

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. # LCB735 – Manitoba Health
I.D. #WRHA3664 – WRHA

Review Date: June 27, 2023

Report Date: September 26, 2023

Summary of Results:

Standard	Regulation	Follow-Up
1	Bill of Rights	None
2	Resident Council	None
5	Right to Participate in Care	None
6	Communication	None
7	Integrated Care Plan	Recommended
8	Freedom from Abuse/Neglect	None
9	Use of Restraints	None
12	Pharmacy Services	Recommended
14	Nutrition and Food	None
15	Housekeeping Services	None
16	Laundry Services	Recommended
17	Therapeutic Recreation	Recommended
18	Spiritual Care	None
19	Safety and Security	Recommended
24	Staff Education	None
25	Complaints	None

Resident Experience

Resident Experience Questions	Resident Responses by Type of Response					
	Always	Often	Sometimes	Rarely	Never	No Comment
1. Are you happy with the care you receive here?	1	2	0	1	0	0
2. Do the staff check in to see if you need anything?	1	0	1	1	1	0
3. Are you treated the way you want to be treated?	1	2	0	1	0	0
4. Do you feel your privacy is protected when showering, dressing or using the bathroom?	3	1	0	0	0	0
5. Can you access spiritual or religious services of your choice?	2	0	1	1	0	0
6. Are you satisfied with the activities available on weekends?	2	1	0	0	1	0
7. Do the staff help you to participate in activities you enjoy?	2	0	1	1	0	0
8. Do you decide how you spend your day?	3	0	0	1	0	0
9. Do you like the food here?	1*	1	1	0	0	0
10. Do you enjoy the dining service?	1**	0	1	0	0	0
11. Are you happy with how the staff respond to your concerns?	3	0	0	0	0	0
	Yes	No	*This question was blank on one questionnaire. **Two elders did not make a selection. One resident indicated they eat in their room rather than the dining room. The question was blank on a second questionnaire. ***Questions 12 and 13 were blank on one questionnaire.			
12. Do staff ask you what help you need?	2***	1				
13. Would you recommend this facility to others?	3***	0				
If you could change three things about this home, what would you change? (All responses are included below): <ul style="list-style-type: none"> • The doors that lead out to the gardens were not designed for wheelchairs. • A bigger room. • Noise in the hallway. Carts are going back and forth and they need oil on them. 						

- No more wandering in hallways after 11 PM.
- One elder indicated there was nothing to change and was asked for their favourite things about the facility. ElderResident responded with “peaceful”.

Additional Comments:

Four elders participated in Resident Experience interviews. Additional comments included the following themes:

- Care: elder has to wait to go to bed; elder would like to be treated better; elder is treated well; staff check in on the elder;
- Facility: elder likes their room; private rooms are nice; facility is very nice/very clean
- Food: positive comments regarding the food; elder likes the opportunity to choose from two entrees; elder likes the perogies.
- Elder enjoys bean bag toss with recreation.
- Elder would like to walk again following a stroke and does not have access to physiotherapy.
- Elder would like to go outside.

Family Feedback

Family Experience Questions	Family Member Responses by Type of Response					
	Always	Often	Sometimes	Rarely	Never	No Comment
1. Does your loved one receive help when they need it?	7	4	2	0	0	0
2. Do staff regularly check to see if your loved one needs anything?	1	7	3	2	0	0
3. Does your loved one have access to other health care professionals such as the Doctor, Physiotherapists, Occupational Therapists, a Rehab Aide or a Foot Care Nurse, when requested?	7	3	3	0	0	0
4. Are your loved one’s dietary needs and choices taken into consideration in the meals provided?	6	4	2	1	0	0
5. Do you think your loved one takes part in activities that are of interest to them?	5*	3	4	0	0	0

6. Do staff respect your loved one's preferences?	7	4	2	0	0	0
7. Does the facility make efforts to create a home-like environment?	6	3	2	1	0	1
8. Are your loved one's belongings safe in the facility?	8	3	1	1	0	0
9. Is your loved one's room and the rest of the facility clean?	11	1	1	0	0	0
10. Is the facility in a good state of repair?	8	2	2	0	0	1
11. Are you regularly updated about what is happening at the facility?	8	3	1	0	0	1
12. Are you informed of any changes in your loved one's condition, in a timely manner?	8	3	2	0	0	0
13. Do you feel the staff address your concerns?	9	2	2	0	0	0
14. Are the staff friendly and approachable?	9	2	2	0	0	0
15. Do you have opportunities to participate in decisions about your loved one's care?	7	4	2	0	0	0
16. In addition to in-person visits, are you able to stay in touch with your loved one?	6**	3	1	0	1	1
	Yes	No	*Question 5- 1 respondent indicated "N/A" **Question 16- 1 questionnaire was blank, family indicated they visit every other day and choose to have no other visitation with elder ***Question 17- 2 questionnaires indicated "?"			
17. Would you recommend this facility to a family member or friend?	11***	1				
If you could change three things about this home, what would you change? (all responses are included below): <ul style="list-style-type: none"> • Staffing: <ul style="list-style-type: none"> ▪ Staffing is sometimes less than ideal 						

- Staff work very hard
- More HCA staff-they are worked too hard
- More hands on by admin
- A full time day nurse and alternate (hasn't been one in 2 years)
- More access to physiotherapists and occupational therapists
- An extra aide on every evening to cover during breaks
- Recreation
 - Better family/elder programs
 - More challenging craft projects- elder needs to be challenged, projects too simple
- Facility
 - Door to patio made easier to take a wheelchair out of
 - Laundry care
 - Toilets need updating to 16" for the men (elongated bowl) to accommodate their needs; better shower facilities
- The facility should not serve perogies with tomatoes and cheese, they should be with onions, bacon bits and sour cream
- Better communication between caregivers

Additional Comments:

Thirteen family members completed the Family Experience questionnaire. Additional comments included the following themes:

- Compliments for staff: staff are exceptional, kind, considerate, responsive, and polite. Respondent is pleased with OT assistants that have been hired. Housekeeping does a good job keeping facility clean
- Concerns regarding staff/care: Some elders feel uncomfortable when staff are moved from area to area leaving them with new staff providing care; HCAs should be paid more so they stay; Too many agency staff who don't know the routine/residents' needs- medication has been missed, and residents' hygiene needs can be neglected when staffing is inconsistent. When staff are in a hurry they choose to take the elder in a wheelchair rather than using the walker.
- Facility: Very good facility; laundry is a problem (clothing ripped or bleached); meals lack creativity, too much canned fruit; the lift to get elders to the tub is frightening; ramp to the garden is difficult to navigate; dust bunnies on walker skids
- Recreation: Would like to see more family activities such as BBQs, and more entertainment on happy hours and special occasions.

Staff Feedback

Staff Experience Questions	Staff Responses by Type of Response					
	Always	Often	Sometimes	Rarely	Never	No Comment

1. Do you have the equipment and supplies you need to do your job	8	9	1	0	0	0
2. Do you have enough staff to handle the work load in your department?	3	4	9	0	1	1
3. Do you feel supported by co-workers from all departments?	5	7	6	0	0	0
4. Do you receive all the information you need about each resident's current care needs?	9*	4	4	0	0	0
5. Are you provided with adequate training and education opportunities	12	5	1	0	0	0
6. Does your manager/supervisor encourage you to share your ideas and concerns?	9	7	2	0	0	0
7. Does the leadership team make changes based on your ideas for improvements?	3	3	10	2	0	0
8. Does your direct supervisor provide the support and guidance that you require?	8	4	5	1	0	0
9. Does the leadership team keep you informed of any updates including required policies and procedures?	12	5	1	0	0	0
	Yes	No	*Question 4: 1 respondent left this question blank			
10. Overall, is this a good place to work?	17**	0	** Question 10: 1 respondent left this question blank			
11. If you could change three things about this home, what would you change? (all responses are included below): <ul style="list-style-type: none"> • New lifts (mechanical and sit to stand) • Don't work understaffed/replace sick calls (3 respondents) • More casual staff to fill in on absent shifts (2 respondents) • More wall murals to make the facility look less institutional • Courage Bay needs a space for families and elders to gather- they only have the dining room and outside patio and could benefit from a lounge • More staff/HCAs (7 respondents) • More assistance for elders at meal times, especially on weekends when staffing is low already 						

- More Life Enrichment staff
- Some updated recreation supplies
- More appreciation for staff; more encouragement for regular staff (3 respondents)
- More staff input
- More varieties of food and more entertainment for elders (2 respondents)
- More support from supervisors to get help
- More support from management for Life Enrichment programming
- Need to support each other as a team (2 respondents)
- Good raise
- More real listening from leadership
- Make sure information is passed on to all staff
- Management to all be on the same page/more consistent (2 respondents)
- Repainting doors and doorframes in all rooms

Additional Comments:

- Education: Need more in class training but last few years only online; due to frequent cases of violence in the facility it would be better to reintroduce physical in class training with actual scenarios; it would be good to have more education seminars posted for staff to attend- used to have PIECES and EOL training but nothing recently
- Staffing: Increase Life Enrichment staffing level
- Communication: Staff is able to talk to management about concerns but some things feel like they take a long to address and not much changes; Communication by leadership is disconnected, decisions are made and passed on indirectly with no further follow-up when involving a specific staff directly
- It's a good place to work
- Leadership is understanding and supportive
- Compliments for the care and compassion staff show to elders
- Staff member would choose the facility for their loved one.
- Recreation department could use an overhaul to continue quality programs and activities. Current supplies are old and outdated.

Licence posted

Is the licence posted as required in a publically accessible location?	<u>Yes</u>	<u>No</u>	Review Team Comments
	X		The licence was posted near the front entrance to the facility.

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"> • in minimum standard CNIB print (Arial font 14 or larger); 	The bill of rights was posted appropriately throughout the facility.
1.04	<ul style="list-style-type: none"> • in locations that are prominent and easily accessible by residents, families and staff; 	
1.06	Residents are sheltered, fed, dressed, groomed and cared for in a manner consistent with their needs.	Residents appeared clean and appropriately dressed. Those in wheelchairs appeared 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 by regulation.	Elder Council meeting minutes were posted near the front entrance of the facility.
2.01	There is evidence that the resident council meets, at a minimum, five times per year.	Elder Council meeting took place as required.
2.02	Terms of Reference of the resident council meetings provide evidence that residents are encouraged and supported in bringing forward issues and concerns.	The Terms of Reference (TOR) were very clear and referred to both Elder/Family Council and Town Hall meetings. The TOR document indicated four meetings were required annually, and meeting minutes indicated five meetings were required to meet PCH standards.
Minutes of the resident council meetings provide evidence that the residents' issues and concerns are:		
2.03	<ul style="list-style-type: none"> • Documented; 	Meeting minutes indicated meetings were well-run, elders were provided the opportunity to express concerns. Follow-up of elder concerns was documented and the status of the concern (ongoing or resolved) was reported in subsequent meetings.
2.04	<ul style="list-style-type: none"> • Investigated; 	
2.05	<ul style="list-style-type: none"> • Responded to at the next resident council meeting; and 	
2.06	<ul style="list-style-type: none"> • Followed-up on in a timely fashion 	

Follow-up: None

Standard 5: Right to Participate in Care

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

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

Performance Measures:

#	Measure	
There is documented evidence on the resident's health record that the resident and their representative have had the opportunity to participate in:		
5.01	<ul style="list-style-type: none"> The development of the initial care plan (completed within 24 hours of admission); 	Available evidence indicated elders and/or their representative had the opportunity to participate in care planning on admission, eight weeks post admission, and on an annual basis.
5.02	<ul style="list-style-type: none"> The development of the integrated care plan (completed within eight weeks of admission), and; 	
5.03	<ul style="list-style-type: none"> The annual care conferences. 	

Follow-up: None

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:		
6.01	<ul style="list-style-type: none"> Changes to current care plan; 	Communication of care plan information appeared to be effective in the facility. ADL sheets were used to inform care at the bedside, and privacy of this information was maintained.
6.05	The method of communicating the integrated care plan to direct care staff ensures privacy of the resident.	
6.06		

Follow-up: None

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
<p>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:</p>		
7.09	<ul style="list-style-type: none"> • dressing; 	<p>On one reviewed ICP, 1 assist for dressing was indicated with no intervention describing the care that was required.</p>
7.12	<ul style="list-style-type: none"> • hair care; 	<p>Two reviewed ICPs did not include information regarding the hairdresser.</p>
7.14	<ul style="list-style-type: none"> • foot care; 	<p>One reviewed ICP did not include foot care.</p>
7.21	<ul style="list-style-type: none"> • any required incontinence care product; 	<p>One reviewed ICP did not include required incontinence care product.</p>
7.25	<ul style="list-style-type: none"> • hearing ability and required aids; 	<p>One reviewed ICP did not include hearing ability or required aides. A second ICP did not include required aids.</p>
7.26	<ul style="list-style-type: none"> • visual ability and required aids; 	<p>One reviewed ICP did not include visual ability.</p>
7.29	<ul style="list-style-type: none"> • language and speech, including any loss of speech capability and any alternate communication method used; 	<p>One reviewed ICP did not include language or speech. A second ICP did not include language.</p>
7.30	<ul style="list-style-type: none"> • rehabilitation needs; 	<p>Two reviewed ICPs did not include rehabilitation.</p>
7.36	<ul style="list-style-type: none"> • type of assistance required with eating; 	<p>One reviewed ICP did not include assistance required with eating.</p>

#	Measure	Review Team Comments
7.38	<ul style="list-style-type: none"> special housekeeping considerations; 	One reviewed ICP did not include special housekeeping considerations.

Findings: Six Integrated Care Plans (ICPs) were reviewed. ICPs were generally well done, with the above noted gaps. ICPs included some clear, person-focused interventions. The facility is reminded to indicate “not applicable” for rehabilitation needs (measure 7.30) if rehabilitation is not required.

Follow-up: Recommended: The facility is encouraged to conduct ICP audits to ensure ICPs include all required information.

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.	Protection for Persons in Care Act information was posted appropriately 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.

Findings: Six health records with restraints were reviewed. Restraint assessments were generally well done, with the occasional gap. The facility is encouraged to identify and correct gaps in the assessments when completing regularly scheduled restraint audits. None of the reviewed health records included emergency restraints.

Follow-up: None

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
12.04	<ul style="list-style-type: none"> The pharmacist conducts medication and treatment reviews on a quarterly basis (once every 3 months) with the interdisciplinary team (pharmacist, nurse, physician/ nurse practitioner/physician assistant and other members as needed) and this is documented in the health record. 	Medication reviews were completed as required.
There are designated medication storage areas that are:		
12.10	<ul style="list-style-type: none"> secure. 	Medication areas were secure.
The pharmacist ensures that:		
12.21	<ul style="list-style-type: none"> Audits of the medication storage room, emergency drug box, in-house drug box and 	Medication room audits were completed as required and audit results were shared with nursing staff through a read and sign format.
12.22	<ul style="list-style-type: none"> The audits are shared with nursing staff. 	
A committee has been established		

#	Measure	Review Team Comments
12.29	<ul style="list-style-type: none"> • That includes representation from pharmacy, medicine, nursing and administration. 	An established committee met requirements for measures 12.29 through 12.33.
12.30	<ul style="list-style-type: none"> • That meets at least once every three months 	
12.31	<ul style="list-style-type: none"> • to review and make recommendations on drug utilization and costs 	
12.32	<ul style="list-style-type: none"> • to review and follow up on medication incidents and adverse reactions 	
12.33	<ul style="list-style-type: none"> • to review and make recommendations on all policies for the procurement and administration of medication within the home 	

Findings: The noon medication pass was observed and was generally well done. Some gaps were observed in: hand hygiene, maintaining privacy of the medication administration record (MAR), and locking of the medication cart. One nurse was observed to sign the MAR prior to administering the medication.

Follow-up: Recommended: The facility is encouraged to conduct regular medication pass audits and address any concerns as they arise.

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.	Residents received three meals each day.
Between meal fluids and nourishments are offered to every resident:		
14.16	between breakfast and lunch (minimally fluids must be offered);	Snacks and fluids were provided as required.
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 height and displayed using minimally size 14 Arial font.	The menu was posted appropriately in the facility.
14.23	Resident's likes and dislikes are accommodated to the extent possible.	Elders were asked if they wanted crackers in their soup. A beverage cart was used and residents were offered their choice of beverages. Elders were given an active choice of sandwich. In one dining area, a hot beverage was placed on the table prior to the arrival of the elder.
14.24	Residents are served meals in a manner that promotes independent eating.	Independent eating was promoted, and aids such as nose cups were observed.
14.25	Meals are presented in a courteous manner.	Staff serving meals were generally pleasant and interactive with residents.
14.26	Positioning and assistance with eating is individualized as needed.	Staff provided assistance as required.
Assistance with eating is provided, when required:		
14.27	<ul style="list-style-type: none"> in a manner that promotes dignity; 	Assistance was provided in a courteous and dignified manner.

#	Measure	Review Team Comments
14.28	<ul style="list-style-type: none"> with specific regard to safe feeding practices; 	Safe feeding practices were observed.
14.29	<ul style="list-style-type: none"> in a way that encourages interaction with the person providing assistance. 	Staff were generally interactive with elders while providing assistance.
14.30	Residents are given sufficient time to eat at their own pace.	The meal service was not rushed, and elders appeared to have as much time as they required to eat their meals.

Findings: The dining rooms were large, pleasant spaces. The meal service was generally well done with active choice offered throughout. Some elders dining in the smaller dining rooms on the units were not offered active choice, and the facility is encouraged to ensure elders are offered opportunities for choice whenever possible. Elders appeared to enjoy their meals and the dining experience. Meal service was staged, with beverages served first, then soup, followed by entrée and dessert. Although there was an established seating plan in place, an elder's choice to sit in a different location was respected by the staff. Some missed opportunities for hand hygiene were noted among the dietary staff.

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 generally clean and odour free.
15.04	Upon inspection all shared equipment is found to be clean.	No concerns noted.

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.	No concerns noted.

Findings: Dirty linen carts were designed to be opened by hand rather than a foot pedal. Foot pedals allow for ease of access and reduce the risk of transmission of infection from an infection prevention and control perspective.

Follow-up: Recommended: The facility is encouraged to provide foot pedals for dirty laundry carts.

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
Each month's recreation programming includes:		
17.08	A variety of planned programs to meet all residents' physical, emotional, cultural and social needs (including large and small group activities);	Recreation calendars included a variety of programs offered on each unit to meet elders' needs.
17.09	Some evening and weekend activities, and;	Activities were scheduled on Wednesday and Thursday evenings. No activities were scheduled on weekends.

#	Measure	Review Team Comments
17.10	Options for residents who cannot/do not prefer to participate in group programs.	Recreation calendars included scheduled one to one time with elders.
Information about recreation programs:		
17.11	<ul style="list-style-type: none"> is posted in prominent, resident-accessible locations throughout the home; 	Information about recreation programs was posted appropriately throughout the facility.
17.12	<ul style="list-style-type: none"> is clear and easy for residents to read. 	

Findings: Recreation appeared to be actively involved in the facility. A variety of activities were scheduled throughout the week. The day of the review, elders participated in an outing to Smitty's restaurant for lunch. Opportunities were also available for elders to entertain themselves independently, as reviewers heard an elder playing the piano periodically throughout the day.

Follow-up: Recommended: The facility is encouraged to offer some weekend programming.

Standard 18: Spiritual and Religious Care

Reference: *Personal Care Homes Standards Regulation, Section 32*

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	Review Team Comments
18.02	The home hosts regular religious services and spiritual celebrations.	The facility hosts regular religious and spiritual celebrations including: Hymn Sing and Devotions and church services.

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.	The majority of the water temperatures taken the day of the review were below the established temperature range.
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 indicated water temperatures were within the established temperature range throughout 2022 and have been low recently. In discussion with facility leadership and maintenance, reviewers learned that housekeeping manages the weekly temperatures, and maintenance maintained the temperature at the hot water tank. The hot water tank was set at 100-110°F, which resulted in water at resident accessible locations below the expected range.
19.04	There is an easily accessible call system in all resident rooms.	Some issues with call bells were identified and were discussed with leadership on the review day.
19.05	There is an easily accessible call system in all resident washrooms.	
19.06	There is a call system in all bathing facilities that is easily accessible from all areas around the tub.	No concerns noted.
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	No concerns noted.

#	Measure	Review Team Comments
	approved by the fire authority under the Manitoba Fire Code.	
19.09	All windows are equipped with a mechanism or are appropriately designed so they cannot be used as exits.	No concerns noted.
19.10	Handrails are properly installed and maintained in all corridors.	Handrails and grab bars were properly installed and maintained throughout the facility. Some wooden handrails were noted to require refinishing.
19.11	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	
19.12	All potentially dangerous substances are labelled and stored in a location not accessible to residents.	The key had been left in the lock of one housekeeping room. The room had cleaning solutions stored in it.
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"> as needed repairs; 	The building was in generally good repair, with a few maintenance issues identified. The washroom in an elder's room had taps which were hard to turn off, and the cover was coming off the tub lift chair in one tub room, which exposed the sponge underneath. A window was broken due to a recent incident, and replacement of same was planned. Some of the cupboards in the facility were in poor condition, and the facility had a plan to replace same.
19.18	<ul style="list-style-type: none"> preventative maintenance. 	
All exits are:		
19.21	<ul style="list-style-type: none"> clearly marked; 	No concerns noted.
19.22	<ul style="list-style-type: none"> unobstructed. 	

Findings: Concerns related to water temperatures and a few maintenance issues were identified. The facility identified plans to rectify these issues.

Follow-up: Recommended: Although no reporting is required at this time, as was discussed at the end of the review day, the facility is expected to adjust the hot water tank in order to bring the water temperature into the required temperature range, follow through with plans to address the broken window and the cupboards, and address the smaller maintenance issues identified during the review.

Standard 24: Staff Education

Reference: *Personal Care Homes Standards Regulation, Section 39*

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	Review Team Comments
24	Evaluation of education records provided by facility.	Evidence provided indicated a significant amount of education had been offered in 2022 and to date in 2023 with good attendance by staff.
The staff education program annually includes at least the following:		
24.20	Fire drill participation or fire prevention education for every staff member, including permanent, term and casual employees;	Twelve fire drills took place in 2022, and drills had occurred monthly to date in 2023. The majority of staff had taken part in a fire drill.

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"> • are posted in a prominent location in the home; 	Complaints information was posted in the facility.
25.03	<ul style="list-style-type: none"> • include the position and contact information of the appropriate person (people); 	

Follow-up: None