

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

Regional Health Authority: Winnipeg Regional Health Authority

Facility: Misericordia Place

Number of Beds: 100

Review Team: I.D. # LCB342 – Manitoba Health
 I.D. # LCB500 – Manitoba Health
 I.D. # WRHA0027 - Winnipeg Regional Health Authority

Review Date: August 29, 2023

Report Date: November 8, 2023

Summary of Results:

Standard	Regulation	Follow-Up
1	Bill of Rights	None
2	Resident Council	Recommended
5	Right to Participate in Care	None
6	Communication	None
7	Integrated Care Plan	Recommended/Required
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	Recommended
18	Spiritual Care	None
19	Safety and Security	Required
24	Staff Education	None
25	Complaints	Recommended

Resident Experience – Six residents were interviewed.

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?	3	3				
2. Do the staff check in to see if you need anything?	2	1	2	1		
3. Are you treated the way you want to be treated?	4	1	1			
4. Do you feel your privacy is protected when showering, dressing or using the bathroom?	4	2				
5. Can you access spiritual or religious services of your choice?	4	1				1
6. Are you satisfied with the activities available on weekends?			4	1		1
7. Do the staff help you to participate in activities you enjoy?	1	4				1
8. Do you decide how you spend your day?	4	2				
9. Do you like the food here?	1	1	4			
10. Do you enjoy the dining service?	2	2	2			
11. Are you happy with how the staff respond to your concerns?	3	3				
12. Do staff ask you what help you need?	6					
	Yes	No				
13. Would you recommend this facility to others friend?	6					
If you could change three things about this home, what would you change? (All responses are included below):						

- Different food choices.
- More staff around.
- Wouldn't change anything. Nothing I can think of. (x 2 respondents).
- When I go outside, there's not much to do.
- Bigger TV.
- Air conditioning – problems with heating/cooling in my room – it has been fixed now.
- Would like sink closer to edge of sink and faucet that is higher up to make sink more accessible (washes hair and shaves independently at sink).
- More honesty from the staff about the care received for the residents.
- The heat in her room – oxygen concentrator makes her room warm. There is no air conditioner.
- Meals from outside providers – pizza, chicken, KFC, Chinese food – weekly would be great.
- The beds – the fitted sheets on the bed are jersey and roll off with you when you turn over in bed.
- Lights are not good – light shade very bright.
- Would like a water machine in room or in hallway to access cold water.
- They give us thermos cups with cold water twice a day.
- The towel bar in the bathroom – if the towel falls off the railing, it falls in the toilet.
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Additional Comments:

- I give them all an A+. No complaints. I'd recommend it to anyone.
- This place has been good since the beginning. I like it here.

Family Feedback – Seventeen family members completed the family experience questionnaire.

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?	9	6	2			
2. Do staff regularly check to see if your loved one needs anything?	5	9	1	1		1
3. Does your loved one have access to other health care professionals such as the Doctor, Physiotherapists, Occupational	8	5	3		1	

Therapists, a Rehab Aide or a Foot Care Nurse, when requested?						
4. Are your loved one's dietary needs and choices taken into consideration in the meals provided?	8	6	2			1
5. Do you think your loved one takes part in activities that are of interest to them?	10	3	1	1		2
6. Do staff respect your loved one's preferences?	5	7	3	1		1
7. Does the facility make efforts to create a home-like environment?	8	7	1			1
8. Are your loved one's belongings safe in the facility?	10	4	2			1
9. Is your loved one's room and the rest of the facility clean?	11	6				
10. Is the facility in a good state of repair?	9	8				
11. Are you regularly updated about what is happening at the facility?	9	7		1		
12. Are you informed of any changes in your loved one's condition, in a timely manner?	11	5		1		
13. Do you feel the staff address your concerns?	11	3	3			
14. Are the staff friendly and approachable?	14	1	2			
15. Do you have opportunities to participate in decisions about your loved one's care?	12	4	1			

16. In addition to in-person visits, are you able to stay in touch with your loved one?	8	3	2		4
	Yes	No	*one respondent declined to comment.		
17. Would you recommend this facility to a family member or friend?	16*				
<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"> • Communication. • Respect for all residents by all staff. • Compassion. (Treat residents how workers would want to be treated if they were in a care home). • Better dental hygiene and two showers a week. • More staff to take residents outside. • Too much sugar in diet. • Too much staff turnover. • We would like to see more physical (PT) activities. • My loved one is considerably happy here and I wouldn't change a thing. The nurses and health care aides are amazing!! God bless them!!! • When she has to go to the bathroom, they would come quickly. • Residents wandering in her room, the man scares her. • More music. • During family visits, staff do not intrude to share space for their breaks. • Family visitation rooms located in better locations. • During work shifts, staff put away cells and use them only on their breaks and in break rooms. • Bathroom sink. Higher faucet in bathroom and pedestal sink to maneuver the wheelchair. Bathroom upgrade; counter, lighting. (x 2 respondents). • Attention needs to be given to air flow in all rooms. Upon my arrival in this Home, air control was unacceptable. • Two baths a week would be preferable for the following reasons; some staff are not cleaning private parts adequately, and I am unable to cleanse the area myself. • It seems on weekends, there seems to be less staff than during the week, even though the same work load. • Easier parking (especially in winter) around the care home, other than paying in the parkade. • The aides need to pay attention to their needs, put more care when putting them to bed. • Not forgetting to bring tea for afternoon snack. 					

Additional Comments:

- All the staff are very nice and caring. My family member has Alzheimer's and is unable to talk so no way to communicating how she views her care. I and another family member visit often. My loved one's overall health is very good from what I can see, and is very well looked after. You need a physio program. The grounds are fair condition this year, no pride in the work.
- We are very pleased overall. Would like my family member more involved in activities. My loved one is often sleeping and needs to be woken up and encouraged. Also, we would like if they would continue daily routines, such as shaving.
- She loves it here, it's clean, the staff are nice, she loves the activities, she loves the hairdresser, looks forward to her time with her.
- I enjoy arriving here to visit my loved one as everyone is so friendly. They let me know about my family member's condition. We discuss all needs. I am very happy my loved one is here.
- In my personal opinion, there is too much sugar and starch served at meals, quality is sacrificed for quantity.
- Very happy with the care my family member is receiving.
- Very pleased with Misericordia Place. Personal and warm. Staff are all excellent. Appreciate efforts by everyone to make my loved one feel welcome, comfortable, and included.
- The staff seem to work very hard at providing great care and seem to care about the residents. I have noticed when some are with residents with dementia, they speak very fast. Perhaps trying to speak slowly and approach care in a quieter manner may help.
- My loved one has been in the home a few years now, and I am overall very satisfied with the care and quality of life she has there!! I was very impressed how the staff and management handled everything that was happening during the Covid pandemic for my family member. It was a difficult time for everyone, and I always felt my loved one was well taken care of!!
- When they need to go to the washroom, they are told to wait, they are too busy.
- Need to show compassion, where did all the wonderful aides go?
- Some of the questions were hard to answer due to not being there all the time and my loved one doesn't say too much about the facility.

Staff Feedback – Seventeen staff responded to the staff experience questionnaire.

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	12	4				1
2. Do you have enough staff to handle the work load in your department?	4	11	1			1

3. Do you feel supported by co-workers from all departments?	9	5	3			
4. Do you receive all the information you need about each resident's current care needs?	8	5	2			2
5. Are you provided with adequate training and education opportunities	11	5	1			
6. Does your manager/supervisor encourage you to share your ideas and concerns?	16	1				
7. Does the leadership team changes based on your ideas for improvements?	8	5	3			1
8. Does your direct supervisor provide the support and guidance that you require?	14	3				
9. Does the leadership team keep you informed of any updates including required policies and procedures?	13	2	1	1		
	Yes	No				
10. Overall, is this a good place to work?	17					
<p>11. 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 funding for staff/health care aides – a lower ratio is always better. More nursing staff. (x 6 respondents). • Mandatory dementia care training for all staff (approaches etc.). (x 2 respondents). • We need more workers on weekends and nights. Staffing – replace support workers during their absence on the weekends/days off. (x 4 respondents). • Additional HCA to support residents with responsive behaviors. • We need to reorganize everything to MP3. • To get the short shift into a full shift. • Would love to have another CRN for Misericordia Place. • Improve communication in shift report. Simplify MDS/quarterly review process. • For me, it seems everything is organized. • Misericordia is good in maintaining our supplies, equipment appliances. I can't request for more. • Better food for residents. 						

- More activities on weekends.
- If we put white tab by the door to indicate the room is empty during fire instead of putting towels by the door (floor).
- More/increased education for each job role. More training and education opportunities. (x 2 respondents).
- Bedside manners – some staff don't know how to speak kindly to others.
- Add more equipment.
- Give room for workers a place to eat, relax.
- Put a bench in the locker room.
- Extra computer in lunch room for staff to use to access their hospital email and schedule.

Additional Comments:

- Misericordia Place is an incredible place to work. I feel supported by leadership and have solid interdisciplinary collaboration.
- We need extra help on the weekend because there are lots of lifts.
- Many staff have limited dementia education. The population we work with would benefit greatly with increased education and informed practice. Thank you!
- This place is like home to me. Very friendly supportive environment at Misericordia. I feel blessed that I serve old folks, such a feeling of satisfaction.
- I worked on all floors, and I saw some floors are so heavy and need an extra HCA. It's not fair to the HCA working on those heavy floors especially if their partner is not familiar on the floor. Be wise if you hired some staff to make sure they work as a team, not only for the money.
- With my short work experience at this position, everyone in the facility is very helpful and welcoming, constantly asking if I need help and I have a very supportive supervisor that I can always call for help.
- A good place to work, it feels really like home.

Licence posted

Is the licence posted as required in a publically accessible location?	<u>Yes</u>	<u>No</u>	Review Team Comments
	x		The 2023 licence was seen posted between the doors at the street entrance to Misericordia Place. There was also a sign saying Welcome to Misericordia Place. Home is where the Heart is.

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 Bill of Rights was posted on a plaque across from the elevator. It was clearly visible for all to read.
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.	The residents appeared well groomed, comfortable and seated in chairs or adapted wheelchairs.

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.	The Resident Council meetings from June 16, 2023, were posted by the elevator. Next meeting was scheduled for September 2023.

2.01	There is evidence that the resident council meets, at a minimum, five times per year.	There were five meetings noted in 2022 and three meetings have been held so far in 2023.
2.02	Terms of Reference of the resident council meetings provide evidence that residents are encouraged and supported in bringing forward issues and concerns.	The Terms of Reference were new in September 2021.
Minutes of the resident council meetings provide evidence that the residents' issues and concerns are:		
2.03	<ul style="list-style-type: none"> • Documented; 	The meeting minutes documented that a meeting had taken place. The minutes were not reflective in identifying the issues raised, investigated or that follow-up has been provided at the next Resident Council meeting.
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 	

Follow-up:

Recommended.

While no formal reporting is required, it is recommended that the home clearly document the Resident Council minutes, demonstrating that the resident issues and concerns were investigated and a response to the concerns was provided at follow-up meetings.

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:

#	Measure	
5.01	<ul style="list-style-type: none"> The development of the initial care plan (completed within 24 hours of admission); 	<p>There were six health records reviewed.</p> <p>There was evidence to support that the initial care plan was developed with input from the resident and/or the representative.</p>
5.02	<ul style="list-style-type: none"> The development of the integrated care plan (completed within eight weeks of admission), and; 	<p>The integrated care plan reviewed at the eight week care conference with resident and/or representative was documented on five of the six health records.</p>
5.03	<ul style="list-style-type: none"> The annual care conferences. 	<p>The annual care conferences were documented on the six health records that were reviewed.</p>

Findings:

The home advised that a new form was implemented on August 1, 2023 for a two month trial period that will create the initial care plan documentation that will address measures 5.01, 7.03 – 7.06.

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
<p>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:</p>		
6.01	<ul style="list-style-type: none"> Changes to current care plan; 	<p>Changes in the care needs and the current care plans are communicated with the staff at staff meetings, shift hand over and staff huddles as required.</p>
6.05 6.06	<p>The method of communicating the integrated care plan to direct care staff ensures privacy of the resident.</p>	<p>There were activity of daily living (ADL) sheets in the residents' bathrooms. Not all were covered to maintain privacy.</p>

Findings:

Not all ADL sheets were seen covered or flipped over in the resident bathrooms. Privacy of the medication administration record was maintained throughout the medication passes observed.

Follow-up:

None.

Standard 7: Integrated Care Plan

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

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

Performance Measures:

#	Measure	Review Team Comments
Within 24 hours of admission, basic care requirements for the resident are documented, including:		
7.02	<ul style="list-style-type: none"> Medications and treatments; 	The admission medication reconciliation document provide the required information. This medication reconciliation document had been thinned on a health record that was reviewed where the resident had only been admitted in June of 2022. The information was found on the six health records assessed.
7.03	<ul style="list-style-type: none"> Diet orders; 	This information was found on all six health records assessed.
7.04	<ul style="list-style-type: none"> Assistance required with activities of daily living; 	This information was not found on one health record.
7.05	<ul style="list-style-type: none"> Safety and security risks, and; 	The required information for measures 7.05 to 7.07 were documented on the health records. One of the eight week conference information was late as resident was admitted in January of 2022 and the eight week conference was held on June 17, 2022.
7.06	<ul style="list-style-type: none"> Allergies. 	
7.07	There is evidence that within the first eight weeks of admission, the resident's needs have been assessed by the interdisciplinary team and a written integrated care plan has been	

#	Measure	Review Team Comments
	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:		
7.08	• bathing;	This information was documented on the six care plans reviewed.
7.09	• dressing;	
7.10	• oral care;	
7.11	• skin care;	
7.12	• hair care;	
7.13	• fingernail care;	This information was documented in five of the six care plans reviewed.
7.14	• foot care;	This information was documented on the six care plans reviewed.
7.15	• exercise;	This information was documented in five of the six care plans reviewed.
7.16	• mobility;	This information was documented on the six care plans reviewed.
7.17	• transferring;	
7.18	• positioning;	These measures were completed in five of the six care plans reviewed.
7.19	• bladder function;	
7.20	• bowel function;	
7.21	• any required incontinence care product;	This information was documented on the six care plans reviewed.
7.22	• cognitive and mental health status;	This was completed on three of the six care plans reviewed.
7.23	• emotional status, and personality and behavioural characteristics;	This was completed on four of the six care plans reviewed.

#	Measure	Review Team Comments
7.24	<ul style="list-style-type: none"> • available family, social network, friends and/or community supports; 	This information was documented on the six care plans reviewed.
7.25	<ul style="list-style-type: none"> • hearing ability and required aids; 	These measures were completed on four of the six care plans reviewed.
7.26	<ul style="list-style-type: none"> • visual ability and required aids; 	
7.27	<ul style="list-style-type: none"> • rest periods, bedtime habits, and sleep patterns; 	This information was documented on the six care plans reviewed.
7.28	<ul style="list-style-type: none"> • safety and security risks and any measures required to address them; 	
7.29	<ul style="list-style-type: none"> • language and speech, including any loss of speech capability and any alternate communication method used; 	This was completed on two of the six care plans reviewed.
7.30	<ul style="list-style-type: none"> • rehabilitation needs; 	This information was documented on the six care plans reviewed.
7.31	<ul style="list-style-type: none"> • therapeutic recreation requirements; 	
7.32	<ul style="list-style-type: none"> • preferences for participating in recreational activities; 	Each of these two measures were completed in five of the six care plans reviewed.
7.33	<ul style="list-style-type: none"> • religious and spiritual preferences; 	
7.34	<ul style="list-style-type: none"> • food allergies; 	This information was documented on the six care plans reviewed.
7.35	<ul style="list-style-type: none"> • diet orders; 	
7.36	<ul style="list-style-type: none"> • type of assistance required with eating; 	
7.37	<ul style="list-style-type: none"> • whether or not the resident has made a health care directive; 	
7.38	<ul style="list-style-type: none"> • special housekeeping considerations; 	

#	Measure	Review Team Comments
7.39	<ul style="list-style-type: none"> • other needs identified by the interdisciplinary team. 	This information was documented on the six care plans reviewed.
7.40	The integrated care plan outlines care goals and interventions that will be taken to achieve those care goals.	
There is evidence that the integrated care plan is reviewed:		
7.41	<ul style="list-style-type: none"> • at least once every three months by the interdisciplinary team; 	The quarterly care plans were documented and complete on the six health records that were reviewed.
7.42	<ul style="list-style-type: none"> • 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. 	The annual care conferences were documented on the six health records that were reviewed.

Findings:

The initial care plan document that was trialed through August and September 2023, if implemented will provide the required information for the measures 7.02 to 7.06.

There were ADL sheets located in the resident bathrooms noted on the three floors that were visited at the time of the review.

The information on the ADLs in the resident rooms, the care plans and the discussions held with the direct care staff indicate fairly good alignment.

Follow-up:

Recommended.

It is recommended that the home develop a spreadsheet to note resident admission dates, the initial care plan completion, as well as, the confirmation of the eight week and annual care conferences. This will ensure that all elements of the required documentation are completed.

Required:

The home advised that care plan audits are completed on 10% of the resident population quarterly.

The home is required to provide the chart audit results on two of the most recent audits completed to assess the status of the care plans. The home is also required to provide a comprehensive plan to address gaps when identified.

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.	The Protections for Persons in Care information was posted on the Welcome Board and at the elevator area near the various units.

Follow-up:

None.

Standard 9: Use of Restraints

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

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

Performance Measures:

#	Measure	Review Team Comments
9.02	There is documented evidence that the resident, if capable, has given written consent to the use of the restraint. Where the resident is not capable, the consent of the resident's legal representative is documented.	Four of the six health records had a written consent on the health record for the restraint.

#	Measure	Review Team Comments
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.	Five health records had verbal consents documented for the restraints. Two of the verbal consents were not followed up by a written consent. The provincial restraint guideline indicates that following a verbal consent, as soon as possible or within 14 days, a written consent should be obtained.
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.	There was documentation of the comprehensive restraint assessment completed by an interdisciplinary team on five of the six health records reviewed.
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); 	Measures 9.05 to 9.07 were completed on five of six health records.
9.06	<ul style="list-style-type: none"> the resident's physical status; 	
9.07	<ul style="list-style-type: none"> the resident's emotional status; 	
9.08	<ul style="list-style-type: none"> the resident's mental status; 	Measures 9.08 and 9.09 were completed on four of the six health records reviewed.
9.09	<ul style="list-style-type: none"> the resident's nutritional status; 	
9.10	<ul style="list-style-type: none"> all alternatives tried and exhausted; 	This was completed on five of six restraint assessments.
9.11	<ul style="list-style-type: none"> review of current medications; 	This was completed on four of six restraint assessments.
9.12	<ul style="list-style-type: none"> actual and potential benefits to the resident if the restraint is applied; 	Measures 9.12 to 9.14 were completed on five of six restraint assessments.

#	Measure	Review Team Comments
9.13	<ul style="list-style-type: none"> actual and potential burdens to the resident if the restraint is applied; 	
9.14	<ul style="list-style-type: none"> any other additional ethical considerations. 	
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; 	This was completed on five of the six health records.
9.16	<ul style="list-style-type: none"> the frequency of checks on the resident while the restraint is in use; 	Measures 9.16 to 9.18 were completed on four of the six health records.
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); 	
9.18	<ul style="list-style-type: none"> the professional designation of the person giving the order; 	
9.19	<ul style="list-style-type: none"> for a chemical restraint, the time limit for its use (the discontinuation date). 	This was not applicable as no chemical restraints were assessed.
There is evidence of a care plan for every restraint in use, that outlines the resident's unique and specific needs, including:		
9.20	<ul style="list-style-type: none"> the type of restraint and method of application; 	Measures 9.20 and 9.21 were completed on six care plans. Measures 9.22 and 9.23 were completed on five of six restraint care plans.
9.21	<ul style="list-style-type: none"> the length of time the restraint is to be used for each application; 	
9.22	<ul style="list-style-type: none"> the frequency of the checks on the resident while the restraint is in use; 	

#	Measure	Review Team Comments
9.23	<ul style="list-style-type: none"> when regular removal of restraint is to occur; 	
9.24	There is documented evidence that the continued use of any restraint is reviewed at least once every three months.	The quarterly restraint re-assessments were completed on the six health records reviewed.
9.25	There is documented evidence within the health record of efforts to resolve the issue for which the restraint was initiated.	No issues identified.

Findings:

There was alignment noted between the restraint documentation and the communication held with the direct care staff.

Follow-up:

Required.

The home is required to report on a plan to ensure the verbal restraint consents are followed up with a written consent. The provincial restraint guideline indicates that the verbal consent is to be followed up with a written consent as soon as possible or within 14 days.

The home indicated that 10% of the restraints are audited quarterly.

The home is required to provide the results of the last two audits of the residents with physical and/or chemical restraints. The home is required to provide a comprehensive plan of how the gaps identified are addressed.

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 	The quarterly medication reviews were documented on the six health records reviewed.

#	Measure	Review Team Comments
	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.	
There are designated medication storage areas that are:		
12.10	<ul style="list-style-type: none"> secure. 	Medication rooms were locked and secure at the time of the review.
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 	The medication room audits were documented quarterly in 2022 and in March and July for 2023.
12.22	<ul style="list-style-type: none"> The audits are shared with nursing staff. 	The audits were shared with the nursing staff.
A committee has been established		
12.29	<ul style="list-style-type: none"> That includes representation from pharmacy, medicine, nursing and administration. 	There was documentation of Medical and MQSC meetings being held quarterly with the required attendees.
12.30	<ul style="list-style-type: none"> That meets at least once every three months 	The pharmacy report provides information on drug costs and utilization. Medication incidents are reviewed. Recommendations on policies and procedures would be reviewed and discussed at the MQSC. It is suggested that this information also be discussed at Long Term Care Medical committee.
12.31	<ul style="list-style-type: none"> to review and make recommendations on drug utilization and costs 	
12.32	<ul style="list-style-type: none"> to review and follow up on medication incidents and adverse reactions 	

#	Measure	Review Team Comments
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 	

Findings:

There were gaps in the hand hygiene practices at some of the medication passes observed. The nursing staff were noted to be very kind and patient throughout the medication pass. At one medication pass, the independent double check for insulin was observed and was well done. One drawer was open on one of the medication carts noted when the cart was out of the line of vision of the nurse.

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.	Three meals are provided each day.
Between meal fluids and nourishments are offered to every resident:		
14.16	between breakfast and lunch (minimally fluids must be offered);	Fluids were available to the residents' mid-morning.
14.17	between lunch and supper; and,	There were snacks and beverages offered mid-afternoon and prior to residents going to bed.
14.18	not less than two hours after the evening meal.	

#	Measure	Review Team Comments
14.20	Menu choices are posted daily for the residents to view, at an appropriate height and displayed using minimally size 14 Arial font.	Menus were not seen posted on any of the units or dining areas.
14.23	Resident's likes and dislikes are accommodated to the extent possible.	Residents indicated that they watch the 'white ticket' that comes on the tray with each meal. Preferences were noted as some residents received a can of coke, or chocolate milk and there were different juices noted on the various trays.
14.24	Residents are served meals in a manner that promotes independent eating.	The food was provided from the Regional Distribution Facility (RDF). The trays were served by the staff from the RDF carts. Some trays were removed from the RDF cart prior to the resident arriving at their place in the dining room.
14.25	Meals are presented in a courteous manner.	Staff appeared to know the residents well. They were kind and courteous throughout the meal service.
14.26	Positioning and assistance with eating is individualized as needed.	Staff remove the lids, cut up the food and provide whatever was required for the resident to eat their meal. Housekeeping and dietary staff provided assistance with the meal service on some units.
Assistance with eating is provided, when required:		
14.27	<ul style="list-style-type: none"> • in a manner that promotes dignity; 	Staff were seated on stools and provided one to one service with the residents.
14.28	<ul style="list-style-type: none"> • with specific regard to safe feeding practices; 	There was one staff member that was standing assisting a resident to eat who later got a chair and sat to assist the resident.
14.29	<ul style="list-style-type: none"> • in a way that encourages interaction with the person providing assistance. 	All staff had good interactions with the residents.
14.30	Residents are given sufficient time to eat at their own pace.	Staff were seen offering the resident more food, or asking them if they had enough to eat.

Findings:

Spiritual health lead the residents through prayer at breakfast and the staff joined in on one unit.
 There was music playing in some dining rooms.
 There was good hand hygiene observed with many of the staff.

Some residents were eating in the dining room, some residents were eating in the hallway just outside their room. Each wing had an extra tray to accommodate a resident if they did not like what was being served for the meal. There was always toast and snacks available in the dinette. There was a resident that refused their tray and they were offered toast as there was no other acceptable option available to her.

Unit One had recently replaced the dining tables and chairs.

The dining rooms were a good size with adequate space for residents to sit in dining room chairs or in their wheelchairs. There was some natural light from the windows. The temperature was comfortable.

The RDF carts were set up to keep the hot food hot, and the beverages cold. Staff make toast in the dinette for breakfast and if residents requested toast. Coffee and tea are made in the dinettes.

Follow-up:

Recommended.

Although no reporting is required, it is recommended that the home assess the meal service and determine if there were changes that could be implemented to provide residents with an opportunity for active choices.

A resident meal satisfaction survey should be done if one has not been completed in the past year.

It is recommended that the menus be posted on the various units.

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 home was found to be very 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.	The tub and bathing equipment cleaning was not consistently documented on all units.
15.04	Upon inspection all shared equipment is found to be clean.	The shared equipment, tub chairs, lift equipment was noted to be clean. The home is reminded that the bases of the sit/stand lifts require additional cleaning.

Findings:

Each resident that requires a mechanical lift has an individual sling.

Follow-up:

Recommended.

The home is encouraged to regularly audit that the bathing equipment cleaning is documented following each bath.

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.	There was no soiled linen found on the floor.
16.11	Soiled laundry is kept separate from clean linen throughout the facility.	There were secured clean and soiled utility rooms noted. Clean and soiled laundry are kept in separate areas. There were carts on the units for the collection of soiled laundry.

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);	There was a variety of activities that occur throughout the home. A question of whether "folding towels" is a recreational activity. "Wing cleaning duty" would not be considered a resident activity. Resident birthdays were recognized.
17.09	Some evening and weekend activities, and;	There was one evening activity noted per week on Wednesdays. There was one Saturday activity noted each month.

#	Measure	Review Team Comments
17.10	Options for residents who cannot/do not prefer to participate in group programs.	There would be the expectation that one to one activities occur with residents that prefer this over large group activities.
Information about recreation programs:		
17.11	<ul style="list-style-type: none"> is posted in prominent, resident-accessible locations throughout the home; 	The recreation calendars were noted in the residents' rooms. The daily activities were posted on a white board on each unit.
17.12	<ul style="list-style-type: none"> is clear and easy for residents to read. 	The calendars were easy to read and most residents had a copy of the calendar.

Findings:

There was balloon toss in the morning and music in the afternoon. On another unit, there was music in the morning and a word search activity in the afternoon. Residents and staff appeared to be genuinely excited about the recreation programming scheduled for the day.

Follow-up:

Recommended.

It is recommended that the home consider additional evening and weekend programming be made available for the residents.

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.	There was a Spiritual Health calendar noted near the door of the Chapel. Sunday to Thursday, there was Roman Catholic Mass at 1030 hours and on television at 1330 hours.

#	Measure	Review Team Comments
		Church concert was noted on Tuesday. Nurturing the Spirit was noted on Wednesday and Thursday.

Findings:

There was a beautiful Chapel located across from the elevator on the first floor.

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.	There were 19 air temperatures recorded at the time of the review. There were fourteen temperatures recorded above 22.0°C.
19.02	Domestic hot water, at all water sources that are accessible to residents, is not less than 43°C and not more than 48°C.	Eighteen hot water temperatures were recorded, ranging from 36.4°C to 45.4°C. Fifteen water temperatures were within the acceptable range.
19.03	There is documented evidence of frequent monitoring (minimally once per week) of domestic hot water temperatures at locations accessible to residents.	The water temperature logs were reviewed. There were a variety of rooms on all units that were assessed, however the water temperature logs did not meet the required weekly monitoring.
19.04	There is an easily accessible call system in all resident rooms.	The call system assessed in resident rooms found all but one to be in good working order.
19.05	There is an easily accessible call system in all resident washrooms.	The call system assessed in resident bathrooms were found to be in good working order.

#	Measure	Review Team Comments
19.06	There is a call system in all bathing facilities that is easily accessible from all areas around the tub.	The call bells were found to be accessible from all areas around the tub in the three tub rooms assessed.
19.07	All open stairwells are safeguarded in a manner which prevents resident access.	Stairwell doors were coded and locked and secure at the time of the review.
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.	All outside doors were coded and found locked and secure on the units at the time of the review. The doors to the loading dock were open. There was an exit door at the loading dock found open.
19.09	All windows are equipped with a mechanism or are appropriately designed so they cannot be used as exits.	The windows opened at the top for access to fresh air. The windows could not be used as an exit.
19.10	Handrails are properly installed and maintained in all corridors.	The finish on the handrails was wearing off possibly due to the additional high touch cleaning that was done throughout the pandemic. Otherwise, they were firmly attached to the walls on units that were assessed.
19.11	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	There were two grab bars that were noticed to be loose.
19.12	All potentially dangerous substances are labelled and stored in a location not accessible to residents.	Barbicide® diluted and full strength was kept in a locked cupboard. MSDS sheet is in the hair care room. All hair products were locked up when the hairdresser was not on site. Mouthwash with alcohol and denture tabs were found in resident rooms. On one unit, there was disinfectant stored in a clean utility room that was open. Maintenance indicated that normally that door was locked. There were some medicated ointments found in resident rooms.
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	Portable oxygen tanks were safely stored in carts in storage rooms.

#	Measure	Review Team Comments
There is documented evidence for all equipment, including building systems, that demonstrates completion of:		
19.17	• as needed repairs;	Some normal wear and tear to the walls and door frames from carts and wheelchairs was noted on the units. There has been a good use of wall protector seen.
19.18	• preventative maintenance.	
All exits are:		
19.21	• clearly marked;	All exits were clearly marked. The halls were not obstructed. Equipment and supplies were kept to one side of the hallways.
19.22	• unobstructed.	
19.23	The exterior of the building is maintained in a manner which protects the residents.	The exterior of the building is brick and has been well maintained.
19.24	The grounds and exterior furniture are maintained in a manner which protects the residents.	On the first floor, the outdoor courtyard was a lovely outdoor space. The door off the unit was open during the day. There were lovely plants and flowers. The exterior furniture was in good shape except for one wooden bench that needed sanding and some paint.

Findings:

The home is encouraged to have the bath water temperature taken with an external thermometer and documented prior to each resident bath on all units.

Follow-up:

Required.

The home is required to submit minimally weekly water temperature logs recorded across a variety of rooms from all units from September to December 2023.

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.	There was a Misericordia Health Centre Long Term Care Education monthly planning calendar provided. There were a number of education topics that were under the heading of ongoing sessions. Each month, there were a number of education topics that were available for the staff including mandatory education. There was preparation and planning noted on the calendar that indicates there were a number of learning packages, QR cards, M-NET noted.
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;	There were six fire drills documented for 2022. There were monthly fire drills seen documented January to August for 2023. The home indicated that they were developing a new system for tracking the staff participation.

Findings:

There was a “tracking” column on the education calendar. It was understood that the home is developing a new system for tracking the staff participation.

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; 	<p>“We Care What You Think” pamphlets were seen in a few locations of the home. This is more of a client experience questionnaire rather than a concern /complaint pamphlet.</p>
25.03	<ul style="list-style-type: none"> include the position and contact information of the appropriate person (people); 	<p>The Patient Representative address and fax number was noted on the back of the form. There was not a phone number or email address noted.</p>

Follow-up:

Recommended.

It is recommended that home review the complaint process documentation.