Manitoba
Health, Seniors and Long-Term Care

Personal Care Home (PCH) Standards
Standards Review Report

Regional Health Authority:	Winnipeg Regional Health Authority
PCH Name:	The Saul & Claribel Simkin Centre
PCH Address:	1 Falcon Ridge Drive, Winnipeg, R3Y 1V9
Number of Beds:	200
Review Team:	I.D. # LCB836 - Manitoba Health, Seniors and Long-Term Care I.D. # LCB500 - Manitoba Health, Seniors and Long-Term Care I.D. # LCB653 - Manitoba Health, Seniors and Long-Term Care I.D. # WRHA6831 – Winnipeg Regional Health Authority I.D. # WRHA6469 – Winnipeg Regional Health Authority
Review Date:	2026-03-04
Report Date:	2026-07-02

Summary of Results:

Standard	Regulation	Follow-Up
1	Bill of Rights	None
2	Resident Council	Recommended
6	Communication	None
7	Integrated Care Plan	None
8	Freedom from Abuse/Neglect	None
9	Use of Restraints	None
12	Pharmacy Services	None
13	Health Records	None
14	Nutrition and Food	None
15	Housekeeping Services	None
16	Laundry Services	None
17	Therapeutic Recreation	None
19	Safety and Security	Recommended
20	Disaster Management	None
22	Person in Charge	None
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. If the facility does not have a copy of the suggested evidence document, please contact your regional representative. Although the materials list highlights areas of focus for the standards reviews, the reviewers can inspect and comment on any standard in the PCH standards suggested evidence document.
- During a 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.

Follow-up Classifications:

- **None:**
  - Requirements within a PCH standard are met or exceeded and there is no follow-up reporting required.
- **Recommended:**
  - Requirements within a PCH standard are met and there is no follow-up reporting required, however, the Quality and Standards Officer (QSO) may make a recommendation for quality improvement, including initiatives that: 1) meet best practice, 2) identify an opportunity for improvement to resident experience or 3) identify an opportunity for improvement in an area that is related to standards but not directly specified in a measure.
  - The QSO may make a recommendation when the deficits identified under the standard did not meet the threshold for required reporting but will be re-evaluated at the next standards review to ensure compliance. Continued non-compliance in successive reviews may escalate the rating to “required.”
- **Required:**
  - Requirements within a PCH standard are not met and the frequency and/or nature of the deficits were such that follow-up reporting is deemed necessary. PCHs must take action to address the deficits identified in a status update to the LCB within a designated timeline. Reporting continues until the Licensing and Compliance Branch (LCB) is satisfied that the standard requirements have been met.

Feedback:

Interviews and questionnaires completed with residents, family members and staff during 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 n = (8)						
Resident Experience Questions	**Resident Responses by Rating**					
	Always	Most of the time	Sometimes	Rarely	Never	No Comment
1. Do you get the help you need from staff?	3	4	1	0	0	0
2. When you need help, are you satisfied with how long it takes staff to respond?	0	5	3	0	0	0
3. Are you happy with the way you are treated here?	5	1	1	1	0	0
4. Are you involved in the decision-making about your care?	3	4	1	0	0	0
5. Do you get to decide when you go to bed?	6	2	0	0	0	0
6. Do you get to decide when you get out of bed?	4	1	3	0	0	0
7. Do you like the food?	2	3	1	1	1	0
8. Other than the food, do you enjoy mealtimes?	4	2	1	0	1	0
9. Are you offered a choice of food and beverages at mealtimes?	5	1	1	0	0	1
10. Do you enjoy the activities they offer?	2	3	1	0	1	1

11. Do they take good care of your clothing?	4	1	0	1	1	1
	Yes	No	Q14 – one respondent did not answer the question.			
12. Do you know about the resident council?	7	1				
13. Do you know about the resident bill of rights?	6	2				
14. Would you recommend this home to others?	5	2				

If you could change three things about this home, what would you change? (responses are summarized below):

- Better communication among the staff.
- Friendlier staff – they should say hello.
- Nothing.
- Food – menu options. More food options. (x 3 respondents).
- Change out the activities – the budget is too low. Need more activities (x 2 respondents).
- Increase staffing – only limited nurses on the floor. More help in the morning to get people up. They have a lot to do. (x 2 respondents).
- I would like to have only female staff bathing me.
- The ceiling light in my room is too bright for my eye sensitivity. I've asked several times for bulbs to be softened or for a different cover.
- More regular exercise – sometimes short staffed or too busy.
- Bathtub 2 times per week. I prefer to shower.
- Better paper towels – current ones smell like chemical and don't absorb anything. More staff training in general.
- Let the residents know when they have a visitor – particularly in the evening.

Additional Comments:

- Overall, it is not too bad.
- On the whole, I am very satisfied. The odd things bother me but overall, everything is good.
- Nurses are very good at what they do, they have people skills.
- HCAs do not have a lot of people skills.

Family Feedback (22 responses)						
Family Experience Questions	**Family Responses by Rating**					
	Always	Often	Sometimes	Rarely	Never	No Comment
1. Are you happy with the care your loved one receives?	14	6	0	1	0	1
2. Are you happy with the meals provided to your loved one?	8	8	4	0	0	2
3. Are the activities offered at the home appropriate for your loved one?	8	8	2	1	0	3
4. Does the outdoor area prove a safe and comfortable space to spend time with your loved one?	17	4	1	0	0	0
5. Does the home make efforts to create a home-like environment?	12	7	2	0	0	1
6. Is the home clean?	17	4	1	0	0	0
7. Is the home in good repair?	13	7	1	1	0	0
8. Does the home take good care of your loved one's clothing?	8	11	2	1	0	0
9. Are you regularly updated about what is happening at the home?	9	9	2	0	0	2
10. Are changes in your loved one's condition shared with you in a timely manner?	10	6	4	0	0	2
11. Do you have opportunities to participate in decisions about your loved one's care?	11	7	2	0	0	2
12. Are the staff friendly and approachable?	15	5	1	0	0	1

13. Do the staff make efforts to address you concerns?	14	4	1	0	0	3

	Yes	No
14. Are you aware of the formal complaint process at the facility?	15	7
15. Would you recommend this facility?	21	1

If you could change three things about this home, what would you change? (responses are summarized below)

Staffing:

- Communication from staff to staff regarding updates (re: client condition).
- Increase staff with the heavier level residents because of the level of care that is required. This pulls time away from other residents' care.
- More health care aides. There are times when no one is around to help.
- More staff so they could slow down when attending to residents' personal needs.
- At least one staff in the common area at shift change, as when staff are in the common meeting room, there is no supervision of the residents.
- More nursing care in the evenings.
- More Simkin HCAs on staff.
- Assistance for caregivers.
- Staff who speak and comprehend English.
- More health care aides. There are times when no one is around to help.

Recreation:

- More piano playing in the front atrium.
- More activities for my family member to participate in.
- Perhaps a few more daily activities.
- More outings.
- Broader programming.
- My loved one's condition prevents her from taking advantage of numerous programs in the care home. I spend a lot of time at the home, and I cannot think of any program that could be devised to meet the needs of my loved one.

Environment:

- Better control of the heat on the units – it is often too hot.
- To re-pave the front sidewalk so there are no cracks – it is hard for people with disabilities to walk on the sidewalk.

Food:

- The food, my family member doesn't like the food.
- Cut the food a little smaller – makes it easier for folks to feed themselves.
- Food should have more flavor. It would also be good to discuss the menu with us for the following week.
- Better food and choices.
- Food restrictions in some areas.
- More variety at the cafeteria (i.e. soft desserts).
- More variety in the menu (less chicken). Slightly more variety in the menu when fish is served since my family member does not eat fish.
- Cafeteria food.
- Some pork but I know the Jewish faith does not allow for it.
- Some days, there are no afternoon snacks. Some evenings there are no sandwiches labeled with the receiver's name.

Accountability:

- Accountable for lost items, i.e. hearing aids and dentures.
- Nothing (x 2 respondents).
- Inconsistent medical dispersal and brief changes.

Additional Comments:

- All in all, I am very satisfied with staff and care. Staff are kind and attentive.
- My loved one is non-verbal so often does not get picked to go with the volunteer to activities downstairs. I try to come as much as possible to walk with my family member, so that the ability is not lost. The staff on the unit assist with this too.
- My loved one has been here for over a year. I visit daily, several hours per day. This home is a perfect example of what a personal care home should be. Physical presentation is excellent, as is the food service. Nursing excels in addressing concerns and they are always addressed. The recreation coordinators provide activities and entertainment far above the "norm" that other personal care homes attempt to do. Best decision I made for my family member to come to Simkin.
- We are very happy with our family member being here.
- Sometimes they are short staffed, and it is very hard to provide help to all residents at the same time.
- The home is very well run and management is great. Staff are always friendly and caring.
- I visit regularly. There are things I do not want to know as I have no control over the hour-to-hour care. Evenings seem to be the hardest time for the staff, but they have their routine and every staff has a different approach. I tried

to suggest how to give my loved one a spoonful of medicine – as there is resistance – but was met with complete disdain. Standing over my family member, no eye contact – poking the spoon in their face when they cannot see it coming, it is startling and then my family member refuses to open his mouth is not good for the resident or the staff. Takes up more time and stress. I'll try not to be present at that time from now on. Overall, we are very pleased to be part of the community, nothing is perfect. For one, losing control of the care given has been very difficult and I try to be as understanding as possible. My heart breaks every time I must leave but I am so thankful as well that my family member is in the Simkin Care Home! Roller coaster of emotions! A smile from staff – a quick hello goes a long way for both of us when we pass by. Ninety-nine per cent are so good at doing that! Acknowledgement for my family member and myself is huge!

- We have had several family members at this home, and the care has been top notch.
- I am so glad my loved one is at Simkin. The care was excellent for the most part. There have been times when my family member has bruised arms. I think sometimes the temporary aides are a bit too impatient and as a result handle my family member with less care. There are not any concerns with the regular staff.
- Excellent staff and care given from all departments.
- Every person I have interacted with has been exceptional! I had asked if they knew of anyone that would have a zip tie to fix the basket on my family member's walker. Three minutes later the maintenance person was at the door with three zip ties. Above and beyond! The staff seem to truly love working here. This home is absolutely amazing, and I have seen many homes in British Columbia and Manitoba. Keep up the great work! I wish all the homes were as excellent as this one – our seniors deserve it!
- Sometimes rude behavior is seen between the kitchen staff and the residents. Staff shortages – positions are not filled and when problems are presented there are seldom positive changes. Preferential treatment of certain residents, i.e. more food. There is a lack of concern for residents that is a legitimate problem. There is a lack of proper training for some of the residents' illnesses.

Staff Feedback (29 responses)						
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?	15	11	2	1	0	0

2. Do you have enough staff to handle the workload in your department?	8	10	7	3	1	0
3. Is there good communication across departments?	9	8	11	1	0	0
4. Are you provided with training/education opportunities relevant to your work?	16	8	5	0	0	0
5. Do you receive all the information you need about each resident's current care needs?	19	8	1	0	0	1
6. Are residents (if capable included in decision-making about their care?	20	6	0	1	0	2
7. Are residents (if capable) able to decide when they go to bed?	7	8	9	0	0	5
8. Are residents (if capable) able to decide when they get out of bed?	13	9	2	0	1	4

9. If you have worked at the home for three years or longer, have you had a performance evaluation?	Yes	No	N/A	One respondent did not answer the question.
	23	1	4	
10. Overall, is this a good place to work?	Yes	No	One respondent did not answer the question.	
	28	0		

If you could change three things about this home, what would you change? (responses are summarized below):

- 12 – hour shifts.
- Have dark quiet room for breaks.
- Higher wages (x 2 respondents).
- More empathy approach care for residents. Better education for staff with regard to residents' autonomy and choices.
- Café prices lowered or discounted for staff (x 2 respondents).
- More appreciation for the staff. Include bonuses at the end of the year like a gift certificate. Continue appreciation for all staff. Continue the years of service for all the staff.
- Holding staff more accountable when they are disrespectful to residents. Sometimes I feel the management team are too laissez faire regarding this.

- More dietary aide staff (x 2 respondents).
- Communication and teamwork between departments (x 7 respondents).
- More Kosher options (x 2 respondents).
- More staff – ratio is 8:1, hard for residents to wait (x 4 respondents).
- Repercussions when residents hit the staff.
- Additional equipment and access to supplies (x 3 respondents).
- Should do all the repairs right away.
- Free staff parking (x 3 respondents).
- Move to electronic charting (x 2 respondents).
- More doctor interface time with the residents.

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

- I like this facility, it is very clean and staff are cooperative.
- We need to continue giving good quality care to the residents.
- If we are a Kosher accredited facility, we should be stricter about Kosher rules and diets.
- I have been blessed to have a job I love for so long. The residents we deal with now are younger and need more recreation options to cope with the many disabilities they face.
- More dietary staff as we are always short-staffed.
- Food services department usually don't have enough staff, especially when we are short (sick/vacation). It is hard to cover our production side of the department. Food service department also doesn't have an agency to pull from when we are short unlike nursing and health care aides that can be replaced by staff from agency.
- Shower room – it has been two years that it has not been fixed for the residents. The tub chair and the tub need replacement. Shower instrument inside the shower room has been broken since 2022. Always short staff for HCAs and nurses! We do not have workload forms and funds. Short of kitchen staff too!!
- Cooks work 5 days for 7 days of work and are always adding things to the menu without thinking of our time. Too many responsibilities, always telling us about budget and making us work more for it. Our menu needs to have how much time is needed for it to be done, so we could manage it better, but every time we mention it, they would brush it aside and talk about budget and something else. There is also favoritism in food services.
- Unfortunately, we do not have tubs that work properly all the time. Especially because we use them so much. Giving six to seven baths a day in a 24-hour day is hard on the equipment.

- In every nursing home in Winnipeg, there are two dietary aides for 40 residents. Here at Simkin Centre, we have one dietary aide for 40 residents. We must set up all meals plus make toast, coffee etc. Plus, they also deliver to the residents' table, with no help from the health care aides and nurses.
- Working full time here after getting an education should mean I should be able to afford living costs of an average person – but I am barely scraping by. It's difficult to deal with financial stress like this when I live in my chosen career. Health care needs better funding as it supports every single person one way or another. Also, a care home should never be involved in politics, especially in foreign countries.
- Management treats their staff with care and respect. Any issues are always taken care of right away.

Licence posted

The licence is posted as required in a publicly-accessible location.	Yes	No	Review Team Comments
	X		The current licence was seen posted by the front 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	in minimum standard CNIB print (Arial font 14 or larger), and	The bill of rights was posted at the entry to the home and was seen posted at the entrance to the units. The bill of rights was posted in large print by the dining room. The bill of rights was reviewed in June of 2025.
1.04	in locations that are prominent and easily accessible by residents, families and staff.	

Findings: Residents were observed to be appropriately dressed and seated comfortably in adaptive seating or in the home's chairs and couches.

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.	Resident council minutes were seen posted at the resident and family information centre on the main floor. The February 19, 2026, minutes were posted.
2.01	There is evidence that the resident council meets, at minimum, five times per year.	
Minutes of the resident council meetings provide evidence that the residents' issues and concerns are:		
2.03	documented,	There were eight resident council meetings documented in 2025. The February 19, 2026, meeting was the first meeting of the 2026 year. The residents' questions and suggestions were noted in the minutes, however there was no evidence to support that the concerns had been investigated. The concerns were not responded to at the next resident council meeting. Included in the minutes was a CEO update, a budget review and manager reports from various departments.
2.04	investigated,	
2.05	responded to at the next resident council meeting, and	
2.06	followed up on in a timely fashion.	

Findings: In some of the resident interviews, it was noted that residents had attended the meetings but found them to be pre-planned and provided very little time for the residents to bring up topics, questions or concerns. As a result, some of the residents have chosen to not attend the meetings.

Follow-up: Recommended

It is recommended that the home discuss agenda items and determine what they would see as relevant topics for the resident council meetings.

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
The method of communicating the integrated care plan to direct care staff ensures:		
6.06	privacy of the resident's personal health information, as defined by Personal Health Information Act.	The privacy of the residents' personal health information was maintained as the activities of daily living sheets were seen covered or were located inside the cabinets in the residents' bathrooms.

Findings: There were no open health records on the unit desks visible at the time of the review.

Follow-up: None

Standard 7: Integrated Care Plan

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

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

Performance Measures:

#	Measure	Review Team Comments
Within 24 hours of admission, basic care requirements for the resident are documented, including:		
7.02	medications and treatments,	7.02 – 7.06: There were eight care plans reviewed. All components of the basic care requirements were documented.
7.03	diet orders,	
7.04	assistance required with activities of daily living,	

#	Measure	Review Team Comments
7.05	safety and security risks, and	
7.06	allergies.	
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.	The eight-week care conference was documented on seven of the health records reviewed.
7.41	at least once every three months by the interdisciplinary team, and	The care plan reviews were completed quarterly as seen documented on the health records.
7.42	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.	Of the eight health records reviewed, four of the annual care conferences were not due yet. There was documentation on the other four health records indicating the annual care conference had been completed by an interdisciplinary team.
As part of the facility's continuous quality improvement/risk management activities, there is evidence that care plan audits:		
7.43	occur at least annually,	There was detailed information documenting the resident care team continuous quality improvement (CQI) activities where several care plan audits were completed and documented quarterly. The audits were reviewed with an analysis completed and identified a pass or fail result. The CQI process identified a list of the resident care audits completed and at resident care team meetings, recommendations and follow up required was identified.
7.44	are reviewed and analyzed,	
7.45	result in recommendations for improvement being made as required, based on the audit analysis, and	
7.46	result in recommendations being implemented and followed up.	

Findings: The active integrated care plan contains detailed and current information on aspects of each resident's care needs, to ensure all appropriate care was provided. Eight care plans were reviewed. There were minimal gaps noted in the required information.
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.	There were posters and pamphlets posted on the resident and family information board. The information was also found posted by the elevators.

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	On seven health records reviewed, restraint documentation was completed on three chemical restraints, and 12 physical restraints that included five seatbelts and seven tilt wheelchairs. Written consents were documented for all the restraints assessed.

#	Measure	Review Team Comments
	resident's legal representative is documented.	
9.03	If written consent is not available, verbal consent must be obtained from the resident or their legal representative. Verbal consent must be documented, dated and signed by two staff members, one of whom must be a nurse.	This was not applicable as written consents were obtained for all restraints.
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.	Comprehensives assessments were documented for each of the physical and chemical restraints assessed.

Findings:
A comprehensive assessment was completed for all fifteen restraints assessed. The required documentation for the written order of the various restraints assessed was noted on the health records reviewed. The care plan documentation was completed for the chemical and physical restraints assessed. There were no restraints initiated in an emergency situation.
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
12.25	There are processes in place to ensure staff administering medications are trained and follow the appropriate procedures for the monitored dose system, including periodic audits of a medication pass for each nurse.	There were 37 medication pass audits completed with the nurses in 2025 where 34 nurses passed the audit, and three nurses were given a fail grade.
There are designated medication storage areas that are:		
12.06	clean,	The medication rooms were found to be clean and well organized. The fridges have a padlock on them. The medication carts were found locked inside a locked medication room. The controlled substances were counted at each change of shift.
12.07	well organized,	
12.08	well equipped,	
12.09	well maintained, and	
12.10	secure.	
12.11	All controlled substances are securely stored under double lock.	
12.12	All controlled substances are counted and signed by two nurses at least once every seven days.	
Nursing staff have access to:		
12.13	a supply of medications for emergency use (emergency drug box), and	Emergency drugs and stock medications were stored on the first floor. This included antibiotics and end of life care medications.
12.14	medications that should be administered without undue	

#	Measure	Review Team Comments
	delay (in-house drug box for antibiotics, analgesics, etc.).	

Findings:
There were 16 medication passes observed on various units of the home. Medications were distributed by qualified nurses. The keys were always retained by the nurses. The medication cart was locked when left unattended by the nurse or outside of their line of vision. Appropriate hand hygiene practices were followed.
There were a few things to note, including, a resident was given an insulin injection in the abdomen in the dining room that did not meet the measure of maintaining dignity and privacy while administering medications. A puffer was administered in the dining room which can impact the taste of food, so this was not best practice. Overall, excellent interactions between the nurses and the residents throughout the medication passes were observed.
Follow-up: None

Standard 13: Health Records
Reference: Personal Care Home Standards Regulation section 27
Expected Outcome: Residents' health records (hard copy 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
The resident's health record must include:		
13.20	There is evidence of written direction related to the order in which items are filed within each health record.	There was a written policy provided indicating the order of the health records.
13.21	There is evidence within the health records that the specified chart order is consistently applied.	There was evidence on the eight health records reviewed that supported that the health record order was maintained.

#	Measure	Review Team Comments
13.22	There is a current policy to guide thinning/archiving of the resident record.	A health record thinning policy was provided.
13.23	There is evidence that the thinned files are maintained in an organized state that allows for easy access to information within each file.	The thinned files were well maintained for easy access for health information.

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
14.03	All food handling staff have acquired and maintained a current safe food handling certificate within six months of hire.	A staff list was provided documenting the start and expiry date of the food handling certification. All dietary staff were to obtain the Food Handler's/Food Safe course within six months of hiring and every five years thereafter.
14.15	At least three meals or equivalent are offered to each resident, each day, at reasonable intervals.	Three meals were provided for each of the residents at reasonable intervals. A semi-relaxed breakfast was available. Breakfast was at 0830, lunch was at noon and supper was at 1700 hours.
14.20	Menu choices are posted daily for the residents to view at an appropriate height and displayed using minimally size 14 Arial font.	The daily menu was posted on a whiteboard in the dining area including the alternate selections available. The seasonal menu was also posted in the dining room.

#	Measure	Review Team Comments
14.21	Residents and their families have the opportunity to provide input into the menu.	The residents and families had an opportunity to provide input into the menu through the resident council meetings. The home also conducted client and family satisfaction surveys. Resident satisfaction audits were completed during meal rounds. Feedback was also received from the front-line staff.
14.23	Resident likes and dislikes are accommodated to the extent possible.	Residents were offered choices from the beverage cart. The health care aides were seen asking the residents which meal option they preferred.
14.24	Residents are served meals in a manner that promotes independent eating.	Food was cut up and portioned which promoted independent eating. There were specific utensils, cups and compartment plates with plate guards available to support independent eating.
14.25	Meals are presented in a courteous manner.	Staff were very pleasant when serving the meal. They were interactive with the residents, calling them by name and telling them what was on their plate.
14.26	Positioning and assistance with eating is individualized as needed.	There were sufficient staff and personal companions available to assist the residents.
Assistance with eating is provided, when required:		
14.27	in a manner that promotes dignity,	The staff were very respectful.
14.28	with specific regard to safe feeding practices, and	Staff were seated appropriately next to the residents.
14.29	in a way that encourages interaction with the person providing assistance.	There was a good level of interaction between the staff and the residents.
14.30	Residents are given sufficient time to eat at their own pace.	There was no rushing of the meal service observed.
14.36	There is a written policy that defines significant weight change. aa	Monitoring of the residents' weights policy was located in the food services policy and procedure manual.
14.37	There is a written procedure for formally notifying the dietary	The weights were analyzed by a clinical dietitian who could request a re-weigh if there were concerns identified.

#	Measure	Review Team Comments
	department of a significant change in a resident's weight.	
14.38	The weight of each resident is recorded within seven days of admission.	The weight of each resident was recorded on admission as per the home's policy.
14.39	The weight of each resident is recorded monthly following admission.	The monthly resident weights were recorded according to the defined policy. Weights were submitted to the clinical dietitian monthly and were reviewed.
A variety of food service audits are conducted:		
14.40	on a monthly basis,	A variety of food audits were conducted monthly. The audited results, analysis and recommendations were documented by the manager.
14.41	results are reported and analyzed,	
14.42	recommendations for improvement are made from the audit analyses, and	
14.43	recommendations are implemented and followed up.	

Findings:
The dining rooms were clean and inviting with music playing at an appropriate level. Lighting was satisfactory with appropriate lighting and natural light from the windows. The temperature of the dining rooms appeared comfortable. There appeared to be sufficient room in the dining areas, two residents were seated per table. There was no pre-serving or pre-plating for residents who had not yet been seated in the dining room. Food was plated at the servery and was served hot. Soup was served first. The meals were staged. In some areas of meal service, appropriate hand hygiene was followed. On one unit, staff were seen scraping food off a plate and then serving a fresh plate of food to a resident without performing appropriate hand hygiene. Nurses were seen assisting with the meal service.
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 kitchenettes on some units needed cleaning, including the fridge, cupboards, microwave and between the counter and appliances. The top of pictures in the hallways need to be dusted. The washroom vents in resident rooms were very dusty. The tops of the televisions in some of the residents' rooms were dusty. The bottom of the laundry and linen carts required cleaning.
15.03	There is documented evidence that the tub and bathing equipment cleaning process is completed after each resident's use.	The documentation of tub and bathing equipment cleaning was not found in some tub rooms. One tub room was out of order, and soap scum was seen on the equipment. On one unit, the documentation for the tub cleaning was in a binder at the nursing desk.
15.04	Upon inspection all shared equipment is found to be clean.	Some of the shared equipment required cleaning.
As part of the facility's continuous quality improvement/risk management activities, housekeeping audits:		
15.11	are conducted quarterly,	There was an audit provided that showed 20 room audits had been done monthly in the fourth quarter of the year. The room audits were 100% met.
15.12	are reported and reviewed,	The home's continuous quality improvement documentation was very well done. The audits and analysis were completed with recommendations and follow-up documented when applicable.
15.13	include analysis of results and make recommendations based on the audit analysis, and	
15.14	document implementation and follow-up of those recommendations.	

Follow-up: None

Standard 16: Laundry Services

Reference: Personal Care Home 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
16.03	Soiled laundry is collected from the residents' units at frequent intervals to control odours throughout the facility.	The laundry department was operating from 0700 to 1830 hours. The laundry was bagged at the collection point and transported in covered soiled laundry carts to the laundry department throughout the day. There was no soiled laundry found on the floor on any of the units or in the laundry department. Soiled and clean laundry were stored separately throughout the home. There was clean laundry carted and ready and available for the next shift.
16.04	Soiled laundry is bagged at its collection point.	
16.05	Soiled laundry carts are covered.	
16.10	Soiled laundry is not placed on the floor of any unit nor in the laundry area.	
16.11	Soiled laundry is kept separate from clean linen throughout the facility.	
16.16	Upon inspection, there is a supply of clean linen readily available to meet resident needs.	
16.21	There are records that all dryer lint traps are cleaned at least daily, and more often as required.	The lint traps were cleaned daily, and date, time and signature documented the completion of the task. A dryer lint audit was provided that documented a monthly audit. The audit identified a 91.4 % compliance rate.
The laundry room is:		
16.23	clean,	

#	Measure	Review Team Comments
16.24	well lit, and	16.23 – 16.25: The laundry area was found to be clean, well lit and well ventilated.
16.25	well ventilated.	

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 recreation calendars were found on each unit. There was a variety of planned programming based on the needs of the residents. There were small and larger group activities identified.
17.09	some evening and weekend activities, and	Weekend programming was noted on Saturday and Sundays. Evening programing occurred Tuesday to Friday.
17.10	options for residents who cannot/do not prefer to participate in group programs.	There was one to one programming scheduled in the recreation calendars. There was also self leisure, and independent programing available.
Information about recreation programs:		
17.11	is posted in prominent, resident-accessible locations throughout the home, and	Monthly calendars were in each of the residents' rooms. Information was available on the Simkin Centre website. The daily activities were noted on

#	Measure	Review Team Comments
17.12	is clear and easy for residents to read.	white boards on the units. The calendars were noted to be in a font that was legible and easy for all to read.
As part of the facility's continuous quality improvement/risk management activities, a variety of recreation audits, including programs/services audits and audits related to meeting individual resident's recreation goals (as they were determined by the resident and from their recreation assessment) are:		
17.13	conducted at least every three months,	In 2025, in each quarter, there were program audits completed for a total of 23 audits with 16 recommendations identified. There were program audits, recreation chart audits and recreation care plan audits noted. An analysis was completed in January 2026 as noted in the Therapeutic Recreation CQI meeting minutes. The overall program documentation was very well done, complete and comprehensive.
17.14	reviewed, analyzed and reported,	
17.15	include recommendations from the audit analysis, as required,	
17.16	document implementation and follow-up of those recommendations.	

Findings:
On the day of the review, there were 15 residents watching a concert. A memorial service was held for a resident where the residents had an opportunity to share memories. There was a retirement tea held with the residents attending the celebration.
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.	Thirty-two air temperatures were taken during the review, with temperatures ranging from 19.6°C to 26.0°C. Twenty-seven air temperatures were recorded at or above 22.0°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 41 water temperatures taken and these ranged from 31.8°C to 45.6°C. There were seven water temperatures recorded that were less than 43.0°C.
19.03	There is documented evidence of frequent monitoring (at minimum once per week) of domestic hot water temperatures at locations accessible to residents.	Water and air temperatures were recorded in the maintenance logs. As noted in the quarterly audit reports for October, November and December of 2025, there were 315 water temperatures checked in resident rooms. All temperatures tested were within the range of 43°C to 48°C. New mixing valves were installed a few years ago and were working as intended as noted in the CQI report.
19.04	There is an easily accessible call system in all resident rooms.	The call bells were assessed in 36 resident rooms and appeared to be in good working order.
19.05	There is an easily accessible call system in all resident washrooms.	
19.06	There is a call system in all bathing facilities that is easily accessible from all areas around the tub.	In the tub rooms, the call bell was not accessible from all areas around the tub. The call bells were positioned at the head of the tub. There were two tubs that were out of order and maintenance staff were waiting for parts to complete the repairs.
19.07	All open stairwells are safeguarded in a manner which prevents resident access.	The stairwell doors were found to be locked and secure.
19.08	All outside doors and stairwell doors accessible to residents are equipped with an alarm or locking	The north and south exit doors on the main floor were found unlocked and the unit coordinator was advised. The facility was undergoing the sprinkler system upgrade.

#	Measure	Review Team Comments
	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.	The windows in the residents' rooms could not be utilized as an exit.
19.10	Handrails are properly installed and maintained in all corridors.	The handrails and grab bars were found to be firmly affixed in the rooms that were assessed.
19.11	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	
19.12	All potentially dangerous substances are labelled and stored in a location not accessible to residents.	Barbicide was located on the counter in the locked hair care room. The material safety data sheet was seen in a binder in the hair care room.
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	There were 15 aerosol cans on the counter in the hair care room and 10 aerosol cans noted in a cupboard.
There is documented evidence for all equipment, including building systems, that demonstrates completion of:		
19.17	repairs, as needed, and	There were no significant concerns. The home appeared to be well maintained.
19.18	preventative maintenance.	
19.20	In facilities where smoking is permitted, it takes place in designated areas only, the	Smoking was not permitted in this facility.

#	Measure	Review Team Comments
	ventilation system prevents exposure to secondhand smoke within the facility.	
All exits are:		
19.21	clearly marked, and	All exits were clearly marked. Hallways were unobstructed.
19.22	unobstructed.	
19.23	The exterior of the building is maintained in a manner which protects the residents.	The exterior of the building, the grounds and furnishings were not observed due to the amount of snow that was still present.
19.24	The grounds and exterior furniture are maintained in a manner which protects the residents.	
19.25	A system is in place to identify and inform all staff of any resident who ay wander and/or is at risk for elopement.	There was a wander guard system in place that alerted staff if residents exited the building.

Follow-up: Recommended
It is recommended that a metal container be utilized for the aerosol can storage when there is an excessive number of products in the hair care room.
It is further recommended that the home review the call bells in the tub rooms to ensure that they are accessible from all areas around the tub.

Standard 20: Disaster Management Program
Reference: Personal Care Homes Standards Regulation, Section 35 and Manitoba Fire Code, Section 2.8.3
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
20.19	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.	Attendance sheets were noted for a code red exercise on January 23, 2026. Code white exercises were held on March 20, 2025, tornado exercises on July 8, 2025, and an active shooter exercise on December 15, 2025.
20.20	There is documented evidence of implementing improvements as identified in the review or evaluation of exercises or tests.	All code exercises were on Surge Learning (an electronic platform). All code exercises were documented. The post code huddles were audited on each floor. Any changes implemented were provided to the manager. All information was followed up at the continuous quality improvement team meeting.
20.21	There is documented evidence that fire drills are conducted at least once per month.	The code red list was reviewed annually. The fire drill attendance was tracked following each drill that was conducted monthly.

Follow-up: None

Standard 22: Person in Charge of Day-to-day Operation
Reference: Personal Care Home Standards Regulation, Section 37
Expected Outcome: The personal care home is operated in an effective and efficient manner.
Performance Measures:

#	Measure	Review Team Comments
22.02	There is documented evidence that the staff development program includes performance appraisals for all staff, at least once every three years.	There were five personnel files provided for review. Performance appraisals were found completed on each of the staff personnel files. A document reported that 87.44% of performance appraisals were completed in 2025/26.

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
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,	Fire drills were held monthly on each shift. The staff attendance at fire drills and fire education was tracked for every staff member.
24.21	review of the freedom from abuse policy,	This education was scheduled on the calendar.
24.22	review of the residents' bill of rights,	This was noted on a tracking sheet and on the education calendar.
24.23	review of the use of restraints policy,	This was noted on the quarterly reports – January to March 2025.
24.24	Workplace Hazardous Material Information Sheets (WHMIS),	There was a tracking sheet documenting attendance for this education.
24.25	education about Alzheimer's disease and related dementias, and other geriatric information,	Dementia attendance was noted on the education spreadsheet.
24.26	education opportunities that match the special considerations and needs of the facility's current resident population, and	All mandatory education was available on Surge Learning, therefore if staff were unable to attend in person, it could be completed electronically.

24.27	education on the proper use of new, job-specific equipment is provided whenever new equipment is required.	Specific training was provided for all new equipment. There were binders in each department with information that included the safety data sheets.
The staff education program also includes the following, at minimum once every 3 years:		
24.29	proper resident transferring techniques.	There were five education sessions held in 2025, April, May, June, September and December and February 2026.
There is evidence of an education services audit process which includes:		
24.33	annual evaluation of all education programs,	There was an annual education summary April 1, 2024 to March 31, 2025, provided. There were webinars held and Surge Learning available for the staff.
24.34	review and analysis of the program evaluations,	Audit tools were used with helpful information received back from the staff such as 98% found the courses useful, 95% advised they attended and apply the learning to their work, 61% found they learned new information and 39% felt that it was not new information, however a good review.
24.35	recommendations for improvement resulting from the analysis, as required, and	These two measures were addressed and implemented using the audit tools and addressed through the continuous quality improvement process team meetings.
24.36	implementation and follow-up of those recommendations.	

Follow-up: None

Standard 25: Complaints

Reference: Personal Care Home Standards Regulation, Section 40.
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	are posted in a prominent location in the home, and	On the information board on the main floor, there were “suggestion or concerns” forms noted where comments could be written, and the author was to include the date, their name and phone number.
25.03	include the position and contact information of the appropriate person (people).	There was a “problem solving” list by the suggestions and concerns form. It indicates that you should first contact the staff in the unit or department. If the problem persists there were several staff/positions to contact starting with the Assistant Director of Care, Director of Care and Chief Executive Officer. The WRHA client relations number was noted. This was followed by the rest of the health care team, positions and phone numbers.

Follow-up: None