

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

Regional Health Authority: Winnipeg Regional Health Authority (WRHA)

Facility: River East Personal Care Home

Number of Beds: 120

Review Team: I.D. # LCB500 – Manitoba Health  
I.D. # LCB089 – Manitoba Health  
I.D. # WRHA6795 – WRHA

Review Date: April 5, 2022

Report Date: May 2, 2022

**Summary of Results:**

| <b>Standard</b> | <b>Regulation</b>          | <b>Follow-up</b> |
|-----------------|----------------------------|------------------|
| 1               | Bill of Rights             | None             |
| 2               | Resident Council           | Required         |
| 6               | Communication              | Recommended      |
| 7               | Integrated Care Plan       | None             |
| 8               | Freedom from Abuse/Neglect | None             |
| 9               | Use of Restraints          | Recommended      |
| 12              | Pharmacy Services          | None             |
| 14              | Nutrition and Food         | None             |
| 15              | Housekeeping Services      | None             |
| 16              | Laundry Services           | None             |
| 17              | Therapeutic Recreation     | None             |
| 19              | Safety and Security        | Recommended      |
| 21              | Infection Control Program  | None             |
| 22              | Person in Charge           | None             |
| 25              | Complaints                 | None             |

**Resident Experience**

| Resident Experience Questions  | Resident Responses by Type of Response |         |           |        |       |            |
|--|--|---------|-----------|--------|-------|------------|
|  | Always                                 | Usually | Sometimes | Rarely | Never | No Comment |
| 1. Do you find this home to be clean and comfortable?  | 4                                      | 0       | 1         | 0      | 0     | 0          |
| 2. Do you feel safe in this home?  | 4                                      | 0       | 1         | 0      | 0     | 0          |
| 3. Do the staff here provide you with the kind of care you need?   | 2                                      | 3       | 0         | 0      | 0     | 0          |
| 4. Do the staff here take the time to talk to you and answer your questions?   | 3                                      | 1       | 1         | 0      | 0     | 0          |
| 5. Are you treated respectfully by the people who work here?   | 3                                      | 1       | 1         | 0      | 0     | 0          |
| 6. Are you encouraged to do as much as possible for yourself?  | 3                                      | 1       | 0         | 0      | 0     | 0          |
| 7. Do you like the food here?  | 0                                      | 3       | 1         | 1      | 0     | 0          |
| 8. Are you offered enough to drink between meals and in the evening?   | 5                                      | 0       | 0         | 0      | 0     | 0          |
| 9. Do you enjoy the recreational activities here?  | 1                                      | 2       | 2         | 0      | 0     | 0          |
| 10. Do you feel the facility has done a good job in protecting you from COVID-19?  | 4                                      | 1       | 0         | 0      | 0     | 0          |
| <p>If you could change three things about this home, what would you change? (all responses are included below):</p> <ul style="list-style-type: none"> <li>• They throw my diaper on my bed or my chair sometimes when they change it and I ask them not to</li> <li>• Change the number of people with dementia</li> <li>• Food</li> <li>• More consistent staff</li> <li>• Can't think of anything (2 elders)</li> </ul> |  |         |           |        |       |            |

**Additional Comments:**

5 elders participated in the Resident Experience interviews. 1 elder did not answer question #6. Additional Comments included the following themes:

- Elders feel comfortable at the facility and feel they receive everything they need
- Room is cleaned once a week, they don't have enough staff
- A number of positive comments regarding staff being nice, respectful, and taking time to talk to elders.
- Staff are very busy, often don't have time to talk, and sometimes elders have to wait for care.
- Sometimes staff who "fill in" don't know what to do
- One elder wanders the hall, enters other elders' rooms (2 respondents)
- Varying opinions of food: food mediocre; food good but elder has poor appetite; too much chicken; food cold sometimes; breakfast is very good
- Enjoy one to one visits from the Life Enrichment staff, word games and bingo
- Facility has done a good job protecting elders from COVID-19. (5 respondents)

### **Family Feedback**

| Family Experience Questions  | Family Member Responses by Type of Response |         |         |        |       |            |
|--|---|---------|---------|--------|-------|------------|
|  | Always                                      | Usually | Neutral | Rarely | Never | No Comment |
| 1. Do you feel that the staff provide your loved one with the kind of care they need?                | 4   | 4       | 0       | 0      | 0     | 0          |
| 2. Does your loved one enjoy the food here?  | 2   | 5       | 0       | 0      | 1     | 0          |
| 3. Does your loved one get enough to drink throughout the day?                                       | 2   | 3       | 1       | 1      | 0     | 1          |
| 4. Is your loved one encouraged to do as much as possible for themselves?                            | 1   | 5       | 0       | 1      | 0     | 1          |
| 5. Does your loved one enjoy the recreational activities offered in the home?                        | 2   | 3       | 1       | 0      | 0     | 2          |
| 6. Is the home clean and well maintained?  | 5   | 3       | 0       | 0      | 0     | 0          |
| 7. Are you satisfied with how the facility has responded to any concerns/issues you have identified? | 6   | 1       | 1       | 0      | 0     | 0          |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 8. Do the staff take the time to talk to you and answer your questions?                                 | 5 | 3 | 0 | 0 | 0 | 0 |
| 9. Do the staff at the home treat you respectfully?   | 5 | 3 | 0 | 0 | 0 | 0 |
| 10. Are you given opportunities to participate in decisions about your loved one's care?                | 4 | 3 | 1 | 0 | 0 | 0 |
| 11. Do you feel the facility has/is taking the necessary steps to protect your loved one from COVID-19? | 8 | 0 | 0 | 0 | 0 | 0 |

If you could change three things about this home, what would you change? (all responses are included below):

- None while COVID protocols exist
- Recreation activities
- Test COVID
- Limited parking for guests
- Looking forward to greater use of the facility
- Increase the staff
- Health care aides need more help.
- We could visit at any time (like pre-COVID)
- More front parking on the lot
- Not quarantining seniors so much to their room only
- Line ups to get in to see resident
- Parking
- Better meals- variety, having food hot not cold when brought to the table
- Add more health care workers
- Encourage elders who like to socialize to come out of their room, even if they need assistance
- Consistency (ex. Bringing snacks in afternoon, fluids throughout the day, recreation)

**Additional Comments:**

5 family members completed the Family Experience Questionnaire. Additional comments included the following themes:

- Compliments for staff and facility (4 respondents)
- Compliments for staff who screen visitors(2 respondents)
- Concerns that elders have to wait for toileting when staff are busy at meal times as elders may soil themselves if the wait is too long.
- Concern that staff shortage leads to lack of consistency, resulting in hearing aids not put in, splint on incorrectly, snack time missed
- Additional staff required in recreation

**Staff Feedback**

| Staff Experience Questions   | Staff Responses by Type of Response |         |         |        |       |            |
|--|-------------------------------------|---------|---------|--------|-------|------------|
|  | Always                              | Usually | Neutral | Rarely | Never | No Comment |
| 1. Are you provided with the resources and equipment you need to do your job?  | 14                                  | 4       | 0       | 0      | 0     | 0          |
| 2. Do you receive all the information you need about each resident's care needs?   | 11                                  | 5       | 0       | 0      | 0     | 2          |
| 3. Do you feel supported by other members of your work team?   | 14                                  | 3       | 1       | 0      | 0     | 0          |
| 4. Do you feel there is adequate staffing in your department to complete all work required?  | 1                                   | 9       | 5       | 3      | 0     | 0          |
| 5. Do your coworkers communicate openly and effectively with each other?   | 6                                   | 10      | 1       | 0      | 0     | 1          |
| 6. Does your manager/supervisor encourage you to share your ideas and concerns?  | 12                                  | 3       | 2       | 0      | 0     | 0          |
| 7. Do you receive training on any new equipment or product you are required to use?  | 12                                  | 5       | 1       | 0      | 0     | 0          |
| 8. Are you informed of any changes to policies or procedures in a timely manner?   | 14                                  | 3       | 1       | 0      | 0     | 0          |
| 9. Do you feel that the infection prevention and control practices are applied consistently and appropriately in the facility?   | 13                                  | 5       | 0       | 0      | 0     | 0          |
| 10. Do you feel you have been adequately prepared to deal with emergency situations (e.g. code red, code white, code green, etc.)?   | 14                                  | 4       | 0       | 0      | 0     | 0          |
| 11. Do you feel the facility has done a good job of following the Infection Prevention and Control guidelines during COVID 19?   | 13                                  | 5       | 0       | 0      | 0     | 0          |
| <p>If you could change three things about this home, what would you change? (all responses are included below):</p> <ul style="list-style-type: none"> <li>• The process of garbage disposal from night shift</li> </ul> |                                     |         |         |        |       |            |

- Nothing (2 respondents)
- More/increased staff (9 respondents from a variety of departments)
- Ability to retain staff
- Regular meal time at breakfast (not relaxed)
- More training in house, not online
- Staff in dietary department should be valued
- More recreational activities for elders, loneliness is present in the elders
- More wages
- More programs for the elders
- More working TVs for the elders
- Less administrative tasks/more time spent with elders
- Increase availability of needed supplies
- Other departments more helpful and take on some tasks so nurses have more time for patient care

**Additional Comments:**

18 staff from a variety of departments completed the Staff Experience Questionnaire. Length of employment at the facility ranged from 9 months to 30 years. Question #6 was blank on 1 survey. Additional comments included the following themes:

- Compliments for dietary and housekeeping team- very supportive, staff work together to serve the elders
- Leadership team is doing a great job
- Good teamwork and communication in the facility but some tension lately due to staffing and morale
- Compared to other PCHs, River East stands out as quiet, clean, with friendly staff who know their elders by heart
- Staff struggle with workload even when fully staffed
- At times when the facility is short a nurse on one of the units, it would be nice if a nurse who works in management/office position could assist with medication pass, dressings, etc. to make sure nothing important is missed.

**Standard 1: Bill of Rights**

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

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

**Performance Measures:**

| #                             | Measure   | Review Team Comments  |
|-------------------------------|---|---|
| The bill of rights is posted: |   |   |
| 1.03                          | <ul style="list-style-type: none"> <li>in minimum standard CNIB print (Arial font 14 or larger);</li> </ul>   | Bill of Rights is posted in large font near the entrance of the facility and on the neighbourhoods.                                   |
| 1.04                          | <ul style="list-style-type: none"> <li>in locations that are prominent and easily accessible by residents, families and staff;</li> </ul>               |   |
| 1.06                          | <ul style="list-style-type: none"> <li>residents are sheltered, fed, dressed, groomed and cared for in a manner consistent with their needs.</li> </ul> | Residents were observed to be generally well-groomed, neat in appearance, and those in wheelchairs appeared to be comfortably seated. |

**Follow-up:** None

### **Standard 2: Resident Council**

**Reference:** Personal Care Homes Standards Regulation sections 5 and 6

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

**Performance Measures:**

| # | Measure  | Review Team Comments   |
|---|--|--|
| 2 | Resident council minutes are posted as required. | Resident Council meeting minutes were not observed to be posted in the facility. |

**Findings:** The facility has moved from individual neighbourhood meetings to a facility-wide format. The first meeting of the new Elder Council took place on March 9, 2022. The meeting minutes indicated significant resident input into the operation of the facility.

**Follow-up:** Required: The facility is required to post Elder Council meeting minutes in locations accessible to elders and visitors.

### **Standard 6: Communication**

**Reference:** Personal Care Homes Standards Regulation section 14



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

**Performance Measures:**

| #   | Measure  | Review Team Comments   |
|---|--|--|
| There are standardized processes in place, and supporting evidence that processes are consistently followed, to ensure ongoing, accurate and timely communication of each resident's needs including: |  |  |
| 6.02  | • between staff at change of shift.  | Good communication was noted among staff at change of shift.   |
| 6.05<br>6.06  | The method of communicating the integrated care plan to direct care staff ensures privacy of the resident. | ADL sheets were used to provide care information at the bedside. Privacy was maintained by posting care sheets in resident washrooms behind the medicine cabinet door. |

**Findings:** In the Staff Questionnaires, communication was identified as one of the facility's strengths. Family Questionnaires and interviews with elders did not identify communication as a general problem, but did indicate that unfamiliar staff do not always know what care elders require.

**Follow-up:** Recommended: The facility is encouraged to review communication of care information for new/casual/agency staff to ensure they are aware of the individual needs of the elders.

**Standard 7: Integrated Care Plan**

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

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

**Performance Measures:**

| #   | Measure      | Review Team Comments                                      |
|---|--------------|---|
| 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: |              |   |
| 7.12  | • hair care; | 1 ICP did not indicate assistance required for hair care. |
| 7.14  | • foot care; | 1 ICP did not include frequency of foot care.             |

| #    | Measure   | Review Team Comments  |
|------|---|---|
| 7.15 | • exercise;   | 2 ICPs did not include exercise.  |
| 7.22 | • cognitive and mental health status;   | 1 ICP did not include cognitive function. This information was on the ADL sheet.  |
| 7.23 | • emotional status, and personality and behavioural characteristics;  | 1 ICP did not include emotional status. The information was included on the ADL sheet.  |
| 7.25 | • hearing ability and required aids;  | 1 ICP did not include information related to hearing ability and required aids. This information was included on the ADL sheet. |
| 7.26 | • visual ability and required aids;   | 1 ICP did not include information related to visual ability and required aids. This information was included on the ADL sheet.  |
| 7.29 | • language and speech, including any loss of speech capability and any alternate communication method used; | 1 ICP did not include required information.   |
| 7.30 | • rehabilitation needs;   | 1 ICP did not include required information.   |
| 7.36 | • type of assistance required with eating;  | 1 ICP did not include required information.   |
| 7.38 | • special housekeeping considerations;  | 3 ICPs did not include required information.  |

**Findings:** 6 Integrated Care Plans (ICPs) were reviewed. ICPs were generally well done with a few noted gaps. The Interventions were noted to be resident-centred and to provide clear direction for staff providing care. ICPs, ADL sheets, care observed by reviewers and care as described by staff generally appeared to be congruent, although some pertinent information was recorded on the ADL sheets but not on the ICP. Staff were knowledgeable of the elders' care needs, and demonstrated understanding of individual personalities, likes and dislikes.

**Follow-up:** None

**Standard 8: Freedom from Abuse/ Neglect**

**Reference:** Personal Care Homes Standards Regulation section 15

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

**Performance Measures:**

| #    | Measure  | Review Team Comments  |
|------|--|---|
| 8.06 | The Protection for Persons in Care Act information is posted in locations that are prominent and easily accessible by residents, families and staff. | Information is posted in appropriate locations in the facility. |

**Follow-up:** None

**Standard 9: Use of Restraints**

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

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

**Performance Measures:**

| #    | Measure  | Review Team Comments  |
|------|--|---|
| 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.      | Consent was obtained for all reviewed restraints. One health record included verbal consent only. |
| 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 whom must be a nurse. |   |

| #   | Measure   | Review Team Comments  |
|---|---|---|
| 9.04  | There is documented evidence that a comprehensive assessment of the resident is completed by an interdisciplinary team, prior to application (or reapplication) of any restraint. | On one health record, the restraint assessment was not completed by an interdisciplinary team. Signatures on the assessment form were completed on different dates, indicating the team did not meet together to complete the assessment. |
| There is a written order for the restraint in the resident's health record that indicates:                                      |   |   |
| 9.16  | <ul style="list-style-type: none"> <li>the frequency of checks on the resident while the restraint is in use;</li> </ul>  | On 1 health record, the order did not include frequency of checks.  |
| There is evidence of a care plan for every restraint in use, that outlines the resident's unique and specific needs, including: |   |   |
| 9.21  | <ul style="list-style-type: none"> <li>the length of time the restraint is to be used for each application;</li> </ul>  | 1 ICP did not include restraint information.  |
| 9.22  | <ul style="list-style-type: none"> <li>the frequency of the checks on the resident while the restraint is in use;</li> </ul>  | 1 ICP did not include restraint information.  |
| 9.23  | <ul style="list-style-type: none"> <li>when regular removal of restraint is to occur;</li> </ul>  | 1 ICP did not include restraint information.  |

**Findings:** Restraints were reviewed on 6 health records. Restraint assessments were generally well done, with the above noted gaps. One health record included an emergency restraint. Assessment and documentation of the emergency restraint was complete, with no noted gaps.

**Follow-up:** Recommended: The facility is encouraged to use regularly scheduled restraint audits as an opportunity to identify and correct any gaps in restraint assessment or documentation.

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

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

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

**Performance Measures:**

| #   | Measure   | Review Team Comments                 |
|---|-----------|--------------------------------------|
| There are designated medication storage areas that are: |           |                                      |
| 12.10   | • secure. | Medication storage areas are secure. |

**Findings:** The noon medication pass (2 nurses) was observed. The medication pass was generally well done with few identified gaps. One nurse was noted to leave MAR uncovered when administering medications.

**Follow-up:** None

**Standard 14: Nutrition and Food Services**

**Reference:** Personal Care Homes Standards Regulation section 28

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

**Performance Measures:**

| #   | Measure   | Review Team Comments   |
|---|---|--|
| 14.15   | At least three meals or equivalent are offered to each resident, each day, at reasonable intervals. | The facility has a relaxed breakfast followed by lunch and supper meals at reasonable intervals.                               |
| Between meal fluids and nourishments are offered to every resident: |   |  |
| 14.16   | between breakfast and lunch (minimally fluids must be offered);                                     | No concerns noted.   |
| 14.17   | between lunch and supper; and,  |  |
| 14.18   | not less than two hours after the evening meal.   |  |
| 14.20   | Menu choices are posted daily for the residents to view, at an appropriate                          | Daily and weekly menus, including alternates, are posted. There is also a sign indicating alternates are available on request. |

| #  | Measure  | Review Team Comments   |
|--|--|--|
|  | height and displayed using minimally size 14 Arial font.   |  |
| 14.23  | Resident's likes and dislikes are accommodated to the extent possible.   | While waiting for lunch, staff offered residents choice of beverages. Active choice was offered to residents during meal service, and staff also made adjustments to the meal that was served based on their knowledge of the elder's preferences. Active choice of beverages was not observed on Courage Bay. |
| 14.24  | Residents are served meals in a manner that promotes independent eating.   | Staff were pleasant and interactive with elders when serving meals. Staff were observed to inform elders what foods were served to them, put spoons in soup, and wait for elder to begin eating before moving on to the next elder. Assistive devices such as plate guards were observed.                      |
| 14.25  | Meals are presented in a courteous manner.   |  |
| 14.26  | Positioning and assistance with eating is individualized as needed.  | Staff were available to assist elders as the meals were served.  |
| Assistance with eating is provided, when required: |  |  |
| 14.27  | <ul style="list-style-type: none"> <li>• in a manner that promotes dignity;</li> </ul>   | Staff provided assistance in a dignified manner.   |
| 14.28  | <ul style="list-style-type: none"> <li>• with specific regard to safe feeding practices;</li> </ul>                            | Safe feeding practices were generally noted. Some staff were observed to feed elders with a tablespoon rather than a teaspoon.   |
| 14.29  | <ul style="list-style-type: none"> <li>• in a way that encourages interaction with the person providing assistance.</li> </ul> | Staff were pleasant and interactive as they assisted with meals.   |
| 14.30  | Residents are given sufficient time to eat at their own pace.  | Elders were given ample time to eat their meals, and music playing in the background created a pleasant, jovial atmosphere.  |

**Findings:** Meal service was generally well done. Staff demonstrated genuine effort to accommodate elders' food and beverage preferences. Meals were portioned from a hot cart and served immediately. Meal service appeared to be a team effort, with dietary, nursing and life enrichment staff working closely together to support residents, encourage independence, and problem solve as needed. Based on interviews with elders and feedback from family questionnaires, it appears that opinions on the food quality are mixed, and some elders enjoy it more than others. The facility is reminded that based on safe feeding practices, it is usually recommended that staff feed elders with teaspoons rather than tablespoons whenever possible.

**Follow-up:** None

### **Standard 15: Housekeeping Services**

**Reference:** Personal Care Homes Standards Regulation section 29

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

**Performance Measures:**

| #     | Measure  | Review Team Comments  |
|-------|--|---|
| 15.01 | The facility is clean and odour free.  | The facility was noted to be generally clean and odour free.  |
| 15.03 | There is documented evidence that the tub and bathing equipment cleaning process is completed after each resident's use. | Tub and bathing equipment appeared clean, and cleaning process was appropriately documented.                      |
| 15.04 | Upon inspection all shared equipment is found to be clean.   | The foot plate on a sit to stand lift was noted to require cleaning, as well as the vent in one of the tub rooms. |

**Follow-up:** None

### **Standard 16: Laundry Services**

**Reference:** Personal Care Homes Standards Regulation section 30

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

**Performance Measures:**

| #     | Measure  | Review Team Comments |
|-------|--|----------------------|
| 16.10 | Soiled laundry is not placed on the floor of any unit nor in the laundry area. | No concerns noted.   |
| 16.11 | Soiled laundry is kept separate from clean linen throughout the facility.      |                      |

**Follow-up:** None

### **Standard 17: Therapeutic Recreation**

**Reference:** Personal Care Home Standards Regulation section 31

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

**Performance Measures:**

| #                                      | Measure  | Review Team Comments   |
|--|--|--|
| Information about recreation programs: |  |  |
| 17.11                                  | <ul style="list-style-type: none"> <li>is posted in prominent, resident-accessible locations throughout the home;</li> </ul> | Daily and monthly recreation schedules were appropriately posted throughout the facility. Recreation calendars were also posted in many elders' rooms. |
| 17.12                                  | <ul style="list-style-type: none"> <li>is clear and easy for residents to read.</li> </ul>                                   |  |

**Findings:** Life Enrichment programming was offered on the neighbourhoods and in The Gathering Room. Reviewers observed a cooking reminiscence group, a word game and an exercise program. Infection Control measures such as physical distancing and hand hygiene were incorporated into programming. Life Enrichment Program staff assisted with noon meal service. Feedback from family and staff questionnaires indicated a desire for increased Life Enrichment staff and more activities for the elders.

**Follow-up:** None

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

**Reference:** Personal Care Homes Standards Regulation sections 33 and 34

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

**Performance Measures:**

| #     | Measure  | Review Team Comments  |
|-------|--|---|
| 19.01 | The temperature in residential areas is a minimum of 22°C.   | No concerns noted.  |
| 19.02 | Domestic hot water, at all water sources that are accessible to residents, is not less than 43°C and not more than 48°C. | Temperatures taken the day of the review ranged from 37.7 to 45.2 °C. |



| #     | Measure   | Review Team Comments  |
|-------|---|---|
| 19.03 | There is documented evidence of frequent monitoring (minimally once per week) of domestic hot water temperatures at locations accessible to residents.                  | Evidence provided indicates water temperatures are taken frequently, with some readings below the expected temperature range. |
| 19.04 | There is an easily accessible call system in all resident rooms.  | Call system was easily accessible in all elders' rooms.   |
| 19.05 | There is an easily accessible call system in all resident washrooms.  | Call bell in one elder's washroom was not in working order.   |
| 19.06 | There is a call system in all bathing facilities that is easily accessible from all areas around the tub.   | On Courage Bay, the call bell cord above the tub was retracted to the ceiling and was not accessible from the tub.            |
| 19.07 | All open stairwells are safeguarded in a manner which prevents resident access.   | No concerns noted.  |
| 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. |   |
| 19.10 | Handrails are properly installed and maintained in all corridors.   | Handrails were properly installed and secured throughout the facility. Some were noted to be worn/chipped.                    |
| 19.11 | Grab bars are properly installed and maintained in all bathrooms and bathing facilities.  | No concerns noted.  |
| 19.12 | All potentially dangerous substances are labelled and stored in a location not accessible to residents.   | No concerns noted.  |

| #  | Measure   | Review Team Comments   |
|--|---|--|
| 19.13  | Combustible materials are stored separately and safely in a container that does not support combustion. | No concerns noted.   |
| There is documented evidence for all equipment, including building systems, that demonstrates completion of: |   |  |
| 19.17  | <ul style="list-style-type: none"> <li>as needed repairs;</li> </ul>                                    | Some maintenance issues were observed within the facility, included normal wear and tear on floors and doorways, and some damage to wallpaper and a neighbourhood kitchenette. The facility was aware of these issues and plans for repair/replacement were already in place. Painting was in progress on Faith neighbourhood at the time of the review. |
| 19.18  | <ul style="list-style-type: none"> <li>preventative maintenance.</li> </ul>                             |  |
| All exits are:   |   |  |
| 19.21  | <ul style="list-style-type: none"> <li>clearly marked;</li> </ul>                                       | No concerns noted.   |
| 19.22  | <ul style="list-style-type: none"> <li>unobstructed.</li> </ul>   |  |

**Findings:** Repairs/replacement was in progress on identified maintenance issues. The facility indicated issues with water temperatures was due to one hot water tank not working. The recording sheet facility staff used to record water temperatures indicated the preferred temperature range as beginning at 41°C rather than 43°C, which meant that some low temperatures were not flagged as being out of range. This was addressed with the facility at the time of the review and was expected to be rectified quickly. It is anticipated that water temperatures will not be a concern once the additional hot water tank is functional.

**Follow-up:** Recommended: The facility is encouraged to check tub room call bells on a regular basis to ensure cords are not retracted to ceiling.

**Standard 21: Infection Control Program**

**Reference:** Personal Care Homes Standards Regulation section 36

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

**Performance Measures:**

| #  | Measure   | Review Team Comments  |
|--|---|---|
| As part of the facility's continuous quality improvement/risk management activities, there is a quality improvement process for infection control practices that includes: |   |   |
| 21.13  | <ul style="list-style-type: none"> <li>random audits of staff compliance with infection control practices (at least annually);</li> </ul> | Audits included: hand hygiene, PPE doffing and equipment cleaning.          |
| 21.14  | <ul style="list-style-type: none"> <li>review and analysis of the audit results;</li> </ul>   | Audit results were thoroughly reviewed and analyzed.                        |
| 21.15  | <ul style="list-style-type: none"> <li>development of improvement strategies where deficits are found; and,</li> </ul>                    | Action plans were developed to address identified deficits.                 |
| 21.16  | <ul style="list-style-type: none"> <li>implementation and follow-up of improvement strategies.</li> </ul>                                 | Improvement strategies are implemented and required follow-up is completed. |

**Findings:** Screening of visitors was completed at the entrance to the facility. Hand sanitizer and PPE were available for staff and visitors. Physical distancing measures were observed during recreation programs and at meal times.

**Follow-up:** None

### **Standard 22: Person in Charge of Day-to-Day Operation**

**Reference:** Personal Care Homes Standards Regulation section 37

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

**Performance Measures:**

| #     | Measure  | Review Team Comments  |
|-------|--|---|
| 22.04 | There is a plan for the management of human resources to adequately meet the facility's current and future needs (i.e. recruitment, retention, succession) | A number of vacancies were identified as well as active recruitment efforts to fill vacant positions. Feedback from residents, families and staff indicates the facility could benefit from increased staffing. |

| # | Measure                               | Review Team Comments |
|---|---------------------------------------|----------------------|
|   | planning, and attendance management). |                      |

**Follow-up:** None

**Standard 25: Complaints**

**Reference:** Personal Care Homes Standards Regulation section 401

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

**Performance Measures:**

| #  | Measure  | Review Team Comments   |
|--|--|--|
| Directions related to complaint processes: |  |  |
| 25.02                                      | <ul style="list-style-type: none"> <li>are posted in a prominent location in the home;</li> </ul>                                  | Complaint information was available near the front entrance of the facility, including who to contact to obtain complaint forms.                         |
| 25.03                                      | <ul style="list-style-type: none"> <li>include the position and contact information of the appropriate person (people);</li> </ul> |  |
| 25.10                                      | There is evidence that complaints are responded to in a timely manner.   | Evidence provided indicated the facility has not received any recent complaints. When complaints are received, they are reviewed at leadership meetings. |

**Follow-up:** None