



Health, Seniors and Active Living

## Personal Care Home Standards Review

### Tool #3

Regional Health Authority: Winnipeg RHA  
Facility: The Saul and Claribel Simkin Centre  
Number of Beds: 200

Review Team: Kathy Kelly (Manitoba Health, Seniors and Active Living) (MHSAL), Sabine Bures (MHSAL), Joanne DiNicola (Winnipeg Regional Health Authority) (WRHA), Joe Puchniak (WRHA)

Review Date (yyyy/mm/dd): 2020/02/10 and 2020/02/11  
Report Date (yyyy/mm/dd): 2020/03/25

### Summary of Results

Standard	Regulation	Review Team Rating
04	Information on Admission	Met
06	Communication	Met
07	Integrated Care Plan	Met
09	Use of Restraints	Met
12	Pharmacy Services	Met
14	Nutrition and Food Services	Met
16	Laundry Services	Met
18	Spiritual and Religious Care	Met
19	Safety and Security	Not 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>0</b>
<b>Not Met</b>	<b>1</b>

### General Comments:

The Standards Review team greatly appreciates the work done by the management and staff of The Saul and Claribel Simkin Centre PCH to prepare for the standards review.

Monitoring Tool 3 was randomly selected for this facility review. The Standards Review team evaluated and rated the standards as noted in the table above.

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

### **Findings:**

Eleven of the twelve standards reviewed were assigned a rating of Met. One standard was assigned a rating of Not Met.

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

Steps must be taken by The Saul and Claribel Simkin Centre PCH to comply with all unmet measures in Standard 19 - Safety and Security.

The facility is further encouraged to take steps to meet all performance measures, including those where the standard was found to be met.

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

*Reference:* Personal Care Homes Standards Regulation section 8

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

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

- a) a copy of the residents' bill of rights;
- b) a copy of the philosophy and mission currently in effect at the personal care home;
- 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 regulation subsection 8(1) to the legal representative.

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

#### Performance measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
4.01	<b>The PCH has an admission package which is provided to every resident and/or their representative prior to or on admission.</b>	Met	A copy of the admission residency and trust agreement and the resident handbook is offered to the resident or legal representative upon admission.	Met	
The contents of the admission package are consistent with the requirements of the PCH Standards Regulation, and include:					
4.02	• a copy of the residents' bill of rights	Met	Located in resident handbook.	Met	
4.03	• a copy of the PCH's philosophy and mission	Met	Located in resident handbook.	Met	
4.04	• a description of the ways in which the resident and his or her designate and/or legal representative can participate in assessing, planning, providing, monitoring, and evaluating the resident's care	Met	Located in resident handbook.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
4.05	• information about the resident council	Met	Located in resident handbook.	Met	
4.06	• information respecting the policy on the complaints process	Met	Located in resident handbook.	Met	
4.07	• information respecting the policy on freedom from abuse	Met	Located in resident handbook.	Met	
4.08	• information respecting the policy on restraint use	Met	Located in resident handbook.	Met	
4.09	• financial information including the availability and administration of resident trust accounts and government financial assistance programs	Met	Financial services are outlined in the resident handbook and reviewed with the admission residency and trust agreement.	Met	
4.10	• information respecting health care directives	Met	Located in resident handbook and reviewed with the admission residency and trust agreement.  Upon completion advanced care plan is kept on the health record.	Met	
4.11	• an orientation to the facility, including safety and security systems	Met	Tours are provided upon request and are encouraged.  Additional information is available in the resident	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			handbook and a secondary orientation provided on the day of admission.		
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>The bolded performance measure (<b>4.01</b>) is a pass/fail performance measure. If the bolded performance it is not met, the standard is not met. If it is met, the other performance measures are considered before assigning an overall rating to the standard.</li> <li>Of the 10 other measures: <ul style="list-style-type: none"> <li>If <math>\geq 8</math> measures are met, the standard is met.</li> <li>If <math>\geq 6</math> and <math>&lt; 8</math> measures are met, the standard is partially met.</li> <li>If <math>&lt; 6</math> measures are met, the standard is not met.</li> </ul> </li> </ul>					

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

**The standard is:** Met

**Comments:**

### **Standard 6: Communication**

*Reference:* Personal Care Homes Standards Regulation section 14

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

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

- a standardized process for transfer of accountability including communication of resident information between staff at change of shift and when a transfer to another unit or facility is required;
- a mechanism to review specific resident safety issues;
- an opportunity to clarify information prior to transfer of accountability;
- the use of a written tool for the exchange of information to the reduce the 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) (regulation section 14)
- 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's 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	Nursing Manual N- 4- 45 Integrated Care Plan	Met	Eight health records were reviewed.
6.02	• between staff at change of shift	Met	Nursing Manual N - 5 -10 Communication at Change of Shift	Met	
6.03	• when a transfer to another unit or facility is required	Met	See 24 hour report.	Met	
6.04	• for documenting and verifying the residents' departure and return from the facility	Met	See 24 hour report.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
The method of communicating the integrated care plan to direct care staff ensures:					
6.05	• consistency with current care plan	Met	Nursing Manual N- 4- 45 Integrated Care Plan	Met	
6.06	• <b>privacy of the resident's personal health information, as defined by The Personal Health Information Act.</b>	Met	The resident ADL Worksheet is located inside the cupboard in the resident bathroom.	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	Met	Please see Health Record for evidence.	Met	
6.08	• after telephone consultation	Met	Please see Health Record for evidence.	Met	
Scoring methodology: <ul style="list-style-type: none"> <li>• The bolded measure (<b>6.06</b>) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, the other measures are considered before assigning a rating to the standard.</li> <li>• Of the 7 other measures:               <ul style="list-style-type: none"> <li>○ If <math>\geq 6</math> measures are met, standard is met.</li> <li>○ If <math>\geq 4</math> and <math>&lt; 6</math> measures are met, standard is partially met.</li> <li>○ If <math>&lt; 4</math> measures are met, standard is not met.</li> </ul> </li> </ul>					

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

**The standard is:** Met

**Comments:**

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

*Reference:* Personal Care Homes Standards Regulation sections 11, 12, 13 and 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 care 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	<p>Care plans are located in the MDS binders on each unit.</p> <p>The permanent resident health record is maintained in the MDS computer network.</p> <p>Nursing Manual N - 4 - 45 Integrated Care Plan</p>	Met	Eight integrated care plans (ICPs) were reviewed.
Within 24 hours of admission, basic care requirements for the resident are documented, including:					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.02	<ul style="list-style-type: none"> <li>medications and treatments</li> </ul>	Met	MDS base care plan is completed within 24 hours of admission.	Met	
7.03	<ul style="list-style-type: none"> <li>diet orders</li> </ul>	Met	MDS base care plan is completed within 24 hours of admission.	Met	
7.04	<ul style="list-style-type: none"> <li>assistance required with activities of daily living</li> </ul>	Met	MDS base care plan is completed within 24 hours of admission.	Met	
7.05	<ul style="list-style-type: none"> <li>safety and security risks</li> </ul>	Met	MDS base care plan is completed within 24 hours of admission.	Met	
7.06	<ul style="list-style-type: none"> <li>allergies</li> </ul>	Met	MDS base care plan is completed within 24 hours of admission.	Met	
7.07	<p><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></p>	Met	<p>Within 8 weeks of admission the interdisciplinary team completes their initial assessments and care plans are developed.</p> <p>A post admission care conference occurs 6-8 weeks after admssion. Care conference review form is used and the individual care plan is reviewed.</p>	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			<p>Copies of the Care plans, advanced care plans, MARS, TARS and care conference review form are provided to the resident/family contact.</p> <p>Social Work Manual S - 3 - 25 Interdisciplinary Care Conferences</p> <p>Nursing Manual N - 4 - 45 Integrated Care Plan</p>		
The active integrated care plan contains detailed and current information on all aspects of each resident's care needs, to ensure all appropriate and proper care is provided, including information on and requirements for:					
7.08	• bathing	Met	The information for 7.08 - 7.40 is located in the base care plan, care organizer and in the RAPs generated care plan.	Met	
7.09	• dressing	Met		Met	
7.10	• oral care	Met		Met	
7.11	• skin care	Met		Met	
7.12	• hair care	Met		Met	
7.13	• fingernail care	Met		Met	
7.14	• foot care	Met		Met	
7.15	• exercise	Met		Met	
7.16	• mobility	Met		Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.17	• transferring	Met		Met	
7.18	• positioning	Met		Met	
7.19	• bladder function	Met		Met	
7.20	• bowel function	Met		Met	
7.21	• any required incontinence care product	Met		Met	
7.22	• cognitive and mental health status	Met		Met	
7.23	• emotional status, and personality and behavioural characteristics	Met		Met	
7.24	• available family, social network, friends and/or community supports	Met		Met	
7.25	• hearing ability and required aids	Met		Met	
7.26	• visual ability and required aids	Met		Met	
7.27	• rest periods, bedtime habits, and sleep patterns	Met		Met	
7.28	• safety and security risks and any measures required to address them	Met		Met	
7.29	• language and speech, including any loss of speech capability and any alternate communication method used	Met		Met	
7.30	• rehabilitation needs	Met		Met	
7.31	• therapeutic recreation requirements	Met		Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.32	<ul style="list-style-type: none"> <li>preferences for participating in recreational activities</li> </ul>	Met		Partially Met	Five of eight ICPs had the required information for the measure.
7.33	<ul style="list-style-type: none"> <li>religious and spiritual preferences</li> </ul>	Met		Met	
7.34	<ul style="list-style-type: none"> <li>food allergies</li> </ul>	Met		Met	
7.35	<ul style="list-style-type: none"> <li>diet orders</li> </ul>	Met		Met	
7.36	<ul style="list-style-type: none"> <li>type of assistance required with eating</li> </ul>	Met		Met	
7.37	<ul style="list-style-type: none"> <li>whether or not the resident has made a health care directive</li> </ul>	Met		Met	
7.38	<ul style="list-style-type: none"> <li>special housekeeping considerations</li> </ul>	Met		Met	
7.39	<ul style="list-style-type: none"> <li>other needs identified by the interdisciplinary team</li> </ul>	Met		Met	
7.40	The integrated care plan outlines care goals and interventions that will be taken to achieve those care goals.	Met		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</b></li> </ul>	Met	<p>MDS quarterly reviews are completed on all units.</p> <p>See MDS Assessment and Care Plan Review Documentation Tool.</p>	Met	
7.42	<ul style="list-style-type: none"> <li><b>at least annually by all staff who provide direct care and services to the resident, as well as the</b></li> </ul>	Met	Annual interdisciplinary and MDS assessments are completed.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<b>resident and his/her representative(s), if possible</b>		<p>The information is reviewed with the resident and their representative at the care conference.</p> <p>Date of care conference is documented on the care conference form and in the health record.</p> <p>Resident/family involvement is also documented.</p>		
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	Care plan audits are conducted quarterly.	Met	
7.44	<ul style="list-style-type: none"> <li>are reviewed and analyzed</li> </ul>	Met	Care plan audits are reviewed at: Resident Care CQI Team Leadership CQI Team	Met	
7.45	<ul style="list-style-type: none"> <li>result in recommendations for improvement being made as required, based on the audit analysis</li> </ul>	Met	Please see minutes for evidence.	Met	
7.46	<ul style="list-style-type: none"> <li>result in recommendations being implemented and followed up</li> </ul>	Met	Please see minutes for evidence.	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>Bolded performance measures (<b>7.01, 7.07, 7.41 &amp; 7.42</b>) are pass/fail performance measures. If any of the bolded measures is not met, the standard is not met. If all bolded performance measures are met, the other performance measures are considered before assigning a rating to the standard.</li> </ul>					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<ul style="list-style-type: none"> <li>Of the 42 other measures: <ul style="list-style-type: none"> <li>If <math>\geq 34</math> measures are met, the standard is met.</li> <li>If <math>\geq 25</math> and <math>&lt; 34</math> measures are met, the standard is partially met.</li> <li>If <math>&lt; 25</math> measures are met, the standard is not met.</li> </ul> </li> </ul>				

**Result:** Bolded performance measures are met and 41 of 42 other performance measures are met.

**The standard is:** Met

**Comments:**

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

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

#### **Written restraint policy**

The operator shall establish a written least restraint policy in accordance with guidelines approved by the minister. A statement describing the personal care home 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 personal care homes 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 the regulation subsection 17(1) 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 regulation 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; and
- 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	The PCH's policy on the use of restraints is consistent with guidelines approved by the minister.	Met	Nursing Manual Section 9 - Province of Manitoba Ministerial Guidelines For the Safe Use of Restraints in Personal Care Homes  Section 9 - Restraints in Personal Care Homes (Safe Use Of	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.02	There is documented evidence that the resident, if capable, has given written consent to the use of the restraint. Where the resident is not capable, the consent of the resident's legal representative is documented.	Met	Consent for Restraint Use Form.	Met	Eight residents health records with restraints were reviewed.
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	Consent for Restraint Use Form.	Met	
9.04	<b>There is documented evidence that a comprehensive assessment of the resident is completed by an interdisciplinary team, prior to application (or reapplication) of any restraint.</b>	Met	Basic Restraint Assessment and Documentation Tool.	Met	
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	9.05 to 9.14 are completed in the Basic Restraint Assessment and Documentation Tool.	Met	
9.06	<ul style="list-style-type: none"> <li>the resident's physical status</li> </ul>	Met		Met	
9.07	<ul style="list-style-type: none"> <li>the resident's emotional status</li> </ul>	Met		Met	
9.08	<ul style="list-style-type: none"> <li>the resident's mental status</li> </ul>	Met		Met	
9.09	<ul style="list-style-type: none"> <li>the resident's nutritional status</li> </ul>	Met		Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.10	• all alternatives tried and exhausted	Met		Met	
9.11	• review of current medications	Met		Met	
9.12	• actual and potential benefits to the resident if the restraint is applied	Met		Met	
9.13	• actual and potential burdens to the resident if the restraint is applied	Met	Benefits and Burdens of Restraints Form.	Met	
9.14	• any other additional ethical considerations	Met		Met	
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	9.15 to 9.19 are completed in the Basic Restraint Assessment and Documentation Tool.	Met	
9.16	• the frequency of checks on the resident while the restraint is in use	Met		Met	
9.17	• 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)	Met		Met	
9.18	• the professional designation of the person giving the order	Met		Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
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		Met	
There is evidence of a care plan for every restraint in use, that outlines the resident's unique and specific needs, including:					
9.20	<ul style="list-style-type: none"> <li>the type of restraint and method of application</li> </ul>	Met	9.20 to 9.25 are completed with the Restraint Care Plan.	Met	
9.21	<ul style="list-style-type: none"> <li>the length of time the restraint is to be used for each application</li> </ul>	Met		Met	
9.22	<ul style="list-style-type: none"> <li>the frequency of the checks on the resident while the restraint is in use</li> </ul>	Met		Met	
9.23	<ul style="list-style-type: none"> <li>when regular removal of restraints is to occur</li> </ul>	Met		Met	
9.24	There is documented evidence that the continued use of any restraint is reviewed at least once every three months.	Met		Met	
9.25	There is documented evidence within the health record of efforts to resolve the issue for which the restraint was initiated.	Met		Met	
Where a restraint is used in an emergency situation there is documented evidence of:					
9.26	<ul style="list-style-type: none"> <li>the events leading up to the use of the restraint</li> </ul>	Met	9.26 to 9.33 Emergency Restraint Documentation Tool.	Met	One emergency restraint reviewed.
9.27	<ul style="list-style-type: none"> <li>the name of the person ordering the restraint</li> </ul>	Met		Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.28	• the designation of the person ordering the restraint	Met		Met	
9.29	• the time the restraint was applied	Met		Met	
9.30	• the frequency of checks	Met		Met	
9.31	• notification of the resident's legal representative or next of kin	Met		Met	
9.32	• care provided to and response of the resident in restraint	Met		Met	
9.33	• when the resident's reassessment is to occur	Met		Met	
As part of the facility's continuous quality improvement/risk management activities, there is evidence that audits of the use of restraints:					
9.34	• occur at least annually	Met	Please see minutes for evidence.	Met	
9.35	• are reviewed and analyzed	Met	Please see minutes for evidence.	Met	
9.36	• demonstrate that recommendations for improvement were made, if required, based on the analysis	Met	Please see minutes for evidence.	Met	
9.37	• demonstrate that recommendations were implemented and followed up	Met	Please see minutes for evidence.	Met	
Scoring methodology: <ul style="list-style-type: none"> <li>• Bolded measures (<b>9.01, 9.04</b>) are pass/fail performance measures. If any one of the bolded performance measures is not met, the standard is not met. If the bolded performance measures are all met, the other performance 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, the standard is met.</li> </ul> </li> </ul>					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<ul style="list-style-type: none"> <li>○ If <math>\geq 21</math> and <math>&lt; 28</math> measures are met, the standard is partially met.</li> <li>○ If <math>&lt; 21</math> measures are met, the standard is not met.</li> </ul>				
	<b>Result:</b> All performance measures are met. <b>The standard is:</b> Met <b>Comments:</b>				

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

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

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

In regulation subsections 24 (1) (a) and (b) states that 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	Current WRHA contract is with Medisystem.	Met	
12.02	The contract defines the scope of service.	Met	See contract for evidence.	Met	
12.03	The contract includes provision for emergency and after hour services.	Met	See contract for evidence.	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	Scheduled quarterly with the team. 100% team completion.	Met	
12.05	Policies and procedures for pharmacy services are available,	Met	Pharmacy Manuals are current and are located on	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	complete and reviewed minimally every three years.		each unit and on the T-Drive.		
There are designated medication storage areas that are:					
12.06	• clean	Met	Regularly audited by the Pharmacist and results are reviewed on the units and by the Resident Care CQI Team and Pharmacy teams.	Met	
12.07	• well organized	Met		Met	
12.08	• well equipped	Met		Met	
12.09	• well maintained	Met		Met	
12.10	• secure	Met	Doors are kept locked. Only nurse has key fob.	Met	
12.11	All controlled substances are securely stored under a double lock.	Met	Only nurse has key fob. Medication Carts are locked when left unattended.	Met	
12.12	All controlled substances are counted and signed by two nurses at least once every seven days.	Met	Pharmacy Manual Method of Doing the Narcotic Count PH-4-70	Met	
Nursing staff have access to:					
12.13	• a supply of medications for emergency use (emergency drug box)	Met	There is an emergency supply located on the 1st floor of the Simkin building.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Emergency Drug Lists are current and readily available.		
12.14	<ul style="list-style-type: none"> <li>medications that should be administered without undue delay (in-house drug box for antibiotics, analgesics, etc.)</li> </ul>	Met	Stat kit, extra dose binder, stock antibiotics and narcotic kit are located on the 1st floor of the Simkin building.  All lists are current and readily available.	Met	
Withdrawals from the emergency drug box, in-house drug box and controlled substance storage are documented, including:					
12.15	<ul style="list-style-type: none"> <li>date</li> </ul>	Met	Medisystem form is used.	Met	
12.16	<ul style="list-style-type: none"> <li>the name and strength of the drug being withdrawn</li> </ul>	Met		Met	
12.17	<ul style="list-style-type: none"> <li>quantity taken</li> </ul>	Met		Met	
12.18	<ul style="list-style-type: none"> <li>the name of the resident being given the drug</li> </ul>	Met		Met	
12.19	<ul style="list-style-type: none"> <li>the name of the nurse making the withdrawal</li> </ul>	Met		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	Met	Medication reconciliation occurs on admission and upon return from hospital.  Audits are conducted to ensure the process is completed correctly.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	the receiving facility (i.e. medication reconciliation).				
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	Audits are conducted quarterly.	Met	
12.22	<ul style="list-style-type: none"> <li>the audit results are shared with nursing staff</li> </ul>	Met	<p>Audits are conducted quarterly and results are reviewed on the unit, at Resident Care CQI Team Meeting and the Pharmacy &amp; Therapeutics Meeting.</p> <p>Current copy of med room audit is kept in the medication room for all nurses to see and review.</p>	Met	
12.23	<b>A monitored dose or unit dose system is used for medication distribution in the facility.</b>	Met	<p>Pouch porter system is used.</p> <p>The amount of stock medication we have on hand is kept at a minimum.</p>	Met	
There are processes in place to ensure staff administering medications are trained and follow the appropriate procedures for the monitored dose system, including:					
12.24	<ul style="list-style-type: none"> <li>an orientation for new staff</li> </ul>	Met	Service specific orientation.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.25	<ul style="list-style-type: none"> <li>periodic audits of a medication pass for each nurse</li> </ul>	Met	Audits are conducted quarterly. Results are reviewed with the nurse and at the Pharmacy & Therapeutics meeting and Resident Care CQI Team meeting.	Met	
12.26	The resident's identity is confirmed prior to administration of medications by use of minimally two identifiers.	Met	Photos are updated annually.	Met	
12.27	The medication administration record identifies allergies and diagnoses.	Met	See Medication Administration Record (MAR).	Met	
12.28	<b>A pharmacist is available to provide drug information as required.</b>	Met	See Medication Administration Record (MAR).	Met	
<b>A committee has been established:</b>					
12.29	<ul style="list-style-type: none"> <li><b>that includes representation from pharmacy, medicine, nursing and administration</b></li> </ul>	Met	Pharmacy & Therapeutics and Medical Advisory Committee both meet regularly and review drug utilization and cost.	Met	
12.30	<ul style="list-style-type: none"> <li><b>that meets at least once every three months</b></li> </ul>	Met	Please see minutes for evidence.	Met	
12.31	<ul style="list-style-type: none"> <li>to review and make recommendations on drug utilization and costs</li> </ul>	Met	Please see minutes for evidence.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.32	<ul style="list-style-type: none"> <li>to review and follow up on medication incidents and adverse reactions</li> </ul>	Met	Please see minutes for evidence.	Met	
12.33	<ul style="list-style-type: none"> <li>to review and make recommendations on all policies for the procurement and administration of medication within the home</li> </ul>	Met	Please see minutes for evidence.	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>The bolded performance measures (<b>12.01, 12.04, 12.23, 12.28, 12.29, 12.30,</b>) are pass/fail performance measures. If any of the bolded performance measures are not met, the standard is not met. If all the bolded performance measures are met, the other performance 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, the standard is partially met.</li> <li>If <math>&lt; 16</math> measures are met, the standard is not met.</li> </ul> </li> </ul>					

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

**The standard is:** Met

**Comments:** All nurses observed during medication administration passes were practicing good hand hygiene, were diligent in ensuring the privacy and security of personal health information and medication carts. Interaction with residents was very positive and personable. Medication rooms were all well organized and stocked and all required tracking records were completed thoroughly and consistently.

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

*Reference:* Personal Care Homes Standards Regulation section 28

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

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

The operator shall ensure that:

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

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

- a) recorded within seven days after admission;
- b) monitored and recorded monthly thereafter; and
- c) 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	Facility Wide Manual Section F-2-5, and Food Services Manual Section 1.	Met	
14.02	The nutrition and food services department organization chart is displayed for staff.	Met	Posted in the kitchen.	Met	
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 staff in department meet the standard.	Met	
14.04	Policies and procedures for the nutrition and food services department are reviewed at least every three years.	Met	Food Services Manual is current.	Met	
Policies and procedures for the nutrition and food services department minimally include direction for:					
14.05	• procurement of food	Met	Food Services Manual section 4 Food Procurement and Storage: FS-4-10 Food Handling - Deliveries.	Met	
14.06	• food storage	Met	Food Services Manual section 4 Food Procurement and Storage: FS-4-10 Food Handling - Deliveries, FS-4-15 Food Handling - Storage of Perishable Food.	Met	



#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.07	• proper food handling	Met	Food Services Manual section 4 Food Procurement and Storage: FS-4-15 Food Handling - Storage of Perishable Food section 5 Food Production: FS-5-5 Safe Food Preparation, FS-5-10 Principles of Cook Chill Production, FS-5-16 Cutting Boards, FS-6-50 Retherming Food.	Met	
14.08	• proper cleaning of all equipment	Met	Food Services Manual section 8 Equipment: FS-8-5 Cleaning and Sanitizing Equipment.	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	Training sessions are held annually, and at nursing as well as volunteer and companion orientations. Food Service Manual section 7 Clinical Nutrition: FS-7-35 Education in Swallowing and Safe Feeding Practices.	Met	
There is a master menu that is:					
14.10	• <b>dated and signed as approved by a registered dietitian</b>	Met	The master menu is dated and signed as approved by a registered dietitian.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Food Services Manual section 3 Menu Planning: FS-3-5 Menu Planning and Communication.		
14.11	<ul style="list-style-type: none"> <li>posted for the information of dietary staff</li> </ul>	Met	<p>The master menu and weekly menu is posted in the Food Services Department.</p> <p>The weekly menu is also posted in all of the Resident dining rooms and on the website. Food Services Manual section 3 Menu Planning: FS-3-5 Menu Planning and Communication.</p>	Met	
The master menu specifies the daily meals and nourishments and includes:					
14.12	<ul style="list-style-type: none"> <li>the main menu</li> </ul>	Met	<p>Food Services Manual section 3 Menu Planning: FS-3-5 Menu Planning and Communication</p> <p>See master menu.</p>	Met	
14.13	<ul style="list-style-type: none"> <li>therapeutic diets</li> </ul>	Met	<p>Food Services Manual section 3 Menu Planning: FS-3-5 Menu Planning and Communication</p> <p>See master menu.</p>	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.14	<ul style="list-style-type: none"> <li>alternatives to the main menu</li> </ul>	Met	Food Services Manual section 3 Menu Planning: FS-3-5 Menu Planning and Communication  See master menu.	Met	
14.15	At least three meals or equivalent are offered to each resident, each day, at reasonable intervals.	Met	Food Services Manual section 3 Menu Planning: FS-3-5 Menu Planning and Communication Food Services Manual section 6 Food Distribution and Service: FS-6-20 Meal Times  See master menu.	Met	
Between meal fluids and nourishments are offered to every resident:					
14.16	<ul style="list-style-type: none"> <li>between breakfast and lunch (minimally fluids must be offered)</li> </ul>	Met	Food Services Manual section 6 Food Distribution and Service: FS-6-40 Between Meal Snacks and Hydration.	Met	
14.17	<ul style="list-style-type: none"> <li>between lunch and supper</li> </ul>	Met	Food Services Manual section 6 Food Distribution and Service: FS-6-40 Between Meal Snacks and Hydration.	Met	
14.18	<ul style="list-style-type: none"> <li>not less than two hours after the evening meal</li> </ul>	Met	Food Services Manual section 6 Food Distribution and Service: FS-6-40	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Between Meal Snacks and Hydration.		
14.19	The menu cycle is at least 21 days long.	Met	The master menus are 28 days in length. Food Services Manual section 3 Menu Planning: FS-3-5 Menu Planning and Communication.	Met	
14.20	Menu choices are posted daily for the residents to view, at an appropriate height and displayed using minimally size 14 Arial Font.	Met	The weeks menu is posted in each dining room. The breakfast menu is laminated and posted in the dining room. The lunch and dinner menu is written on a white board. Food Services Manual section 3 Menu Planning: FS-3-5 Menu Planning and Communication.	Met	
14.21	Residents and their families have the opportunity to provide input into the menu.	Met	Input is received at 1. Resident Council 2. Complaint process 3. Voice of the Client Survey 4. During meal rounds 5. Direct contact with residents and their representatives.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			6. Audit to measure meal satisfaction 7. Dietary aides report back to the Food Service Manager. 8. Input directly from the units. Food Services Manual section 3 Menu Planning: FS-3-10 Menu Evaluation.		
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	1. Care Plan Binder 2. Diet Census Binder	Met	
14.23	Resident's likes and dislikes are accommodated to the extent possible.	Met	Resident likes and dislikes are entered into Meal Metrics database.  Daily menu selections are generated for lunch and dinner for each resident.	Met	
14.24	Residents are served meals in a manner that promotes independent eating.	Met	Meals are prepared in a manner that promotes independent eating such as finger foods, sandwiches cut in quarters, baked products and soup served in a mug.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.25	Meals are presented in a courteous manner.	Met	Staff are encouraged to allow residents to eat at their own pace. Meal Service Enhancement Protocol is used to improve the meal time experience. Food Services Manual section 6 Food Distribution and Service: FS-6-5 Food Distribution and Service Using MEal Service Enhancement Protocol.	Met	
14.26	Positioning and assistance with eating is individualized as needed.	Met	Food Services Manual section 6 Food Distribution and Service: FS-6-5 Food Distribution and Service Using Meal Service Enhancement Protocol.	Met	
Assistance with eating is provided, when required:					
14.27	• in a manner that promotes dignity	Met		Met	
14.28	• with specific regard to safe feeding practices	Met	Food Services Manual section 7 Clinical Nutrition: FS-7-35 Education in Swallowing and Safe Feeding Practices.	Met	
14.29	• in a way that encourages interaction with the person providing assistance	Met		Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.30	Residents are given sufficient time to eat at their own pace.	Met		Met	
14.31	A dietitian registered under The Registered Dietitians Act is available for consultation as necessary.	Met	We are staffed with a total of 1.0 EFT Clinical Dietitian time, and 0.8 EFT of a Dietitian Manager.	Met	
14.32	A dietitian assesses each resident within the first eight weeks of admission and develops their nutritional plan.	Met		Met	
14.33	The resident's nutritional plan is part of the interdisciplinary care plan.	Met		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	A nutritional assessment is kept in the care plan binders on each unit. Integrated progress notes are kept in the residents chart. Food Services Manual section 7 Clinical Nutrition: FS-7-10 Nutritional Assessments and Dietitian Order Writing.	Met	
14.35	All dietary recommendations and changes are noted in the resident's health record.	Met	Food Services Manual section 7 Clinical Nutrition: FS-7-10 Nutritional Assessments and Dietitian Order Writing.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.36	There is a written policy that defines significant weight change.	Met	Food Services Manual section 7 Clinical Nutrition: FS - 7 - 25 Monitoring of Resident Weights.	Met	
14.37	There is a written procedure for formally notifying the dietary department of a significant change in a resident's weight.	Met	Weights are submitted to the Clinical Dietitian monthly. Food Services Manual section 7 Clinical Nutrition: FS - 7 - 25 Monitoring of Resident Weights.  Supplement Medication Pass Program is in place.  Weights are reviewed at the Resident Care CQI Team meeting.	Met	
14.38	The weight of each resident is recorded within seven days of admission.	Met	See weight record in chart. Audited in the Resident Chart Audit. Food Services Manual section 7 Clinical Nutrition: FS-7-25 Monitoring of Residents Weights.	Met	
14.39	The weight of each resident is recorded monthly following admission.	Met	See weight record in chart. Audited in the Resident Chart Audit. Food Services Manual section 7 Clinical Nutrition: FS-7-25	Met	



#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Monitoring of Residents Weights.		
As part of the facility's continuous quality improvement/risk management activities:					
14.40	<ul style="list-style-type: none"> <li>A variety of food service audits are conducted on a monthly basis.</li> </ul>	Met	<p>Temperatures are recorded in the food services area. Outliers are dealt with immediately.</p> <p>Audits to measure meal satisfaction are completed quarterly. Issues are addressed immediately and changes to menus and procedures come from audit findings.</p> <p>Results are reported and reviewed at Leadership CQI Resident Care CQI Team Food Services Team.</p>	Met	
14.41	<ul style="list-style-type: none"> <li>Food service audit results are analyzed and reported.</li> </ul>	Met	Please see minutes for evidence.	Met	
14.42	<ul style="list-style-type: none"> <li>Recommendations for improvement are made from the audit analyses.</li> </ul>	Met	Please see minutes for evidence.	Met	
14.43	<ul style="list-style-type: none"> <li>Those recommendations are implemented and followed up.</li> </ul>	Met	Please see minutes for evidence.	Met	
Scoring methodology:					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<ul style="list-style-type: none"> <li>The bolded performance measures (<b>14.03, 14.10, 14.11</b>) are pass/fail performance measures. If the bolded performance measures are not met, the standard is not met. If the bolded performance measures are met, the other performance measures are considered before assigning an overall rating to the standard.</li> <li>Of the 40 other measures: <ul style="list-style-type: none"> <li>If <math>\geq 32</math> measures are met, the standard is met.</li> <li>If <math>\geq 24</math> and <math>&lt; 32</math> measures are met, the standard is partially met.</li> <li>If <math>&lt; 24</math> measures are met, the standard is not met.</li> </ul> </li> </ul>				

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

**The standard is:** Met

**Comments:**

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

*Reference:* Personal Care Homes Standards Regulation section 30

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

- 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;
- 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;
- 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;
- clean and soiled linen and personal clothing are kept separate at all times;
- incontinence care products are laundered separately from other laundry; and
- 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</li> </ul>	Met	<p>All washing equipment has automatic dispensing of laundry chemicals.</p> <p>Johnson-Diversy Chemical Company services the dispensers on a monthly basis or as need basis. A report is provided that documents what services were required.</p> <p>Areas of soiled and clean are separate.</p> <p>All laundry is done in house as of December 16, 2019.</p>	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	Please see evidence on tour.	Met	
16.03	Soiled laundry is collected from the residents' units at frequent intervals	Met	Soiled laundry is collected from each unit daily.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	to control odours throughout the facility.				
16.04	Soiled laundry is bagged at its collection point.	Met	Soiled laundry is bagged on the units.	Met	
16.05	Soiled laundry carts are covered.	Met	Soiled carts are covered.	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	Laundry bags and carts are provided for placing soiled linens.	Met	
16.07	When required, soiled laundry is rinsed in the main laundry area.	Met	<p>A flush process is used in the laundry for all linen which is extremely soiled.</p> <p>Infection Control Manual IC - 5 - 15 Handling of Soiled Linen</p> <p>IC - 5 - 20 Handling of Extremely Soiled Linen</p> <p>IC - 5 -25 Handling Contaminated Laundry</p>	Met	
16.08	Personal protective equipment is available for staff when rinsing and sorting soiled laundry.	Met	Aprons or gowns and gloves are provided to the laundry staff when sorting and preparing laundry for washing.	Met	
16.09	Where rinsing in an area other than the main laundry is required, staff are equally able to follow	Met	Please see evidence on tour.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	appropriate infection control practices.				
16.10	Soiled laundry is not placed on the floor of any unit nor in the laundry area.	Met	Laundry bags and carts are provided for placing soiled linens.  Laundry staff have designated carts for sorting laundry.	Met	
16.11	Soiled laundry is kept separate from clean linen throughout the facility.	Met	Soiled and clean areas are designated.	Met	
Where there is a laundry chute:					
16.12	• It is kept properly secured.	Met	n/a	Not Applicable	
16.13	• There is a documented chute cleaning process.	Met	n/a	Not Applicable	
16.14	• It is clean on inspection.	Met	n/a	Not Applicable	
16.15	Design of the laundry area supports the proper flow of laundry, with designated clean and soiled areas, to minimize cross over between clean and soiled and prevent cross contamination.	Met	Processes are in place so the flow of linens minimizes cross contamination.	Met	
16.16	Upon inspection, there is a supply of clean linen readily available to meet resident needs.	Met	There is a process in place where staff are provided with sufficient linen on a 24 hour basis.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Nursing staff provide quotas as changes in levels of care occur.		
16.17	Linens and personal clothing are laundered separately.	Met	All laundry is washed in-house as of December 16, 2019.  Personal clothing is washed separately from facility linens.	Met	
Residents' clothing is:					
16.18	<ul style="list-style-type: none"> <li>discretely labelled</li> </ul>	Met	<p>Clothing labels are discretely placed on seams etc.</p> <p>Process in place where labeling is done on the units and in front of the resident where possible.</p>	Met	
16.19	<ul style="list-style-type: none"> <li>upon room inspection, clean and adequately supplied to meet each resident's needs</li> </ul>	Met	Please see evidence on tour.	Met	
16.20	All laundry equipment is routinely maintained.	Met	Laundry equipment is routinely serviced and preventative maintenance is done by maintenance employees.	Met	
16.21	There are records that all dryer lint traps are cleaned at least daily, and more often as required.	Met	Linen traps are cleaned daily at the end of the shift.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Please see dryer lint audits for evidence.		
16.22	There is an easily accessible hand washing area for laundry services staff.	Met	A sink is available in the laundry with soap and paper towel dispensers.  Hand sanitizer is also provided.	Met	
The laundry room is:					
16.23	• clean	Met	Cleaning of the laundry room is part of the laundry staff daily assignment.	Met	
16.24	• well lit	Met	Fluorescent lighting is used.	Met	
16.25	• well ventilated	Met	Air flow is vented from the clean area to the soiled area and then vented outside.	Met	
As part of the facility's continuous quality improvement/risk management activities, laundry audits:					
16.26	• are conducted every three months	Met	Laundry audits are completed quarterly and reported at the Housekeeping/Laundry Staff meeting and at the Leadership CQI Team meeting.  Recommendations are made and followed up on the unit and via e-mail to	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			the appropriate Nurse/Service Manager.		
16.27	• are reviewed and reported	Met	Please see minutes for evidence.	Met	
16.28	• results are analyzed	Met	Please see minutes for evidence.	Met	
16.29	• result in recommendations for improvement being made as required, based on the audit analysis	Met	Please see minutes for evidence.	Met	
16.30	• result in recommendations being implemented and followed up	Met	Please see minutes for evidence.	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• There are no pass/fail performance measures.</li> <li>• <u>Where there is a laundry chute</u>, of the 30 applicable performance measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 24</math> measures are met, the standard is met.</li> <li>○ If <math>\geq 18</math> and <math>&lt; 24</math> measures are met, the standard is partially met.</li> <li>○ If <math>&lt; 18</math> measures are met, the standard is not met.</li> </ul> </li> <li>• <u>Where there is no laundry chute</u>, of the 27 applicable performance 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, the standard is partially met.</li> <li>○ If <math>&lt; 16</math> measures are met, the standard is not met.</li> </ul> </li> </ul>					

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

**The standard is:** Met

**Comments:**

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

*Reference:* Personal Care Homes Standards Regulation section 32



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

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

#### Performance measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
18.01	Residents have access to the spiritual advisor(s) of their choice.	Met	<p>We provide in-house spiritual care and counseling to all residents.</p> <p>In addition, community Jewish and non-Jewish clergy are available; there is a synagogue and alternative chapel space for Non-Jewish residents and their clergy.</p>	Met	
18.02	The home hosts regular religious services and spiritual celebrations.	Met	<p>Weekday, Shabbat, Holy Day religious services available to Jewish residents on varying cognitive levels.</p> <p>Religious services and holiday programming is also provided for Non-Jewish residents.</p>	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Information is provided on monthly calendars.  Therapeutic Recreation assists to provide both Jewish and Non-Jewish cultural programs.		
18.03	Special spiritual and religious observances are accommodated when possible.	Met	Provide Christmas/Easter etc. services for Christian residents. Information is provided on monthly calendars.  Families are invited to attend all services offered.  Residents are included in all Jewish High Holy Day and holiday services/ programming.	Met	
Scoring methodology: <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, the standard is met.</li> <li>○ If 2 measures are met, the standard is partially met.</li> <li>○ If 1 measure is met, the standard is not met.</li> </ul> </li> </ul>					

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

**The standard is:** Met

**Comments:**

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

*Reference:* Personal Care Homes Standards Regulation sections 33 and 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 (C).

### **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°C and not more than 48°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; and
- l) 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	<p>Simkin Centre has computer controlled heating and cooling systems which maintain the temperature at a consistent temperature.</p> <p>Temperatures are taken daily at a variety of resident rooms in the facility.</p> <p>Abnormal readings lead to an investigation using DDC control system and temperatures are adjusted accordingly.</p> <p>We use an infrared heat gun to take the room temperatures.</p>	Met	
19.02	<b>Domestic hot water, at all water sources that are accessible to</b>	Met	Water temperature readings are taken daily and recorded.	Not Met	Thirty-eight of 51 (75%) temperatures taken were within the required range.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<b>residents, is not less than 43°C and not more than 48°C.</b>				
19.03	There is documented evidence of frequent monitoring (minimally once per week) of domestic hot water temperatures at locations accessible to residents.	Met	Temperatures are taken daily at a variety of locations in the facility.	Met	
19.04	There is an easily accessible call system in all resident rooms.	Met	All resident rooms contain a traditional call bell system.	Met	
19.05	There is an easily accessible call system in all resident washrooms.	Met	All resident bathrooms contain 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	There is a call bell system in each bathing suite.  In the bathing suites the call cord is located in the center of the room above the bathing unit ensuring resident access.	Met	
19.07	All open stairwells are safeguarded in a manner which prevents resident access.	Met	All stairwells have coded keypad or swipe card access.  There are no open stairwells.	Met	
19.08	All outside doors and stairwell doors accessible to residents are equipped with an alarm or locking device approved by the Fire	Met	All outside doors and stairwells are secure by maglocks, or swipe card access and are activated	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	Authority under the Manitoba Fire Code.		by our fire panel to open if a fire alarm is activated.  In the Weinberg building cameras are located in the main floor stairwells.  Wander guard system at the main entrance.		
19.09	All windows are equipped with a mechanism or are appropriately designed so they cannot be used as exits.	Met	Window openings are at the top of each window, out of reach.	Met	
19.10	Handrails are properly installed and maintained in all corridors.	Met	Handrails are secure and maintained.	Met	
19.11	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	Met	Grab bars are around the resident toilets which can be either raised or lowered as to the residents needs.	Met	
19.12	All potentially dangerous substances are labeled and stored in a location not accessible to residents.	Met	All dangerous substances are securely locked and away for the residents.  Swipe card access to soiled rooms, clean rooms, utility rooms, storage rooms and the medication rooms.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	Met	<p>Fire proof containers are kept in the laundry and kitchen for soiled cleaning cloths.</p> <p>Gasoline is stored in metal containers in the outdoor storage shed.</p> <p>Paints and paint thinners are stored in a paint cabinet.</p>	Met	
Upon inspection/observation, all equipment is:					
19.14	• safe for use	Met	Equipment is safe for use.	Met	
19.15	• safely stored	Met	Equipment is safely stored.	Met	
19.16	• used in a manner that protects residents	Met	Equipment is used in a manner that protects our residents.	Met	
There is documented evidence for all equipment, including building systems, that demonstrates the completion of:					
19.17	• as needed repairs	Met	Preventative maintenance HIPPO program in place.	Met	
19.18	• preventive maintenance	Met	Preventative maintenance HIPPO program in place.	Met	
19.19	The facility has a current policy governing the use of personal electric appliances kept by the resident.	Met	Maintenance Manual M - 4 - 60 Electrical Appliances- Residents	Met	
19.20	In facilities where smoking is permitted, it takes place in	Met	Facility Wide Manual F - 3 - 5 Smoke Free Policy	Not Applicable	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	designated areas only, and the ventilation system prevents exposure to second hand smoke within the facility.				
All exits are:					
19.21	• clearly marked	Met	All exit signs are clearly marked and exits are not obstructed.	Met	
19.22	• unobstructed	Met	All exit signs are clearly marked and exits are not obstructed.	Met	
19.23	The exterior of the building is maintained in a manner which protects the residents.	Met	Walkways are in good condition and kept free of snow and ice in the winter.	Met	
19.24	The grounds and exterior furniture are maintained in a manner which protects the residents.	Met	In the winter snow removal is contracted to an outside agency.	Met	
19.25	A system is in place to identify, and inform all staff of any resident who may wander and/or is at risk for elopement.	Met	Residents identified as a wandering risk have a roam alert.	Met	
Scoring methodology: <ul style="list-style-type: none"> <li>• The bolded performance measure (<b>19.02</b>) is a pass fail measure. If the bolded measures is not met, the standard is not met. If it is met, the other performance measures are considered before assigning an overall rating to the standard.</li> <li>• Where smoking is permitted, of the 24 other measures:               <ul style="list-style-type: none"> <li>○ If <math>\geq 19</math> measures are met, the standard is met.</li> <li>○ If <math>\geq 14</math> and <math>&lt; 19</math> measures are met, the standard is partially met.</li> <li>○ If <math>&lt; 14</math> measures are met, the standard is not met.</li> </ul> </li> <li>• Where smoking is not permitted, of the 23 other applicable measures:               <ul style="list-style-type: none"> <li>○ If <math>\geq 18</math> measures are met, the standard is met.</li> </ul> </li> </ul>					



#	Measure	Facility Rating	Comments	Review Team Rating	Comments
<ul style="list-style-type: none"> <li>○ If <math>\geq 14</math> and <math>&lt; 18</math> measures are met, the standard is partially met.</li> <li>○ If <math>&lt; 14</math> measures are met, the standard is not met.</li> </ul>					
<b>Result:</b>		The bolded performance measure is not met and all other applicable performance measures are met.			
<b>The standard is:</b>		Not Met			
<b>Comments:</b>		The facility is encouraged to plan and complete general maintenance and repair to walls and other areas where there is an obvious need for repair and refresh, including wooden hand rails.			

**Standard 22: Person in Charge of Day-to-day Operation***Reference:* Personal Care Homes Standards Regulation section 37

The operator shall designate a person to have overall responsibility and authority for the day-to-day operation of the PCH.

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	Laurie Cerqueti, CEO  Director of Care/Assistant Director of Care are on call for evenings and week-ends.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
22.02	<b>There is documented evidence that the staff development program includes performance appraisals for all staff, at least once every three years.</b>	Met	Performance appraisals are completed every three years.	Met	
22.03	The facility has a strategic plan.	Met	Please see Simkin Centre Strategic Plan.	Met	
22.04	There is a plan for the management of human resources to adequately meet the facility's current and future needs (i.e. recruitment, retention, succession planning, and attendance management).	Met	Please see HR Action Plan	Met	
22.05	Facility policy and procedure reviews occur at least every three years.	Met	Facility Wide Manual F - 2 - 15 Policy Development  Policy manuals are updated/reviewed as changes occur at minimum every 3 years.	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	Reviewed at Resident Care CQI Team, Leadership CQI Team, MAC, and by the Board Quality Committee.	Met	
22.07	• complaints/complaint handling	Met	Reviewed at Resident Care CQI Team,	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Leadership CQI Team, MAC, and by the Board Quality Committee.		
22.08	• resident satisfaction and resident representative satisfaction	Met	Reviewed at Resident Care CQI Team, Leadership CQI Team, and by the Board Quality Committee.	Met	
22.09	• resident care audits	Met	Reviewed at Resident Care CQI Team and at the Leadership CQI Team.	Met	
22.10	• resident care plan audits	Met	Reviewed at Resident Care CQI Team and at the Leadership CQI Team.	Met	
22.11	• compliance with the nursing services guideline	Met	Reviewed at Resident Care CQI Team and at the Leadership CQI Team.	Met	
22.12	• compliance with PCH staffing guideline	Met	Reviewed at Resident Care CQI Team and at the Leadership CQI Team.	Met	
22.13	• therapeutic recreation program audits	Met	Reviewed at the Leadership CQI Team and Therapeutic Recreation monthly planning meeting.	Met	
22.14	• medication pass audits	Met	Reviewed at Resident Care CQI Team, Leadership CQI Team.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
22.15	• restraint use audits	Met	Reviewed at Resident Care CQI Team and at the Leadership CQI Team.	Met	
22.16	• in-service education evaluations	Met	Reviewed at Resident Care CQI Team and at the Leadership CQI Team.	Met	
22.17	• housekeeping services audits	Met	Reviewed at Leadership CQI Team and departmental meetings.	Met	
22.18	• dietary services audits	Met	Reviewed at Resident Care CQI Team, Leadership CQI Team, and departmental meetings.	Met	
22.19	• laundry services audits	Met	Reviewed at Leadership CQI Team, and departmental meetings.	Met	
22.20	• infection control data and analysis	Met	Reviewed at Resident Care CQI Team, Leadership CQI Team, and Infection Control Team.	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• The bolded measure (<b>22.02</b>) is a pass/fail performance measure. If the bolded performance measure is not met, the standard is not met. If the bolded performance measure is met, other performance measures are considered before assigning an overall rating to the standard.</li> <li>• Of 19 other measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 15</math> measures are met, the standard is met.</li> <li>○ If <math>\geq 11</math> and <math>&lt; 15</math> measures are met, the standard is partially met.</li> <li>○ If <math>&lt; 11</math> measures are met, the standard is not met.</li> </ul> </li> </ul>					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<b>Result:</b>	All performance measures are met.			
	<b>The standard is:</b>	Met			
	<b>Comments:</b>	Multiple sources of information depending on the topic for Standard 22, measures 22.06 - 22.20. This was consistent with self-assessment description.			

**Standard 23: Qualified Staff**

*Reference:* Personal Care Homes Standards Regulation section 38

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

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

**Performance measures**

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
23.01	<b>Written job descriptions detailing job qualifications, requirements, responsibilities, and scope of function are available for all positions.</b>	Met	Job descriptions are located in the department specific manuals.	Met	
23.02	There is documented evidence that the licensing of staff is checked annually for all applicable positions.	Met	The licensing of staff is checked and a record is kept.	Met	
23.03	Compliance with the nursing services guideline is documented to ensure appropriate nursing coverage.	Met	Reviewed at Resident Care CQI Team and Leadership CQI Team.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
23.04	Compliance with the PCH staffing guideline is documented to ensure appropriate staff mix.	Met	Reviewed at Resident Care CQI Team and Leadership CQI Team.	Met	
Scoring methodology: <ul style="list-style-type: none"> <li>The bolded performance measure (<b>23.01</b>) is a pass/fail performance measure. If the performance measure 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	Participation sign in sheets are kept in the education sign in sheet binder.	Met	
Orientation includes:					
24.02	• a general orientation	Met	General one day in-service for all services.	Met	
24.03	• a job specific orientation	Met	Discipline specific orientation is the responsibility of each department.	Met	
24.04	Each staff signs an acknowledgement of the information received at general and job specific orientation.	Met	This is kept on the employee file.	Met	
The orientation program includes, at a minimum, the following components:					
24.05	• residents' bill of rights	Met	General Orientation and Nursing Orientation.	Met	
24.06	• mission statement	Met	General Orientation and Nursing Orientation.	Met	
24.07	• organization chart	Met	Nursing orientation. General orientation.	Met	
24.08	• disaster management including the fire plan	Met	General orientation.	Met	
24.09	• Workplace Hazardous Materials Information System (WHMIS)	Met	General orientation.	Met	
24.10	• infection control	Met	General and nursing orientation.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.11	• proper use of all equipment specific to job function	Met	Provided in discipline specific orientation. "Buddy forms"	Met	
24.12	• personnel policies	Met	General orientation.	Met	
24.13	• The Personal Health Information Act	Met	General orientation.	Met	
<b>24.14</b>	<b>• The Protection for Persons in Care Act</b>	Met	General Orientation and Nursing Orientation.	Met	
24.15	• the facility policy on freedom from abuse	Met	General Orientation and Nursing Orientation.	Met	
24.16	• signing an oath of confidentiality	Met	General orientation. Kept in personnel file.	Met	
24.17	• job description	Met	Service specific orientation. Resident Care orientation.	Met	
24.18	• expected skills and routines	Met	Service specific orientation.	Met	
24.19	There is an organized staff education program for all staff.	Met	Education calendar posted monthly.  Attendance records are kept in either QHR or on the Participation Record.	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</b>	Met	Education calendar posted monthly.	Met	



#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<b>employees</b>		Attendance records are kept in either QHR or on the Participation Record. A master list of fire drill attendance, code red education and reviews is maintained.		
24.21	• review of the freedom from abuse policy	Met	Annual education is provided to all staff.	Met	
24.22	• review of the residents' bill of rights	Met	Annual education is provided to all staff.	Met	
24.23	• review of the use of restraints policy	Met	Education is provided at minimum every 2 years.	Met	
24.24	• Workplace Hazardous Materials Information Sheets (WHMIS)	Met	Annual education is provided to all staff.	Met	
24.25	• education about Alzheimer's disease and related dementias, and other geriatric care information	Met	See education calendar for evidence.	Met	
24.26	• education opportunities that match the special considerations/needs of the facility's current resident population	Met	See education calendar for evidence.	Met	
24.27	Education on the proper use of new, job-specific equipment is provided whenever new equipment is acquired.	Met	See education calendar for evidence.	Met	
The staff education program also includes the following, minimally once every 3 years:					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.28	• oral health care	Met	See education calendar for evidence.	Met	
24.29	• proper resident transferring techniques	Met	Safe Patient Handling is taught at Nursing Orientation and all HCAs and nurses are required to attend a review every 3 years.	Met	
24.30	• education opportunities to ensure staff have a basic understanding of the value of spiritual and religious care as an integral part of holistic care	Met	See education calendar for evidence.	Met	
24.31	An attendance record is maintained for every in-service education program provided.	Met	Participation Records QHR reports.	Met	
24.32	There is a process to ensure that all staff are made aware of all new or revised policies.	Met	<p>Notices are provided to the units and service areas when a policy or procedure has been revised.</p> <p>Self directed learning packages are also used to update/educate staff on new information.</p> <p>Depending on Policy, may also be reviewed at</p>	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Resident Care Team and Unit/Service Meetings.		
As part of the facility's continuous quality improvement/ risk management activities, there is evidence of an education services audit process which includes:					
24.33	<ul style="list-style-type: none"> <li>• annual evaluation of all education programs</li> </ul>	Met	<p>Evaluations are provided at education sessions.</p> <p>Feedback is reviewed to determine the effectiveness of the education session and also to address new topics or needs for education.</p>	Met	
24.34	<ul style="list-style-type: none"> <li>• review and analysis of the program evaluations</li> </ul>	Met	<p>Evaluations are provided at education sessions.</p> <p>Feedback is reviewed to determine the effectiveness of the education session and also to address new topics or needs for education.</p>	Met	
24.35	<ul style="list-style-type: none"> <li>• recommendations for improvement resulting from the analysis, as required</li> </ul>	Met	<p>Evaluations are provided at education sessions.</p> <p>Feedback is reviewed to determine the effectiveness of the education session and</p>	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			also to address new topics or needs for education.		
24.36	<ul style="list-style-type: none"> <li>• implementation and follow-up of those recommendations</li> </ul>	Met	<p>Evaluations are provided at education sessions.</p> <p>Feedback is reviewed to determine the effectiveness of the education session and also to address new topics or needs for education.</p>	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• The bolded performance measures (<b>24.01, 24.14, 24.20</b>) are pass/fail performance measures. If any one of the bolded performance measure is not met, the standard is not met. If all the bolded performance measures are met, the other performance 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, the standard is met.</li> <li>○ If <math>\geq 20</math> and <math>&lt; 26</math> measures are met, the standard is partially met.</li> <li>○ If <math>&lt; 20</math> measures are met, the standard is not met.</li> </ul> </li> </ul>					

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

**The standard is:** Met

**Comments:**