

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

Regional Health Authority: Winnipeg Regional Health Authority (WRHA)

Facility: The Saul and Claribel Simkin Centre

Facility Address: 1 Falcon Ridge Dr., Winnipeg, R3Y 1V9

Number of Beds: 200

Review Team: I.D. # LCB089 – Manitoba Health, Seniors and Long-Term Care (MHSLTC)
I.D. # LCB653 – MHSLTC
I.D. # LCB735 – MHSLTC
I.D. #WRHA6795 – WRHA
I.D. #WRHA0027 – WRHA

Review Date: May 1, 2024

Report Date: June 21, 2024

Summary of Results:

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

Report Preamble:

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

Stakeholder Feedback

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

Resident Feedback						
Resident Experience Questions	Resident Responses by Rating					
	Always	Most of the time	Sometimes	Rarely	Never	No Comment
1. Are you happy with the care you receive here?	3	4				
2. Do you get the help you need when you need it?	3	3				1
3. Are you treated respectfully?	4	3				
4. Do you feel the staff respect your wishes or choices?	3	4				

	Always	Most of the time	Sometimes	Rarely	Never	No Comment
5. Do you have the privacy you want when receiving care?	6					1
6. Are you interested in the activities offered?	3	3	1			
7. Do you get to decide how you spend your day?	7					
8. Do you like the food here?	2	2	3			
9. Do you enjoy mealtimes?	2	4	1			
	Yes	No	NA			
10. If you have any concerns for yourself or others, do you know who to talk to?	7					
11. If you had a complaint, were you satisfied with the outcome?	4		3			
12. Would you recommend this home to others?	6	1				
<p>If you could change three things about this home, what would you change? (All responses are included below):</p> <ul style="list-style-type: none"> • Glad my spouse is in the building, wish we could be in the same room. • The menu – fresh fruits • The meals. • More variety in food. • More comfortable chairs – too hard. • Access to a pool. • More self-initiated games for women (things you can do by yourself or with someone else) since the guys have the pool table. 						

Additional Comments: Seven residents were interviewed. In addition to rating the questions, each resident had the opportunity to provide additional comments, and these are as follows:

- Interested in bingo.
- I like the music programs. Very happy.
- Exercise 3 x weekly. Enjoy the games.
- Want 2 baths per week.
- Need help getting dressed. Sometimes they are delayed, caring for other people.

- Some staff are better at the treating me respectfully than others.
- Some of the staff have a bit of an attitude i.e., ignore residents.
- There is a 2-to-3-minute response time to the call bell.
- Asked at resident council for a second hair wash two meetings ago and still haven't heard back.
- The staff knock before entering.
- I am very self-sufficient, so I don't really need help.
- Recreation gets everyone engaged, reminds everyone of activity and helps or gets help to bring people. Also open to suggestions from residents.
- I really appreciate the help I get here.
- I can do what I like, but they make sure I keep moving and don't rest too long. For meals, I can eat in my room if I want.
- Food not too bad, spicy sometimes. Jewish food I enjoy. Try to have cultural food. Sometimes run out of food.
- Concerns about the carbs and sugar, there isn't enough fresh fruits on the menu.
- The food is 50/50.
- The food is really good!
- They have some choices around what to eat.
- Glad Passover is over!! Boring, bland food. They could change it up a little. More spices, less fish and more roast beef.
- Breakfast has choices. Lunch - the alternate is egg salad sandwiches. Dinner – I am not sure.
- Normally, I enjoy mealtimes. Some people/residents are noisy and call out.

Family Feedback						
Family Experience Questions	Family responses by Rating					
	Always	Often	Sometimes	Rarely	Never	No Comment
1. Does your loved one receive help when they need it?	6	3				
2. Are you happy with the care your loved one receives?	7	2				

	Always	Often	Sometimes	Rarely	Never	No Comment
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?	5	3				1
4. Are you happy with the meals provided to your loved one?	3	5	1			
5. Does your loved one have opportunities to participate in activities that interest them?	7					2
6. Do staff respect your loved one's preferences?	5	3				1
7. Does the facility make efforts to create a home-like environment?	6	3				
8. Is facility kept clean?	8	1				
9. Is the facility in a good state of repair?	5	3	1			
10. Are you regularly updated about what is happening at the facility?	7	2				
11. Are changes in your loved ones's condition shared with you in a timely manner?	6	3				
12. Do the staff make an effort to address your concerns?	7	1	1			
13. Are the staff friendly and approachable?	8	1				
14. Do you have opportunities to participate in decisions about your loved one's care?	7	2				
	Yes	No				

15. Are you aware of the formal complaint process at the facility?	7	2	
16. Would you recommend this facility?	8		One questionnaire did not have a response.
<p>If you could change three things about this home, what would you change? (all responses are included below):</p> <ul style="list-style-type: none"> • Some emphasis on helping the caregiver. • Providing some activities on Saturdays • Have recreation activities on weekends. • More evening activities. • More staff especially on evenings/weekends (x 7 respondents) • Better control of heating/air conditioning. • Update heater. • A six-month review of residents' clothing, to return clothing that has been placed in the wrong room. • A second bath each week (x 2 respondents). • Laundry staff putting clothes nice and neat in drawers. • Periodically re-assess where residents are placed in the interest of compatibility with each other. • Water with meals. • Update the machine like the Hoyer. • Update paint colours/curtains in rooms. 			

Additional Comments: Nine families completed the Family Experience Questionnaire. In addition to rating each question, there was an opportunity to add additional comments. These are as follows:

- This is a fantastic facility. I have already referred Simkin as something to consider.
- Very happy with care of my loved one, the care home staff is excellent but are getting burnt out with heavier care residents that are being admitted. We suggest an increase in hours of care provided by the provincial government.
- I appreciate the effort the staff put into colour coordinating the clothes my loved one wears.
- For 2 ½ years Simkin Centre has provided excellent care. Staff on Weinberg I is caring, efficient, and devoted to their residents, as well as welcoming to family. Staff and the doctor are amazing.
- The staff is always helpful and easy to talk about problems regarding the residents. Very clean and beautiful surroundings.
- Under the constraints that the Simkin Centre operates under, as I imagine would be the case for all PCHs, as it relates to funds available to provide services, the Simkin Centre provides incredible services and support for its residents.
- My loved one recently moved from one unit to another, which has been a positive change. On the previous unit I feel there needs to be changes regarding communication, visibility of leadership and accountability. I am so impressed

with the care and management my loved one is receiving now on the current unit. My anxiety has decreased and I have a sense of peace finally.

Staff Feedback						
Staff Experience Questions	Staff responses by rating.					
	Always	Often	Sometimes	Rarely	Never	No Comment
1. Do you have the equipment and supplies you need to do your job?	14	3				1**
2. Do you have enough staff to handle the workload in your department?	5	3	6	1	2	1*
3. Do you feel supported by co-workers from all departments?	7	7	3			1*
4. Is there good communication across departments?	7	7	2			1* 1*
5. Do you receive all the information you need about each resident's current care needs?	10	5	2			1
6. Does the leadership team keep you informed of any facility updates (e.g. including required policies and procedures, safety or staff changes)?	13	5				
7. Are you provided with adequate training and education opportunities?	14	4				
8. Does your manager/supervisor encourage you to share your ideas and concerns?	13	4			1	

	Always	Often	Sometimes	Rarely	Never	No Comment
9. Does the leadership team make changes based on your ideas for improvements?	5	7	4			1* 1
10. Does your direct supervisor provide the support and guidance that you require?	11	6	1			
	Yes	No	*: Respondent selected both "Always" and "Often"			
11. Overall, is this a good place to work?	18		**: Respondent selected both "Often" and "Sometimes"			
<p>If you could change three things about this home, what would you change? (all responses are included below):</p> <ul style="list-style-type: none"> • More staffing (x 5 respondents). • Not working short staffed. • More dietary aides on the unit at mealtimes as it is difficult for the current aide to provide meals to 40 residents and recreational staff who have been picking up the slack as the residents are very vocal. • More HCAs for more support. • More HCAs and nurses. • More staff for the residents • Hire additional rehab assistants. Caseloads are high. • Tub room and shower room updates. • More support and more updated equipment. • Need wage raise because everything is going up. • More security measures. • Better sitting areas out front for residents and sitting areas out back for staff. • More access to outdoor recreation opportunities. • The rehab department needs a larger space to work with residents in. • More accountability and oversight. • Different alternate food choices – they eat a lot of egg salad. • Preventative maintenance. • Maintenance for the whole building, example for dripping or leaking water from faucet. • Patch up walls. • Paint or revarnish the handrail and nurses' station. • Sealant on the edge of the dining sinks and room sinks. 						

Additional Comments: Eighteen staff from a variety of departments with different lengths of employment, returned the Staff Experience Survey. In addition to providing a rating to each question, there was an opportunity to provide additional comments and these are as follows and echo the above comments.

- We need equipment for bathing (Stretcher, tub chair).
- More verbal communication with follow up instead of emails.
- Every PCH has some concerns, we are especially lucky to work at Simkin Centre.
- If we could bring back the total cream, it's a germicidal cleaner and polish. This is nice for the sink to eliminate stinky odor. The smell is fresh and clean, visitors and families love this aroma. Our managers stop this to use the housekeeper. Total cream is environmentally friendly. If we could bring back "Break Down" odor elimination, fresh. This is effective for BM smells in the rooms, it eliminates the smells after a few minutes, before cleaning the rooms.
- We love to work at Simkin Centre.

Licence posted

Is the licence posted as required in a publicly accessible location?	<u>Yes</u>	<u>No</u>	Review Team Comments
	X		Current licence posted on main floor at the reception 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
1.02	The bill of rights is reviewed and approved by residents and/or their designates annually.	Resident Council meeting minutes for February 2023 referenced discussion of the bill of rights. Minutes did not indicate 'approval' of the rights by the residents.
The bill of rights is posted:		

#	Measure	Review Team Comments
1.03	<ul style="list-style-type: none"> in minimum standard CNIB print (Arial font 14 or larger); 	The bill of rights was posted in prominent locations on all floors, in appropriate font size and at an appropriate height for those in wheelchairs.
1.04	<ul style="list-style-type: none"> in locations that are prominent and easily accessible by residents, families and staff; 	
1.05	Residents are treated with courtesy and in a way that promotes their dignity and individuality	Interactions observed between residents and staff throughout the review day were very personable and respectful. Familiarity with the needs and preferences of individual residents was evident.
1.06	Residents are sheltered, fed, dressed, groomed and cared for in a manner consistent with their needs.	Residents observed during the review appeared to be comfortable, dressed appropriately and well-groomed. Most residents were actively engaged in activities and social interactions throughout the day; very few were in their rooms. Staff were very responsive and attentive to resident requests/needs and very few call bells were activated.

Findings: It is a requirement that the residents review the existing Bill of Rights. This can be done at the Resident Council meetings with a few rights reviewed at a time or the rights reviewed at one opportunity.

Follow-up: **Recommended:** Ensure that in 2024 the Bill of Rights is approved by the residents and this documented when it is completed.

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.	With the exception of Weinberg 3, minutes of the most recent Council meeting were posted on each unit.

2.01	There is evidence that the resident council meets, at a minimum, five times per year.	Six meetings were held in 2023. As per the Council meeting schedules posted, six meetings are to take place in 2024.
2.02	Terms of Reference of the resident council meetings provide evidence that residents are encouraged and supported in bringing forward issues and concerns.	The Terms of Reference reviewed were appropriate and identified the Council as a forum for communicating and resolving resident concerns.
Minutes of the resident council meetings provide evidence that the residents' issues and concerns are:		
2.03	<ul style="list-style-type: none"> • Documented; 	The Council minutes reviewed included documentation of issues and concerns as well as evidence of appropriate response and timely follow-up.
2.04	<ul style="list-style-type: none"> • Investigated; 	
2.05	<ul style="list-style-type: none"> • Responded to at the next resident council meeting; and 	
2.06	<ul style="list-style-type: none"> • Followed-up on in a timely fashion 	

Findings: Reviewers noted that the range of information documented in the Council meetings has increased since the last review, providing a more fulsome account of meeting discussion and follow-up steps taken.

Follow-up: Recommended: Ensure that the most recent Council meeting minutes are posted on all floors.

Standard 5: Right to Participate in Care

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

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

Performance Measures:

#	Measure	
There is documented evidence on the resident's health record that the resident and their representative have had the opportunity to participate in:		
5.01	<ul style="list-style-type: none"> The development of the initial care plan (completed within 24 hours of admission); 	Participation/involvement of the residents/caregivers in the development of the initial care plan was documented in all ten resident records reviewed.
5.02	<ul style="list-style-type: none"> The development of the integrated care plan (completed within eight weeks of admission), and; 	In nine of ten resident records, family involvement in the development of the integrated care plan at the initial (8 week) care conference was noted.
5.03	<ul style="list-style-type: none"> The annual care conferences. 	For all resident records where annual care conference(s) had taken place, resident/family participation was noted.

Findings: From the family questionnaires, families responded positively about being able to participate in their loved one's care.

Follow-up: None

Standard 6: Communication

Reference: Personal Care Homes Standards Regulation section 14

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

Performance Measures:

#	Measure	Review Team Comments
There are standardized processes in place, and supporting evidence that processes are consistently followed, to ensure ongoing, accurate and timely communication of each resident's needs including:		
6.01	<ul style="list-style-type: none"> Changes to current care plan; 	Information sharing processes are well-established. Based on feedback provided in the staff questionnaire, care providers generally have access to the information they require to provide appropriate care.

#	Measure	Review Team Comments
6.05 6.06	The method of communicating the integrated care plan to direct care staff ensures privacy of the resident.	With one exception, ADL (activities of daily life) sheets were posted in medicine cabinets in resident washrooms to maximize privacy of personal health information. Medication Administration Records (MAR sheets) were covered on medication carts when left unattended during medication administration passes. Where detailed care instructions were posted in resident rooms, staff advised this was initiated by family members.

Findings: Notable improvements have been made in ensuring the privacy of information contained in ADL and MAR sheets.

Follow-up: None

Standard 7: Integrated Care Plan

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

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

Performance Measures:

#	Measure	Review Team Comments
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.	In one of ten resident records reviewed, the initial integrated care plan (ICP) was not developed within the required 8 weeks (i.e. completed 4 months after admission).
There is evidence that the integrated care plan is reviewed:		
7.42	<ul style="list-style-type: none"> at least annually by all staff who provide direct care and services to the 	In one of ten resident records reviewed, the annual care conference was completed late (i.e. 4 months after due date).

#	Measure	Review Team Comments
	resident, as well as the resident and his/her representative(s), if possible.	

Findings:

Ten resident ICPs were reviewed. The ICP is an integral part of the health record that provides direction to care providers. This direction is based on clinical assessments of various disciplines which contribute to the ICP. Both the 24-hour care plan and ICPs were noted to be comprehensive and did outline the specific care needs of the resident. Reviewers noted a few inconsistencies between the ADL sheet and the ICP.

With the exception of the above-noted gaps, the development of the initial (8 week) integrated care plans and annual reviews of the care plan were completed within required timelines. No concerns were noted with respect to completion of quarterly reviews.

Each resident’s health care record and ICP reviewed was also discussed with a care provider and the resident was observed. In each case, observations of the resident and discussions with the care provider indicate that this particular staff person was familiar with the care needs of the resident and were generally in alignment with the written care plan.

Follow-up: **Recommended:** The facility utilize the quarterly care plan review to ensure all required documentation is in alignment with the other types of required documentation.

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.	Information (posters/pamphlets) was visible on every floor in prominent locations.

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
9.04	There is documented evidence that a comprehensive assessment of the resident is completed by an interdisciplinary team, prior to application (or reapplication) of any restraint.	One missed restraint assessment for a seatbelt currently in use. Reviewers confirmed that the resident is unable to remove the seatbelt independently and therefore constitutes a restraint. Use of the seatbelt is, however, included in the care plan, ADL sheet and has been included in quarterly reviews.
There is a written order for the restraint in the resident's health record that indicates:		
9.16	<ul style="list-style-type: none"> the frequency of checks on the resident while the restraint is in use; 	Not indicated for two restraints reviewed.
9.19	<ul style="list-style-type: none"> for a chemical restraint, the time limit for its use (the discontinuation date). 	Not indicated for the one chemical restraint reviewed. At minimum a review date should be indicated.
Where a restraint is used in an emergency situation there is documented evidence of:		
9.30	<ul style="list-style-type: none"> the frequency of checks; 	Not indicated for one of four emergency restraints reviewed.
9.32	<ul style="list-style-type: none"> care provided to and response of the resident in restraint; 	Not indicated for two of four emergency restraints reviewed.

Findings: All ten resident records reviewed included restraint documentation (including four emergency restraints). With the exception of the above-noted gaps, documentation was completed as required. As discussed during the review debrief, the assessment for a seatbelt restraint (see 9.04) is to be completed and consent for use is required.

Reviewers noted that for several restraints, both an interim restraint form and a restraint assessment were completed on the same day. The intent of the interim restraint form is to allow for an assessment period to determine the continued need for a restraint. If the restraint does not require an assessment period, the comprehensive form can be used without the interim restraint form.

Follow-up: **Recommended:** Ensure that all components of restraint documentation are completed. Where a component is not applicable (N/A), it should still be initialled/signed and dated to indicate it has been reviewed.

Standard 12: Pharmacy Services

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

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

Performance Measures:

#	Measure	Review Team Comments
12.04	<ul style="list-style-type: none"> The pharmacist conducts medication and treatment reviews on a quarterly basis (once every 3 months) with the interdisciplinary team (pharmacist, nurse, physician/nurse practitioner/physician assistant and other members as needed) and this is documented in the health record. 	Quarterly medication reviews are completed as required.
There are designated medication storage areas that are:		
12.10	<ul style="list-style-type: none"> secure. 	Medication rooms were secured and accessible only to authorized personnel. One medication cart was being stored in a vestibule on Simkin (2 South) rather than in the medication room located in the special needs unit. This was discussed with leadership and reviewers were advised this is not normal practice.
The pharmacist ensures that:		

#	Measure	Review Team Comments
12.21	<ul style="list-style-type: none"> • Audits of the medication storage room, emergency drug box, in-house drug box and 	Audits are conducted on a regular basis as required.
12.22	<ul style="list-style-type: none"> • The audits are shared with nursing staff. 	Audit findings are shared at nursing meetings. A 'trophy' is awarded to the floor with the 'best' results.
A committee has been established		
12.29	<ul style="list-style-type: none"> • That includes representation from pharmacy, medicine, nursing and administration. 	Measures: 12.29 – 12.33: Currently, both Medical Advisory and Pharmacy and Therapeutic (P & T) committee meetings take place regularly as required to discuss drug utilization, cost, incidents, adverse reactions, and recommendations for procurement and administration. An opportunity to combine/amalgamate these two groups was identified during the debrief meeting and may reduce redundancies.
12.30	<ul style="list-style-type: none"> • That meets at least once every three months 	
12.31	<ul style="list-style-type: none"> • to review and make recommendations on drug utilization and costs 	
12.32	<ul style="list-style-type: none"> • to review and follow up on medication incidents and adverse reactions 	
12.33	<ul style="list-style-type: none"> • to review and make recommendations on all policies for the procurement and administration of medication within the home 	

Findings: Medication administration passes were observed on all floors during the review day. With the exception of some missed opportunities for hand hygiene and one incident each of pre-signing and preparing medication prior to locating resident, all best practices were observed.

Nurses were personable, patient and supportive in their interactions with residents. Carts were secured during medication administration and privacy of information was protected when carts were left unattended.

Follow-up: None

Standard 13: Health Records

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

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

Performance Measures

#	Measure	Review Team Comments
13.23	There is evidence that the thinned files are maintained in an organized state that allows for easy access to the information within each file.	All thinned files reviewed were well-organized and information was easy to locate.

Follow-up: None

Standard 14: Nutrition and Food Services

Reference: *Personal Care Homes Standards Regulation section 28*

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

Performance Measures:

#	Measure	Review Team Comments
14.15	At least three meals or equivalent are offered to each resident, each day, at reasonable intervals.	Three meals are offered as required.
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 as required.
14.17	between lunch and supper; and,	
14.18	not less than two hours after the evening meal.	

#	Measure	Review Team Comments
14.20	Menu choices are posted daily for the residents to view, at an appropriate height and displayed using minimally size 14 Arial font.	Daily menu was posted on each unit as required with the exception of one where the menu was posted on the door and when the door was open to the servery, the menu was not visible.
14.21	Residents and their families have the opportunity to provide input into the menu.	Resident council meetings indicate that residents do have input into the menu.
14.23	Resident's likes and dislikes are accommodated to the extent possible.	Although all kitchens had a list of likes and dislikes to work from, active choice was not offered in many instances.
14.24	Residents are served meals in a manner that promotes independent eating.	Many residents were independent with set up of meals and adaptive equipment.
14.25	Meals are presented in a courteous manner.	Meals were presented in a courteous manner. Staff on different units were engaged more in the meal service by describing the meal and offering choices.
14.26	Positioning and assistance with eating is individualized as needed.	Positioning and assistance was available and individualized as needed.
Assistance with eating is provided, when required:		
14.27	<ul style="list-style-type: none"> • in a manner that promotes dignity; 	For those residents that did require assistance with eating, appropriate required practices were observed.
14.28	<ul style="list-style-type: none"> • with specific regard to safe feeding practices; 	
14.29	<ul style="list-style-type: none"> • in a way that encourages interaction with the person providing assistance. 	
14.30	Residents are given sufficient time to eat at their own pace.	Generally, rushing people to eat was not observed. On a couple of the units, residents had the next part of the meal placed in front of them and hadn't finished the previous part of the meal.

#	Measure	Review Team Comments
14.32	A dietitian assesses each resident within the first eight weeks of admission and develops their nutritional plan.	Of the ten health records reviewed, eight were applicable to review and all eight records had the required assessment documented.
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.	Of the applicable health records for those residents who had been admitted for a year, all records had the required annual documentation.

Findings: In the resident interviews, there were mixed opinions on the quality and taste of the food and the meal experience. Meal service varied from unit to unit. Some beverages pre-poured based on resident likes and dislikes. Units have carts to offer choice of hot and cold beverages. Meal was staged with each course coming out usually as appropriate intervals. Some units offered choice i.e. amount of food, all or parts of the meal or alternatives. Other units served plated food from the unit kitchen and no choice was available unless the resident spoke up. Some residents did speak up, but most did not or could not. Generally, food was placed at the resident's seat when the resident was there. This is an improvement noted from last year's report.

Residents indicated in interviews they would like more fresh fruit.

Follow-up: **Recommended:** The facility has the tools to promote choice at mealtimes with beverage carts and a kitchen being on each unit. It is expected that the facility work with staff to promote choice at meal times consistently across all unit.

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 very clean without notable odours. The presence of housekeeping staff was evident on all floors.
15.03	There is documented evidence that the tub and bathing equipment cleaning process is completed after each resident's use.	Tub cleaning records on all floors were not consistently completed.
15.04	Upon inspection all shared equipment is found to be clean.	No concerns were noted with respect to the cleanliness of shared equipment.

Findings: The facility provides a clean, tidy and comfortable living environment. Housekeeping staff were observed to be very friendly and personable with residents, providing assistance as possible and/or alerting health care staff of residents' needs as appropriate.

Follow-up: Recommended: Ensure that cleaning records are completed after each resident bath and shower.

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);	Recreational calendars included a wide range of group activities and residents on all floors were observed to be actively engaged in these activities throughout the review day. Group activities are offered both on the floor/unit and on the main floor.

#	Measure	Review Team Comments
17.09	Some evening and weekend activities, and;	Activities are offered weekends and evenings.
17.10	Options for residents who cannot/do not prefer to participate in group programs.	Options for independent and 1:1 leisure activities are readily available (E.g. puzzles, games, books, movies, etc.).
Information about recreation programs:		
17.11	<ul style="list-style-type: none"> is posted in prominent, resident-accessible locations throughout the home; 	The daily recreation activities on offer are prominently displayed on large whiteboards on every floor and a monthly recreation calendar was found in each of the resident rooms inspected.
17.12	<ul style="list-style-type: none"> is clear and easy for residents to read. 	Recreation whiteboards on the floor/unit are easy to read.

Findings: Recreational programming appears to be an area of strength. Throughout the review date, activities were occurring on all floors and residents appeared to be very engaged and interactive; a lot of laughter and good-natured banter heard. Recreational facilitators were energetic and actively encouraged resident participation.

There were many family members on site visiting with loved ones, adding to a sense of ‘community’ within the facility. Space for socializing and recreation activities are plentiful throughout the facility.

Recreational activities observed by reviewers included: exercise, baking, singing, listening to guitarist/singer, a memorial service, parachute game, puzzling, and card games.

Members of the leadership team identified numerous ‘future projects’ that will further enhance opportunities for socialization and recreation, including a resident accessible outdoor garden.

Family questionnaire responses did identify a need for more weekend and evening activities.

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.	The day of review the ambient temperature in several units in the PCH were less than the 22C requirement. The spring and fall are difficult times to regulate the air temperatures due to the outdoor temperature variability. Residents and staff did identify it was cold on the units. Upon enquiry with the staff, maintenance indicated the facility HVAC system was under repair and maintenance.
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.	Forty-one (41) water temperatures were taken at resident accessible locations and all but two were within the required range.
19.03	There is documented evidence of frequent monitoring (minimally once per week) of domestic hot water temperatures at locations accessible to residents.	Weekly monitoring occurs. Temperatures are within the required range.
19.04	There is an easily accessible call system in all resident rooms.	Two rooms were identified as having no call bells. These were identified to the care home.
19.05	There is an easily accessible call system in all resident washrooms.	Two washrooms were identified as having no call bells
19.06	There is a call system in all bathing facilities that is easily accessible from all areas around the tub.	Call systems in tub rooms were easily accessible and were in working order.
19.07	All open stairwells are safeguarded in a manner which prevents resident access.	No issues were identified on the building tour.
19.08	All outside doors and stairwell doors accessible to residents are equipped with an alarm or locking device	No issues were identified on the building tour.

#	Measure	Review Team Comments
	approved by the fire authority under the Manitoba Fire Code.	
19.09	All windows are equipped with a mechanism or are appropriately designed so they cannot be used as exits.	No issues were identified on the building tour.
19.10	Handrails are properly installed and maintained in all corridors.	No issues were identified on the building tour.
19.11	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	No issues were identified on the building tour.
19.12	All potentially dangerous substances are labelled and stored in a location not accessible to residents.	Several bottles of disinfectant were found in locations accessible to residents such as counter tops, tables or unsecured cupboards.
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	None were found on the building tour.
There is documented evidence for all equipment, including building systems, that demonstrates completion of:		
19.17	<ul style="list-style-type: none"> as needed repairs; 	The building is well maintained.
19.18	<ul style="list-style-type: none"> preventative maintenance. 	
All exits are:		
19.21	<ul style="list-style-type: none"> clearly marked; 	No issues were identified on the building tour.
19.22	<ul style="list-style-type: none"> unobstructed. 	

#	Measure	Review Team Comments
19.23	The exterior of the building is maintained in a manner which protects the residents.	No issues were identified on the building tour.
19.24	The grounds and exterior furniture are maintained in a manner which protects the residents.	

Findings: For bathing, there is no external thermometers in use and staff are relying on the tub gauge for the tub water temperature. These gauges on the tubs can become inaccurate or unreliable. The use of an external thermometer is another safety check for staff and residents. Staff are relying the “wrist” test and the gauge to ensure the correct water temperature in the tubs.

From the staff experience questionnaires, staff identified a better sitting area out front for residents.

Follow-up:

Recommended:

- The facility consider implementing the use of external thermometers in the tub rooms to maximize safety during bathing.
- All residents should have a mechanism to call staff. It should be documented clearly in the care plan/health record what options have been explored, trialed and what is in use for residents to contact staff or have as safety plan in place.
- Ensure that open bottles of disinfectant are not accessible to residents and are kept in a secure location.

Standard 20: Disaster Management Program

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

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

Performance Measures

#	Measure	Review Team Comments
20.17	Training is provided for all staff on methods to lift and transfer residents to safety in an emergency, at least every three years.	Training on lifts and transfers was last provided in 2022.
20.19	There is documented evidence of exercising, testing and evaluation of all components of the disaster management program, over a period of three years, based on the level of risk.	Evidence provided for the last three years indicated that in addition to education, there has been evidence of exercises for Code Black, severe weather-tornado, Code Green and Code Yellow. A plan for 2024 included practical education for Codes Green, Yellow and White.
20.20	There is documented evidence of implementing improvements as identified in the review/evaluation of exercises/ tests.	The results/findings from disaster management education/exercises are reviewed by the 'Disaster Team' and reports are prepared for the Board. Recommendations and follow-up actions are documented in meeting minutes.
20.21	There is documented evidence that fire drills are conducted at least once a month.	Based on the information provided, a fire drill was conducted in every month for 2023 and 2024 to the date of the review.

Follow-up: **Recommended:** The facility ensure that minimally all codes in the standards are tested in exercise over three years.

Standard 24: Staff Education

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

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

Performance Measures

#	Measure	Review Team Comments
The staff education program annually includes at least the following:		
24.20	Fire drill participation or fire prevention education for every staff member, including permanent, term and casual employees;	<p>In 2023 all staff participated in a fire drill and/or fire education, with the exception of a single site person.</p> <p>In 2024, all staff are on track to participate in a fire drill and/fire education.</p>
There is evidence of an education services audit process which includes:		
24.33	<ul style="list-style-type: none"> • Annual evaluation of all education programs; 	<p>Measures: 24.33 – 24.36: While there is currently no process in place for an ‘annual’ roll-up of education evaluation, quarterly education reports are developed and shared with the Continuous Quality Improvement team and are shared with nursing and management. Reports include both an analysis of education provided and recommendations for future training/education events.</p> <p>Members of the leadership team advised that the Board is in the process of determining/developing an annual education evaluation format.</p>
24.34	<ul style="list-style-type: none"> • Review and analysis of the program evaluations; 	
24.35	<ul style="list-style-type: none"> • Recommendations for improvement resulting from the analysis, as required, and; 	
24.36	<ul style="list-style-type: none"> • Implementation and follow-up of those recommendations. 	

Follow-up: None

Standard 25: Complaints

Reference: Personal Care Homes Standards Regulation section 401

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

Performance Measures:

#	Measure	Review Team Comments
Directions related to complaint processes:		
25.02	<ul style="list-style-type: none"> are posted in a prominent location in the home; 	Comment/concern forms were located at a large information board on the main floor. A 'green' listing for respective department contacts was posted in the same location and is reportedly provided to residents/families as part of the admission information package.
25.03	<ul style="list-style-type: none"> include the position and contact information of the appropriate person (people); 	

Follow-up: None