

Standards for Personal Care Homes

Tool 2

Facility: BETHANIA MENNONITE PCH
Date: March 12, 2012
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Report date: March 30, 2012

Summary of Results of Tool 2

Standard	Regulation	Review Team Rating
2	Resident Council	Met
5	Participation in Care Plans	Met
7	Integrated Care Plan	Met
9	Use of Restraints	Met
10	Physician Services	Met
12	Pharmacy	Met
13	Health Records	Met
15	Housekeeping Services	Met
19	Safety & Security	Met
21	Infection Control Program	Met
24	Staff Education	Met
25	Complaints	Met

Summary

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

General Comments:

The Standards Review Team greatly appreciates the work done by management and staff of Bethania Mennonite Personal Care Home to prepare for the standards review.

Monitoring Tool 2 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. The facility is further encouraged to take steps to meet all performance measures, including those where the standard was found to be met.

Standard 2: Resident Council

Reference: *Personal Care Homes Standards Regulation Sections 5 & 6*

Resident Council

The operator shall ensure that reasonable assistance is given to residents and their designates to help them establish and maintain a resident council. The purpose of the resident council is to provide a forum where issues that concern residents can be discussed, including the services provided to residents in the personal care home.

The resident council may consist of residents, their designates and any other persons that the council considers appropriate.

Suggestions and concerns raised by the council

The operator shall ensure that a concern raised by the resident council is addressed, including an investigation of the concern if necessary, and that a response, or a preliminary response, is provided to the council at or before its next meeting.

The minutes of the council’s meetings, must – unless the council decides on another method of communicating the information – be posted in standard CNIB print (Arial 14 font) in a location that is prominent and easily accessible by residents and staff.

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

Performance Measures:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
2.01	There is evidence that the resident council meets at a minimum five times per year.	Met	The Resident and Family Council meets ten times per year, recessing for July and August only. SLT members attend on a regular basis. Evidence: Residents Rights Booklet 2012 Resident and Family Council - Bethania	Met	Well done. The Resident and Family Council meets regularly and frequently.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
2.02	Minutes of the meetings of the resident council provide evidence that residents are encouraged and supported in bringing forward issues and concerns.	Met	<p>There is opportunity to raise questions or concerns on all agenda items.</p> <p>Residents Rights Booklet 2012 Resident and Family Council - Bethania</p>	Met	The Round Table appears to be a good forum.
2.03	<p>Minutes of the meetings of the resident council provide evidence that the residents' issues and concerns are:</p> <p>a) Documented:</p>	Met	<p>Minutes are typed in a 14 font to enable residents to read easily. Concerns documented, plan to contact person to address issues included in minutes. Concerns discussed at Senior Leadership Meetings Concerns forwarded to Board of Directors in the quarterly report. Minutes are posted in the facility and provided to each resident and family member in attendance.</p> <p>Evidence:</p> <p>Residents Rights Booklet 2012 Resident and Family Council - Bethania</p>	Met	Well done.
2.04	b) Investigated; and	Met	<p>Concerns discussed at Senior Leadership meetings and forwarded to the appropriate department. Department supervisors invited to meeting to address concerns.</p> <p>Evidence:</p> <p>Residents Rights Booklet 2012 Resident and Family Council - Bethania</p>	Met	The Round Table follow-up was a good record of the investigation of incidents and concerns. The facility is encouraged to continue with this process.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
2.05	c) Responded to in a timely fashion.	Met	<p>Concerns are responded to promptly. Resolutions are documented in the next meeting minutes. Issues are not removed from agenda until resolved. Efforts have been made to ensure key management staff are in attendance to respond to concerns.</p> <p>Evidence:</p> <p>Residents Rights Booklet 2012 Resident and Family Council - Bethania</p>	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> • The highlighted measure (2.1) 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 4 other 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 has a well functioning Resident and Family Council.

Standard 5: Right to Participate in Care

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

Resident’s right to participate in care

The operator shall ensure that a resident and his or her designate and legal representative are given an opportunity to participate in assessing, planning, providing for, monitoring and evaluating the resident’s care.

Resident’s wishes

The operator shall ensure that the resident’s wishes are considered when a care plan is developed or amended under this Part.

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

Performance Measures:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
5.01	<p>There is documented evidence that:</p> <p>a) The resident and their representative have had the opportunity to participate in the initial care plan;</p>	Met	<p>Admission Assessment conducted within 24 hours of admission by nursing/interdisciplinary team with Resident/Advocate input . Section R of MDS completed within 14 days of admission, which documents resident/family input. Completion of Personal Style and History sheet and Spiritual Info sheet completed by resident and or family on admission.</p> <p>Evidence:</p> <p>RES - Admission Policy RES - Admission Assessment Policy</p>	Met	
5.02	<p>b) The resident and their representative have had the opportunity to participate in the development of the integrated care plan;</p>	Met	<p>See above. Additional opportunity for participation in the development of the integrated care plan provided during the post admission care conference.</p> <p>Evidence:</p> <p>RES - Admission Policy RES - Admission Assessment</p>	Met	
5.03	<p>c) The resident and their representative have had the opportunity to participate in the annual care conference.</p>	Met	<p>Resident/Advocate invited in writing to participate in the annual interdisciplinary care conference. Resident and/or family participation monitored and reported to Senior Leadership Team. The first contact is notified of care conference date via letter as well as confirmation phone call. Follow-up written letter</p>	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			to confirm date and time. Resident's are invited to attend the Annual Care Conference with documentation in the progress notes.		

Scoring methodology:
All performance measures (5.1, 5.2, 5.3) are pass/fail for the standard. Any one performance measure not met results in assessing the standard as not met.

Result: All performance measures are met.
The standard is: Met
Comments: Based on the charts reviewed the facility has good evidence of the involvement of residents and designates in care planning.

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	Team Rating	Comments
7.01	Integrated care plans are maintained as part of the permanent resident health record.	Met	Momentum Careful computerized system is in place. Once entered on the computer the record is permanent.	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	Care Guide report and Care Planning report (Focus List) Evidence: RES - Admission Policy RES - Integrated Care Plan Policy	Met	
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	Documented Integrated Care plan is in place. MDS Full Admission Assessment is completed within 14 days. Review of Care Team assessments at Post Admission Conference documented in Focus list in Care Organizer.	Met	
7.04	b) Dressing;	Met	Care Guide report and/or Care Planning report (Focus List)	Met	Found on 7 of 8 care plans reviewed.
7.05	c) Mouth, teeth/denture care	Met	Care Guide report and/or Care Planning report (Focus List)	Met	
7.06	d) Skin care;	Met	Care Guide report and/or Care Planning report (Focus List)	Met	
7.07	e) Hair and nail care;	Met	Care Guide report and/or Care Planning report (Focus List)	Partially Met	The care plans reviewed contained minimal information in this area.

#	Measure	Facility Rating	Comments	Team Rating	Comments
7.08	f) Foot care;	Met	Care Guide report and/or Care Planning report (Focus List)	Met	Found on 6 of 7 care plans reviewed.
7.09	h) Exercise;	Met	Care Guide report and/or Care Planning report (Focus List)	Met	Found on 6 of 7 care plans reviewed.
7.10	i) Mobility;	Met	Care Guide report and/or Care Planning report (Focus List)	Met	
7.11	j) Transferring;	Met	Care Guide report and/or Care Planning report (Focus List)	Met	
7.12	k) Positioning;	Met	Care Guide report and/or Care Planning report (Focus List)	Met	
7.13	l) Requirements for lifting;	Met	Care Guide report and/or Care Planning report (Focus List)	Met	
7.14	m) Bladder and bowel function, including any incontinence care product required;	Met	Care Guide report and/or Care Planning report (Focus List)	Met	
7.15	n) Mental and emotional status, including personality and behavioral characteristics;	Met	Care Guide report and/or Care Planning report (Focus List)	Met	
7.16	o) Available family and community supports;	Met	Care Guide report and/or Care Planning report (Focus List)	Met	
7.17	p) Hearing and visual abilities and required aids;	Met	Care Guide report and/or Care Planning report (Focus List)	Met	One care plan reviewed was missing information on vision. One care plan reviewed had minimal information on hearing.
7.18	q) Rest periods and bedtime habits, including sleep patterns;	Met	Care Guide report and/or Care Planning report (Focus List)	Met	Found on 6 of 7 care plans reviewed.
7.19	r) Safety and security risks and any measures required to address them;	Met	Care Guide report and/or Care Planning report (Focus List)	Met	
7.20	s) Language and speech, including any loss of speech capability and any alternate communication method used;	Met	Care Guide report and/or Care Planning report (Focus List)	Met	
7.21	t) Rehabilitation needs;	Met	Care Guide report and/or Care Planning report (Focus List)	Not Met	Found on 4 of 7 care plans reviewed.
7.22	u) Preference for participating in recreational activities;	Met	Care Guide report and/or Care Planning report (Focus List)	Met	
7.23	v) Religious and spiritual preference;	Met	Care Guide report or Care Planning report (Focus List) Demographics, Pastoral/Spiritual	Met	Well completed.

#	Measure	Facility Rating	Comments	Team Rating	Comments
			Care Questionnaire		
7.24	x) Food preferences, diet orders and type of assistance required with eating;	Met	Care Guide report or Care Planning report (Focus List), Under Nutrition on Care Path,	Met	Found on 7 of 8 care plans reviewed.
7.25	y) Whether the resident has made a health care directive;	Met	Care Planning report (Focus List)	Met	
7.26	z) Any other need identified by a member of the interdis-cliplinary team.	Met	Care Planning report, or Care Planning Report.	Met	Found on 7 of 8 care plans reviewed.
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	Quarterly assessments are scheduled in computer with quarterly MDS assessments	Met	Care plan reviews are occurring on a quarterly basis. The 'health team' is stated to be present. An accompanying note by OT, dietary, recreation or spiritual care is noted. However this may be up to four weeks before or after the care plan review. Documentation regarding the disciplines involved in the care plan review should be noted as further evidence of the appropriate team involvement.
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	Annual Care Conferences are held with all members of the interdisciplinary team. Family and Resident are invited to attend. Invitation mailed one month prior to care conference and reminder phone call done one week prior to care conference to primary contact. Review of Care plan and document on Annual review form. Interdisciplinary care conference carepath developed 2011 .	Met	
7.29	The method of communicating the integrated care plan to direct care staff	Met	Integrated Care Plan and updates are communicated to direct staff	Met	The ADL sheets are good are included as part of the care plan.

#	Measure	Facility Rating	Comments	Team Rating	Comments
	ensures consistency and privacy of information.		during change of shift report, quarterly assessment reviews, Care conferences etc in accordance with PHIA. Care Guide is posted in each resident's room.		
Scoring methodology: <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: 23 performance measures are met, 1 are partially met and 1 not met.

The standard is: Met

Comments: Overall care plans are well done and contain the necessary information to accurately guide the care of the resident.

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. Policy 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. Restraints reviewed by interdisciplinary team when first considered and annual Care Conferences. Signed consent form for restraint is kept in resident file. Evidence: RES - Restraints Policy Restraint Consent Form Basic Restraint Documentation Tool Interim Restraint	Met	Some verbal consents were found. If a verbal consent is provided, a written consent should be acquired as soon as possible.

#	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	Documented in basic Restraint Tool. Evidence: RES - Restraints Policy Restraint Consent Form Restraint Documentation Tool Interim Restraint Documentation Tool Restraint Reassessment Tool	Met	All assessments were found to be interdisciplinary. However, not all reassessments were found to be interdisciplinary.
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	

#	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	Partially Met	One restraint assessment reviewed did not have any information in this area. One had minimal information.
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	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.09	c) The frequency of checks.	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	
9.10	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	Documented in care plan and care guide. Evidence: Restraints Restraint Consent Form Restraint Documentation Tool - WRHA Restraint Interim Documentation Tool Restraint Reassessment Tool	Met	
9.11	b) Length of time the restraint is to be used;	Met	Documented in care plan and care guide. 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	As Above, also noted on restraint monitoring tool. 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	Met	

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

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Restraint Consent Form Restraint Documentation Tool - WRHA Restraint Interim Documentation Tool Restraint Reassessment Tool		
9.18	e) Care provided to and response of the resident 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 included in the restraint carepath. 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	Restraint audits conducted quarterly. Scheduled interdisciplinary restraint reviews. Audit track #'s with seat belts, lap	Met	Well completed.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			tables, tilt chair, chemical, etc. Also reviewed at Nurses meetings. 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: 18 performance measures are met, 1 partially met.

The standard is: Met

Comments: Some areas for improvement as noted above. Overall, the facility appears to have a good understanding of the restraint assessment process.

Standard 10: Physician Services

Reference: *Personal Care Homes Standards Regulation, Sections 19 & 20*

Designated physician

The operator shall designate a physician to be responsible for the overall coordination and evaluation of medical services for the personal care home.

Medical care of residents

The operator shall ensure that:

- a) A physician supervises each resident's medical care;
- b) A physician examines each resident as often as the resident's condition requires;
- c) The professional staff and residents have access to a physician 24 hours per day, seven days per week to provide emergency care and consultation as necessary.

Expected Outcome: Residents receive medical care in accordance with their needs and in a manner that enhances their quality of life.

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
10.01	There is a designated physician responsible for the overall coordination and evaluation of medical services.	Met	Dr. Chris Loepp is the Medical Advisor.	Met	
10.02	Each resident has an assigned physician.	Met	Residents are allowed a choice from the 4 attending physicians (Dr. R. Martens, Dr. E. Doermer, Dr. C. Duerksen & Dr. C. Loepp).	Met	
10.03	There is a physician on call for services at all times.	Met	During the week the attending physicians take their own calls during the day. On the weekends and evenings call rotates.	Met	
10.04	The personal care home has established rules and regulations and/or policies governing medical services.	Met	Medical By-Laws are in place. Reviewed and revised 2012. Awaiting a WRHA regional by-law.	Met	
Scoring methodology: <ul style="list-style-type: none"> • Highlighted measure (10.1) 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 the remaining 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:

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.	Met	The facility has integrated the Alentex

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Evidence: Alentex-PCH Manual-2011 available on the S :drive Pharmacy(PHARM)		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 weekly by housekeeping staff	Met	Ensure that liquid bulk bottles are kept clean from drips and spills in the med carts.
12.05	b) Well organized;	Met	Housekeeping clean Med room	Partially Met	Various expired products were found in each med room (eg. eye drops, A535, lozenges, saline, inhaler, silver nitrate). The expired products were primarily found in the resident cubbies, therefore suggest development of a process for checking those expiries more often. One instance of a nitro spray having been used but not labelled with a resident's name. One instance of a Serevent inhaler counter being at 0, but still in use on the med cart.
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 kept behind a locked door and in a locked drawer. Med carts are locked when nurse is not present Evidence:	Met	The narcotics supplied in blisterpacks are stored in the med carts. Suggest that narcotic lock boxes be added to the med cart to enhance narcotic safety when the cart is out of the med

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Alentex-PCH Manual-2011 PHARM - Secure Management of Narcotic Medication		room.
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	One instance of a blisterpack of morphine tablets missing the expiry date from pharmacy.
12.10	Nursing staff have access to: a) A supply of medications for emergency use (emergency drug box); and	Met	Emergency drug box is kept at North Station. Lists of stat medications are posted in each med room. 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 in North Station med room. A list of 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. The extra dose binder appears to contain more medications than necessary for stat usage.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.12	Withdrawals from the emergency drug box, in-house drug box and narcotic cupboard are documented, including: a) Date;	Met	Binders for documentation in North Medication room Evidence: Alentex-PCH Manual-2011 PHARM - Extra Dose Binder PHARM - Secure Management of Narcotic Medication	Met	
12.13	b) Name and strength of the drug being withdrawn;	Met	Binders for documentation in North Medication room Evidence: Alentex-PCH Manual-2011 PHARM - Extra Dose Binder PHARM - Secure Management of Narcotic Medication	Met	
12.14	c) Quantity;	Met	Binders for documentation in North Medication room 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 sheet.
12.15	d) Name of the resident being given the drug;	Met	Binders for documentation in North Medication room Evidence: Alentex-PCH Manual-2011 PHARM - Extra Dose Binder	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			PHARM - Secure Management of Narcotic Medication		
12.16	e) Name of the nurse making the withdrawal.	Met	Binders for documentation in North Medication room Evidence: Alentex-PCH Manual-2011 PHARM - Extra Dose Binder PHARM - Secure Management of Narcotic Medication	Met	
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 monthly meetings of professional staff. Evidence: Alentex-PCH Manual-2011 .	Met	The pharmacist conducted quarterly audits on all the med rooms over the 2 year period. The last documented extra dose binder audit by pharmacy was in August 2011.
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. Amount of stock on hand is kept at a minimum. Evidence: Alentex-PCH Manual-2011	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:	Met	Orientation to the system is completed during unit orientation with the " buddy" nurse. Med pass audits conducted quarterly. Alentex Medication pass audit implemented	Met	There are 7 pharmacy items on the nursing orientation checklist. Med pass audits are being conducted

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	a) An orientation for new staff; and b) Periodic audits of the medication pass.		Evidence: Alentex-PCH Manual-2011 .		(2 in 2010; 12 in 2011). Encourage the goal of each nurse annually. The reviewers provided excellent feedback on the audits reviewed. The morning med pass was observed. The oral liquids and pharmaceutical waste bins should be stored inside the med cart so that the resident's can't access it when the cart is unattended. Med cart security needs to be reinforced.
12.20	The resident's identity is confirmed prior to administration of medications by use of a current photo on the medication administration record.	Met	A digital photo is taken on Admission. Photo of resident in Electronic Health Record for Medication administration. Photo is open when administering medication in Mass charting window. Evidence: Alentex-PCH Manual-2011 .	Met	Photos are retaken annually and stored in the electronic health record. The resident photos were recently updated and come up when administering medications. The majority of residents also wear metal bracelets as identification.
12.21	The medication administration record identifies allergies and diagnoses.	Met	Allergies and Diagnosis are clearly noted in the electronic health record. Medispan alerts when contraindications present or allergies. Allergy alerts/flags are attached to ID bracelets. Evidence: Alentex-PCH Manual-2011 . RES- Two Client Identifiers	Met	The allergies and diagnoses are listed in the resident history portion of the electronic health record.
12.22	The pharmacist is available to provide drug information as required.	Met	Pharmacist is available via telephone and e-mail.24 hour emergency line available. Electronic CPS available on line.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Evidence: Bulletins posted in med rooms and sent via email to the nursing stations.		
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: Occurance Reports P&T Minutes	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 medication occurrences.
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	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
Scoring methodology: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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 bolded measures are met; 17 other performance measures were met; 1 was partially met.

The standard is: Met

Comments: Some areas for improvement as noted above.

Standard 13: Health Records

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

The operator shall maintain a health record in the personal care home for each resident that includes the following information:

- a) admission information that includes:
 - i) a completed application and assessment form, and
 - ii) any other information provided by the resident and his or her designate or legal representative and any person or entity that has provided health care to the resident;
- b) current information about the resident's care that includes the following:
 - i) the initial care plan and the integrated care plan and any amendments made to them,
 - ii) medications and treatments ordered by a physician,
 - iii) medications and treatments administered,
 - iv) information about the use of restraints, as required by subsection 18(2),
 - v) interdisciplinary progress notes,
 - vi) the results of ongoing clinical monitoring,
 - vii) consent forms where necessary,
 - viii) the resident's health care directive, if any,
 - ix) a copy of any committee order under *The Mental Health Act*, appointment of a substitute decision-maker under *The Vulnerable Persons Living with a Mental Disability Act* or enduring power of attorney,
 - x) The date of discharge, transfer or death.

The operator shall ensure that all the documentation in a resident's health record is:

- a) accurate, legible, up-to-date, complete and not misleading;
- b) written by the person who made the observation or who provided or supervised the care or treatment, or that person's supervisor;
- c) written as soon after the event recorded as possible;
- d) identified by the date and time of the entry; and

- e) identified by the signature and professional designation of the person making the entry or by such other means of identifying the person as may be approved by the Minister.

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

Performance Measures:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
13.01	The resident's health record consists of the following information: a) A completed application and assessment form, or such alternate form as approved by the Minister;	Met	Remains in the Active Health Record and is never thinned	Met	
13.02	b) The initial care plan;	Met	Prepared on admission with in the first 24 hours. Care Guide report Evidence: RES - Initial Care Plan.	Met	
13.03	c) The integrated care plan and any amendments;	Met	Completed and amended as necessary within 8 weeks post admission.	Met	
13.04	d) Medications and treatments ordered by a physician;	Met	Ordered by physician in paper chart and transcribed by nurse into electronic health record. Medication Reconciliation Form completed.	Met	
13.05	e) Medications and treatments administered;	Met	Electronic Health Record medication administration on carepath, treatment administration documented on care path.	Met	
13.06	f) Information on the use of restraints, if	Met	WRHA Restraint Form hard copy on	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	applicable;		chart.		
13.07	g) Interdisciplinary progress notes;	Met	Electronic Health Record progress notes	Met	
13.08	h) The results of ongoing clinical monitoring;	Met	Results of clinical monitoring are documented in care organizer on the Care Path. Reports available electronically.	Met	
13.09	i) Consent forms;	Met	Obtained as required and retained on record if applicable.	Met	
13.10	j) The resident's Health Care Directive, if applicable;	Met	Advance Care Planning-Goals of Care Form and/or Directives if applicable are on the record.	Met	
13.11	k) A copy of any commitment order under <i>The Mental Health Act</i> , appointment of a substitute decision-maker under <i>The Vulnerable Persons Living with a Mental Disability Act</i> or enduring power of attorney;	Met	A written copy is maintained in the Resident's Health Record if applicable.	Met	
13.12	l) Record of referrals made to an external agency or specialist on the recommendation of a member of the interdisciplinary team;	Met	All referrals are stored under a separate section in the Resident record.	Met	
13.13	m) Results of any examinations or tests conducted as a result of referral;	Met	Results are kept in the chart	Met	
13.14	n) The date of discharge, transfer or death.	Met	Records are maintained and tracked in the Electronic Health Record. ADT. RES-Death Protocol	Met	
13.15	There is documented evidence of follow-up of resident issues throughout the health record that arise from assessments, or as noted in the	Met		Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	integrated progress note.				
13.16	Documentation in the health record identifies: a) The date;	Met	Electronic Health Record documents date of all enteries.	Met	
13.17	b) The time;	Met	Electronic Health Record documents time of all enteries.	Met	
13.18	c) Signature; and	Met	Electronic signature of all enteries into Health Record	Met	
13.19	d) Professional designation of all entries in the health record.	Met	Electronic Designation of staff that document in Electronic Health Record.	Met	
13.20	There is a current policy to guide thinning of the resident health record.	Met	Policy is in place. Evidence: RES-Storage, Thinning and Retievel of Health Records	Met	
13.21	There is a current policy on retention and destruction of health records.	Met	Evidence: RES-Retention and Destruction of Health Records	Met	
Scoring methodology: <ul style="list-style-type: none"> • There are no pass/fail performance measures. • Of all 21 measures: <ul style="list-style-type: none"> ○ If ≥ 17 measures are met, standard is met. ○ If ≥ 13 and < 17 measures are met, standard is partially met ○ If < 13 measures are met, standard is not met. 					

Result: All performance measures.

The standard is: Met

Comments: Overall, charts were found to be well organized. One example of the use of white out in the initial nursing assessment documentation was found in one chart reviewed.

Standard 15: Housekeeping Services

Reference: *Personal Care Homes Standards Regulation, Section 29*

The operator shall ensure that a housekeeping service is in place to provide a clean and well-maintained environment for residents, staff and visitors.

At a minimum, the operator shall ensure that

- a) all floors, stairs, walls, ceilings, doors, windows, window coverings, sinks, toilets, furniture and equipment in the personal care home are cleaned as often as may be necessary to keep them clean and to minimize odours;
- b) all bathing facilities in the personal care home, including hydrotherapy units (whirlpools), tubs, showers, shower chairs and lift chairs are cleaned and disinfected after each resident use; and
- c) there is an organized pest control program in the personal care home.

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

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
15.01	The facility is clean and odour free.	Met	Housekeeping routines in place to meet standards,	Met	
15.02	There is a schedule for daily as well as periodic cleaning.	Met	Posted in housekeeping rooms.	Met	
15.03	There is a list of cleaning products used and their purpose.	Met	Posted in housekeeping rooms. A face sheet that lists all products and usage is included in the MSDS binder. MSDS binders are kept in all housekeeping rooms with purpose of chemicals.	Met	
15.04	All chemicals that are potentially dangerous to residents are securely stored.	Met	Chemicals are stored in locked housekeeping carts, locked housekeeping rooms/offices and locked cabinets.	Met	
15.05	Housekeeping audits are regularly conducted, reported and reviewed. Recommendations are made and followed up	Met	Random weekly audits are conducted. Every area is audited at least monthly. Recommendations are followed up at monthly departmental meetings.	Partially Met	Audits are completed regularly. Evidence of follow up (review with recommendations made) was not found.
15.06	There is an organized pest control program.	Met	Orkin Pest Control comes in monthly, visit reports are provided to Environmental Services.	Met	

Scoring methodology:

- There are no pass/fail performance measures.
- Of the 6 measures:
 - If ≥ 5 measures are met, standard is met.
 - If ≥ 4 and < 5 measures are met, standard is partially met

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
o If < 4 measures are met, standard is not met.					

Result: 5 performance measures are met, 1 partially met.
The standard is: Met
Comments: Overall the facility was found to be clean and odor free.

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	Monitored by automated building control system which includes alarms to notified maintenance staff if falls below set point.	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	Room 208 the call cord at the bedside was not working. This was fixed immediately. On washroom in the hallway had the call cord wrapped around the grab bar which would prevent it from activating when pulled.
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	In one bathing area the call cord was not accessible from both sides of the tub.
19.05	Open stairwells are safeguarded in a manner which protects residents.	Met	All Stairwell doors are locked.	Met	
19.06	All outside doors and stairwell doors accessible to residents are equipped with an alarm or locking device approved by the Fire Authority under the Manitoba Fire Code.	Met	All stairwell doors are locked. All outside doors are on a magnetic lock with keypad system. The Main Front Entrance is monitored by Roam alert system in addition to a secured alcove.	Met	
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		Met	
19.10	All potentially dangerous substances are labeled and stored in a location not	Met	Stored behind locked doors. Housekeeping carts are equipped	Partially Met	The perineal cleanser was found in a

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	accessible to residents.		with locking cabinets.		number of rooms at the sink. These items should be stored above eye level.
19.11	Combustible materials are stored separately and safely.	Met	Fire safe cabinet located in maintenance room.	Met	
19.12	All equipment is safe for use and is properly stored and used in a manner that protects residents.	Met	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 for the proper use of all equipment.	Met	Use of equipment is included in orientation. Safe work practices in use. Evidence: Maintenance - Routine and Preventive S:\Policy and Procedure Manual Online	Met	
19.15	The facility has a policy governing the use of personal electric appliances kept by the resident.	Met	Resident Handbook, Resident Owned Electrical Appliances policy Evidence: Resident Handbook, Resident Owned Electrical Appliances policy	Met	
19.16	Domestic hot water in resident care areas is not less than 43°C and not more than 48°C.	Met	Mixing valves installed and ensure temperature is between 43C. and 48C. Part of Preventative	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Maintenance Program.		
19.17	Smoking takes place in designated areas only.	Met	WRHA Smoke Free Policy Evidence: Smoking	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	Wrought iron/chainlink fence encloses the exterior grounds for residents.	Met	
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: 15 performance measures were met; one was partially met.

The standard is: Met

Comments: Overall, the facility is well maintained. The facility has an active preventative maintenance program.

Standard 21: Infection Control Program

Reference: *Personal Care Homes Standards, Section 36*

In order to prevent or control the spread of infection in the personal care home, the operator shall implement an infection control program that includes

- a) surveillance of nosocomial infections with review of data at regular intervals;
- b) establishing policies and procedures designed to minimize or eliminate transmission of infectious disease;
- c) education for staff about infectious diseases, their modes of transmission and methods of prevention; and
- d) a contingency plan for outbreaks of infectious diseases with delineated responsibilities for staff, including the reporting requirements under *The Public Health Act*.

Expected Outcome: Residents are protected from the spread of infection by an infection control program.

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
21.01	There is evidence of an Infection Control Program that includes: a) Designation of an individual responsible for infection control;	Met	The Resident Care Manager is the designated individual. Member of the WRHA Infection Control Practitioners.	Met	
21.02	b) Surveillance of nosocomial infections;	Met	As per WRHA Infection Control definitions and tracked monthly by ICP Evidence: http://home.wrha.mb.ca/prog/ipc/manual_pch.php .	Met	
21.03	c) Data collection, review and follow-up;	Met	Data is collected on a monthly basis. Infection Control Committee meets quarterly results shared with Nurses, General Staff, Senior Leadership Team and the Board. Evidence: http://home.wrha.mb.ca/prog/ipc/manual_pch.php .	Met	
21.04	d) Reporting of infectious diseases as required under <i>The Public Health Act</i> ;	Met	As per WRHA policy , Outbreak protocol. Evidence: http://home.wrha.mb.ca/prog/ipc/manual_pch.php .	Met	
21.05	e) Policies and procedures to prevent or control the spread of infectious disease, including: i) Protocols for handling contaminated laundry	Met	WRHA Infection Control Manual in place and is accessible via the Citrix Desktop login and on any Mb Ehealth Laptop, Facility specific policy in place Evidence: http://home.wrha.mb.ca/prog/ipc/manual_pch.php .	Met	
21.06	ii) Protocols for handling clean and soiled laundry	Met	WRHA Infection Control Manual in place and is accessible via the	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			<p>Citrix Desktop login and on any Mb Ehealth Laptop , facility specific policy in place</p> <p>Evidence: http://home.wrha.mb.ca/prog/ipc/manual_pch.php Cleaning of Non Critical Equipment Disinfecting - Cleaning Equipment</p>		
21.07	iii) Contingency plans for dealing with a suspected or confirmed outbreak including restriction of visits to the home during an outbreak	Met	<p>Follow the WRHA outbreak policies.</p> <p>Evidence: http://home.wrha.mb.ca/prog/ipc/manual_pch.php Cleaning of Non Critical Equipment Disinfecting - Cleaning Equipment</p>	Met	
21.08	iv) Protocols for cleaning schedules and cleaning products	Met	<p>WRHA Infection Control Manual in place and is accessible via the Citrix Desktop login and on any Mb Ehealth Laptop, Facility specific policies</p> <p>Evidence: http://home.wrha.mb.ca/prog/ipc/manual_pch.php - Cleaning of Non Critical Equipment Disinfecting - Cleaning Equipment</p>	Met	
21.09	v) Pet care	Met	<p>WRHA Infection Control Manual in place and is accessible via the Citrix Desktop login and on any Mb Ehealth Laptop</p> <p>Evidence:</p>	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			http://home.wrha.mb.ca/prog/ipc/manual_pch.php Cleaning of Non Critical Equipment Disinfecting - Cleaning Equipment		
21.10	There is a program of staff education about infectious diseases and infection control practices.	Met	Included in general orientation and annually at the Mandatory Education Fair. Evidence: http://home.wrha.mb.ca/prog/ipc/manual_pch.php Cleaning of Non Critical Equipment Disinfecting - Cleaning Equipment	Met	
Scoring methodology: <ul style="list-style-type: none"> • The highlighted measure (21.1) 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 9 other measures: <ul style="list-style-type: none"> ○ If 7 measures are met, standard is met ○ If ≥ 5 and < 7 measures are met, standard is partially met ○ If < 5 measures are met, standard is not met. 					

Result: All performance measures are met.
The standard is: Met
Comments: The facility has a well organized infection control program.

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: HR-Hiring Practices HR-Orientation of Staff	Met	
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	
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.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			<p>They also receive a review of the resident's interpretation. Staff sign a pledge stating they have read and understood the document.</p> <p>Evidence: HR-Orientation of Staff</p>		
24.05	b) Mission Statement;	Met	<p>Electronic copy plus review</p> <p>Evidence: HR-Orientation of Staff</p>	Met	
24.06	c) Organization chart;	Met	<p>Electronic copy plus review</p> <p>Evidence: HR-Orientation of Staff</p>	Met	
24.07	d) Disaster management including the fire plan;	Met	<p>Electronic copy plus review</p> <p>Evidence: HR-Orientation of Staff</p>	Met	
24.08	e) WHMIS;	Met	<p>As above, plus a quiz is conducted and scored</p> <p>Evidence: HR-Orientation of Staff</p>	Met	
24.09	f) Infection control;	Met	<p>As above, includes a quiz, routine practices video, mask, gloving, and gowning demonstration.</p> <p>Evidence: Orientation of Staff</p>	Met	
24.10	g) Proper use of all relevant	Met	O.T. and the Director of Clinical	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	equipment;		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		
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 shown the Personnel Manual and are instructed to its location in their department. Staff are advised of the location of the policies on the S:Drive. Evidence: S:\Policy and Procedure Manual Online	Met	
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	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 on education board and Departmental Outlook Calendars.	Met	
24.18	The in-service education program	Met	Annual inservicing is conducted	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	includes: a) Annual review of fire drill participation or education in fire prevention;		where Code Red and fire prevention tips/strategies are reviewed. Fire drills are conducted at least monthly.		
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. Inservice/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 reviewed by O.T. at Annual Staff Education Fair.	Met	
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	Inservice/Training conducted for new policies . New policies are communicated to staff during	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			scheduled meetings. Minutes recorded and circulated to appropriate disciplines. New Policies are circulated to Departmental clipboards with sign off sheets for staff to review and sign. Evidence: ADM - Policy and Procedure Distribution ADM - Policy and Procedure Implementation		
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	Very well completed.
Scoring methodology: <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 ○ 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.

Standard 25: Complaints

Reference: *Personal Care Homes Standards Regulation, Section 40*

The operator shall establish a written policy for dealing with complaints made by residents and others about the home’s care, services or environment, in accordance with any guidelines established by the regional health authority for the health region in which the personal care home is located.

The operator shall post an outline of how to lodge a complaint in a prominent and easily accessible location in the personal care home.

The operator shall keep such records respecting the receipt and handling of complaints as may be required by the regional health authority for the health region in which the personal care home is located.

An operator, other than a regional health authority, shall provide to the regional health authority for the health region such information respecting complaints received as the authority may require, in the time and in the form the authority requires.

A regional health authority shall provide to the minister, as required by the minister and within the time and the form specified, reports respecting complaints received by the personal care homes in the health region, including reports provided to the authority under subsection (4).

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

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
25.01	There is a written policy that includes a process for dealing with complaints made about the home's care services or environment.	Met	Policy in place: ADM-Complaints Process	Met	
25.02	Directions related to complaints handling are posted in a prominent location in the home and included in the home's admission information package.	Met	Posted on each unit along with activity schedule, newsletters, and Resident Council meeting minutes. Directions included in admission information package. PPCO posters are posted.	Met	
25.03	Complaints are responded to in a timely manner.	Met	As per Facility policy - response provided within 14 days.	Met	
25.04	There is record of every complaint received which includes: a) The name of the complainant;	Met	A Complaint Binder is maintained by the RCM. Included on the Complaints Form.	Met	
25.05	b) The nature of the complaint;	Met	Included on the Complaints Form.	Met	
25.06	c) The date of receipt of the complaint;	Met	Included on the Complaints Form.	Met	
25.07	d) The action taken;	Met	Included on the Complaints Form.	Met	
25.08	e) The date a response was provided to the complainant.	Met	Included on the Complaints Form.	Met	
25.09	There is regular analysis of the number and type of complaints, recommendations made and followed up.	Met	Specific complaints and trends are reviewed by the Senior Leadership Team. Results are shared with the Board of Directors.	Met	A report on all complaints is provided to the Board including a note on the resolution.
<p>Scoring methodology:</p> <ul style="list-style-type: none"> • The highlighted measure (25.1) 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 8 other measures: <ul style="list-style-type: none"> ○ If > 6 are met, standard is met ○ If ≥ 4 and < 8 are met, the standard is partially met. ○ If < 4 are met, the standard is not met 					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
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Result: All performance measures are met.

The standard is: Met

Comments: The tracking and follow up of complaints is well documented and completed.