

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

Regional Health Authority: Winnipeg Regional Health Authority (WRHA)

Facility: Misericordia Place

Facility Address: 44 Furby Street, Winnipeg, R3C 2A1

Number of Beds: 100

Review Team: I.D. # LCB735 – Manitoba Health, Seniors and Long-Term Care  
I.D. # LCB653 – Manitoba Health, Seniors and Long-Term Care  
I.D. # LCB770 – Manitoba Health, Seniors and Long-Term Care  
I.D. #WRHA1100 –Winnipeg Regional Health Authority

Review Date: June 4, 2024

Report Date: July 15, 2024

**Summary of Results:**

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

**Report Preamble:**

- The expectation is that the PCH is striving to meet all the legislated requirements for PCH standards. The PCH Standards Suggested Evidence document outlines the requirements for each measure and the standards. Although the Materials List highlights areas of focus for the unannounced reviews, the reviewers can inspect and comment on any standard outlined in the PCH Standards Suggested Evidence document.
- During an Unannounced Standards Review, deficits and successes are identified based on the areas the reviewers are assessing.
- When there are deficits or gaps identified at the debrief or in the report, regardless of the requirement to report or not, it is expected that facilities will address all deficits or gaps.

**Stakeholder Feedback**

Interviews and questionnaires completed with residents, family members and staff during the course of the standards review provide important feedback about the PCH’s current functioning. As part of the PCH’s continuous quality improvement program, this feedback should be carefully reviewed by leadership, shared with the staffing team, further investigated where appropriate, and used to inform change and improvement as much as reasonably possible.

<b>Resident Feedback</b>						
<b>Resident Experience Questions</b>	<b>Resident Responses by Rating</b>					
	<b>Always</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>	<b>No Comment</b>
1. Are you happy with the care you receive here?	4	4				

2. Do you get the help you need when you need it?	5	3				
3. Are you treated respectfully?	6	2				
4. Do you feel the staff respect your wishes or choices?	4	3	1			
5. Do you have the privacy you want when receiving care?	7	1				
6. Are you interested in the activities offered?	2	1	2	3		
7. Do you get to decide how you spend your day?	7	1				
8. Do you like the food here?		3	4	1		
9. Do you enjoy mealtimes?	6	1	1			
	Yes	No	NA			
10. If you have any concerns for yourself or others, do you know who to talk to?	8					
11. If you had a complaint, were you satisfied with the outcome?	4		4			
12. Would you recommend this home to others?	8					
<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>• Nothing.</li> <li>• The food. Lots of sandwiches. Serving hospital food. Vegetables are over-cooked, and meat is tough. Salads are ok because they are not cooked. There are no choices.</li> <li>• Meals: I would like choices (even if it is just one choice). Food is not bad; sometimes horrible, sometimes very good.</li> <li>• More art activities; would like as many as 2 or 3 per week. Current activities not stimulating, especially for younger/more independent residents; geared towards much older residents.</li> <li>• Beds are hard.</li> <li>• A guest room for visitors (only one rec room/shared room).</li> <li>• The lighting is dim.</li> </ul>						

- Change some of the meals. No choice at mealtime, but dietitian asks about preferences every couple of months. Food is very bland, no spices. I have asked for no cucumbers or tomatoes in salads every day for a year and still have to send it back for them to take it out every time.
- Would like to have a microwave in my room to heat things but was told that rooms are not for cooking.
- Would like to have a TV on the wall in front of resident's bed but was told it could only be hung elsewhere.
- Better parking, [visitor]; struggles to find any parking.
- Quieter; need lots of sleep; go to bed early but usually noisy at night. Staff talk loudly outside door. One resident wanders all night and is violent.

**Additional Comments:** Eight residents participated in the resident interviews and the additional comments provided are as follows:

- Sometimes wait a few minutes for help, but not long.
- Staff always knock [x 5 responses].
- Likes the games, stretching, and bingo once in a while.
- Staff allow door to be kept closed.
- Nursing staff and care-workers are very kind and thoughtful.
- Lots of staff are hard to understand or they speak their own language amongst each other, which is sometimes rude, standing at doorway instead of coming into the room. They expect less mental competence.
- May wait about 2 minutes for help, rarely more than 10 minutes.
- Fight with some nurses and HCA's. They would like to decide what is for my good; they try to tell me when to sleep but I like to stay up at night; it took a long time to fight for independence to stay up all night. Sometimes staff push me to do recreation activities.
- I get free physiotherapy 4-5 days a week, having had no access to physio prior to living in PCH; learned to walk again.
- It is dignifying for staff to shut residents' doors after them.
- I fell down once during a shift-change and it took 40 minutes to be checked on, otherwise quick. Was not sent for any sort of assessment after hitting head on fall.
- Feel treated respectfully 90% of the time. Depends on the mood of the staff, sometimes bad attitudes.
- Staff go out of their way to respect wishes and choices.
- I Like chicken fingers, hate beans. Dietitian makes choice for me but accommodates dietary restriction/choice.
- Wait maybe 10 or 15 minutes for help during shift change or mealtime but otherwise only wait a few minutes.

- Certain things/requests are ignored, or I have to repeat myself, especially with new people and staff.
- Took a long time to convince staff to keep my door closed.
- Staff come right away when help is needed.
- I get to have a coffee machine in room, breakfast is excellent. Supper has few options and sometimes not good.
- Most activities require interaction with less capable residents and are thus not appealing.
- Staff express favoritism towards a resident who is rude and bossy.
- Accommodate allergy and diabetes. Not many choices for food but have sandwiches; turkey is old and dry though.
- HCAs are wonderful.
- Have some good exercise activities; wish there were more.
- Like breakfast. But don't like canned foods/fruits.
- Workers very friendly and helpful.

<b>Family Feedback</b>						
<b>Family Experience Questions</b>	<b>Family responses by Rating</b>					
	Always	Often	Sometimes	Rarely	Never	No Comment
1. Does your loved one receive help when they need it?	11	3	1			
2. Are you happy with the care your loved one receives?	12	1				1*
3. Does your loved one have access to other health care professionals such as the Doctor, Physiotherapists, Occupational Therapists; a Rehab	12	2	1			

Aide or a Foot Care Nurse, when requested?						
4. Are you happy with the meals provided to your loved one?	7	4	3	1		
5. Does your loved one have opportunities to participate in activities that interest them?	9	4	2			
6. Do staff respect your loved one's preferences?	11	3				1
7. Does the facility make efforts to create a home-like environment?	9	6				
8. Is the facility kept clean?	14	1				
9. Is the facility in a good state of repair?	11	4				
10. Are you regularly updated about what is happening at the facility?	11	3	1			
11. Are changes in your loved ones's condition shared with you in a timely manner?	12	2	1			
12. Do the staff make an effort to address your concerns?	10	4	1			
13. Are the staff friendly and approachable?	14	1				
14. Do you have opportunities to participate in decisions about your loved one's care?	13	2				
	Yes	No	* indicates that response included both "Often" and "Sometimes". Q15 NA: 1			
15. Are you aware of the formal complaint process at the facility?	5	9				

16. Would you recommend this facility?	15		
<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>• I would like to see activities on the weekends for residents.</li> <li>• Provide an inviting TV lounge. Staff, resident's room, and environment is nice – but No TV lounge, it (the lounge) was supposed to be reinstated as the TV lounge but hasn't happened. Very disappointing. No lounge on main floor – very uninviting. All main floor offices are as if they're hiding and don't want to be found (no signage). There's one room-very large and is the meal area for staff?????</li> <li>• Update main floor area for resident/family to visit.</li> <li>• Access to TV holder on wall.</li> <li>• Food.</li> <li>• Chair exercises every morning after breakfast rather than only 1 x weekly would be appreciated.</li> <li>• Bingo 2 x per week.</li> <li>• Consistency in ensuring my loved on is toileted and not left unchanged/soiled.</li> <li>• More music programming/activities in evenings/weekends.</li> <li>• Layout/staffing placement that could allow my loved one to be sitting near a window instead of a hallway all day.</li> <li>• The food is not great.</li> <li>• More staff to accommodate recreational one to one activities.</li> </ul>			

**Additional Comments:** Thirteen family members completed and returned the family surveys. The additional comments provided include:

- Facility is very good. No problems.
- We have been very happy with the care provided. Staff take excellent care and always friendly and approachable. Facility always very clean.
- The staff are wonderful.
- Extremely satisfied! No complaints.
- There is nothing to fault about this facility. All of the staff from upper management to cleaning staff and especially the health care aides are exceptional in their care and kindness and professionalism. I recommend this facility to everyone.
- We are very happy with the care our loved one is receiving. The staff here are fantastic.
- I have no complaints at all. My loved one is fortunate to have such good care at misericordia place.
- All nurses, health care aides, cleaning staff, etc., are terrific. Our family is very pleased to have our loved one reside here at Misericordia Place. Very much like a family atmosphere.



- Overall am happy with the care and facility. Appreciate a lot of the staff; very friendly, organized and kind. Sometimes our family gets the sense that less attention is given to our loved one when we are not actively present and as a result, we feel the pressure to visit and check in often. Otherwise, it feels, at times, that our loved one will just be stationed in hallway and left there all day.
- The staff are great- most issues with staff have been when agency ‘fill in ‘staff are working in place of regular staff and are not attentive to signage in my dad’s room or not taking time to listen to home.
- We do get newsletters but recently the resident care manager was changed but no one informed us of the change. So, for a few weeks, I was emailing someone who did not even work here anymore and did not get any response.

<b>Staff Feedback</b>						
<b>Staff Experience Questions</b>	<b>Staff responses by rating.</b>					
	Always	Often	Sometimes	Rarely	Never	No Comment
1. Do you have the equipment and supplies you need to do your job?	11	3				
2. Do you have enough staff to handle the workload in your department?	5	5	2	1		1
3. Do you feel supported by co-workers from all departments?	6	8				
4. Is there good communication across departments?	4	8	2			
5. Do you receive all the information you need about each resident’s current care needs?	12		1			1
6. Does the leadership team keep you informed of any facility updates (e.g.	12		2			

including required policies and procedures, safety or staff changes?						
7. Are you provided with adequate training and education opportunities?	10	3	1			
8. Does your manager/supervisor encourage you to share your ideas and concerns?	12	1	1			
9. Does the leadership team make changes based on your ideas for improvements?	3	10	1			
10. Does your direct supervisor provide the support and guidance that you require?	12	1	1			
	Yes	No				
11. Overall, is this a good place to work?	14					
<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>• Teamwork between staff.</li> <li>• Number of HCA staff during morning shift. We need more/additional staff (HCA).</li> <li>• Need to raise the salary.</li> <li>• Free training (ex. 2024 Basic Life Support Renewal).</li> <li>• More clinical staff (HCA).</li> <li>• So far, I like everything here.</li> <li>• Keep good quality equipment's for transfer.</li> <li>• Keep our good managers now.</li> <li>• More staff to balance workload – heavier care now.</li> <li>• No more management movement please. We are happy with our managers.</li> <li>• More staff with increasing workload. Resident care is heavier.</li> <li>• Time of shift (day: 645 – 1500; eve: 1445 – 2300; night 2245 – 0700).</li> <li>• Adding more staff.</li> <li>• More equipment such as sara lift and ceiling lift.</li> <li>• Encourage more outdoor activities for the residents.</li> <li>• Encourage companion (volunteer) visits with those residents whose families are not in town.</li> </ul>						

- Electronic charting/ integrated progress notes. We have many residents who have lived here 10+ years and difficult finding info in thinned charts [sic] at times and would enhance overall communication amongst the interdisciplinary team.
- Communication.
- Nursing meetings.
- Leadership presence in evenings.
- I will add more staff for HCA.
- More staff – heavy care now.

**Additional Comments:** Fourteen staff from a variety of departments with different lengths of employment returned the staff experience survey.

- I can recommend this PCH to everyone to start and end their career here. It is a very good place from top management to bottom they're great. It's not perfect but one of the best places to work.
- Good people working with them.
- Absolutely a clean and good place to work.
- More interdisciplinary meetings to keep everyone in the loop and have better continuity of care.

**Licence posted**

Is the licence posted as required in a publicly accessible location?	<u>Yes</u>	<u>No</u>	<b>Review Team Comments</b>
	X		The current licence was posted close to the entrance.

**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
1.02	The bill of rights is reviewed and approved by residents and/or their designates annually.	No concerns noted.
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>	The bill of rights was posted at prominent areas within the facility (i.e. information corner on the main floor and elevator).
1.04	<ul style="list-style-type: none"> <li>in locations that are prominent and easily accessible by residents, families and staff;</li> </ul>	
1.05	Residents are treated with courtesy and in a way that promotes their dignity and individuality	Staff were seen to be personable and respectful in their interactions with residents.
1.06	Residents are sheltered, fed, dressed, groomed and cared for in a manner consistent with their needs.	All observed residents were clean and appropriately dressed. Residents were comfortably seated or positioned appropriately as they watched TV in the activity room.

**Follow-up: None.** While no reporting is required, the facility should ensure concerns raised by residents in surveys are addressed.

**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.	April 2024 meeting minutes were posted on all floors. It was difficult to read the minutes due to small font size, which would not be accessible for all residents.
2.01	There is evidence that the resident council meets, at a minimum, five times per year.	There was evidence of five meetings.
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 current terms of reference were dated May 2024 and had required information.
Minutes of the resident council meetings provide evidence that the residents' issues and concerns are:		
2.03	<ul style="list-style-type: none"> <li>• Documented;</li> </ul>	The minutes of past meetings indicated that residents' concerns are documented, investigated, followed up and responded to at the next meeting.
2.04	<ul style="list-style-type: none"> <li>• Investigated;</li> </ul>	
2.05	<ul style="list-style-type: none"> <li>• Responded to at the next resident council meeting; and</li> </ul>	
2.06	<ul style="list-style-type: none"> <li>• Followed-up on in a timely fashion</li> </ul>	

**Findings:** A reviewer observed the resident council on the review day. The meeting was well-conducted. It was evident that there was information sharing and residents had the opportunity to voice their concerns. Residents were also updated on previously raised issues. It was noted that the font size of the minutes circulated among the residents in attendance was larger than the minutes posted on the floors. There was a good process for follow up on previously raised issues.

Social work students gave presentations on different topics including actions taken to address some concerns raised by the residents. The meeting facilitator read out some questions submitted by residents that were unable to make it to the meeting. Residents were also informed that the bill of rights would be discussed over the next four meetings and there would also be one-on-one discussions with residents that are unable to make the meeting.

**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	The development of the initial care plan (completed within 24 hours of admission);	The six reviewed health records had evidence that residents and their representative participated in the development of the initial care plan within the first 24 hours of admission.
5.02	The development of the integrated care plan (completed within eight weeks of admission), and;	Residents and their representative either attended the post admission care conference or invitation letters to the care conference were noted on the six reviewed health records.
5.03	The annual care conferences.	Attendance or invitation letters to attend the care conference were noted in three applicable health records.

**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	• Changes to current care plan;	Changes to the current care plan are made at annual and quarterly care conferences as required.  Activities of daily living (ADLs) sheets were found to be kept private in residents’ bathrooms, with the exception of three.
6.05	The method of communicating the integrated care plan to direct care staff ensures privacy of the resident.	
6.06		

**Findings:** During the medication pass, the privacy of the medication administration record (MAR) was maintained, with the exception of one staff that did not consistently cover the MAR.

**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	• Medications and treatments;	

#	Measure	Review Team Comments
7.03	<ul style="list-style-type: none"> <li>• Diet orders;</li> </ul>	<p>Documentation on the six reviewed health records had required information on measures 7.02 -7.07.</p>
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>	
7.07	<p>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.</p>	
<p>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:</p>		
7.12	<ul style="list-style-type: none"> <li>• hair care;</li> </ul>	Information on hair care was missing on one ICP.
7.14	<ul style="list-style-type: none"> <li>• Foot care;</li> </ul>	Information on foot care was missing on one ICP.
7.15	<ul style="list-style-type: none"> <li>• exercise;</li> </ul>	Information on exercise was missing on two ICPs.
7.18	<ul style="list-style-type: none"> <li>• positioning;</li> </ul>	One ICP was missing information on positioning.
7.20	<ul style="list-style-type: none"> <li>• bowel function;</li> </ul>	One ICP did not clearly state the bowel function but noted that bowel protocol is to be followed as per standing orders. The ADL did indicate that resident is incontinent.
7.21	<ul style="list-style-type: none"> <li>• any required incontinence care product;</li> </ul>	The size of incontinent product was missing from one ICP.



#	Measure	Review Team Comments
7.22	<ul style="list-style-type: none"> <li>• cognitive and mental health status;</li> </ul>	Three ICPs did not have information on cognitive and mental health status.
7.25	<ul style="list-style-type: none"> <li>• hearing ability and required aids;</li> </ul>	One ICP did not have information on hearing ability. Two ICPs did not have information on both hearing ability and required aids.
7.26	<ul style="list-style-type: none"> <li>• visual ability and required aids;</li> </ul>	One ICP was missing information on visual ability while two ICPs did not have information on both visual ability and aids.
7.27	<ul style="list-style-type: none"> <li>• rest periods, bedtime habits, and sleep patterns;</li> </ul>	Information on one ICP did not state if the resident has rest periods or not.
7.29	<ul style="list-style-type: none"> <li>• language and speech, including any loss of speech capability and any alternate communication method used;</li> </ul>	Information on this measure was missing on two ICPs. One ICP only indicated the language but nothing on speech.
7.30	<ul style="list-style-type: none"> <li>• rehabilitation needs;</li> </ul>	Information was missing on one ICP.
7.31	<ul style="list-style-type: none"> <li>• therapeutic recreation requirements;</li> </ul>	Information was missing on two ICPs.
7.32	<ul style="list-style-type: none"> <li>• preferences for participating in recreational activities;</li> </ul>	Information was missing on one ICP.
7.33	<ul style="list-style-type: none"> <li>• religious and spiritual preferences;</li> </ul>	Information on this measure was missing on two ICPs.
7.38	<ul style="list-style-type: none"> <li>• special housekeeping considerations;</li> </ul>	Information was missing on two ICPs.
There is evidence that the integrated care plan is reviewed:		

#	Measure	Review Team Comments
7.41	<ul style="list-style-type: none"> <li>at least once every three months by the interdisciplinary team;</li> </ul>	<p>Two health records were missing quarterly review.</p> <p>The ICP review on one health record was not completed by a multidisciplinary team.</p>
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>	<p>Three applicable health records had annual care conferences. A form was not completed for an annual care conference, but it was documented in the progress notes.</p>

**Findings:** ICPs were generally well done, with the exception of the gaps identified above. Resident-centered interventions were noted on two ICPs with behavioural challenges and were well done. The information gathered from direct care staff aligned with information on the ICPs and ADLs, with the exception of documentation for one restraint (see findings under Standard 9).

**Follow-up: Recommended.** The facility is encouraged to ensure consistency in care documentation and that all components of the care plan are addressed.

**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	The Protection for Persons in Care Act posters were seen to be posted in various locations within the facility.

#	Measure	Review Team Comments
	easily accessible by residents, families and staff.	

**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:**

**Findings:** Six health records were reviewed for measures 9.02 to 9.33. The six health records had four physical and two chemical restraints. There was sufficient documentation on all six restraints. There was an interim restraint for a seat belt with a pin lock on one health record which has since been discontinued and changed to a seat belt that the resident can open. This is no longer considered a restraint as the resident can undo it independently, however, the restraint care plan and ADL were not updated to reflect this change.

Some identified gaps on one comprehensive assessment were as follows:

- No information on mental status.
- No information on nutritional status.
- One section of the comprehensive assessment was not dated or signed.

**Follow-up: None.** While no reporting is required, the facility is advised to ensure accurate and up to date information on all restraint documentation.

**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>	Quarterly medication reviews occurred as required on the reviewed health records.
There are designated medication storage areas that are:		
12.10	<ul style="list-style-type: none"> <li>secure.</li> </ul>	Medication rooms on all floors were secured.
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>	Audits were conducted by the facility as required. The audit results were discussed in nursing meetings and posted in the medication rooms.
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>	There is an established committee that meets every three months.

#	Measure	Review Team Comments
12.30	<ul style="list-style-type: none"> <li>• That meets at least once every three months</li> </ul>	<p>Measures 12.30 to 12.33 are discussed by the committee. However, the designation or representation of the attendees at the meeting was missing from the minutes.</p> <p>The expectation is that the facility clearly indicates the names of the pharmacist, nurse, administrator, and physician present at the meeting, as well as their professional designation.</p>
12.31	<ul style="list-style-type: none"> <li>• to review and make recommendations on drug utilization and costs</li> </ul>	
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>	

**Findings:** Medication passes were observed on all floors. Staff were personable with residents as they administered medications. There was sufficient compliance with hand hygiene during the passes.

It was noted that best practices for medication administration were not consistently followed by the nurses. Examples include:

- A nurse gave medications to a resident while the resident was in the washroom. The nurse did not consistently lock the medication cart when left in the hallway or cover the medication administration record (MAR). The nurse also appeared to be very distracted during medication administration.
- Another staff informed the reviewer that medications that require double-checks are sometimes checked by only one nurse when a second nurse is unavailable. She explained that the nurse does the first check and comes back after a few minutes to check again.
- The use of a hammer and block to crush pills was noted on one of the floors; the use of a pill crusher designated for this purpose is preferable.

Observations during the medication passes and recommendations were extensively discussed with leadership during the debrief.

**Follow-up: None.** While no reporting is required, it is expected that the facility follows best practices for medication administration.

**Standard 13: Health Records**

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

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

**Performance Measures**

#	Measure	Review Team Comments
13.23	There is evidence that the thinned files are maintained in an organized state that allows for easy access to the information within each file.	It was easy to locate information in three of the five applicable health records with thinned files.  One health record was a recent admission in October 2022.

**Follow-up: Recommended.** The facility is advised to ensure all thinned files are arranged in accordance with the facility's policy for chart thinning or, minimally, in chronological order.

**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-8:45-9am; Lunch-11:45am-noon and Supper-4:45-5:00pm.
Between meal fluids and nourishments are offered to every resident:		
14.16	between breakfast and lunch (minimally fluids must be offered);	Reviewers did not observe measures 14.16 to 14.18 at time of review. However, staff informed reviewers that there is a hydration pass between 9- 9:30am and fluids and nourishments are made available at 2-3pm and 7-7:30pm.
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 height and displayed using minimally size 14 Arial font.	Weekly menu choices were posted in the dinettes while daily menu choices did not appear to be posted on any of the floors.
14.21	Residents and their families have the opportunity to provide input into the menu.	The resident council meeting minutes indicated that residents voice their concerns regarding food.
14.23	Resident's likes and dislikes are accommodated to the extent possible.	The facility currently provides meals to the residents using tray service, thereby limiting accommodation of residents likes and dislikes. Reviewers observed a resident that received pasta because they did not want the meal that was served.

#	Measure	Review Team Comments
14.24	Residents are served meals in a manner that promotes independent eating.	Staff assisted residents with set-up, cutting of food, removal of lids or cueing when needed.
14.25	Meals are presented in a courteous manner.	Staff were polite as they presented residents with their meals.
14.26	Positioning and assistance with eating is individualized as needed.	Staff were available to provide assistance as required.
Assistance with eating is provided, when required:		
14.27	<ul style="list-style-type: none"> <li>• in a manner that promotes dignity;</li> </ul>	A soiled linen cart was transported past a resident while eating in one of the dining rooms.
14.28	<ul style="list-style-type: none"> <li>• with specific regard to safe feeding practices;</li> </ul>	Observations of these measures varied across dining rooms. In one dining room, residents required no assistance, except with the cutting of food.
14.29	<ul style="list-style-type: none"> <li>• in a way that encourages interaction with the person providing assistance.</li> </ul>	In the other two dining rooms, staff were appropriately seated to provide assistance to those that required it, though minimal interaction was observed between residents and those that provided assistance.
14.30	Residents are given sufficient time to eat at their own pace.	There was no evidence of staff rushing residents to finish their meals.
14.32	A dietitian assesses each resident within the first eight weeks of admission and develops their nutritional plan.	An initial assessment by the dietitian was noted on the six health records reviewed.
14.34	The dietitian re-assesses each resident and documents the findings in the resident's health	Four applicable health records had annual reassessment completed by the dietitian.



#	Measure	Review Team Comments
	record and care plan at least annually, or more frequently as needed.	Reassessment by the dietitian was missing on one health record that was due in October 2023, however, there was evidence of consult with the dietitian.

**Findings:** Breakfast was observed to be relatively relaxed on all floors and staff were able to make toast in the kitchenette. On one floor, the spiritual care staff said the morning prayers with the residents and announced activities for the day. It is acknowledged that the facility uses a tray service for meals, and it was generally well done. Staff were pleasant and polite as they presented trays of food to the residents, however, this process was very task-oriented; minimal engagement with residents was observed. The trays of food were distributed in a timely manner to seated residents and only one instance of placing a tray at an unoccupied seat was noted.

All the food items and beverages on the trays were presented to the residents at once; this can be overwhelming and residents may not be able to savour each course. The temperature and texture of main course or desert could also be compromised at the time they are ready to eat. Comments on the taste/texture of food and the limited opportunity for choice were also noted in the resident surveys.

**Follow-up: Recommended:** The facility is encouraged to continue identifying opportunities for improving meals and the dining service (e.g., take the meals off the trays to make it more home-likstaging courses, offering more choice, etc whenever possible.).

### **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 noted to be generally clean and odour free. The floor in the hallway on the second floor was noted to be sticky and the cabinets in the kitchenette on the third floor required some cleaning.

#	Measure	Review Team Comments
15.03	There is documented evidence that the tub and bathing equipment cleaning process is completed after each resident's use.	There was documented evidence that tub/shower cleaning is completed as required.
15.04	Upon inspection all shared equipment is found to be clean.	All shared equipment was noted to be clean, with the exception of a tub chair that had soap scum on the underside.

**Findings:** As above.

**Follow-up: None.** While no reporting is required, the expectation is that the facility ensures that all areas of the home are kept clean.

**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 recreation programs included on the recreation calendars provided by the facility, including bingo, music, exercises, trivia and arts.
17.09	Some evening and weekend activities, and;	MP2 & MP3 each have one activity per month on a Saturday while on the first floor there are two activities per month on Saturdays.

#	Measure	Review Team Comments
		There are only a few evening programs available. A religious service (mass) was the only activity offered on Sundays.
17.10	Options for residents who cannot/do not prefer to participate in group programs.	One-to-one visits were available for residents who do not wish to participate in group programs.
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>	Recreation calendars were posted in various locations and the daily activities were clearly written on whiteboards.
17.12	<ul style="list-style-type: none"> <li>is clear and easy for residents to read.</li> </ul>	

**Findings:** There was a social group observed during the review with about eight (8) people in attendance and they were all well engaged by the recreation facilitator. Tea, coffee, and cookies were made available to the residents during the activity.

Lack of adequate programs on weekends and evenings was also a concern raised during the 2023 UR. Responses gathered from resident surveys also reiterated the importance of variety and more recreation activities. It is expected that appropriate measures are taken to address this concern as this will be reviewed at the 2025 UR.

**Follow-up: Recommended:** The facility should endeavour to make more programs available to the residents on weekends and evenings.

### **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.	Twenty-two air temperature readings were taken on the day of review. Of these, twenty-seven percent of the readings were below 22°C (i.e., ranging from 20.1 to 20.5°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.	Twenty-one water temperature readings were taken in resident rooms and kitchenettes. The readings were in the range of 42.2°C-46.7°C.
19.03	There is documented evidence of frequent monitoring (minimally once per week) of domestic hot water temperatures at locations accessible to residents.	There was evidence that weekly water temperature monitoring occurred between the last review and present date. Readings below 40°C between September 2023 and January 2024 did not have corrective actions documented. All temperatures were documented within the required range since February 2024.
19.04	There is an easily accessible call system in all resident rooms.	All inspected call bells in resident rooms and washrooms were accessible and functional.
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.	The call bells inspected in tub rooms on the three floors were functional and accessible from all sides of the tub.
19.07	All open stairwells are safeguarded in a manner which prevents resident access.	Open stairwells were coded, and the entry doors locked.
19.08	All outside doors and stairwell doors accessible to residents are equipped with an alarm or locking device approved by the fire	

#	Measure	Review Team Comments
	authority under the Manitoba Fire Code.	
19.09	All windows are equipped with a mechanism or are appropriately designed so they cannot be used as exits.	All inspected windows were secured.
19.10	Handrails are properly installed and maintained in all corridors.	No concerns noted at the time of review.
19.11	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	
19.12	All potentially dangerous substances are labelled and stored in a location not accessible to residents.	A storage room with key lock was propped open with disinfectant in the room. Thickener was left on a resident's table in the dining room.
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	No concerns noted at the time of review.
There is documented evidence for all equipment, including building systems, that demonstrates completion of:		
19.17	• as needed repairs;	Normal wear and tear were noted across various areas of the facility.
19.18	• preventative maintenance.	
All exits are:		
19.21	• clearly marked;	Exits were clearly marked and no evidence of obstruction.

#	Measure	Review Team Comments
19.22	• unobstructed.	
19.23	The exterior of the building is maintained in a manner which protects the residents.	No concerns noted at the time of review.
19.24	The grounds and exterior furniture are maintained in a manner which protects the residents.	

**Findings:** Staff purses and lunch bags were found in the kitchenette and storage room. This is considered an infection prevention and control issue and it is expected that staff will keep their personal belongings in appropriate places. Medicated ointments were found in resident rooms.

As advised during the 2023 UR, the home is expected to always use an external thermometer to monitor the bath water temperature and/or ensure the temperature is based on residents' preferences.

**Follow-up: None.**

**Standard 20: Disaster Management Program**

Reference: *Personal Care Homes Standards Regulation, Section 35* and *Manitoba Fire Code, Section 2.8.3 - Performance Measure #20.18*

**Expected Outcome:** Residents are provided with a safe environment. Threats/risks that threaten the safety of the environment are proactively identified, hazards minimized, and steps taken to respond when disasters occur.

**Performance Measures**

#	Measure	Review Team Comments
20.17	Training is provided for all staff on methods to lift and transfer residents to safety in an	

#	Measure	Review Team Comments
	emergency, at least every three years.	It was noted that the facility provided training on lifts and transfers within the last three years.
20.19	There is documented evidence of exercising, testing and evaluation of all components of the disaster management program, over a period of three years, based on the level of risk.	<p>There was a disaster test in 2023.</p> <p>Education/drills have been provided on some codes between 2021 and 2023 - code white, code orange and code grey.</p> <p>Information gathered from debrief forms, staff feedback and evaluation of mock exercises guide the development of the disaster management plan.</p>
20.20	There is documented evidence of implementing improvements as identified in the review/evaluation of exercises/ tests.	
20.21	There is documented evidence that fire drills are conducted at least once a month.	Based on fire drill records provided for 2023, there was no fire drill conducted in October or November.

**Follow-up: None.**

**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
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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;	No concerns noted at the time of review.
There is evidence of an education services audit process which includes:		
24.33	Annual evaluation of all education programs;	An educational needs assessment is completed.  There is a process for analyzing and improving educational programs. However, the follow-up process was unclear from the evidence.
24.34	Review and analysis of the program evaluations;	
24.35	Recommendations for improvement resulting from the analysis, as required, and;	
24.36	Implementation and follow-up of those recommendations.	

**Follow-up: None.** While no reporting is required, please ensure that fire drills are conducted on a monthly basis.

**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	are posted in a prominent location in the home;	Information about complaints was posted in various areas within the facility.
25.03	include the position and contact information of the appropriate person (people);	

**Follow-up: None.**