);</li> </ul>	Met	Please refer to the "Restraint Assessment Tool Binder."	Met	
9.18	<ul style="list-style-type: none"> <li>The professional designation of the person giving the order, and;</li> </ul>	Met	Please refer to the "Restraint Assessment Tool Binder."	Met	
9.19	<ul style="list-style-type: none"> <li>For a chemical restraint, the time limit for its use (the discontinuation date).</li> </ul>	Met	Please refer to the "Restraint Assessment Tool Binder."	Met	
There is evidence of a care plan for every restraint in use, that outlines the resident's unique and specific needs, including:					
9.20	<ul style="list-style-type: none"> <li>The type of restraint and method of application;</li> </ul>	Met	Please see Care Plan B related to specific restraint, located in the "Care Plan Binder."	Met	
9.21	<ul style="list-style-type: none"> <li>The length of time the restraint is to be used for each application;</li> </ul>	Met	Please refer to care plan B.	Met	
9.22	<ul style="list-style-type: none"> <li>The frequency of the checks on the resident while the restraint is in use, and;</li> </ul>	Met	Please refer to care plan B.	Met	
9.23	<ul style="list-style-type: none"> <li>When regular removal of restraints is to occur.</li> </ul>	Met	Please refer to care plan B.	Met	
9.24	There is documented evidence that the continued use of any restraint is reviewed at least once every three months.	Met	Please refer to "Restraint Assessment Tools Binder."	Met	
9.25	There is documented evidence within the health record of efforts to resolve the issue for which the restraint was initiated.	Met	Please refer to care plan B.	Met	
Where a restraint is used in an emergency situation there is documented evidence of:					
9.26	<ul style="list-style-type: none"> <li>The events leading up to the use</li> </ul>	Met	Please refer to the Elder Health	Met	No emergency restraints

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	of the restraint;		Record Integrated Progress Notes. River East utilizes the WRHA "Emergency Restraint Documentation Tool"		identified. Measures 9.26 - 9.33 are met on the basis of policy
9.27	<ul style="list-style-type: none"> <li>The name of the person ordering the restraint;</li> </ul>	Met	Please refer to the Elder Health Record Integrated Progress Notes. River East utilizes the WRHA "Emergency Restraint Documentation Tool"	Met	
9.28	<ul style="list-style-type: none"> <li>The designation of the person ordering the restraint;</li> </ul>	Met	Please refer to the Elder Health Record Integrated Progress Notes. River East utilizes the WRHA "Emergency Restraint Documentation Tool"	Met	
9.29	<ul style="list-style-type: none"> <li>The time the restraint was applied;</li> </ul>	Met	Please refer to the Elder Health Record Integrated Progress Notes. River East utilizes the WRHA "Emergency Restraint Documentation Tool"	Met	
9.30	<ul style="list-style-type: none"> <li>The frequency of checks;</li> </ul>	Met	Please refer to the Elder Health Record Integrated Progress Notes. River East utilizes the WRHA "Emergency Restraint Documentation Tool"	Met	
9.31	<ul style="list-style-type: none"> <li>Notification of the resident's legal representative or next of kin;</li> </ul>	Met	Please refer to the Elder Health Record Integrated Progress Notes. River East utilizes the WRHA "Emergency Restraint Documentation Tool"	Met	
9.32	<ul style="list-style-type: none"> <li>Care provided to and response of the resident in restraint, and;</li> </ul>	Met	Please refer to the Elder Health Record Integrated Progress Notes. River East utilizes the WRHA "Emergency Restraint Documentation Tool"	Met	
9.33	<ul style="list-style-type: none"> <li>When the resident's reassessment is to occur.</li> </ul>	Met	Please refer to the Elder Health Record Integrated Progress	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Notes. River East utilizes the WRHA "Emergency Restraint Documentation Tool"		
As part of the facility's continuous quality improvement/ risk management activities, there is evidence that audits of the use of restraints:					
9.34	• Occur at least annually;	Met	Please refer to completed Restraint Audits and Summary.	Met	
9.35	• Are reviewed/analyzed;	Met	Please refer to completed Restraint Audits and Summary.	Met	
9.36	• Result in recommendations for improvement being made, as required, based on the audit analysis, and;	Met	Please refer to completed Restraint Audits and Summary.	Met	
9.37	• Result in recommendations being implemented and followed up.	Met	Please refer to completed Restraint Audits and Summary.	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• Bolded measures (<b>9.01 &amp; 9.04</b>) are pass/fail performance measures. If any one of these measures is not met, the standard is not met. If they are all met, the other measures are considered before assigning a rating to the standard.</li> <li>• Of the 35 other measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 28</math> measures are met, standard is met.</li> <li>○ If <math>\geq 21</math> and <math>&lt; 28</math> measures are met, standard is partially met.</li> <li>○ If <math>&lt; 21</math> measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** Bolded performance measures are met and thirty-four of 35 other performance measures are met.

**The standard is:** Met

**Comments:** Once the a medication has been identified as needed for behaviours and although it was written in the orders, it is recommended that this nformation be transferred to the MAR and quarterly med review sheet.

### **Standard 12: Pharmacy Services**

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

#### **Pharmacy services and medications**

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

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

The operator shall:

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

### **Administering medications**

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

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

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

The operator shall:

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

### Limited medication supplies

The operator shall ensure that:

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

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

### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.01	<b>There is a current contract with a licensed pharmacist.</b>	Met	River East PCH is part of the WRHA pharmacy contract. Medisystem is our service provider.	Met	
12.02	The contract defines the scope of service.	Met	Please see contract binder.	Met	
12.03	The contract includes provision for emergency and after hour services.	Met	Please see contract binder.	Met	
12.04	<b>The pharmacist conducts medication and treatment reviews on a quarterly basis (once every 3</b>	Met	Medication Reviews occur quarterly with a Physician or Nurse Practitioner, Pharmacist,	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<b>months) with the interdisciplinary team (pharmacist, nurse, physician/ nurse practitioner/physician assistant and other members as needed) and this is documented in the health record.</b>		and Nurse. The records are kept in the Elders' Health Records. Please refer to Quarterly Medication Review Schedule.		
12.05	Policies and procedures for pharmacy services are available, complete and reviewed minimally every three years.	Partially Met	The Medisystem Policy and Procedure Manuals are located in the "Meeting Place." For Home specific policies please refer to Section "M" of the Elder Care Guidebook.	Met	
There are designated medication storage areas that are:					
12.06	• Clean;	Met	Please see medication rooms.	Met	
12.07	• Well organized;	Met	Please see medication rooms.	Met	
12.08	• Well equipped;	Met	Please see medication rooms.	Met	
12.09	• Well maintained, and;	Met	Please see medication rooms.	Met	
12.10	• Secure.	Met	Please see medication rooms.	Met	
12.11	All controlled substances are securely stored under a double lock.	Met	Please see medication rooms. Controlled Substances are stored in a locked cupboard/fridge in the main Medication Room. Narcotics in the Medication Carts are stored in a locked box. Carts are locked when not in use.	Met	
12.12	All controlled substances are counted and signed by two nurses at least once every seven days.	Met	Controlled substances are counted every shift and documented on the Narcotic Count Log.	Met	
Nursing staff have access to:					
12.13	• A supply of medications for emergency use (emergency drug	Met	The emergency stock of medications are stored in the main medication room.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	box), and;				
12.14	<ul style="list-style-type: none"> <li>Medications that should be administered without undue delay (in-house drug box for antibiotics, analgesics, etc).</li> </ul>	Met	We have an extra dose binder and a stat box located in the main medication room to ensure all medications that need to be administered immediately are available.	Met	
Withdrawals from the emergency drug box, in-house drug box and controlled substance storage are documented, including:					
12.15	<ul style="list-style-type: none"> <li>Date;</li> </ul>	Met	All Medication being used from the in house stores are recorded on a form in binders in the main medication room. See the binders in the main medication room.	Met	
12.16	<ul style="list-style-type: none"> <li>The name and strength of the drug being withdrawn;</li> </ul>	Met	Please refer to 12.15.	Met	
12.17	<ul style="list-style-type: none"> <li>Quantity taken;</li> </ul>	Met	Please refer to 12.15.	Met	
12.18	<ul style="list-style-type: none"> <li>The name of the resident being given the drug, and;</li> </ul>	Met	Please refer to 12.15.	Met	
12.19	<ul style="list-style-type: none"> <li>The name of the nurse making the withdrawal.</li> </ul>	Met	Please refer to 12.15.	Met	
12.20	There is a process in place whereby the medications ordered for a resident on admission, and for any transfer between health care facilities, is confirmed by the physician/Nurse Practitioner, the pharmacist and the nursing staff at the receiving facility (i.e. medication reconciliation)	Met	Please refer to the policy titled "Medications- Medication Reconciliation- Admission/Re-admission" and "Medication Reconciliation- Discharge/External Transfer."	Met	
The pharmacist ensures that:					
12.21	<ul style="list-style-type: none"> <li>Audits of the medication storage room, emergency drug box, in-house drug box, and controlled</li> </ul>	Met	Quarterly Audits of the Medication Rooms are completed by the Pharmacist	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	substance storage are conducted and documented at three month intervals;		and results are sent to the home for review.		
12.22	<ul style="list-style-type: none"> <li>The audit results are shared with nursing staff.</li> </ul>	Met	The results of Audits are posted in the medication rooms, sent to each Neighbourhood for the nurses to review, follow-up if necessary, and sign. The audits are discussed at the Elder Medication Management Meetings and Nurses meetings.	Met	
<b>12.23</b>	<b>A monitored dose or unit dose system is used for medication distribution in the facility.</b>	Met	Pouch Porter Medication System is utilized in the home.	Met	
There are processes in place to ensure staff administering medications are trained and follow the appropriate procedures for the monitored dose system, including:					
12.24	<ul style="list-style-type: none"> <li>An orientation for new staff, and;</li> </ul>	Met	Please refer to the preceptor packages.	Met	
12.25	<ul style="list-style-type: none"> <li>Periodic audits of a medication pass for each nurse.</li> </ul>	Met	Please refer to Medication Pass Audit folder.	Met	
12.26	The resident's identity is confirmed prior to administration of medications by use of minimally two identifiers.	Met	Please refer to Policy "Elder Identifiers" in the Elder Care Guidebook, section "M".	Met	
12.27	The medication administration record identifies allergies and diagnoses.	Met	Please refer to the MAR.	Met	
<b>12.28</b>	<b>A pharmacist is available to provide drug information as required.</b>	Met	A pharmacist is available to answer nurses' questions via phone.	Met	
<b>A committee has been established:</b>					
<b>12.29</b>	<ul style="list-style-type: none"> <li>That includes representation from pharmacy, medicine, nursing and administration;</li> </ul>	Met	The home has an "Elder Medication Management Team" Please refer to the terms of	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			reference.		
12.30	• <b>That meets at least once every 3 months.</b>	Met	Please refer to the Schedule of the "Elder Medication Management Team"	Met	
12.31	• To review and make recommendations on drug utilization and costs;	Met	Please refer to the meeting minutes for the Elder Medication Management Team meetings.	Met	
12.32	• To review and follow up on medication incidents and adverse reactions, and;	Met	Please refer to the meeting minutes for the Elder Medication Management Team meetings.	Met	
12.33	• To review and make recommendations on all policies for the procurement and administration of medication within the home;	Met	Please refer to the meeting minutes for the Elder Medication Management Team meetings.	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• The bolded measures (<b>12.01, 12.04, 12.23, 12.28, 12.29, 12.30,</b>) are pass/fail performance measures. If any are not met, the standard is not met. If all are met, the other measures are considered before assigning an overall rating to the standard.</li> <li>• Of the 27 other measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 22</math> measures are met, the standard is met.</li> <li>○ If <math>\geq 16</math> and <math>&lt; 22</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:**

### **Standard 14: Nutrition and Food Services**

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

#### **Nutrition and Food services**

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

The operator shall ensure that:

- a) The meals served to each resident are flavourful and appetizing;
- b) The meals, nourishments, and supplements served to each resident:
  - i) Meet the resident's nutritional needs, taking into account the recommended daily allowances set out in *Canada's Food Guide to Healthy Eating*,
  - ii) Are in accordance with any therapeutic and other diet orders pertaining to the resident, and
  - iii) Whenever possible, take into account the resident's culture, religious practice and food preferences;
- c) A cycle menu is prepared for meals for each day during a specified period ( a minimum of three weeks) that provides a variety of foods and offers choices;
- d) Menus are communicated to residents in a timely manner;
- e) At least three full meals or equivalent are offered to each resident at reasonable intervals in each 24-hour period;
- f) Between-meal nourishment and beverages are offered to residents, including at least one offer of nourishment and beverages not less than two hours after the evening meal;
- g) Every resident is served meals in a group dining area, unless the resident is unable or does not wish to take meals in such an area;
- h) As much as reasonably possible, the environment of the group dining area facilitates the enjoyment of meals and the social aspects of dining;
- i) All resident meals are supervised by staff who are trained to respond to and assist a resident who is choking;
- j) Residents are served their meals in a way that promotes independent eating;
- k) Assistance with eating is provided when required, in a manner that promotes dignity and safety and encourages interaction with the staff member who provides the assistance; and
- l) A dietitian registered under *The Registered Dietitians Act* is available for consultation as necessary.

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

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

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

#### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.01	There is an organization chart for the nutrition and food services department that clearly delineates the lines of responsibility, authority	Met	Please see Leadership Guidebook Section "O".	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	and communication.				
14.02	The nutrition and food services department organization chart is displayed for staff.	Met	The organizational chart is posted within the dietary department and in the centre core of the home.	Met	
<b>14.03</b>	<b>All food handling staff have acquired and maintained a current Safe Food Handling certificate within six months of hire.</b>	Met	All team members are certified within 6 months of hire, and kept current. Please refer to the "Food Handlers Certificate" Binder.	Met	
14.04	Policies and procedures for the nutrition and food services department are reviewed at least every 3 years	Met	Policies and Procedures are provided by Extencicare Canada. They are kept current and reviewed by the Food Services Manager on a planned schedule to ensure they are current.	Met	
Policies and procedures for the nutrition and food services department minimally include direction for:					
14.05	• Procurement of food;	Met	Please refer to dietary service manual- Procurement and Inventory Management- Tab 6 DS-06-01-01 to DS-06-01-10	Met	
14.06	• Food storage;	Met	Please refer to Dietary Services Manual DS-06-01-08	Met	
14.07	• Proper food handling, and;	Met	Please refer to Dietary Services Manual DS-07-01-01- DS 07-01-16	Met	
14.08	• Proper cleaning of all equipment.	Met	Please refer to Dietary Services Manual DS-08-01-08- DS 08-01-08	Met	
14.09	All persons, including families, volunteers, recreation, dietary and nursing staff, who assist residents with eating at mealtimes, receive training in safe feeding practices.	Met	Please refer to Inservice records for staff development.	Met	
There is a master menu that is:					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.10	• Dated and signed as approved by a registered dietitian, and;	Met	All menus are developed by Registered Dietitians through Extencicare Corporate office. Once finalized, River East PCH administrator, dietitian, and Food Services Manager sign and date at the bottom of the menu which is posted at the servery in the main dining room.	Met	
14.11	• Posted for the information of dietary staff.	Met	The menu is posted for dietary staff.	Met	
The master menu specifies the daily meals and nourishments and includes:					
14.12	• The main menu;	Met	The master menu specifies all daily meals and snacks. Pureed menu is posted separately.	Met	
14.13	• Therapeutic diets, and;	Met	Therapeutic diets are indicated on each diet spreadsheet located in the menu binder.	Met	
14.14	• Alternatives to the main menu.	Met	Alternatives are offered for each meal.	Met	
14.15	At least three meals or equivalent are offered to each resident, each day, at reasonable intervals.	Met	Relaxed Breakfast is served 7:30-10:30am, Lunch is 12-1pm, and Dinner is 5-6pm.	Met	
Between meal fluids and nourishments are offered to every resident:					
14.16	• Between breakfast and lunch (minimally fluids must be offered);	Met	Juice, tea, coffee, and water are available in the fridge on each neighbourhood at all times.	Met	
14.17	• Between lunch and supper, and;	Met	Nourishment carts are delivered to each neighbourhood at 2 pm each day. Available to the Elders at 3 pm.	Met	
14.18	• Not less than two hours after the evening meal.	Met	Nourishment carts are delivered to each neighbourhood at 6:30 pm each day. Available to the Elders at 8 pm.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.19	The menu cycle is at least 21 days long.	Met	There is a 3 week menu rotation.	Met	
14.20	Menu choices are posted daily for the residents to view, at an appropriate height and displayed using minimally size 14 Arial Font.	Met	The main entree and alternates are posted daily for all meals. Breakfast offers a variety of choices daily.	Met	
14.21	Residents and their families have the opportunity to provide input into the menu.	Met	There is discussion at the neighbourhood meetings regarding the menu. Elders and Families are encouraged to share their views.	Met	
14.22	There is a permanent record of each resident's likes and dislikes that is readily accessible to dietary, nursing and recreation staff.	Met	Lists are updated monthly by the Registered Dietitian and circulated to the main servery, each Neighbourhood, and the Life Enrichment Department. Likes and Dislikes are also on the Elder's Care Plan A and B.	Met	
14.23	Resident's likes and dislikes are accommodated to the extent possible.	Met	Elders' choices are respected as able.	Met	
14.24	Residents are served meals in a manner that promotes independent eating.	Met	Adaptive equipment is provided as need identified. Meals are served one course at a time. Cuing is provided as required. Finger foods will be provided as required.	Met	
14.25	Meals are presented in a courteous manner.	Met	Please observe.	Met	
14.26	Positioning and assistance with eating is individualized as needed.	Met	As per care plan.	Met	
Assistance with eating is provided, when required:					
14.27	• In a manner that promotes dignity;	Met	Please observe.	Met	
14.28	• With specific regard to safe feeding practices, and;	Met	As per care plan. Please observe.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.29	• In a way that encourages interaction with the person providing assistance.	Met	Please observe.	Met	
14.30	Residents are given sufficient time to eat at their own pace.	Met	Please observe during the meals being served.	Met	
14.31	A dietitian registered under the <i>Registered Dietitians Act</i> is available for consultation as necessary.	Met	Our dietitian is available 16 hours per week. Proof of Registration is kept in Employee file.	Met	
14.32	A dietitian assesses each resident within the first eight weeks of admission and develops their nutritional plan.	Met	Please refer to Elder Health Records.	Met	
14.33	The resident's nutritional plan is part of the interdisciplinary care plan.	Met	Please refer to Elder Health Records.	Met	
14.34	The Dietitian re-assesses each resident and documents the findings in the resident's health record and care plan at least annually, or more frequently as needed.	Met	Please refer to Elder Health Records. Dietitian reviews Elder diets quarterly or more frequently if needed.	Met	
14.35	All dietary recommendations and changes are noted in the resident's health record.	Met	Please refer to Elder Health Records.	Met	
14.36	There is a written policy that defines significant weight change.	Met	Please refer to the policy titled "Weight Changes- Nutrition Monitoring."	Met	
14.37	There is a written procedure for formally notifying the dietary department of a significant change in a resident's weight.	Met	Please refer to the policy titled "Weight Changes- Nutrition Monitoring."	Met	
14.38	The weight of each resident is recorded within 7 days of admission.	Met	Please refer to Elder Health Records.	Met	
14.39	The weight of each resident is recorded monthly following	Met	Please refer to Elder Health Records.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	admission.				
14.40	A variety of food service audits are conducted on a monthly basis.	Met	Please refer to Food Service Audits.	Met	
14.41	Food service audit results are analyzed, and reported.	Met	Please refer to Food Services Audits. Audit summary is shared with the Dietary and Leadership Teams. If issues arise or recommendations are made, these are followed up appropriately.	Met	
14.42	Recommendations are made from the audit analyses.	Met	See 14.41	Met	
14.43	Those recommendations are implemented and followed up.	Met	See 14.41	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• The bolded measures (14.03, 14.10, 14.11) are pass/fail performance measures. If they are not met, the standard is not met. If they are met, the other measures are considered before assigning an overall rating to the standard.</li> <li>• Of the 40 other measures: <ul style="list-style-type: none"> <li>○ If ≥32 measures are met, standard is met.</li> <li>○ If ≥24 and &lt;32 measures are met, standard is partially met.</li> <li>○ If &lt;24 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
To meet specific resident safety and infection control needs, an effective system is in place for washing and drying linens and personal clothing, including:					
16.01	<ul style="list-style-type: none"> <li>• Washing equipment that has automatic programming to dispense cleaning products, and;</li> </ul>	Met	Diversey tests them every month.	Met	
16.02	<ul style="list-style-type: none"> <li>• Where domestic style machines are used, there are detailed instructions outlining the appropriate type and amount of laundry product required to correctly clean the machine's contents.</li> </ul>	Met	Instructions are posted above washing machines.	Not Applicable	
16.03	Soiled laundry is collected from the resident units at frequent intervals to control odours throughout the facility.	Met	Laundry is collected and taken off the neighbourhoods a minimum of 4 times per day.	Met	
16.04	Soiled laundry is bagged at its collection point.	Met		Met	
16.05	Soiled laundry carts are covered.	Met	All soiled laundry collection carts are covered when transporting laundry through the Home.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
16.06	Soiled laundry is transported from the unit to the laundry in a manner that prevents the bags from touching the floor.	Met	All laundry remains in bins in the laundry area until it goes directly into the washer.	Met	
16.07	When required, soiled laundry is rinsed in the main laundry area.	Met			Not applicable
16.08	Personal protective equipment is available for staff when rinsing and sorting soiled laundry.	Met	PPE is worn when sorting laundry and putting laundry into washing machines.	Met	
16.09	Where rinsing in an area other than the main laundry is required, staff are equally able to follow appropriate infection control practices.	Met		Not Applicable	
16.10	Soiled laundry is not placed on the floor of any unit nor in the laundry area.	Met	Soiled laundry is placed in bags in carts on each neighbourhood. Laundry bags are then placed in bins and transferred directly to the washing machines.	Met	
16.11	Soiled laundry is kept separate from clean linen throughout the facility.	Met		Met	
Where there is a laundry chute:					
16.12	• It is kept properly secured;	Met		Not Applicable	
16.13	• There is a documented chute cleaning process, and;	Met		Not Applicable	
16.14	• It is clean on inspection.	Met		Not Applicable	
16.15	Design of the laundry area supports the proper flow of laundry, with designated clean and soiled areas, to minimize cross over between clean and soiled and prevent cross contamination.	Met	The laundry room is divided into clean and soiled areas.	Met	
16.16	Upon inspection, there is a supply of	Met	Elders have adequate linens.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	clean linen readily available to meet resident needs.		See linen supply room, spa rooms, and clean linen carts on the neighbourhoods.		
16.17	Linens and personal clothing are laundered separately.	Met		Met	
Residents' clothing is:					
16.18	• Discretely labelled, and;	Met		Met	
16.19	• Upon room inspection, clean and adequately supplied to meet each resident's needs.	Met		Met	
16.20	All laundry equipment is routinely maintained.	Met	See Maintenance Records and Preventative Maintenance Records.	Met	
16.21	There are records that all dryer lint traps are cleaned at least daily, and more often as required.	Met	Recorded on sign off sheet for dryer lint.	Met	
16.22	There is an easily accessible hand washing area for laundry services staff.	Met	Observe 2 sinks in laundry area. One sink for clean laundry side and one for soiled side.	Met	
The laundry room is:					
16.23	• Clean;	Met		Met	
16.24	• Well lit; and	Met		Met	
16.25	• Well ventilated.	Met		Met	
Laundry audits:					
16.26	• Are conducted every three months;	Met	Audits are conducted monthly.	Met	
16.27	• Are reviewed and reported;	Met	Laundry audit summary is presented to the Laundry and Leadership Teams. If issues arise or recommendations are made, these are followed up appropriately.	Met	Encouraged to continue new process of discussing the laundry audits quarterly at the Leadership Team meeting versus annually.
16.28	• The results are analyzed;	Met	See 16.27	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
16.29	• Recommendations are made from the analysis, as required, and;	Met	See 16.27	Met	
16.30	• Recommendations are implemented and followed up.	Met	See 16.27	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• There are no pass/fail performance measures.</li> <li>• <u>Where there is a laundry chute</u>, of the 30 applicable measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 24</math> measures are met, standard is met.</li> <li>○ If <math>\geq 18</math> and <math>&lt; 24</math> measures are met, standard is partially met.</li> <li>○ If <math>&lt; 18</math> measures are met, standard is not met.</li> </ul> </li> <li>• <u>Where there is no laundry chute</u>, of the 27 applicable measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 22</math> measures are met, standard is met.</li> <li>○ If <math>\geq 16</math> and <math>&lt; 22</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 applicable 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 all residents.

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

#### **Performance Measures**

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
18.01	Residents have access to the spiritual advisor(s) of their choice.	Met	Elders have the right to continue their relationships from the	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			community and have visitors of their choosing (such as having communion visits, visits from their church, or end of life visits, such as last rites or prayers). A list of clergy is available to Elders and families as they request this support. The lists are available on each neighbourhood for nursing staff to access. See MDS care plans for each Elder's specific spiritual needs. See a list of spiritual advisors.		
18.02	The home hosts regular religious services and spiritual celebrations.	Met	Religious services and programs are provided a number of times per month from a variety of denominations. Special event programs are planned for spiritual celebrations. See the list of large group spiritual programs offered in the past two years. See program calendars as evidence.	Met	
18.03	Special spiritual and religious observances are accommodated when possible.	Met	We have hosted memorial services for families at their request. Individual memorial services take place on the neighbourhood when an Elder passes away. The contact information for clergy from multiple religions is available on each neighbourhood for any team member to contact spiritual leaders to come to perform last rites for an Elder and/or spiritual visits. Special observances also	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			include large group celebrations and may be tailored specifically to one neighbourhood, or one Elder's traditions. Please see the list of special observances offered.		
<p>Scoring methodology:</p> <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:**

### **Standard 19: Safety and Security**

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

#### **Temperature**

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

#### **Safety and Security**

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

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

- a) nurse call systems are installed and maintained in proper working order within resident rooms, resident washrooms, and bathing facilities;
- b) open stairwells are safeguarded in a manner which prevents resident access;
- c) all outside doors and doors to stairwells accessible to residents are equipped with an alarm or a locking device approved by the fire authority under the *Manitoba Fire Code*;
- d) windows cannot be used to exit the personal care home;

- e) handrails are properly installed and maintained in all corridors, and grab bars are properly installed and maintained in all bathrooms and bathing facilities;
- f) all potentially dangerous substances are labelled and stored in a location that is not accessible to residents;
- g) all equipment is safe and it is used, stored and maintained in a manner which protects residents;
- h) domestic hot water temperature in resident care areas is not less than 43 and not more than 48 degrees Celsius (C) ;
- i) the personal care home is kept clean and combustible materials are stored separately and safely;
- j) exits are clearly marked and kept unobstructed at all times;
- k) facility grounds and exterior furniture are safe for resident use;
- l) and a system is in place whereby all residents who may wander are identified and all staff are informed.

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

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

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

#### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
19.01	The temperature in residential areas is a minimum of 22°C.	Met	Ambient temperatures throughout the Home are recorded daily. Variations are acted upon by the Maintenance team. Refer to temperature log book. We have policies for both extreme heat and cold located in the Emergency Response Guidebook.	Met	The air conditioning is non-functional on one unit. Mitigation strategies in place with portable air conditioning units, fans and temperature monitoring. The new air conditioning unit is on order and expected, July 2018.
19.02	<b>Domestic hot water, at all water sources that are accessible to residents, is not less than 43°C and not more than 48°C.</b>	Met	Homekeepers check and record water temperature in each neighbourhood on a daily basis. The Maintenance team also monitors water temperature daily	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			from the mechanical room. Refer to policy "Temperature, Air and Water" located in the Home Environment Guidebook under section "T". Also see water temperature record of each neighbourhood.		
19.03	There is documented evidence of frequent monitoring (minimally once per week) of domestic hot water temperatures at locations accessible to residents.	Met	Hot water temperatures are taken daily. Refer to the temperature record of each neighbourhood.	Met	
19.04	There is an easily accessible call system in all resident rooms.	Met	Each suite is equipped with a bedside call bell. Elders requiring longer cords are accommodated.	Met	
19.05	There is an easily accessible call system in all resident washrooms.	Met	Each Elder washroom is equipped with a call bell system.	Met	
19.06	There is a call system in all bathing facilities that is easily accessible from all areas around the tub.	Met	Each spa room has a call bell located above the tub that can be accessed from around the tub.	Met	
19.07	All open stairwells are safeguarded in a manner which prevents resident access.	Met	Stairwell to basement is safeguarded by a locked door with code access only accessible by staff.	Met	
19.08	All outside doors and stairwell doors accessible to residents are equipped with an alarm or locking device approved by the Fire Authority under the Manitoba Fire Code.	Met	Fire Exits locked by a Mag-Lock system unlock in the event of a fire alarm. Doors are inspected to ensure they are clear and locked at the beginning of each shift	Met	
19.09	All windows are equipped with a mechanism or are appropriately designed so they cannot be used as exits.	Met	Lower, accessible windows have limiters.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
19.10	Handrails are properly installed and maintained in all corridors.	Met	All neighbourhoods and corridors are equipped with handrails.	Met	
19.11	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	Met	All Elder washrooms and spas are equipped with grab bars.	Met	
19.12	All potentially dangerous substances are labeled and stored in a location not accessible to residents.	Met	All Homekeeper carts remain locked when not in use. All chemicals are locked in Home keeping rooms. Disinfectant for tubs is behind locked door on tub.	Met	
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	Met	Combustible materials are kept in fire proof cabinet located in the maintenance store room. Oxygen is stored in a separate room with a labelled door.	Met	
Upon inspection/observation, all equipment is;					
19.14	• Safe for use;	Met		Met	
19.15	• Safely stored, and;	Met		Met	
19.16	• Used in a manner that protects residents.	Met		Met	
There is documented evidence for all equipment, including building systems, that demonstrates the completion of:					
19.17	• As needed repairs, and;	Met	Each neighbourhood/area is supplied with a Maintenance binder to document all needed repairs. Completed sheets kept in "Demand" binder.	Met	
19.18	• Preventive maintenance.	Met	Preventative Maintenance program in place for equipment, lifts and HVAC. Home utilizes computerized PM schedule (HIPPO). Refer to PM binder and HIPPO.	Met	
19.19	The facility has a current policy governing the use of personal	Met	Information regarding personal electric appliances is included in	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	electric appliances kept by the resident.		the Home's "New Elder Handbook". All equipment must be inspected and tagged by the Maintenance team before use.		
19.20	In facilities where smoking is permitted, it takes place in designated areas only, and the ventilation system prevents exposure to second hand smoke within the facility.	Met	We are a non-smoking facility.	Not Applicable	
All exits are:					
19.21	• Clearly marked, and;	Met		Met	
19.22	• Unobstructed.	Met		Met	
19.23	The exterior of the building is maintained in a manner which protects the residents.	Met		Met	A few issues identified on the exterior tour to be corrected. Large, deep gap by exterior stairs and the light in the front by visitor parking needs to be secured.
19.24	The grounds and exterior furniture are maintained in a manner which protects the residents.	Met	Our courtyard is secure and has ample space for walking. A large covered area is available for shade. Courage Bay has a dedicated, secure courtyard which is landscaped and has a gazebo for shade. All furniture is repaired as needed.	Met	Courtyard is large and shared with Irene Baron Centre.
19.25	A system is in place to identify, and inform all staff of any resident who may wander and/or is at risk for elopement.	Met	19.25 A system is in place to identify, and inform all staff of any resident who may wander and/or is at risk for elopement. Met Roam Alert system in place and a Wandering Elder Binder is in use.	Met	It is recommended when Elders added to the Wandering Elder Binder this new information is shared with all departments.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
Scoring methodology:					
<ul style="list-style-type: none"> <li>• The bolded measure (19.02) is a pass fail measure. If it is not met, the standard is not met. If it is met, the other measures are considered before assigning an overall rating to the standard</li> <li>• Where smoking is permitted, of the 24 other measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 19</math> measures are met, standard is met.</li> <li>○ If <math>\geq 14</math> and <math>&lt; 19</math> measures are met, standard is partially met.</li> <li>○ If <math>&lt; 14</math> measures are met, standard is not met.</li> </ul> </li> <li>• Where smoking is not permitted, of the 23 other applicable measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 18</math> measures are met, standard is met.</li> <li>○ If <math>\geq 14</math> and <math>&lt; 18</math> measures are met, standard is partially met.</li> <li>○ If <math>&lt; 14</math> measures are met, standard is not met.</li> </ul> </li> </ul>					

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

**The standard is:** Met

**Comments:**

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

Reference: *Personal Care Homes Standards, Section 37*

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

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

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

### **Performance Measures**

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
22.01	There is a person identified as having responsibility and authority for the day-to-day operation of the PCH.	Met	The administrator, Kim Rohm and the Director of Care, Kristen Maneluk are responsible for the day to day operation of the Home.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
22.02	<b>There is documented evidence that the staff development program includes performance appraisals for all staff, at least once every three years.</b>	Met	Please refer to the employee files.	Met	
22.03	The facility has a strategic plan.	Met	See Extencicare Strategic Plan	Met	
22.04	There is a plan for the management of human resource to adequately meet the facility's current and future needs (i.e. recruitment, retention, succession planning, and attendance management).	Met	River East reviews vacancies at Leadership Team meetings. We have an attendance management program which includes monitoring those on long term medical LOA. We recruit as needed. There is vacant LPN term position at present; returning in June.	Met	
22.05	Facility policy and procedure reviews occur at least every three years.	Met	Please refer to Policy and Procedure Binders.	Met	
There is evidence of a continuous quality improvement program with a forum that discusses, at a minimum, the results of the following:					
22.06	• Critical Incidents;	Met	Critical Incidents are reviewed by the Elder Medication Management Team, Leadership Team and departments involved. REPCH has not had any critical incidents in the last 2 years.	Met	
22.07	• Complaints / complaint handling;	Met	We have a complaint management system.	Met	
22.08	• Resident satisfaction and resident representative satisfaction;	Met	We conduct Elder and Family Satisfaction surveys. Results are reviewed at Leadership meetings and discussions held regarding any opportunities for improvement. Follow-up for department specific concerns	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			occur as appropriate. Results are also shared with all team members and families. Please refer to folder titled "Satisfaction Surveys".		
22.09	• Resident care audits;	Met	Data is collected with the Care Plan Audit and reviewed. See audits maintained by Kristen Maneluk, DOC.	Not Met	Requirements not in evidence.
22.10	• Resident care plan audits;	Met	See audits maintained by Kristen Maneluk, DOC.	Met	
22.11	• Compliance with the Nursing Services Guideline;	Met		Not Met	As per measure 22.09.
22.12	• Compliance with PCH Staffing Guideline;	Met		Not Met	As per measure 22.09.
22.13	• Therapeutic Recreation program audits;	Met	See audits maintained by The Life Enrichment Team.	Not Met	As per measure 22.09.
22.14	• Medication pass audits;	Met	See audits maintained by Kristen Maneluk, DOC.	Met	
22.15	• Restraint use audits;	Met	See audits maintained by Kristen Maneluk, DOC.	Not Met	As per measure 22.09.
22.16	• In-service education evaluations;	Met	See audits maintained by Karen Loch, ADOC	Not Met	As per measure 22.09.
22.17	• Housekeeping services audits;	Met	See audits maintained by Tracey Ford, Home Environment Supervisor.	Met	
22.18	• Dietary services audits;	Met	See audits maintained by Sandra Lavoie, Food Services Supervisor.	Met	
22.19	• Laundry services audits, and;	Met	See audits maintained by Tracey Ford, Home Environment Supervisor.	Met	
22.20	• Infection control data and analysis.	Met	See audits maintained by Karen Loch, ADOC.	Met	
Scoring methodology:					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<ul style="list-style-type: none"> <li>The bolded measure (22.02) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, other measures are considered before assigning an overall rating to the standard.</li> <li>Of 19 other measures: <ul style="list-style-type: none"> <li>If <math>\geq 15</math> measures are met, standard is met.</li> <li>If <math>\geq 11</math> and <math>&lt; 15</math> measures are met, standard is partially met.</li> <li>If <math>&lt; 11</math> measures are met, standard is not met.</li> </ul> </li> </ul>				

**Result:** Bolded performance measure is met and thirteen of 19 other performance measures are met.

**The standard is:** Partially Met

**Comments:**

### **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	There is a job description for each position within the home. When staff are hired they are required to sign that they have read and understand their job description the original is placed in their employee file and they retain a copy.	Met	
23.02	There is documented evidence that the licensing of staff is checked annually for all applicable positions.	Met	See employee files.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
23.03	Compliance with the Nursing Services Guideline is documented to ensure appropriate nursing coverage.	Met		Met	
23.04	Compliance with the PCH Staffing Guideline is documented to ensure appropriate staff mix.	Met		Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• The bolded measure (23.01) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, the other measure is considered before assigning an overall rating to the standard.</li> <li>• Of the 3 other measures: <ul style="list-style-type: none"> <li>○ If 3 are met, the standard is met.</li> <li>○ If 2 are met, the standard is partially met.</li> <li>○ If 0 or 1 are met, the standard is not 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	We have a 3 day in-class orientation 10 times per year. All new employees must complete orientation before starting. After the class room training, new hires are buddied with preceptors for practical training.	Met	
Orientation includes:					
24.02	• A general orientation, and;	Met	See Family Matters to Staff Checklist.	Met	Comprehensive general orientation program in place.
24.03	• A job specific orientation.	Met	See preceptor packages.	Met	
24.04	Each staff signs an acknowledgement of the information received at general and job specific orientation.	Met	See orientation packages in the employee file.	Met	
The orientation program includes, at a minimum, the following components:					
24.05	• Resident Bill of Rights;	Met	Refer to orientation package.	Met	
24.06	• Mission Statement;	Met	Refer to orientation package.	Met	
24.07	• Organization chart;	Met	Refer to orientation package.	Met	
24.08	• Disaster management including the fire plan;	Met	Refer to orientation package.	Met	
24.09	• Workplace Hazardous Materials Information System (WHMIS);	Met	Refer to orientation package.	Met	
24.10	• Infection control;	Met	Refer to orientation package.	Met	
24.11	• Proper use of all equipment specific to job function;	Met	Refer to orientation package.	Met	
24.12	• Personnel policies;	Met	Refer to orientation package.	Met	
24.13	• Personal Health Information Act;	Met	Refer to orientation package.	Met	
24.14	• <b>Protection for Persons in Care Act;</b>	Met	Refer to orientation package.	Met	
24.15	• The facility policy on freedom from abuse;	Met	Refer to orientation package.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.16	• Signing an Oath of Confidentiality;	Met	Refer to orientation package.	Met	
24.17	• Job description, and;	Met	Refer to employee file.	Met	
24.18	• Expected skills and routines.	Met	Refer to orientation package.	Met	
24.19	There is an organized staff education program for all staff.	Met	Refer to education calendars.	Met	
The staff education program annually includes at least the following:					
24.20	• <b>Fire drill participation or fire prevention education for every staff member, including permanent, term and casual employees;</b>	Met	Please refer to attendance records.	Met	
24.21	• Review of the Freedom from Abuse policy;	Met	Please refer to attendance records.	Met	
24.22	• Review of the Resident Bill of Rights;	Met	Please refer to attendance records.	Met	
24.23	• Review of the Use of Restraints Policy;	Met	Please refer to attendance records.	Met	
24.24	• Workplace Hazardous Materials Information Sheets (WHMIS);	Met	Please refer to attendance records.	Met	
24.25	• Education about Alzheimer's and related dementias, and other geriatric care information, and;	Met	Please refer to attendance records.	Met	
24.26	• Education opportunities that match the special considerations/ needs of the facility's current resident population.	Met	Please refer to attendance records.	Met	
24.27	Education on the proper use of new, job-specific equipment is provided whenever new equipment is acquired.	Met	Please refer to attendance records.	Met	
The staff education program also includes the following, minimally once every 3 years:					
24.28	• Oral Health care;	Met	Please refer to attendance	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			records.		
24.29	• Proper resident transferring techniques;	Met	Safe Elder Handling is included in our annual mandatory training.	Met	
24.30	• Education opportunities to ensure staff have a basic understanding of the value of spiritual and religious care as an integral part of holistic care.	Met	Please refer to attendance records.	Met	
24.31	An attendance record is maintained for every in-service education program provided.	Met	The ADOC maintains a data base for all River East employees.	Met	
24.32	There is a process to ensure that all staff are made aware of all new or revised policies.	Met	New or significantly revised policies are sent to the neighbourhoods or departments for staff to read or education is provided in a classroom setting.	Met	
There is evidence of an education services audit process which includes:					
24.33	• Annual evaluation of all education programs;	Met	Evaluation forms are reviewed, and follow-up/revisions occur as required.	Not Met	Evaluations are completed for individual training and education activities but there is no summary analysis completed for the education program as a whole. i.e. to track trends, themes, deficits and to inform education strategy for subsequent year(s).
24.34	• Review and analysis of the program evaluations;	Met	See 24.33	Not Met	Analysis is activity specific and informal. Recommend formalizing this process and regularly reporting on education program as a whole.
24.35	• Recommendations for improvement resulting from the analysis, as required, and;	Met	See 24.33	Not Met	As per 24.33 and 24.34.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.36	• Implementation and follow-up of those recommendations.	Met	See 24.33	Not Met	As per 24.33 and 24.34.

## Scoring methodology:

- The bolded measures (24.01, 24.14, 24.20) are pass/fail performance measures. If any one is not met, the standard is not met. If they are met, the other measures are considered before assigning a rating to the standard.
- Of the 33 other measures:
  - If  $\geq 26$  measures are met, standard is met.
  - If  $\geq 20$  and  $< 26$  measures are met, standard is partially met.
  - If  $< 20$  measures are met, standard is not met.

**Result:** The bolded performance measures are met and 29 of the other 33 measures are met.

**The standard is:** Met

**Comments:** Comprehensive education program is in place but audit/evaluation information needs to be synthesized, summarized and reported in a more formalized and regular manner.