

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

Regional Health Authority: Winnipeg Regional Health Authority (WRHA)

Facility: Calvary Place

Number of Beds: 100

Review Team: I.D. # LCB687 – Manitoba Health  
I.D. # LCB500 – Manitoba Health  
I.D. # LCB735 – Manitoba Health  
I.D. #WRHA1100 – WRHA

Review Date: February 23, 2023

Report Date: March 17, 2023

**Summary of Results:**

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

**Resident Experience (N5)**

Resident Experience Questions	Resident Responses by Type of Response					
	Always	Often	Sometimes	Rarely	Never	No Comment
1. Are you happy with the care you receive here?	1	3	1			
2. Do the staff check in to see if you need anything?	1	3	1			
3. Are you treated the way you want to be treated?	2	3				
4. Do you feel your privacy is protected when showering, dressing or using the bathroom?	2	2				1
5. Can you access spiritual or religious services of your choice?	2			1	1	1
6. Are you satisfied with the activities available on weekends?			4		1	
7. Do the staff help you to participate in activities you enjoy?	1	2	1			1
8. Do you decide how you spend your day?	1	1	3			
9. Do you like the food here?		3	1	1		
10. Do you enjoy the dining service?		5				
11. Are you happy with how the staff respond to your concerns?	3	1	1			
12. Would you recommend this facility to others	Yes	No				
	5					
<p>If you could change three things about this home, what would you change? (All responses are included below):</p> <ol style="list-style-type: none"> <li>1. Better food;</li> <li>2. More activities and exercise (2 respondents) and</li> <li>3. More staff (2 respondents).</li> </ol>						

**Additional Comments:**

- Five residents were interviewed. Generally, residents were happy with the care they received, however at times they felt rushed and/or had to wait, what felt like a long time, for help. All of which residents indicated was due to lack of staffing. Activities appeared to be the department with the least satisfaction with four of the residents indicating only; “sometimes” they are satisfied with the activities available and wishing for more exercise programs along with activities of more interest to them personally.

**Family Feedback (N7)**

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

8. Are your loved one's belongings safe in the facility?	7					
9. Is your loved one's room and the rest of the facility clean?	7					
10. Is the facility in a good state of repair?	7					
11. Are you regularly updated about what is happening at the facility?	7					
12. Are you informed of any changes in your loved one's condition, in a timely manner?	7					
13. Do you feel the staff address your concerns?	7					
14. Are the staff friendly and approachable?	7					
15. Do you have opportunities to participate in decisions about your loved one's care?	7					
16. In addition to in-person visits, are you able to stay in touch with your loved one?	6					1
	Yes	No				
17. Would you recommend this facility to a family member or friend?	7					
<p>If you could change three things about this home, what would you change? (all responses are included below):</p> <ul style="list-style-type: none"> <li>• Easier accessibilities to visit after hours;</li> <li>• To have curtains on windows not just blinds;</li> <li>• More variety of puree food;</li> <li>• To have other pillows that are not all plastic, hot and slippery; and</li> <li>• Increase in staffing levels (2 respondents).</li> </ul>						

**Additional Comments:**

- Of the seven family members who sent in the family experience questionnaire, there was a consensus expressed that their loved ones' were well taken care of, the staff were helpful and friendly and families would not want their loved one to be at any other PCH.

**Staff Feedback (N11)**

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

10. Overall, is this a good place to work?	11		
11. If you could change three things about this home, what would you change? (all responses are included below): <ul style="list-style-type: none"> <li>• More staffing, always short (4 respondents);</li> <li>• When new policies are implemented staff need to be informed;</li> <li>• Competitive wages and better work benefits;</li> <li>• Get an active Board who will talk to staff and do fundraising;</li> <li>• Improve the cleanliness of the home, it is not clean, improve upkeep and maintenance;</li> <li>• More and larger storage rooms;</li> <li>• Building needs painting;</li> <li>• Additional elevator just for staff;</li> <li>• Large laundry room;</li> <li>• A recycle bin;</li> <li>• Staff have casual clothing wear on Fridays; and</li> <li>• Longer lunch break.</li> </ul>			

**Additional Comments:**

- Eleven staff members from a variety of departments completed the staff experience questionnaires. Years of employment ranged from 1.5 years to 23 years. Two additional comments were provided which focused on short staffing, low staff morale and the general poor upkeep on the building.

**License posted**

Is the licence posted as required in a publically accessible location?	<u>Yes</u>	<u>No</u>	Review Team Comments
	<u>X</u>		

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

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

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

**Performance Measures:**

#	Measure	Review Team Comments
The bill of rights is posted:		
1.03	<ul style="list-style-type: none"> <li>in minimum standard CNIB print (Arial font 14 or larger);</li> </ul>	No concerns noted at the time of the UR
1.04	<ul style="list-style-type: none"> <li>in locations that are prominent and easily accessible by residents, families and staff;</li> </ul>	Improvement noted from 2022 UR as the Bill of Rights is now posted on all floors
1.06	Residents are sheltered, fed, dressed, groomed and cared for in a manner consistent with their needs.	Based on resident feedback, observation of care delivery, and documentation in health records reviewed, residents were receiving appropriate care.

**Findings:** Although an improvement was noted from previous UR, the right of choice could have been provided in many situations. When staff spoke with residents regarding care it was telling as opposed to asking. Where simply asking resident rather than telling them would provide the option of choice. It was also noted when staff did ask as opposed to telling, the staff did not wait long enough for a response, recognizing some residents are unable to respond, but none the less need to be provided the respect of being asking.

**Follow-up: Recommended:** Although there was some improvement noted from 2022 UR, the facility needs to continue to make efforts to provide choice i.e. ask not telling, to residents whenever possible in order to provide good customer service.

### **Standard 2: Resident Council**

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

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

**Performance Measures:**

#	Measure	Review Team Comments
---	---------	----------------------



2	Resident council minutes are posted as required by regulation.	Although posted, the minutes were too high for anyone in a wheelchair to read and the font was too small. This was also noted at the time of the 2022 UR.
2.01	There is evidence that the resident council meets, at a minimum, five times per year.	No concerns noted at the time of the UR. For the most part resident council meetings are being held monthly.
2.02	Terms of Reference of the resident council meetings provide evidence that residents are encouraged and supported in bringing forward issues and concerns.	Not observed at the time of the UR.
Minutes of the resident council meetings provide evidence that the residents' issues and concerns are:		
2.03	• Documented;	In reviewing resident council meeting minutes, they appear to reflect sharing information about isolation, allergies, up coming activities etc.  Although round table was held minutes reflected input from only one resident with no investigation, follow-up or response back to resident noted.
2.04	• Investigated;	
2.05	• Responded to at the next resident council meeting; and	
2.06	• Followed-up on in a timely fashion	

**Follow-up: Required:** Resident council minutes need to be posted lower and in larger font.

Resident council meetings need to reflect input from residents on: information shared, planning activities and events; beefs and bouquets; etc. The minutes need to also reflect who is responsible to do the follow up/investigation and then report back at the next meeting. Please note some items may take longer to address than others, but minutes need to reflect concern is still being investigated.

Please provide current Terms of Reference for the resident council.

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

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

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

**Performance Measures:**

#	Measure	
There is documented evidence on the resident's health record that the resident and their representative have had the opportunity to participate in:		
5.01	<ul style="list-style-type: none"> <li>The development of the initial care plan (completed within 24 hours of admission);</li> </ul>	<p>Five health records were reviewed on the day of the UR.</p> <p>All records had an integrated care plan (ICP) developed within 24 hours.</p>
5.02	<ul style="list-style-type: none"> <li>The development of the integrated care plan (completed within eight weeks of admission), and;</li> </ul>	<p>Eight week ICPs were found for all five health records, however the process was not consistent, please see note below in Findings.</p>
5.03	<ul style="list-style-type: none"> <li>The annual care conferences.</li> </ul>	<p>Three of applicable five health records had the required evidence.</p>

**Findings:** Some eight weeks ICP reviews were done on a template, where others were found in the Integrated Progress Notes (IPNs)

**Follow-up: Recommended:** the facility develop consistent plan of where/how eight week, quarterly reviews and annuals will be documented.

**Standard 6: Communication**

Reference: *Personal Care Homes Standards Regulation section 14*

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

**Performance Measures:**

#	Measure	Review Team Comments
There are standardized processes in place, and supporting evidence that processes are consistently followed, to ensure ongoing, accurate and timely communication of each resident's needs including:		

#	Measure	Review Team Comments
6.01	<ul style="list-style-type: none"> <li>Changes to current care plan;</li> </ul>	No concerns at the time of the UR.
6.05 6.06	The method of communicating the integrated care plan to direct care staff ensures privacy of the resident.	<p>No concerns in regards to the facility's method of communicating the ICP to direct care staff however, there was concern with the privacy of resident personal health information i.e. the day of the UR Health Care Aides (HCAs) binders with resident information was on table in the dining room along with resident information on fridge in kitchenette.</p> <p>Also a few nurses were observed leaving the Medication Administration Record (MARs) book, open and unattended.</p>

**Follow-up: Required:** The facility needs to ensure residents' personal health information is kept private and only accessible to staff who require it. This was also a concern noted at the time of the 2022 UR.

### **Standard 7: Integrated Care Plan**

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

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

**Performance Measures:**

#	Measure	Review Team Comments
Within 24 hours of admission, basic care requirements for the resident are documented, including:		
7.02	<ul style="list-style-type: none"> <li>Medications and treatments;</li> </ul>	All of the five health records reviewed had the required evidence for 7.02 – 7.07.
7.03	<ul style="list-style-type: none"> <li>Diet orders;</li> </ul>	
7.04	<ul style="list-style-type: none"> <li>Assistance required with activities of daily living;</li> </ul>	
7.05	<ul style="list-style-type: none"> <li>Safety and security risks, and;</li> </ul>	
7.06	<ul style="list-style-type: none"> <li>Allergies.</li> </ul>	

#	Measure	Review Team Comments
7.07	There is evidence that within the first eight weeks of admission, the resident's needs have been assessed by the interdisciplinary team and a written integrated care plan has been developed.	
The active integrated care plan contains detailed and current information on all aspects of each resident's care needs, to ensure all appropriate and proper care is provided, including information on and requirements for:		
7.15	<ul style="list-style-type: none"> <li>• exercise;</li> </ul>	<p>One ICP indicated resident was invited to participate in activity recreation exercises. This is not the intent of this measure. The intent is if the resident is on a resident specific exercise program to maintain current level of mobility i.e. to walk with walker 3 times per day to dining room.</p> <p>One ICP had nothing noted for exercise. If resident is not on an exercise regime then "n/a" should be indicated for this focus.</p>
7.16	<ul style="list-style-type: none"> <li>• mobility;</li> </ul>	<p>One ICP indicated the resident had a tilt wheelchair but also indicated the resident was independent. After discussion with staff it was determined the tilting mechanism was disengaged, hence resident could propel tilt wheelchair on their own. This type of information needs to be included on the ICP.</p>
7.23	<ul style="list-style-type: none"> <li>• emotional status, and personality and behavioural characteristics;</li> </ul>	<p>A very good behaviour plan was noted in the health record for one resident, however this was not included on the ICP. Either this information should be entered on the ICP or the behavior plan is attached to the ICP.</p>
7.30	<ul style="list-style-type: none"> <li>• rehabilitation needs;</li> </ul>	<p>One ICP had nothing noted in this focus. If it has been determined a resident does not required a rehab program (To enhance current level) then "n/a" should be noted in the focus.</p>
7.34	<ul style="list-style-type: none"> <li>• food allergies;</li> </ul>	<p>One ICP had nothing noted for food allergies. If resident has no food allergies then "n/a" should be noted in the focus.</p>
7.38	<ul style="list-style-type: none"> <li>• special housekeeping considerations;</li> </ul>	<p>On the ICPs reviewed it was noted "can clean room with resident in it or not". This is not the only purpose of this measure. If there is anything housekeeping</p>

#	Measure	Review Team Comments
		should know about the resident that would impact the cleaning of the room i.e. infections, isolation, resident is paranoid of things being stolen etc. this needs to be put on the ICP. If there is no information the housekeeping department needs to know then “n/a” should be indicated on the ICP.
There is evidence that the integrated care plan is reviewed:		
7.41	<ul style="list-style-type: none"> <li>at least once every three months by the interdisciplinary team;</li> </ul>	Quarterly reviews were noted for all ICPs, however there was one that was not interdisciplinary.
7.42	<ul style="list-style-type: none"> <li>at least annually by all staff who provide direct care and services to the resident, as well as the resident and his/her representative(s), if possible.</li> </ul>	The two applicable health records had the required annual evidence.

**Findings:** Measures 7.01 to 7.42 were assessed for five current care plans. All care plans reviewed generally well done, with the exceptions noted above. Care needs, capacities, preferences and dislikes as described by HCAs with whom review team members spoke with aligned with information documented in the resident record.

In one resident’s room the base of the electric toothbrush was very dirty.

A number of residents were also observed sitting on their sling while in their wheelchair. Based on SCHIPP training slings should be removed from under residents when they are sitting in wheelchair.

**Follow-up: Recommend:**

Staff be reminded to ensure all residents’ personal hygiene things (shavers, toothbrush, comb etc.) are kept clean.  
Staff are reminded to remove slings from under residents when they are in wheelchair.

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

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

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

**Performance Measures:**

#	Measure	Review Team Comments
8.06	The Protection for Persons in Care Act information is posted in locations that are prominent and easily accessible by residents, families and staff.	No concerns noted at the time of the UR.

**Follow-up: None required**

### **Standard 9: Use of Restraints**

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

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

#### **Performance Measures:**

#	Measure	Review Team Comments
9.02	There is documented evidence that the resident, if capable, has given written consent to the use of the restraint. Where the resident is not capable, the consent of the resident's legal representative is documented.	No concerns noted at the time of the UR.
9.03	If written consent is not available, verbal consent must be obtained from the resident or their legal representative. Verbal consent must be documented, dated and signed by two staff members, one of whom must be a nurse.	No concerns noted at the time of the UR.
9.04	There is documented evidence that a comprehensive assessment of the resident is completed by an	All five health records were reviewed for restraints.

#	Measure	Review Team Comments
	interdisciplinary team, prior to application (or reapplication) of any restraint.	
The assessment includes documentation of each of the following:		
9.05	<ul style="list-style-type: none"> <li>description of the resident's behaviour and the environment in which it occurs (including time of day);</li> </ul>	<p>For the assessments that were completed all components of the restraint assessment were done well. However, there was one missed restraint. A resident had been transferred from another facility with a tilt wheelchair. The interim form had been completed well, and indicated the basic restraint assessment and documentation tool was to be completed on Jan 30, 2023, however it was not found on the health record at the time of the UR.</p>
9.06	<ul style="list-style-type: none"> <li>the resident's physical status;</li> </ul>	
9.07	<ul style="list-style-type: none"> <li>the resident's emotional status;</li> </ul>	
9.08	<ul style="list-style-type: none"> <li>the resident's mental status;</li> </ul>	
9.09	<ul style="list-style-type: none"> <li>the resident's nutritional status;</li> </ul>	
9.10	<ul style="list-style-type: none"> <li>all alternatives tried and exhausted;</li> </ul>	
9.11	<ul style="list-style-type: none"> <li>review of current medications;</li> </ul>	
9.12	<ul style="list-style-type: none"> <li>actual and potential benefits to the resident if the restraint is applied;</li> </ul>	
9.13	<ul style="list-style-type: none"> <li>actual and potential burdens to the resident if the restraint is applied;</li> </ul>	
9.14	<ul style="list-style-type: none"> <li>any other additional ethical considerations.</li> </ul>	
There is a written order for the restraint in the resident's health record that indicates:		
9.15	<ul style="list-style-type: none"> <li>the kind of restraint to be used;</li> </ul>	<p>With the exception of one restraint not having the frequency of checks on the order, components of the written order were completed.</p>
9.16	<ul style="list-style-type: none"> <li>the frequency of checks on the resident while the restraint is in use;</li> </ul>	

#	Measure	Review Team Comments
9.17	<ul style="list-style-type: none"> <li>the signature of the person giving the order (where a chemical restraint is used it must be ordered by a doctor, nurse practitioner or physician assistant);</li> </ul>	
9.18	<ul style="list-style-type: none"> <li>the professional designation of the person giving the order;</li> </ul>	
9.19	<ul style="list-style-type: none"> <li>for a chemical restraint, the time limit for its use (the discontinuation date).</li> </ul>	
There is evidence of a care plan for every restraint in use, that outlines the resident's unique and specific needs, including:		
9.22	<ul style="list-style-type: none"> <li>the frequency of the checks on the resident while the restraint is in use;</li> </ul>	Four ICPs did not have the frequency of checks noted for the restraint(s).
9.24	There is documented evidence that the continued use of any restraint is reviewed at least once every three months.	It was noted one restraint did not have a review every 3 months. There was also one where there was a significant gap between reviews.

**Findings** Restraint documentation was generally well done and completed as required, with the few above noted gaps.

**Follow-up: Recommend:** Facility should not only audit the restraint documentation, but also if an assessment has been done for each restraint the resident has.

### **Standard 12: Pharmacy Services**

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

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

**Performance Measures:**



#	Measure	Review Team Comments
12.04	<ul style="list-style-type: none"> <li>The pharmacist conducts medication and treatment reviews on a quarterly basis (once every 3 months) with the interdisciplinary team (pharmacist, nurse, physician/ nurse practitioner/physician assistant and other members as needed) and this is documented in the health record.</li> </ul>	No concerns noted at the time of the time of the UR.
There are designated medication storage areas that are:		
12.10	<ul style="list-style-type: none"> <li>secure.</li> </ul>	No concerns noted at the time of the UR.
The pharmacist ensures that:		
12.21	<ul style="list-style-type: none"> <li>Audits of the medication storage room, emergency drug box, in-house drug box and</li> </ul>	No concerns noted at the time of the UR.
12.22	<ul style="list-style-type: none"> <li>The audits are shared with nursing staff.</li> </ul>	
A committee has been established		
12.29	<ul style="list-style-type: none"> <li>That includes representation from pharmacy, medicine, nursing and administration.</li> </ul>	No concerns noted at the time of the UR. Appropriate evidence was provided for measures 12.20 – 12.33.
12.30	<ul style="list-style-type: none"> <li>That meets at least once every three months</li> </ul>	
12.31	<ul style="list-style-type: none"> <li>to review and make recommendations on drug utilization and costs</li> </ul>	

#	Measure	Review Team Comments
12.32	<ul style="list-style-type: none"> <li>to review and follow up on medication incidents and adverse reactions</li> </ul>	
12.33	<ul style="list-style-type: none"> <li>to review and make recommendations on all policies for the procurement and administration of medication within the home</li> </ul>	

**Follow-up:** None required.

**Standard 14: Nutrition and Food Services**

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

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

**Performance Measures:**

#	Measure	Review Team Comments
14.15	At least three meals or equivalent are offered to each resident, each day, at reasonable intervals.	Breakfast: 0800 Lunch; 1200 Supper: 1645. Best evidence suggests supper be 1700 at the earliest.
Between meal fluids and nourishments are offered to every resident:		
14.16	between breakfast and lunch (minimally fluids must be offered);	No concerns noted at the time of the UR.
14.17	between lunch and supper; and,	
14.18	not less than two hours after the evening meal.	
14.20	Menu choices are posted daily for the residents to view, at an appropriate	Weekly menus are posted by the dining room, however they did not include alternative, nor are they the easiest to read.

#	Measure	Review Team Comments
	height and displayed using minimally size 14 Arial font.	
14.23	Resident's likes and dislikes are accommodated to the extent possible.	Reviewers did not actively note this during the noon meal.
14.24	Residents are served meals in a manner that promotes independent eating.	No concerns noted at the time of the UR.
14.25	Meals are presented in a courteous manner.	On some units, staff made every effort to ensure a positive dining room experience. If a resident was getting both soup and main course, staff asked if they like both served together or one at a time, offering to heat up item if necessary. Staff took meals off the tray and arranged in a manner suitable to each resident's needs. This needs to be implemented on all units.
14.26	Positioning and assistance with eating is individualized as needed.	No concerns note at the time of the UR.
Assistance with eating is provided, when required:		
14.27	• in a manner that promotes dignity;	No concerns noted at the time of the UR.
14.28	• with specific regard to safe feeding practices;	
14.29	• in a way that encourages interaction with the person providing assistance.	
14.30	Residents are given sufficient time to eat at their own pace.	

**Findings:** Due to the off site dietary services, it makes the dining room experience feel and look very institutionalized. About 1400 a resident asked a reviewer for a bowl of soup, staff members advised resident he had already had lunch, which was not supportive of resident centred care.

On one unit, residents who required assistance were provided this prior to the rest of residents eating. Then they were left in hallway while others residents ate lunch.

**Follow-up: Recommended:** The facility needs to make every effort to make the dining room experience a positive home like environment. This can be done in part by not serving meals on trays. Allowing the resident choice when and wherever possible.

The facility should have stock of instant items i.e. cup of soup, porridge etc. then when the resident asked for the bowl of soup they could have been given the soup or given option of the porridge. Regardless if resident had his lunch or not, at that moment in time he wanted some soup and every effort should be made to meet his request.

Cooking within each unit by either activities, family and/or volunteers should be considered to provide the smell of baking and a more home like environment. This could be done with instant muffin, cake mixes and/or cookies.

Every effort should be made to provide assistance to residents at the same time as other residents are eating in order for them to get the most out of the dining room experience. If it is absolutely necessary for resident to be provide assistance prior to other residents eating then those residents should remain in the dining room while the others are eating.

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

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

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

**Performance Measures:**

#	Measure	Review Team Comments
15.01	The facility is clean and odour free.	
15.03	There is documented evidence that the tub and bathing equipment cleaning process is completed after each resident's use.	Upon inspection under side of tub chairs were dirty and appeared not be properly cleaned.  There was little to no evidence that the tub and bathing equipment were being cleaned after each resident's use. Not all tub rooms had the cleaning process clearly posted or minimally available.
15.04	Upon inspection all shared equipment is found to be clean.	A couple of footplates on sit to stand equipment were dirty.

**Findings:** During the tour by the reviewers there were many common areas that required cleaning, including closets, drawers, cupboards and woodwork trim. This was also supported by comments made by staff in their questionnaires. A number of items in residents' rooms were found to be very dusty and a more thorough in corner cleaning is required. A number of appliances in kitchenettes also required cleaning.

**Follow-up: Required** – The facility needs to ensure the facility is clean and tidy. Cupboards, drawers, and closets in common area need to be cleaned and organized. All rooms need to be thoroughly cleaned and maintained.

All wood working trim needs to be wiped down.

Please provide of list of all cleaning that has occurred and what is remaining along with plan to address by date Status update is due.

Please provide logs indicating tubs and equipment are being cleaned after each use.

### **Standard 16: Laundry Services**

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

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

**Performance Measures:**

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

**Follow-up: None required.**

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

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

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

**Performance Measures:**

#	Measure	Review Team Comments
Each month's recreation programming includes:		
17.08	A variety of planned programs to meet all residents' physical, emotional, cultural and social needs (including large and small group activities);	Based on the calendar(s) provided varieties of programs are being provided.

#	Measure	Review Team Comments
17.09	Some evening and weekend activities, and;	Evening and weekend activities scheduled on calendar(s). Based on feedback from residents interviewed there could be more evening and weekend activities.
17.10	Options for residents who cannot/do not prefer to participate in group programs.	There appeared to be a variety of programs being offered that would meet residents needs, however one resident who was interviewed indicated there was nothing that interested him.
Information about recreation programs:		
17.11	<ul style="list-style-type: none"> <li>is posted in prominent, resident-accessible locations throughout the home;</li> </ul>	No concerns noted at the time of the UR.
17.12	<ul style="list-style-type: none"> <li>is clear and easy for residents to read.</li> </ul>	

**Follow-up: Recommended** – the facility survey residents to get their input on the type of activities they would like and when.

### **Standard 18: Spiritual and Religious Care**

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

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

#### **Performance Measures**

#	Measure	Review Team Comments
18.02	The home hosts regular religious services and spiritual celebrations.	

**Findings:** On one resident’s ICP it indicated religion/spiritual was unknown. As considerable time passed since admission staff should be finding out what resident’s preference is. If resident does not have a religion/spiritual need then ICP should indicate that not simply “unknown”. One resident interviewed indicated they did not attend church at the facility as it was not his religious preference.

**Follow-up: Recommended:** ICP should clearly state resident’s spiritual preference and whether they practise or not.

The facility needs to ensure every resident has the opportunity to participate in religious programming of their choice.

**Standard 19: Safety and Security**

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

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

**Performance Measures:**

#	Measure	Review Team Comments
19.01	The temperature in residential areas is a minimum of 22°C.	It was noted that thermostats in resident rooms had locked covers on them. Resident need to be allowed to have the room as warm (or cold) as they wish. Hence require access to thermostats. Staff need to be educated regarding this, they may find it warm but it is what the resident wants.
19.02	Domestic hot water, at all water sources that are accessible to residents, is not less than 43°C and not more than 48°C.	On the day of the UR 17 water temperatures were taken. All temperatures were 40°C or less. Water temperatures were also low (below 43°C) at the time of the 2022 UR.
19.03	There is documented evidence of frequent monitoring (minimally once per week) of domestic hot water temperatures at locations accessible to residents.	The facility was taking and documenting domestic hot water temperatures as required.  There was no documentation that tub temperatures were being taken with an external thermometer prior to bath. Reviewers found significant difference between what the tub thermometer read and what reviewers external thermometer read.
19.04	There is an easily accessible call system in all resident rooms.	No concerns noted at the time of the UR.
19.05	There is an easily accessible call system in all resident washrooms.	No concerns noted at the time of the UR.
19.06	There is a call system in all bathing facilities that is easily accessible from all areas around the tub.	One tub room there was no call cord at all, and in another the cord was not accessible from both sides of the tub.

#	Measure	Review Team Comments
19.07	All open stairwells are safeguarded in a manner which prevents resident access.	No concerns noted at the time of the UR.
19.08	All outside doors and stairwell doors accessible to residents are equipped with an alarm or locking device approved by the fire authority under the Manitoba Fire Code.	No concerns noted at the time of the UR.
19.09	All windows are equipped with a mechanism or are appropriately designed so they cannot be used as exits.	No concerns noted at the time of the UR.
19.10	Handrails are properly installed and maintained in all corridors.	Handrails were secure, however were worn looking. Also the brackets holding the handrail to the wall, were very dirty.
19.11	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	No concerns noted at the time of the UR.
19.12	All potentially dangerous substances are labelled and stored in a location not accessible to residents.	Clean linen room was unlocked despite it having a sign on door to “always keep closed and locked”. At the time of the UR there were no dangerous substance found in this room. The utility room where the housekeeping cart with chemicals and a sharps container the door was unlocked although sign saying keep closed and locked. Personal staff bags were located in a cupboard, which was not locked. Staff may have medication in these bags; hence, resident could have access to them.
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	The hairdresser room had a significant amount of combustibles and she indicated she left them at the facility. Therefore, those combustibles need to be stored in a metal container i.e. old filing cabinet and it does not need to lock.
There is documented evidence for all equipment, including building systems, that demonstrates completion of:		



#	Measure	Review Team Comments
19.17	• as needed repairs;	See comments in Findings below.
19.18	• preventative maintenance.	It is difficult for staff to be doing preventative maintenance when there is so much work required doing repairs.
All exits are:		
19.21	• clearly marked;	No concerns noted at the time of the UR.
19.22	• unobstructed.	No concerns noted at the time of the UR.
19.23	The exterior of the building is maintained in a manner which protects the residents.	From what could be seen the exterior of the building is being well maintained.
19.24	The grounds and exterior furniture are maintained in a manner which protects the residents.	Not observed at the time of the UR as covered in snow.

**Findings:** During the tour, the following required repairs were noted;

- Behind sinks in kitchenettes there was mold and caulking was gone;
- Some sinks the fixture had been eaten away from the hard water, leaving sharp edges;
- Main floor kitchenette the sink would not shut off (maintenance were advised at the time);
- A number of resident rooms had rust around the drain in their sink;
- Numerous walls, door jams required repair/painting;
- Some cracks noted in flooring; and
- Water temperatures were not within required range.

**Follow-up: Required:**

- 1) All personal staff bags/lunches need to be in a location where residents do not have access, or are locked up.
- 2) A thorough walk through of the facility to identify all required repairs is completed. Any immediate risk to residents are to be addressed immediately. Then there is a plan to address the other needed repairs developed.

- 3) Call bells need to be accessible from both sides of the tub at all times, recommend doing routine checks to ensure compliance with staff.
- 4) Hairdresser needs a metal container to store combustible items in when she is not on site.
- 5) Water temperatures need to be within the required range.
- 6) Temperature of tub baths need to be taken prior to a bath with an external thermostat and documented.

**Standard 24: Staff Education**

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

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

**Performance Measures**

#	Measure	Review Team Comments
24	Evaluation of education records provided by facility.	See comments in Findings below.
The staff education program annually includes at least the following:		
24.20	Fire drill participation or fire prevention education for every staff member, including permanent, term and casual employees;	See comments in Findings below.

**Findings:** The facility indicates during COVID education sessions were negatively impacted, with short tabletop exercises being primary source of education. Fire drills continued to be held monthly. End of 2022 and currently the education program is getting back on track.

The facility has enrolled in a Relias on line training program, hence if staff are not able to attend the education session in person they can go on line and complete. The educator of the facility diligently tracks all staff training requirements and completions.

**Follow-up:** None required

**Standard 25: Complaints**

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

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

**Performance Measures:**

#	Measure	Review Team Comments
Directions related to complaint processes:		
25.02	<ul style="list-style-type: none"> <li>are posted in a prominent location in the home;</li> </ul>	No concerns noted at the time of the UR.
25.03	<ul style="list-style-type: none"> <li>include the position and contact information of the appropriate person (people);</li> </ul>	No concerns noted at the time of the UR.

**Findings:** Since the UR in 2022 the facility has developed of process which captures all complaints and follow up to same.

**Follow-up:** None required.