

Nursing Home Services

NURSING HOME INSPECTION REPORT

Carleton Manor Inc.

**Department of Social Development
May 3- 4, 2016**

NURSING HOME INSPECTION REPORT

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NURSING HOME INSPECTION REPORT

PURPOSE

Nursing Homes in New Brunswick are established and licensed in accordance with the ***Nursing Homes Act, Regulation 85-187, Regulation 2001-59 and Regulation 2009-75.***

Administration of the Act, which is the responsibility of the Minister of Social Development, is delegated to the Director of Nursing Home Services. [***Act 2(1), (2)***]

This Nursing Home Inspection Report is intended to assist nursing homes by clearly outlining expectations. It communicates to the nursing home the areas of non-compliance noted during the inspection and the date compliance must be achieved.

Nursing Home Act 25(3) states: An inspector may at any reasonable time enter a nursing home to make an inspection to ensure that the provisions of this Act and the regulations are being complied with.

NURSING HOME INSPECTION SUMMARY REPORT

NURSING HOME: Carleton Manor Inc.

INSPECTION DATE: May 3-4, 2016

Date of Expiry of Current License: July 31, 2016

Number of Beds: 79 Relief Care Bed: 1

DEPARTMENT	ACT, REGULATION, STANDARD, POLICY	AREA OF NON-COMPLIANCE	CORRECTIVE ACTION TO BE COMPLETED BY	COMPLIANCE
Administration	[Act 14(1)(d)]	An operator shall keep a complete and up-to-date record for each resident from the time of admission to the time of discharge. The record shall include the following: physician's, pharmacist's, nurse practitioner's and dentist's notes and orders.	June 7, 2016	✓
Resident Services	[Reg. 21(f)]	An operator shall ensure that any unused medication, remaining upon the death of a resident for whom it was prescribed, or any medication discontinued permanently, is returned to the pharmacy from which the medication was issued.	June 7, 2016	✓
Resident Services	[Standard III-B-19]	At least once a month on alternating units for each meal period (breakfast, lunch, supper) the temperature of the food at point of consumption is tested (last meal or tray served), and hot food is at least 55 °C/130 °F or slightly higher.	June 7, 2016	✓
Resident Services	[Reg.20(3)(c) Standard III-B-30]	Where a device for restraining a resident is applied, the device shall be examined at least every two (2) hours by a registered nurse or some other person on the direction of a nurse.	June 7, 2016	✓
Environment	[Standard III-D-12]	Effective residents safety devices are installed including: electrical lock out switch on equipment that could be hazardous to residents.	June 7, 2016	✓

Please send corrective action(s) to be taken before the date(s) indicated.

SUMMARY OF EXTERNAL INSPECTION REPORTS

“An operator shall ensure that the buildings, equipment and surroundings of a nursing home are maintained in a clean, neat and safe condition”[Reg. 11] and “sprinkler systems, approved by the fire marshal, shall be installed in all nursing homes of thirty beds or more.” [Reg. 30(1)] Reference: Standard III-D-06.

REPORTS	FREQUENCY	DATE INSPECTED	ORDERS	
			MET	NOT MET
Fire Marshal's Inspection	Annually	Feb 18, 16	✓	
Public Health:				
a) Institutional Food Services	Annually	March 31, 2016	✓	
b) Water Inspection (Private Wells)	Quarterly (microbiological)	N/A	✓	
	Every 5 years (inorganic)	N/A	✓	
Department of Public Safety:				
a) Boilers, Pressure >External	As per license	April 14, 2017 exp.	✓	
>Internal	As per license	N/A	✓	
b) Elevator(s) - Certificate Expiry Date	Annually	N/A	✓	
c) Dumb Waiter - Certificate Expiry Date	Annually	N/A	✓	
d) Underground Fuel Tank(s) License(s)	Annually	N/A	✓	
e) Sprinkler Tanks	As per license	N/A	✓	
Fire Protection Systems:				
a) Sprinkler System	Quarterly	May 7, 2015 July 23, 2105 Oct 19, 2016 Jan 20, 2016	✓	
b) Fire Alarm System	Annually	Jan 20, 2016	✓	
c) Extinguishers	Annually	Nov 2, 2016	✓	
d) Kitchen Hood Suppressant System	Biannually	Nov 23, 2015 May 27, 2016	✓	
Back Flow Prevention Valve(s)	Annually	Apr. 07, 2016	✓	
WorkSafeNB	As determined by WorkSafeNB	Aug 15, 2016	✓	

Part I: ADMINISTRATION

1. License

No person shall establish, operate or maintain a nursing home unless the person holds a license. [**Act 3(2)**] A licensee shall at all times display the licensee's license in a conspicuous place within the nursing home. [**Act 5**] On application in accordance with the regulations, the Minister may renew a license. [**Act 4(3)**] An application for a license to operate or maintain a nursing home shall be made to the Minister. [Reg. 4(2)]. [Policies IV-E-30, IV-E-95]

CRITERIA	Yes	No
1) A licensee shall at all times display the licensee's license in a conspicuous place within the nursing home. [Act 5 , Policy IV-E-95]	✓	
2) The Board Chair must submit an application for annual renewal 60 calendar days before the expiration of the current license. [Policy IV-E-30]	✓	

2. Board of Directors

A non-profit nursing home shall have by-laws and a Board of Directors established in accordance with the Act and Regulations [**Act 6(2), 26**, Reg. 40.2, 40.3, and Standards III-A-26 and III-A-28].

1) When a licensee is a corporation, the licensee shall notify the director in writing of a change in the officers or directors of the corporation within 15 days after the change. [Act 6(2)]	✓	
2) A board of directors of a nursing home that is operated on a non-profit basis shall have a minimum of ten to a maximum of fifteen members. [Reg. 40.2(1)]	✓	
3) No person shall serve more than nine consecutive years as a member of a board of directors of a nursing home that is operated on a non-profit basis. [Reg. 40.2(2)]	✓	
4) A person that has served nine consecutive years as a member of a board of directors of a nursing home that is operated on a non-profit basis is not eligible to serve again as a member of the board of directors until one year after the person ceased to serve as a member of the board of directors. [Reg. 40.2(3)]	✓	

Part I: Administration

CRITERIA	Yes	No
<p>5) The following persons are not eligible to serve as members of a board of directors of a nursing home that is operated on a non-profit basis:</p> <ul style="list-style-type: none"> • an employee of the nursing home • spouse, child, parent, brother, sister of an employee of the nursing home • an employee of the Department of Social Development • a member of the Legislative Assembly of New Brunswick • a health care professional delivering health care services to residents of the nursing home or receiving a retainer from the nursing home. [Reg. 40.2(4)] 	✓	
<p>6) A member of the board of directors of a nursing home that is operated on a non-profit basis shall not vote on any matter considered by the board in which the member has a financial or other interest, and the member shall declare such interest before a vote is taken. [Reg. 40.2(5)]</p>	✓	
<p>7) A person who selects or appoints a member to a board of directors of a nursing home that is operated on a non-profit basis shall attempt to ensure that the selection or appointment results in the composition of the board of directors of the nursing home generally reflecting the composition of the population of the area in which the nursing home is situated. [Reg. 40.3, Standard III-A- 26]</p>	✓	
<p>8) No by-law of a nursing home operated on a non-profit basis that pertains to a matter in relation to which the Lieutenant-Governor in Council is authorized to make regulations under this Act has any effect until it is approved by the Minister. [Act 26, Standard III-A-28]</p>	✓	

Part I: Administration

3. Nursing Home Information

The operator shall develop a written statement of the services provided by the home and a written statement of policies governing the home; the statements shall be provided to residents and next of kin or legal representative. [Act 13(a)(i)(ii), Reg. 2, Standards III-A-30, III-A -32 and III-B-24]

CRITERIA	Yes	No
<p>1) An operator shall provide to each person approved for admission to a nursing home and to his or her next of kin or legal representative a written statement of the services provided by the nursing:</p> <ul style="list-style-type: none"> • medical services • nursing services • dietary services • activation services • rehabilitation services • psycho-social services • spiritual services • other accommodation services for the residents • any additional services that will be provided, if needed, and any additional costs associated with them [Act 13(a)(i), Reg. 2, Standard III-A-32] • list of care supplies included in the per diem rate. [Standard III-B-24] 	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	
<p>2) An operator shall provide to each person approved for admission to a nursing home and to his or her next of kin or legal representative a written statement of policies governing the nursing home. [Act 13(a)(ii) and Standard III-A-30]</p>	<p>✓</p>	

Part I: Administration

4. Admissions

All admissions shall be in accordance with the Act, Regulations and other eligibility criteria established by the Department. [**Act 13(b)**, Reg. 7, 8, 9; Standards III-A-02, and III-A-03, Policies IV-A-02, IV-A-05, IV-A-06, IV-A-09]

CRITERIA	Yes	No
1) An operator shall involve a resident or person approved for admission to a nursing home and his or her next of kin or legal representative in plans regarding his or her admission or discharge. [Act 13(b)]	✓	
2) No operator shall admit or permit to be admitted or transferred to a nursing home a person <ul style="list-style-type: none"> • suffering from a notifiable disease except under conditions determined by a district medical health officer. [Reg. 9(1)(a)] • who has not had a complete physical examination, and nursing care admission assessment before the date of admission. [Reg. 9(1)(b)] 	✓	
	✓	
3) Residents meet the eligibility criteria for admission as per Standard III-A-03, Policies IV-A-02, IV-A-06 and IV-A-09.	✓	
4) An operator may admit for temporary residence in a nursing home for the purpose of providing relief care a person who has <ul style="list-style-type: none"> • given a complete medical history • has received a physical examination and • a nursing care admission assessment prior to admission. [Reg. 9(2)] [Policy IV-A-05] 	✓	
	✓	
	✓	
5) No operator or admissions committee established for a nursing home shall refuse to admit a person to a nursing home where the person has been determined to be eligible for admission to a nursing home by the Minister, the person has applied for admission to the nursing home and the nursing home has a vacancy for a resident. [Reg. 9.1, Standard III-A-02]	✓	
6) An operator of a nursing home with thirty beds or more shall ensure the establishment of an admissions committee whose responsibility shall be to determine persons to be admitted to the nursing home on the basis of the person's needs and the ability of the nursing home to meet those needs. [Reg. 7, Standard III-A-03]	✓	
7) An admissions committee, established under Act 7 , shall consist of no fewer than three persons and shall include the administrator and the director of nursing of the nursing home. [Reg. 8, Standard III-A-02]	✓	

Part I: Administration

5. Resident Concerns

The operator shall establish and follow a regular procedure for the hearing of concerns of residents and/or their next of kin or legal representative. [**Act 13(c)(d)** and Standard III-B-32]

CRITERIA	Yes	No
1) An operator shall ensure that no unauthorized individual or agency is permitted to interview or examine a resident or resident records for the purposes of research or any other purpose without the consent of the operator and the informed consent of the resident or, when the resident is unable to give an informed consent, the informed consent of his or her next of kin or legal representative. [Act 13(c)]	✓	
2) An operator shall establish and follow a regular procedure for the hearing of concerns of residents of the nursing home. [Act 13(d) , Standard III-B-32]	✓	

Part I: Administration

6. Resident Record

An operator shall keep a complete and up-to-date record for each resident from the time of admission to the time of discharge. [**Act 14(1)(2)(3)**, 15, 16, Reg.22, Policy IV-A-03]

CRITERIA	Yes	No
1) The record shall include the following:		
• the standard admission form required by the regulations [Act 14(1)(a) , Policy IV-A-03]	✓	
• the admission medical report and subsequent medical reports [Act 14(1)(b)]	✓	
• a comprehensive care plan [Act 14(1)(c)]	✓	
• physician's, pharmacist's, nurse practitioner's and dentist's notes and orders [Act 14(1)(d)]		✓
• medication and treatment sheets [Act 14(1)(e)]	✓	
• nurse's notes [Act 14(1)(f)]	✓	
• activation and rehabilitation program progress reports and attendance records [Act 14(1)(g)]	✓	
• special dietary requirements or problems [Act 14(1)(h)]	✓	
• discharge sheets showing the date of discharge, the reason for discharge, the condition of the resident at the time of discharge, the address to which the resident has been discharged [Act 14 (1)(i)]	✓	
• the type and amount of drugs accompanying the resident on discharge [Act 14(1)(j)]	✓	
• a recording of all valuables belonging to the resident, if the operator has undertaken to keep them in safe keeping. [Act 14)(1)(k)]	✓	

Part I: Administration

CRITERIA	Yes	No
<p>2) The medical record of a resident shall contain the following:</p> <ul style="list-style-type: none"> • the date, time and findings of an examination and treatment; [Reg. 22 (a)] • confirmation in writing of all verbal orders for treatment, medications or other medical procedures. [Reg. 22 (b)] 	✓	
	✓	
General Documentation [Act 14, 15, 16]		
<p>3) Subject to Act 14(3), the records that each operator is required to keep under Act 14(1) are confidential documents, and no information contained in them shall be imparted to any person other than for the purpose of the care of the resident or for the purpose of carrying out the provisions of this Act and the regulations. [Act 14(2)]. A copy of the information referred to Act 14(2) may be made available as described under Act 14(3).</p>	✓	
<p>4) Subject to Act 8, 25, 27 an operator shall ensure that no part of the record of a resident required to be kept under section 14 is removed from the nursing home, including the record of a discharged or deceased resident, and that the record is retained for a period of ten years following the discharge or death of the resident, after which time the record may be destroyed. [Act 15]</p>	✓	
<p>5) When a resident moves to another nursing home or is admitted as a patient at a regional health authority as defined in the <i>Regional Health Authorities Act</i>, a summary of the resident's record relating to medical diagnosis, treatment, diet and other similar matters shall be sent to that nursing home or regional health authority. [Act 16]</p>	✓	

Part I: Administration

7. Discharge of Resident

Discharge of a resident shall be in accordance with the **Act 17(1)(2)**.

CRITERIA	Yes	No
1) If for any reason an operator intends to discharge a resident, the operator shall give at least 15 days' notice of that intention to the resident and to his or her next of kin or legal representative. [Act 17(1)]	✓	
2) Notice of intention to discharge is waived if "the operator believes, on reasonable grounds, that the immediate discharge of the resident to the custody of another person is necessary for the safety of the resident or of other residents or staffs." [Act 17(1)]	✓	
3) When a resident is to be discharged under Act 17(1) and the resident has no next of kin or legal representative, the operator shall give the required notice to the resident and to the Director. [Act 17(2)]	✓	

8. Incident/Accident Reporting

The incidents/accidents have to be reported to the Administrator. [**Act 18 and 19**, Reg. 10, Standard III-A-14]

CRITERIA	Yes	No
1) When a resident suffers an accident of a major nature, undergoes a serious change in his or her condition or dies, the operator shall notify the resident's next of kin or legal representative as soon as possible. [Act 18]	✓	
2) An operator shall notify the Director as soon as possible of a major incident or accident that affects or may affect the health and safety of the residents or staff. [Act 19 , Standard III-A-14]	✓	
3) An operator of a nursing home shall ensure that the staff promptly complete, in writing, an incident report and submit it to the administrator each time an incident or accident takes place that affects or may affect the health and safety of the residents or staff. [Reg. 10]	✓	

Part I: Administration

9. Financial Resources

The operator shall be responsible for the reporting of the nursing home's financial resources and safeguarding of monies entrusted to the home. [**Act 20, 21(1), 23(1), 24**, Reg. 3 and 34-40, Standards III-A-34, III-B-24 and III-B-26, and Policy IV-B-16]

CRITERIA	Yes	No
1) Not later than the thirty-first day of July in each year, an operator shall submit to the Minister financial statements for the preceding fiscal year, audited by a practicing public accountant acceptable to the Minister.[Reg. 37(1)]	✓	
2) Policies and procedures address the safeguarding of monies entrusted to the home. Resident comfort and clothing allowance is managed according to Policy IV-B-16.	✓	
3) No operator shall demand or accept, or cause or permit a person to demand or accept on behalf of the operator, payment for accommodation and services provided in a nursing home in an amount in excess of that prescribed by the regulations. [Act 21 (1) , Standard III-B-24 and III-B-26]	✓	
4) Without the prior written approval of the Minister, no person shall add a building or facilities to, or alter a building or facility or part of a building or facility that is used for the purposes of a nursing home operated by the holder of valid licence unless the action does not result in additional continuing operating costs and the capital cost of it is less than \$ 10,000. [Act 24 , Reg. 3, Standard III-A-34]	✓	

Part II: RESIDENT SERVICES

1. Care Staff

The care of each resident is carried out by or under the direction of a registered nurse. [Reg. 18] Based on current minimum funded hours of care, the nursing staff will be comprised of the following mix: 20% RN, 40% LPN, and 40% RA. [Standard III-B-02]

CRITERIA	Yes	No
1) An operator shall ensure that in nursing homes with thirty beds or more, the care of each resident is carried out by or under the supervision of a registered nurse as directed by the attending physician, or as directed by the nurse practitioner. [Reg. 18(a)]	✓	
2) An operator shall ensure that in nursing homes with thirty beds or more, at least one registered nurse is on duty on the premises at all times.[Reg. 18(b)]	✓	
3) An operator shall ensure that in addition to the registered nurse referred to in Reg. 18(a), <ul style="list-style-type: none"> • care staff is in attendance at all times in appropriate ratios. [Reg. (18)(c), Standard III-B-02] 	✓	

Part II: Resident Services

2. Comprehensive Care Plan

The service to residents shall be individualized based on assessment of current needs. [**Act 21(1), 14(1)(c)**, Reg. 2, 18(d), Standards III-B-03, III-B-24, III-B-26 and Policy IV-B-12]

CRITERIA	Yes	No
1) A comprehensive care plan is developed for each resident upon admission. [Reg. 18(d), Standard III-B-03]	✓	
2) Individual comprehensive care plans include care objectives. [Reg. 2, Standard III-B-03]	✓	
3) Individual comprehensive care plan include an integrated program of actions to meet:		
• the medical needs of the resident	✓	
• the nursing needs of the resident	✓	
• the dietary needs of the resident	✓	
• the activation needs of the resident	✓	
• the rehabilitation needs of the resident	✓	
• the psycho-social needs of the resident	✓	
• the spiritual needs of the resident, and	✓	
• the accommodation needs of the resident. [Reg. 2]	✓	
4) The care plan is complete and up-to-date. [Act 14(1)(c) , Standard III-B-03]	✓	
5) The comprehensive care plan is individualized and is reviewed at least annually. [Reg. 18(d), Standard III-B-03]	✓	
6) The care plan is evaluated on an ongoing basis. [Reg. 18(d), Standard III-B-03]	✓	
7) The care supplies are adequate to meet the needs of the residents in accordance with Act 21(1) , Standards III-B-24, III-B-26 and Policy IV-B-12.	✓	

Part II: Resident Services**3. Resident Care**

An inspector shall, during an inspection of a nursing home, visually examine, in accordance with requirements set by the Minister, one or more residents of the nursing home in order to assess the over-all health and well-being of the resident or residents and to determine if the resident or residents are receiving adequate care. [Reg. 40.1]

CRITERIA	Yes	No
1) Care audit demonstrates that the resident(s) receives adequate care to meet their needs in regards to their over-all health and well-being. [Reg. 40.1]	✓	

Part II: Resident Services

4. Medication Management

There shall be a safe, secure system for the storage, control and administration of medication, which is consistent with the needs of each resident and in compliance with current legislation. [**Act 14 (1)(e)**, Reg.11, 18(d), 21, Standards III-B-05, III-B-06, III-B-07, III-B-08, III-B-09, III-B-26, III-B-27, III-B-28 and Policy IV-A-05]

CRITERIA	Yes	No
1) An operator shall ensure that all prescription and non-prescription medications are administered only on the order of a physician, pharmacist, nurse practitioner, or dentist. [Reg. 21(a)]	✓	
2) This order, if verbally given, is confirmed in writing on the physician's, nurse practitioner or dentist's next visit. [Reg. 21(a)]	✓	
3) An operator shall ensure that all medications in nursing homes with a rated capacity of thirty beds or more are purchased from one participating pharmacy in the form of the controlled dosage system in accordance with the physician's, pharmacist's or nurse practitioner's written prescription. [Reg. 21(b), Standards III-B-05, III-B-06]	✓	
4) An operator shall ensure that all prescribed medications are kept in containers supplied by the participating pharmacy bearing the original label on which shall be legibly recorded the prescription number, the name or content of the medication, the resident's name, the directions for use, the prescriber's name, the date of issue and the name of the pharmacy from which the medication was issued. [Reg. 21(c), Standard III-B-06]	✓	
5) An operator shall ensure that medication is not administered to any resident other than to the resident for whom such medication was prescribed; [Reg. 21(d)] <ul style="list-style-type: none"> • there is a system of resident identification. [Standard III-B-28] 	✓	
6) The medication administration record is complete and up-to-date. [Act 14 (1)(e) , Reg. 18(d), Standards III-B-07, III-B-27]	✓	
7) Medication/treatment is recorded directly following the time of administration. [Act 14 (1)(e) , Standard III-B-27]	✓	

Part II: Resident Services

CRITERIA	Yes	No
<p>8) An operator shall ensure that no resident keeps or is permitted to keep medication on his or her person or in his or her room unless authorized by the resident's attending physician, a pharmacist, a nurse practitioner or a nurse under such conditions as he or she may impose. [Reg. 21(e), Standard III-B-09]</p>	✓	
<p>9) An operator shall ensure that any unused medication, remaining upon the death of a resident for whom it was prescribed, or any medication discontinued permanently, is returned to the pharmacy from which the medication was issued. [Reg. 21(f)]</p>		✓
<p>10)An operator shall ensure that any unused medication remaining to a resident upon his transfer or discharge is taken with the resident if so approved by the resident's attending physician, a pharmacist, a nurse practitioner or a nurse, or is returned to the pharmacy from which the medication was issued. [Reg. 21(g)]</p>	✓	
<p>11)An operator shall ensure that there is a limited supply at the nursing home of only those most commonly used medications which are readily available without prescription at any commercial pharmacy. [Reg. 21(h), Standard III-B-26]</p>	✓	
<p>12)An operator shall ensure that there is for use in emergency situations at the nursing home a limited supply of prescription medications as determined necessary by a physician, a pharmacist, a nurse practitioner who is employed by the nursing home, if any, the nursing home's administrator, the nursing home's director of nursing, and participating pharmacy. [Reg. 21(i), Standard III-B-08]</p>	✓	
<p>13)An operator shall ensure that medications are stored in locked cabinets and prepared in an appropriately equipped area. [Reg. 21(j), Standard III-B-09]</p>	✓	

Part II: Resident Services

5. Physician Services

The medical care of each resident shall be under the supervision of a physician. [Reg. 18(d), Reg.19(a)(b)(d), Reg. 22(a)(b), Standards III-B-04, III-B-07 and Guideline III-B-04G]

CRITERIA	Yes	No
1) An operator shall ensure that an attending physician is appointed to be responsible for the care of a resident on admission and shall be either the resident's regular physician or a physician appointed by the operator with the consent of the resident or his legal representative. [Reg. 19(a) and Standards III-B-04]	✓	
2) An operator shall ensure that the services of a physician are available at all time upon request. [Reg. 19(b), Standard III-B-04]	✓	
3) Physician provides input to the comprehensive care plan for each resident upon admission, <ul style="list-style-type: none"> • reviews at least annually and • evaluates on an ongoing basis. [Reg. 18(d), Standard III-B-04, III-B-07, Guideline III-B-04G] 	✓	
	✓	
4) The medical record of a resident shall contain the following: <ul style="list-style-type: none"> • the date, time and findings of an examination and treatment, [Reg. 22(a), Standard III-B-04] • confirmation in writing of all verbal orders for treatment, medications or other medical procedures. [Reg. 22(b), Standard III-B-04] 	✓	
	✓	
5) An operator shall ensure that where a resident dies in a nursing home, the resident's attending physician as appointed under Reg. 19(a) shall be notified, and he shall prepare a written report indicating the cause and time of death to be entered into the deceased resident's medical record. [Reg. 19(d), Standard III-B-04]	✓	

Part II: Resident Services

6. Restraint Use

Physical restraints shall only be used when deemed necessary to protect the resident from injury to self or others. [Reg. 18(d), 20 and Standard III-B-30]

CRITERIA	Yes	No
1) An operator shall ensure that a device for restraining a resident shall only be applied; <ul style="list-style-type: none"> • when necessary to protect the resident from injury to himself or others [Reg. 20(1)(a), Standard III-B-30] and • on the written order of a physician, nurse or nurse practitioner who has attended the resident and approved the device as appropriate for its intended use. [Reg. 20(1)(b)] 	✓	
	✓	
2) Where a device for restraining a resident is applied, the device shall <ul style="list-style-type: none"> • be designed so as not to cause physical injury to the resident, [Reg. 20(3)(a)] • be designed so as to cause the least possible discomfort to the resident. [Reg. 20(3)(b)] 	✓	
	✓	
3) Where a device for restraining a resident is applied, the device shall <ul style="list-style-type: none"> • be examined at least every two (2) hours by a registered nurse or some other person on the direction of a nurse. [Reg. 20(3)(c) and Standard III-B-30] 		✓
4) Where a device for restraining a resident is applied, the device shall <ul style="list-style-type: none"> • be applied in such a manner that quick release of the restrained resident can be effected by staff. [Reg. 20(3)(d), Standard III-B-30] 	✓	
5) Individual orders for restraint use are evaluated on an ongoing basis. [Reg. 18(d) and Standard III-B-30]	✓	

Part II: Resident Services

7. Activation/Rehabilitation

The activation and rehabilitation needs of residents shall be addressed. [Reg. 2, 18(d) and 24]

CRITERIA	Yes	No
1) An operator shall ensure that appropriate activation and rehabilitation programs are provided to residents. [Reg. 24]	✓	
2) Activation needs are included in the comprehensive care plan for each resident upon admission, <ul style="list-style-type: none"> • reviewed at least annually; • evaluated on an ongoing basis. [Reg. 2, 18(d)] 	✓	
	✓	
	✓	
3) Rehabilitation needs are included in the comprehensive care plan for each resident upon admission, <ul style="list-style-type: none"> • reviewed at least annually; • evaluated on an ongoing basis. [Reg.2, 18(d)] 	✓	
	✓	
	✓	

8. Spiritual Needs

The spiritual needs of residents shall be addressed. [Reg. 2, 18(d)]

CRITERIA	Yes	No
1) Spiritual needs are included in the comprehensive care plan for each resident upon admission, <ul style="list-style-type: none"> • reviewed at least annually; • evaluated on an ongoing basis [Reg. 2, 18(d)] 	✓	
	✓	
	✓	

9. Psycho-social Needs

The psycho-social needs of residents shall be addressed. [Reg. 2, 18(d)]

CRITERIA	Yes	No
1) Psycho-social needs are included in the comprehensive care plan for each resident upon admission, <ul style="list-style-type: none"> • reviewed at least annually; • evaluated on an ongoing basis [Reg. 2, 18(d)] 	✓	
	✓	
	✓	

Part II: Resident Services

10. Food Services

The food service areas shall ensure that food related areas, equipment, and supplies are maintained in a clean, neat and safe condition. [**Act 7(1)(e)**, Reg. 11, Standard III-B-19]

CRITERIA	Yes	No
1) A food safety program is in place and: [Act 7(1)(e) , Reg. 11, Standard III-B-19] <ul style="list-style-type: none"> • copy of the <i>Food Safety Code of Practice</i> is available • policies and procedures stated in Standard III-B-19 are developed and up to date • staff are provided with food safety training • food products are handled throughout storage, preparation, service and presentation in a manner that prevents contamination. • cleaning schedules are in place and monitored • food service license is posted. 	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
2) There is documentation of time and temperature controls of hot food items prepared and held in each hot holding unit, e.g. steam table, rethermalization unit from all assembly and service lines [Standard III-B-19], and consist of: <ul style="list-style-type: none"> • recording of final cooking time. • recording time and temperature of hot food items prior to serving first plate • recording of time final plate served • process doesn't exceed 2 hours • hot food is at or above 60 °C /140 °F • upper limit hot holding temperatures determined [Standard III-B-19 – Appendix A], • log sheets kept on file for the previous 6 months. 	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
3) There is documentation of time and temperature controls of potentially hazardous cold food items [Standard III-B-19], and consist of: <ul style="list-style-type: none"> • recording of time cold food item removed from cold holding unit • recording of temperature at the point of service • cold food is at or below 4 °C/40 °F • log sheets kept on file for the previous 6 months. 	✓	
	✓	
	✓	
	✓	

Part II : Residents Services

CRITERIA	Yes	No
4) There is documentation to show that [Standard III-B-19]: <ul style="list-style-type: none"> the temperature in refrigeration units is taken at least twice in each 24 hour period refrigerators are maintained at 2-4 °C/36-40 °F or less freezers are maintained at -18 °C/0 °F or less log sheets are kept on file for the previous 3 months. 	✓	
	✓	
	✓	
	✓	
5) At least once a month on alternating units for each meal period (breakfast, lunch, supper) the temperature of the food at point of consumption is tested (last meal or tray served), [Standard III-B-19] and <ul style="list-style-type: none"> hot food is at least 55 °C/130 °F or slightly higher hot purees, cream soup, hot cereals are at 50-55 °C/120-130 °F, or slightly higher cold food is 10 °C/50 °F or lower different diets and texture modifications are tested log sheets are kept on file for one year. 		✓
	✓	
	✓	
	✓	
	✓	

11. Resident Dietary Needs

The operator shall ensure that the food services are in accordance with the **Nursing Homes Act** and Regulations. [**Act 14 (1)h**], Reg. 18(d), 23, Standard III-B-20, III-B-21, III-B-22]

CRITERIA	Yes	No
1) Basic admission nutritional information is identified and processed within 24 hours of admission as per criteria stated in Standard III-B-20.	✓	
2) There is documentation present on the resident's record indicating that a dietary needs assessment was conducted by a registered dietitian according to stated criteria in Standard III-B-20 and this is completed : <ul style="list-style-type: none"> within the first 3 weeks of admission on an ongoing basis as per identified risks annually. 	✓	
	✓	
	✓	
3) Dietary needs are included in care plan and evaluated on an ongoing basis. [Reg. 18(d), Standard III-B-20]	✓	
4) Therapeutic special diets shall be served to a resident as and when ordered by his physician or nurse practitioner employed by the nursing home or by dietitian in consultation with physician / nurse practitioner and such diets shall be recorded on the resident's medical record. [Reg. 23(e), Standard III-B-20]	✓	

Part II : Residents Services

<p>5) The menu meets the requirements of Canada's Food Guide to Healthy Eating [Reg. 23a),c),Standard III-B-21] and:</p> <ul style="list-style-type: none"> • nutritional and dietary needs and problems are satisfied • snack lists are up to date and complement the menu • all menus and snacks are approved by a dietitian 	✓	
<p>6) A minimum three week cycle menu prepared at least a week in advance</p> <ul style="list-style-type: none"> • shall be posted in the dietary department serving the nursing home and satellite units • copies of the menu shall be retained on file for a period of at least three months • any changes and substitutions (2nd choice) thereto shall be noted on the menu.[Reg. 23(b), Standard III-B-21] 	✓	
<p>7) At least three meals shall be served to residents each day at regular times and at reasonable hours. There is documentation to support that</p> <ul style="list-style-type: none"> • there shall be no more than a 15 hour period between a substantial supper and breakfast • supplementary feeding is provided as required • mealtimes are determined by preference of majority. [Reg. 23(d), Standard III-B-22] 	✓	

Part III: HUMAN RESOURCES

1. Nursing Home Employees

The operator shall ensure that there is a sufficient number of qualified and appropriately prepared staff to provide the services and programs offered by the nursing home. [Reg. 14(1), 14(2), 14(3), 18(c), Standard III-B-02, and Policies IV-C-02, IV-C-10]

CRITERIA	Yes	No
1) Every person to be employed in a nursing home shall, before entering employment, <ul style="list-style-type: none"> • give a complete medical history and receive a physical examination [Reg. 14(1)(a)] • submit to such examinations as are required to ensure he is free from a notifiable disease and [Reg. 14(1)(b)] • submit the results of these examinations to the employer. [Reg. 14(1)(c)] 	✓	
	✓	
2) No person employed in a nursing home shall work in the nursing home while a carrier of or sick from a notifiable disease. [Reg. 14(2)]	✓	
3) No person employed in a nursing home shall refuse without valid reason to submit to such preventative procedures with respect to health and safety as the Minister may from time to time require. [Reg. 14(3)]	✓	
4) Staff qualifications are consistent with the Department directives. [Reg.18(c), Standard III-B-02, Policies IV-C-02, IV-C-10]	✓	

Part III: Human Resources

2. Employee Orientation and In-Service Training

An operator shall establish a program with respect to the orientation and in-service training of all employees. [Reg. 17, Standard III-C-12]

CRITERIA	Yes	No
1) An orientation program is established to introduce new staff to the facility, it:	✓	
<ul style="list-style-type: none"> • includes an orientation checklist 	✓	
<ul style="list-style-type: none"> • is completed by each employee 	✓	
<ul style="list-style-type: none"> • ensures employee participation is documented. [Reg. 17, Standard III-C-12]	✓	
2) An in-service training program for all employees:	✓	
<ul style="list-style-type: none"> • is established 	✓	
<ul style="list-style-type: none"> • covers changing resident care needs, and 	✓	
<ul style="list-style-type: none"> • covers new equipment. [Reg. 17, Standard III-C-12] 	✓	

Part IV: ENVIRONMENT

1. Buildings, Equipment and Surroundings

The operator shall ensure that the buildings, equipment and surroundings are in accordance with **Act 7(1)(e)**, Reg. 11, 12, 13, 15, 16, 26, 27, 28, 29, 30, 31, 32, 33, Standards, III-B-10, III-D-04, III-D-06, III-D-08, III-D-10, III-D-12, III-D-14, III-D-16 and Guidelines III-B-10G, III-D-10G.

CRITERIA	Yes	No
1) A WHMIS manual, <ul style="list-style-type: none"> • is kept current • is available to all service areas • includes all hazardous substances utilized in the home. [Reg. 11 and Standard III-D-14] 	✓	
	✓	
	✓	
2) Hazardous or poisonous substances are properly labeled and kept in locked areas. [Act 7(1)(e) , Reg. 11 and Standard III-D-14]	✓	
Infection control [Act 7(1)(e) , Reg. 11]		
3) Infection control procedures are established in accordance with Act 7(1)(e) , Reg. 11, Standard III-B-10, and Guideline III-B-10G.	✓	
4) Companion animal program is established according to Standard III-D-10 and Guideline III-D-10G.	✓	
Preventive Maintenance [Reg. 11, 12, 26]		
5) There is a written preventive maintenance system which ensures that all elements of the buildings, equipment, and surroundings are maintained in a clean, neat safe condition, it includes: <ul style="list-style-type: none"> • identification of the specific item to be maintained • schedule of maintenance/inspection activities for each item • history of work done [Standard III-D-06] • external inspections up to date. [Reg. 11, 30, Standard III-D-06]. Refer to “Summary of External Inspection Reports.” 	✓	
	✓	
	✓	
	✓	
	✓	

Part IV: Environment

CRITERIA	Yes	No
Interior [Reg. 11, 12, 26, 27 Standard III-D-04, III-D-06, III-D-08, III-D-12]		
6) An operator shall ensure that all <ul style="list-style-type: none"> • corridors • stairs • landings • ramps and • doorways of a nursing home are kept clear and free from obstruction [Reg. 12] • use of half doors is in accordance with the approval process. [Reg. 11, Standard III-D-08] 	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
7) The furnishings and equipment in all residential areas of a nursing home shall be adequate for the <ul style="list-style-type: none"> • safety • comfort and • convenience of residents. [Reg. 26, Standards III-D-06, III -D-12]	✓	
	✓	
	✓	
8) Laundry facilities have separate areas for sorting and handling of soiled and clean linen. [Reg. 11]	✓	
9) Emergency lighting shall be provided in the corridors and at the exits of all nursing homes from a source of energy separate from the electrical supply of the building and shall be automatically activated when the electrical supply is interrupted. [Reg. 27]	✓	
10) Hot water used by residents does not exceed 49°C/120°F at the point of use. [Reg.11, Standard III-D-04]	✓	
Door Alarm System [Reg. 33]		
11) All exit doors, except the main entrance, leading to the outside to which residents have access, shall be connected to an automatic alarm system. [Reg. 33]	✓	
12) The alarm system has a cancel and reset switch at each nursing station. [Reg. 33]	✓	
Safety Devices [Reg. 11, Standard III-D-12]		
13) Effective residents safety devices are installed including: <ul style="list-style-type: none"> • grab bars in bathing areas and in toilet areas • handrails in corridors and in stairwells • protective side rails on both sides of the bed • functioning brakes on beds and wheelchairs • non-skid surfaces on all ramps and steps • electrical lock out switch on equipment that could be hazardous to residents. [Standard III-D-12] 	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
		✓

Part IV: Environment

CRITERIA	Yes	No
Resident Call System [Reg. 32]		
14) An easily accessible, electrically operated individual call system shall be installed and this call system shall: <ul style="list-style-type: none"> • operates from bedside, bathing areas, toilet facilities, and other areas in which residents and the public gather and 	✓	
<ul style="list-style-type: none"> • register at the site of the operation, in the corridor, and at the nursing station. [Reg. 32] 	✓	
Heating [Reg., 13, 28 and 29]		
15) Every nursing home shall have a heating system is capable of maintaining a consistent temperature of 23 °C throughout the nursing home and	✓	
<ul style="list-style-type: none"> • the temperature in the nursing home shall be maintained at a level consistent with the comfort of the residents therein. [Reg. 28] 	✓	
16) No portable heater shall be used in a nursing home except in emergency situations and subject to the fire and safety program prescribed in Reg.13. [Reg. 13, Reg. 29(1)]	✓	
17) No kerosene heaters shall be used in a nursing home at any time. [Reg. 29(2)]	✓	
Oxygen [Reg. 15, 16]		
18) No person shall use tank oxygen for medical purposes in a nursing home except where tank oxygen is used for emergency purposes or where the use of tank oxygen is shown on the license. [Reg. 15, Standard III-D-16]	✓	
19) No person shall administer tank oxygen except <ul style="list-style-type: none"> • in emergency care situations and 	✓	
<ul style="list-style-type: none"> • from small portable containers. [Reg. 16, Standard III-D-16] 	✓	

Part IV: Environment

2. Fire and Safety Program

The operator shall establish a fire and safety program in accordance with Regulations. [Reg. 11, 13 and Standard III-D-04]

CRITERIA	Yes	No
General Safety [Reg. 11, 13 and Standard III-D-04]		
1) An operator shall develop a fire and safety program for a nursing home that shall include: <ul style="list-style-type: none"> • a smoking policy which contemplates supervised smoking when circumstances so require, [Reg. 13(a)] • the designation of personnel to be responsible for ensuring strict compliance with fire safety standards. [Reg. 13(b)] [Standard III-D-04] 	✓	
	✓	
2) The program includes fire drills as required to ensure that all staff are familiar with their duties. These fire drills: <ul style="list-style-type: none"> • are held monthly • staff attendance is documented • are recorded and kept on file. [Reg. 13(d), Standard III-D-04] 	✓	
	✓	
	✓	
3) An electrical appliance policy governing the use and maintenance of any electrical appliances intended to be used in resident's rooms. [Reg. 13(e), Standard III-D-04]	✓	
4) Joint Health and Safety meetings are held monthly. [Reg. 11]	✓	
Evacuation and Disaster [Reg.13(c), Standard III-D-04]		
5) There is a written evacuation and disaster plan that is: <ul style="list-style-type: none"> • filed with the Minister (Department) • kept current • tested internally on a regular basis • there is a coded evacuation system in place for residents. [Standard III-D-04] 	✓	
	✓	
	✓	
	✓	