

COMMUNITY CARE FACILITIES AND NURSING HOMES ACT REGULATIONS

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For more information concerning the history of these regulations, please see the *Table of Regulations* on the Prince Edward Island Government web site (www.princeedwardisland.ca).

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COMMUNITY CARE FACILITIES AND NURSING HOMES ACT Chapter C-13

REGULATIONS

Made by the Lieutenant Governor in Council under the *Community Care Facilities Act* R.S.P.E.I. 1974, Cap. C-13.1.

1. Interpretation

In these regulations, "Act" means the Community Care Facilities and Nursing Homes Act R.S.P.E.I. 1988, Cap. C-13. (EC391/84; 445/89)

LICENSE

2. Application for license

Any applicant for a license shall on initial application

- (a) complete an application form in the form set out in Schedule A;
- (b) furnish such additional information or explanation as the Board may require; and
- (c) on request provide evidence, in the form of copies of certificates, permits or reports issued by the appropriate provincial authorities, of compliance with the prescribed standards for building construction, electrical, elevator and fire safety, and hygiene. (EC391/84)

3. License

(1) A license shall normally be valid for twelve months from the date of issue.

Idem

(2) A license shall be signed by the chairman of the Board and shall show the name and location of the facility, the name of the operator, the maximum number of residents to be accommodated, any conditions attached to the license, the date of expiry and the serial number of the license.

Display

(3) The license shall be displayed prominently at the main entrance of the facility.

Advertising

(4) Any advertising of the facility shall cite its license number and state any conditions of the license that pertain to the type of service that the facility is authorized to provide. (EC391/84)

4. Currency of inspections

(1) An operator shall be responsible for keeping all required authorizations, including fire, building and property development and hygiene, up to date.

Operator and Board to be informed

(2) An inspector shall, following an inspection of a facility, make his findings, recommendations and directions known to the operator and to the Board. (EC391/84)

5. Renewal

(1) An operator seeking renewal of a license shall at least sixty days prior to its expiry, apply to the Board, outlining any alteration in the information required by section 2.

Idem

(2) The Board, if it is satisfied that the prescribed standards are met, shall, upon payment of the prescribed fee, renew the license. (EC391/84)

6. License non-transferable

(1) The license of a facility is not transferable; a new license shall be required in case of sale, transfer of management to another operator, change of location or any other significant alteration in the operation of the facility.

Notice of sale, etc.

(2) An operator intending to sell, transfer management or make any significant alteration in the operation of a facility shall give at least sixty days notice thereof to the residents and to the Board.

Notice of closing

(3) An operator intending to close a facility shall give sixty days notice thereof to the residents and to the Board. (EC391/84)

6.1 License

Where the operator or a member of the management or staff of a facility has been convicted of an offence of a nature that, in the opinion of the Board, was or would likely be harmful to the safety, welfare or quality of care of a resident, the Board may refuse, refuse to renew, revoke, suspend, or impose conditions on a license. (EC817/90)

7. Notice of Board's intent to refuse license, etc.

(1) Where the Board intends to refuse to issue or renew, to suspend, revoke or impose a restrictive condition on a license, it shall inform in writing the applicant or operator, as the case may be, of the proposed decision and the reasons therefor, and shall offer the applicant or operator an opportunity to appear before it to challenge the proposed decision.

Decision of Board

(2) Following the hearing provided for in subsection (1) or when the affected applicant or operator has declined or failed without reasonable excuse to attend the hearing, the Board shall formally make its decision regarding the license and shall so inform the applicant or operator.

Notification of Minister

(3) Where the said decision is to refuse to issue or renew, to suspend, revoke or impose a restrictive condition on the license, the Board shall advise the Minister in accordance with subsection 10(3) of the Act and recommend whatever action it believes should be taken. (EC391/84)

8. Appeal of licensure decision

(1) In accordance with subsection 10(2) of the Act, a person wishing to appeal a decision made by the Board with respect to a license shall, within ten days of receiving notice of the decision, notify the Minister in writing of his intent to appeal.

Appeal Panel

(2) Upon receiving a notice of appeal, the Minister shall arrange for establishment of an Appeal Panel, comprising a nominee of the appellant, a nominee of the Board, and a third person as chairman, who shall be chosen jointly by the two nominees or, that failing, appointed by the Minister.

Inquiry

(3) The Appeal Panel shall conduct such inquiry as it sees fit, ensuring that each party has an equitable opportunity to be heard in person or by legal counsel.

Decision

(4) The Appeal Panel shall render a decision, consistent with the Act and regulations made thereunder, within thirty days of receipt by the Minister of the notice of appeal, and shall so inform the Minister, Board and appellant. (EC391/84)

BUILDING CONSTRUCTION

9. Building inspection

(1) Any building used or intended to be used by a facility for the provision of care services shall be inspected for initial licensure and may be inspected annually thereafter by inspectors, with respect to conditions of physical structure and electrical safety, and the applicant or operator shall comply with any direction given by an inspector for the remediation of an unsafe condition.

Idem, operating building

(2) The operator of a facility already in operation at the time of the coming into force of the regulations shall satisfy the Board, on the basis of the inspector's report, with respect to the soundness and safety of any existing building used by the facility for the provision of care services.

Idem, new facility

- (3) Where an application is made to begin operation of a facility which was not operating at the time of the coming into force of the regulations or where the operator of a facility wishes to begin licensed use of an existing building not previously used by the facility for care purposes, the applicant or operator shall
 - (a) satisfy the Board, on the basis of the inspector's report, with respect to the soundness and safety of any building intended for use in the provision of care services; and
 - (b) satisfy the Board with respect to its appropriateness for the purposes of care services proposed.

Idem, new construction

- (4) Where a person, whether an operator of an existing facility or a person undertaking to establish a facility, intends new construction for purposes of a facility, whether a new building or an expansion or structural renovation of an existing building, the person shall
 - (a) submit the plans, prior to construction, to the Board for its approval with respect to appropriateness for the purposes of care services proposed; and
 - (b) ensure that the new construction complies with all relevant provincial building standards and also with building standards for the handicapped as provided under the *Access to Public Buildings Act* R.S.P.E.I. 1988, Cap. A-2. (EC391/84)

10. Wheelchair access

The operator of a facility that accommodates a resident who is regularly confined to a wheelchair shall make provision for wheelchair access for that person at the building's entry, to his bedroom, to bathroom and toilet facilities, to dining and lounge areas. (EC391/84)

HYGIENE AND BASIC COMFORT

11. Public health inspection

(1) A facility shall, for initial licensure and at least annually thereafter, be inspected by a public health officer empowered under the *Access to Public Buildings Act* R.S.P.E.I. 1988, Cap. A-2

Hygiene and comfort standards

(2) A facility shall be kept weatherproof, dry, free of pests, adequately heated, ventilated and lighted, in a state of good repair and sanitation, and in general safe, clean and reasonably comfortable for residents, to the satisfaction of the public health officer following the standards prescribed by the Rental Accommodation Regulations under the *Public Health Act*, subject to the standards prescribed in these regulations and to such interpretive policy direction as may be given by the Board. (EC391/84)

12. Bedroom

Each resident, except in a case expressly approved by the Board, shall be provided with a bedroom that

(a) is formed by floor-to-ceiling walls so as to be a distinct room for sleeping and personal use, is not located in, nor serving the additional purpose of, a basement, attic, kitchen, hallway, bathroom, laundry room, furnace room, closet or storage room, and is accessible directly from a hallway without passage through another room;

- (b) is used to accommodate no more than two persons;
- (c) has a minimum ceiling height of 2.2 metres (7.2 ft.), a minimum width of 2.5 metres (8.2 ft.), and minimum usable floor area of 8 square metres (85 sq. ft.) for single occupancy or 14 square metres (150 sq. ft.) in the case of double occupancy; and
- (d) is furnished, for the personal use of the resident, with
 - (i) a suitable bed, with side-rails if necessary for the safety of the resident, at least one metre (3.2 ft.) distant from any other bed,
 - (ii) at least .45 cubic metres (15.8 cu. ft.) of closet or wardrobe space,
 - (iii) at least three clothing drawers,
 - (iv) a bedside table,
 - (v) a comfortable armchair,
 - (vi) fresh bed-linen at least weekly, and
 - (vii) clean towel and washcloth at least twice weekly. (EC391/84; 936/84)

13. Bedroom for non-ambulatory

A resident who is predominantly non-ambulatory, as determined by a community care facilities inspector, shall be accommodated on the ground floor and shall have access to toilet and wash facilities without having to use stairs. (EC391/84)

14. Bathroom

A facility shall have toilet and bathroom facilities that

- (a) comprise at least one flush toilet, one wash-basin and one bathtub for every ten or fewer persons living there;
- (b) are served by a functioning waste-disposal system;
- (c) have a ready supply of hot and cold potable water under pressure, sufficient for the hygienic needs of all residents;
- (d) are directly accessible without passage through a bedroom or food area;
- (e) are ventilated to the outside;
- (f) have an impervious, sanitary finish on walls and ceiling;
- (g) are equipped with
 - (i) a signalling device for summoning help,
 - (ii) a door-lock system which can be opened from outside in case of emergency,
 - (iii) non-slip bottom of bathtub and shower,
 - (iv) grab-bars for toilet and bathtub. (EC391/84)

15. Lounge area

A facility shall have, exclusive of space in bedrooms, a common-use lounge area or areas, furnished with comfortable seating of a total space sufficient to allow at least 1.2 square metres (12.9 sq. ft.) per resident. (EC391/84)

16. Stairway, etc.

Each stairway, landing, balcony, porch or ramp shall be fitted with an effective handrail or balustrade, and each stairway or ramp shall have non-skid protection. (EC391/84)

17. Dining area

A facility shall have a common dining area sufficient to allow at least 1.2 square metres (12.9 sq. ft.) per resident. (EC391/84)

18. Food service

(1) The operator shall ensure that a facility's food preparation and service facilities and procedures comply with the Eating Establishment Regulations made under the *Public Health Act*, except insofar as those standards may be relaxed in certain respects by these regulations and such interpretive policy direction as may be given by the Board.

Provisions of Eating Establishments Regulations not applicable to facilities

- (2) The following requirements of the Eating Establishments Regulations are deemed not to apply to a community care facility:
 - (a) individualized dispensing of milk {s. 19};
 - (b) single-use laundering of table linen {s. 24};
 - (c) staff uniforms {s. 26(b)};
 - (d) washrooms for public use {s. 28, 29};
 - (e) sanitizing-rinse dishwashing {s. 30, 32, 33(a), 35(c), (d), (e), 37, 38}. (EC391/84)

SAFETY HEALTH, SOCIAL RIGHTS

19. Fire inspection

(1) A facility shall, for initial licensure and at least annually thereafter, be inspected by a fire inspector empowered under the *Fire Prevention Act* R.S.P.E.I. 1988, Cap. F-11.

Idem

(2) The operator shall ensure that a facility complies with the said Act, the regulations made and standards established thereunder, and with the directions of a fire inspector so as to prevent or remedy any unsafe condition with respect to protecting residents against fire. (EC391/84)

20. Emergency procedures

(1) The operator of a facility shall have, and keep posted in conspicuous locations, an emergency evacuation plan approved by a fire inspector, and the operator shall conduct fire drills so that the residents are familiar with the procedures.

Idem

(2) The operator of a facility shall maintain a current register of all staff and residents, in which is recorded any information, including urgent medication requirements, vital to the care of the residents; this register shall be kept so as to be available for immediate removal and reference in case of fire or other emergency.

Idem

(3) A list of emergency telephone numbers, for fire, police, hospital, ambulance and physician, shall be kept current and posted conspicuously at each telephone. (EC391/84)

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21. First-Aid

(1) A facility shall have at least a basic first-aid kit approved by the Board.

Staff qualifications

- (2) The operator of a facility shall ensure that, in a facility where or at any time when a registered nurse is not on duty on the premises,
 - (a) all staff who are providing care directly to residents have a certificate of at least elementary first-aid training recognized by the Board; and
 - (b) at least one staff person who is providing care directly to residents has a qualification recognized by the Board and remains competent to render cardiopulmonary resuscitation at least at the basic heart-saver level.

Anti-choke training

(3) The operator of a facility shall ensure that all regular staff who provide food services or direct care to residents have been trained in and are kept familiar with use of the manoeuvre for freeing a choking person's obstructed airway. (EC391/84; 445/89)

22. Staff health

All staff on duty shall be free of communicable disease in a communicable form, and may be required by a community care facilities inspector or a public health officer to undergo medical examination. (EC391/84)

23. Assistance to obtain health care

The operator of a facility is responsible to give, as the resident may request or obviously appear to require, superintendent assistance, such as in arranging appointments and transportation, to a resident to obtain health-care services. (EC391/84)

24. Medications

The operator of a facility shall establish, formally record and apply in practice, procedures for the safe and effective storage, administration and monitoring of medications for residents. (EC391/84)

25. Dietary requirements

The operator shall ensure that meals

- (a) are provided at least three times daily at regular hours, with no more than a fifteen hour period between a substantial supper and breakfast;
- (b) are planned according to an advance menu;
- (c) offer variety and are appealing;
- (d) are nutritious and of adequate calorific value, as recommended by Canada's Food Guide, to meet the requirements of each resident depending on his age, sex, level of activity or other particular factors;
- (e) are provided, as much as is practicable, in a manner in which recognizes each resident's personal food preferences, religious or cultural customs; and
- (f) fulfil the requirements of any therapeutic diet ordered for a resident by his physician. (EC391/84)

26. Social activity

The operator and any other staff shall provide each resident with

- (a) opportunities, both within the facility and externally in the community, for social, leisure, and recreational activity;
- (b) access to telephone use and routine opportunity to receive visitors so as to maintain contact with family and people of the community;
- (c) reasonable opportunity for privacy and independence;
- (d) opportunity to express any concerns about the operation of the facility and to be involved in any decisions in that regard that may directly affect him. (EC391/84)

GENERAL, OPERATION AND ADMINISTRATION

27. Resident assessment, care plan

The operator of a facility shall ensure that

- (a) at the time of admission and whenever the resident's condition has significantly altered.
 - (i) there is an appraisal of the medical, mental-emotional and behavioural status of each resident, and
 - (ii) the goals and plan for the care of the resident are formulated accordingly; and
- (b) the care services provided for the resident are appropriate to his needs as determined in the said appraisal and plan. (EC391/84)

28. Resident record

The operator of a facility shall maintain for each resident, in a manner which respects his privacy, a record in the form set out in Schedule B or other record acceptable to the Board. (EC391/84)

29. Financial accounts

The operator shall keep current written accounts of the facility's operation outlining all revenues and expenditures, in such manner and degree of detail as to enable him to demonstrate the calculation of rates charged to residents. (EC391/84)

30. Personnel records

The operator shall keep current personnel records for the facility, including at least the following information:

- (a) number and types of staff;
- (b) outline of organizational structure and relationships;
- (c) description of each staff person's duties;
- (d) work schedule; and
- (e) each individual's qualifications, at time of employment and subsequently acquired. (EC391/84)

31. Staffing

The operator of a facility shall ensure that it is staffed sufficiently as determined by the Board with respect to numbers and capabilities and arrangement, so as to be able to carry out effective evacuation of all residents in case of fire or other emergency and to cope satisfactorily in case of personal emergencies among residents. (EC391/84)

32. Staff person in charge

The operator of a facility shall ensure that at all times a person who is capable of providing necessary emergency assistance is present at the facility and is responsible for the protection of the residents. (EC391/84)

FEES

33. Fees

The following fees shall be payable by an applicant or operator to the Provincial Treasurer for license, whether initial or license renewal, including processing of application, inspection and consultation by a community care facilities inspector:

- (a) for one year\$25.00

(EC391/84; 484/86; 639/93)

GENERAL

34. Community care facilities inspector

In addition to the various other specific types of inspection provided for in these regulations, a community care facilities inspector empowered by section 11 of the Act shall for initial licensure and at least annually thereafter, and may at any time, inspect a facility and may examine, inquire into and give advisory direction on any aspect of the operation of the facility. (EC391/84)

35. Transitional

During the period of one year following the coming into effect of these regulations, the Board shall give interim permission, which shall not exceed that one year period, that an existing facility may continue operation pending completion of the formal application process for that facility. (EC391/84)

SCHEDULE A

FORM 1

DEPARTMENT OF HEALTH COMMUNITY CARE FACILITIES BOARD

BOX 2000, CHARLOTTETOWN, PRINCE EDWARD ISLAND C1A 7N8

[crest]

PRINCE EDWARD ISLAND

APPLICATION FOR LICENSE

APPLICANT NAME	POSTAL CODE
6. OPERATOR'S EXPERIENCE IN OPERATI	NG SUCH A FACILITY:
7. FACILITY NAME	POSTAL CODE
10. Residents to be admitted □ Personal Care # Give details for other	



APPLICATION FOR LICENSE

PAGE 2

APPLICANT NAME:			
11. LIST THE SERVICES WHICH ARE AVAI			
12. LIST THE NUMBER OF EACH TYPE OF	DD ODOS	ED ST	A EE AND THEID
QUALIFICATIONS			
QUALITICATIONS			
13. ATTACH A PROPOSED WORK SCHEDU	LE OF S	TAFF	
14. ATTACH A PHYSICAL DESCRIPTION O CONSTRUCTION, GENERAL CONDITION, NUMBER OF STOREYS, AND A SKETCH O	SITE, NU	MBER	AND SIZE OF ROOMS,
15. ATTACH A PROJECTED OPERATING BE EXPENDITURES.	UDGET (OF MO	NTHLY REVENUE AND
16. THE FOLLOWING INSPECTIONS HAVE	BEEN C	OMPL	ETED
	YES	NO	DATE COMPLETED
BUILDING CONSTRUCTION STANDARDS			
ELECTRICAL STANDARDS			
ELEVATOR STANDARDS (IF			
APPLICABLE)			
FIRE SAFETY STANDARDS			
HYGIENE STANDARDS			
This is to certify that the information contained true and correct to the best of my knowledge and		d in the	attachments as required is
SIGNATURE OF APPLICANT			 E SIGNED

(EC391/84; 604/05)



FORM 2

DEPARTMENT OF HEALTH COMMUNITY CARE FACILITIES BOARD

BOX 2000, CHARLOTTETOWN, PRINCE EDWARD ISLAND C1A 7N8

[crest]

PRINCE EDWARD ISLAND

APPLICATION FOR RENEWAL OF LICENSE

APPLICANT'S NAME				
APPLICANT'S ADDRESS				
POSTAL CODE	TELE	EPHONE NUMBER		
OPERATOR'S NAME (IF DIFFERENT FROM A				
OPERATOR'S ADDRESS				
POSTAL CODE				
FACILITY'S NAME				
ADDRESS	PC	OSTAL CODE		
PRESENT LICENSE NUMBER	D	ATE ISSUED		
RESIDENTS TO BE ADMITTED				
		PERSONAL CARE	#()
		OTHER	#()
PLEASE GIVE DETAILS FOR OTHER:			``	
OUTLINE ANY ALTERATIONS IN FACILITY	SINC	CE PREVIOUS APPLICA	ATION .	
		SIGNATURE OF APPLIC		
	Date	y:		

(EC391/84; 604/05)

SCHEDULE B

DEPARTMENT OF HEALTH COMMUNITY CARE FACILITIES BOARD

BOX 2000, CHARLOTTETOWN, PRINCE EDWARD ISLAND C1A 7N8

[crest]

PRINCE EDWARD ISLAND

RESIDENT RECORD

RESIDENT REC	
1. RESIDENT NAME	SIN
3. NAME OF TRUSTEE DOES HE/SHE HAVE COMPLETE CONTROL OF RESIDENT'S FINANCES DOES HE/SHE HAVE POWER OF ATTORNEY? IF THE OPERATOR OF FACILITY IS RESPONSE	YES NO
RESIDENT, ACCOUNTS OF ALL SUCH DEALING RESIDENT'S 4. LIST MAJOR BELONGINGS WHICH ARE BETHE FACILITY	NGS ARE TO BE MAINTAINED IN ING HELD FOR THE RESIDENT BY
5. RESIDENT'S WEIGHT, AT ADMISSION(K MAINTAIN A MONTHLY RECORD OF THE RE CHART) AND IT IS TO BE KEPT IN THE RESID	G) THE FACILITY IS TO SIDENT'S WEIGHT (ON WEIGHT
6. ATTACH GENERAL DESCRIPTION OF RESI EMOTIONAL AND BEHAVIOURAL CONDITIO REPORTED BY RESIDENT, NEXT OF KIN AND (OTHER THAN PHYSICIAN) WHO MAY HAVE RESIDENT.	N AT TIME OF ADMISSION AS OTHER PROFESSIONAL PERSONS
7. RESIDENT'S PHYSICIAN	PHONE



RESIDENT RECORD

PAGE 2

	RESIDENT NAME
	8. ATTACH A MEDICAL REPORT, COMPLETED BY RESIDENT'S PHYSICIAN: THIS IS TO CONTAIN THE RESIDENT'S MEDICAL, MENTAL-EMOTIONAL AND BEHAVIOURAL CONDITION AT THE TIME OF ADMISSION, AS WELL AS ANY MEDICATIONS, THERAPEUTIC DIETS AND SPECIAL INSTRUCTIONS PRESCRIBED BY PHYSICIAN.
	9. ATTACH AN OUTLINE OF THE GOALS AND PLAN ESTABLISHED FOR THE RESIDENT'S CARE.
	10. MAKE NOTE OF ANY CHANGES IN RESIDENT'S GOALS, PLAN FOR CARE, MEDICAL, MENTAL EMOTIONAL, BEHAVIOURAL STATUS, MEDICATIONS, ETC. ON PROGRESS NOTES FORM. THESE ARE TO BE MAINTAINED IN THE CLIENT'S FILE.
	12. HAS THE RESIDENT MADE ANY FUNERAL ARRANGEMENTS? YESNO IF YES PLEASE GIVE DETAILS
	13. DATE OF TRANSFER/DISCHARGE/DEATHDAY MONTH YEAR
	PLEASE SPECIFY
EC(04/05)	

(EC604/05)