

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

Regional Health Authority: Winnipeg Regional Health Authority (WRHA)

Facility: Pembina Place Mennonite Personal Care Home

Number of Beds: 57

Review Team: I.D. # LCB500 – Manitoba Health
I.D. # LCB687 – Manitoba Health
I.D. #LCB735 – Manitoba Health
I.D. #WRHA1746 – WRHA

Review Date: February 13, 2023

Report Date: March 15, 2023

Summary of Results:

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

Resident Experience

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?	4	0	0	0	0	0
2. Do the staff check in to see if you need anything?	1	2	0	1	0	0
3. Are you treated the way you want to be treated?	2	1	1	0	0	0
4. Do you feel your privacy is protected when showering, dressing or using the bathroom?	1	1	1	0	0	1
5. Can you access spiritual or religious services of your choice?	3	0	0	1	0	0
6. Are you satisfied with the activities available on weekends?	1	1	1	0	1	0
7. Do the staff help you to participate in activities you enjoy?	3	1	0	0	0	0
8. Do you decide how you spend your day?	3	1	0	0	0	0
9. Do you like the food here?	2	2	0	0	0	0
10. Do you enjoy the dining service?	3	1	0	0	0	0
11. Are you happy with how the staff respond to your concerns?	2	1	0	1	0	0
	Yes	No				
12. Would you recommend this facility to others?	4	0				
If you could change three things about this home, what would you change? (All responses are included below):						
<ul style="list-style-type: none"> Change how concerns are addressed 						
What are your 3 favourite things about the PCH?						
<ul style="list-style-type: none"> Independence- don't have to go if don't want to 						

- Enjoy recreation
- The food is good (2 respondents)
- I like my shower
- My room is good and I like it
- Enjoys having own washroom, privacy
- Wouldn't want to be anywhere else

Additional Comments:

Four residents participated in Resident Experience Interviews. Additional comments included:

- Resident described being comfortable at the facility, despite a preference to be at home with family.
- Resident indicated some possessions are missing.
- Resident described being very pleased with the doctor.
- One resident indicated staff check in on residents at bedtime to see if they need anything. A second resident indicated it could be annoying if staff check in too often.
- Compliments for the regular staff, and indication that some agency staff are not as good.
- Breakfast and lunch is good, and supper can be “awful” (short of staff, food cold)

Family Feedback

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?	0	1	1	0	0	0
2. Do staff regularly check to see if your loved one needs anything?	0	2	0	0	0	0
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?	1	0	1	0	0	0

4. Are your loved one's dietary needs and choices taken into consideration in the meals provided?	0	2	0	0	0	0
5. Do you think your loved one takes part in activities that are of interest to them?	0	1	1	0	0	0
6. Do staff respect your loved one's preferences?	0	2	0	0	0	0
7. Does the facility make efforts to create a home-like environment?	1	0	0	0	0	0
8. Are your loved one's belongings safe in the facility?	0	1	1	0	0	0
9. Is your loved one's room and the rest of the facility clean?	0	2	0	0	0	0
10. Is the facility in a good state of repair?	0	1	0	1	0	0
11. Are you regularly updated about what is happening at the facility?	0	1	1	0	0	0
12. Are you informed of any changes in your loved one's condition, in a timely manner?	0	1	1	0	0	0
12. Do you feel the staff address your concerns?	0	2	0	0	0	0
13. Are the staff friendly and approachable?	1	1	0	0	0	0
14. Do you have opportunities to participate in decisions about your loved one's care?	2	0	0	0	0	0
15. In addition to in-person visits, are you able to stay in touch with your loved one?	0	0	2	0	0	0

	Yes	No	
17. Would you recommend this facility to a family member or friend?	2	0	
<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"> • Increase staff ratios. Staff are caring but have no time to provide individualized attention on a regular basis. (2 respondents) • Move to a better location with better outdoor space that can be accessed without elevators and have a homier indoor layout • Increase food budget (no more sugar drinks, real juice, more fresh fruit...) • Support staff adequately (wages, hours) 			

Additional Comments:

Two families completed the Family Experience Questionnaire. One family did not make a selection on the Likert scale for question #7. Additional comments included:

- Family appreciates many things, especially that staff give attention to the family's observations and questions. Family appreciates family letters, and would like family/resident council minutes were sent out by email.
- The building is not great (no fault of the staff). Heating and ventilation are poor, no air conditioning unless residents pay for their own, and the building is very dated (flooring and walls old and dated).
- Caring staff, and family is pleased with the leadership.

Staff Feedback

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	0	0	0	0	0
2. Do you have enough staff to handle the work load in your department?	0	3	1	2	0	1
3. Do you feel supported by co-workers from all departments?	1	3	3	0	0	0

4. Do you receive all the information you need about each resident's current care needs?	4	2	1	0	0	0
5. Are you provided with adequate training and education opportunities	3	2	2	0	0	0
6. Does your manager/supervisor encourage you to share your ideas and concerns?	3	0	2	1	0	1
7. Does the leadership team changes based on your ideas for improvements?	1	3	1	1	1	0
8. Does your direct supervisor provide the support and guidance that you require?	4	1	0	2	0	0
9. Does the leadership team keep you informed of any updates including required policies and procedures?	3	1	2	1	0	0
	Yes	No				
11. Overall, is this a good place to work?	7	0				
<p>If you could change three things about this home, what would you change? (all responses are included below):</p> <ul style="list-style-type: none"> • More staff (nursing, recreation, HCA) (4 respondents) • Newer equipment (sit to stand lift, beds) • Whatever is required to give more time to each resident • Have the chapel area not in a main thoroughfare • Heating and cooling system • Improved communication from management to staff • More money/hours for HCAs • Increased funding for kitchen ie oral nutrition supplements, adaptive equipment, quality food, etc. • More storage space for necessary machines in halls • Wi-Fi for the entire PCH (all resident rooms) • More consistent in serving residents' meals on time 						

Additional Comments:

Seven staff completed the Staff Experience Questionnaire. Respondents represented a variety of disciplines, and length of employment at the facility ranged from 2-18 years. Additional comments included the following themes:

- “We love what we do and we hope it always shows!”, general positive comments about the facility and the work environment
- Frustration regarding inability to provide optimum care due to staffing constraints, and concerns that staff are stressed or burnt out
- Frustration with ongoing COVID restrictions and their impact on resident quality of life.
- Agency staff do not always provide the same level of care as the regular staff, perhaps because they aren’t invested or because they aren’t familiar with the facility
- A staff member indicated it can be difficult to be the only representative of a discipline in a facility, and expressed appreciation for the support Therapeutic Recreation has provided.

License posted

Is the licence posted as required in a publicly accessible location?	<u>Yes</u>	<u>No</u>	Review Team Comments
	X		License was posted appropriately in the facility.

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"> • in minimum standard CNIB print (Arial font 14 or larger); 	The Resident Bill of Rights was posted on both floors of the facility.
1.04	<ul style="list-style-type: none"> • in locations that are prominent and easily accessible by residents, 	

	families and staff;	
1.06	Residents are sheltered, fed, dressed, groomed and cared for in a manner consistent with their needs.	Residents appeared to be clean and appropriately dressed, and those in wheelchairs appeared comfortably seated. Some residents appeared to remain in the dining room throughout the morning.

Follow-up: None

Standard 2: Resident Council

Reference: Personal Care Homes Standards Regulation sections 5 and 6

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

Performance Measures:

#	Measure	Review Team Comments
2	Resident council minutes are posted as required by regulation.	Resident Council minutes are posted in the facility in the appropriate font size.
2.01	There is evidence that the resident council meets, at a minimum, five times per year.	Evidence provided indicated meetings are held a minimum of 5 times per year, and residents are encouraged and supported in bringing forward issues and concerns. The Terms of Reference document clearly defines the purpose of the council and its role and responsibilities.
2.02	Terms of Reference of the resident council meetings provide evidence that residents are encouraged and supported in bringing forward issues and concerns.	
Minutes of the resident council meetings provide evidence that the residents' issues and concerns are:		
2.03	<ul style="list-style-type: none"> • Documented; 	Resident Council meeting minutes indicate resident issues and concerns are documented, investigated, responded to and followed up on in a timely fashion.
2.04	<ul style="list-style-type: none"> • Investigated; 	
2.05	<ul style="list-style-type: none"> • Responded to at the next resident council meeting; and 	

2.06	<ul style="list-style-type: none"> • Followed-up on in a timely fashion 	
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Follow-up: None

Standard 5: Right to Participate in Care

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

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

Performance Measures:

#	Measure	
There is documented evidence on the resident's health record that the resident and their representative have had the opportunity to participate in:		
5.01	<ul style="list-style-type: none"> • The development of the initial care plan (completed within 24 hours of admission); 	The initial care plan was developed as required.
5.02	<ul style="list-style-type: none"> • The development of the integrated care plan (completed within eight weeks of admission), and; 	The integrated care plan was developed as required.
5.03	<ul style="list-style-type: none"> • The annual care conferences. 	Residents and/or their representatives had the opportunity to participate in annual care conferences.

Follow-up: None

Standard 6: Communication

Reference: *Personal Care Homes Standards Regulation section 14*

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

Performance Measures:

#	Measure	Review Team Comments
There are standardized processes in place, and supporting evidence that processes are consistently followed, to ensure ongoing, accurate and timely communication of each resident's needs including:		
6.01	<ul style="list-style-type: none"> Changes to current care plan; 	Processes are in place to ensure changes to the care plan are communicated to the team.
6.05 6.06	The method of communicating the integrated care plan to direct care staff ensures privacy of the resident.	Privacy of the information is generally maintained by placement of the care guide in the resident washroom vanity. In 1 resident room, the care guide was posted in a visible area in the room, and an older version of the form was in the vanity.

Findings: Communication in the facility appeared to be effective, with privacy of resident information generally respected. Reviewers observed resident names and dietary information posted on a bulletin board in the 2nd floor resident dining room. The facility is encouraged to relocate this information to a private location such as the inside of the kitchenette cupboard door to maximize resident privacy.

Follow-up: Recommended: The facility is encouraged to relocate dietary information posted in the dining room to a more private location.

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"> Medications and treatments; 	Required information is documented.
7.03	<ul style="list-style-type: none"> Diet orders; 	Required information is documented.
7.04	<ul style="list-style-type: none"> Assistance required with activities of daily living; 	Required information is documented.

#	Measure	Review Team Comments
7.05	<ul style="list-style-type: none"> • Safety and security risks, and; 	Required information is documented.
7.06	<ul style="list-style-type: none"> • Allergies. 	Required information is documented.
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.	Integrated care plans are developed as required.
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:		
7.12	<ul style="list-style-type: none"> • hair care; 	1 reviewed ICP did not include required information.
7.13	<ul style="list-style-type: none"> • fingernail care; 	1 reviewed ICP did not include required information.
7.21	<ul style="list-style-type: none"> • any required incontinence care product; 	1 reviewed ICP did not include required information.
7.24	<ul style="list-style-type: none"> • available family, social network, friends and/or community supports; 	1 reviewed ICP did not include required information.
7.25	<ul style="list-style-type: none"> • hearing ability and required aids; 	1 reviewed ICP did not include required aids.
7.26	<ul style="list-style-type: none"> • visual ability and required aids; 	1 reviewed ICP did not include visual ability.
7.33	<ul style="list-style-type: none"> • religious and spiritual preferences; 	1 reviewed ICP did not include required information.
7.36	<ul style="list-style-type: none"> • type of assistance required with eating; 	1 reviewed ICP did not include required information.

Findings: Care planning was reviewed in four health records. The 24 hour care plans were completed as required, and interdisciplinary integrated care plans (ICPs) were developed prior to the ICP review meetings. Annual Care Conferences were completed as required. ICPs were generally well done, with a few noted gaps. Care plans included clear, descriptive interventions outlining resident care needs. Consistency was noted among reviewers' observations of residents, care as described by staff, ICPs and the Care Guides posted in resident rooms. Reviewers observed Care Conferences, which included the residents' families and the interdisciplinary team, and were generally well done.

Follow-up: None

Standard 8: Freedom from Abuse/ Neglect

Reference: Personal Care Homes Standards Regulation section 15

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

Performance Measures:

#	Measure	Review Team Comments
8.06	The Protection for Persons in Care Act information is posted in locations that are prominent and easily accessible by residents, families and staff.	Information was posted as required.

Follow-up: None

Standard 9: Use of Restraints

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

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

Performance Measures:

#	Measure	Review Team Comments
9.02	There is documented evidence that the resident, if capable, has given	2 of 4 reviewed health records included restraints for which assessments had not been completed.

#	Measure	Review Team Comments
	written consent to the use of the restraint. Where the resident is not capable, the consent of the resident's legal representative is documented.	Assessed restraints included written consent.
9.04	There is documented evidence that a comprehensive assessment of the resident is completed by an interdisciplinary team, prior to application (or reapplication) of any restraint.	1 health record included an assessment by an interdisciplinary team.
The assessment includes documentation of each of the following:		
9.05	<ul style="list-style-type: none"> description of the resident's behaviour and the environment in which it occurs (including time of day); 	1 health record included required information.
9.06	<ul style="list-style-type: none"> the resident's physical status; 	1 health record included required information. 1 health record included some documentation of the required information without date or signature.
9.07	<ul style="list-style-type: none"> the resident's emotional status; 	1 health record included required information. 1 health record included some documentation of the required information without date or signature.
9.08	<ul style="list-style-type: none"> the resident's mental status; 	1 health record included required information. 1 health record included some documentation of the required information without date or signature.
9.09	<ul style="list-style-type: none"> the resident's nutritional status; 	1 health record included required information. 1 health record included some documentation of the required information without date or signature.
9.10	<ul style="list-style-type: none"> all alternatives tried and exhausted; 	1 health record included required information.
9.11	<ul style="list-style-type: none"> review of current medications; 	1 health record included required information.
9.12	<ul style="list-style-type: none"> actual and potential benefits to the resident if the restraint is applied; 	2 health records included the required information.

#	Measure	Review Team Comments
9.13	<ul style="list-style-type: none"> actual and potential burdens to the resident if the restraint is applied; 	2 health records included the required information.
9.14	<ul style="list-style-type: none"> any other additional ethical considerations. 	2 health records included required information.
There is a written order for the restraint in the resident's health record that indicates:		
9.15	<ul style="list-style-type: none"> the kind of restraint to be used; 	2 health records included required information.
9.16	<ul style="list-style-type: none"> the frequency of checks on the resident while the restraint is in use; 	2 health records included required information.
9.17	<ul style="list-style-type: none"> 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); 	Reviewed restraint documentation did not include required information.
9.18	<ul style="list-style-type: none"> the professional designation of the person giving the order; 	Reviewed restraint documentation did not include required information.
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"> the frequency of the checks on the resident while the restraint is in use; 	1 health record did not include required information.

Findings: Four health records which included restraints were reviewed. One health record included a chemical restraint for which no assessment had been completed. One health record included a physical restraint which was in use on admission. An interim assessment had been initiated but not completed, and a comprehensive restraint assessment had not been done. Two health records included completed restraint assessments which contained some gaps.

Follow-up: Required: The facility is requested to complete restraint audits and submit results, including efforts made to address gaps identified in the audits.

Standard 12: Pharmacy Services

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

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

Performance Measures:

#	Measure	Review Team Comments
12.04	<ul style="list-style-type: none"> The pharmacist conducts medication and treatment reviews on a quarterly basis (once every 3 months) with the interdisciplinary team (pharmacist, nurse, physician/ nurse practitioner/physician assistant and other members as needed) and this is documented in the health record. 	Medication and treatment reviews are conducted as required.
There are designated medication storage areas that are:		
12.10	<ul style="list-style-type: none"> secure. 	Medication storage areas are secure.
The pharmacist ensures that:		
12.21	<ul style="list-style-type: none"> Audits of the medication storage room, emergency drug box, in-house drug box and 	Audits are completed as required.
12.22	<ul style="list-style-type: none"> The audits are shared with nursing staff. 	Audit results are shared with nursing staff.
A committee has been established		
12.29	<ul style="list-style-type: none"> That includes representation from pharmacy, medicine, nursing and administration. 	Established committee meets requirements.
12.30	<ul style="list-style-type: none"> That meets at least once every three months 	Established committee meets requirements.

#	Measure	Review Team Comments
12.31	<ul style="list-style-type: none"> to review and make recommendations on drug utilization and costs 	Established committee meets requirements.
12.32	<ul style="list-style-type: none"> to review and follow up on medication incidents and adverse reactions 	Established committee meets requirements.
12.33	<ul style="list-style-type: none"> to review and make recommendations on all policies for the procurement and administration of medication within the home 	Established committee meets requirements.

Findings: On the day of the review, the noon medication pass was observed on both floors of the facility. Medication pass was well done, with no concerns identified.

Follow-up: None

Standard 14: Nutrition and Food Services

Reference: Personal Care Homes Standards Regulation section 28

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

Performance Measures:

#	Measure	Review Team Comments
14.15	At least three meals or equivalent are offered to each resident, each day, at reasonable intervals.	Meals are scheduled for 0830, 1200 and 1630 hours.
Between meal fluids and nourishments are offered to every resident:		
14.16	between breakfast and lunch (minimally fluids must be offered);	Snacks and fluids are offered as required.
14.17	between lunch and supper; and,	

#	Measure	Review Team Comments
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 height and displayed using minimally size 14 Arial font.	Menu is posted appropriately in the facility. The menu on the second floor of the building, may not be visible at times due to the seating arrangements of the residents.
14.23	Resident's likes and dislikes are accommodated to the extent possible.	Active choice of entrée was not observed during the meal service, however alternatives were available and were provided upon resident request. On one floor of the facility, staff were observed serving beverages a cart, with active choice provided.
14.24	Residents are served meals in a manner that promotes independent eating.	When serving meals, dietary staff ensured meat was cut up if required, and cutlery and cups were within the resident's reach. In one instance, facility staff encouraged independence by pouring soup from a bowl into a cup and placing it in the resident's hand, enabling the resident to consume the soup independently.
14.25	Meals are presented in a courteous manner.	Dietary staff on the third floor were observed to be friendly and interactive when serving residents. Little interaction was observed between dietary staff and residents on the second floor.
14.26	Positioning and assistance with eating is individualized as needed.	Positioning and assistance with eating was generally provided as required, and dietary staff was observed to ask residents if they wanted assistance in cutting up their meals. Some residents were noted to wait a significant period of time for staff to assist them with their meals.
Assistance with eating is provided, when required:		
14.27	<ul style="list-style-type: none"> in a manner that promotes dignity; 	Assistance was provided in a dignified manner, with care given to temperature of soup, and maintaining cleanliness of the resident throughout the meal.
14.28	<ul style="list-style-type: none"> with specific regard to safe feeding practices; 	Safe feeding practices were followed.

#	Measure	Review Team Comments
14.29	<ul style="list-style-type: none"> in a way that encourages interaction with the person providing assistance. 	Staff assisting residents were observed to be quiet, with minimal interaction.
14.30	Residents are given sufficient time to eat at their own pace.	The atmosphere in the dining room was calm, and residents were not rushed to finish their meals.

Findings: Facility leadership identified efforts had been made to work with the contracted dietary service to enhance the meal service, and reviewers recognized some positive changes had been made. The facility is encouraged to continue the work to enhance meal service. The facility is further encouraged to work with the facility staff to increase interaction between staff and residents during meals. Resident feedback from the Resident Experience Questionnaire was generally positive regarding both the food and the overall dining experience.

Follow-up: Recommended: The facility is encouraged to continue to work with facility staff and the contracted dietary service to enhance the meal service.

Standard 15: Housekeeping Services

Reference: Personal Care Homes Standards Regulation section 29

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

Performance Measures:

#	Measure	Review Team Comments
15.01	The facility is clean and odour free.	The facility was generally clean and odour free. A few areas, such as kitchenettes and baseboards in some hallways, require some additional cleaning.
15.03	There is documented evidence that the tub and bathing equipment cleaning process is completed after each resident's use.	There is a form in the tub room to be signed to indicate tub and bathing equipment were cleaned after use. Some gaps were noted in the documentation.
15.04	Upon inspection all shared equipment is found to be clean.	Shared equipment was generally noted to be clean. The bottom of the tub chair in the 2 nd floor tub room and a dehumidifier on the 3 rd floor require some additional cleaning.

Follow-up: Recommended: The facility is encouraged to address areas requiring additional cleaning.

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.
16.11	Soiled laundry is kept separate from clean linen throughout the facility.	

Follow-up: None

Standard 17: Therapeutic Recreation

Reference: Personal Care Home Standards Regulation section 31

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

Performance Measures:

#	Measure	Review Team Comments
Each month's recreation programming includes:		
17.08	A variety of planned programs to meet all residents' physical, emotional, cultural and social needs (including large and small group activities);	Recreation calendars contained a variety of programming, incorporating large and small groups, 1:1 programs and pet visits, and including opportunities for self-directed activities.
17.09	Some evening and weekend activities, and;	Recreation calendars included some evening and weekend activities.

#	Measure	Review Team Comments
17.10	Options for residents who cannot/do not prefer to participate in group programs.	Recreation programming included sensory 1:1 visits, ASL translation and involvement from the MB Deaf Seniors Group.
Information about recreation programs:		
17.11	<ul style="list-style-type: none"> is posted in prominent, resident-accessible locations throughout the home; 	Recreation calendars were clear and easy to read, and were posted prominently in the facility.
17.12	<ul style="list-style-type: none"> is clear and easy for residents to read. 	

Findings: Recreation appears to be very active in the facility, and includes a wide variety of programming to meet the varied needs of the residents.

Follow-up: None.

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.	The facility has a chaplain on staff, and offers hymn sing, Roman Catholic Holy Communion visits, and livestreamed Sunday church services.

Follow-up: None

Standard 19: Safety and Security

Reference: Personal Care Homes Standards Regulation sections 33 and 34

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

Performance Measures:

#	Measure	Review Team Comments
19.01	The temperature in residential areas is a minimum of 22°C.	No concerns noted. Temperatures taken the day of the review were above 22°C.
19.02	Domestic hot water, at all water sources that are accessible to residents, is not less than 43°C and not more than 48°C.	A number of water temperatures taken the day of the review were below the established temperature range.
19.03	There is documented evidence of frequent monitoring (minimally once per week) of domestic hot water temperatures at locations accessible to residents.	Evidence indicated water temperatures were taken as required, and a number of temperature readings were below the established temperature range.
19.04	There is an easily accessible call system in all resident rooms.	No concerns noted.
19.05	There is an easily accessible call system in all resident washrooms.	
19.06	There is a call system in all bathing facilities that is easily accessible from all areas around the tub.	Call system cords in some bathing areas were not easily accessible.
19.07	All open stairwells are safeguarded in a manner which prevents resident access.	No concerns noted.
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.	

#	Measure	Review Team Comments
19.09	All windows are equipped with a mechanism or are appropriately designed so they cannot be used as exits.	No concerns noted.
19.10	Handrails are properly installed and maintained in all corridors.	Handrails were properly installed in the facility. Some railings were showing some wear and would benefit from sanding/refinishing. Sanding had been done on some railings on the 2 nd floor
19.11	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	No concerns noted.
19.12	All potentially dangerous substances are labelled and stored in a location not accessible to residents.	Potentially dangerous substances were noted under the sink in the 2 nd floor kitchenette. The cupboard was unlocked at the time of the review.
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	No concerns noted.
There is documented evidence for all equipment, including building systems, that demonstrates completion of:		
19.17	<ul style="list-style-type: none"> as needed repairs; 	Some maintenance issues were noted in the facility, including a baseboard heater, counters, and a cupboard and tub in the 2 nd floor tub room.
19.18	<ul style="list-style-type: none"> preventative maintenance. 	
All exits are:		
19.21	<ul style="list-style-type: none"> clearly marked; 	Exits are clearly marked.
19.22	<ul style="list-style-type: none"> unobstructed. 	Hallways were observed to be clear of clutter, and exits were unobstructed.

Findings: Low water temperatures have been a longstanding issue at the facility. Efforts to remedy same are ongoing, and in the meantime processes are in place to mitigate any potential risk to residents.

Follow-up: Required: Although no reporting is expected at this time, the facility is required to follow up on maintenance issues and continue to work to address the low water temperatures.

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.	The facility provided evidence of a robust education schedule.
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;	Evidence provided demonstrated fire drills occur on a monthly basis.

Findings: The facility shares an educator position with a second facility. The Educator provides a monthly calendar of mostly in person training. Calendars are emailed to staff and posted in the facility. Education topics are chosen based on priorities identified by the region and physician, and as identified in staff surveys. The educator identified future plans to offer some education through an online platform. Education continued throughout the COVID pandemic, with sessions offered more frequently to smaller groups of staff.

Follow-up: None

Standard 25: Complaints

Reference: Personal Care Homes Standards Regulation section 401

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

Performance Measures:

#	Measure	Review Team Comments
Directions related to complaint processes:		

#	Measure	Review Team Comments
25.02	<ul style="list-style-type: none"> • are posted in a prominent location in the home; 	Complaint information is posted appropriately in the facility.
25.03	<ul style="list-style-type: none"> • include the position and contact information of the appropriate person (people); 	

Follow-up: None