

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

Regional Health Authority: Winnipeg Regional Health Authority (WRHA)

Facility: River East PCH

Facility Address: 1375 Molson St, Winnipeg MB

Number of Beds: 120

Review Team: I.D. # LCB687 – Manitoba Health, Seniors and Long-Term Care
I.D. # LCB089 – Manitoba Health, Seniors and Long-Term Care
I.D. #WRHA3664 – WRHA

Review Date: August 1, 2024

Report Date: September 24, 2024

Summary of Results:

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

Report Preamble:

- The expectation is that the PCH is striving to meet all the legislated requirements for PCH standards. The PCH Standards Suggested Evidence document outlines the requirements for each measure and the standards. Although the Materials List highlights areas of focus for the unannounced reviews, the reviewers can inspect and comment on any standard outlined in the PCH Standards Suggested Evidence document.
- During an Unannounced Standards Review, deficits and successes are identified based on the areas the reviewers are assessing.
- When there are deficits or gaps identified at the debrief or in the report, regardless of the requirement to report or not, it is expected that facilities will address all deficits or gaps.

Stakeholder Feedback

Interviews and questionnaires completed with residents, family members and staff during the course of the standards review provide important feedback about the PCH’s current functioning. As part of the PCH’s continuous quality improvement program, this feedback should be carefully reviewed by leadership, shared with the staffing team, further investigated where appropriate, and used to inform change and improvement as much as is reasonably possible.

Resident Feedback (n6)						
Resident Experience Questions	Resident Responses by Rating					
	Always	Most of the time	Sometimes	Rarely	Never	No Comment
1. Are you happy with the care you receive here?	3	2	1			
2. Do you get the help you need when you need it?	1	5				
3. Are you treated respectfully?	4	2				
4. Do you feel the staff respect your wishes or choices?	3	2	1			
5. Do you have the privacy you want when receiving care?	4	2				
6. Are you interested in the activities offered?	1	1	4			

7. Do you get to decide how you spend your day?	3	3			
8. Do you like the food here?	3	2	1		
9. Do you enjoy mealtimes?	3	3			
	Yes	No	NA		
10. If you have any concerns for yourself or others, do you know who to talk to?	5	1			
11. If you had a complaint, were you satisfied with the outcome?	3		3		
12. Would you recommend this home to others?	5	1			
<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"> • More variety in food. I know you cannot please everyone. Could have more variety. • Staff need more help as they are very busy. • More staff. • Cannot think of anything. • Would like to have food like wild fish. • Nothing to change. • Staff struggling with in all departments due to short staffing, especially health care aides. 					

Additional Comments:

- Happy with care received.
- Pretty independent.
- Not a lot of variety of food.
- Sometimes noisy especially at mealtimes.
- No one seems to give a hoot about anything. Never get an answer.
- So good to me.
- Do not attend as much recreation as I would like.
- Like to eat in room.
- Very pleased with care.
- I feel that wishes and choices are respected however not all the time. When I want to go out and do not have companion.
- Bingo is favorite.

- Like to be in my own room.
- Larger door size which helps me get out.
- Food is mashed because of swallowing issues.
- Staff very good.
- Goes to activities.
- Daughter visits.
- Food is very good.
- More family visits.
- Excellent Health Care Aides (HCAs).
- Nurse always present.
- Attendance varies to activities and go when health permits. However, there are limited choices.

Family Feedback (n13)						
Family Experience Questions	Family responses by Rating					
	Always	Often	Sometimes	Rarely	Never	No Comment
1. Does your loved one receive help when they need it?	7	4	1			1
2. Are you happy with the care your loved one receives?	7	5	1			
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?	8	3	1		1	
4. Are you happy with the meals provided to your loved one?	7	4	2			

5. Does your loved one have opportunities to participate in activities that interest them?	4	7	1			1
6. Do staff respect your loved one's preferences?	9	4				
7. Does the facility make efforts to create a home-like environment?	7	5				1
8. Is the facility kept clean?	11	2				
9. Is the facility in a good state of repair?	9	3	1			
10. Are you regularly updated about what is happening at the facility?	11	1	1			
11. Are changes in your loved ones's condition shared with you in a timely manner?	10		3			
12. Do the staff make an effort to address your concerns?	6	5	2			
13. Are the staff friendly and approachable?	10	3				
14. Do you have opportunities to participate in decisions about your loved one's care?	9	4				
	Yes	No	Question #15 – one respondent no answer			
15. Are you aware of the formal complaint process at the facility?	5	7				
16. Would you recommend this facility?	13					
<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"> • Response time for the room alarm – usually pretty good but sometimes it's slow. • Repairs in the room (lighting, closet door) sometimes slow. 						

- More regular staff.
- Needs more staff.
- Increase dementia care awareness and training with staff.
- More outdoor activities during summer months for fresh air.
- More live music, interactive music activities, more activities for residents with dementia “more creative”. The games are not suitable for dementia residents. The activities are few for residents with dementia.
- The doctor consults directly with Power of Attorney (POA/family) before changes are made.
- The staff would follow the recommendations of family for care of parent.
- The right of the patient to refuse would waive in the case of dementia and negative impact on elder.
- More variety of food choices and hotter food.
- More outings (once month not enough).
- More activities in evenings.
- The gathering room not always available for spending time with loved one. When it is booked for events no other space for playing cards or other games.
- No changes.
- Intake could be smoother.
- Have tighter control on personal belongings, to prevent loss.
- More activities that involve physical action/strength.

Additional Comments:

- We are very happy with our choice of River East. The staff are always friendly and helpful, and we feel welcome there, especially since we are always invited to take part in the activities. Our questions or concerns regarding our loved ones’ well-being are always handled in a timely matter. Thank you to all the staff at River East for all you do. Just one small improvement to our loved one’s general care is that the staff need to be more mindful of the air temperature and clothing needs. For example: out of their room is cooler and they need a sweater. On recent visit our loved one’s hands were like ice and they really needed a sweater and blanket. Also, they had capris pants on in winter.
- Staffing in area too often short.
- Weigh once a month in a timely manner.
- After lunch or supper, when the residents are brought back into the tv room, there seems to be no supervision for a while. The staff seems to be going on their breaks all at the same time. This is an accident waiting to happen.
- River East has treated my loved one very well. I feel very confident with this facility and the wonderful staff. Very appreciative.
- The food provided does not always meet loved one’s meal plan.
- Staff respect loved one’s choices however sometimes abrupt directions given.
- Often issues with toilet and insufficient lighting and regarding state of repair.
- Didn’t know there was a formal complaint process.

- Overall happy with the facility. Noticed a significant decline in overall level of care and complacent approach since covid and lockdowns occurred. Many departments can step up to meet the same level of care provided pre-covid. Management staff are very approachable and are always willing to work with families.
- Call lights are not answered for a long time.
- Need more fresh fruit and salads.
- I understand the right of the patient to refuse care is meant to be helpful and respectful of the elder but when the elder has dementia and it no longer able or competent to make decisions and requires a POA to perform legal actions then this policy no longer makes sense and when the elder's refusal puts their health in danger this policy no longer protects them and should be subject to legal scrutiny.
- Meals not hot enough.
- Don't need formal complaint process.
- Wonderful staff who are caring.
- Care givers work very hard! Difficult situations handled with patience and care!
- When intake done there should be time for the nurse to sit with you when you have questions.
- No complaints at all, wonderful home and staff. Very good care.
- None currently.

Staff Feedback (n16)						
Staff Experience Questions	Staff responses by rating.					
	Always	Often	Sometimes	Rarely	Never	No Comment
1. Do you have the equipment and supplies you need to do your job?	11	5				
2. Do you have enough staff to handle the workload in your department?	3	6	3	1	3	
3. Do you feel supported by co-workers from all departments?	7	6			2	1
4. Is there good communication across departments?	7	6	2		1	
5. Do you receive all the information you need about each resident's current care needs?	9	5			1	1

6. Does the leadership team keep you informed of any facility updates (e.g. including required policies and procedures, safety or staff changes?	13	3				
7. Are you provided with adequate training and education opportunities?	13	2	1			
8. Does your manager/supervisor encourage you to share your ideas and concerns?	12	2	2			
9. Does the leadership team make changes based on your ideas for improvements?		8	7		1	
10. Does your direct supervisor provide the support and guidance that you require?	11	3	1			1
	Yes	No	Question #15 – one questionnaire was not answered.			
11. Overall, is this a good place to work?	15					
<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"> • Increase staff. • Pay rate. • Replace sick calls. • Have available drinks and snacks for staff. • More permanent staff. • Less agency staff. • Electronic charting. • If everyone can find a solution/problem, solve together when something goes wrong instead of pointing fingers. • Clothing allowance for safety equipment like safety shoes. • This is best home, and we do our best for our elders. • Clothing allowance for safety equipment i.e. shoes, cargo pants. • Older furniture. • Less agency. • More activities. • We always seem to be short HCAs. • I can spend up to a quarter of a shift providing meal assist and not meeting other goals. 						

- Every random task should not be assigned to life enrichment (activities).
- More communication in the neighborhood.
- Management and leadership to address issues promptly.
- HCAs need more help, rushing to feed elders.
- More staff for the elders, they deserve more.
- Better budgets for food and recreation.
- More education for families about long term care. Families treating staff better.
- More staff for the elders, they deserve more. Health care is struggling to attract staff, low wages, and incentives are the cause, I do not fault River East for this but MB Health.

Additional Comments: Sixteen staff from a variety of departments with different lengths of employment, returned the Staff Experience Survey.

- I see the staff show love and care to the elders. This makes me feel like I'm part of a great team that looks after our elders. The stresses of the job are usually due to staff shortages, but even during these times I see the staff pull together to get the job done well. I am grateful for this job and the people I work with, and the elders we serve.
- I am happy here.
- We need more full time staff that can reap the full benefits of the company. Stop using part-time and agency staff. Would give staff more incentive to succeed. Higher budget reflecting the importance of our department and higher pay. Otherwise, I love this job, the elders, and my coworkers.

Licence posted

Is the licence posted as required in a publicly accessible location?	<u>Yes</u>	<u>No</u>
	X	

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
1.02	The bill of rights is reviewed and approved by residents and/or he designates annually.	The bill of rights was regularly reviewed, discussed and approved at elder council meetings.
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 appropriately posted in numerous areas of the facility.
1.04	<ul style="list-style-type: none"> • in locations that are prominent and easily accessible by residents, families and staff; 	
1.05	Residents are treated with courtesy and in a way that promotes their dignity and individuality	Interactions between staff and elders were respectful and friendly, and the overall atmosphere of the facility was pleasant and comfortable.
1.06	Residents are sheltered, fed, dressed, groomed and cared for in a manner consistent with their needs.	Elders appeared well groomed 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.	No concerns were noted for measures 2 and 2.01.
2.01	There is evidence that the resident council meets, at a minimum, five times per year.	
2.02	Terms of Reference (TOR) of the resident council meetings provide evidence that residents are encouraged and supported in bringing forward issues and concerns.	The TOR indicated only two family members and a maximum of 10 elders are allowed at meetings. In discussion with leadership on the day of the review, this was not accurate. The purpose of the elder council meetings defined in the TOR does not align with the intended purpose of resident councils. Councils should be a forum to discuss any items that impact elders, whether directly or not, including pertinent operational issues.
Minutes of the resident council meetings provide evidence that the residents' issues and concerns are:		
2.03	• Documented;	No concerns were noted at the time of the UR.
2.04	• Investigated;	
2.05	• Responded to at the next resident council meeting; and	
2.06	• Followed-up on in a timely fashion	

Follow-up: Recommended:

- The facility seek input from elders during elder council meetings on anything that has an impact on them, whether directly or not, including pertinent operational issues. The facility should update the purpose of the council in the Terms of Reference to ensure it reflects this intended purpose.
- The facility documents discussion on what the Bill of Rights means to the elders. This ensures the elders understand what they should expect.

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); 	Six health records were reviewed; all six had the required information.
5.02	<ul style="list-style-type: none"> The development of the integrated care plan (completed within eight weeks of admission), and; 	One of the health records was missing the required evidence.
5.03	<ul style="list-style-type: none"> The annual care conferences. 	The three applicable health records had the required evidence.

Findings: Evidence for 5.01 was generally found in the admission integrated progress notes (IPNs)

Follow-up: Recommended:

- To ensure IPN admission documentation is consistent, it is recommended that the facility develop and implement a reference list which indicates all information required in the initial IPN (for example: who accompanied the elder, whether the elder able to provide input into their care plan, and other required information).

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; 	<p>No concerns were noted at the time of the review.</p> <p>The facility has multiple processes and tools in place to support the communication and updating of care information.</p> <p>Privacy was maintained for elders' personal health information.</p>
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
Within 24 hours of admission, basic care requirements for the resident are documented, including:		
7.02	<ul style="list-style-type: none"> Medications and treatments; 	<p>The six health records reviewed had all the required evidence for measures 7.02 – 7.06</p>
7.03	<ul style="list-style-type: none"> Diet orders; 	
7.04	<ul style="list-style-type: none"> Assistance required with activities of daily living; 	
7.05	<ul style="list-style-type: none"> Safety and security risks, and; 	
7.06	<ul style="list-style-type: none"> Allergies. 	

#	Measure	Review Team Comments
7.07	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.	All six health records reviewed had evidence that, within the first eight weeks of admission, the elder's needs had been assessed by an interdisciplinary team.
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:		
7.10	<ul style="list-style-type: none"> • oral care; 	<p>Six ICPs were reviewed.</p> <p>Two ICPs indicated one assist for oral care and did not include an intervention describing the required care.</p>
7.12	<ul style="list-style-type: none"> • hair care; 	<p>One ICP did not indicate the daily care needs or hair care needs.</p> <p>One ICP indicated the daily care needs, but did not include hair care needs.</p> <p>One ICP had no care requirements or interventions noted.</p>
7.13	<ul style="list-style-type: none"> • fingernail care; 	One ICP was missing the required information.
7.15	<ul style="list-style-type: none"> • exercise; 	Two ICPs were missing the required information.
7.17	<ul style="list-style-type: none"> • transferring; 	One ICP was missing the required information.
7.22	<ul style="list-style-type: none"> • cognitive and mental health status; 	One ICP was missing the required information.
7.24	<ul style="list-style-type: none"> • available family, social network, friends and/or community supports; 	One ICP was missing the required information.

#	Measure	Review Team Comments
7.25	<ul style="list-style-type: none"> hearing ability and required aids; 	Three ICPs were missing the ability and/or required aids.
7.26	<ul style="list-style-type: none"> visual ability and required aids; 	Four ICPS were missing the ability and/or required aids.
7.29	<ul style="list-style-type: none"> language and speech, including any loss of speech capability and any alternate communication method used; 	Three ICPs were missing the language and/or speech of the elder.
7.30	<ul style="list-style-type: none"> rehabilitation needs; 	Four ICPs were missing the required information.
7.33	<ul style="list-style-type: none"> religious and spiritual preferences; 	One ICP was missing the required information.
7.38	<ul style="list-style-type: none"> special housekeeping considerations; 	Four ICPs were missing the required information.
7.40	The integrated care plan outlines care goals and interventions that will be taken to achieve those care goals.	<p>Some elders' goals were not realistic and/or obtainable.</p> <p>Interventions could be more descriptive to ensure the correct care is being provided (e.g. when one assist is identified the intervention should describe the type of assistance required).</p>
There is evidence that the integrated care plan is reviewed:		
7.41	<ul style="list-style-type: none"> at least once every three months by the interdisciplinary team; 	One ICP had a six-month gap between reviews.
7.42	<ul style="list-style-type: none"> 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. 	The four applicable health records had the required information.

Findings: ICPs were generally well done, with the exception of the above noted gaps. Information contained in the care plans generally aligned with information on the Activities of Daily Living (ADL) sheets and was consistent with the care needs and care delivery described by the health care aides (HCAs) interviewed.

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.	No concerns were noted at the time of the UR.

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	No concerns were noted for the three restraint assessments completed.

#	Measure	Review Team Comments
	resident's legal representative is documented.	
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.	One restraint had two consents, one dated February 2024 and one for April 2024.
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.	<p>The three restraints reviewed had a comprehensive interdisciplinary team assessment completed.</p> <p>One ICP indicated an elder had side rails as a restraint, however, after investigation the side rails were found to be six inches long, were used for positioning and did not restrict resident from getting out of bed. This is not considered a restraint.</p>
The assessment includes documentation of each of the following:		
9.05	<ul style="list-style-type: none"> • description of the resident's behaviour and the environment in which it occurs (including time of day); 	No concerns were noted for measures 9.05 – 9.14 for any of the three restraints reviewed.
9.06	<ul style="list-style-type: none"> • the resident's physical status; 	
9.07	<ul style="list-style-type: none"> • the resident's emotional status; 	
9.08	<ul style="list-style-type: none"> • the resident's mental status; 	
9.09	<ul style="list-style-type: none"> • the resident's nutritional status; 	

#	Measure	Review Team Comments
9.10	<ul style="list-style-type: none"> all alternatives tried and exhausted; 	
9.11	<ul style="list-style-type: none"> review of current medications; 	
9.12	<ul style="list-style-type: none"> actual and potential benefits to the resident if the restraint is applied; 	
9.13	<ul style="list-style-type: none"> actual and potential burdens to the resident if the restraint is applied; 	
9.14	<ul style="list-style-type: none"> any other additional ethical considerations. 	
There is a written order for the restraint in the resident's health record that indicates:		
9.15	<ul style="list-style-type: none"> the kind of restraint to be used; 	One restraint's written order was missing the frequency of checks.
9.16	<ul style="list-style-type: none"> the frequency of checks on the resident while the restraint is in use; 	
9.17	<ul style="list-style-type: none"> 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); 	No concerns were noted for measures 9.17 – 9.19 for the three restraints reviewed.
9.18	<ul style="list-style-type: none"> the professional designation of the person giving the order; 	

#	Measure	Review Team Comments
9.19	<ul style="list-style-type: none"> for a chemical restraint, the time limit for its use (the discontinuation date). 	
<p>There is evidence of a care plan for every restraint in use, that outlines the resident’s unique and specific needs, including:</p>		
9.20	<ul style="list-style-type: none"> the type of restraint and method of application; 	<p>One of the three care plans reviewed for restraints was missing the required information for measures 9.20 – 9.25.</p>
9.21	<ul style="list-style-type: none"> the length of time the restraint is to be used for each application; 	
9.22	<ul style="list-style-type: none"> the frequency of the checks on the resident while the restraint is in use; 	
9.23	<ul style="list-style-type: none"> when regular removal of restraint is to occur; 	
9.24	<p>There is documented evidence that the continued use of any restraint is reviewed at least once every three months.</p>	
9.25	<p>There is documented evidence within the health record of efforts to resolve the issue for which the restraint was initiated.</p>	

Findings: Restraint assessments were generally well done, with the exception of the above noted gaps. 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. 	Participants' professional designation and/or department should be included on the meeting minutes in order to confirm appropriate representation on the committee.
12.30	<ul style="list-style-type: none"> That meets at least once every three months 	Evidence provided indicated three meetings occurred in 2023 and three to date in 2024.
12.31	<ul style="list-style-type: none"> to review and make recommendations on drug utilization and costs 	No concerns were noted at the time of the UR.
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 	

Follow-up: Recommended:

- The facility is required to hold committee meetings at least four times per calendar year.
- Meeting minutes should reflect participants professional designation and/or department to ensure appropriate representation on the committee.

Standard 13: Health Records

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

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

Performance Measures

#	Measure	Review Team Comments
13.23	There is evidence that the thinned files are maintained in an organized state that allows for easy access to the information within each file.	There were no concerns noted for any thinned files, however, two of the current health records reviewed did require thinning.

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.	No concerns were noted at the time of the UR.
Between meal fluids and nourishments are offered to every resident:		
14.16	between breakfast and lunch (minimally fluids must be offered);	No concerns were noted at the time of the UR.
14.17	between lunch and supper; and,	
14.18	not less than two hours after the evening meal.	This was not observed at the time of the review. It is expected the evening nourishment is minimally two hours after residents are finished supper.
14.20	Menu choices are posted daily for the residents to view, at an	The menu was posted appropriately in the facility.

#	Measure	Review Team Comments
	appropriate height and displayed using minimally size 14 Arial font.	
14.21	Residents and their families have the opportunity to provide input into the menu.	Elder Council minutes show evidence of resident input in the menu.
14.23	Resident's likes and dislikes are accommodated to the extent possible.	Dietary staff has a list of elders' likes and dislikes, however, it is unclear if and when list is updated.
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. Assistance such as cueing and set-up was provided as required.
14.25	Meals are presented in a courteous manner.	Dietary staff were friendly and interactive with elders.
14.26	Positioning and assistance with eating is individualized as needed.	Positioning and assistance was individualized.
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.
14.28	<ul style="list-style-type: none"> • with specific regard to safe feeding practices; 	Safe feeding practices were observed. There appeared to be sufficient staff available to provide assistance.
14.29	<ul style="list-style-type: none"> • in a way that encourages interaction with the person providing assistance. 	Staff were interactive with elders while providing assistance.

#	Measure	Review Team Comments
14.30	Residents are given sufficient time to eat at their own pace.	No concerns were noted at the time of the UR.
14.32	A dietitian assesses each resident within the first eight weeks of admission and develops their nutritional plan.	No concerns were noted for the six health records reviewed.
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.	

Findings: The dining rooms were large, pleasant spaces. The meal service was generally well done. However, active choice was not consistently offered by staff. 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. There were some missed hand hygiene moments by dietary staff.

Follow-up: Recommended:

- The facility is encouraged to ensure elders are offered opportunities for active choice whenever possible.
- Staff are reminded to ensure best practices in hand hygiene.
- The facility is encouraged to review responses to staff, family and resident questionnaires and implement appropriate intervention.

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.
15.03	There is documented evidence that the tub and bathing equipment cleaning process is completed after each resident's use.	There was inconsistent evidence that the tub and bathing equipment was cleaned after each bath/shower. Leadership is aware of this inconsistency and has discussed with HCAs at a recent meeting.
15.04	Upon inspection all shared equipment is found to be clean.	Shared equipment was found to be clean.

Findings: Individual elder fall mats and some chair cushions were falling apart and require replacement. These mats are a safety concern and an infection, prevention and control issue as they cannot be properly cleaned and disinfected. Rubbermaid containers in tub rooms were dirty and required cleaning.

Follow-up: Recommended:

- The facility continues to improve consistency of documentation of tub cleaning and water temperatures for all tub rooms.

Required:

Individual fall mats and chair cushions are inspected and replaced as required.

- Rubbermaid containers in tub rooms are cleaned and put on a cleaning schedule to ensure this occurs consistently.

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;	<p>Evidence indicated there are activities on one Saturday per month, usually a movie and/or one-to-one visiting. The expectation is that activities are interactive with residents and not a passive activity.</p> <p>The calendars indicated Hymn singing was every Sunday with varying activities in the afternoon.</p> <p>Evening activities varied from two to four programs per week.</p>
17.10	Options for residents who cannot/do not prefer to participate in group programs.	Recreation calendars included scheduled one-to-one time.
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. 	

Follow-up: Recommended:

- The facility is required to seek input from residents on current programming and/or additional programming they would like. Input gathered should include whether they would like more and/or different activities on weekends and evenings.
- The facility is encouraged to review responses to staff, family and resident questionnaires and implement appropriate intervention.

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 were noted on the day of the review.
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.	Twenty-three water temperatures were taken on the day of the review. Of these twenty-three, five were not within the required range. These five water temperatures were below the minimum of 43°C, and located on C unit. Water temperatures outside of range were also identified as an issue in the 2023 review.
19.03	There is documented evidence of frequent monitoring (minimally once per week) of domestic hot water temperatures at locations accessible to residents.	Evidence indicated two water temperatures were taken per day per unit. There was no indication of actions taken if temperatures were out of range.
19.04	There is an easily accessible call system in all resident rooms.	No concerns were noted at the time of the UR.

#	Measure	Review Team Comments
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.	The call bell in the tub room on unit C was not hooked up. There were no concerns noted for call bells in the remainder of the tub/shower rooms inspected.
19.07	All open stairwells are safeguarded in a manner which prevents resident access.	No concerns were noted at the time of the UR.
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.	
19.09	All windows are equipped with a mechanism or are appropriately designed so they cannot be used as exits.	No concerns were noted at the time of the UR for measures 19.09 – 19.11.
19.10	Handrails are properly installed and maintained in all corridors.	
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.	No concerns were noted at the time of the UR for measures 19.12 – 19.13.

#	Measure	Review Team Comments
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	
There is documented evidence for all equipment, including building systems, that demonstrates completion of:		
19.17	• as needed repairs;	The building was generally in good repair, with a few maintenance issues identified (e.g. radiator covers are showing wear and tear; some tub rooms are being used as storage and require organization; a shower room cannot be used, which does not allow elders to choose; between a bath or shower)
19.18	• preventative maintenance.	
All exits are:		
19.21	• clearly marked;	No concerns were noted at the time of the UR.
19.22	• unobstructed.	
19.23	The exterior of the building is maintained in a manner which protects the residents.	No concerns were noted at the time of the UR.
19.24	The grounds and exterior furniture are maintained in a manner which protects the residents.	

Follow-up: Required:

- Please provide water temperature logs from the time of review to the due date of the status update.
- Please provide evidence confirming increased testing is occurring, especially in “C” unit, until water temperatures are consistently within range.

Standard 20: Disaster Management Program

Reference: *Personal Care Homes Standards Regulation, Section 35* and *Manitoba Fire Code, Section 2.8.3* - Performance Measure #20.18

Expected Outcome: Residents are provided with a safe environment. Threats/risks that threaten the safety of the environment are proactively identified, hazards minimized, and steps taken to respond when disasters occur.

Performance Measures

#	Measure	Review Team Comments
20.17	Training is provided for all staff on methods to lift and transfer residents to safety in an emergency, at least every three years.	Training was provided for all staff on methods of lifts and transfer of residents in 2023.
20.19	There is documented evidence of exercising, testing and evaluation of all components of the disaster management program, over a period of three years, based on the level of risk.	The facility held the following codes in 2023: Blue x3, White, Yellow x2, Green Grey x3, Tabletop code Brown, Silver and Purple. The facility held the following codes in 2024: Blue x2, Yellow x4, White x3, Green x3 and Grey,
20.20	There is documented evidence of implementing improvements as identified in the review/evaluation of exercises/ tests.	Not all of the mentioned codes in measure 20.19 had a briefing sheet completed, therefore documented evidence of implementing improvements as identified in the review/evaluation of exercise was not consistent.
20.21	There is documented evidence that fire drills are conducted at least once a month.	There was a fire drill held every month in 2023.

Findings: There was inconsistent evidence of evaluation of exercises and tests completed, as well as improvements made as a result of the evaluation.

Follow-up: Recommended:

- The facility ensures consistent evaluation of all exercises/tests completed, which is documented and includes evidence of improvements made as a result of the evaluation. This will be assessed at the 2025 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
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;	Of 241 staff, 15 did not participate in a fire drill or fire prevention education.
There is evidence of an education services audit process which includes:		
24.33	• Annual evaluation of all education programs;	The facility has completed a lot of training in 2023 and 2024 with good staff participation, however, there was no evidence of an annual evaluation including review, analysis, recommendations for improvements and follow-up to any recommendations as required for measure 24.33 – 24.36.
24.34	• Review and analysis of the	

	program evaluations;	
24.35	<ul style="list-style-type: none"> • Recommendations for improvement resulting from the analysis, as required, and; 	
24.36	<ul style="list-style-type: none"> • Implementation and follow-up of those recommendations. 	

Follow-up: Recommended:

- The facility develops and implements an annual education evaluation which includes analysis, recommendations for improvement and follow-up are developed and implemented. This will be reassessed at the 2025 review.

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; 	No concerns were noted at the time of the UR.
25.03	<ul style="list-style-type: none"> • include the position and contact information of the appropriate person (people); 	

Follow-up: None