

## Personal Care Home Standards Review

### Tool #3

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

Review Team: Susan Shanks, Barbara GrahamNorth, Joanne DiNicola, Ev Nickel  
Review Date (yyyy/mm/dd): 2016/02/11  
Report Date (yyyy/mm/dd):: 2016/03/14

### Summary of Results

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

### Summary

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

#### **General Comments:**

The Standards Review Team greatly appreciates the work done by management and staff of River East Personal Care Home to prepare for the Standards Review.

Monitoring Tool 3 was selected for this facility Review by an electronic random ordering process. The Standards Review Team evaluated and rated the standards as noted in the table above.

For the purpose of those standards that are related to the resident health records and in the interest of time, a sampling of health records were selected from the list provided for this Review. The Standards Review Team did, at a minimum, review the health records of a newly admitted resident, a resident who has resided in the facility for a longer period of time, and a resident for whom a restraint had been ordered.

#### **Findings:**

Eleven of the twelve standards that were rated were assigned a rating of Met. One standard was found to be Partially Met.

A priority for facility action is compliance with the Standards. Further Action Plan/Status Update reporting to Manitoba Health, Healthy Living and Seniors (MHLS) is required for:

- (i) all measures rated as less than Met in a standard rated less than Met - Standard 9: Use of Restraints; and
  - (ii) all measures rated less than Met in a Core standard regardless of its overall rating (new in 2015) - Standard 7 - Integrated Care Plan.
- River East PCH is encouraged to take steps to meet all performance measures including those where the standard was found to be Met.

#### **Standard 4: Information on Admission**

Reference: *Personal Care Homes Standards Regulation, Section 8*

##### **Information for residents on admission**

The operator shall give the following information to each resident before admission or, if that is not possible, on admission:

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

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

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

##### **Performance Measures**

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
4.01	The personal care home has an admission package which is	Met	River East PCH has developed an Elder Handbook that is	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<b>provided to every resident and/or their representative prior to or on admission.</b>		provided to the Elder and family upon moving into the Home. In addition, our Social Worker reviews other financial documents such as the move-in agreement and ancillary charges.		
The contents of the admission package are consistent with the requirements of the <i>Personal Care Home Standards Regulation</i> , and include:					
4.02	• A copy of the residents' Bill of Rights;	Met	See Elder Handbook (Pg. 12-5)	Met	
4.03	• A copy of the personal care home's philosophy and mission;	Met	See Elder Handbook (Pg. 8-11)	Met	
4.04	• A description of the ways in which the resident and his or her designate and/or legal representative can participate in assessing, planning, providing, monitoring, and evaluating the resident's care;	Met	See Elder Handbook (throughout)	Met	
4.05	• Information about the resident council;	Met	See Elder Handbook (Pg. 24)	Met	
4.06	• Information respecting the policy on the complaints process;	Met	See Elder Handbook (Pg. 24)	Met	
4.07	• Information respecting the policy on freedom from abuse;	Met	See Elder Handbook (Pg. 9 & 31)	Met	
4.08	• Information respecting the policy on restraint use;	Met	See Elder Handbook (Pg. 34)	Met	
4.09	• Financial information including the availability and administration of resident trust accounts and government financial assistance programs;	Met	See Elder Handbook (Pg. 16) Financial information is also included in the Admission Paperwork package.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
4.10	• Information respecting health care directives, and;	Met	See Elder Handbook (Pg. 21) This information is also included in the Admission Paperwork package.	Met	
4.11	• An orientation to the facility, including safety and security systems.	Met	See Elder Handbook (Pg. 29-31)	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• The bolded measure (<b>4.01</b>) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, the other measures are considered before assigning an overall rating to the standard.</li> <li>• Of the 10 other measures: <ul style="list-style-type: none"> <li>○ If ≥8 measures are met, standard is met.</li> <li>○ If ≥6 and &lt;8 measures are met, standard is partially met.</li> <li>○ If &lt;6 measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All performance measures are met.  
**The standard is:** Met  
**Comments:** Reviewer found the evidence to be very comprehensive and well done!.

### **Standard 6: Communication**

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

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

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

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

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

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

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

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

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

**Performance Measures:**

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
There are standardized processes in place, and supporting evidence that processes are consistently followed, to ensure ongoing, accurate and timely communication of each resident's needs including:					
6.01	• Changes to current care plan;	Met	See COMMUNICATION POLICY. See Elder Chart.	Met	
6.02	• Between staff at change of shift;	Met	See 24 hour Census Report forms.	Met	
6.03	• When a transfer to another unit or facility is required, and;	Met	See Elder Chart. See Elder Census Change and Transportation forms.	Met	Completed evidence was found on five applicable health records reviewed for this measure.
6.04	• For documenting and verifying the residents' departure and return from the facility.	Met	See Elder Census Change and Transportation forms.	Met	
The method of communicating the integrated care plan to direct care staff ensures:					
6.05	• Consistency with current care plan, and;	Met	See Elder chart, Care Plan A and Care Plan B.	Met	Eight residents were reviewed. There was good evidence that this requirement was met for each resident's chart, Care Plan A and Care Plan B.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
6.06	• <b>Privacy of the resident's personal health information, as defined by Personal Health Information Act.</b>	Met	Care Plan A kept in Elder medicine cabinet in suite. Charts and Care Plan B binders kept in nursing station.	Met	
There is a process for recording communications with the resident's physician, nurse practitioner or physician assistant in the health record:					
6.07	• After onsite consultation, and;	Met	See MD/ NP book.	Met	Found on eight of 8 residents' health records reviewed for this measure.
6.08	• After telephone consultation.	Met	See Elder chart- physician form or IPN note in Elder chart.	Met	Seven applicable resident health records reviewed had the required information.
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• The highlighted measure (<b>6.06</b>) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, the other measures are considered before assigning a rating to the standard.</li> <li>• Of the 7 other measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 6</math> measures are met, standard is met.</li> <li>○ If <math>\geq 4</math> and <math>&lt; 6</math> measures are met, standard is partially met.</li> <li>○ If <math>&lt; 4</math> measures are met, standard is not met.</li> </ul> </li> </ul>					

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

**The standard is:** Met

**Comments:**

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

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

#### **Initial care plan**

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

- a) medication, treatment and diet orders;
- b) the type of assistance required for activities of daily living; and
- c) any safety or security risks.

#### **Integrated Care Plan**

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

The integrated care plan must include the following information:

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

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

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

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

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

#### **Staff to be made aware of current plan**

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

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

### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.01	<b>Integrated care plans are maintained as part of the permanent resident health record.</b>	Met	The most current care plan is kept in the Elder Almanac but care plans that have hand written entries are maintained in the History Section of the chart. The integrated Care Plan policy outlining location and changing care plans is available.	Met	Eight resident health records were reviewed. Evidence of integrated care plans (ICPs) was found on all residents' health records.
Within 24 hours of admission, basic care requirements for the resident are documented, including:					
7.02	• Medications and treatments;	Met	See Elder chart.	Met	Eight of 8 ICPs reviewed contained medications and treatments.
7.03	• Diet orders;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.04	• Assistance required with activities of daily living;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.05	• Safety and security risks, and;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite. See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.06	• Allergies.	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.07	<b>There is evidence that within the first eight weeks of admission, the resident's needs have been assessed by the interdisciplinary team and a written integrated care plan has been developed.</b>	Met	All Elders' care plans are part of care organizer and a multidisciplinary team complete their portion of the care planning.	Met	Eight ICPs were reviewed. Completed evidence was found on all eight resident health records reviewed today for this measure.
The active integrated care plan contains detailed and current information on all aspects of each resident's care needs, to ensure all appropriate and proper care is provided, including information on and requirements for:					
7.08	• Bathing;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.09	• Dressing;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.10	• Oral care;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	Very well done for 2 ICPs reviewed for this measure
7.11	• Skin care;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	Found for seven of 8 ICPs reviewed for this measure. One resident's ADL sheet and ICP were not consistent for skin care.
7.12	• Hair care;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	Seven of 8 ICPs reviewed had the required information.
7.13	• Fingernail care;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.14	• Foot care;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.15	• Exercise;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Partially Met	Six of 8 ICPs reviewed had the required information. Reviewers noted that ROM is generally considered 'exercise' unless it is completed by the

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
					OT/PT or Rehab Aide
7.16	• Mobility;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.17	• Transferring;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.18	• Positioning;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	Seven of 8 ICPs reviewed had the required information.
7.19	• Bladder function;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	Found for eight of 8 ICPs reviewed for this measure.
7.20	• Bowel function;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.21	• Any required incontinence care product;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.22	• Cognitive and mental health status;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	Well done on all eight resident ICPs reviewed for this measure.
7.23	• Emotional status, and personality and behavioural characteristics;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	Well done on all eight resident ICPs reviewed for this measure.
7.24	• Available family, social network, friends and/or community supports;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.25.	• Hearing ability and required aides;	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	Seven of 8 ICPs contained hearing ability and required aides. One resident's ADL sheet and ICP were not consistent for hearing.
7.26	• Visual ability and required aides;	Met	See Care Organizer Care plans	Met	Found for seven of 8 ICPs

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			as well as Care Plan A in the medicine cabinet of Elder suite.		reviewed for this measure.
7.27	<ul style="list-style-type: none"> <li>Rest periods, bedtime habits, and sleep patterns;</li> </ul>	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.28	<ul style="list-style-type: none"> <li>Safety and security risks and any measures required to address them;</li> </ul>	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	This area of care was noted to be well done on all eight ICPs reviewed.
7.29	<ul style="list-style-type: none"> <li>Language and speech, including any loss of speech capability and any alternate communication method used;</li> </ul>	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.30	<ul style="list-style-type: none"> <li>Rehabilitation needs;</li> </ul>	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Not Met	Found for none of the seven applicable ICPs reviewed for this measure. One ADL sheet stated ROM as "Rehab" however ROM is generally considered 'exercise' unless it is completed by the OT/PT or Rehab Aide. "Rehab" has to be restorative in direction under a professional's directive and "ROM" is to maintain function.
7.31	<ul style="list-style-type: none"> <li>Therapeutic recreation requirements;</li> </ul>	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	Found for all eight ICPs reviewed for this measure. This measure was very well done. Noteworthy is the Life Enrichment Team - very good!
7.32	<ul style="list-style-type: none"> <li>Preferences for participating in recreational activities;</li> </ul>	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	Found for eight of 8 ICPs reviewed for this measure. Well done.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.33	<ul style="list-style-type: none"> <li>Religious and spiritual preferences;</li> </ul>	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.34	<ul style="list-style-type: none"> <li>Food allergies;</li> </ul>	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.35	<ul style="list-style-type: none"> <li>Diet orders;</li> </ul>	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.36	<ul style="list-style-type: none"> <li>Type of assistance required with eating;</li> </ul>	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.37	<ul style="list-style-type: none"> <li>Whether or not the resident has made a health care directive;</li> </ul>	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.38	<ul style="list-style-type: none"> <li>Special housekeeping considerations, and;</li> </ul>	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Not Met	Three of 8 ICPs reviewed had the required information.
7.39	<ul style="list-style-type: none"> <li>Other needs identified by the interdisciplinary team.</li> </ul>	Met	See Care Organizer Care plans as well as Care Plan A in the medicine cabinet of Elder suite.	Met	
7.40	The integrated care plan outlines care goals and interventions that will be taken to achieve those care goals.	Met	See Care Organizer Care plans.	Met	
There is evidence that the integrated care plan is reviewed:					
7.41	<ul style="list-style-type: none"> <li><b>At least once every three months by the interdisciplinary team, and;</b></li> </ul>	Met	Quarterly reviews are done by the team every three months with Care Organizer.	Met	Eight of 8 ICPs met the requirements for this measure. Ensure documentation clearly states that an interdisciplinary team made up of at least 2 people from different disciplines met together to review and discuss the resident's current needs and care plan. Individual practitioners completing their

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
					own assessment on MDS does not equate to a care plan review. The interdisciplinary team draws on this assessment information to review the care plan together.
7.42	<ul style="list-style-type: none"> <li>At least annually by all staff who provide direct care and services to the resident, as well as the resident and his/her representative(s), if possible.</li> </ul>	Met	Team members including the Elder and their family come together once per year for an annual PATH meeting. Any concerns are documented on the PATH form and an action plan is completed for follow up.	Met	Found for four applicable resident ICPs reviewed for this measure.
As part of the facility's continuous quality improvement/ risk management activities, there is evidence that care plans audits:					
7.43	<ul style="list-style-type: none"> <li>Occur at least annually;</li> </ul>	Met	See Elder chart Audits. See Care Plan Audits.	Met	Elder Chart Audits and Care Plan Review Audits evident for 2014 and 201.
7.44	<ul style="list-style-type: none"> <li>Are reviewed &amp; analyzed;</li> </ul>	Met	See Elder chart Audits. See Care Plan Audits.	Met	
7.45	<ul style="list-style-type: none"> <li>Result in recommendations for improvement being made as required, based on the audit analysis, and;</li> </ul>	Met	See Elder chart Audits. See Care Plan Audits.	Met	
7.46	<ul style="list-style-type: none"> <li>Result in recommendations being implemented and followed up.</li> </ul>	Met	See Elder chart Audits. See Care Plan Audits.	Met	Results reported at Nursing Meetings; and some audit results were forwarded to ADOC/DOC for review. Findings were also presented at HCA meetings.
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>Bolded measures (<b>7.01, 7.07, 7.41 &amp; 7.42</b>) are pass/fail performance measures. If any one is not met, the standard is not met. If all are met, the other measures are considered before assigning a rating to the standard.</li> <li>Of the 42 other measures: <ul style="list-style-type: none"> <li>If <math>\geq 34</math> measures are met, standard is met.</li> <li>If <math>\geq 25</math> and <math>&lt; 34</math> measures are met, standard is partially met.</li> <li>If <math>&lt; 25</math> measures are met, standard is not met.</li> </ul> </li> </ul>					

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

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
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The standard is: Met

Comments:

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

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

#### **Written restraint policy**

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

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

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

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

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

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

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

If positive methods of preventing harm have been explored and determined to be ineffective by an interdisciplinary team assessment, then a physician, physician assistant, a nurse practitioner (RN-EP or RN-NP), a registered nurse (RN), a registered psychiatric nurse

(RPN) or a licensed practical nurse (LPN) may order a restraint to be used, except in the case of medication (chemical restraint) which must be ordered by a physician, nurse practitioner or physician assistant.

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

Every physical restraint must meet the following requirements:

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

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

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

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

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

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

### **Restraint Review and Discontinuance**

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

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

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

## Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.01	<b>The personal care home's policy on the use of restraints is consistent with <i>guidelines</i> approved by the Minister.</b>	Met	See Restraint Use at River East PCH policy. REVIEW POLICY!	Met	Eight residents with restraints were reviewed.
9.02	There is documented evidence that the resident, if capable, has given written consent to the use of the restraint. Where the resident is not capable, the consent of the resident's legal representative is documented.	Met	River East uses the Restraint Assessment Tool from the WRHA to document consent. Each neighborhood has the restraint tools together in a binder for easy access, understanding that they are a work in progress and continually being reassessed.	Met	Found for four of 4 residents with restraints reviewed for this measure.
9.03	If written consent is not available, verbal consent must be obtained from the resident or their legal representative. Verbal consent must be documented, dated and signed by two staff members, one of which must be a nurse.	Met	See Restraint Assessment Tools Binder.	Met	Four of 5 residents with restraints reviewed met the requirement. Two signatures are needed for verbal consent. Once verbal consent is obtained, strive to get written consent as well.
9.04	<b>There is documented evidence that a comprehensive assessment of the resident is completed by an interdisciplinary team, prior to application (or reapplication) of any restraint.</b>	Met	See Restraint Assessment Tools Binder.	Met	Seven of 8 residents with restraints reviewed met the requirements.
The assessment includes documentation of each of the following:					
9.05	<ul style="list-style-type: none"> <li>Description of the resident's behaviour and the environment in which it occurs (including time of day);</li> </ul>	Met	See Restraint Assessment Tools Binder.	Met	Found for eight of the 8 residents with restraints reviewed for this measure.
9.06	<ul style="list-style-type: none"> <li>The resident's physical status;</li> </ul>	Met	See Restraint Assessment Tools	Met	Assessments for seven of 8

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Binder.		residents with restraints reviewed for this measure contained this information. For one, the physical status section was blank.
9.07	• The resident's emotional status;	Met	See Restraint Assessment Tools Binder.	Met	Found on the documentation for all eight residents with restraints reviewed for this measure.
9.08	• The resident's mental status;	Met	See Restraint Assessment Tools Binder.	Met	Seven of 8 residents with restraints reviewed had mental status identified.
9.09	• The resident's nutritional status;	Met	See Restraint Assessment Tools Binder.	Met	All eight residents with restraints reviewed met the requirement.
9.10	• All alternatives tried and exhausted;	Met	See Restraint Assessment Tools Binder. Benefits and Burdens Supplement, Elder Handbook and Restraint Pamphlet for Families.	Met	Seven of 8 residents with restraints reviewed met the requirement for this measure. One restraint assessment had 'n/a' for each element in this section.
9.11	• Review of current medications;	Met	See Restraint Assessment Tools Binder.	Met	Eight of 8 residents with restraints reviewed had completed evidence for this measure.
9.12	• Actual and potential benefits to the resident if the restraint is applied;	Met	See Restraint Assessment Tools Binder. Benefits and Burdens Supplement Form.	Met	Reviewers found this measure complete and very well done.
9.13	• Actual and potential burdens to the resident if the restraint is applied, and;	Met	See Restraint Assessment Tools Binder. Benefits and Burdens Supplemental Form.	Met	Found for eight of 8 residents with restraints reviewed.
9.14	• Any other additional ethical considerations.	Met	See Restraint Assessment Tools Binder.	Met	Well done.
There is a written order for the restraint in the resident's health record that indicates:					
9.15	• The kind of restraint to be used;	Met	See Restraint Assessment Tools Binder.	Met	Found on the charts of all eight of 8 residents with restraints reviewed for this measure.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.16	<ul style="list-style-type: none"> <li>The frequency of checks on the resident while the restraint is in use;</li> </ul>	Met	See Restraint Assessment Tools Binder.	Met	Found for eight of 8 residents with restraints reviewed for this measure.
9.17	<ul style="list-style-type: none"> <li>The signature of the person giving the order (where a chemical restraint is used it must be ordered by a doctor, nurse practitioner or physician assistant);</li> </ul>	Met	See Restraint Assessment Tools Binder.	Met	See 9.16
9.18	<ul style="list-style-type: none"> <li>The professional designation of the person giving the order, and;</li> </ul>	Met	See Restraint Assessment Tools Binder.	Met	Completed evidence was found on documentation for all eight residents with restraints reviewed.
9.19	<ul style="list-style-type: none"> <li>For a chemical restraint, the time limit for its use (the discontinuation date).</li> </ul>	Met	See Restraint Assessment Tools Binder.	Met	Evidence found for five of 5 applicable residents with restraints reviewed for this measure. Reviewer found evidence of very good skills at using dementia care and reducing chemical restraint to PRN now.
There is evidence of a care plan for every restraint in use, that outlines the resident's unique and specific needs, including:					
9.20	<ul style="list-style-type: none"> <li>The type of restraint and method of application;</li> </ul>	Met	See Care Plan B related to specific restraint in Elder Alamanac. This provides a more detailed care program than the care organizer care plan and continues to guide staff.	Met	Eight of 8 resident ICPs reviewed contained this measure.
9.21	<ul style="list-style-type: none"> <li>The length of time the restraint is to be used for each application;</li> </ul>	Met	See Care Plan B.	Met	Eight of 8 resident ICPs reviewed had the required information.
9.22	<ul style="list-style-type: none"> <li>The frequency of the checks on the resident while the restraint is in use, and;</li> </ul>	Met	See Care Plan B.	Met	Found on seven of 8 resident ICPs reviewed for this measure.
9.23	<ul style="list-style-type: none"> <li>When regular removal of restraints</li> </ul>	Met	See Care Plan B.	Met	Five of six applicable resident

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	is to occur.				ICPs reviewed had the required information.
9.24	There is documented evidence that the continued use of any restraint is reviewed at least once every three months.	Met	See Restraint Assessment Tools Binder.	Met	Found for eight of 8 residents with restraints reviewed for this measure.
9.25	There is documented evidence within the health record of efforts to resolve the issue for which the restraint was initiated.	Met	See Care Plan B.	Met	Reviewers found good evidence on all eight resident health records that the facility is actively monitoring their restraints.
Where a restraint is used in an emergency situation there is documented evidence of:					
9.26	<ul style="list-style-type: none"> <li>The events leading up to the use of the restraint;</li> </ul>	Met	See Care Plan B.	Partially Met	One resident had two emergency restraints applied, and complete documentation of evidence was found for this measure. Another resident was found to have had an emergency restraint (tilt chair) applied however the facility had not identified it as a restraint, therefore it was a missed restraint.
9.27	<ul style="list-style-type: none"> <li>The name of the person ordering the restraint;</li> </ul>	Met	See Restraint Assessment Tools Binder.	Partially Met	See 9.26
9.28	<ul style="list-style-type: none"> <li>The designation of the person ordering the restraint;</li> </ul>	Met	See Restraint Assessment Tools Binder.	Partially Met	See 9.26
9.29	<ul style="list-style-type: none"> <li>The time the restraint was applied;</li> </ul>	Met	See Care Plan B related to specific restraint in Elder Alamanac. This provides a more detailed care program than the care organizer care plan and continues to guide staff.	Partially Met	See 9,26
9.30	<ul style="list-style-type: none"> <li>The frequency of checks;</li> </ul>	Met	See Care Plan B related to	Partially Met	See 9.26

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			specific restraint in Elder Alamanac. This provides a more detailed care program than the care organizer care plan and continues to guide staff.		
9.31	<ul style="list-style-type: none"> <li>Notification of the resident's legal representative or next of kin;</li> </ul>	Met	See Restraint Assessment Tools Binder.	Partially Met	See 9.26
9.32	<ul style="list-style-type: none"> <li>Care provided to and response of the resident in restraint, and;</li> </ul>	Met	See Restraint Assessment Tools Binder.	Partially Met	See 9.26
9.33	<ul style="list-style-type: none"> <li>When the resident's reassessment is to occur.</li> </ul>	Met	See Restraint Assessment Tools Binder.	Partially Met	See 9.26
As part of the facility's continuous quality improvement/ risk management activities, there is evidence that audits of the use of restraints:					
9.34	<ul style="list-style-type: none"> <li>Occur at least annually;</li> </ul>	Met	See Restraint Audits completed.	Met	Evidence showed that Care Plan Review Audit tools contain sections for Physical/Environmental restraints, and Chemical restraints
9.35	<ul style="list-style-type: none"> <li>Are reviewed/analyzed;</li> </ul>	Met	See Restraint Audits completed.	Met	Evidence was found on the 2014 and 2015 Care Plan Audit Review Summary Sheets
9.36	<ul style="list-style-type: none"> <li>Result in recommendations for improvement being made, as required, based on the audit analysis, and;</li> </ul>	Met	See Restraint Audits completed.	Met	
9.37	<ul style="list-style-type: none"> <li>Result in recommendations being implemented and followed up.</li> </ul>	Met	See Restraint Audits completed.	Met	There was evidence that audits of the use of restraints was reported at Nursing meetings, as well as forwarding audit results to Neighbourhoods for inclusion at staff meetings. It was noted that limited information was reported in the facility newsletter. Facility has plans to discuss restraint audit information at

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
					Leadership meeting.
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• Bolded measures (<b>9.01 &amp; 9.04</b>) are pass/fail performance measures. If any one of these measures is not met, the standard is not met. If they are all met, the other measures are considered before assigning a rating to the standard.</li> <li>• Of the 35 other measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 28</math> measures are met, standard is met.</li> <li>○ If <math>\geq 21</math> and <math>&lt; 28</math> measures are met, standard is partially met.</li> <li>○ If <math>&lt; 21</math> measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** Bolded measures and 27 of 35 other measures are met.  
**The standard is:** Partially Met  
**Comments:** Due to one missed restraint, the scoring for 9.26-9.33 is rated as partially met

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

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

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

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

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

The operator shall:

- a) appoint or contract with a pharmacist to direct and be accountable for pharmacy services for the personal care home;
- b) ensure that the pharmacist maintains a medication profile of each resident;
- c) ensure that the pharmacist and other relevant members of the interdisciplinary team review the medications and treatments ordered by a physician for each resident at least every three months;
- d) ensure that the pharmacy services for the personal care home are consistent with residents' needs and the scope and complexity of the care offered at the home;
- e) ensure that emergency and after-hours pharmacy services are available for residents;
- f) ensure that accurate and comprehensive drug information is available to medical, nursing and other staff of the personal care home as required;
- g) establish written policies and procedures for pharmacy services for the personal care home that provide for the following:
  - i) transmitting medication orders to the pharmacy,

- ii) handling medication from the point it is procured until it is administered, including delivery, automatic stop orders, recommended times of administration and self-administration by residents,
- iii) reporting, documenting, and follow-up of medication incidents, adverse reactions and refusal of medication,
- iv) providing medications for residents who are on planned social leave and for persons who are receiving respite care in the personal care home,
- v) security of all medications, including appropriate security measures for narcotic and controlled drugs and medications kept at a resident's bedside;
- h) by using a current photograph, ensure that each resident's identity is confirmed before staff administers medication;
- i) ensure that the overall medication use in the personal care home is monitored; and
- j) ensure that the need for education programs about medications, including education for nursing staff and residents, is assessed and that appropriate programs are developed.

### **Administering medications**

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

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

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

The operator shall:

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

### **Limited medication supplies**

The operator shall ensure that:

- a) a monitored dosage or unit dosage system for drug distribution is adopted and implemented in the personal care home;
- b) the personal care home has a supply of medications for emergency use;
- c) there is at least one designated, locked, properly equipped medication storage and preparation area that it is clean, well-organized and maintained;

- d) medications are stored in a locked medication storage and preparation area in a manner that protects them from heat, light and other environmental conditions that may adversely affect the efficacy and safety;
- e) medications requiring refrigeration are kept in a refrigeration unit used only for medication storage;
- f) the responsible pharmacist ensures regular audits are conducted of medication kept at the personal care home and that any expired, unused and discontinued medications are removed and properly disposed of; and
- g) the responsible pharmacist ensures regular audits of medication storage areas are conducted and takes any action necessary to ensure that medications are properly stored in accordance with this section.

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

#### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.01	<b>There is a current contract with a licensed pharmacist.</b>	Met	River East is part of the WRHA pharmacy contract. Alentex is our service provider.	Met	
12.02	The contract defines the scope of service.	Met	See contract	Met	
12.03	The contract includes provision for emergency and after hour services.	Met	See contract	Met	
12.04	<b>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.</b>	Met	Medication reviews occur quarterly with the QMR records included with the physician order sheets. The interdisciplinary team includes a nurse, physician/NP, and pharmacist.	Met	Met for eight of 8 resident health records reviewed for this measure. Well done.
12.05	Policies and procedures for pharmacy services are available, complete and reviewed minimally every three years.	Met	The Alentex Policy and Procedure Manual are located in each medication room (x2). For Home specific policies, please refer to Section M of the Elder Guidebook. Last review 2013.	Met	Policies and procedures were reviewed November 2015.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
There are designated medication storage areas that are:					
12.06	• Clean;	Met	See medication rooms x2	Met	Reviewer found two Med Rooms requiring repair of countertops and walls.
12.07	• Well organized;	Met	See medication rooms x2	Met	
12.08	• Well equipped;	Met	See medication rooms x2	Met	
12.09	• Well maintained, and;	Met	See medication rooms x2	Met	
12.10	• Secure.	Met	Only nurses have access to these 2 rooms	Met	
12.11	All controlled substances are securely stored under a double lock.	Met	Controlled substances are stored in the locked cupboard in the main medication room. Narcotics in the medication carts are in locked box and all carts are kept in a medication room when not in use.	Met	
12.12	All controlled substances are counted and signed by two nurses at least once every seven days.	Met	Controlled substances are counted every shift and documented on the tracking tool that is kept in the MAR binder.	Met	
Nursing staff have access to:					
12.13	• A supply of medications for emergency use (emergency drug box), and;	Met	The emergency stock of medications is kept in the main medication room.	Met	
12.14	• Medications that should be administered without undue delay (in-house drug box for antibiotics, analgesics, etc).	Met	We have an extra dose binder and stat box in the main medication room to ensure all medications that need to be administered immediately are available.	Met	
Withdrawals from the emergency drug box, in-house drug box and controlled substance storage are documented, including:					
12.15	• Date;	Met	All medication being used from the in house medication stores, are recorded on a specified tool in binders in the main	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			medication room. See Stat Stock Binder and Extra Dose Binder for tools.		
12.16	<ul style="list-style-type: none"> <li>The name and strength of the drug being withdrawn;</li> </ul>	Met	See tools	Met	
12.17	<ul style="list-style-type: none"> <li>Quantity taken;</li> </ul>	Met	See tools	Met	
12.18	<ul style="list-style-type: none"> <li>The name of the resident being given the drug, and;</li> </ul>	Met		Met	
12.19	<ul style="list-style-type: none"> <li>The name of the nurse making the withdrawal.</li> </ul>	Met	See tools	Met	
12.20	There is a process in place whereby the medications ordered for a resident on admission, and for any transfer between health care facilities, is confirmed by the physician/Nurse Practitioner, the pharmacist and the nursing staff at the receiving facility (i.e. medication reconciliation)	Met	Refer to policy in Elder Care Guidebook Tab "M" Medications-Medication Reconciliation.	Met	Completed evidence was found in all eight resident health records reviewed for this measure. Very well done.
The pharmacist ensures that:					
12.21	<ul style="list-style-type: none"> <li>Audits of the medication storage room, emergency drug box, in-house drug box, and controlled substance storage are conducted and documented at three month intervals;</li> </ul>	Met	Quarterly audits of the Medication Rooms are completed by the pharmacist and results are sent to the Home.	Met	
12.22	<ul style="list-style-type: none"> <li>The audit results are shared with nursing staff.</li> </ul>	Met	Results are posted for all nursing team members to review and sign. These results are discussed at the Elder Medication Management meetings and if trends arise, discussed at Nursing Meetings.	Met	
<b>12.23</b>	<b>A monitored dose or unit dose</b>	Met	Pack-med system utilized in	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<b>system is used for medication distribution in the facility.</b>		home		
There are processes in place to ensure staff administering medications are trained and follow the appropriate procedures for the monitored dose system, including:					
12.24	• An orientation for new staff, and;	Met	See nurse preceptor package.	Met	
12.25	• Periodic audits of a medication pass for each nurse.	Met	Med pass audits are completed on each nurse annually.	Met	
12.26	The resident's identity is confirmed prior to administration of medications by use of minimally two identifiers.	Met	Every Elder is identified with a photo that is attached to the MAR from (including the ability to self identify) and by an identification bracelet prior the provision of medication/ treatment/services . See policy, titled "Elder Identifiers" Also, med pass audits.	Met	
12.27	The medication administration record identifies allergies and diagnoses.	Met	See MAR	Met	
12.28	<b>A pharmacist is available to provide drug information as required.</b>	Met	Pharmacy is available to answer nurses' questions and provide information via phone or email. Newsletters, CD education sessions in addition to in class sessions are provided. Pharmacist attends most nurses meetings.	Met	
<b>A committee has been established:</b>					
12.29	• <b>That includes representation from pharmacy, medicine, nursing and administration;</b>	Met	The Elder Medication Management team -See terms of Reference-.	Met	
12.30	• <b>That meets at least once every 3 months.</b>	Met	Scheduled once every 3 months. January, April, July and	Met	

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

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

**The standard is:** Met

**Comments:** Facility reviews all regional QI indicator reports. Documented in the P&T Commitee minutes. Well done.

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

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

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

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

The operator shall ensure that:

- The meals served to each resident are flavourful and appetizing;
- The meals, nourishments, and supplements served to each resident:

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

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

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

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

#### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.01	There is an organization chart for the nutrition and food services department that clearly delineates the lines of responsibility, authority and communication.	Met	The organization chart for nutrition and food services clearly displays the lines of responsibility, authority and communication	Met	
14.02	The nutrition and food services	Met	The organization chart is posted	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	department organization chart is displayed for staff.		within the dietary department and in the center core of the home.		
14.03	<b>All food handling staff have acquired and maintained a current Safe Food Handling certificate within six months of hire.</b>	Met	All team members are certified within the 6 months and are kept current from that point on. All team members have obtained the Food Handler's Certificate.	Met	
14.04	Policies and procedures for the nutrition and food services department are reviewed at least every 3 years	Met	Updated Extencicare Policy & Proceure Manual acquired October 2015	Met	
Policies and procedures for the nutrition and food services department minimally include direction for:					
14.05	• Procurement of food;	Met	See Dietary Services Manual - Procuremnet & Inventory Mgmt. - Tab 6 DS-06-01-01 to DS-06-01-10I	Met	
14.06	• Food storage;	Met	See Dietary Services Manual DS-06-01-08	Met	
14.07	• Proper food handling, and;	Met	See Dietary Services Manual Food Safety - Tab 7 DS-07-01-01 to DS-07-01-16I	Met	
14.08	• Proper cleaning of all equipment.	Met	See Dietary Services Manual - Equipment, Supplies & Cleaning - Tab 8 DS-08-01-08A10 to DS-08-01-08A51	Met	
14.09	All persons, including families, volunteers, recreation, dietary and nursing staff, who assist residents with eating at mealtimes, receive training in safe feeding practices.	Met	See 2015 Inservice Records	Met	
There is a master menu that is:					
14.10	• <b>Dated and signed as approved by a registered dietitian, and;</b>	Met	All menus are developed by Registered Dieticians through Corporate office. Once finalized	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			the Home Dietician , Administrator and Food Services Manager sign and date at the bottom of menu which is posted at the servery in main dining room.		
14.11	• <b>Posted for the information of dietary staff.</b>	Met	Menu is posted for Dietary staff	Met	
The master menu specifies the daily meals and nourishments and includes:					
14.12	• The main menu;	Met	The master menu specifies all daily meals and snacks	Met	
14.13	• Therapeutic diets, and;	Met	Therapeutic diets are the same as the posted regular diets and are also indicated on each Diet Spreadsheet located in the Menu binder	Met	
14.14	• Alternatives to the main menu.	Met	Alternatives are offered each meal.	Met	
14.15	At least three meals or equivalent are offered to each resident, each day, at reasonable intervals.	Met	Relaxed Breakfast - 7:30 - 10:30 am Lunch - 12:00 - 1:00 pm Dinner - 5:00 - 6:00 pm	Met	
Between meal fluids and nourishments are offered to every resident:					
14.16	• Between breakfast and lunch (minimally fluids must be offered);	Met	Ample supplies of juice, tea, coffee, water are available on each neighborhood and are accessible at any time to Elders	Met	
14.17	• Between lunch and supper, and;	Met	Nourishment (Snack) carts are delivered to each neighborhood at 2:00 pm each day	Met	
14.18	• Not less than two hours after the evening meal.	Met	Nourishment (Snack) carts are delivered to each neighborhood at 7:00 pm each day	Met	
14.19	The menu cycle is at least 21 days long.	Met	There is a 3 week Menu rotation	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.20	Menu choices are posted daily for the residents to view, at an appropriate height and displayed using minimally size 14 Arial Font.	Met	Main entrée and alternates are posted daily for all meals. Breakfast offers a variety of choices daily	Met	
14.21	Residents and their families have the opportunity to provide input into the menu.	Met	There is discussion at the Neighborhood meetings regarding the menu. Both Elders and families are encouraged to share their views	Met	
14.22	There is a permanent record of each resident's likes and dislikes that is readily accessible to dietary, nursing and recreation staff.	Met	Listed on the Elder Diet Information forms which are available at the main servery and in each neighborhood	Met	
14.23	Resident's likes and dislikes are accommodated to the extent possible.	Met	Elders choices are respected within reason	Met	
14.24	Residents are served meals in a manner that promotes independent eating.	Met	As per seating plan(s)	Met	
14.25	Meals are presented in a courteous manner.	Met	Pleasurable dining is encouraged at all times	Met	
14.26	Positioning and assistance with eating is individualized as needed.	Met	During orientation and on a annual basis, staff are educated on how to safely provide assistance at meals.	Met	
Assistance with eating is provided, when required:					
14.27	<ul style="list-style-type: none"> <li>In a manner that promotes dignity;</li> </ul>	Met	Education provided in Orientation, also additional education (See 2015 Inservice Records)	Met	
14.28	<ul style="list-style-type: none"> <li>With specific regard to safe feeding practices, and;</li> </ul>	Met	Education provided in Orientation, also additional education (See 2015 Inservice Records)	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.29	• In a way that encourages interaction with the person providing assistance.	Met	Education provided in Orientation, also additional education (See 2015 Inservice Records)	Met	
14.30	Residents are given sufficient time to eat at their own pace.	Met	Education provided in Orientation, also additional education (See 2015 Inservice Records)	Met	
14.31	A dietitian registered under the <i>Registered Dietitians Act</i> is available for consultation as necessary.	Met	A Registered Dietitian is available for consultation as needed and has a mailbox for all consultations and referrals.	Met	
14.32	A dietitian assesses each resident within the first eight weeks of admission and develops their nutritional plan.	Met	See Dietary Services Manual Nutritional Care Tab 4: DS-04-01-07	Met	Found on eight of 8 resident health records reviewed for this measure.
14.33	The resident's nutritional plan is part of the interdisciplinary care plan.	Met	See Dietary Services Manual Nutritional Care Tab 4: DS-04-01-07	Met	
14.34	The Dietitian re-assesses each resident and documents the findings in the resident's health record and care plan at least annually, or more frequently as needed.	Met	The Dietitian performs annual nutrition assessments for Annual Family Matters Meetings. Also as needed when consults are received or additional follow-up is required.	Met	Well done
14.35	All dietary recommendations and changes are noted in the resident's health record.	Met	See Dietary Services Manual Nutritional Care Tab 4: DS-04-01-07	Met	
14.36	There is a written policy that defines significant weight change.	Met		Met	
14.37	There is a written procedure for formally notifying the dietary department of a significant change in a resident's weight.	Met	Elder's weights are reviewed monthly and a report is provided to both the DOC and FSM by the Dietitian.	Met	
14.38	The weight of each resident is	Met	Upon admission elders are	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	recorded within 7 days of admission.		weighed and the weight is recorded.		
14.39	The weight of each resident is recorded monthly following admission.	Met	See Elder Summary At A Glance in Elder's chart	Met	
14.40	A variety of food service audits are conducted on a monthly basis.	Met	Pleasureable dining, sanitation, Production Holding, Storage Temperature Audits, , dishwasher, sanitizer, 3 pot sink sanitizer,	Met	
14.41	Food service audit results are analyzed, and reported.	Met	Shared with Executive Director for signature and discussed at departmental meetings.	Met	
14.42	Recommendations are made from the audit analyses.	Met	Concerns are brought to the attention of whom it involves and reviewed with staff.	Met	
14.43	Those recommendations are implemented and followed up.	Met	The Leadership Team follows-up within their departments to ensure effective implementation.	Met	

Scoring methodology:

- The bolded measures (14.03, 14.10, 14.11) are pass/fail performance measures. If they are not met, the standard is not met. If they are met, the other measures are considered before assigning an overall rating to the standard.
- Of the 40 other measures:
  - If  $\geq 32$  measures are met, standard is met.
  - If  $\geq 24$  and  $< 32$  measures are met, standard is partially met.
  - If  $< 24$  measures are met, standard is not met.

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

**The standard is:** Met

**Comments:** There were two dining areas where the noise level at lunch time was felt to not be conducive to a good dining atmosphere. On Courage Bay the television was on loudly and combined with the service noise it was very distracting. In the main dining room there was a general din that was again very loud. In the January 2015 audit, excessive noise was reported in the main dining room as well.

**Standard 16: Laundry Services**

Reference: *Personal Care Homes Standards Regulation, Section 30*

The operator shall ensure that a laundry service is in place to meet residents' linen and personal clothing needs, and that

- a) an effective system is in place for regularly collecting residents' soiled personal clothing and for laundering and returning the clean clothing to their rooms so that a sufficient supply of clean clothing is always available;
- b) soiled linen is collected regularly and a sufficient supply of clean linen (including sheets, pillow cases, blankets, towels, washcloths, napkins or clothing protectors and incontinence care products) is always readily available to meet the residents' care and comfort needs;
- c) soiled linen and personal clothing are placed into laundry bags or covered carts at point of service and taken to laundry or storage areas in closed laundry bags or covered carts;
- d) clean and soiled linen and personal clothing are kept separate at all times;
- e) incontinence care products are laundered separately from other laundry; and
- f) an effective system is in place for washing and drying linens and personal clothing, including washer equipment that has automatic programming to dispense cleaning products.

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

#### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
To meet specific resident safety and infection control needs, an effective system is in place for washing and drying linens and personal clothing, including:					
16.01	<ul style="list-style-type: none"> <li>Washing equipment that has automatic programming to dispense cleaning products, and;</li> </ul>	Met	EcoLab test them every month.	Met	
16.02	<ul style="list-style-type: none"> <li>Where domestic style machines are used, there are detailed instructions outlining the appropriate type and amount of laundry product required to correctly clean the machine's contents.</li> </ul>	Met	Intructions are posted above washmachines.	Not Applicable	
16.03	Soiled laundry is collected from the resident units at frequent intervals to control odours throughout the facility.	Met	Laundry is collected twice per day.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
16.04	Soiled laundry is bagged at its collection point.	Met		Met	
16.05	Soiled laundry carts are covered.	Met	All soiled laundry collection carts are covered when transporting laundry through the home.	Met	
16.06	Soiled laundry is transported from the unit to the laundry in a manner that prevents the bags from touching the floor.	Met	All laundry remains in bins in the laundry area until it goes directly into the washer.	Met	
16.07	When required, soiled laundry is rinsed in the main laundry area.	Met		Met	This is not applicable to the facility.
16.08	Personal protective equipment is available for staff when rinsing and sorting soiled laundry.	Met	PPE is worn when sorting laundry and putting laundry into wash machines	Met	
16.09	Where rinsing in an area other than the main laundry is required, staff are equally able to follow appropriate infection control practices.	Not Applicable		Not Applicable	
16.10	Soiled laundry is not placed on the floor of any unit nor in the laundry area.	Met	Laundry is placed in bins and directly into the washers.	Met	
16.11	Soiled laundry is kept separate from clean linen throughout the facility.	Met		Met	
Where there is a laundry chute:					
16.12	• It is kept properly secured;	Not Applicable		Not Applicable	
16.13	• There is a documented chute cleaning process, and;	Not Applicable		Not Applicable	
16.14	• It is clean on inspection.	Not Applicable		Not Applicable	
16.15	Design of the laundry area supports the proper flow of laundry, with	Met	The laundry area is divided into clean and soiled area.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	designated clean and soiled areas, to minimize cross over between clean and soiled and prevent cross contamination.				
16.16	Upon inspection, there is a supply of clean linen readily available to meet resident needs.	Met	Staff have adequate linens as required. See linen supply room.	Met	
16.17	Linens and personal clothing are laundered separately.	Met		Met	
Residents' clothing is:					
16.18	• Discretely labelled, and;	Met		Met	
16.19	• Upon room inspection, clean and adequately supplied to meet each resident's needs.	Met		Met	
16.20	All laundry equipment is routinely maintained.	Met	See Maintenance Records And Preventive Maintance Records.	Met	
16.21	There are records that all dryer lint traps are cleaned at least daily, and more often as required.	Met		Met	
16.22	There is an easily accessible hand washing area for laundry services staff.	Met	2 sinks in laundry area. One sink for clean laundry side and one for soiled side.	Met	
The laundry room is:					
16.23	• Clean;	Met	See laundry area	Met	
16.24	• Well lit; and	Met	See laundry area	Met	
16.25	• Well ventilated.	Met	See laundry area	Met	
Laundry audits:					
16.26	• Are conducted every three months;	Met		Met	Some audit processes have begun, such as the 2015 Missing Item Report/Personal Clothing Audit, and the Pounds of Laundry by Month. Encourage the department to expand the

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
					number and type of meaningful audits to be conducted every three months.
16.27	• Are reviewed and reported;	Met		Partially Met	Formal processes are not fully implemented and carried out. Encourage the department to expand the auditing focus to review and report aggregated data at staff meetings as well as facility meetings.
16.28	• The results are analyzed;	Met		Partially Met	Formal processes are not fully implemented and carried out. Encourage the department to analyze aggregated audit results for overall trends, patterns, and learnings.
16.29	• Recommendations are made from the analysis, as required, and;	Met	Discussed at staff meetings.	Partially Met	Formal processes are not fully implemented and carried out. Encourage the department to continue to develop and implement processes for continuous quality improvement
16.30	• Recommendations are implemented and followed up.	Met		Partially Met	Formal processes are not fully implemented and carried out. Evidence of some findings reporting in 2015 HEC Monthly Reporting Tool
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• There are no pass/fail performance measures.</li> <li>• <u>Where there is a laundry chute</u>, of the 30 applicable measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 24</math> measures are met, standard is met.</li> <li>○ If <math>\geq 18</math> and <math>&lt; 24</math> measures are met, standard is partially met.</li> <li>○ If <math>&lt; 18</math> measures are met, standard is not met.</li> </ul> </li> <li>• <u>Where there is no laundry chute</u>, of the 27 applicable measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 22</math> measures are met, standard is met.</li> <li>○ If <math>\geq 16</math> and <math>&lt; 22</math> measures are met, standard is partially met.</li> </ul> </li> </ul>					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
o If <16 measures are met, standard is not met.					

**Result:** Twenty-one of 25 performance measures are met

**The standard is:** Met

**Comments:**

### **Standard 18: Spiritual and Religious Care**

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

The operator shall ensure that an organized spiritual and religious care program is provided to respond to the spiritual and religious needs and interests of all residents.

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

#### **Performance Measures**

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
18.01	Residents have access to the spiritual advisor(s) of their choice.	Met	Elders have the right to continue their relationships from the community and have visitors (such as having communion visits, visits from their church, or end of life visits such as last rights or prayers). A list of clergy available to Elders and families as they request this support is available on each Neighbourhood for nursing staff to access. See MDS care plan. See list of Spiritual advisors.	Met	
18.02	The home hosts regular religious	Met	Religious services and programs are provided several times per	Met	Commendation on the Elder Survey on Spiritual Care/

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	services and spiritual celebrations.		month from different denominations. Special event programs are planned for spiritual celebrations. See list of large group spiritual programs offered in the past two years. See program calendars.		Religious Programs conducted September 2015, providing opportunity for resident feedback/ client voice.
18.03	Special spiritual and religious observances are accommodated when possible.	Met	We have hosted memorial services for families at their request. Individual memorial services take place on the neighbourhood when an Elder passes away. Contact information for clergy from multiple religions is available on each neighbourhood for any team member to contact spiritual leaders to come in to perform last rights for and Elder and/or for spiritual visits. Special observances also include large group celebrations or those tailored specifically for one neighbourhood or one Elder to honour an Elder's traditions. See list of examples of special observances offered.	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• There are no pass/fail performance measures.</li> <li>• Of the 3 measures: <ul style="list-style-type: none"> <li>○ If 3 measures are met, standard is met.</li> <li>○ If 2 measures are met, standard is partially met.</li> <li>○ If 1 measure is met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All performance measures met.

**The standard is:** Met

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
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**Comments:**

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

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

#### **Temperature**

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

#### **Safety and Security**

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

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

- a) nurse call systems are installed and maintained in proper working order within resident rooms, resident washrooms, and bathing facilities;
- b) open stairwells are safeguarded in a manner which prevents resident access;
- c) all outside doors and doors to stairwells accessible to residents are equipped with an alarm or a locking device approved by the fire authority under the *Manitoba Fire Code*;
- d) windows cannot be used to exit the personal care home;
- e) handrails are properly installed and maintained in all corridors, and grab bars are properly installed and maintained in all bathrooms and bathing facilities;
- f) all potentially dangerous substances are labelled and stored in a location that is not accessible to residents;
- g) all equipment is safe and it is used, stored and maintained in a manner which protects residents;
- h) domestic hot water temperature in resident care areas is not less than 43 and not more than 48 degrees Celsius (C);
- i) the personal care home is kept clean and combustible materials are stored separately and safely;
- j) exits are clearly marked and kept unobstructed at all times;
- k) facility grounds and exterior furniture are safe for resident use;
- l) and a system is in place whereby all residents who may wander are identified and all staff are informed.

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

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

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

### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
19.01	The temperature in residential areas is a minimum of 22°C.	Met	Ambient temperatures throughout the home are recorded daily. Variations are acted upon by Maintenance Team. Refer to temperature log book.	Met	The majority of air temperatures taken in residential common areas measured 22C and above except for: B2 Lounge (20.2C); B11 (20.4C); B24 (21.4C); DR (21.9C); A1 (19.1C); A16 (19.6C); E5 (20.0C); C23 (21.3C); and C24 (19.7C). Suggest facility monitor resident common areas on a regular basis, especially as weather changes as the above areas are too cool for the elderly.
19.02	<b>Domestic hot water, at all water sources that are accessible to residents, is not less than 43°C and not more than 48°C.</b>	Met	Homekeepers check and record water tempertaure in each neighbourhood on a daily basis. Maintenance team also monitors water temperature daily from Mechanical Room. Refer to policy "Temperature, Air and Water" and water temperature record on each neighbourhood.	Met	Over 80% of domestic hot water temperatures taken were within the required range. Hot water tank #7 has recently developed a leak: work order has been sent out and awaiting service from contracted provider: no impact on water dispensing/ temp management.
19.03	There is documented evidence of frequent monitoring (minimally once per week) of domestic hot water temperatures at locations accessible to residents.	Met	Done on daily basis. Refer to temperature record on each neighbourhood.	Met	
19.04	There is an easily accessible call	Met	Each suite is equipped with a	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	system in all resident rooms.		bedside call bell. Elders requiring longer cords are accommodated.		
19.05	There is an easily accessible call system in all resident washrooms.	Met	Each elder washroom is equiped with a call bell system.	Met	
19.06	There is a call system in all bathing facilities that is easily accessible from all areas around the tub.	Met	Each spa room has a call bell which is accessible from all areas around the tub.	Met	
19.07	All open stairwells are safeguarded in a manner which prevents resident access.	Met	Stairwell to basement is safeguarded by a locked door with code access only accessible by staff.	Met	
19.08	All outside doors and stairwell doors accessible to residents are equipped with an alarm or locking device approved by the Fire Authority under the Manitoba Fire Code.	Met	All Fire Exits are lockd by a Mag-Lock system which are unlocked in the event of a fire alarm. Doors are inspected at beginning of each shift.	Met	Tested every shift change: HCA responsibility.
19.09	All windows are equipped with a mechanism or are appropriately designed so they cannot be used as exits.	Met	Lower accessible windows have limiters.	Met	
19.10	Handrails are properly installed and maintained in all corridors.	Met	All neighbourhoods and corridors are equipped with handrails.	Met	
19.11	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	Met	All elder washrooms and spas are equipped with grab bars	Met	
19.12	All potentially dangerous substances are labeled and stored in a location not accessible to residents.	Met	All homekeeper carts remain locked when not in use. All chemicals are locked. Sanitizer for tubs are locked.	Met	
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	Met	Combustible materials are kept in fire proof cabinet located in the maintenance store room. Oxygen is stored in a separate room with a labelled door.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
Upon inspection/observation, all equipment is;					
19.14	• Safe for use;	Met	Lock out/Tag out procedure in place for any equipment not functioning.	Met	Log reviewed and confirmed
19.15	• Safely stored, and;	Met		Met	
19.16	• Used in a manner that protects residents.	Met		Met	
There is documented evidence for all equipment, including building systems, that demonstrates the completion of:					
19.17	• As needed repairs, and;	Met	Each neighbourhood/area is supplied with an Maintenance binder to document all needed repairs. Completed sheets kept in "Demand" binder.	Met	Log reviewed and confirmed
19.18	• Preventive maintenance.	Met	Preventative Maintenance program in place for equipment, lifts and HVAC. Home utilizes computerized PM schedule (HIPPO). Refer to PM binder and HIPPO.	Met	
19.19	The facility has a current policy governing the use of personal electric appliances kept by the resident.	Met	Permitted list is included in the homes "New Elder Handbook" regarding appliances and electrical equipment. All equipment inspected and tagged by Maintenance Team.	Met	
19.20	In facilities where smoking is permitted, it takes place in designated areas only, and the ventilation system prevents exposure to second hand smoke within the facility.	Met	Non smoking facility	Not Applicable	
All exits are:					
19.21	• Clearly marked, and;	Met		Met	
19.22	• Unobstructed.	Met		Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
19.23	The exterior of the building is maintained in a manner which protects the residents.	Met		Met	Roof replacement continuing: staged process.
19.24	The grounds and exterior furniture are maintained in a manner which protects the residents.	Met	Courtyard is secure and has ample space for walking. Gazebo is available. Courage Bay has a dedicated, secure courtyard which is landscaped. All furniture repaired as needed.	Met	All pathways well cleared: plowed through the grounds, beyond the concrete surface pads adjacent to exterior doors to insure all exists accommodate any evacuation need or fire/responder access. Well done.
19.25	A system is in place to identify, and inform all staff of any resident who may wander and/or is at risk for elopement.	Met	RoamAlert system in place & a Wandering Elder Binder is in use.	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• The bolded measure (19.02) is a pass fail measure. If it is not met, the standard is not met. If it is met, the other measures are considered before assigning an overall rating to the standard</li> <li>• Where smoking is permitted, of the 24 other measures: <ul style="list-style-type: none"> <li>○ If ≥19 measures are met, standard is met.</li> <li>○ If ≥14 and &lt;19 measures are met, standard is partially met.</li> <li>○ If &lt;14 measures are met, standard is not met.</li> </ul> </li> <li>• Where smoking is not permitted, of the 23 other applicable measures: <ul style="list-style-type: none"> <li>○ If ≥18 measures are met, standard is met.</li> <li>○ If ≥14 and &lt;18 measures are met, standard is partially met.</li> <li>○ If &lt;14 measures are met, standard is not met.</li> </ul> </li> </ul>					

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

**The standard is:** Met

**Comments:** Well done!!

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

Reference: *Personal Care Homes Standards, Section 37*

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

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

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

**Performance Measures**

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
22.01	There is a person identified as having responsibility and authority for the day-to-day operation of the PCH.	Met	The Administrator, Jean Foster and the Director of Care, Kim Rohm are responsible for the day to day operation of the Home.	Met	
22.02	<b>There is documented evidence that the staff development program includes performance appraisals for all staff, at least once every three years.</b>	Met		Met	
22.03	The facility has a strategic plan.	Met		Met	
22.04	There is a plan for the management of human resource to adequately meet the facility's current and future needs (i.e. recruitment, retention, succession planning, and attendance management).	Met	River East reviews vacancies at Leadership Team meetings. We have an attendance management program which includes monitoring those on long term medical LOA. We recruit as needed. There are no vacancies at present.	Met	
22.05	Facility policy and procedure reviews occur at least every three years.	Met		Met	
There is evidence of a continuous quality improvement program with a forum that discusses, at a minimum, the results of the following:					
22.06	• Critical Incidents;	Met	Critical Incidents are reviewed by the Elder Medication Management Team, Leadership Team and departments involved.	Met	
22.07	• Complaints / complaint handling;	Met	We currently have a well	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			developed system of complaint management. Complaints are recorded and followed up in a timely fashion. 2016 we will be adopting and rolloing out Extendicare's new Complaints and Customer Service Policy.		
22.08	• Resident satisfaction and resident representative satisfaction;	Met	We conduct Elder and Family Satisfaction surveys . Results are reviewed at Leadership meetings and discussions held regarding any opportunities for improvement. Follow-up for Department Specific concerns occurs as appropriate. Results are also shared with all team members and families. Please refer to folder titled "Satisfaction Surveys"	Met	
22.09	• Resident care audits;	Met	Data is collected with the surveys & reviewed.	Met	
22.10	• Resident care plan audits;	Met	See audits maintained by Kristen Maneluk, A.D.O.C.	Met	
22.11	• Compliance with the Nursing Services Guideline;	Met		Not Met	Reported that parts of this are discussed at Leadership however evidence of this could not be found.
22.12	• Compliance with PCH Staffing Guideline;	Met		Not Met	See 22.11
22.13	• Therapeutic Recreation program audits;	Met	See audits maintained by Life Enrichment Coordinator, Julie Zabudny	Met	
22.14	• Medication pass audits;	Met	See audits maintained by Kristen Maneluk, A.D.O.C.	Met	
22.15	• Restraint use audits;	Met	See audits maintained by Kim Rohm, D.O.C.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
22.16	• In-service education evaluations;	Met	See audits maintained by Kristen Maneluk, A.D.O.C.	Met	
22.17	• Housekeeping services audits;	Met		Met	
22.18	• Dietary services audits;	Met		Met	
22.19	• Laundry services audits, and;	Met		Partially Met	
22.20	• Infection control data and analysis.	Met	See audits maintained by Kristen Maneluk, A.D.O.C.	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• The bolded measure (22.02) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, other measures are considered before assigning an overall rating to the standard.</li> <li>• Of 19 other measures: <ul style="list-style-type: none"> <li>○ If ≥15 measures are met, standard is met.</li> <li>○ If ≥11 and &lt;15 measures are met, standard is partially met.</li> <li>○ If &lt;11 measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** Bolded measure and 16 of 19 other measures are met.

**The standard is:** Met

**Comments:** Suggest that the items in this standard be listed as specific agenda items at the various meetings where they are discussed so the facility can be clear that they are meeting the requirement.

### **Standard 23: Qualified Staff**

Reference: *Personal Care Homes Standards Regulation, Section 38*

The operator shall ensure that all staff of the personal care home have appropriate qualifications to carry out the responsibilities of their positions.

**Expected Outcome:** Staff are qualified to provide care to the residents.

#### **Performance Measures**

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
23.01	<b>Written job descriptions detailing job qualifications, requirements,</b>	Met	There is a job description for each position within the home. When staff are hired they are	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<b>responsibilities, and scope of function are available for all positions.</b>		required to sign that they have read and understand their job description the original is placed in their employee file and they retain a copy.		
23.02	There is documented evidence that the licensing of staff is checked annually for all applicable positions.	Met	See personnel files. All nursing staff licenses are verified on-line at hire and annually Kept in a fold in the DOC office as well.	Met	
23.03	Compliance with the Nursing Services Guideline is documented to ensure appropriate nursing coverage.	Met		Met	
23.04	Compliance with the PCH Staffing Guideline is documented to ensure appropriate staff mix.	Met		Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• The bolded measure (23.01) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, the other measure is considered before assigning an overall rating to the standard.</li> <li>• Of the 3 other measures: <ul style="list-style-type: none"> <li>○ If 3 are met, the standard is met.</li> <li>○ If 2 are met, the standard is partially met.</li> <li>○ If 0 or 1 are met, the standard is not met.</li> </ul> </li> </ul>					

**Result:** All performance measures are met

**The standard is:** Met

**Comments:**

#### **Standard 24: Staff Education**

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

The operator shall provide an organized orientation and in-service education program for all staff of the personal care home.

The operator shall ensure that each new employee signs an acknowledgement of the information received in the orientation.

The operator shall ensure that the orientation and in-service education programs are evaluated at least annually and revised as necessary to ensure that they are current and meet the learning needs of the staff.

The operator shall make available health related resources, including books, journals and audio-visual materials, to staff and volunteers at the personal care home.

**Expected Outcome:** The appropriate knowledge, skills and abilities for each position in the personal care home have been identified, documented and training is available to staff to enable them to perform their roles effectively.

### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.01	<b>There is documented evidence that all new staff participate in an orientation program.</b>	Met	We have 3 day in-class orientation each month. All new employees MUST complete orientation before starting. After the class room training, new hires are buddied with preceptors for 2-3 shifts for practical training.	Met	
Orientation includes:					
24.02	• A general orientation, and;	Met	All new employees are provided a copy of their job description upon hire that they are asked to read and then sign acknowledging that they've read it. Please refer to employee file.	Met	
24.03	• A job specific orientation.	Met	Please refer to employee file.	Met	
24.04	Each staff signs an acknowledgement of the information received at general and job specific orientation.	Met	See orientation packages in the employee file.	Met	
The orientation program includes, at a minimum, the following components:					
24.05	• Resident Bill of Rights;	Met	See copy of orientation package.	Met	
24.06	• Mission Statement;	Met	Refer to orientation package.	Met	
24.07	• Organization chart;	Met	Refer to orientation package.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.08	• Disaster management including the fire plan;	Met	Refer to orientation package.	Met	
24.09	• Workplace Hazardous Materials Information System (WHMIS);	Met	Refer to orientation package.	Met	
24.10	• Infection control;	Met	Refer to orientation package.	Met	
24.11	• Proper use of all equipment specific to job function;	Met	Refer to orientation package.	Met	
24.12	• Personnel policies;	Met	Refer to orientation package.	Met	
24.13	• Personal Health Information Act;	Met	Refer to orientation package.	Met	
<b>24.14</b>	• <b><i>Protection for Persons in Care Act;</i></b>	Met	Refer to orientation package.	Met	
24.15	• The facility policy on freedom from abuse;	Met	Refer to orientation package.	Met	
24.16	• Signing an Oath of Confidentiality;	Met	Refer to orientation package.	Met	
24.17	• Job description, and;	Met	Refer to orientation package.	Met	
24.18	• Expected skills and routines.	Met	Refer to orientation package.	Met	
24.19	There is an organized staff education program for all staff.	Met	Please refer to education calendars for 2015.	Met	
The staff education program annually includes at least the following:					
<b>24.20</b>	• <b>Fire drill participation or fire prevention education for every staff member, including permanent, term and casual employees;</b>	Met	Please refer to attendance records 2015.	Met	
24.21	• Review of the Freedom from Abuse policy;	Met	Please refer to attendance records 2015.	Met	
24.22	• Review of the Resident Bill of Rights;	Met	Please refer to attendance records 2015.	Met	
24.23	• Review of the Use of Restraints Policy;	Met	Please refer to attendance records 2015.	Met	
24.24	• Workplace Hazardous Materials Information Sheets (WHMIS);	Met	Please refer to attendance records 2015.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.25	<ul style="list-style-type: none"> <li>Education about Alzheimer's and related dementias, and other geriatric care information, and;</li> </ul>	Met	Please refer to attendance records 2015.	Met	
24.26	<ul style="list-style-type: none"> <li>Education opportunities that match the special considerations/ needs of the facility's current resident population.</li> </ul>	Met	Please refer to attendance records 2015.	Met	
24.27	Education on the proper use of new, job-specific equipment is provided whenever new equipment is acquired.	Met	Please refer to attendance records 2015.	Met	
The staff education program also includes the following, minimally once every 3 years:					
24.28	<ul style="list-style-type: none"> <li>Oral Health care;</li> </ul>	Met	Please refer to attendance records 2015.	Met	
24.29	<ul style="list-style-type: none"> <li>Proper resident transferring techniques;</li> </ul>	Met	Safe Elder Handling is included in our annual mandatory training. The content is divided into 3 sections so that it is covered every three years. Please refer to attendance records.	Met	
24.30	<ul style="list-style-type: none"> <li>Education opportunities to ensure staff have a basic understanding of the value of spiritual and religious care as an integral part of holistic care.</li> </ul>	Met	Please refer to attendance record 2016.	Met	
24.31	An attendance record is maintained for every in-service education program provided.	Met	The ADOC maintains a data base for all River East employees.	Met	
24.32	There is a process to ensure that all staff are made aware of all new or revised policies.	Met	We have a policy review process. Policies are distributed to the staff impacted with a cover sheet for staff to sign that they've read and understand the	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			policy.		
There is evidence of an education services audit process which includes:					
24.33	• Annual evaluation of all education programs;	Met	Evaluation forms are reviewed and follow-up/revisions occur as required.	Met	
24.34	• Review and analysis of the program evaluations;	Met	Evaluation forms are reviewed and follow-up/revisions occur as required.	Met	
24.35	• Recommendations for improvement resulting from the analysis, as required, and;	Met	Evaluation forms are reviewed and follow-up/revisions occur as required.	Met	
24.36	• Implementation and follow-up of those recommendations.	Met	Evaluation forms are reviewed and follow-up/revisions occur as required.	Met	
Scoring methodology:					
<ul style="list-style-type: none"> <li>• The bolded measures (24.01, 24.14, 24.20) are pass/fail performance measures. If any one is not met, the standard is not met. If they are met, the other measures are considered before assigning a rating to the standard.</li> <li>• Of the 33 other measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 26</math> measures are met, standard is met.</li> <li>○ If <math>\geq 20</math> and <math>&lt; 26</math> measures are met, standard is partially met.</li> <li>○ If <math>&lt; 20</math> measures are met, standard is not met.</li> </ul> </li> </ul>					

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

**The standard is:** Met

**Comments:** Well done.