

Standards for Personal Care Homes

Tool 3

Facility: PEMBINA PLACE MENNONITE PCH
Date: March 14, 2012
Review Team: Hana Forbes (MH), Carol Johnston (MH), Linda Norton (WRHA), Jean Helps (WRHA), Allison Bell (WRHA)
Report date: March 30, 2012

Summary of Results of Tool 3

Standard	Regulation	Review Team Rating
4	Information on Admission	Met
6	Initial Care Plan	Met
7	Integrated Care Plan	Met
9	Use of Restraints	Met
12	Pharmacy	Met
14	Dietary Services	Met
16	Laundry Services	Met
18	Spiritual & Religious Care	Met
19	Safety & Security	Met
22	Person in Charge	Met
23	Qualified Staff	Met
24	Staff Education	Met

Summary

- **Met** 12
- **Partially Met**
- **Not Met**

General Comments:

The Standards Review Team greatly appreciates the work done by management and staff of Pembina Place to prepare for the standards review. Monitoring Tool 3 was randomly selected for this facility review. The Standards Review Team evaluated and rated the standards as noted in the table above. For the purpose of those standards that are related to resident health records and in the interest of time, a sample of randomly selected health records were reviewed. The Standards Review Team did at a minimum review the health record of a newly admitted resident, a resident who has resided in the facility for a longer period of time, and a resident for whom a restraint had been ordered.

Findings:

All of the twelve standards that were rated were assigned a rating of met. The facility is commended and congratulated. However, due to high risk to

resident safety, an action plan is required regarding performance measure 19.16 domestic water temperatures, which was unmet at the time of the March 14, 2012 Review. Please see the attached action plan template for guidance on the reporting required.

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

Standard 4: Information on Admission

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

Information for residents on admission

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

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

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

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

Performance Measures:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
4.01	The personal care home has an admission package.	Met	All required elements included in the admission package. Working towards developing an on-line admission package. Evidence: www.bethania.ca	Met	The Admission Package was comprehensive and well organized.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Brochures Admission Handbook		
4.02	The contents of the admission package are consistent with the requirements of the Personal Care Home Standards Regulation, including: a) A copy of the residents' bill of rights;	Met	Included in the Information Handbook for Residents and Families, reviewed and revised by all departments in 2012. Available on website. Evidence: www.bethania.ca	Met	
4.03	b) A copy of the personal care home's philosophy and mission;	Met	Included in the handbook and on website. Evidence: www.bethania.ca	Met	
4.04	c) A description of the ways in which the resident and his or her designate and legal representative can participate in assessing, planning, providing, monitoring, and evaluating the resident's care;	Met	Included in the handbook and on website, care conferences, friends and families section, visiting, communication, family gatherings, questions or concerns. Evidence: www.bethania.ca Admission Handbook	Met	
4.05	d) Information about the resident council;	Met	Included in the handbook. In addition, invitations to Council meetings are extended to Residents and their family members. Minutes	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			<p>posted in a common area, indicate the date and time of future meetings. Residents also personally invited prior to meeting. Focus is on including residents and families from all areas of the home.</p> <p>Evidence: www.bethania.ca Pembina Resident Council Minutes</p>		
4.06	e) Information respecting the policies on complaints, freedom from abuse, and restraint use;	Met	<p>Included in the handbook. Complete copies of the policies on freedom from abuse and restraints are provided in the preadmission package. "Ensuring Protection for Persons in Care" brochure given to residents on admission.</p> <p>Evidence: www.bethania.ca www.gov.mb.ca/health/protection/</p>	Met	
4.07	f) Financial information including the availability and administration of resident trust accounts and government financial assistance programs;	Met	<p>Included in the handbook. Pembina Place is introducing the Residents trust accounts implemented in Fall of 2011. Information is provided regarding expenditures that easily can be billed to the Resident financial statement. A Guide to Services and Charges in Manitoba booklet included in pre-admission package. Insurance, government income, and insured and non-</p>	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			<p>insured charges noted. Staff contact also listed for more information.</p> <p>Evidence:</p> <p>www.bethania.ca Trust Accounts Brochures</p>		
4.08	g) An orientation to the facility, including safety and security systems;	Met	<p>Orientation information provided in package and by RCM on preadmission tour. Included in the handbook. E.g. security, roam alert, electrical, fridges, room accommodations, smoking, infection control, medications, fire safety and facility map.</p> <p>Evidence: RES-Roam Alert Security System</p>	Met	
4.09	h) Information respecting health care directives.	Met	<p>Advance Care Planning-Goals of Care information package included in pre-admission package and kept on Health Record.</p> <p>Evidence: RES - Advance Care Planning-Goals of Care</p>	Met	

Scoring methodology:

- The highlighted measure (4.1) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, other measures are considered before assigning an overall rating to the standard.
- Of the 8 other measures:
 - If ≥ 6 measures are met, standard is met
 - If ≥ 4 and < 6 measures are met, standard is partially met
 - If < 4 measures are met, standard is not met.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
---	---------	-----------------	----------	--------------------	----------

Result: All performance measures are met.

The standard is: Met

Comments: The facility's admission package contains all the elements as outlined in this Standard.

Standard 6: Initial Care Plan

Reference: *Personal Care Homes Standards Regulation, Section 11*

Initial care plan

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

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

Expected Outcome: Beginning at admission, residents receive the care they require.

Performance Measures:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
6.01	Within 24 hours of admission, basic care requirements for the resident are documented, including: a) Medication, treatment;	Met	Physician is contacted by nursing on the date of admission to obtain medication and treatment orders. Admission medication reconciliation is completed and transcribed in MARS and faxed to Pharmacy. Evidence: RES- Initial Care Plan Policy	Met	
6.02	b) Diet orders;	Met	A copy of the Admission Form, which includes dietary information is forwarded to all departments. Diet is documented on the ADL sheet. Any specific dietary needs/allergies are documented in the admission Progress note.	Met	
6.03	c) Assistance with activities of daily	Met	ADL sheet is completed by nursing	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	living;		and is placed in the resident's bathroom cupboard for reference, and in Care Plan binder.		
6.04	d) Safety and security risks;	Met	Nursing will assess for risks upon admission and will initiate interventions as required with input from the interdisciplinary team, Resident/Advocate. Fall/risk assessment completed on Day 1. Admitted with interim restraint tool completed as required. Falling logo posted in residents room and in Care Plan. Violence Risk logo placed in Resident's room and care plan as needed. 15 min monitoring protocol is implemented upon admission for a 24 hour period.	Met	
Scoring methodology: <ul style="list-style-type: none"> • There are no pass/fail performance measures. • Of all 4 measures: <ul style="list-style-type: none"> ○ If ≥ 3 measures are met, standard is met. ○ If 2 measures are met, standard is partially met ○ If ≤ 1 measure is met, standard is not met. 					

Result: All performance measures are met.
The standard is: Met
Comments: The facility completes the initial care plan within the first 24 hours. This process is well documented and completed.

Standard 7: Integrated Care Plan

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

Integrated Care Plan

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

The integrated care plan must include the following information:

- a) the type of assistance required with bathing, dressing, mouth and denture care, skin care, hair and nail care, foot care, eating, exercise, mobility, transferring, positioning, being lifted, and bladder and bowel function, including any incontinence care product required;
- b) mental and emotional status, including personality and behavioral characteristics;

- c) available family and community supports;
- d) hearing and visual abilities and required aids;
- e) rest periods and bedtime habits, including sleep patterns;
- f) safety and security risks and any measures required to address them;
- g) language and speech, including any loss of speech capability and any alternate communication method used;
- h) rehabilitation needs;
- i) preference for participating in recreational activities;
- j) religious and spiritual preference;
- k) medications and treatments ordered by a physician;
- l) food preferences and diet orders;
- m) any special housekeeping considerations for the resident's personal belongings;
- n) whether the resident has made a health care directive;
- o) any other need identified by a member of the interdisciplinary team.

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

Review of the integrated care plan

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

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

Staff to be made aware of current plan

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

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

Performance Measures:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.01	Integrated care plans are maintained as part of the permanent resident health record.	Met	Care Plans are maintained in a binder on the units. Care Plans are written in ink.	Met	
7.02	There is evidence that within eight weeks of admission, the interdisciplinary team has assessed the resident's needs and a written integrated care plan is developed.	Met	Conducted during the post admission conference. Record of participation in care conference maintained in chart. Evidence: RES - Admission Policy RES - Integrated Care Plan Policy	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.03	The integrated care plan contains care elements consistent with the requirements of the Personal Care Home Standards Regulation and includes the type of assistance required with: a) Bathing;	Met	Integrated Care Plan includes ADL sheet and the Integrated paper care plan.	Met	
7.04	b) Dressing;	Met		Met	
7.05	c) Mouth, teeth/denture care	Met		Met	
7.06	d) Skin care;	Met		Met	
7.07	e) Hair and nail care;	Met		Met	
7.08	f) Foot care;	Met		Met	
7.09	h) Exercise;	Met		Met	One care plan reviewed contained no information.
7.10	i) Mobility;	Met		Met	
7.11	j) Transferring;	Met	Corresponding logos are placed in the Care Plan.	Met	
7.12	k) Positioning;	Met		Met	
7.13	l) Requirements for lifting;	Met	Corresponding logos are placed in the Care Plan.	Met	
7.14	m) Bladder and bowel function, including any incontinence care product required;	Met		Met	
7.15	n) Mental and emotional status, including personality and behavioral characteristics;	Met	Risk for Violence logo placed in Care plan along with behavioral plan/approaches	Met	One care contained minimal information on the care plan.
7.16	o) Available family and community supports;	Met		Met	
7.17	p) Hearing and visual abilities and required aids;	Met		Met	
7.18	q) Rest periods and bedtime habits,	Met		Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	including sleep patterns;				
7.19	r) Safety and security risks and any measures required to address them;	Met	Being met, as per Restraint Policy. Risk for falls program implemented. Risk for Violence logo placed in care plan.	Met	
7.20	s) Language and speech, including any loss of speech capability and any alternate communication method used;	Met		Met	
7.21	t) Rehabilitation needs;	Met		Not Met	4 of 7 care plans reviewed were missing information on rehab needs.
7.22	u) Preference for participating in recreational activities;	Met		Met	This area was very detailed on the care plans reviewed. Well done.
7.23	v) Religious and spiritual preference;	Met	Assessed by spiritual care provider.	Met	
7.24	x) Food preferences, diet orders and type of assistance required with eating;	Met		Met	
7.25	y) Whether the resident has made a health care directive;	Met	Identified on the Face Sheet and on ADL sheet with Care Plan	Met	
7.26	z) Any other need identified by a member of the interdisciplinary team.	Met		Met	
7.27	There is evidence the integrated care plan is regularly reviewed: a) At least once every three months by the appropriate team; and	Met	Schedule for quarterly multi-disciplinary review of Care Plan in place. Team members meet in person twice weekly to discuss.	Met	Care plan reviews are completed on a quarterly basis. The facility uses a stamp which documents the interdisciplinary team involvement in the care plan review process.
7.28	b) At least annually by all staff who provide direct care and services to the resident, including the resident and his/her representative(s) if possible.	Met	See 7.27. Care plans are reviewed at annual Care Conferences.	Met	
7.29	The method of communicating the integrated care plan to direct care staff ensures consistency and privacy of information.	Met	Care Plan and updates are communicated via verbal and written shift report, quarterly assessment reviews, and care conferences in accordance with PHIA. Updated ADL sheets are posted in the resident's bathroom.	Met	

Scoring methodology:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<ul style="list-style-type: none"> • Highlighted measures (7.1, 7.2, 7.27, 7.28) are pass/fail performance measures. If any one is not met, the standard is not met. If all are met, other measures are considered before assigning a rating to the standard. • Of 25 other measures: <ul style="list-style-type: none"> ○ If ≥ 20 measures are met, standard is met ○ If ≥ 15 and < 20 measures are met, standard is partially met ○ If < 15 measures are met, standard is not met. 				

Result: All bolded measures are met. 24 other performance measures are met; 1 was not met.

The standard is: Met

Comments: Overall, the care plans reviewed were well completed with detailed information on the resident's care needs. As well, excellent detail and follow up to resident issues/ concerns was noted within the IPN notes.

Standard 9: Use of Restraints

Reference: *Personal Care Homes Standards, Section 16, 17 & 18 and Restraints in Personal Care Homes – Resident Safety Policy 302SS*

Written restraint policy

The operator shall establish a written restraint policy in accordance with guidelines approved by the minister.

Physical restraint may be used only if risk of serious harm

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

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

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

If positive methods of preventing harm have been explored and determined to be ineffective, a physician, a registered nurse, or a registered psychiatric nurse may order a physical restraint to be used.

Requirements for use of physical restraints

Every physical restraint must meet the following requirements:

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

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

- a) A description of the assessment done to determine the potential for serious bodily harm to the resident or another person, and a description of the positive methods to prevent harm that were determined to be ineffective, signed by the person who directed the physical restraint to be used;
- b) The type of physical restraint used;
- c) Each time the resident and the physical restraint is checked;
- d) The time and date when use of the physical restraint is discontinued and the reason why.

The operator shall ensure that the use of each physical restraint is regularly reviewed. At a minimum, the use must be reviewed whenever the resident's care plan is reviewed.

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

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

Performance Measures:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.01	The personal care home's policy on the use of restraints is consistent with <i>Restraints in Personal Care Homes – Resident Safety Policy 302SS</i> or any other restraint use policy applicable to personal care homes approved by the Minister.	Met	The WRHA Restraint Policy which is consistent with Policy 302SS is in place. Evidence: RES - Restraints	Met	
9.02	There is documented evidence that the resident, if capable, has given written consent to the use of the restraint. Where the resident is not capable, the consent of the resident's legal representative is documented.	Met	Restraint Consent Form completed and kept in Resident file. Restraints reviewed quarterly by interdisciplinary team and at annual Care Conference. Signed consent form for restraint is kept in resident file. Evidence: RES - Restraints Policy Restraint Consent Form Basic Restraint Documentation Tool Interim Restraint	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Documentation Tool Restraint Reassessment Tool Emergency Restraint Tool		
9.03	There is documented evidence of a comprehensive interdisciplinary assessment of the resident prior to application/reapplication of a restraint, including: a) Description of behaviour and environment in which it occurs;	Met	As per Section 3 & 4 of the Basic Restraint Documentation Tool Evidence: RES - Restraints Policy Restraint Consent Form Restraint Documentation Tool Interim Restraint Documentation Tool Restraint Reassessment Tool	Met	
9.04	b) Resident's physical, emotional, psychosocial, nutritional state;	Met	Section 6 A-E of the Basic Restraint Documentation Tool. Evidence: RES - Restraints Restraint Consent Form Restraint Documentation Tool Interim Restraint Documentation Tool Restraint Reassessment Tool	Met	
9.05	c) Alternatives tried and exhausted;	Met	Section 5 of the Basic Restraint Documentation Tool. Evidence: RES - Restraints Restraint Consent Form Restraint Documentation Tool Interim Restraint Documentation Tool Restraint Reassessment Tool	Met	Very well completed.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.06	d) Identification of benefits and burdens to the resident and other additional ethical considerations.	Met	Section 8 of the Basic Restraint Documentation Tool. Evidence: RES - Restraints Restraint Consent Form Restraint Documentation Tool Interim Restraint Documentation Tool Restraint Reassessment Tool	Met	
9.07	There is a written order for the restraint in the resident's health record that indicates: a) Signature and designation of professional; where medication is used it is ordered by the physician only;	Met	Section 12 of the Basic Restraint Documentation Tool. Evidence: RES - Restraints Restraint Consent Form Restraint Documentation Tool Interim Restraint Documentation Tool Restraint Reassessment Tool	Met	
9.08	b) The kind of restraint to be used;	Met	Section 12 of the Basic Restraint Documentation Tool. Evidence: RES - Restraints Restraint Consent Form Restraint Documentation Tool Interim Restraint Documentation Tool Restraint Reassessment Tool	Met	
9.09	c) The frequency of checks.	Met	Section 12 of the Basic Restraint	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Documentation Tool. Evidence: RES - Restraints Restraint Consent Form Restraint Documentation Tool Interim Restraint Documentation Tool Restraint Reassessment Tool		
9.10	There is evidence of a care plan that outlines the resident's unique and specific needs related to the use of a restraint, including: a) Restraint type and method of application;	Met	Section 12 of the Basic Restraint Documentation Tool. Evidence: Restraints Restraint Consent Form Restraint Documentation Tool Interim Restraint Documentation Tool Restraint Reassessment Tool	Met	
9.11	b) Length of time the restraint is to be used;	Met	Restraint observation flow sheet in place. Evidence: Restraints Restraint Consent Form Restraint Documentation Tool - WRHA Restraint Interim Documentation Tool Restraint Reassessment Tool	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.12	c) Frequency of checks and regular removal of restraints;	Met	Included in observation flow sheet. Evidence: Restraints Restraint Consent Form Restraint Documentation Tool - WRHA Restraint Interim Documentation Tool Restraint Reassessment Tool	Met	
9.13	d) Efforts to resolve the issue for which the restraint was initiated.	Met	Noted in the Basic Restraint Documentation Tool Evidence: Restraints Restraint Consent Form Restraint Documentation Tool - WRHA Restraint Interim Documentation Tool Restraint Reassessment Tool	Met	
9.14	Where a restraint is used in an emergency situation there is documented evidence of: a) The events leading up to the use of the restraint;	Met	Documented in progress notes and on Emergency Restraint Tool. Evidence: Restraints Restraint Consent Form Restraint Documentation Tool - WRHA Restraint Interim Documentation Tool Restraint Reassessment Tool	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.15	b) The name and designation of the person ordering the restraint;	Met	<p>Documented in progress notes and on Emergency Restraint Tool.</p> <p>Evidence:</p> <p>Restraints Restraint Consent Form Restraint Documentation Tool - WRHA Restraint Interim Documentation Tool Restraint Reassessment Tool</p>	Met	
9.16	c) The time the restraint was used and the frequency of checks;	Met	<p>Documented on Emergency Restraint Tool and Restraint Observation Flow Sheet.</p> <p>Evidence:</p> <p>Restraints Restraint Consent Form Restraint Documentation Tool - WRHA Restraint Interim Documentation Tool Restraint Reassessment Tool</p>	Met	
9.17	d) Notification of the resident's legal representative or next of kin;	Met	<p>Documented on Emergency Restraint Tool, Restraint Consent Form and Progress Notes.</p> <p>Evidence:</p> <p>Restraints Restraint Consent Form Restraint Documentation Tool -</p>	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			WRHA Restraint Interim Documentation Tool Restraint Reassessment Tool		
9.18	e) Care provided to and response of the residentq in restraint;	Met	Documented in progress notes and in Restraint Tool Evidence: Restraints Restraint Consent Form Restraint Documentation Tool - WRHA Restraint Interim Documentation Tool Restraint Reassessment Tool .	Met	
9.19	f) When the resident's reassessment is to occur.	Met	Documented in Restraint Tool and Resident records Evidence: Restraints Restraint Consent Form Restraint Documentation Tool - WRHA Restraint Interim Documentation Tool Restraint Reassessment Tool	Met	
9.20	The use of restraints is audited and part of the facility's continuous quality improvement/ risk management activities.	Met	Audits scheduled monthly and completed by nurses as an educational process as well as to ensure compliance with the policy. Results are discussed at Nurses Meetings	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Evidence: Restraints Restraint Consent Form Restraint Documentation Tool - WRHA Restraint Interim Documentation Tool Restraint Reassessment Tool		
Scoring methodology: <ul style="list-style-type: none"> • Highlighted measure (9.1) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, other measures are considered before assigning a rating to the standard. • Of 19 other measures: <ul style="list-style-type: none"> ○ If ≥ 15 measures are met, standard is met ○ If < 15 and ≥ 11 measures are met, standard is partially met ○ If < 11 measures are met, standard is not met 					

Result: All performance measures are met.
The standard is: Met
Comments: The facility appears to have a great understanding of the restraint assessmet process.

Standard 12: Pharmacy Services

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

Pharmacy services and medications

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

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

The operator shall:

- a) appoint or contract with a pharmacist to direct and be accountable for pharmacy services for the personal care home;
- b) ensure that the pharmacist maintains a medication profile of each resident;
- c) ensure that the pharmacist and other relevant members of the interdisciplinary team review the medications and treatments ordered by a physician for each resident at least every three months;
- d) ensure that the pharmacy services for the personal care home are consistent with residents' needs and the scope and complexity of the care offered at the home;
- e) ensure that emergency and after-hours pharmacy services are available for residents;

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

Administering medications

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

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

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

The operator shall:

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

Limited medication supplies

The operator shall ensure that:

- a) a monitored dosage or unit dosage system for drug distribution is adopted and implemented in the personal care home;
- b) the personal care home has a supply of medications for emergency use;
- c) there is at least one locked, properly equipped, designated medication storage and preparation area, and that it is clean, well-organized and maintained;
- d) medications (other than those that are self-administered) are stored in a locked medication storage and preparation area in a manner that protects them from heat, light and other environmental conditions that may adversely affect them;
- e) medications that a resident self-administers and keeps in his or her room are stored so that they are not accessible to other residents;
- f) medications requiring refrigeration are kept in a refrigeration unit used only for medication storage;
- g) the pharmacist conducts regular audits of medication kept at the personal care home and removes and properly disposes of any expired, unused and discontinued medications; and
- h) the pharmacist conducts regular audits of medication storage areas and takes any action necessary to ensure that medications are properly stored in accordance with this section.

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

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.01	There is a current contract with a licensed pharmacist that defines the scope of service and includes provision for emergency or after hour services.	Met	Pharmacy services are provided by Alentex as per the Regional contract. A Pharmacist has been appointed and provides QI activities, as well as attends P&T meetings. Evidence: Alentex-PCH Manual-2011 Alentex Pharmacy Contract with WRHA	Met	
12.02	The pharmacist conducts medication and treatment reviews on a quarterly basis with the interdisciplinary team (pharmacist, nurse, physician and other members as needed) and this is documented in the health record.	Met	Medication reviews are conducted quarterly with the pharmacist, nurse and physician in attendance. Documentation is in the paper chart under Orders. Evidence: Alentex-PCH Manual-2011	Met	The team members signed and dated the QMR form on different dates which gives the impression that they are not participating in QMR together. The facility is encouraged to examine their QMR policy to ensure their process is consistent with their policy. The designations of the team members should also be documented behind their signature.
12.03	Policies and procedures for pharmacy services are complete and current.	Met	Revised 2011 Pharmacy manual provided by Alentex. Evidence: Alentex-PCH Manual-2011 available on the S:drivePharmacy(PHARM) .	Met	The facility has integrated the Alentex Policy & Procedure manual into their own policies, which are kept on a shared computer drive that staff have access to. Ensure all staff are aware of how to access.
12.04	There is a designated medication storage area that is: a) Clean;	Met	Cleaning of medication storage areas is done by housekeeping staff.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.05	b) Well organized;	Met	Shelves are labelled	Met	Ensure internal products are separated from external products. One instance of a blisterpack of lorazepam being expired. Just one instance of an IV syringe being used to draw up oral liquids even though oral syringes were available. A few saline vials that were open, but not discarded as they are single use only. One instance of an Advair inhaler counter being on 0, but still in the med cart. One instance of an eye drop bottle that had been opened but was not labelled with an expiry was noted.
12.06	c) Well equipped and maintained; and	Met		Met	
12.07	d) Secure.	Met	Door to room kept closed and locked and only the nurse carries the keys to open the door.	Met	
12.08	Narcotics are securely stored in a double locked cupboard.	Met	Narcotics are double locked in drawer. Med carts are locked when nurse is not present Evidence: Alentex-PCH Manual-2011 PHARM - Secure Management of Narcotic Medication	Met	Narcotic boxes have been added to all 3 med carts.
12.09	Narcotic drugs are audited/counted at least once per week and signed by two nurses.	Met	Narcotics are counted at the end of each shift and signed by 2 nurses and tampered tape on the Narcotic Stat Box, all other Narcotics are on blister packs. Evidence: Alentex-PCH Manual-2011	Met	Narcotics are counted every shift and the withdrawal is documented on the control card attached to the blisterpack.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.10	Nursing staff have access to: a) A supply of medications for emergency use (emergency drug box); and	Met	Emergency drug box is located on the 3rd floor. A list of emergency medications is posted in all medication rooms. Evidence: Alentex-PCH Manual-2011 PHARM - Extra Dose Binder PHARM - Secure Management of Narcotic Medication	Met	
12.11	b) Medications that should be administered without undue delay (In-house drug box for antibiotics, analgesics, etc).	Met	Stat medications are located on 3rd. A list of all stat medications is posted in all medication rooms Evidence: Alentex-PCH Manual-2011 PHARM - Extra Dose Binder PHARM - Secure Management of Narcotic Medication	Met	The stat box oral solids are unit dosed in pouches, which don't fit well into the current drawers and were often difficult to remove and ripped causing loose pills. This should be examined. The extra dose binder contains more medications than necessary for stat usage.
12.12	Withdrawals from the emergency drug box, in-house drug box and narcotic cupboard are documented, including: a) Date;	Met	Process in place Evidence: Alentex-PCH Manual-2011 PHARM - Extra Dose Binder PHARM - Secure Management of Narcotic Medication	Met	Documentation seems to break down when the sheet is full. A source to replace the sheets is important.
12.13	b) Name and strength of the drug being withdrawn;	Met	Process in place	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Evidence: Alentex-PCH Manual-2011 PHARM - Extra Dose Binder PHARM - Secure Management of Narcotic Medication		
12.14	c) Quantity;	Met	Process in place Evidence: Alentex-PCH Manual-2011 PHARM - Extra Dose Binder PHARM - Secure Management of Narcotic Medication	Met	A few discrepancies in quantities were noted on the stat box and extra dose binder documentation sheets.
12.15	d) Name of the resident being given the drug;	Met	Process in place Evidence: Alentex-PCH Manual-2011 PHARM - Extra Dose Binder PHARM - Secure Management of Narcotic Medication	Met	
12.16	e) Name of the nurse making the withdrawal.	Met	Process in place Evidence: Alentex-PCH Manual-2011 PHARM - Extra Dose Binder PHARM - Secure Management of Narcotic Medication	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.17	The pharmacist conducts and documents regular audits of the medication storage room, emergency drug box, in-house drug box, and narcotic cupboard. Results are shared with nursing staff.	Met	Audits are completed quarterly by Pharmacist. Results are shared at the meetings of professional staff and posted in the respective med rooms. Evidence: Alentex-PCH Manual-2011	Met	The pharmacist conducted quarterly audits on all the med rooms over the 2 year period.
12.18	A monitored dose or unit dose system is used for medication distribution in the facility.	Met	Alentex Multi- Dose Pouch System Pouch porter system in place. Evidence: Alentex-PCH Manual-2011 Amount of stock on hand is kept at a minimum.	Met	
12.19	There are processes in place to ensure staff administering medications are trained and follow the appropriate procedures for the monitored dose system, including: a) An orientation for new staff; and b) Periodic audits of the medication pass.	Met	An orientation to administering medications provided to newly hired nurses by buddy nurse during unit orientation. Audits done a minimum of twice yearly and results shared at nurses meeting Evidence: Alentex-PCH Manual-2011	Met	There are 7 pharmacy items on the nursing orientation checklist. Med pass audits are being conducted (6 in 2012 so far, 8 in 2011 and 7 in 2010). Encourage the goal of each nurse annually. The reviewers provided excellent feedback on the audits reviewed. The morning and lunch med passes were observed. Continue to encourage med cart security. If giving multiple eye drops at one dosing time, suggest giving some time between drops.
12.20	The resident's identity is confirmed prior to administration of medications by use of a current photo on the medication	Met	Digital photo is taken on admission and is attached to MAR, Care Plan, and pouch porter in medication cart	Met	Photos were recently updated in January and February 2012. The majority of residents also wear metal bracelets as

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	administration record.		and photo updated annually or as required Evidence: Alentex-PCH Manual-2011		identification.
12.21	The medication administration record identifies allergies and diagnoses.	Met	Allergies and Diagnosis are clearly noted on MAR. Allergy alerts/flags are attached to ID bracelets. Evidence: Alentex-PCH Manual-2011 RES - Two Client Identifiers	Met	The allergies and diagnoses on the MARs appear to be complete and current. The CrCI were updated in 2011. A master signature list for 2012 has been started. The standing orders were recently reviewed and signed and should continue annually (last update in 2009).
12.22	The pharmacist is available to provide drug information as required.	Met	Pharmacist is available via telephone and e-mail. Electronic CPS available on line. Evidence: Bulletins posted in med rooms and sent via email to the nursing stations.	Met	
12.23	A committee has been established: a) To regularly review and make recommendations on drug utilization and costs;	Met	Pharmacy & Therapeutics Committee meet quarterly. Evidence: ADM - Terms of Reference - Pharmacy & Therapeutics Meeting Minutes are also available.	Met	The P&T committee met quarterly over the 2 year period. The pharmacy report provided data on drug cost & utilization and a discussion is reflected in the minutes.
12.24	b) To review and follow up on medication incidents and adverse reactions;	Met	Pharmacy & Therapeutics Committee meet quarterly. Incidents are reviewed with Nurses at meeting. Evidence:	Met	A report on facility medication occurrences is generated from the WRHA database and a discussion is reflected in the minutes. The pharmacy report also contains a summary of occurrences.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Occurance Reports P&T Minutes		
12.25	c) To review and make recommendations on all policies for the procurement and administration of medication within the home, and	Met	Pharmacy & Therapeutics Committee meet quarterly. Evidence: Occurance Reports P&T Minutes	Met	
12.26	d) Includes representation from pharmacy, medicine, nursing and administration.	Met	Committee members include the Medical Advisor, Pharmacist, Director of Resident Services representing Administration, RCM representing Nursing, Assistant Director of resident services(Pembina) Evidence: ADM-Terms of Reference - Pharmacy & Therapeutics	Met	

Scoring methodology:

- The highlighted measures (12.1, 12.2, 12.18, 12.22, 12.23, 12.24, 12.25, 12.26) are pass/fail performance measures. If any are not met, the standard is not met. If all are met, other measures are considered before assigning an overall rating to the standard.
- Of 18 other measures:
 - If ≥ 14 measures are met, the standard is met
 - If ≥ 10 and < 14 measures are met, standard is partially met
 - If < 10 measures are met, standard is not met.

Result: All performance measured were met.
The standard is: Met
Comments: Some areas for improvement as noted above.

Standard 14: Dietary Services

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

Dietary services

The operator shall provide an organized dietary service for residents.

The operator shall ensure that:

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

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

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

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

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
14.01	There is an organization chart for the dietary department that clearly delineates the lines of responsibility, authority and communication.	Met	Dietary services are purchased from DC Café and are not part of the PCH. The Bethania Group Director of Food Services is the contact between the DC Café and Pembina Place. Reviewed & Updated September	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			2011 Evidence: ADM - Organizational Structure - Bethania Group ADM - Organizational Structure - DC Cafe		
14.02	All food handling staff have acquired and maintained a current Food Handling Certificate within six months of hire.	Met	DC Café ensures that all staff have been tested. One individual is not certified and is unable to be Certified, steps have been taken to ensure he does not handle food. Certified trainer on staff. Records are maintained in the QHR software employee file. All Food Handlers Certificates are posted in the Kitchen. DIET - Employee Food Safety Certificates.	Met	
14.03	Policies and procedures for the dietary department are complete and current and include: a) Procurement, storage and proper handling of food;	Met	Policy & Procedure Manual reviewed and updated 2012.	Met	
14.04	b) Proper cleaning of equipment.	Met	Evidence: S:\Policy and Procedure Manual Online	Met	
14.05	All persons, including volunteers, recreation, dietary and nursing staff who assist with residents at mealtimes receive training in safe feeding practices.	Met	All new hires receive training at orientation. Feeding swallowing/ airway management training completed annually (October 2011). Any volunteers who assist with feeding receive training..	Met	2011 Feeding and swallowing education completed by the majority of staff. 2011 Airway management training completed by all staff.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Special consideration given to provide interpreters for deaf/hard of hearing employees. Evidence: RES - Feeding and Swallowing RES - Feeding Standards		
14.06	The master menu is approved by a registered dietitian and is posted for the information of dietary staff.	Met	Menu posted for dietary staff in kitchen. Dietitian reviews and signs master menu.	Met	Menu recently updated to add variety (variety noted as an issue in the food satisfaction survey). Still some slight repetition in the menu noted, review of menu for repetition recommended.
14.07	The master menu specifies the daily meals and nourishments and includes the main menu, therapeutic diets, and other alternatives.	Met	Nourishments listed on master menu and on a separate therapeutic nourishment list which is posted on all units. A separate individualized list is posted on units..	Met	
14.08	At least three meals or equivalent are offered to each resident, each day at reasonable intervals.	Met	B: 8:30 a.m. L: 11:30 S: 4:30 p.m. Evidence: DIET - Resident Meal Service Hours.	Met	
14.09	Between meal nourishment and beverages are offered to the residents, including the offer of nourishment and beverages not less than two hours after the evening meal.	Met	Snacks are offered for Residents at 2 and 7 pm, additional snacks are available upon request. Snack list posted for dietary and nursing staff. Hydration program implemented Fall 2011. Evidence: RES - Hydration Policy	Met	Recently implemented hydration program facilitates provision of fluid for a.m. Recommend considering a more formal process for identifying those residents who have inadequate fluid intake, considering possible opportunity with new system.
14.10	The menu cycle is at least 21 days long.	Met	4-week menu cycle.	Met	
14.11	Menu choices are posted daily for the	Met	Daily menus are posted on each	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	residents to view.		wing and are changed (flipped) daily by dietary staff. Weekly menus are posted in central locations on each floor.		
14.12	Residents and their families have the opportunity to provide input into the menu.	Met	Resident & Family Council and at Care Conferences. Residents were chosen to provide feedback on menu quality/taste. Manager of Food Services attends Resident and Family Council meetings for feedback/suggestions. Resident Satisfaction Survey's also include questions pertaining to Dietary.	Met	
14.13	Residents' likes and dislikes are recorded and accommodated to the extent possible.	Met	Dietitian records likes/dislikes and updates the Kardex in the kitchen. Implementing Momentum Dietary software; that can provide a report as well as flagging any resident that has a specific dislike and suggest alternate.	Met	
14.14	Residents are served meals in a manner that promotes independent eating.	Met	Consultation with Occupational Therapist and Speech Language Pathologist as required.. Evidence: RES - Feeding and Swallowing Assessment RES - Feeding Standards	Met	
14.15	Meals are presented in a courteous manner and residents are given sufficient time to eat at their own pace.	Met	Resident Council discusses issues that pertain to Dietary, particularly serving standards. An Annual Resident Satisfaction Survey is conducted. Contacted Sysco, who are willing to	Met	Pleasant environment in the dining. Appropriate feeding noted in dining room including attending to the resident and good positioning of resident to facilitate safe feeding.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			provide training sessions to all dietary staff. Arrangments are in process.		
14.16	Assistance with eating is provided when required and is in a manner that promotes dignity and safety and encourages interaction with the person providing assistance.	Met	Feeding and swallowing inservices provided annually Evidence: RES - Feeding and Swallowing Assessment RES - Feeding Standards	Met	
14.17	Positioning and assistance with eating is individualized as needed.	Met	In collaboration with the O.T. and/or SLP Evidence; RES - Feeding and Swallowing Assessment RES - Feeding Standards	Met	
14.18	A dietitian registered under the <i>Registered Dietitians Act</i> is available for consultation as necessary.	Met	0.6 EFT shared between Bethania and Pembina Place. Evidence: RES - Nutrition Services Consultation	Met	
14.19	Dietary reassessments are carried out and documented in the resident's health record and care plan at least annually, or more frequently as needed.	Met	Residents are reassessed six weeks post admission and then annually or with significant weight change by Dietitian. Nursing may consult if dietary concerns arise. Evidence: DIET - Nutrition Services Consultation DIET - Quarterly and Annual	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Review RES - Weight Record		
14.20	The resident's nutritional plan is part of the interdisciplinary care plan.	Met	Dietitian attends care conference and provides input.	Met	
14.21	Dietary changes and recommendations are noted in the interdisciplinary progress notes of the resident's health record.	Met	The dietitian documents any changes in the IPN. Changes are also communicated to dietary staff and Kardex record is updated.	Met	
14.22	The weight of each resident is recorded within 7 days of admission.	Met	Assessed and documented by nursing upon admission as part of the Admission Check List.	Met	
14.23	The weight of each resident is recorded monthly following admission.	Met	Weights are scheduled on flow sheets recorded and assessed within the first week of each month.	Met	
14.24	There is evidence of a written procedure whereby dietary staff is notified of significant weight changes of residents. The accompanying policy defines significant weight change.	Met	Weights are recorded and assessed monthly, by a member of the interdisciplinary team (nursing/dietitian). Wt. Significant change +/- 10% policy Evidence: RES - Weight Record RES - Nutrition Services Consultation	Met	
14.25	Food service audits are regularly conducted, reported and reviewed. Recommendations are made and followed up.	Met	Food Temperature audits are in place. Recommendations discussed at departmental meetings.	Met	Food satisfaction survey noted concern re: food temperature. The facility plans to purchase new hot food carts. This would assist with the food temperature concerns. Food left for residents who are not in the dining room at the beginning of meal service to be reheated by HCAs.

Scoring methodology:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<ul style="list-style-type: none"> The highlighted measures (14.2, 14.6) are pass/fail performance measures. If they are not met, the standard is not met. If they are met, other measures are considered before assigning an overall rating to the standard. Of the remaining 23 measures: <ul style="list-style-type: none"> If ≥ 18 measures are met, standard is met. If ≥ 14 and < 18 measures are met, standard is partially met If < 14 measures are met, standard is not met. 				

Result: All performance measures are met.

The standard is: Met

Comments: Overall, the dietary department appears to be operating in a manner consistent with this Standard. Excellent staff and resident interaction was noted at meal service.

Standard 16: Laundry Services

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

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

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

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

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
16.01	An effective system is in place for washing and drying linens and personal clothing, including washer equipment that has automatic programming to dispense cleaning products.	Met	Development of new onsite laundry in process to be operation April 2012.	Met	Personal clothing is currently laundered in heavy duty domestic machines with automatic dispensing of cleaning. New commercial machines are set to go and the new system is commended.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
16.02	Soiled laundry is collected from the resident units in a timely fashion.	Met	HCA collect personal items and bring to laundry rooms. Linens etc collected and brought down on elevator to shipping/receiving area in basement.	Met	
16.03	Soiled laundry is bagged at its collection point.	Met	Collection carts with lids on all units.	Met	
16.04	Soiled laundry carts are covered.	Met	All soiled laundry carts have lids.	Met	
16.05	Soiled laundry is rinsed in the main laundry area where possible. Where rinsing in an area other than the main laundry area staff are equally able to follow appropriate infection control practices.	Not Met	*****REVIEW***** No dedicated area to rinse laundry. Soiled laundry shaken in resident bathrooms and then bagged	Not Met	
16.06	Soiled laundry is not placed on the floor of either the unit, or the laundry area.	Met	Full laundry bags are placed in transport bins.	Met	
16.07	Soiled laundry is kept separate from clean linen.	Partially Met	Development of new onsite laundry in process to be operation April 2012.	Met	
16.08	Proper personal equipment is available and used by staff when rinsing soiled laundry.	Met	Gloves, rubber aprons and goggles are available to staff. Not normally required as rinsing not done. Evidence: Infection Control Policy.	Met	
16.09	Where there is a laundry chute a) It is kept properly secured;	Met	N/A	Not Applicable	
16.10	b) There is a documented process for cleaning the chute ; and	Met	N/A	Not Applicable	
16.11	c) It is clean on inspection.	Met	N/A	Not Applicable	
16.12	Laundry audits are regularly conducted, reported and reviewed. Recommendations are made and followed up.	Met	Audits are conducted quarterly and reviewed at staff meetings where recommendations are followed up on.	Not Met	A laundry room audit form is in place however audits are not currently conducted. Suggest that the facility also audit the quality of the service and the product.
16.13	Design of the laundry area supports the	Partially	Staff members arrange baskets in	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	proper flow of linens to minimize cross over between clean and soiled linens.	Met	an effort to separate clean and dirty areas. Development of new onsite laundry in process.		
16.14	There is sufficient supply of clean linen.	Met	Linen services provided by Selkirk Linen.	Met	
16.15	Linens and personal clothing are laundered separately.	Met	Contract with Selkirk Laundry Services	Met	
16.16	Residents' clothing is discretely labeled and returned to the resident in a timely manner and in good condition.	Met	Labeled in accordance with PHIA in a timely manner Evidence: LDRY - Labelling Clothing	Met	
16.17	All laundry equipment is routinely maintained.	Met	Part of Preventative Maintenance Schedule. Records included as per HIPPO. Evidence Maintenance - Routine and Preventive Preventive Maintenance Inspection Checklist	Met	
16.18	Dryer lint traps are regularly cleaned.	Met	Part of daily routine and tracked on daily routine sheet.	Met	
16.19	There is a hand washing area for laundry services staff.	Met	Portable Eye wash available in rooms	Met	
16.20	The laundry room is clean, well lit, and ventilated.	Met	Area is ventilated and cleaned daily. Well lit.	Met	

Scoring methodology:

- There are no pass/fail performance measures.
- If there is a laundry chute, of the 20 applicable measures:
 - If ≥ 16 measures are met, standard is met.
 - If ≥ 12 and < 16 measures are met, standard is partially met
 - If < 12 measures are met, standard is not met.
- If there is not a laundry chute, of the 17 applicable measures:
 - If ≥ 14 measures are met, standard is met.
 - If ≥ 10 and < 14 measures are met, standard is partially met
 - If < 10 measures are met, standard is not met.

Result: 15 performance measures are met; 2 not met.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
---	---------	-----------------	----------	--------------------	----------

The standard is:

Met

Comments:

The facility is commended for the anticipated changes in the laundry service.

Standard 18: Spiritual and Religious Care

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

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

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

Performance Measures:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
18.01	Residents have access to the spiritual advisors of their choice.	Met	<p>On admission, Resident's church is notified with Resident/families permission and church is encouraged to follow up. A part time (0.5 EFT) chaplain on staff. Spiritual profile completed by resident/family.</p> <p>Spiritual Needs assessment and Care Plan completed on admission.</p> <p>Evidence:</p> <p>SPIR - Resident Access to Spiritual Advisor of Choice</p> <p>SPIR - Contacting a Chaplain Spiritual Care</p> <p>SPIR - Clergy and Denominational</p>	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
18.02	The home hosts regular religious services.	Met	<p>Visitor Confidentiality</p> <p>Weekly worship services are held, open to persons of all faith. These are provided by chaplain. Other denominations Anglican, R.C. provide services on a regular basis. Services are posted on the Recreation Calendar for times and location.</p> <p>Room blessing provided after death</p> <p>Evidence:</p> <p>SPiR - Facility Use for Funeral and Memorial Services</p> <p>SPiR - Hosting Regular Chapel Services</p>	Met	
18.03	Special religious observances are accommodated when possible.	Met	<p>Residents have freedom to request services of their choice by their clergy or congregation.</p> <p>Memorial services 2 times a year and festive services are held regularly.</p> <p>Roman Catholic Residents have opportunity to receive the Eucharist regularly.</p> <p>Room Blessing provided after death of a Resident.</p> <p>Evidence:</p>	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			SPIR - Special Religious Observances SPIR - Facility Use for Funeral and Memorial Services SPIR - Room Blessing SPIR - Clergy and Denominational Visitors Confidentiality SPIR - Resident Access to Spiritual Advisor of Choice		
Scoring methodology: <ul style="list-style-type: none"> • There are no pass/fail performance measures. • Of the 3 measures: <ul style="list-style-type: none"> ○ If 3 measures are met, standard is met. ○ If 2 measures are met, standard is partially met ○ If ≤ 1 measure is met, standard is not met. 					

Result: All performance measures are met.
The standard is: Met
Comments: Every effort is made to accommdate the resident's spiritual advisor of choice.

Standard 19: Safety and Security

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

Temperature

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

Safety and Security

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

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

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

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

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

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

Performance Measures:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
19.01	The temperature in residential areas is a minimum of 22 degrees Celsius.	Met		Met	
19.02	There is an easily accessible call system in all resident rooms.	Met	Call cords are accessible in each resident room. Extensions to cords are provided upon request.	Met	
19.03	There is an easily accessible call system in all resident washrooms.	Met	Call cords are in each resident bathroom and easily accessible..	Met	
19.04	There is an easily accessible call system in all bathing facilities.	Met	Call bells in all tub rooms are easily accessible.	Met	
19.05	Open stairwells are safeguarded in a manner which protects residents.	Met	Coded keypads at each stairwell. Codes of elevators and stairwells are different to ensure resident can access elevator but not stairwell.	Met	
19.06	All outside doors and stairwell doors	Met	Roam alert sensors at each	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	accessible to residents are equipped with an alarm or locking device approved by the Fire Authority under the Manitoba Fire Code.		elevator and the exit on the second floor and is coded with a keypad. 24 hour security at front desk.		
19.07	Windows are equipped with a mechanism or appropriately designed so they cannot be used as exits.	Met		Met	
19.08	Handrails are properly installed and maintained in all corridors.	Met		Met	
19.09	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	Met	All bathrooms equipped with grab bars.	Met	
19.10	All potentially dangerous substances are labeled and stored in a location not accessible to residents.	Met	All chemicals are stored in locked areas. Locked housekeeping carts are provided. WHMIS labels in place.	Met	Perineal cleanser was left on the sink in one room. It is recommended that this product be stored away in the medicine cabinet or above eye level.
19.11	Combustible materials are stored separately and safely.	Met	Combustible materials are stored in metal storage cabinet in the basement	Met	
19.12	All equipment is safe for use and is properly stored and used in a manner that protects residents.	Met	Lift batteries are charged in nursing conference room. Evidence: Maintenance - Routine and Preventive	Met	
19.13	There is documented evidence of maintenance (both preventive and as needed) of all equipment including building systems.	Met	A preventative maintenance program is in place and documented through the HIPPO system. Evidence: Maintenance - Routine and Preventive	Met	
19.14	There is an orientation program for staff	Met	Orientation checklists completed on	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	for the proper use of all equipment.		<p>orientation. DC Café is an independent operation and is not part of PCH. Contracted service.</p> <p>Use of equipment is included in orientation. Safe work practices in use.</p> <p>Evidence: Maintenance - Routine and Preventive</p> <p>S:\Policy and Procedure Manual Online</p>		
19.15	The facility has a policy governing the use of personal electric appliances kept by the resident.	Met	<p>In Electrical Appliance Report Binder filed at Front Desk.</p> <p>Evidence: Resident Handbook, Resident Owned Electrical Appliances policy</p>	Met	
19.16	Domestic hot water in resident care areas is not less than 43°C and not more than 48°C.	Met	Water temperature audits conducted. 5 random rooms per day checked. Average temp in September is 45 degrees and 48 degrees	Not Met	It was noted that in room 306 the water temperature was at 52.3. In the logs of water temperatures it was also noted on occasion that a room's water temperature was at around 50.
19.17	Smoking takes place in designated areas only.	Met	<p>WRHA Smoke Free Policy</p> <p>Evidence: Smoking</p>	Met	
19.18	Exits are clearly marked and unobstructed.	Met		Met	
19.19	The exterior of the building is maintained in a manner which protects the residents.	Met		Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
19.20	The grounds and exterior furniture are maintained in a manner which protects the residents.	Met		Met	
Scoring methodology: <ul style="list-style-type: none"> • There are no pass/fail performance measures. • Of the 20 measures: <ul style="list-style-type: none"> ○ If ≥ 16 measures are met, standard is met. ○ If ≥ 12 and < 16 measures are met, standard is partially met ○ If < 12 measures are met, standard is not met. 					

Result: 19 performance measures are met; 1 is not met.

The standard is: Met

Comments: Hot water temperatures must be examined to ensure resident and staff safety. However, in general, the facility was found to be well maintained.

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

Reference: *Personal Care Homes Standards, Section 37*

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

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

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
22.01	There is a person identified as having responsibility and authority for the day-to-day operation of the PCH.	Met	The CEO is responsible for the 24 hour operation of the facility. Evidence: ADM - Organizational Chart ADM - Nursing Leadership On Call BRD - EL 7 - Emergency CEO Succession	Met	
22.02	There is documented evidence of a	Met	Director of Clinical Information	Met	The facility continues to work diligently at

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	staff development program including regular performance appraisals.		System maintains a log of all in-services attended by staff. Performance appraisals conducted bi-annually or more often as required. 360 reviews tracked using QHR using user defined folders. Hard copies are kept in the Personnel File. Orientation, Education and in service attendance records are maintained. Evidence: HR - Performance Review		completing regular performance measures for all staff.
22.03	There is evidence of a continuous quality improvement program that minimally includes: a) Strategic planning;	Met	A strategic plan is in place. It is a working document that the Senior Leadership Team reviews on an on-going basis. A bi-annual workshop is held with the Board of Directors and Senior Leadership team to evaluate progress of the strategic plan. Evidence: BRD - EL 4 - Strategic Planning	Met	
22.04	b) Risk assessment and management;	Met	Evidence: Risk Assessment Plan has been conducted by an outside company. Evidence: Workplace Violence Survey Assessment recently completed-2011.	Met	
22.05	c) Disaster management;	Met	Disaster Manual located throughout facility.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
22.06	d) Infection control;	Met	<p>Statistics are analyzed for trends at the Infection Control committee meetings. These are also presented to Senior Leadership Team and reported to Board members. All surveillance documents are shared with WRHA on a quarterly basis.</p> <p>Evidence: Terms of Reference - Infection Control WRHA - Infection Control Policy on Surveillance.</p>	Met	
22.07	e) Resident satisfaction and resident representative satisfaction;	Met	All Residents /Representatives are surveyed annually with results reviewed at Senior Leadership Meeting. Information is shared with Board, Resident Council and Staff.	Met	Well done.
22.08	f) Complaint handling;	Met	<p>Policy in place. Participating in the regional complaint process. Complaint resolution is reported to the Board of Directors.</p> <p>Evidence: ADM - Complaints Process</p>	Met	Well done. The posting of information for the public and residents is well done.
22.09	h) Resident care audits;	Met	Resident care audits conducted quarterly by Nurses. Results are reviewed at Nurses meetings.	Met	Well done.
22.10	j) Policy and procedure reviews;	Met	This function is now being addressed through the Senior Leadership Team with input from the various care delivery teams.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			ADM - Policy and Procedure Development ADM - Policy and Procedure Implementation ADM - Policy and Procedure Distribution ADM - Policy and Procedure Name ADM - Policy and Procedure Review		
22.11	k) Human resource planning;	Met	Recruitment retention data available through QHR. Addressed through the Senior Leadership Team with input from the various care delivery teams. Regular reports to the board. In the process of implementing QHR recruitment module. Evidence: ADM - Policy and Procedure Review. Implementing a staff recruitment website www.bethania.ca linked by an email to submit a resume.	Met	

Scoring methodology:

- The highlighted measure (22.2) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, other measures are considered before assigning an overall rating to the standard.
- Of 10 other measures:
 - If ≥ 8 measures are met, standard is met
 - If ≥ 6 and < 8 measures are met, standard is partially met
 - If < 6 measures are met, standard is not met.

Result: All performance measures are met.

The standard is: Met

Comments: The operation of the facility is efficient and the senior leadership committee minutes reflect that there is good communication with the residents and families and that concerns are addressed in a timely manner.

Standard 23: Qualified Staff

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

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

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

Performance Measures:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
23.01	Written job descriptions detailing job qualifications, requirements, responsibilities, and scope of function are available for all positions.	Met	Job descriptions for all positions. Evidence: Job Descriptions	Met	
23.02	There is documented evidence that the licensing of staff is checked on a regular basis for all applicable positions.	Met	H.R. department verifies with the licensing bodies on hire and annually. Hard copy of the online verification kept on file. Agency personnel are also varified for proper licensing. Evidence: Hard copy of the online verification kept on file.	Met	

Scoring methodology:

- The highlighted measure (23.1) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, the other measure is considered before assigning an overall rating to the standard.
- Of the only other measure:
 - If it is met, standard is met
 - If it is not met, the standard is partially met.

Result: All performance measures are met.

The standard is: Met

Comments: Good documentation of job descriptions and checking of staff certification.

Standard 24: Staff Education

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

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

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

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

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

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

Performance Measures:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.01	There is documented evidence that all new staff participate in an orientation program.	Met	It is a condition of employment that all new employees participate in an orientation program. A record of attendance is maintained. Evidence: HR - Hiring Practices Orientation of Staff Hard copy log sheets and evaluations are maintained.	Met	
24.02	The orientation program includes a general and job specific orientation.	Met	All staff attend a 1 day general orientation. Department specific orientation is conducted using a "Buddy" system following a departmental orientatino checklist. Evidence:	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			HR - Hiring Practices HR - Orientation of Staff		
24.03	Each staff signs an acknowledgement of the information received at orientation.	Met	An evaluation of the orientation is completed, which includes the information covered and requires the employee's signature. Evidence: HR - Hiring Practices HR - Orientation of Staff	Met	Found on 8 of 9 staff records reviewed.
24.04	The orientation program includes at a minimum the following components: a) Resident Bill of Rights;	Met	Staff receive an electronic copy in their orientation package and is reviewed in general orientation. They also receive a review of the resident's interpretation. Staff sign a pledge stating they have read and understood the document. Evidence: HR - Orientation of Staff	Met	
24.05	b) Mission Statement;	Met	Electronic copy plus review Evidence: HR -Orientation of Staff	Met	
24.06	c) Organization chart;	Met	Electronic copy plus review Evidence: HR - Orientation of Staff	Met	
24.07	d) Disaster management including the fire plan;	Met	Electronic copy plus review Evidence: HR - Orientation of Staff	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.08	e) WHMIS;	Met	As above, plus a quiz is conducted and scored Evidence: HR - Orientation of Staff	Met	
24.09	f) Infection control;	Met	As above, includes a quiz, routine practices video, mask, gloving, and gowning demonstration. Evidence: HR - Orientation of Staff	Met	
24.10	g) Proper use of all relevant equipment;	Met	O.T. and the Director of Clinical Information Systems review body mechanics and mechanical lifts/sliders/transfers. Transfer policy presentation reviews mechanical lifts. Safe work practices are in place for each department. Evidence: WSH - Orientation to Equipment Policy	Met	
24.11	h) Personnel policies;	Met	An electronic copy of some policies are provided i.e.(Attendance, Smoking, Internet usage, Respectful Workplace, etc.). Staff are informed as to the location of the Policies on the S:Drive. Evidence: S:\Policy and Procedure Manual Online	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.12	i) PHIA;	Met	Electronic copy, plus review and pledge.	Met	
24.13	j) <i>Protection for Persons in Care Act</i> and facility policy on abuse;	Met	Electronic copy and review and pledge.	Met	
24.14	k) Signing an Oath of Confidentiality;	Met	PHIA pledge signed	Met	
24.15	l) Job description;	Met	An electronic copy is provided, and/or hard copy by supervisor.	Met	
24.16	m) Expected skills and routines.	Met	Provided in orientation package.	Met	
24.17	There is an organized in-service education program for all staff.	Met	Mandatory Education Fair reviews all required annual education. Monthly education calendar posted. Electronic Education Calendar available on Outlook.	Met	
24.18	The in-service education program includes: a) Annual review of fire drill participation or education in fire prevention;	Met	Annual inservicing is conducted where Code Red and fire prevention tips/strategies are reviewed. Fire drills are conducted by building manager at least monthly.	Met	
24.19	b) WHMIS;	Met	Review conducted at Annual Staff Education Fair.	Met	
24.20	c) Resident Bill of Rights;	Met	Review conducted at Annual Staff Education Fair. Pledge form signed.	Met	
24.21	d) Policies related to use of restraints;	Met	Review conducted at Annual Staff Education Fair. Interdisciplinary reviews ongoing.	Met	
24.22	e) Geriatric care;	Met	Feeding/Swallowing review at Annual Staff Education Fair. Inservicing/workshops ongoing, i.e. (PPCO, Fall Prevention, Wandering, Ethics, etc.)	Met	
24.23	f) Annual review of Freedom from Abuse policies;	Met	Inservice conducted by PPCO. Policy reviewed annually at Annual Staff Education Fair.	Met	
24.24	g) Proper lifting and carrying techniques;	Met	Body Mechanics, including proper lifting, carrying techniques	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			reviewed at Annual Staff Education Fair. Body mechanics audits are conducted daily.		
24.25	h) Equipment specific to job function;	Met	Mechanical Lifts/Transfer Belts reviewed at Annual Staff Education Fair. Safe work procedures in place for all departments and located on the S:Drive and/or departmental binders.	Met	
24.26	An attendance record of all in-service programs is maintained.	Met	Record of attendance is maintained via written log sheet and electronic record.	Met	
24.27	There is a process to ensure that all staff are made aware of any new or revised policies.	Met	Inservicing/Training conducted for new policies. New policies are communicated to staff during scheduled meetings. Minutes recorded and circulated to appropriate disciplines. New Policies are circulated to Departmental clip boards with sign off sheets for staff to review and sign. Evidence: ADM - Policy and Procedure Distribution ADM - Policy and Procedure Implementation	Met	
24.28	There is evidence of regular evaluation of the programs, it is reviewed and recommendations for improvement made and followed up.	Met	Inservice evaluation forms are available to staff. Section allotted to relay recommendations for improvement.	Met	Well done.
<p>Scoring methodology:</p> <ul style="list-style-type: none"> • The highlighted measures (24.1, 24.18) are pass/fail performance measures. If either are not met, the standard is not met. If they are met, other measures are considered before assigning a rating to the standard. • Of 26 other measures: <ul style="list-style-type: none"> ○ If ≥ 21 measures are met, standard is met 					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
<ul style="list-style-type: none"> ○ If ≥ 16 and < 21 measures are met, standard is partially met ○ If < 16 measures are met, standard is not met. 					

Result: All performance measures are met.

The standard is: Met

Comments: Overall, the education program is well organized. Audits are very well documented.