

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

Regional Health Authority: Winnipeg Regional Health Authority

Facility: The Saul and Claribel Simkin Centre

Number of Beds: 200 beds

Review Team:

- I.D. # LCB 342 – Manitoba Health
- I.D. # LCB 500 – Manitoba Health
- I.D. # LCB 735– Manitoba Health
- I.D. # WRHA1100 – Winnipeg Regional Health Authority
- I.D. # WRHA7151 – Winnipeg Regional Health Authority

Review Date: May 24, 2023

Report Date: July 24, 2023

**Summary of Results:**

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

**Resident Experience – Ten Residents were interviewed.**

Resident Experience Questions	Resident Responses by Type of Response					
	Always	Often	Sometimes	Rarely	Never	No Comment
1. Are you happy with the care you receive here?	5	4	1			
2. Do the staff check in to see if you need anything?	2	5		2		1
3. Are you treated the way you want to be treated?	6	4				
4. Do you feel your privacy is protected when showering, dressing or using the bathroom?	8	2				
5. Can you access spiritual or religious services of your choice?	7	1				2
6. Are you satisfied with the activities available on weekends?		3	6	1		
7. Do the staff help you to participate in activities you enjoy?	6*	3				
8. Do you decide how you spend your day?	7	2			1	
9. Do you like the food here?	2	6	1		1	
10. Do you enjoy the dining service?	5	3	1			1
11. Are you happy with how the staff respond to your concerns?	3	5	2			
	Yes	No	*2 people did not respond to Q12 *1 person did not respond to Q7			
12. Do staff ask you what help you need?	8*					
13. Would you recommend this facility to others?	10					
If you could change three things about this home, what would you change? (All responses are included below): <ul style="list-style-type: none"> <li>Good to have list of persons in charge on the units and when they take their breaks.</li> </ul>			Three favourite things about the PCH: <ul style="list-style-type: none"> <li>Very good place.</li> </ul>			

<ul style="list-style-type: none"> <li>• It is difficult to read weekly menu, have it printed in clearer print and organized differently.</li> <li>• More staffing X 2 respondents.</li> <li>• More weekend activities X 2 respondents.</li> <li>• Weekend activities are on the main floor, making it difficult for residents that require assistance to attend.</li> <li>• I do not have anything to change X 2 respondents.</li> <li>• Menu.</li> <li>• More opportunity to participate in cooking, only once per week now.</li> <li>• Staff raise, they deserve it.</li> </ul>	<ul style="list-style-type: none"> <li>• Food is pretty good.</li> <li>• Enjoy the recreation.</li> <li>• Staff are kind.</li> <li>• Cleanliness.</li> <li>• Best run.</li> </ul>
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**Family Feedback – There were 15 responses received from the families.**

Family Experience Questions	Family Member Responses by Type of Response					
	Always	Often	Sometimes	Rarely	Never	No Comment
1. Does your loved one receive help when they need it?	5	7	3			
2. Do staff regularly check to see if your loved one needs anything?	2	7	2	3		1
3. Does your loved one have access to other health care professionals such as the Doctor, Physiotherapists, Occupational Therapists, a Rehab Aide or a Foot Care Nurse, when requested?	9	4	2			
4. Are your loved one's dietary needs and choices taken into consideration in the meals provided?	7	6	1		1	
5. Do you think your loved one takes part in activities that are of interest to them?	7	6	2			
6. Do staff respect your loved one's preferences?	6	5	4			

7. Does the facility make efforts to create a home-like environment?	6	5	3			1
8. Are your loved one's belongings safe in the facility?	10	3	2			
9. Is your loved one's room and the rest of the facility clean?	10*	4				
10. Is the facility in a good state of repair?	8	7				
11. Are you regularly updated about what is happening at the facility?	8	4	3			
12. Are you informed of any changes in your loved one's condition, in a timely manner?	10	2	3			
13. Do you feel the staff address your concerns?	9	4	2			
14. Are the staff friendly and approachable?	11	3	1			
15. Do you have opportunities to participate in decisions about your loved one's care?	9	5	1			
16. In addition to in-person visits, are you able to stay in touch with your loved one?	2*	4		2	1	2
	Yes	No	*No response to Q 9 & Q 17 x 1 respondent. *No response to Q 16 x 4 respondents.			
17. Would you recommend this facility to a family member or friend?	14*					
If you could change three things about this home, what would you change? (all responses are included below): <ul style="list-style-type: none"> <li>• Need more staff on weekends, always difficult to find staff on weekends when needed X 2 respondents.</li> <li>• More staff on duty X 6 respondents. GOVERNMENT FUNDING from one respondent.</li> <li>• More Christian activity for non-Jewish residents, i.e. Christmas / Easter.</li> <li>• Have canteen open longer X 2 respondents.</li> <li>• Better room temperature controls.</li> <li>• More snacks.</li> <li>• Some menu need improvement.</li> <li>• Because of respect for Sabbath, there are no activities.</li> </ul>						

- Bigger rooms.
- More evening and weekend activities.
- Food - to be served in a timely manner; often cold.
- Provide television in common areas.
- Establish critically needed policy and protocols to regulate every aspect of antipsychotic use.
- Move away from the unfortunate tendency to invest in showy “improvements” that make the facility look good and “impressive” in the newspaper, (e.g. the “multi-generational playground”) and focus on the basic, essential needs (such as repairing the neglected leaky sink and rotting floor on Simkin 2N) that simply aren’t as “sexy”.

**Additional Comments:**

- This PCH sets the standards for others in the province but there is need to review the pay scale to reduce staff turnover; because the aging population is increasing and staff retention is important for the delivery of care that meets the expected standards.
- More staff is needed because call bells ring for 20-30 minutes unanswered and when staff are on break there should be relief help to replace them.
- Mother has only been in the home for four months and we are very impressed.
- There is a need for more staff so each resident has a little more attention in a timely manner.
- The music programs by Quentin & Russell are wonderful ways to engage residents.
- Regular staff are excellent but often evenings and weekend staff feel sketchy. Casual staff do not know routines and can’t provide adequate care.
- I belong to an Alzheimer’s support group, Simkin Centre does give more access to family than other homes.
- The current Recreation Director has a very good approach to dealing with all the residents.
- If the home can arrange for an eye doctor to come into the home rather than take resident out on an appointment.
- Dogs visits from Human Society.
- More outings - he wants to go on a bike and maybe to the park.
- More concerts (not show tunes or jazz).
- Aquarium like birds to be available to everyone.
- The Simkin does so much that is good, and for the most part I give them a lot of credit for their efforts. Plus, there are many wonderful people working there. However, much of the good is all but undone or severely undermined by their refusal to engage with the CRITICAL issue of the need to establish policies and protocols to regulate every aspect of its appallingly lax and inappropriate use of antipsychotics. In the case of my own family member, this laxity has had catastrophic near consequences. Such policy must govern every aspect of this practice – from under what conditions and to whom it is appropriate to prescribe such drugs to conscientious considerations of potential drug interactions, to the duration of use

allowable before comprehensive and qualified re-evaluation, to awareness of adverse effects. This includes ensuring that ALL staff are thoroughly familiar with those adverse effects, recognize them and bring them to physicians' attention, not assume as they did, insistently, in our case, that it is "just the dementia"!

The use of antipsychotics has become so rampant and they are dispensed with such casual liberality that it has become normalized and these dangerous drugs have come to be perceived as innocuous – we're talking about drugs with a Black Box warning against their use on elderly dementia patients – such as the antipsychotic drug that almost led to my loved one's death. I have written extensively to the facility, entreating them to address this critical issue to no avail; I have also written to CPSM, and to the WRHA.

I also wish to say that I recognize that without increased government funding allowing in the increase in the staff to patient ratio, it will be all but impossible to break the PCHs unholy reliance on antipsychotic drugs to control dementia "behaviors". The present situation, is built on an occult premise that elderly dementia patients are expendable – that since they will "soon" be going down anyway, there is no point in investing resources to take care of them in a humane manner. This premise must be looked straight in the face and seen for the evil it is. It flies in the face of our claim to be a compassionate and enlightened society that value human life.

**Staff Feedback – 19 staff replied to the experience questionnaire.**

Staff Experience Questions	Staff Responses by Type of Response					
	Always	Often	Sometimes	Rarely	Never	No Comment
1. Do you have the equipment and supplies you need to do your job	13	6				
2. Do you have enough staff to handle the work load in your department?	3	9	6	1		
3. Do you feel supported by co-workers from all departments?	5	7	7			
4. Do you receive all the information you need about each resident's current care needs?	6	9	2	1		1
5. Are you provided with adequate training and education opportunities	10	4	4			1
6. Does your manager/supervisor encourage you to share your ideas and concerns?	7	9		1	1	1
7. Does the leadership team changes based on your ideas for improvements?	3	9	4	2		1

8. Does your direct supervisor provide the support and guidance that you require?	6	7	4		1	1
9. Does the leadership team keep you informed of any updates including required policies and procedures?	11	6	1	1		
	Yes	No				
10. Overall, is this a good place to work?	19					
11. If you could change three things about this home, what would you change? (all responses are included below):						
<ul style="list-style-type: none"><li>• Meal choices.</li><li>• Dealing with staff (not respectful to each other).</li><li>• Room for staff to rest/de-stress.</li><li>• Computers for online education.</li><li>• Better communication with all departments X 3 respondents.</li><li>• Appreciate health care aides' ideas about workloads.</li><li>• Increase staffing X 5 respondents - can be an issue most of the time; to manage high workload; put more staff in kitchen so HCAs do not need to assist in kitchen.</li><li>• Increase health care aides staffing as promised through Stevenson report X4 respondents.</li><li>• Space for classroom to complete education.</li><li>• More funding for more staff; for better care.</li><li>• Space for classroom to complete education.</li><li>• New paint on walls, new doors.</li><li>• More maintenance support to fix problems.</li><li>• More rehabilitation equipment (working on this); X 2 respondents.</li><li>• Increase the number of Dietary aides on each unit from 1 to 2.</li><li>• Fix the heating &amp; cooling system in the Simkin building.</li><li>• Access to newer equipment.</li><li>• HCAs &amp; nursing to assist with feeding residents at large events like Birthday parties, BBQ, order in lunches such as Chinese and Pizza parties.</li><li>• More parking. Not enough space for all the cars.</li><li>• Support from all departments X 2 respondents.</li><li>• Monthly meetings to address staff concerns.</li><li>• Dietary Manager to listen to staff on meal options for residents. Recent change in management appeared to have affected the dietary department, leaving residents without options at meal times.</li></ul>						

- Expand the memory care/secure unit to include an SNU/SNBU.

#### **Additional Comments:**

- It is a fabulous place to work. Feel very supported in my position;
- Staff are keen to learn in education sessions especially in person.
- Management cares about staff X 2 respondents.
- We need to make a better system as care homes are terrible places in general, this home is the best of the worst.
- The staff here are amazing and supportive.
- The Simkin Centre has been a very positive and supporting environment.
- Approach is resident-centered. It is clear that leadership is trying to create an environment that residents will thrive in.
- Have a scheduler for nursing department on weekends.
- Simkin is the best place to work. I am happy to be here.
- Alanna and Sera are the best bosses. They treat us with respect.
- We have a gym now! I like the treadmills for staff. This was a comment made in addition to response on Q7- changes made by leadership based on staff ideas for improvement.
- This is a good place to work but with current staff shortage throughout the building, it has been tough on the staff.
- Recent changes in management has resulted in friction within some departments.

It was noted during the review, that efforts were currently being made by the leadership to recruit additional staff to meet workload demands across the various disciplines.

#### **License posted**

Is the licence posted as required in a publically accessible location?	<u>Yes</u>	<u>No</u>	Review Team Comments
	√		It was seen posted by the front entrance close to the security desk

#### **Standard 1: Bill of Rights**

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

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

**Performance Measures:**

#	Measure	Review Team Comments
The bill of rights is posted:		
1.03	<ul style="list-style-type: none"> <li>in minimum standard CNIB print (Arial font 14 or larger);</li> </ul>	Bill of Rights were seen posted in various locations in the facility and accessible to residents, families and staff.
1.04	<ul style="list-style-type: none"> <li>in locations that are prominent and easily accessible by residents, families and staff;</li> </ul>	
1.06	Residents are sheltered, fed, dressed, groomed and cared for in a manner consistent with their needs.	Residents observed or interacted with during the course of the review appeared clean, well-groomed and appropriately dressed and staff responded to residents needs as appropriate.

**Follow-up:**

None.

**Standard 2: Resident Council**

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

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

**Performance Measures:**

#	Measure	Review Team Comments
2	Resident council minutes are posted as required by regulation.	The most recent Resident Council minutes were seen posted on the family board and on one of the units.
2.01	There is evidence that the resident council meets, at a minimum, five times per year.	There has been four meetings held so far in the current year, with each meeting occurring at different units in the facility.
2.02	Terms of Reference of the resident council meetings provide evidence that residents are encouraged and supported in bringing forward issues and concerns.	No concerns noted.

### **Findings:**

It was noted that there has not been consistency in the format of the meetings especially during COVID outbreaks occurring at various times on different units. Thereby, not all residents have been given the opportunity to attend and contribute to the meetings. This was cited as a gap from the 2022 standards review. At that time, it was recommended that changes be made to accommodate residents to attend the Resident Council meetings.

### **Follow-up:**

#### **Required.**

The facility is required to ensure a minimum of five meetings are held each year and that residents from each unit whom are able, will have an opportunity to attend a meeting. The home is required to submit a status update report indicating the actions taken to address the unmet standard.

### **Standard 5: Right to Participate in Care**

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

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

#### **Performance Measures:**

#	Measure	
There is documented evidence on the resident's health record that the resident and their representative have had the opportunity to participate in:		
5.01	<ul style="list-style-type: none"> <li>The development of the initial care plan (completed within 24 hours of admission);</li> </ul>	Reviewed health records included evidence of involvement of resident and/or their representative in the development of the initial care plan.
5.02	<ul style="list-style-type: none"> <li>The development of the integrated care plan (completed within eight weeks of admission), and;</li> </ul>	No concerns noted.
5.03	<ul style="list-style-type: none"> <li>The annual care conferences.</li> </ul>	Annual care conferences were documented for all residents that had resided in the home for over one year.

### **Follow-up:**

None.

### **Standard 6: Communication**

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

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

**Performance Measures:**

#	Measure	Review Team Comments
There are standardized processes in place, and supporting evidence that processes are consistently followed, to ensure ongoing, accurate and timely communication of each resident's needs including:		
6.01	• Changes to current care plan;	Changes made to the care plans were identified with an updated date.
6.05 6.06	The method of communicating the integrated care plan to direct care staff ensures privacy of the resident.	Twenty-one of the 26 rooms audited during the review, had activity of daily living (ADL) sheets and information protected while remaining five rooms did not have ADL sheets found in the rooms.

**Follow-up:**

Recommended.

The home is encouraged to audit the resident rooms to ensure that a covered ADL sheet is located in each resident room.

**Standard 7: Integrated Care Plan**

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

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

**Performance Measures:**

#	Measure	Review Team Comments
Within 24 hours of admission, basic care requirements for the resident are documented, including:		
7.02	• Medications and treatments;	No concerns noted.
7.03	• Diet orders;	
7.04	• Assistance required with activities of daily living;	
7.05	• Safety and security risks, and;	

#	Measure	Review Team Comments
7.06	<ul style="list-style-type: none"> <li>Allergies.</li> </ul>	
7.07	There is evidence that within the first eight weeks of admission, the resident's needs have been assessed by the interdisciplinary team and a written integrated care plan has been developed.	No concerns noted.
7.42	<ul style="list-style-type: none"> <li>at least annually by all staff who provide direct care and services to the resident, as well as the resident and his/her representative(s), if possible.</li> </ul>	Nine of the ten reviewed health records had the required information but one health record indicated that care plan was reviewed by one person.

**Findings:**

Measures 7:02 to 7:42 were assessed where 10 Integrated Care Plans (ICP) were reviewed. The reviewed ICPs clearly outlined the resident centered interventions. The reviewed care plans indicated detailed and required information needed to provide care to residents.

Annual care conferences were generally well done and changes were documented in nine of the ten reviewed care plans. It was noted that one care conference, had only one staff signature. Facility is advised to indicate names of attendees at the care conferences or a cover page that will include the list of participants and outcome of the dialogue.

Residents' care was discussed with care providers and information provided was consistent with documentation in the care plans and resident observations.

**Follow-up:**

None.

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

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

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

**Performance Measures:**

#	Measure	Review Team Comments
8.06	The Protection for Persons in Care Act information is posted in locations that are prominent and easily accessible by residents, families and staff.	PPCO posters were seen posted in different places throughout the home and were readily accessible to everyone.

**Follow-up:**

None.

**Standard 9: Use of Restraints**

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

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

**Performance Measures:**

#	Measure	Review Team Comments
9.02	There is documented evidence that the resident, if capable, has given written consent to the use of the restraint. Where the resident is not capable, the consent of the resident's legal representative is documented.	Eight of the 10 reviewed health records had required information.
9.03	If written consent is not available, verbal consent must be obtained from the resident or their legal representative. Verbal consent must be documented, dated and signed by two staff members, one of whom must be a nurse.	One health record did not have the verbal consent documented while written consent was obtained few days after the restraint was initiated. Another restraint documentation showed that verbal consent was obtained by only one nurse, when two signatures are required and the written consent was completed the next day.
9.04	There is documented evidence that a comprehensive assessment of the	All 10 health records had a restraint assessment completed by an interdisciplinary care team.

#	Measure	Review Team Comments
	resident is completed by an interdisciplinary team, prior to application (or reapplication) of any restraint.	
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>	Nine of the 10 reviewed restraint documents had the required information.
There is a written order for the restraint in the resident's health record that indicates:		
9.15	<ul style="list-style-type: none"> <li>the kind of restraint to be used;</li> </ul>	
9.16	<ul style="list-style-type: none"> <li>the frequency of checks on the resident while the restraint is in use;</li> </ul>	Nine of the 10 reviewed health records had required information.
9.17	<ul style="list-style-type: none"> <li>the signature of the person giving the order (where a chemical restraint is used it must be ordered by a doctor, nurse practitioner or physician assistant);</li> </ul>	No concerns were noted. The information was not located in one health record as the health record had been thinned.
9.18	<ul style="list-style-type: none"> <li>the professional designation of the person giving the order;</li> </ul>	<p>Six of the ten reviewed health records had the designation of the individual giving the order.</p> <p>In four of the health records, the designation was missed in one, was not legible in two health records and in one thinned record, this was not reviewed.</p>
9.19	<ul style="list-style-type: none"> <li>for a chemical restraint, the time limit for its use (the discontinuation date).</li> </ul>	No concerns noted.
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>	No concerns noted.

#	Measure	Review Team Comments
9.21	<ul style="list-style-type: none"><li>the length of time the restraint is to be used for each application;</li></ul>	
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>	Nine of the 10 reviewed health records had required information.
9.23	<ul style="list-style-type: none"><li>when regular removal of restraint is to occur;</li></ul>	No concerns noted.
9.24	There is documented evidence that the continued use of any restraint is reviewed at least once every three months.	
9.25	There is documented evidence within the health record of efforts to resolve the issue for which the restraint was initiated.	
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>	There were only two health records with emergency restraint documentation at the time of review and this was well done. It had all required information.
9.27	<ul style="list-style-type: none"><li>the name of the person ordering the restraint;</li></ul>	
9.28	<ul style="list-style-type: none"><li>the designation of the person ordering the restraint;</li></ul>	
9.29	<ul style="list-style-type: none"><li>the time the restraint was applied;</li></ul>	
9.30	<ul style="list-style-type: none"><li>the frequency of checks;</li></ul>	
9.31	<ul style="list-style-type: none"><li>notification of the resident's legal representative or next of kin;</li></ul>	
9.32	<ul style="list-style-type: none"><li>care provided to and response of the resident in restraint;</li></ul>	

#	Measure	Review Team Comments
9.33	<ul style="list-style-type: none"> <li>when the resident's reassessment is to occur.</li> </ul>	

**Findings:**

The ten reviewed health records had restraint documentations that were generally well done with a few exceptions where gaps of information were identified. The facility is advised to encourage staff to review and ensure completeness of restraint documentation.

**Follow-up:**

None.

**Standard 12: Pharmacy Services**

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

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

**Performance Measures:**

#	Measure	Review Team Comments
12.04	<ul style="list-style-type: none"> <li>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.</li> </ul>	All 10 reviewed health records had completed and up to date medication and treatment reviews.
There are designated medication storage areas that are:		
12.10	<ul style="list-style-type: none"> <li>secure.</li> </ul>	Medication rooms were found to be locked except on one of the units.
The pharmacist ensures that:		

#	Measure	Review Team Comments
12.21	• Audits of the medication storage room, emergency drug box, in-house drug box and	No concerns noted.
12.22	• The audits are shared with nursing staff.	
A committee has been established		
12.29	• That includes representation from pharmacy, medicine, nursing and administration.	No concerns noted.
12.30	• That meets at least once every three months	
12.31	• to review and make recommendations on drug utilization and costs	
12.32	• to review and follow up on medication incidents and adverse reactions	
12.33	• to review and make recommendations on all policies for the procurement and administration of medication within the home	

### **Findings:**

The medication pass was observed and it was noted that this was generally well done on the various units. There were a couple of missed opportunities for appropriate hand hygiene. On one of the units it was observed that the cart was unlocked and unattended to while the nurse administered medications to residents. Pre-signing of medication administration record was also noted and there was an instance where the nurse administered medication with only apple sauce without a beverage.

### **Follow-up:**

Recommended.

While no follow-up reporting is required, it is recommended that the home conduct medication pass audits with the nurses to assess compliance and provide education to address the identified areas for improvement including; hand hygiene, medication carts not locked when out of the nurses' line of vision, appropriate medication sign off and acceptable medication administration processes.

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

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

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

**Performance Measures:**

#	Measure	Review Team Comments
14.15	At least three meals or equivalent are offered to each resident, each day, at reasonable intervals.	Meals are provided and at considerable time interval. Breakfast – 0800 hours, lunch – 1200 hours, supper – 1700 hours.
Between meal fluids and nourishments are offered to every resident:		
14.16	between breakfast and lunch (minimally fluids must be offered);	Fluids and nourishments are offered between meals.
14.17	between lunch and supper; and,	
14.18	not less than two hours after the evening meal.	
14.20	Menu choices are posted daily for the residents to view, at an appropriate height and displayed using minimally size 14 Arial font.	Daily and summer/spring menus were seen posted.
14.23	Resident's likes and dislikes are accommodated to the extent possible.	Despite that a preference list is being maintained by dietary staff, residents' choices were not accommodated.
14.24	Residents are served meals in a manner that promotes independent eating.	Residence independence was encouraged and those that required assistance either by cues or set up received same.

#	Measure	Review Team Comments
14.25	Meals are presented in a courteous manner.	Staff were friendly and courteous.
14.26	Positioning and assistance with eating is individualized as needed.	Staff served meals and provided assistance as required.
Assistance with eating is provided, when required:		
14.27	• in a manner that promotes dignity;	No concerns noted.
14.28	• with specific regard to safe feeding practices;	Safe feeding practices were maintained.
14.29	• in a way that encourages interaction with the person providing assistance.	Staff were friendly and interacted.
14.30	Residents are given sufficient time to eat at their own pace.	Residents had adequate time to finish up their meals at their own pace.

#### **Findings:**

Family members were seen assisting their loved ones with their meals as needed. It was also observed that during the meal service every staff was available to assist as needed. However, it was observed on one of the units that breakfast for a resident was left on a table unattended to for over thirty minutes. Similarly, some units had glasses of juice served prior to arrival of residents with missed opportunities for accommodating choices or making the fluids and meals available at the right temperature. The facility is advised to serve beverages and meals while the resident is seated to ensure meals and beverages are at appropriate temperature and that residents have an opportunity for active choices.

#### **Follow-up:**

None

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

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

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

**Performance Measures:**

#	Measure	Review Team Comments
15.01	The facility is clean and odour free.	The facility was found to be generally clean and odour free except that some boards behind the handrails were dusty.
15.03	There is documented evidence that the tub and bathing equipment cleaning process is completed after each resident's use.	There were no issues noted with the cleaning of the tub and bathing equipment.
15.04	Upon inspection all shared equipment is found to be clean.	It was noted that some plates on sit to stand lift were soiled.

**Findings:**

The facility was found to be generally clean and well kempt.

**Follow-up:**

None

**Standard 16: Laundry Services**

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

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

**Performance Measures:**

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

**Follow-up:**

None.

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

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

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

**Performance Measures:**

#	Measure	Review Team Comments
Each month's recreation programming includes:		
17.08	A variety of planned programs to meet all residents' physical, emotional, cultural and social needs (including large and small group activities);	Monthly calendars and daily activities were seen posted in the units with various activities to meet resident's needs. It was noted that activities for the various units differ.
17.09	Some evening and weekend activities, and;	Recreation programs were available on some evenings and weekends.
17.10	Options for residents who cannot/do not prefer to participate in group programs.	No concerns noted.
Information about recreation programs:		
17.11	<ul style="list-style-type: none"> <li>is posted in prominent, resident-accessible locations throughout the home;</li> </ul>	Monthly program calendars were seen posted in various areas of the facility including resident rooms and daily activities written clearly on whiteboards on the units.
17.12	<ul style="list-style-type: none"> <li>is clear and easy for residents to read.</li> </ul>	No concerns

**Findings:**

The residents were engaged in various activities at the time of the review which included; visit to the zoo, exercises, baking of cheese cake and listening to music.

**Follow-up:**

None

**Standard 18: Spiritual and Religious Care**

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

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

**Performance Measures**

#	Measure	Review Team Comments
18.02	The home hosts regular religious services and spiritual celebrations.	No concerns noted.

**Follow-up:**

None.

**Standard 19: Safety and Security**

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

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

**Performance Measures:**

#	Measure	Review Team Comments
19.01	The temperature in residential areas is a minimum of 22°C.	Air temperature readings at time of review in most residential areas were at the minimum temperature except nine readings of the twenty-nine which were between 19 and 20°C.
19.02	Domestic hot water, at all water sources that are accessible to residents, is not less than 43°C and not more than 48°C.	There were no issues noted with the water temperature readings.
19.03	There is documented evidence of frequent monitoring (minimally once per week) of domestic hot water temperatures at locations accessible to residents.	The water temperature logs in most units were up to date with a few exceptions where there were no records of tub room temperatures.
19.04	There is an easily accessible call system in all resident rooms.	Call bells were available and functional. However, two resident rooms had the cords of the call bell rolled up.
19.05	There is an easily accessible call system in all resident washrooms.	No issues noted.

#	Measure	Review Team Comments
19.06	There is a call system in all bathing facilities that is easily accessible from all areas around the tub.	
19.07	All open stairwells are safeguarded in a manner which prevents resident access.	
19.08	All outside doors and stairwell doors accessible to residents are equipped with an alarm or locking device approved by the fire authority under the Manitoba Fire Code.	
19.09	All windows are equipped with a mechanism or are appropriately designed so they cannot be used as exits.	
19.10	Handrails are properly installed and maintained in all corridors.	There were a few loose handrails and the varnish was wearing off due to the effects of the cleaning wipes.
19.11	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	No issues noted.
19.12	All potentially dangerous substances are labelled and stored in a location not accessible to residents.	Laundry room was unlocked with an open container of detergent. The door of the soiled utility room on one of the units was unlocked. Four litres of white vinegar was sighted in one of the resident's room and a large box of Polident® in another room.
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	No issues noted.
There is documented evidence for all equipment, including building systems, that demonstrates completion of:		
19.17	• as needed repairs;	No concerns noted.

#	Measure	Review Team Comments
19.18	• preventative maintenance.	
All exits are:		
19.21	• clearly marked;	No concerns noted.
19.22	• unobstructed.	
19.23	The exterior of the building is maintained in a manner which protects the residents.	
19.24	The grounds and exterior furniture are maintained in a manner which protects the residents.	

#### **Findings:**

It is commendable that facility has various resident centered interventions to promote safety, i.e. signage asking staff to approach from the right side because of residents' vision issues.

There were some damaged drawers in Simkin 2 that also needed to be wiped out. There were plastic coating (door protectors) on doors that were coming off. Soap scum was seen on the floor of the tub room in Weinberg 2. It was noted at the time of the review that some potentially dangerous substances were sighted at various areas of the facility. Some examples of the potentially dangerous substances include, an open detergent container in an unlocked laundry room, Polident® accessible in resident rooms, and a 4 litre bottle of vinegar in a unsecure room. The facility is advised to ensure that all such substances are out of the reach of residents to prevent accidents.

#### **Follow-up:**

None.

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

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

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

#### **Performance Measures**

#	Measure	Review Team Comments
24	Evaluation of education records provided by facility.	It was noted that some education had occurred.
The staff education program annually includes at least the following:		
24.20	Fire drill participation or fire prevention education for every staff member, including permanent, term and casual employees;	It was difficult to determine the percentage of staff that have had fire drills from the documentation provided by the home.

**Findings:**

The documentation provided by the facility indicated some education have occurred but it did not detail the number of staff whom attended the fire drill education relative to the total number of staff expected to attend.

It was difficult to determine the staff training that was available or completed during every quarter.

Some of the responses from the staff experience questionnaire also indicated there was a need for education.

**Follow-up:**

Recommended.

The facility is encouraged to complete education records clearly documenting the staff education for each year. Many sites create spread sheets indicating the education and the attendees.

The staff education documentation is required to demonstrate the mandatory education that is required and completed by the staff.

The fire education, drills and or training that staff have participated in should be clearly documented, demonstrating the percentage of staff in all departments that have participated in the fire education.

**Standard 25: Complaints**

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

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

**Performance Measures:**

#	Measure	Review Team Comments
Directions related to complaint processes:		
25.02	<ul style="list-style-type: none"> <li>are posted in a prominent location in the home;</li> </ul>	This information was noted to be on the family bulletin board only.

#	Measure	Review Team Comments
25.03	<ul style="list-style-type: none"> <li>include the position and contact information of the appropriate person (people);</li> </ul>	

**Findings:**

The facility has a formal complaint process that was found on the family bulletin board. It is advisable that this should be made available on all units for easy accessibility for residents and family.

**Follow-up:**

Recommended.

The facility is encouraged to make the complaint forms and process available on the units and other areas where it is easily accessible for the residents and family members.