

**OPERATIONAL AND CARE SERVICE STANDARDS**  
**for**  
**PRIVATE NURSING HOMES**

**Department of Health and Wellness**

**April 2018**

The *Operational and Care Service Standards for Private Nursing Homes* are approved as the standards of the Department of Health and Wellness and of the Community Care Facilities and Nursing Homes Board for Prince Edward Island private nursing homes to meet licensing requirements.

These Standards are approved by:

April 1, 2018

Date

A handwritten signature in cursive script, appearing to read "L. B. Hé", positioned above a horizontal line.

Chair, CCFNH Board

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The Operational and Care Service Standards for Private Nursing Homes in Prince Edward Island have been developed in accordance with the *Community Care Facilities and Nursing Homes Act* and Nursing Home Regulations. They have been approved by the Community Care Facilities and Nursing Homes Board (the Board).

The purpose of these Standards is to assist the facility management and staff, the Board, inspectors and the Department of Health and Wellness to promote, create and maintain a comfortable, safe and secure home environment for residents based on a *person [resident]-centred care* philosophy. These Standards support the integration and practice of this philosophy throughout the facility operational and care services. Inherent in these Standards is the expectation that care planning, coordination and delivery of facility services is centred on the person [resident] and her/his individual needs, choices and preferences. Residents are treated with dignity and respect and encouraged to function at their optimum level of wellness.

The Standards and Criteria in this document are intended to identify the minimum requirement for provision of licensed nursing home service. Each facility management and staff will develop specific policies, procedures and practices to meet and maintain these Standards on an ongoing basis.

The Standards are organized into six categories. Each Standard includes the *Principle* on which the Standard is based, the *Criteria* by which the Standard is met, *References* which relate to the Standard and *Compliance Measures* as a means to determine if the Standard has been met. This format is intended to assist management, staff, inspectors and the Board to assess the facility's achievement in meeting the Standards.

Private Nursing Home Service includes:

- 24 hour nursing and personal care under the direction and supervision of a registered nurse, including regular assessment, monitoring and care planning;
- medical service through the house physician or resident's personal physician;
- pharmacy service;
- personal care services including assistance with activities of daily living such as bathing, grooming, dressing, eating, mobility, transfer, bowel and bladder management;
- medication management and administration;
- food and nutrition services;
- physical, recreational, spiritual and social activities;
- housekeeping;
- laundry/linen;
- room accommodation;
- basic resident trust account service; and,
- provision for resident privacy and independence.

**2.1 MISSION STATEMENT, GOALS, OBJECTIVES and ORGANIZATIONAL STRUCTURE****STANDARD 2.1**

**The management of the facility is under the leadership of an operator and guided by a mission statement, goals and objectives, organizational structure and human resource management practices to support the care of residents.**

**Principle**

For purposes of this standard, “operator” is the individual or organization responsible for the management and operation of the facility, including an administrator.

The operator holds responsibility and accountability for the operation of the facility and must ensure delegated authority, responsibility and channels of communication are clearly understood by all staff.

The management practices in a facility are the foundation for effective delivery of services to residents and are essential for the coordination and cooperation of all staff.

**Criteria**

- 2.1.1 There is a clearly defined mission statement which reflects the philosophy of the facility.
- 2.1.2 Goals and objectives are written and kept current to support the mission statement.
- 2.1.3 There is a current written and dated organizational chart, available to all staff, which clearly identifies the relationships between departments and the lines of authority. The chart is revised as organizational changes are made.
- 2.1.4 The facility has in place a resident’s rights policy in which it is identified that residents have the right to be treated with courtesy, dignity and respect, and in a way that fully recognizes the resident’s individuality.
- 2.1.5 General administrative policies and procedures guiding the operation of the facility are approved by management, communicated and accessible to staff.

These are developed and revised as required and reviewed on a regular basis, e.g., annually. These policies include and are not limited to:

- resident's rights and responsibilities
- assessing resident level of care
- abuse or neglect of residents
- administrative
- contingency plans
- human resource management
- occupational health and safety
- incident reporting and management
- notification of significant events
- confidentiality
- concerns or complaints
- medication management
- transfer of residents due to:
  - resident choice; or
  - resident care need requirement (e.g., safety/special care unit)
- trust accounts (comfort allowance, other)

2.1.6 The operator ensures continuous coverage of the facility in her/his absence by designating a staff in-charge to assume responsibility for the operations and care services of the facility for the duration of the absence.

## **References**

- *Community Care Facilities and Nursing Homes Act (c-13)* and Nursing Home Regulations
- *Long-Term Care Subsidization Act* Regulations
- *Occupational Health and Safety Act*
- *Health Information Act*

## **Compliance Measures**

- Policy Review
- Review of mission, goals, objectives
- Organizational chart
- Residents Rights Policy
- Operator interview
- DON interview
- Resident documentation & care plans
- Staff interviews
- Resident & Family Interviews



## **2.2 COMPLIANCE WITH FEDERAL, PROVINCIAL, MUNICIPAL LEGISLATION AND REGULATION**

### **STANDARD 2.2**

**The operator of the private nursing home ensures the facility is operated and maintained in compliance with federal, provincial and municipal legislation and regulation.**

#### **Principle**

A properly operated and maintained facility which meets legislative and regulatory requirements is essential for the comfort, safety and security of the residents, staff, and visitors.

#### **Criteria**

2.2.1 The operator of a *new or renovated* facility has certificates or reports of inspections to demonstrate there is compliance with applicable legislation, codes and standards. Action has been taken to comply with any corrective orders which have been issued. The applicable legislation, codes and standards include and are not limited to:

- Building
- Electrical
- Fire Safety
- Elevator and Lifting Devices
- Boiler and Pressure Vessels
- Environmental Health
- Resident Care Service
- Dietary Service

2.2.2 *Prior to license renewal* by the Board, the operator has certificates or reports of inspections to demonstrate there is continuing compliance with applicable legislation, codes and standards and action has been taken to comply with any corrective orders issued.

2.2.3 When planning a new facility or expansion or structural renovation of an existing facility, the operator:

- submitted the plans to the Board for its approval with respect to appropriateness for the purposes of nursing home services proposed, prior to commencement of construction; and

- ensured that the new construction complied with all building standards, codes (e.g., National Building Code of Canada) and legislation, including Environmental Health requirements if related to food service.
- 2.2.4 The facility license is displayed prominently in the building main entrance or in another location open to the public.
- 2.2.5 The license number is cited in any facility advertisement along with the statement of any conditions placed on the license by the Board.

### **References**

- *Community Care Facilities and Nursing Homes Act (c-13)* and Nursing Home Regulations
- *Provincial Building Code Act*
- Barrier-Free Design Regulations
- National Building Code of Canada
- Applicable federal, provincial & municipal legislation and regulation.
- *Public Health Act, Food Premises Regulations, Notifiable and Communicable Diseases Regulations, & Rental Accommodations Regulations*
- *Fire Prevention Act* and Codes and Standards Order
- *Smoke-Free Places Act* and General Regulations

### **Compliance Measures**

- Review of related reports of inspections and required certificates
- Monitor facility submissions to the Board regarding new construction or renovation
- Current numbered license displayed in a public place
- Monitor facility advertisements, (e.g., newspaper, TV, brochures, etc.)

## 2.3 FINANCIAL ADMINISTRATION

### **STANDARD 2.3**

**The operator ensures that a) the written accounts and records of the facility operations outlining its revenues and expenditures are maintained in such a manner as to demonstrate the calculation of rates charged to residents, and b) current accounts are kept on any financial transactions made with or on behalf of a resident.**

#### **Principle**

The operator is responsible for the financial administration of the facility. The operator may also be responsible for managing resident trust accounts, (e.g., comfort allowance, others).

#### **Criteria**

- 2.3.1        The operator provided a detailed business plan as part of the application process for *initial* licensure.
- 2.3.2        The operator maintains accounts of all financial transactions (including receipts) for each resident whose personal finances are managed by the facility operator, where there is no Public Trustee or appointed committee with designated authority to do so. This record is part of the resident financial record and shall be provided at any reasonable time to the resident or authorized representative.
- 2.3.3        The operator manages the comfort allowance held in trust for each resident in accordance with the *Long-Term Care Subsidization Act* and Regulations, and Department of Health [and Wellness] Policy: Comfort Allowance and Trust Accounts: Nursing Home (see Appendix 8.3) and the PNH Service Agreement.
- 2.3.4        The operator keeps proper accounts and records to support invoices to the Government for Basic Health Care Services for each resident, including related invoices, receipts and vouchers. These records and documents are open to audit by authorized Government staff.
- 2.3.5        The operator adheres to the principles, procedures and responsibilities for managing personal finances of residents as established in policy by the Board and/or Department of Health and Wellness.

- 2.3.6 The operator keeps current written financial accounts of the operation of the nursing home outlining revenues and expenses.
- 2.3.7 The operator maintains financial records, accounts, invoices and vouchers for at least seven years.

### **References**

- *Community Care Facilities and Nursing Homes Act (c-13)* and Nursing Home Regulations
- *Long-Term Care Subsidization Act* and Regulations
- Private Nursing Home Service Agreement

### **Compliance Measures**

- Review of facility financial accounts upon request of the Board
- Review of resident financial accounts on annual inspection
- Periodic audit of facility and resident accounts, related to health care and accommodation charges and comfort allowance, by authorized Health PEI personnel.

## **2.4 NURSING SERVICE ADMINISTRATION**

### **STANDARD 2.4**

**There is an organized program of nursing service, led by a Director of Nursing or Resident Care (or equivalent) who is a Registered Nurse with responsibilities for the provision of all nursing and personal care services provided to residents.**

#### **Principles**

The facility's nursing services promotes quality of life and provides person-centred care to residents based on individual care needs and preferences in accordance with: professional practice legislation; professional practice guidelines and standards; codes of ethics; Ministerial and Board directives; and, facility standards, policies and procedures.

The service is based on interdisciplinary and collaborative practice to ensure comprehensive assessment, care planning and evaluation of resident needs is conducted as a continuous process, with resident participation to the greatest extent possible.

The facility's nursing service ensures an appropriate level of supervision is provided. "Supervision is essential to organizational infrastructure and performance management in the provision of safe and effective care. Organizational infrastructure and performance management provide direction, guidance, oversight and coordination of activities. A supportive practice environment with appropriate supervision can encourage skill development and competence, help individuals take responsibility for their own practice and promote lifelong learning" (NHS Lanarkshire 2009).

#### **Criteria**

- 2.4.1            There is a designated Director of Nursing or Director of Resident Care who is a registered nurse (RN).
- 2.4.2            The Director of Nursing or Director of Resident Care holds a current license to practice as a Registered Nurse in Prince Edward Island.
- 2.4.3            The Director's responsibilities include and are not limited to:
- planning and organizing nursing and personal care service delivery;
  - providing direction to the operator regarding nursing service;
  - evaluating nursing and personal care service provided;
  - providing direction for infection prevention control and communicable disease management measures;

- Identifying necessary changes to address gaps in service;
- Staffing with qualified nursing and personal care staff who are orientated and trained to provide care services according to employed scope of defined roles and responsibilities, professional standards of practice and codes of ethics, competencies and standard policy requirements;
- Ensuring the facility is staffed with an adequate number of Registered Nurses and Licensed Practical Nurses, and Resident Care Workers, and other support staff (e.g Activities) to provide a safe and appropriate level of care services according to the residents' state of health and degree of activity;
- Developing nursing service policies and ensuring care provided is reflective of evidence based practice including use of standardized approaches in geriatric care (e.g. falls risk, least restraint, end of life, pain & comfort; responsive behaviors, TLR, etc.);
- Conducting regular audits to include staffing reviews and assessment of performance, development and education needs;
- Coordinating and/or facilitating staff education and in-service training sessions and ensuring staff have access to sessions both inside and outside the home;
- Establishing process for review of incident reports and risk management practices, and monitors quality improvements; and
- Ensuring all staff that provides care is able to read, write and communicate verbally with residents and co-workers effectively.

#### 2.4.4

The functions of the Director of Nursing related to leadership in quality improvement, risk management, staff education, and infection control may be carried out by a Registered Nurse designated in a Clinical Resource Nurse capacity by, and acting under the Director of Nursing.

## References

- *Community Care Facilities and Nursing Homes Act (c-13)* and Nursing Home Regulations
- *Registered Nurses Act & Regulations*
- *Licensed Practical Nurses Act & Regulations*
- Professional Standards of Practice and Code of Ethics for RNs
- Professional Standards of Practice and Code of Ethics for LPNs
- Direct Care Hours for Private Nursing Homes (Appendix 8.2)
- Association of Registered Nurses of Prince Edward Island, Licensed Practical Nurses Association of Prince Edward Island and Prince Edward Island Health Sector Council (2009). *Exemplary Care: Registered Nurses and Licensed Practical Nurses Working Together*
- Canadian Nurses Association (2009). *CNA Position Statement: Nursing Leadership*. Ottawa.
- Canadian Nurses Association (2003). *CNA Position Statement: Staffing Decisions for the Delivery of Safe Nursing Care*. Ottawa.

## Compliance Measures

- Interviews with Designated Nurse Leaders
- Staff Interviews
- Resident Interviews
- Job Descriptions
- Policy Review
- Staff schedule (Actual vs. Scheduled)
- Direct Care Hours (Appendix 8.2)
- Resident Documentation & Interviews
- Professional Standards of Practices & Codes of Ethics
- Performance Reviews & Planning
- Consistency in Staff Assignments
- Personnel Files – Competencies, Qualifications, Orientation Records
- Organizational – Physical Layout & Accessibility & Crisis/Evacuation
- Risk Management Practices
- Quality & Risk Process- Incident Reports/Data Reviews
- Performance Management/Performance Review Practices

## **2.5 INSURANCE**

### **STANDARD 2.5**

**The facility, without limiting its obligations or liabilities, provides and maintains policies of insurance satisfactory to the Department of Health and Wellness and in accordance with the minimum requirements as determined by the Risk Management and Insurance Section, Department of Finance and Municipal Affairs.**

#### **Principle**

The facility has current and adequate insurance coverage relative to the services provided and the property owned and/or operated.

#### **Criteria**

- 2.5.1 The facility maintains, as a minimum, commercial general liability insurance providing not less than Five Million Dollars (\$5,000,000) coverage and adds the Government as an additional insured and provided whatever information the Government may have required on the insurance that was available.
- The policy includes, but is not limited to, bodily and personal injury, property damage, non-owned automobile liability, cross liability, blanket contractual liability and 30 days' notice of cancellation to the insured and the Government.
- 2.5.2 The facility purchased and maintained Medical Malpractice Insurance with limits of at least Five Hundred Thousand Dollars (\$500,000).
- 2.5.3 If the facility owns any automobiles licensed to travel on a highway, the Home purchased and maintained Automobile Liability Insurance with combined Bodily Injury / Property Damage limits of at least Two Million Dollars (\$2,000,000).
- 2.5.4 The facility carries a Comprehensive Dishonesty, Disappearance and Destruction policy in an amount not less than Five Thousand Dollars (\$5,000) to cover the property of residents in the event of dishonest acts committed by the Home or the Home's employees.



- 2.5.5        The policies are in a form, and with insurers, satisfactory to the Government. The foregoing insurances are primary and do not require the sharing of any loss by any insurer of the Government, nor any loss by the province's Self-Insurance and Risk Management Fund. A "certificate of insurance" was delivered to the Government prior to the execution of the current Service Agreement.

### **References**

- Self-Insurance and Risk Management Section, Department of Finance and Municipal Affairs
- Private Nursing Home Service Agreement

### **Compliance Measure**

- Confirm copy of current "certificate of insurance" with license/renewal applications

## **2.6 CONTINGENCY PLAN**

### **STANDARD 2.6**

**There is a written contingency plan in place, accepted by the Board, to ensure continuity of operation in case of death of the operator or other comparable disruption which will/may have a significant impact on the facility's ability and capacity to provide care to its residents.**

#### **Principle**

Continuation of service is imperative for the residents and staff of the facility. Therefore, operators must prepare for unexpected events which would threaten the operator's ability to operate by adopting a plan for implementation if and when such an unexpected event may occur.

#### **Criteria**

- 2.6.1 A contingency plan is developed by the operator, is available in written format, is communicated to key staff and is in place.
- 2.6.2 The operator has designated a person(s) (staff, other) to initiate the plan if/when required.

#### **References**

- *Community Care Facilities and Nursing Homes Act* and Nursing Home Regulations
- Private Nursing Home Service Agreement

#### **Compliance Measures**

- Review of written contingency plan
- Operator interview
- Staff interview

## 2.7 NOTIFICATION OF SIGNIFICANT EVENTS

### **STANDARD 2.7**

**The operator provides notice to the Department of Health and Wellness and to the Board, through the Department Director responsible for the inspection function and Board operations, of any significant event or circumstance which may affect the safety of residents, staff and/or others of the facility. Notice is given as soon as possible and no later than 24 hours after the incident.**

#### **Principle**

The Department of Health and Wellness and the Board have the legislated responsibility to monitor the operation of private nursing homes to ensure that operational, nursing and personal care services provided are safe, of good quality and appropriate to the assessed needs of the resident. When significant events occur, the Department of Health and Wellness and the Board should know the nature of the event and know what measures have been implemented by the facility in response to the event, to assist in determining any level of support which may be required.

#### **Criteria**

2.7.1        There is a policy in place for handling significant events including the requirement to notify the Department of Health and Wellness and the Board within 24 hours of the event.

2.7.2        Current Department of Health and Wellness and Board contact information is accessible to the operator or designate (e.g., name, phone number, e-mail address) and updated as required.

2.7.3        Significant events for notification would include and not be limited to:

- a potentially life threatening accident or injury to staff, resident or visitor;
- a missing resident;
- a death that requires reporting in accordance with the *Coroners Act*;
- any harm or suspected harm suffered by a vulnerable resident as a result of unlawful conduct, improper treatment or care, harassment or neglect on the part of any person;
- any incident involving a resident that has been reported to law enforcement officers;
- a fire;

- a prolonged disruption of:
  - supply of electrical power, heat or water;
  - provision of food;
  - provision of any other basic service of the facility which interferes with the ability to provide adequate nursing and personal care to residents; and/or
  - a critical situation due to inadequate 24 hour staff coverage.

2.7.4 If such an event occurred, the facility provides a written summary report as a facility record including:

- description of the event;
- the response taken by the facility;
- results of the response;
- notification to the Department of Health and Wellness and the Board; and if warranted,
- follow-up by Departmental inspectors or Adult Protection Services.

2.7.5 The resident's family or resident's representative is notified immediately by the operator or designate when a significant event occurs involving a resident, including accident/injury, unexpected death, resident missing from facility or allegations of resident abuse.

## References

- *Community Care Facilities and Nursing Homes Act (C-13) and Nursing Home Regulations*
- *Adult Protection Act*
- *Coroners Act and Regulations*
- Private Nursing Home Service Agreement

## Compliance Measures

- Review facility policy
- Review process with operator
- Review documentation of significant events & follow up summary reports.
- 24 Hour Notification to CCFNH Consultant and CCFNH Board

## **2.8 INCIDENT REPORTING**

### **STANDARD 2.8**

There is a process in place to identify, investigate, report and follow-up as an incident, any event, accident or unusual situation which is inconsistent with the routine operation of the facility, provision of health service or the routine care of the resident, including abuse and neglect. The incident is documented on an Incident Report Form, satisfactory to the Board and retained as a facility record.

#### **Principle**

All staff that witness, participate in or discover such an incident is responsible for reporting the incident to her/his supervisor and writing an accurate and complete account of the incident. Collection and review of incident reports is an important risk management measure to minimize or prevent future occurrences and to improve quality of resident care and facility service.

#### **Criteria**

##### ***General***

- 2.8.1        There is a written policy in place to ensure all incidents are reported following an approved process and recorded on a standardized Incident Report Form, satisfactory to the Board.
- 2.8.2        Incidents are reported by staff to the immediate supervisor and Incident Report Forms are completed before the end of shift.
- 2.8.3        Serious incidents are reported immediately to the management (e.g., Operator, Director of Nursing or Designate).
- 2.8.4        The operator or designate notifies the Department of Health and Wellness and the Board of any significant event described in and in accordance with Standard 2.7.
- 2.8.5        The operator and/or Director of Nursing:
  - reviews all incident reports;
  - participates in investigation, as required;
  - ensures recommended action taken;
  - ensures appropriate follow-up;
  - monitors outcomes of action taken;

- analyses and monitors incident trends; and
- considers incidents and trends relative to adequate and appropriate staffing

2.8.6 The operator and/or Director of Nursing retains, as facility records, all Incident Report Forms.

2.8.7 There is a facility policy related to review process, management and retention of Incident Report Forms.

### ***Resident Related Incident***

2.8.8 The incident is recorded in the Nursing Notes/Interdisciplinary Notes of the resident health record, including resident response and follow-up action taken.

2.8.9 The resident's physician is notified of any incident which involves resident injury or treatment error. The Director of Nursing and resident physician(s) identifies the specific types of incidents for which the physician would be notified, when an incident occurs.

2.8.10 The physician reviews and signs resident-related Incident Report Forms when in the facility.

2.8.11 The resident's family or representative is notified of incidents involving resident injury, within the shift.

### ***Staff Related Incident***

2.8.12 A facility Incident Report Form is completed for any injury to staff and retained by the facility.

2.8.13 A Workers Compensation Board (WCB) form is completed for any incident involving injury to staff.

2.8.14 The incident is reported to the on-site Occupational Health and Safety committee or representative.

2.8.15 The WCB is notified immediately of any serious staff injury, as described in the *Occupational Health and Safety Act*. Completion and submission of WCB forms are carried out in accordance with facility policy.

**References**

- *Health Services Act*
- *Community Care Facilities and Nursing Homes Act (C-13)* and Nursing Home Regulations
- *Occupational Health and Safety Act*

**Compliance Measures**

- Review of Incident Reports, with particular attention to trends
- Risk Management Practices
- Operator interview
- Director of Nursing interview
- Staff interview
- Review of resident health records

### 3.1 APPLICATION PROCESS

#### **STANDARD 3.1**

**The facility operator applies to the Community Care Facilities and Nursing Homes Board (the Board) for an initial license or renewal of existing license in a prescribed manner and meets the requirements for licensure as determined by the Board.**

#### **Principle**

The Board, reporting to the Minister of Health and Wellness, is an incorporated body with legislative authority to license private nursing homes to ensure operational, nursing and personal care services in facilities are safe, of good quality and appropriate to the needs of residents. Licensing requires the applicant to comply with all the established rules as governed by legislation, regulation, Board policy and standards *prior to* opening and operating a facility and *prior to* renewing an existing license. The aim of licensing is to ensure the provision of quality care and to protect the resident through risk reduction.

#### **Criteria**

##### ***Application for Initial License***

3.1.1 The facility operator submitted the completed *Application for License* form and application fee and all additional information required for initial licensure to the Board for review, including:

- proof of ownership/lease of facility;
- a facility floor plan;
- care services management plan;
- a business plan;
- copy of current “certificate of insurance” for required coverage;
- prescribed inspection reports;
- completed criminal records, vulnerable sector and background checks on applicant and all staff .

3.1.2 The facility is deemed compliant with all licensure requirements in accordance with legislation, regulation, standards, codes and practices recognized by the Board and has a current numbered certificate of license issued by the Board, indicating the number of licensed beds and the dates of the licensure period (usually one year), prior to opening.



- 3.1.3 The facility license is displayed prominently in the building main entrance or in another location open to the public.

### ***Application for Renewal of License***

- 3.1.4 The facility operator submitted the completed *Application for Renewal of License* form and renewal application fee to the Board at least sixty (60) days prior to expiry. Included was information on any alteration/up-grades to the facility which occurred since the last license was issued.
- 3.1.5 The operator ensures the inspections are completed in advance of the expiration of the facility license in order for the Board to have all necessary inspection reports in hand, with the *Application for Renewal of License*, at the time of their review.
- 3.1.6 The operator provides a copy of the current “certificate of insurance” for required coverage along with the application.
- 3.1.7 The facility is deemed compliant with all licensure requirements in accordance with legislation, regulation, standards, codes and practices recognized by the Board and has a numbered certificate of license issued by the Board indicating the number of licensed beds and the dates of the renewed licensure period.
- 3.1.8 The facility license is displayed prominently in the building main entrance or in another location open to the public.

### ***Provisional License***

- 3.1.9 Where the facility is found to be in noncompliance with the legislation, the Board can determine that a provisional license may be issued subject to terms and conditions, enabling time for operators to complete corrective actions.
- 3.1.10 If the facility has received a provisional license including a summary of concerns and/or conditions from the Board, the facility operator provides the Board, within 10 days of receipt of the report, written documentation of how these concerns will be met.
- 3.1.11 The Board can move to impose further conditions where there is evidence of failure to complete requirements of the terms and conditions placed on a facility under a provisional license. At the discretion of the Board, such measures may include, but are not limited to, a freeze on readmissions from hospital, new resident admissions and/or a refusal to re-license.

- 3.1.12 The facility operator has the right to appeal a decision of the Board.
- 3.1.13 The “provisional” facility license is displayed prominently in the building main entrance or in another location open to the public.
- 3.1.14 The Board, upon hearing that the facility has satisfied the terms and conditions placed on the provisional license, and once validated by any required inspection reports, can issue a full license.
- 3.1.15 The license number is cited in any facility advertisement along with the statement of any conditions placed on the license by the Board.

### ***Renovation***

- 3.1.16 If the facility planned structural renovation, the operator:
- had the plans approved by the Board for appropriateness for the purpose of nursing home services, before commencement of construction; and
  - received confirmation through inspection reports that the new construction complied with all provincial building standards and National Building Code of Canada.

### ***Operational Change***

- 3.1.17 Any changes in operations such as intent to sell, close, or change in management responsibilities must be communicated to the Board.

### **References**

- *Community Care Facilities and Nursing Homes Act (C-13)* and Nursing Home Regulations
- *Fire Prevention Act* and Codes and Standards Order
- *Provincial Building Code Act*
- Barrier-Free Design Regulations
- National Building Code of Canada
- CCFNH Board Policy November 12, 2012
- CCFNH Board Memo June 30, 2010

### **Compliance Measures**

- Current numbered license displayed in a public place
- Inspection reports
- Current “certificate of insurance”
- Monitor facility advertisements (e.g., newspapers, T.V., brochures)
- Applications for License
- Personnel Files
- License number cited with advertisements

## 3.2 INSPECTION

### **STANDARD 3.2**

The facility is inspected to ensure compliance with the *Community Care Facilities and Nursing Homes Act* and Nursing Home Regulations: prior to licensing of a new or expanded facility; annually for renewal of a license; as follow-up or partial inspection to determine compliance with Board recommendations; and/or, for partial or full inspection as determined by the nature of a complaint.

#### **Principle**

Inspection provides a systematic and objective review of the operation and service provision of a private nursing home to ensure the facility is in compliance with licensing requirements.

#### **Criteria**

##### ***Initial License***

3.2.1 For an initial license, the applicant operator provided evidence to the Board of compliance with standards prescribed by various authorities including inspection reports for:

- Building Construction;
- Electrical Safety;
- Fire Safety;
- Elevator and Lifting Devices (if applicable);
- Boiler and Pressure Vessels;
- Environmental Health;
- Resident Care Service; and
- Dietary Service.

##### ***Renewal of License***

3.2.2 For renewal of license, the operator (licensee) kept required annual inspections up to date with evidence supplied to the Board through inspection reports for:

- Building Construction;
- Electrical Safety;
- Fire Safety;
- Elevator and Lifting Devices (if applicable);
- Boiler and Pressure Vessels;

- Environmental Health;
- Resident Care Service; and
- Dietary Service.

Other inspections may be considered necessary at renewal time.

### ***Follow-up Inspections***

- 3.2.3 If the Board made recommendations or placed conditions on the license, the operator provided evidence of compliance during a follow-up inspection.

### ***Complaint***

- 3.2.4 The operator was informed of any complaint received by the Board and/or the DHW, the nature of the complaint and worked with the inspector to attempt a resolution. If warranted, further investigation and inspection was conducted.

- 3.2.5 The facility acted on any corrective action required by the Board.

### ***Smoke-Free Places***

- 3.2.6 Where the operator receives an order under the *Smoke Free Places Act*, the operator must comply or the Board shall be notified.

## **References**

- *Community Care Facilities and Nursing Homes Act (C - 13)* and Nursing Home Regulations
- *Adult Protection Act*
- *Mental Health Act* and Regulations
- *Fire Prevention Act* and Codes and Standards Order
- *Provincial Building Codes Act*
- Barrier-Free Design Regulations
- National Building Code of Canada
- *Smoke-Free Places Act* and General Regulations
- *Occupational Health and Safety Act*

## **Compliance Measures**

- Inspection report(s)
- Provisional Inspection Reports
- Operator interview

**4.1 RESIDENT ADMISSION OR MOVING IN****STANDARD 4.1**

**The admission or “moving in” process of the facility is planned to meet the individual/personal needs of the resident.**

**Principle**

Admission or “moving in” to a nursing home can be a difficult and stressful experience for a Resident and family. The process used should be well organized, coordinated and welcoming, with the focus on getting to know the resident through assisting and support in making the facility their “home”.

Acceptance of a resident for admission by the facility is based on the expectation that the services provided by the facility can meet the assessed care needs of the resident.

**Criteria**

- 4.1.1 There are written policies and procedures in place regarding the “moving in” process.
- 4.1.2 Residents approved to move into the facility are appropriate to the level of care and service provided by the facility as determined by a standardized, comprehensive assessment and completed by a trained assessor in the use of that assessment (e.g. interRai). New admissions to a nursing home require an SAST assessment completed within 24 hrs of admission to determine the appropriate level of staffing.
- 4.1.3 Residents who move into the facility have been approved for admission by the local Admissions/Placement Committee. In the case of dual facilities, residents have been approved by the Committee, for transfer/admission to a nursing bed from a community care bed within the facility.
- 4.1.4 The facility collected all information necessary for admission of a resident moving in, and as is possible prior to moving in, including:
  - a copy of a standardized, comprehensive assessment, which outlines the appropriate level of care for nursing homes (e.g. interRai);
  - current medical history, including a completed medical data form;
  - nursing care and treatment requirements;
  - medical treatment and medication orders signed by the physician;
  - diet history and food preferences questionnaire ( including food allergies);

- personal care needs;
- initiation of resident social/life history (e.g., life experiences, personal preferences, daily routines); and,
- relevant financial information.

4.1.5 Upon admission [moving in], required resident information is confirmed and any additional information required is collected and documented, including the resident's health care directive. This would include continuation of the resident's social or life history for staff to get to know the resident as a person through their life experiences, family structure, routines, goals, social interests and cultural practices.

4.1.6 The admission [moving in] process includes an orientation plan for residents, resident representatives or families (if the resident chooses) which includes and is not limited to:

- a review of the philosophy of care & resident's rights policy;
- familiarization with the facility physical and social environment, key personnel, and other residents (i.e., roommates);
- a review of the services, mission and goals of the facility;
- a review of ways resident, family or representative may participate in decision-making regarding nursing and personal care, including advanced health care directives;
- a review of the supplies and services, as defined in the PNH Service Agreement, which are the responsibility of the:
  - resident;
  - facility; and
  - government
- a review of billing procedures and personal/resident charges;
- a review of availability and/or access to services, (e.g., clergy, church services, hair styling/barber, telephone, cable TV, newspaper);
- familiarization with facility policies, (e.g., confidentiality and access to information, safety and security procedures, smoking policies);
- information on resident rights and the means for addressing questions and concerns of the resident/family;
- trust accounts and financial administration support, if required;
- a tour of the facility if not done prior to admission;
- information regarding resident choice for a transfer to another nursing home; and
- information regarding potential need for transfer to another facility should there be a change in the resident's care needs which cannot be met at the facility (e.g., special care/safety unit).

- 4.1.7 Information included in the resident health and/or financial record is:
- the contact information for a substitute decision-maker or proxy;
  - list of next of kin and contact information;
  - the resident's health care directive;
  - name and contact information of Power of Attorney, Public Trustee, Public Guardian, if appointed; and
  - completed funeral arrangements.
- 4.1.8 There is consent for treatment (e.g., medications, treatments) in the health record signed by the resident or substitute decision-maker on admission. There may be other signed consents in the record relative to additional or more specific treatments or medical procedures.
- 4.1.9 There is documented evidence, in the resident's health record or on an orientation check list that the admission policies and procedures and the orientation plan is adhered to.
- 4.1.10 When a resident, because of a mental and/or physical health condition, is unable to participate fully in the admission [moving in] process, there is documentation in the resident record which includes an explanation of any alternative provided, (i.e., resident representative was informed of policies).

## **References**

- *Community Care Facilities and Nursing Homes Act (C-13) and Nursing Home Regulations*
- *Long-Term Care Subsidization Act and Regulations*
- *Consent to Treatment and Health Care Directives Act*

## **Compliance Measures**

- Admission [moving in] policies and process
- Resident orientation check list
- Resident records pertaining to admission [moving in] procedures
- Resident interviews
- Staff interviews
- Copy of consent(s) to treatment in resident health record
- Copy of Health Care Directive
- Care Plans

## 4.2 RESIDENT ASSESSMENT AND PLAN OF CARE

### **STANDARD 4.2**

**The care of residents is based on a comprehensive assessment of her/his total needs and preferences, which provides the basis for the individualized resident care plan and includes resident goals, actions, and expected outcomes to promote quality of life.**

#### **Principle**

Resident care is designed to ensure there is a process in place to assess, plan, implement and evaluate care and services provided to meet the identified needs and preferences of residents. The assessment process is resident centred utilizing an interdisciplinary and collaborative approach which must include input from the resident, resident representative or family (if the resident chooses). The care plan reflects resident strengths, retained abilities, interests and goals.

#### **Criteria**

- 4.2.1        There are written policies and procedures in place regarding resident assessment, care review and care plan development.
- 4.2.2        The individual needs and preferences of the resident are identified by nursing care staff with input from the resident, resident representative or family and attending physician. Where available, other disciplines are included, e.g., dietitian, recreation/activities staff, pharmacist, occupational therapist and physiotherapist.
- 4.2.3        The *initial* plan of care is based upon information collected prior to moving in and the observations and information gathered during the moving in and orientation process of the resident and family which includes:
  - *pre-admission* information on nursing and personal care requirements, dietary restrictions, medical information/reports, medication requirements, psychosocial needs, cultural needs and language use, the availability of family support and the identification of any safety or risk issues; and
  - *admission* information, gathered during the orientation/admission [moving in] assessment period, including a thorough nursing assessment:
    - to identify nursing care needs and personal preferences for activities of daily living, social activity and religious or spiritual practices; and



- to get to know the resident as a person through their life history, as in 4.1.5.

4.2.4 The *initial plan* of care is developed within 24 hours after moving in and includes sufficient information to provide safe, effective and skilled care.

4.2.5 The more comprehensive plan of care is developed within 4-6 weeks after moving in and includes input from resident, staff, and family or resident representative. The plan is made known to and used by the staff providing nursing and personal care to the resident, through an interdisciplinary team conference format which includes the resident and family member(s), RN/LPN, and other members of the resident's care team.

4.2.6 The plan of care gives clear direction to staff on how to approach the resident's identified needs and personal preferences for:

- activities of daily living and degree of resident independence, assistance or supervision required;
- mobility;
- pain management;
- falls risk, general safety;
- skin care;
- diet and nutrition;
- mental, physical and recreational activation/stimulation;
- social activities (within and outside the facility);
- religious or spiritual activities;
- treatment of health conditions (e.g., nursing, medical, physiotherapy);
- medication regimen;
- end-of-life wishes (e.g., health care directives, Advanced Care Plans, Do-Not-Resuscitate order); and
- any special or unusual care requirements.

4.2.7 Resident goals are identified, reflected in the care plan, honored through care and service provision and evaluated through feedback from the resident, resident representative and/or family.

4.2.8 There is a process to communicate changes in the plan of care including the resident, resident representative or family, facility staff and resident's physician.

Where a resident is unable to participate in his/her own care planning, there is documentation of an alternate approach, and preferably there is evidence of involvement of a resident's representative.

- 4.2.9 All resident care plans have documented evidence of review:
- four-six weeks following moving in by the interdisciplinary care team;
  - as resident care needs change requiring the attention of a Nurse (e.g. following discharge from hospital, an acute episode, post any incident requiring intervention e.g falls or behavioral); and
  - at least annually, by the interdisciplinary team.
- The resident, resident family or representative is invited to participate in care planning at each or any of these reviews.
- 4.2.10 Nursing assessment of resident needs, care and services provided and outcomes achieved are documented in the resident's health record.
- 4.2.11 Resident care plans are part of the permanent resident record.

### **References**

- *Community Care Facilities and Nursing Homes Act (C-13)* and Nursing Home Regulations

### **Compliance Measures**

- Policy Review
- Care Plans
- Resident records
- Resident interviews
- Staff interviews
- Food history and food preferences for new residents
- Risk Management Incidents, Policies & Practices

## **4.3 ONGOING RESIDENT MONITORING**

### **STANDARD 4.3**

**There is on-going monitoring and evaluation of each resident's nursing and personal care, care outcomes and quality of life.**

#### **Principle**

Comprehensive care depends on regular monitoring of the well-being of the resident, the adequacy of the services provided and contribution the service makes to resident quality of life. Monitoring includes reassessment at regular intervals and/or at times of major change in the health of the residents, with an appropriate adjustment in the care plan and coordination of services.

#### **Criteria**

- 4.3.1 Residents are assessed for their response to care, on an ongoing basis.
- 4.3.2 Residents are continuously assessed for their knowledge and understanding of their health condition. Staff provide information and explanation appropriate to the resident's learning need and comprehension.
- 4.3.3 If there is a change in the resident's condition, a reassessment of care needs is completed by nursing staff. Changes in the resident's condition are documented in the resident health record and the care plan adjusted accordingly.
- 4.3.4 Dietary services are notified of resident dietary changes.
- 4.3.5 Allied health consultation or service is arranged for the resident if her/his condition warrants and is unavailable within the facility. This would include access to a physiotherapist, occupational therapist, pharmacist, dietitian, speech language pathologist, dentist, psychiatrist, Community Mental Health service or Provincial Geriatric Services. As the resident may be required to cover the cost of some of these services, resident agreement to arrange and pay for the service would be required in advance. Where a resident does not have capacity to pay, facilities will apply on behalf of the resident for other available supports or programs.
- 4.3.6 Residents who have a change in their condition and whose care needs can no longer be met at the facility can make application for transfer to another facility where care needs can be met (e.g., safety/special care unit).

- 4.3.7 Medication orders are reviewed by the physician at a minimum every 6 months.
- 4.3.8 To obtain baseline assessment, resident's weight is recorded on admission and vital signs (TPR and B/P) are recorded twice daily for the first 48 hours. This includes following discharge from hospital. Monthly, resident weight and vital signs are to be recorded as well as when assessments and/or changes in the resident's health condition warrant this practice.
- 4.3.9 Laboratory testing and diagnostic imaging procedures are reviewed on admission, annually and as the resident's health condition warrants.

**Reference:**

- *Community Care Facilities and Nursing Homes Act (C-13)* and Nursing Home Regulations

**Compliance Measures:**

- Resident records
- Care Plans
- Staff interviews
- Director of Nursing/Nurse leader interviews

**Amended by Community Care Facilities and Nursing Homes Board  
On the 20<sup>th</sup> day of July 2022**

Approved by: Chair of the Community Care and Nursing Homes Board



Mary Anne McMahon

Approved by: Minister of Health and Wellness



On July 20<sup>th</sup> 2022 the CCFNH Board passed a motion to amend Standards 4.1.2, 4.1.4, 4.3.10, 4.5.6, 7.3.1 and Appendix 8.2. These amendments are necessary to accurately reflect the process changes throughout the health care system and resources available to operators.

## **4.4 NURSING AND PERSONAL CARE**

### **STANDARD 4.4**

**Each resident receives individualized nursing and personal care, as well as supportive services as outlined in her/his plan of care.**

#### **Principle**

Nursing staff coordinates the assessment, planning, and delivery of nursing and personal care in collaboration with the resident, resident representative, family (if the resident chooses), other facility staff and external allied health professionals. The independence and individuality of the resident is supported and encouraged and enables the use of her/his abilities in every activity of daily living. The level of supervision and assistance required is identified in the care planning process.

#### **Criteria**

##### ***Eating***

- 4.4.1 The resident's ability to manage eating is assessed using a nutritional risk assessment tool (e.g. Nestle assessment tool) and the level of supervision and assistance (including eating aides) required for eating is provided to promote optimal resident function and nutritional status.
- 4.4.2 The resident is encouraged to eat in the dining room for meals to promote and enhance their eating experience, nutritional intake, and social activity, sense of inclusion and adoption of the facility as their "home."
- 4.4.3 *Tube Feedings (Enteral Feedings)* - A resident may require tube feeding as the means to obtain nutritional intake. Nursing staff are competent to manage resident care including care of the tube, handling and administration of the nutritional products and monitoring and evaluating the resident response in accordance with facility policy and procedures. Evidence of a dietitian consult on the plan of care is required.
- 4.4.4 Supervision of feeding and food intake is maintained and when resident is experiencing problems, such as not eating, it is documented on the resident's record noting reassessment by a Physician and/or a referral to a Dietician.

### ***Bathing, Grooming, Dressing, Toileting***

- 4.4.5 Hygiene and grooming practices are essential elements of care and are considerate of each resident's individual preferences and ability to participate in the activity.
- 4.4.6 The resident's personal care and bathing routines are identified and include: the degree of assistance required; and, preference for bath type, time, frequency and duration. Assessment of the skin and nails is an essential element of care.
- 4.4.7 Facilities are required to provide resident access to baths and showers to include a specialized tub that meets resident's needs and CSA requirements. There is one alternative means of bathing for less than 30 residents, two alternatives for 30 to 60 residents and facilities with 60 to 120 residents must have at minimum two CSA approved specialized tubs as well as at least two alternative means of bathing to meet the resident's needs.
- 4.4.8 Facilities, when planning a renovation, or when the need is determined by the Board, must include a plan to incorporate a long therapeutic tub to accommodate stretcher access to bathing.
- 4.4.9 Regulated water temperatures are to be between 38 and 43 °C and are not to exceed 49 °C.
- 4.4.10 The heating system is capable of maintaining the tub room at a minimum of 24 °C.
- 4.4.11 The bathing room must have a privacy curtain between the tub and the door.
- 4.4.12 For safety and best practices, all residents must be accompanied during their bath.
- 4.4.13 A resident with potential for altered skin integrity has a plan in place to prevent deterioration and to ensure appropriate skin care and wound management is conducted as required. This includes promoting healing, optimizing nutritional intake, preventing infection and minimizing pain and discomfort.
- 4.4.14 The resident is assessed for foot care needs and basic or advanced foot care is provided by a health professional with foot care training, on an as required basis.
- 4.4.15 The plan of care includes and promotes the enhancement of the resident's appearance noting individual preferences (e.g., hair, clothing, and shaving).

- 4.4.16 Assistive devices for activities of daily living are available to residents to support independence and retention of abilities, (e.g., dressing aides, raised toilet seats and grab bars).
- 4.4.17 Oral hygiene of each resident is assessed and monitored as part of daily resident care to maintain the integrity of the oral tissue and to prevent consequential and potentially serious health problems.
- 4.4.18 Individualized mouth care is provided when warranted and arrangements are made for dental assessment and treatment/service on an as needed basis.
- 4.4.19 The teeth and/or dentures of each resident are cleaned at least twice daily, and more frequently as required. Both dentures and denture containers are labeled, if possible.
- 4.4.20 Normal bowel and bladder function of the resident is promoted by care staff. Staff must provide support and assistance to the resident to maintain or strengthen continence and to minimize incontinence, as directed in the resident care plan. Residents who are incontinent have an individualized program of care including promotion of comfort and skin integrity.

#### ***Mobility, Transfer***

- 4.4.21 Each resident receives supervision, assistance and service which promotes and/or maintains optimal functioning, mobility and independence.
- 4.4.22 Residents are instructed and supported in the use of assistive devices, (e.g., canes and walkers). Devices are maintained in safe working order.
- 4.4.23 Resident transfer, lift and repositioning is conducted in accordance with techniques learned through training courses designed to reduce the risk of injury to both residents and nursing and personal care staff.

#### ***Vision, Hearing***

- 4.4.24 Referrals for assessments of hearing and vision are made on an as required basis.
- 4.4.25 Eye glasses and hearing aids are cared for, cleaned and are accessible to the resident. If possible, these are labeled with the resident's name. If repairs are required, the cost of repairs is the responsibility of the resident.

## ***Cognition, Orientation***

- 4.4.26 The care planning and the physical environment promote and maintain the resident's orientation to time, place, and person through the availability of references such as clocks and calendars.
- 4.4.27 The resident has opportunities to learn and to keep current with events through the availability of resources such as newspapers, books, radio and television.
- 4.4.28 The resident has opportunities for mental stimulation through the programs and care provided by the facility and or community activity (i.e., group and individual activity).
- 4.4.29 The operator of dementia care units, must ensure all staff working with residents have specific training in dementia, including communication techniques that facilitate therapeutic staff-resident relations, special training in managing responsive behaviors in persons living with dementia and implementation of evidence-based practice and tools (e.g pain & comfort, falls prevention, managing behaviors, etc.). All staff in dementia units, must have training on the least restraints policy and knowledge of measures to de-escalate residents and keep them safe. Staff must be consistently assigned, demonstrate insight into the residents' personal preferences (knowledge of individual care plans), and be able to socially engage residents, and stimulate through therapeutic activities and interventions. Staffing must be consistently reviewed by the Director of Nursing to ensure adequate and appropriate staffing and provide support where there are periods of high need (e.g. residents with escalating behaviors, sexual disinhibition, etc.).

## ***Safety***

- 4.4.30 Staff of the facility is sufficient in number and has the skill and experience to meet resident safety, security and care needs twenty four hours a day.
- 4.4.31 The environment of residents is maintained to minimize safety and security risks.
- 4.4.32 Prompt attention is taken to protect residents from conditions that have been identified as potentially hazardous.
- 4.4.33 Each resident is assessed by the nursing staff to determine risks to health and safety (e.g., risk of falling, wandering). The assessment is documented in the resident health record with preventive measures taken as necessary.



- 4.4.34 The measures taken to respond to individual risks consider the autonomy, dignity and rights of the residents.
- 4.4.35 The facility has a **least restraint policy**, with specific directions on appropriate restraint use when the risk of resident self-injury or to others is significant. Restraints are used **only** as a last resort and are a temporary measure when all other means to prevent or reduce the risk prove unsuccessful. Policy includes the need for physician orders and family consent, and information on the use of a restraint as an intervention of last resort.

### ***Sleep, Rest***

- 4.4.36 The resident's environment and care routines promote comfort and rest. Disruptions to sleep are minimized to the extent possible.
- 4.4.37 Measures are provided to manage discomfort and pain and documented in the resident record.
- 4.4.38 Positioning aids are available to meet comfort needs of residents.
- 4.4.39 A resident's desired bedtime routines are promoted and encouraged to the extent possible in keeping with rights of other residents (roommates).

### ***Cultural/ Emotional/Sexual/Spiritual/ Social Support***

- 4.4.40 The cultural, emotional, sexual, spiritual and social needs of the resident are identified and staff is available to provide support on an ongoing basis. (See Standard 6.2 *Spiritual and Religious Practices*)
- 4.4.41 Each resident is assisted in maintaining social involvement with family, friends, and the community, as well as in developing new relationships.
- 4.4.42 Each resident is supported in maintaining cultural practices and links with their cultural community. If a resident is unable to converse in English due to a health condition or is unilingual in another language, means are found to provide interpretation, (e.g., family, friend, local interpretation service).
- 4.4.43 Staff recognizes that sexual health and intimacy are essential components of resident's health.
- 4.4.44 Staff is provided with education regarding resident sexual health and intimacy.

- 4.4.45 Sexual health relationships and intimacy will be addressed as part of the moving in process and will be included on the admissions checklist.
- 4.4.46 The facility has a policy in place that guides the staff member's ability to support residents' need for sexual health and intimacy which adheres to current evidence based/best practice.
- 4.4.47 The response of the resident to life events/situations is acknowledged and support is arranged when stressful circumstances indicate (e.g., counseling). This is documented in the resident health record.
- 4.4.48 The staff respects and supports resident choices such as choice of clothing, activity involvement, and food preference and room decor.
- 4.4.49 The well-being of each resident is supported with facility philosophy and policies which include and are not limited to:
- enhancement of the resident's rights for dignity, respect and courtesy, individuality, privacy and confidentiality;
  - promotion of independence and autonomy;
  - prevention of physical, mental, emotional, sexual, and financial abuse; and
  - a person-centered approach to living.

### ***Care of the Resident at End-of Life***

The following criteria apply to those residents who are dying:

- 4.4.50 There are policies in place to direct the care of the dying resident.
- 4.4.51 Resident care is in accordance with his/her signed health care directive, which is part of the resident's health record.
- 4.4.52 Nursing and personal care staff have an understanding of the resident's cultural and religious values and beliefs as they relate to death and dying.
- 4.4.53 The resident and/or his/her representative is involved in decisions regarding the type of care and treatment provided.
- 4.4.54 Each resident receives care designed to manage symptoms, promote comfort and support a peaceful death.
- 4.4.55 Referrals are made to allied health professionals, the integrated palliative care team, spiritual and other services as required.

- 4.4.56 There is accommodation made for family to remain with the resident twenty four hours, if needed, e.g., couch, folding cot, comfortable chair.
- 4.4.57 Each resident is assisted in arranging for counseling and bereavement support, according to their needs and preferences.
- 4.4.58 Each resident is assisted in arranging for spiritual and religious support according to their needs and preferences.
- 4.4.59 Opportunity is provided for other residents and staff to celebrate the life and grieve the passing of a fellow resident, (e.g., facility memorial service, funeral home visitation, funeral attendance).

#### ***Care of the Resident with Cognitive Impairment***

- 4.4.60 Staff has contemporary knowledge and skill to provide appropriate care and support to residents with cognitive impairment including an understanding of the challenges for communication, rest, safety, nutritional status and activities.
- 4.4.61 Staff practices effective communication skills which are sensitive and specific to each resident living with cognitive impairment.
- 4.4.62 Potential triggers (e.g., fatigue, stress, inconsistent staff, infection, discomfort, delirium, depression) for altered behaviors are observed, assessed, documented and monitored over time. Social and environmental interventions/responses, to reduce the emotional/physical distress which may trigger the behavior change, are the first level approaches initiated by staff. Pharmaceutical and/or least restraint are initiated only when other measures are ineffective.
- 4.4.63 A process is in place to access appropriate levels of internal and external expertise for assessment and response to the needs of residents with altered behavior.
- 4.4.64 Assistive technology and equipment is used to promote a safe environment, while optimizing function and independence (e.g., door alarms, hip protectors, enclosed/secure outdoor space).
- 4.4.65 Consistency is recognized by management and staff as a key element in care of residents living with cognitive impairment and is demonstrated by having consistency in various aspects of facility service, (e.g., staffing, mealtimes and approaches to care).

- 4.4.66 Nutritional intake is supported through reduction of mealtime noise and distractions, sufficient allotment of time for eating, offering of food one course at a time, frequent offering of additional fluids and promoting a homelike environment in the dining room.
- 4.4.67 Activities are designed to reflect resident preferences, life interests and retained abilities, including those which relate to past and present interests, hobbies and routines. Personal care is recognized as an activity.

## References

- *Community Care Facilities and Nursing Homes Act (Cap-13) and Nursing Home Regulations*
- *Adult Protection Act*
- Canadian Nurse Association (2010). *CNA position statement: Spirituality, Health and Nursing Practice*. Ottawa.
- Canadian Nurses Association (2008). *CNA position statement: Providing Care at the End of Life*. Ottawa.
- CCFNH Board Policy Bathing Facilities November, 2012
- Chief Public Health Office Directive May 28, 2001

## Compliance Measures

- Staff training records (GPA, Dementiability, Dementia care 101-102, etc.)
- Consistency in Staffing Assignments
- Pain & Comfort Assessment/Intervention Tools
- Behavioral Assessment/Intervention Tools (KSBA)
- Person Centered care, Time of My Life - Resident Histories
- Protective/Responsive Behaviors/ Intervention Tools
- End of Life Evidence Based Practice
- Palliative Care Staff Training
- Braden Skin Risk Assessment/Intervention Tools
- Falls Risk Assessment/Intervention Tools
- Personnel Records
- Care Plans
- Policies: Resident's Rights, Sexual Health & Intimacy, Prevention of Abuse, Least Restraints
- Review of nursing and personal care practices
- Resident record
- Policy Review
- Philosophy of Care
- Staff Interviews
- Resident/Family interview

## **4.5 RESIDENT HEALTH RECORD**

### **STANDARD 4.5**

**The facility maintains a resident health record system which ensures that resident information is recorded accurately and completely in an organized format. Resident privacy and confidentiality is protected by proper storage of the records and access allowed to only those authorized to do so.**

#### **Principle**

The resident health record contains all significant information pertaining to the resident's health status as well as the care and service provided, from admission to discharge or death. Proper documentation is a method to ensure accuracy of the record and restricted access by only designated facility staff is a means to protect confidentiality of the record.

Documentation in the health record is a means of communication for health care providers and legal proof of health care provided.

#### **Criteria**

- 4.5.1 The facility has written policies and procedures regarding:
- confidentiality of resident health records;
  - personnel authorized to access resident health records;
  - supervised access to health record information by resident or representative;
  - documentation in the health record;
  - organization of information in the health record;
  - the maintenance of the active resident health record;
  - storage of a resident health record once inactive, e.g., upon discharge or death; and
  - retention of resident health records for seven years.
- 4.5.2 The health care and service provided to each resident is documented in the resident's health record.
- 4.5.3 The health records contain revised plans of care as evidence of monitoring, evaluating and adjusting plans based on care outcomes and resident response.

- 4.5.4 A registered nurse (RN) or licensed practical nurse (LPN) (or RCWs designated as authorized persons) makes at least monthly notes in the resident health record regarding the resident's health status, e.g., treatments, outcomes of care, dietary intake, physical and mental health changes. In addition, notes are made at any other time when there is a change in her/his health status or noting events such as new treatment measures, unusual behavior, incidents, physician visits and hospitalizations.
- 4.5.5 All documentation (notation) is:
- current, clear, factual, objective, and concise;
  - legibly written, dated (day/month/year) and signed by the person who provided, observed or supervised the resident's care or treatment;
  - written in chronological order and as close to the time of the event as possible;
  - using only approved abbreviations;
  - permanently recorded in blue or black ink, with no erasures or white outs, with the exception of red ink to document allergies; and
  - signed with initial, surname and professional designation of the person documenting the entry.
- 4.5.6 The resident health record is organized in the same way for each resident. An example of document order is:
- Advanced Care Plan, if in place;
  - Health care directive, if in place;
  - Physician Orders;
  - Physician Progress Notes;
  - Consult referrals and reports;
  - Resident care plan;
  - Graphs (anticoagulation, pain assessment, vital signs, I/O, BG, weight);
  - Signatures on Resident Care Flow Sheets;
  - Nursing Notes/Interdisciplinary Notes;
  - Treatment Sheets;
  - Medication Administration Records (MAR);
  - Laboratory reports/Diagnostic Imaging reports;
  - Miscellaneous Assessments (e.g., O.T., P.T., mental health);
  - Miscellaneous forms (e.g., consent form[s], immunization);
  - Admission records (nursing data, medical data, hospital liaison record, application for admission, admission assessment (e.g. interRai), dietary history and food preferences)
  - Transfer Record; and
  - History and Physical (hospital discharge summary, hospital chart information).
- 4.5.7 A facility which utilizes electronic health records maintains these records in accordance with requirements for storage of health records.

**References**

- *Community Care Facilities and Nursing Homes Act (C-13)* and Nursing Home Regulations
- Long Term Care Service Agreement
- Health Information Act

**Compliance Measures**

- Resident Admission Checklists
- Staff orientation and training records
- Personnel files
- Resident records
- Policy Review
- Care Plans
- Staff interviews
- List of RCWs with designated authority to document

## 4.6 DIETARY SERVICE

### **STANDARD 4.6**

**There is an organized program of dietary service: to respond to residents' nutritional, therapeutic, social and cultural needs and preferences; and, to provide safe, personally acceptable, nutritious food to residents.**

#### **Principle**

Dietary and nursing staff coordinates the assessment planning and delivery of nutritious meals based on personal choice and ensures all therapeutic diets comply with physician orders. Operators ensure that meals are prepared, stored and served in a manner acceptable to prescribed Public Health standards.

#### **Criteria**

##### ***Menu Planning***

- 4.6.1 Meals and nourishments are planned at least one week in advance according to the recommendations of *Eating Well with Canada's Food Guide* (Food Guide). Menus may be prepared in multi-week cycles and are reviewed and approved annually by the Dietetic Services Consultant, Department of Health and Wellness. The Consultant is notified of any permanent modifications made to menus throughout the year.
- 4.6.2 Meals fulfill nutrient, fluid, and caloric requirements, as indicated by current Dietary Reference Intakes (DRI) as they relate to residents' age, sex, weight, physical activity, physiological function and therapeutic needs.
- 4.6.3 Menus are developed in consultation with residents, their families and staff considering individual food preferences, restrictions due to health conditions (e.g., food allergies, food/drug interactions, celiac disease, and diabetes), cultural or religious practices and meal satisfaction. Meal alternatives are planned in advance of the meal and have comparable nutritional value.
- 4.6.4 Menu records for inspection include:
- dated menus;
  - cyclic menus;
  - menu changes; and
  - records of foods purchased.



- 4.6.5 Adequate food supplies are available to follow the menu which is in place.
- 4.6.6 Each day the resident is provided with a variety of foods, based on the Food Guide. The recommended number of Food Guide servings are based on individual gender and age requirements, unless otherwise indicated in the residents care plan.

### ***Food Production***

- 4.6.7 All food is *handled, stored and maintained* in a manner that:
- prevents contamination or spoilage;
  - prevents food-borne illness; and
  - retains maximum nutritional value and food quality.
- 4.6.8 Food is *prepared and served* following standardized food service practices (Food Retail and Food Services Code) in a manner that:
- retains maximum nutritional value, flavour, colour, texture; appearance, and palatability;
  - prevents contamination or spoilage; and
  - prevents food-borne illness.
- 4.6.9 All staff involved in food preparation are trained in a food service safety course approved by the Department of Health and Wellness, which includes safe food handling, preparation, storage and food service.
- 4.6.10 There are sufficient cleaning and sanitizing supplies available for effective cleaning.
- 4.6.11 For facility staff who are required to work in dual functions (e.g. dietary and direct care), dietary duties are performed before care services. If/when designated food services staff are required to perform other non-dietary duties, staff:
- always follow Routine Practices for infection prevention and control in accordance with Standard 4.9; and
  - wear protective clothing; or
  - shower and change uniform.

### ***Meal Service***

- 4.6.12 The daily meal pattern includes three meals and two nutritious snacks daily, with one of the snacks provided in the evening. The meals are reasonably spaced, with not more than 15 hours between a substantial supper and

breakfast unless otherwise indicated in the care plan. Flexibility is provided in consideration of resident preferences and therapeutic diet recommendations.

- 4.6.13 Meals are served at appropriate times and at a safe temperature.
- 4.6.14 In addition to water, other beverages are offered to all residents at meals, between meals, and at bedtime, unless contraindicated in individual resident's care plan.
- 4.6.15 To provide a pleasurable dining experience, meals are served in an unhurried manner in comfortable dining areas equipped to meet the meal service requirements of residents.
- 4.6.16 There is a policy or established practice in place to accommodate family members for joining a resident for occasional meals.

## **References**

- *Community Care Facilities and Nursing Homes Act* and Nursing Home Regulations
- Eating Well with Canada's Food Guide
- *Public Health Act* and Eating Establishments and Licensed Premises Regulations
- Dietary Reference Intakes (DRI)
- Food Retail and Food Services Code [www.cfis.agr.ca](http://www.cfis.agr.ca)

## **Compliance Measures**

- Inspection report
- Chart Audit
- Menu Audit
- Use of substitutions
- Nutrient Analysis Audit
- Dietary history and food preferences
- Observation/interview of residents/staff
- Availability of specialty products
- Audit of milk units
- Review of resident weight records

## **4.7 NUTRITIONAL SUPPORT AND ASSISTANCE**

### **STANDARD 4.7**

**Each resident receives nutritional support and assistance to maintain optimum nutritional intake suitable to his/her health condition and personal preferences.**

#### **Principle**

As food is a basic necessity of life, operators ensure meals are nutritionally adequate and supportive service is provided as needed for improvement and/or maintenance of the resident's health.

#### **Criteria**

- 4.7.1        Upon admission or "moving in," each resident is assessed by nursing staff and a dietitian (where available) to determine appropriate nutritional support (e.g., ability to feed self, therapeutic diet, texture modification, tube feedings, assistive devices). This information is documented in an appropriate manner in accordance with facilities' policies.
- 4.7.2        Resident's meals and snacks reflect their food choices and preferences.
- 4.7.3        The food and fluid intake of each resident who is identified at nutritional risk is assessed and monitored by the nursing staff. Nutrition intervention and expected outcome is documented in the resident health record.
- 4.7.4        Therapeutic diets as ordered by the physician are implemented.
- 4.7.5        Each resident's weight is recorded on admission *and* monthly thereafter. Significant changes (gain or loss > 5% in 1 month, > 7.5 % in 3 months, > 10% in 6 months) are recorded on the resident record and reported to the nursing supervisor for assessment, intervention and monitoring. Each resident's height is recorded on admission.
- 4.7.6        Commercial and/or homemade nutritional supplements are provided to those residents who have lost a significant amount of weight "unintentionally" in a short period of time, and/or have exhibited a decrease in appetite or a change in eating habits or food intake.
- 4.7.7        Each resident is provided sufficient fluids to maintain proper hydration.

- 4.7.8 Therapeutic diets or texture modification is provided as required. Texture - modified foods are not stirred together, unless requested by the resident or deemed necessary by the nutrition care plan.
- 4.7.9 Each resident who requires assistance or supervision with meals is served at suitable times and safe serving temperature. The resident is positioned to promote safety, comfort and socialization while eating. Assistive devices are available to the resident for self-feeding. Feeding assistance by staff is provided as required.

### **References**

- *Community Care Facilities and Nursing Homes Act* and Nursing Home Regulations
- Dietary Reference Intakes (DRI)

### **Compliance Measures**

- Review of weight measurements
- Residents/Staff Interviews
- Observation of food service activities
- Use of specialty products available
- Chart audit
- Review of care plan and progress notes
- Menu audit
- Review of admission diet history and food preferences

## 4.8 MEDICATION MANAGEMENT

### **STANDARD 4.8**

**The facility maintains a safe, secure resident care based medication [drug] management system which includes ordering, receiving, storage, handling, control, administration, recording and outcomes monitoring.**

#### **Principle**

Establishment of a safe and secure system for managing all aspects of medication utilization in a facility is an important means to promote resident and staff safety as well as to ensure appropriate treatment of resident health conditions. This system is based on written policies and procedures in accordance with current legislation and nursing, medical and pharmacy education and professional practice.

Medications are drugs or drug products administered to facility residents by various means, including *oral* (e.g., tablets, capsules, liquids), *parenteral* (e.g., sub-cutaneous, intramuscular, intradermal, IV), *topical* (e.g., transdermal patches, ointments, creams, drops), *vaginal* (e.g., tablets, suppositories, foams, creams), *rectal* (e.g., enemas, suppositories, ointments) or *inhalation* (e.g., inhaler, mask).

#### **Criteria**

##### ***General***

- 4.8.1 The facility has a contract for specific pharmacy services with a retail pharmacy in accordance with the PNH Drug Program.
- 4.8.2 All medications are prescribed in writing by the attending resident physician or other health professional authorized to do so by provincial legislation.
- 4.8.3 There is a process in place to ensure the identity of residents prior to administration of medication, e.g., resident photograph with the medication administration record (MAR).
- 4.8.4 Medications are administered, recorded and monitored by a registered nurse or a licensed practical nurse.
- 4.8.5 Current practice for all aspects of medication management is in accordance with written facility policies and procedures, including:
  - obtaining initial (new) or renewal of medication orders;

- administration and recording of medications;
- safe and appropriate storage and disposal of medications;
- facility stock medication;
- standing medication orders;
- emergency medications, e.g., Adrenalin (epinephrine);
- use of non-prescription medications: and
- staff orientation and ongoing continuing education.

4.8.6 Medications are reviewed upon admission and at specified intervals by:

- a physician, at least every 6 months; and
- a pharmacist, at least every 6 months as per the PNH Drug Program.

### ***Narcotic and Controlled Drugs***

4.8.7 The facility has a policy and process regarding the recording of narcotic and controlled drug use (e.g., administration, waste) on an approved control record which is separate from the MAR. The information is documented on the record at the time of use. These control records are retained as part of the *facility* records.

4.8.8 The facility has a policy and process regarding counting and co-signing of narcotic and controlled drugs by registered nurses or licensed practical nurses from each shift at the change of shift. This information is documented on an approved shift count record. These records are retained with *facility* records.

4.8.9 Narcotic and controlled medications are stored in a double locked separate compartment within the medication cabinet or medication cart. Keys to access these medications are in the possession of the RN/LPN(s) responsible for medication administration on each shift.

4.8.10 Missing resident narcotic or controlled medication(s) is handled as an incident in accordance with Standard 2.8. If, through the facility incident investigation, the missing medication(s) occurrence cannot be satisfactorily explained or resolved, the local police/law enforcement body is notified.

### ***Emergency Use Medications***

4.8.11 The facility has a list of medications approved by a physician, to be kept on hand for use in an emergency situation.

4.8.12 The emergency medications are kept in a dedicated location and checked on a regular basis (at minimum monthly) to ensure the supply is as listed (e.g., medication, type, strength, quantity), the dates of each medication are within the expiry period and they are stored under the required conditions.

### ***Standing Medication Orders***

- 4.8.13 Standing medication orders are: written by the physician or other authorized to prescribe (see 4.8.2); are specific to the individual resident; and, are part of the resident health record.
- 4.8.14 Utilization of resident standing orders are monitored by the registered nurse. Physicians are consulted if frequency of use and resident response may be such that a regular order may be warranted.
- 4.8.15 Resident standing orders are included in all medication reviews.

### ***Ordering and Receiving***

- 4.8.16 Upon admission, all resident medications are newly prescribed by the attending physician or other authorized to prescribe (see 4.8.2) (prescription and non-prescription [over the counter] ) and obtained from pharmacy in the packaging and labeling format required for use in the facility.  
  
Residents, resident representative or family are advised to return all medications, used by the resident prior to admission, to the dispensing pharmacy.
- 4.8.17 New resident medications or dosage changes are ordered from the pharmacy by forwarding a copy of the order sheet or signed prescription of the attending physician or other authorized to prescribe (see 4.8.2). Refilled medications are automatically forwarded to the facility by the pharmacy.
- 4.8.18 Resident medications are received from the pharmacy accompanied by a new medication administration record (MAR). All new MARs must be double checked by a RN or LPN. The initial check may be completed by a RN or LPN, and the second check must be completed and signed by a RN.
- 4.8.19 Upon receipt by the facility, nursing staff confirm medication ordered is medication received and labels reflect accurate resident information.
- 4.8.20 Medication orders are automatically discontinued as soon as a resident is admitted to hospital. New prescriptions, medications and MARs are required from the physician or other authorized to prescribe (see 4.8.2) and pharmacy when the resident returns to the facility.

### ***Storage and Handling***

- 4.8.21 All medications are stored in locked cabinets or locked medication carts to assure security. Access to medication cabinets or carts is limited to registered nurses or licensed practical nurses.

- 4.8.22 Provisions are made to ensure locked storage of medications when special environmental conditions are required (e.g., refrigerated, away from light).
- 4.8.23 Medication preparations for external use (e.g., creams, ointments, suppositories, eye drops, and ear drops) are stored separately from those for internal use.
- 4.8.24 Medications are not left or stored in resident rooms.
- 4.8.25 Unused, discontinued or expired (out of date) medications are stored safely and separately from other medications until they can be sent to the pharmacy for disposal.

### ***Administration and Recording of Medication***

- 4.8.26 Products administered by non-registered nurses are recorded in an acceptable format, e.g., treatment record or form. Such products include topical creams and ointments, suppositories, enemas or eye/ear drops.
- 4.8.27 Medication is only administered from the original pharmacy dispensed medication container with affixed pharmacy label stating resident name, medication name, strength and directions for administration.
- 4.8.28 Resident's response to medication ('regular' order as necessary, PRN, Standing Order) is monitored and evaluated by nursing staff. Changes are made as required and documented in the resident health record. Where a resident requires a PRN medication regularly, physician should be notified as regular use may indicate a need for a change in the prescription.
- 4.8.29 There is a pharmacy prepared MAR for all medication prescribed for a resident, issued at least monthly. The record is initialed by the registered nurse or licensed practical nurse administering the medication immediately following administration.
- 4.8.30 The MAR also reflects documentation of unusual circumstances such as refusals, non-administered medications and resident on leave.
- 4.8.31 Medication errors are recorded on the approved Incident Report Form and filed in accordance with Standard 2.8.

### ***Resident Leave***

- 4.8.32 The facility has policy and procedures directing the provision of medications to residents on short term leave from the facility including narcotics (i.e., part of a day, week-end, and holiday).



## **Staff Training**

- 4.8.33 The Director of Nursing monitors the learning needs of nursing staff and facilitates in-service training regarding medication management including administration, review, documentation, handling and storage of new and existing medications.
- 4.8.34 The Director of Nursing's review of medication incident reports and trends (see Standard 2.8) informs and supports the identification of staff education needs.

## **References**

- *Community Care Facilities and Nursing Homes Act (c-13)* and Nursing Home Regulations
- *Registered Nurses Act & Regulations*
- *LPN Act and Regulations*
- Professional Standards of Practice and Code of Ethics
- Direct Care Hours for Private Nursing Homes (Appendix 8.2)
- Association of Registered Nurses of Prince Edward Island, Licensed Practical Nurses Association of Prince Edward Island and Prince Edward Island Health Sector Council (2009). *Exemplary Care: Registered Nurses and Licensed Practical Nurses Working Together*

## **Compliance Measures**

- Review of medication administration records (MARs)
- Review of policies and procedures for medication administration, storage and handling
- Director of Nursing Interview
- Staff Interviews
- Staff orientation and training records
- Review of Medication Incident Report Forms
- Review of Narcotic and Controlled Drug control records and count records
- Review of resident records
- Medication storage review (carts, fridge, locked cupboards)

## 4.9 INFECTION PREVENTION AND CONTROL

### **STANDARD 4.9**

**There are measures taken within the facility to prevent and control infections in accordance with federal and provincial policies and guidelines for long term care facilities.**

#### **Principles**

Residents of long term care facilities are vulnerable to and can experience serious illness, or death, from infectious/communicable diseases.

Infection prevention and control measures are designed to protect the residents, staff and visitors of the facility through identification, treatment and control of the spread of infectious diseases. These measures can reduce the risk of transmission of infections in the facility.

*Routine Practices* should be used at all times within the facility with *Additional Precautions* implemented depending on the suspected or known microorganisms present in the facility.

#### **Criteria**

- 4.9.1 The Director of Nursing or designate registered nurse provides direction for infection prevention and control and communicable disease management in the facility.
- 4.9.2 As part of the placement process, admission [moving in] screening is conducted for the antimicrobial resistant organisms (AROs) (e.g., MRSA).
- 4.9.3 Infection prevention and control measures are in place regarding:
  - *Routine Practices* (for routine care of all residents including precautions against blood borne pathogens):
  - staff education on *Routine Practices* is provided through in-services and provision of education resource material; and
  - staff following *Routine Practices* with all residents at all times to reduce exposure to blood and body fluids such as urine, feces, wound drainage and sputum.

- *Additional Precautions* in addition to *Routine Practices* in care of residents with specific organisms transmissible by air, droplet, direct or indirect contact:
  - staff education on *Additional Precautions* for long term care through in-services and provision of education resource material; and
  - staff following *Additional Practices* with those residents suspected or confirmed as having a specific transmissible pathogen as in 4.9.6.

4.9.4 *Routine practices* are followed in each of the four required areas:

- hand hygiene* (see 4.9.5);
- risk assessment* of residents for signs or symptoms of infection, e.g., infectious diseases, fever, cough, sneezing, rash, diarrhea, excretions and secretions;
- risk reduction* measures for reducing the risk of transmission including use of personal protective equipment (PPE), cleaning of environment, laundry; disinfection and sterilization of equipment; waste management, safe sharps handling; screening and immunization of residents and staff in accordance with Standard 4.10; and
- education* of staff, residents and families/visitors.

4.9.5 Hand Hygiene as a key requirement for *Routine Practice*, is followed as:

- staff recognize *hand hygiene* is the single most important measure to prevent transmission of infection and do practice proper hand washing;
- the facility has appropriate hand washing and hand drying facilities for residents and staff;
- staff wash hands with soap and running water when visibly soiled and *dry* hands using paper towels (turning taps off with paper towel);
- staff clean hands with an alcohol-based hand rub when hands not visibly soiled; and
- staff perform *hand hygiene*:
  - before and after providing personal care to a resident;
  - between dirty and clean activities;
  - before and after preparing, handling, serving or eating food;
  - before putting on and after taking off protective gloves;
  - after personal body functions, e.g., using the toilet, blowing nose; and
  - when hands come in contact with secretions, excretions, blood and body fluids.

- 4.9.6 *Additional precautions* are based on a risk assessment and laboratory test results. These precautions involve:
- resident's room placement;
  - level of resident participation in activities;
  - visitation;
  - use of personal protective equipment (PPE); and
  - environmental cleaning.
- 4.9.7 All equipment used by more than one resident is cleaned and disinfected between residents. Resident's on *Additional Precautions* have dedicated equipment and, if this is not possible, equipment is disinfected with the appropriate disinfectant wipe before used by another resident.
- 4.9.8 Personal care supplies used by residents are labelled with the resident's name, stored in the resident's room, kept clean and not shared with others. This would include creams, lotions, soaps, razors, nail clippers, nail file, hair comb/brush, denture cup, toothbrush and toothpaste.
- 4.9.9 Soiled linen and waste is handled carefully to prevent personal contamination and transfer to other residents. Waste disposal is in accordance with Island Waste Management requirements.
- 4.9.10 Needles are not recapped and sharps are placed in sharp containers and disposed of as for 4.9.9.
- 4.9.11 Facility staff adhere to the following provincial policies and guidelines as recommended and updated by the Chief Health Officer and/or the Department of Health & Wellness, including:
- Provincial Infection Prevention and Control Guidelines distributed by the Department of Health and Wellness (DHW), e.g., MRSA Guideline (May 2009);
  - DHW Guidelines for the Management of Persons Exposed to Blood borne Pathogens in an Occupational or Community Setting and Post exposure Prophylaxis after Sexual or Injection-Drug Use or Community Cutaneous Injury (January 2006);
  - DHW Guidelines for Influenza Control in Long Term Care Facilities (March 2010); and
  - DHW Policy for Tuberculosis Screening of Health Care Workers and Residents in Long-Term Care Facilities (September 2005).

## References

- Infectious Disease Prevention and Control: Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings (Public Health Agency of Canada September 2017)  
<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html>
- Infectious Disease Prevention and Control: Routine Practices and Additional Precautions Assessment and Educational Tools (Public Health Agency of Canada 2012)  
<http://publications.gc.ca/site/eng/413782/publication.html>
- Department of Health and Wellness Guidelines listed in 4.9.11

## Compliance measures

- Director of Nursing Interview
- Staff Interview & Practices
- Resident Interview
- Review of resident health records
- Review of staff immunization records
- Confirm Provincial Infection Prevention and Control Guidelines binder current
- Policy Review

## 4.10 COMMUNICABLE DISEASE MANAGEMENT

### STANDARD 4.10

**There are measures taken to: a) prevent communicable diseases and, b) identify and control the spread of communicable/infectious diseases, when they exist within the facility. (See also Standard 4.9)**

#### **Principle**

Residents of long term care facilities are vulnerable to, and can experience, serious illness or death from communicable/infectious diseases. Communicable disease prevention and control measures are designed to protect the residents, staff and visitors of the facility.

Failure to protect against communicable disease could be an occupational risk to health care workers.

#### **Criteria**

- 4.10.1      There are measures in place for *prevention* of communicable diseases within the facility including:
- cleanliness of the facility;
  - screening in accordance with DHW Guidelines and facility policy:
    - new residents upon admission [moving in] for tuberculosis;
    - new staff upon employment for tuberculosis; and
    - new residents with antimicrobial resistant organisms (AROs) based on the provincial long term care risk assessment screening tool.
  - immunization in accordance with DHW Guidelines and facility policy for:
    - provision of the annual immunization of residents with the influenza vaccine;
    - provision of other immunizations as recommended for residents, e.g., pneumococcal vaccine;
    - provision of annual immunization of staff with the influenza vaccine; and
    - other immunizations as recommended for staff of long term care facilities, e.g., Hepatitis B, Measles, Mumps and Rubella (MMR), Chickenpox and Whooping Cough.

- 4.10.2      There are measures in place to identify and *control the spread* of communicable diseases including:
- registered nurse assessment, detection, intervention and follow up of residents suspected of having a notify-able communicable disease;
  - registered nurse notification of the attending physician in the event of signs and symptoms of an infectious disease in any resident, e.g., fever, cough, diarrhea;
  - registered nurse notification of the Chief Health Officer (CHO) office of an unusual occurrence, e.g., any incidence of potential disease above the facility normal levels or which may appear to be a cluster or outbreak that is not managed;
  - registered nurse makes call to the CHO office nurse-on-call for situations considered an emergency during weekdays, or by pager during weekends/evenings;
  - cooperation with Public Health if a notify-able communicable disease requires follow-up; and
  - carrying out recommendations of the physician or Public Health to treat and control the spread of the communicable disease.
- 4.10.3      Current contact information for the Chief Health Officer office and nurse-on-call is accessible to the Director of Nursing or designate (e.g., name[s], phone number) and updated as required.
- 4.10.4      The staff are educated in and adhere to these communicable disease prevention and control measures to minimize risk to residents, staff and visitors.
- 4.10.5      Staff are educated in and practice healthy behaviors for when to stay home due to health conditions such as febrile respiratory illness, dermatitis on hands, cold sores or shingles, diarrhea, initial days of respiratory illness or untreated eye infections.

## References

- *Public Health Act* and Notify-able and Communicable Diseases Regulations
- *Community Care Facilities and Nursing Homes Act* and Nursing Home Regulations
- Infectious Disease Prevention and Control: Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings (Public Health Agency of Canada 2012)  
<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html>
- Infectious Disease Prevention and Control: Routine Practices and Additional Precautions Assessment and Educational Tools (Public Health Agency of Canada 2012)  
<http://publications.gc.ca/site/eng/413782/publication.html>
- Guidelines for Influenza Control in Long Term Care Facilities (Department of Health and Wellness, March 2010)
- Provincial Infection Prevention and Control Guidelines binder (Department of Health and Wellness)
- Canadian Immunization Guide  
[www.phac-aspc.gc.ca/publicat/cig-gci/pdf/cig-gci-2006\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/cig-gci/pdf/cig-gci-2006_e.pdf)
- Canada Communicable Disease Report (current). Statement on Seasonal Trivalent Inactivated Influenza Vaccine (TIV)  
[www.phac-aspc.gc.ca/publicat/ccdr-rmtc/index-eng.php](http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/index-eng.php)

## Compliance measures

- Director of Nursing interview
- Staff interviews
- Review of resident record
- Review of staff immunization records
- Review of policies and practices
- Care Plans



## 4.11 RESIDENT DISCHARGE AND TRANSFER

### **STANDARD 4.11**

**The resident, resident representative or family (if resident chooses) is assisted by staff in moving out of the facility through a discharge to home or transfer to another location (e.g., home, hospital, community care facility, private nursing home, and manor).**

#### **Principle**

A resident, resident representative and/or family may request a transfer to a different facility or may be required to transfer to another facility as a result of change in her/his health condition. The transfer should be completed in as timely a manner as possible, ensuring continuity of care and effective communication of resident care needs and preferences. In addition, the resident may choose to return home if adequate home supports are in place.

#### **Criteria**

- 4.11.1 If the resident is discharged to home, the facility ensures all the resident's belongings are collected and available to resident/family when leaving the facility.
- 4.11.2 If the resident is *transferred to hospital*, a completed Transfer Record, copies of the MAR and medical history are sent with the resident. If the resident has a health care directive, or Advanced Care Plan, copies of those are also sent. A copy of the Transfer Sheet is maintained on Resident Record.
- 4.11.3 If the resident is *transferred to another nursing home/manor or a community care facility*, a completed Transfer Record, medications, copies of the MAR, care plan and medical history are sent with resident. If the resident has a health care directive and/or advanced care plan, copies of those are also sent. Facilities should retain a copy of resident's transfer record as documentation of information provided on transfer.
- 4.11.4 All resident transfers are documented in the resident's record and if the resident is not returning, e.g., from hospital, the record is signed off and closed. Resident records must be retained for seven years.

**Reference**

- *Community Care Facilities and Nursing Homes Act (C-13)* and Nursing Home Regulations

**Compliance Measures**

- Review transfer process with Director of Nursing
- Staff interviews
- Review resident records
- Review of Transfer Record(s)

## 4.12 RESIDENT DEATH

### STANDARD 4.12

**The facility has an established process to follow on the death of a resident whether expected or sudden and unexpected.**

#### **Principle**

The death of a resident may be 'expected' or 'sudden and unexpected.' Regardless, the facility has responsibility for making contact to the appropriate health officials and to the resident's family, if they are not in attendance. The resident is not sent to hospital for pronouncement of death.

#### **Criteria**

- 4.12.1        The nursing staff immediately contacts, for direction, the:
- resident's attending physician; or
  - physician on-call for the attending physician.
- 4.12.2        The nursing staff notifies the next of kin or representative and allows them an opportunity to visit the deceased resident, if desired, prior to removal of the remains from the facility.
- 4.12.3        Following physician contact and direction received, as per 4.12.1, the funeral home of choice (may be noted in resident record) is contacted.
- 4.12.4        Section 1 of the *Registration of Death* form (e.g., surname, given name, personal health number) is completed at the time of death and given to the funeral home director when he/she removes the remains from the facility.

#### **References**

- *Community Care Facilities and Nursing Homes Act* and Nursing Home Regulations
- *Coroners Act*
- *Vital Statistics Act* (s. 19,20) and Regulations (Form 8)

#### **Compliance Measures**

- Review of policy and process with Director of Nursing and staff
- Review of resident record (if readily accessible)

**5.1 COMFORTABLE ENVIRONMENT****STANDARD 5.1**

**The residents are provided with a comfortable home-like environment suitable to their needs which enables them to maintain optimal well-being and quality of life.**

**Principle**

A pleasant, comfortable environment, where a home-like atmosphere is promoted, enhances the sense of well-being of the residents and their visitors. Resident rights, care needs, abilities and preferences are taken into account with regard to accessibility and adaptations to the structure of the facility.

**Criteria**

- 5.1.1 Bedrooms accommodate no more than two persons.
- 5.1.2 The facility has a policy which encourages and supports residents to personalize their space (i.e., pictures, chairs, books, mementos, etc.).
- 5.1.3 Bedroom space and furnishings allocated for each resident meets nursing home regulatory requirements.
- 5.1.4 Toilet and bathing facilities meet nursing home regulatory requirements.
- 5.1.5 The resident has access to common lounge and dining space that meets the nursing home regulatory requirements for space and furnishings.
- 5.1.6 There are adaptations to the structure and furnishings of the facility to meet safety and security needs of residents including:
  - exits;
  - grab bars (bathrooms);
  - signaling devices and emergency access door-lock systems (bathroom);
  - hand rails (corridors, stairways, ramps); and
  - non-slip surfaces (tubs, showers, floors, stairways).
- 5.1.7 There is wheelchair access to the building entrance and exits and to its

facilities, i.e., lounge, dining room, bathroom, bedroom and outdoor patios.

- 5.1.8 The operator complies with any direction given by the inspectors for repair or changes identified during inspection of a facility in use or intended for use as a nursing home.

### **References**

- *Community Care Facilities and Nursing Homes Act (C-13)* and Nursing Home Regulations
- *Smoke-Free Places Act* and General Regulations
- *Provincial Building Codes Act* Barrier-Free Design Regulations

### **Compliance Measures**

- Initial Inspections
- Annual Inspections
- Review of CCFNH Board directed conditions placed on license (if any)

## **5.2 ENVIRONMENTAL SERVICES**

### **STANDARD 5.2**

**Environmental Services, including housekeeping, laundry, and maintenance processes are planned, coordinated and provided to meet the needs of the residents.**

#### **Principle**

An appropriate clean, warm, comfortable and well maintained environment is basic to promoting quality of life and quality of care.

#### **Criteria**

##### ***Management***

- 5.2.1 There is an individual (or individuals) identified with authority and responsibility for the management of environmental services who:
- develops and implements policies and procedures;
  - ensures the staffing plan is adequate for full operation of the environmental services;
  - assigns responsibility for various functions to appropriate staff; and
  - ensures there is safe storage and sufficient supplies and equipment to maintain the services.

##### ***Housekeeping***

- 5.2.2 The facility, including furnishings and equipment, is kept clean through a program of routine and preventive housekeeping practice including identification of the cleaning frequency and use of washable, smooth and non-absorbent surfaces.
- 5.2.3 The cleaning routine includes and is not limited to:
- all resident bedrooms, including walls, floors, furnishings, door knobs and grab bars;
  - all resident/public/staff washrooms and resident bathing facilities, including wall, floors, toilets, sinks, tubs, showers; grab bars and resident-designated commodes (all surfaces);
  - all common areas (lounges, dining), including floors, walls, and furnishings;

- whirlpool units, routine cleaning and disinfection procedures for the tub are posted in the tub room and all recirculating lines and jets are cleaned between use and by end of day;
- germicidal disinfection of all tubs, chair lifts, shower chairs and common-use commodes between use by residents; and
- all service areas, i.e., kitchen, laundry, utility and storage rooms, corridors/entrances, and stairways.

5.2.4 All cleaning supplies and chemicals are stored in a manner that ensures inaccessibility to residents or the public.

5.2.5 Staff who provide housekeeping services are trained in infection prevention and control practices ( e.g. hand washing, care of equipment and supplies and in verifying appropriate strength of disinfectants).

### ***Laundry***

5.2.6 Laundry services are organized to meet the linen needs of the facility and to care for the personal clothing of residents.

5.2.7 Work routines, schedules, and frequencies are established and followed for collection, sorting, processing, and delivery of linen and residents' personal clothing.

5.2.8 Staff who handle soiled linen are trained in infection prevention and control procedures, e.g., hand washing and use of protective clothing. Hand washing always occurs after removal of gloves and handling soiled laundry.

5.2.9 An effective flow of laundering is in place which prevents the contamination of freshly laundered materials by soiled laundry.

5.2.10 Clean and soiled linen is kept separate at all times, with soiled linen placed in laundry bags, carts or baskets at the source.

5.2.11 Provisions are made to identify, transport, and launder separately linens which require infection prevention and control procedures.

5.2.12 Laundry is not transported through food preparation or food service areas.

5.2.13 There is a supply of clean linens sufficient to meet the residents' needs including:

- bed linen changed at least weekly and more frequently as required;
- towels and face cloths; and
- an additional supply of all linens for emergencies or unusual circumstances.

- 5.2.14 There is a system to collect soiled washable personal clothing of residents and return articles in a timely fashion.
- 5.2.15 Provisions are made to ensure each resident's clothing is labelled and in a manner respectful of resident dignity.
- 5.2.16 Provisions are made to inform the representatives of residents of the need for purchase, repairs, replacement or dry cleaning of clothing.
- 5.2.17 There is a procedure in place to follow up on reports of lost clothing.
- 5.2.18 Provisions are made to ensure residents do not have unsupervised access to laundry areas, supplies, and equipment.

### ***Maintenance***

- 5.2.19 The maintenance services of the facility provide for a structure and equipment that is hazard free for residents, staff, and visitors.
- 5.2.20 The facility has a written plan in place to ensure all equipment is maintained in safe working order, including regular inspection, repair and maintenance.
- 5.2.21 The heating system is capable of maintaining the space occupied by residents at 22 °C.
- 5.2.22 Requirements, as set by the National Building Code of Canada and Environmental Health (Dept. of Health and Wellness), for exhaust ventilation in washrooms, tub rooms, kitchen and if applicable, designated smoking rooms, are met.
- 5.2.23 The facility has policies and procedures governing the use of electrical appliances, including those in the personal use of residents.
- 5.2.24 Fire equipment is kept in good operating order.
- 5.2.25 All entrances, exits, walkways, corridors, and stairwells are kept clear and unobstructed.
- 5.2.26 Flooring and carpets are maintained in good repair, free of breaks, open seams, tears, or buckling.
- 5.2.27 All grab bars, hand rails, and side rails (beds) are fastened securely.
- 5.2.28 There is an organized program for the disposal of all waste that meets Waste Watch program requirements including daily, or as needed, removal of sharp containers, garbage and regular cleaning/disinfection of garbage containers.



- 5.2.29 There is a supply of water at sufficient pressure to serve all areas of the building.
- 5.2.30 Where there is a private water supply, the drinking water quality is suitable to the Chief Health Officer.
- 5.2.31 Residents are protected from scalding incidents by ensuring water supply temperature does not exceed 49°C from sources to which residents would have access e.g., taps in sinks, tubs and showers.
- 5.2.32 For resident safety, residents are not given access to utility rooms or kitchens where the water temperature is set for higher temperatures for cleaning purposes or for use of high temperature dishwashers, which require a minimum of 82 °C.
- 5.2.33 Provisions are made to store all chemicals and dangerous equipment in a manner that ensures inaccessibility to residents.

## **References**

- *Community Care Facilities and Nursing Homes Act (C-13)* and Nursing Home Regulations
- *Public Health Act* and Rental Accommodations Regulations
- *Smoke-Free Places Act* and General Regulations
- Guidelines for Canadian Drinking Water Quality

## **Compliance Measures**

- Environmental Health Inspection
- Environmental Audit - furnishings, equipment
- Electrical inspection
- Boiler and pressure vessel inspection
- Review of equipment maintenance plan
- Review of staff training records
- Staff interviews
- Resident interviews
- Review of related incident reports

## 5.3 SAFETY AND SECURITY

### **STANDARD 5.3**

**There is a coordinated program to reduce and control the risks to safety, security, health and well-being of the individuals in the facility and to the safety and security of the facility.**

#### **Principle**

The security of the residents is dependent not only on the structure, but also on the actions, programs and activities of management and staff which promote safety, enhance personal comfort and prevent exposure to unsafe situations. In addition, the Board considers the potential of harm to the safety, welfare or care quality of any resident, by any member of management or staff who has been convicted of a related offence, in making its decision on licensure.

#### **Criteria**

##### ***General***

- 5.3.1        There is an identified staff member designated to be *in charge* in the facility at all times who is capable of providing necessary emergency assistance and to be responsible for protection of the residents.
- 5.3.2        A registered nurse will be scheduled and present for each shift, twenty-four hours a day, seven days a week (24/7).
- 5.3.3        The operator ensures the facility is staffed, twenty four hours a day, with the number and skill level of staff to provide for resident safety and security, as well as resident care and comfort, appropriate to residents' state of health and level of activity.
- 5.3.4        Staff is informed of whom to notify in case of an emergency. Emergency contacts and telephone numbers, including fire, police, hospital, ambulance, Chief Health Office/nurse-on-call and physician are kept current and are posted at each telephone used for the administration of the facility.
- 5.3.5        Proper notification of significant events and incident reporting is carried out in accordance with Standards 2.7 and 2.8.

### ***Fire and Evacuation***

- 5.3.6 There is a written emergency evacuation plan in place, approved by a fire inspector, in the event of a fire which provides for the protection of residents, staff, and visitors. The plan includes evacuation procedure to an alternate location, if necessary. The emergency evacuation plan is posted in a conspicuous location(s). For evacuation purposes, letters from the accepting facilities must be kept on file and renewed at minimum annually.
- 5.3.7 The operator maintains a current register of residents and staff which is kept available for immediate removal and reference in the event of fire or other emergency requiring evacuation. The register includes resident medical information and information vital to their care (e.g., care plans).
- 5.3.8 There is a system to identify residents in the event of evacuation (e.g., resident register, MAR sheets with resident photos).
- 5.3.9 Monthly fire drills are held, recorded and evaluated. Staff attendance is documented and monitored.
- 5.3.10 All staff are instructed in fire safety procedures and the use of equipment on an annual basis (e.g. activation of alarms and use of fire extinguishers).
- 5.3.11 There is a fan-out system to recall staff in the event of an emergency which is updated whenever there are staffing changes.

### ***Missing Resident***

- 5.3.12 The facility has a written plan to respond to the potential for a missing resident which includes:
- a search procedure;
  - the ongoing identification of residents with the potential to wander; and
  - a recent photo for identification.
- 5.3.13 Where measures are in place to control exits, provisions are made to permit prompt and unobstructed evacuation in the event of a fire.

### ***Abuse and Neglect***

- 5.3.14 There are written policies and procedures to direct staff to manage all aspects of a suspected or confirmed report of resident abuse and neglect including receipt of report, investigation, follow-up, documentation and any remedial action.

- 5.3.15 The staff understands the types of abuse considered in 5.3.14, i.e., psychological/emotional abuse, financial/material abuse, physical abuse, sexual abuse, neglect and self-neglect.
- 5.3.16 The facility delivers or provides access to in-service education for staff regarding the protection of vulnerable adults from abuse and neglect, as noted in Standard 7.3.
- 5.3.17 Allegations of abuse and neglect are reported to the nursing supervisor or Director of Nursing immediately.
- 5.3.18 Alleged abuse and neglect are incidents to be reported in accordance with Standard 2.8.

### ***Medical Emergencies***

- 5.3.19 The Registered Nurse, considered 'in charge' of nursing services on each shift, is designated to take charge in a medical emergency.
- 5.3.20 The facility has policies and procedures to respond to medical emergencies (e.g., accident/injury to resident or staff or sudden change in a resident's condition).
- 5.3.21 All food service and nursing and personal care staff are certified (initial and annual re-certification) in cardiopulmonary resuscitation (CPR), which includes relief from choking. All CPR education must include an in-person observation component to demonstrate hands-on skills from a certified instructor.
- 5.3.22 The facility has basic emergency medical equipment (e.g., oxygen, suction) and supplies as may be recommended by the Board which are kept replenished, in working order and readily accessible to staff at all times.

### ***External Disaster or Loss of Essential Services***

- 5.3.23 There is a contingency/emergency plan to respond to external disaster or loss of essential services. These plans address the response to such events as power failure, failure of heating system, isolation due to weather conditions and emergency staffing plans. This plan includes the means to ensure:
- Facility has an alternate power source such as a power generator on site to accommodate essential electrical branch circuits, as outlined below;
  - Essential circuits including branch circuits are identified and a panel is installed by an electrician. (Note: essential circuits should consider heat source, emergency lighting, fire alarm, food storage and preparation, septic and water pumps, oxygen and other emergency medical equipment);

- Operator holds a certificate of compliance from an electrician that confirms the essential circuits are wired into the auxiliary power panel and/or plugged into power outlets that are clearly identified as connected to the auxiliary power circuitry.
- Facility has designated staff who are trained and responsible to operate the generator (or auxiliary power source) when required.
- Routine tests must be conducted and documented monthly to ensure power source is ready to use and that stand by power units can sustain operation of essential circuits for up to 72 hours.
- Where a facility's auxiliary power (generator) becomes unavailable for an indefinite period of time, the Operator shall report the issue to the DHW and CCFNH Board immediately. This notice must also provide an outline of the plan to address the issue.
- provision of dietary service by having an emergency menu and one week supply of food on hand at all times;
- provision of resident medications by having at least a 3 day (72 hours) supply on hand at all times; and
- in the event of a power failure; all facilities must have an onsite back up power source which includes a power generator in satisfaction of requirements to operate the facilities essential circuits and it must be able to operate for a 72 hour period. The facility must have a routine process in place for testing the generator at least monthly and staff designated with the necessary training to be able to turn the generator on as it is necessary. Access to the generator could be required at any point in time during a 24 hour period.

### ***Smoking***

- 5.3.24 The facility complies with legislative requirements for designated smoking rooms including location, structure, ventilation, utilization, access and signage.
- 5.3.25 There is a policy in place regarding designated smoking rooms in relation to residents and staff.

## References

- *Community Care Facilities and Nursing Homes Act (C-13)* and Nursing Home Regulations
- *Smoke-Free Places Act* and General Regulations
- *Adult Protection Act*
- PEI Office of Public Safety, Emergency Measures Organization: Manor/Nursing Home Emergency Plan (Guide). Version 2010
- Heart and Stroke [https://cpr.heartandstroke.ca/s/bls?language=en\\_US](https://cpr.heartandstroke.ca/s/bls?language=en_US)

## Compliance Measures

- Policy Review
- Fire drill reports
- Emergency evacuation plan
- Inspection of emergency equipment & supplies
- Staff schedules (planned versus worked)
- Staff training records
- Contingency plans (loss of essential services, staff availability)
- Resident and staff 'registers'
- Certificate of Compliance
- Monthly Testing Checklist or Supplier Service Agreements
- Staff interviews

Approved by: Chair of the Community Care Facilities and Nursing Homes Board



Mary Anne McMahon

Approved by: Minister of Health and Wellness



Honorable D. Mark McLane

On February 15, 2023, the Community Care Facilities and Private Nursing Homes Board passed a motion to amend Standard 5.3.21 whereas all food service and nursing and personal care staff are certified (initial and annual re-certification) in CPR, which includes relief from choking. All CPR education must include an in-person observation component to demonstrate hands-on skills from a certified instructor; and Standard 7.2.13 where credentials are required by provincial laws covering professional practice or any other service-based requirement, the facility will maintain current records of the qualifications of employees and evidence of current/annual license to practice (RN, LPN) and certification (initial and annual re-certification in CPR which includes relief from choking (nursing/personal care and food service staff).

## 5.4 ENVIRONMENTAL HEALTH

### **STANDARD 5.4**

**There is a coordinated program designed to promote sanitation and reduce or control the risks of infection in all departments of the facility, including ongoing review of policies and procedures to address emerging issues in infection prevention and control and communicable disease management. (Standard 4.9, Standard 4.10)**

#### **Principle**

Individuals who live and work in close proximity to one another are at increased risk from the transmission of communicable/infectious diseases. The frail elderly are particularly vulnerable and facility practices to reduce this risk are essential on an ongoing basis.

#### **Criteria**

- 5.4.1 The facility has policies and procedures which promote the prevention and control of infection and are outlined for all departments and services, i.e., resident care service, dietary service, laundry and housekeeping service. (See also Standards: 4.0 Resident Care, 5.0 Physical Environment and Security)
- 5.4.2 Sanitation practices in each department are based on the principle of preventing the transmission of infection, and include:
- hand washing procedure;
  - care and cleaning of equipment;
  - application of cleaning procedures in housekeeping;
  - disinfection of all tubs, lift chairs, shower chairs between use by each resident;
  - care and handling of laundry;
  - safe handling and storage of food;
  - following *Routine Practices* and *Additional Precautions*;
  - the disposal of biomedical waste (e.g., soiled dressings, needles, syringes); and
  - the management of all facility waste.

#### **References**

- *Community Care Facilities and Nursing Homes Act (C-13)* and Nursing Home Regulations
- *Public Health Act* and Food Premises Regulations

#### **Compliance measures**

- Policies Review
- Review of staff training records
- Staff interviews

**6.1 SOCIAL ACTIVITY****STANDARD 6.1**

**There are opportunities for residents to contribute to and participate in the social life of the facility and community through scheduled or unscheduled social activities. The activities, offered on an individual or group basis, provide for a variety of recreational and social interests, abilities, and preferences of the residents.**

**Principle**

Residents benefit from the opportunity to choose whether to participate in activities they enjoy, to maintain former relationships and to develop new relationships with other residents, staff, and visitors. Activities are planned to support and provide opportunities for residents to contribute to the life of the facility and the community, based on resident needs, goals and preferences. Activities could include active exercise programs, pursuit of specific individual hobbies or interests, educational programs and/or community outings. Residents also appreciate the contributions that volunteers and community groups can bring to the facility.

**Criteria**

- 6.1.1 The recreational and social needs of the resident are assessed as a part of the resident care planning process upon admission and throughout the resident's stay.
- 6.1.2 Activities are planned to enhance the resident's enjoyment and quality of life, and include social, mental, and physical stimulation.
- 6.1.3 Residents are encouraged, not required, to participate in leisure activities of personal preference and interest.
- 6.1.4 Where group activities are not accessible or acceptable to resident, efforts are made to provide activities on an individual basis and documented in the resident's care plan/record.
- 6.1.5 The responsibility for recreation/leisure activities is assigned to either a regular employee of the facility, to a designated activity staff member or to a recreation committee.
- 6.1.6 Documentation of resident activities is the responsibility of assigned nursing and/or activity staff.



**Reference**

- *Community Care Facilities and Nursing Homes Act (C-13)* and Nursing Home Regulations

**Compliance Measures**

- Review of schedule and/or records of activities
- Resident interviews
- Staff interviews

## **6.2 SPIRITUAL AND RELIGIOUS PRACTICE**

### **STANDARD 6.2**

**The resident is supported and assisted in maintaining his/her preferred spiritual and religious observances and practices. Spiritual/ religious needs can be met by pastoral care staff, clergy of choice, community ministerial groups and/or facility staff.**

#### **Principle**

Resident spirituality and religious beliefs and practices are integral to initial and ongoing comprehensive resident assessment, care planning and service delivery.

Residents should not feel a loss of or disconnection from spiritual or religious practices and observances upon 'moving in' or while residing in the facility.

#### **Criteria**

- 6.1.7 The spiritual needs and preferences of the resident are assessed as a part of the resident care planning process upon admission and throughout the resident's stay.
- 6.1.8 The resident/family is informed of the pastoral care services available in or to the facility.
- 6.1.9 Support and assistance is available as needed to assist each resident to attend spiritual and religious activities of his/her choice.
- 6.1.10 Support is given to the resident for maintaining personal spiritual practices, e.g., prayers, quiet meditation, reflective discussion.
- 6.1.11 Religious observances or practices related to food service are honored.
- 6.1.12 The resident is assisted in arranging contact with clergy of his/her choice on an individual basis.

**References**

- *Community Care Facilities and Nursing Homes Act* and Nursing Home Regulations
- Canadian Nurses Association (2010). CNA position statement *Spirituality, Health and Nursing Practice*. Ottawa:

**Compliance Measures**

- Resident records
- Resident's rights policy
- Review facility practices for resident support and assistance
- Resident interview
- Staff interviews

## **6.3 APPOINTMENTS AND TRANSPORTATION**

### **STANDARD 6.3**

**Residents are given assistance to arrange appointments and transportation for health-care services requested or required by the resident.**

#### **Principle**

The resident will require access to health services outside the facility on an as required basis such as diagnostic tests, physician/specialist appointments, dental appointments and eye sight and hearing testing.

#### **Criteria**

- 6.3.1** The nursing staff identifies and monitors health care needs requiring assessment and/or treatment by a health care professional which can only be accessed outside the facility.
- 6.3.2** The nursing staff provides assistance to make appointments and arrange transport for appointments if family support is unavailable.
- 6.3.3** If the facility provides transportation for the resident, the operator ensures that vehicles owned or leased by the facility and used to transport residents have valid/current registration, insurance and inspection and are operated by licensed, qualified drivers.
- 6.3.4** The resident or resident representative understands his/her responsibilities for payment of costs for non-emergency transport.

#### **References**

- *Community Care Facilities and Nursing Homes Act (C-13)* and Nursing Home Regulations
- Private Nursing Home Service Agreement

#### **Compliance Measures**

- Resident records
- Resident interview
- Staff interview

## 6.4 RESIDENT CONCERNS OR COMPLAINTS

### **STANDARD 6.4**

**Residents, resident representative and/or family are given the opportunity to express a concern or to make a complaint about the operation and/or care service delivery of the facility and are encouraged to be involved in the management of the concern or complaint.**

#### **Principle**

Resident feedback is encouraged and treated with respect and privacy. Every resident, resident representative and/or family can express a concern or make a complaint to the operator and/or staff without interference, fear of reprisal or discrimination. This feedback/ expression of concern is recognized by the facility operator and staff as potential means of improving the quality of facility service.

A *concern* is, considered here, as a matter of importance or interest for a resident which may cause worry or anxiety and can be resolved by the resident and staff as part of ongoing care provision. A *complaint* is an expression of dissatisfaction made verbally or in writing and is subject to a complaints management process.

#### **Criteria**

- 6.4.1 Concerns expressed by residents are respectfully heard. Efforts are made to resolve or allay the concern jointly with the resident on an ongoing basis.
- 6.4.2 The facility has a written policy and complaint management process for hearing verbal or written complaints, which includes:
- recording of the resident/representative/family complaint;
  - notifying facility owner of the complaint;
  - investigating the complaint thoroughly and objectively;
  - consulting others as part of the investigation as necessary;
  - reviewing the outcome of the investigation with the resident, representative and/or family;
  - recording the outcome of the investigation; and
  - following up with all affected parties of the complaint.
- 6.4.3 If the complaint is considered a significant event as referred to in Standard 2.7, the Department of Health and Wellness and the CCFNH Board is notified, in accordance with that Standard.

- 6.4.4 Documentation related to expressed complaints, including any related investigation which may be conducted, are kept confidential to those directly involved, the operator or the Director of Nursing.
- 6.4.5 The facility handles investigation of complaints in a timely manner.
- 6.4.6 The operator ensures recommended actions arising from investigation of any complaint is communicated to appropriate staff and implemented.
- 6.4.7 The operator monitors and evaluates response to, and types of, resident complaints and incorporates changes into facility operations and services where considered necessary.

#### **References**

- *Community Care Facilities and Nursing Homes Act (C-13)* and Nursing Home Regulations
- *Smoke-Free Places Act* and General Regulations

#### **Compliance Measures**

- Operator interview
- Director of Nursing interview
- Review of resident records
- Review of Resident's Rights policy
- Resident interviews
- Staff interviews
- Review complaints process

## 6.5 INVOLVEMENT OF FAMILY

### **STANDARD 6.5**

**The resident's family (if available) and/or resident representative is encouraged to visit and be involved in the resident's activities as well as in the initial and ongoing plans of care if and to the extent the resident chooses.**

#### **Principle**

Where the resident has family and/or a representative, it is important for them to be included throughout the resident's stay in the facility if the resident wishes them to be included. Family can provide valuable insight into the needs and preferences of the resident and can offer assistance and/or suggestions as to the resident's individualized approach to care.

#### **Criteria**

- 6.5.1        The family and/or representative is orientated to the facility upon the resident's moving in [admission].
- 6.5.2        The family and/or representative is included in the development of the *initial* plan of care.
- 6.5.3        The family and/or representative is invited to participate in the annual review of the care plan and at any other time the care plan is reviewed.
- 6.5.4        The family and/or representative is encouraged to attend social events with the resident
- 6.5.5        The next of kin or resident representative is notified immediately if the resident suffers an injury, any significant change in health condition or dies.

#### **Reference**

- *Community Care Facilities and Nursing Homes Act ( C-13)* and Nursing Home Regulations

#### **Compliance Measures**

- Resident records
- Resident interview
- Staff interview

## 7.0

## Human Resource Management

### 7.1 ORIENTATION

#### STANDARD 7.1

**There is a facility orientation program for the introduction and training of new staff members regarding the operation of the facility, philosophy of care, facility programs and services, daily routines, staff roles and responsibilities and the residents and their special needs.**

#### Principle

A comprehensive and well-structured orientation for new staff members to the facility, residents and services contributes to the quality of care to residents and to a positive work experience for all staff.

#### Criteria

- 7.1.1 The facility has a written staff orientation program in place which includes an *Orientation and Skills Evaluation Tool* for RNs, LPNs, and RCWs, aligned with job descriptions that consider legislated scope of practice for RNs and LPNs and a Competency checklist (7.4) for RCWs. These tools are intended to serve as a permanent record of what was covered during the orientation and provides a guide for expectations, duties and responsibilities of staff members.
- 7.1.2 The facility provides an orientation, upon hiring, with all new staff members in accordance with the facility orientation program.
- 7.1.3 Each new staff member is given orientation training appropriate to their role and work responsibilities as well as orientation training for general facility requirements including fire prevention/safety, emergency procedures and evacuation plans.
- 7.1.4 No new staff member will carry a full work assignment until she/he has received all the necessary orientation training and the operator or Director of Nursing is satisfied she/he is able to perform the work duties required.
- 7.1.5 The facility orientation program for new care giver and staff includes and is not limited to introduction to:



- philosophy of care;
- mission statement, goals and objectives;
- residents rights and least restraints policy;
- expectation of confidentiality;
- roles and responsibilities of DON, RN, LPN, care staff & support staff;
- policy review;
- general functions of each facility service;
- incident reporting;
- fire prevention, safety;
- environmental health practices;
- emergency and evacuation procedures;
- infection prevention and control practices;
- communicable disease management practices; and
- relevant acts and regulations, operational and care service standards for private nursing homes.

7.1.6 A preceptor (teacher/educator) will be designated to carry out the orientation process with new staff members.

7.1.7 The preceptor is responsible for completion of orientation forms and will ensure the Director of Nursing or designate has received the completed forms.

### **Reference**

- *Community Care Facilities and Nursing Homes Act (C-13)* and Nursing Home Regulations
- *Registered Nurses Act & Regulations*
- *LPN Act & Regulations*
- Standards of Practice for LPNs and RNs
- Professionals Code of Ethics (RN & LPNs)

### **Compliance Measures**

- Review of staff training and orientation records
- Operator interview
- Director of Nursing/Nurse Leaders interview
- Staff interviews
- Job descriptions

## **7.2 STAFFING**

### **STANDARD 7.2**

**The facility is staffed, twenty four hours a day, with the number and skill level of staff to ensure services are delivered in accordance with these standards and the philosophy and objectives of the facility. This includes provision for resident safety and security, medical, nursing and personal care and support services appropriate for resident care needs. To ensure the facility is staffed adequately and appropriately to provide for residents' safety, comfort and nursing care; there is sufficient care-giving staff including Registered Nurses and Licensed Practical Nurses and Resident Care Workers to meet the current health needs and degree of activity for residents.**

#### **Principle**

The facility operates in a manner that is person [resident]-centred and responsive to resident needs. The physical structure and functionality of the facility, as well as individual resident care needs, are significant considerations for staff design and can have an impact on the quantity, distribution and skill requirements of staff.

Quality of care is affected by factors which affect staff quality of work life. Such factors are quality of leadership, supervision and mentoring, role clarity, skill match to job, team collaboration, continuing education, job satisfaction, communication, decision-making participation and personal safety.

#### **Criteria**

- 7.2.1 The facility has a Director of Nursing or Resident Care in accordance with Standard 2.4.
- 7.2.2 There is a registered nurse scheduled and present for each shift, twenty-four hours a day, seven days a week (24/7).
- 7.2.3 There is a medical practitioner designated to service medical needs of the residents.
- 7.2.4 The operator or Director of Nursing is responsible for obtaining health services for residents in the event that the designated medical practitioner is not available.
- 7.2.5 The operator or Director of Nursing shall ensure that all care-giving staff is able to read, write, and communicate verbally with residents and co-workers effectively.

- 7.2.6 The operator has sufficient staff positions, which are filled with staff that have the appropriate skill set, aligned to meet residents needs and the total operational demand of the facility and ensures there are sufficient care-giving staff to meet residents' needs including enough registered nurses and/or licensed practical nurses and resident care workers.
- 7.2.7 The operator and Director of Nursing maintain a staff work schedule which ensures adequate staff coverage for all facility services, e.g., administration, nursing, housekeeping, laundry, dietary service and maintenance.
- 7.2.8 The nursing and personal care staff requirement is calculated and scheduled based on the Board requirements for direct care hours, spanning each twenty-four-hour period. (See appendix 8.2)
- 7.2.9 Considering the physical structure, functionality of the structure and care needs of residents (including their need for supervision and assistance) and Board requirements, there is sufficient staff available in the facility at all times to provide for an evacuation or assistance in a crisis or emergency.
- 7.2.10 The facility has human resource policies and procedures which are readily accessible to employees.
- 7.2.11 The facility has a list of staff positions (including operator).
- 7.2.12 The facility has a current job description for each staff position including position qualifications (e.g. education, training, competencies & skills, professional registration and licensing, work experience) role and responsibilities.
- 7.2.13 Where credentials are required by provincial laws covering professional practice or any other service-based requirement, the facility will maintain current records of the qualifications of employees and evidence of:
- current/annual license to practice (RN, LPN); and
  - certification (initial and annual re-certification) in cardiopulmonary resuscitation (CPR), which includes relief from choking (nursing/personal care and food service staff).
- All CPR education documentation must be signed and dated from a certified instructor
- 7.2.14 All staff sign an agreement to protect the confidentiality of the resident's personal information.
- 7.2.15 The operator ensures occupational health and safety of staff is protected through reasonable precautions and practices related to:
- supervision, instruction, training;

- purchase, use of maintenance of equipment; and
- use of materials and devices.

7.2.16 The facility maintains a record/file for each staff member, which includes:

- qualifications;
- evidence of current/annual license to practice (RN,LPN);
- evidence of completion of an [PEI] approved program (RCW) and/or a copy of the RCW competencies and skills checklist;
- evidence of certification(s) for required training;
- immunization record;
- evidence of in-service training;
- orientation checklist;
- annual performance appraisals/reviews;
- evidence of background/reference checks
- Confidentiality agreement;
- a **certified** criminal records check\*\* for all employees, which must include a vulnerable sector clearance for applicable employees under the *Criminal Records Act*;
- evidence of pre-employment screening to validate the claims made in the application and interview;
- employers will contact a minimum of 2 most recent employers (or direct supervisors) who can attest to the employee's suitability to working with vulnerable persons.

7.2.17 There is a contingency plan in place which provides for continuation of essential services in the event of a reduction of available staff due to a labour-management dispute.

## References

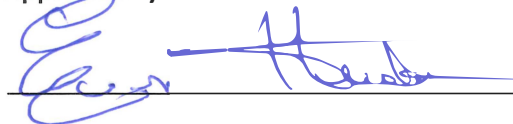
- *Community Care Facilities and Nursing Homes Act (C-13)* and Nursing Home Regulations
- *Community Care Facilities and Nursing Homes Act* (section 20) & Regulations (section 11(2))
- *Operational and Care Service Standards for Private Nursing Homes*
- *Criminal Records Act*
- Direct Care Hours for Private Nursing Homes (Appendix 8.2)
- Seniors Assessment Screening Tool
- *Registered Nurses Act & Regulations*
- *LPN Act & Regulations*
- Professional Standards of Practice and Code of Ethics
- *Occupational Health and Safety Act* and Workplace Hazardous Materials Information System Regulations
- Heart and Stroke [https://cpr.heartandstroke.ca/s/bls?language=en\\_US](https://cpr.heartandstroke.ca/s/bls?language=en_US)

## Compliance Measures

- Review of job descriptions
- Verify staff personnel records & orientation records
- Verify staff qualifications
- Review of staff work schedule
- Review of staff direct care hours
- Consider work-load indicators (e.g. complexity of care, evacuation needs, staff schedule, short leave replacements, experience/supervision, etc.)
- Operator interview
- Director of Nursing interview
- Confidentiality agreements on file
- Policy Review
- Staff interviews

Amended by the Community Care Facilities and Nursing Homes Board  
On the 23rd day of March, 2021

Approved by: The Minister of Health and Wellness



Dated this 30 day of March, 2021

On March 23<sup>rd</sup> 2021 the CCFNH Board passed a motion to amend Standard 7.2.16 and to specify requirements for criminal records\*\* and include certification of vulnerable sector clearance for applicable employees under the *Criminal Records Act*, and institute standard requirements for employee reference and background checks. The requirements must be satisfied prior to commencement of employment in any licensed private nursing home.

## 7.3 STAFF DEVELOPMENT AND TRAINING

### STANDARD 7.3

The facility has a program which includes identification of staff education needs, delivery or access to the required education/training and records for documenting staff participation and/or certification.

#### Principle

Residents benefit from skilled and competent staff. Safe, appropriate and effective resident care is supported by staff education programs which are relevant to the care needs of the residents and the learning needs of the staff members.

#### Criteria

7.3.1 In-service education includes but may not be limited to the below outlined requirements.

All Staff	Annual
<input type="checkbox"/> Person-Centered Care	✓
<input type="checkbox"/> Caring for cognitively impaired (e.g. responsive behaviors, GPA, dementiability, Dementia 101, etc.)	✓
<input type="checkbox"/> Least Restraint	✓
<input type="checkbox"/> Training in fire prevention and safety measures	✓
<input type="checkbox"/> Seasonal influenza immunization	✓
<input type="checkbox"/> Workplace Hazardous Materials Information System (WHMIS 2015)	✓
<input type="checkbox"/> Evacuation and resident transfer procedures	✓
<input type="checkbox"/> Protection of vulnerable adults (e.g., abuse, neglect)	
<input type="checkbox"/> Incident reporting	
<input type="checkbox"/> Infection prevention and control (Hand Hygiene, Routine Practices, Additional Precautions)	
<input type="checkbox"/> Food safety (Certification)	
<input type="checkbox"/> Injury prevention for occupational health & safety	
<input type="checkbox"/> Transfer, Lift and Repositioning (TLR)	
<input type="checkbox"/> Equipment use (e.g., oxygen concentrators, lifts, adjustable beds)	

<b>Nursing &amp; Personal Care Staff</b>	<b>Annual</b>
<input type="checkbox"/> CPR Certification including anti-choke <input type="checkbox"/> Vaccine administration (influenza and pneumococcal vaccines) (RN/LPN only) <input type="checkbox"/> SAST assessments <input type="checkbox"/> Medication administration, reconciliation, handling and storage (RN/LPN only) <input type="checkbox"/> Developing care plans <input type="checkbox"/> Therapeutic and special diets <input type="checkbox"/> End-of-Life & Palliative Care	✓
<b>Dietary Staff</b>	<b>Annual</b>
<input type="checkbox"/> Food safety (Certification) <input type="checkbox"/> Therapeutic and special diets <input type="checkbox"/> CPR Certification including anti-choke	✓

- 7.3.2 Records of all education programs are maintained and include the type and length of program and the names of participants. Notes verifying certification and attendance for in-service education and training sessions are included in staff personnel record/file.

## References

- *Community Care Facilities and Nursing Homes Act (C-13)* and Nursing Home Regulations
- Direct Care Hours for Private Nursing Homes (Appendix 8.2)
- Seniors Assessment Screening Tool
- *Registered Nurses Act & Regulations*
- *LPN Act & Regulations*
- Professional Standards of Practice and Code of Ethics
- Direct Care Hours for Private Nursing Homes (Appendix 8.2)
- *Occupational Health and Safety Act* and Workplace Hazardous Materials Information System Regulations
- Heart and Stroke [https://cpr.heartandstroke.ca/s/bls?language=en\\_US](https://cpr.heartandstroke.ca/s/bls?language=en_US)

## Compliance Measures

- Review of job descriptions
- Verify staff personnel records & orientation records
- Verify staff qualifications and background checks in personnel files
- Review of staff work schedule
- Review of staff direct care hours
- Consider work-load indicators (e.g. complexity of care, evacuation needs, staff schedule, short leave replacements, experience/supervision, etc.)
- Operator interview
- Director of Nursing interview
- Confidentiality agreements on file

## **7.4 RESIDENT CARE WORKER/PERSONAL CARE WORKER CAPABILITIES AND COMPETENCIES**

### **STANDARD 7.4**

**The facility has a program in place to evaluate and document the level of competency of each care worker's ability to perform the required job duties and a mechanism to ensure required training is provided in the areas the worker is not competent to perform. This standard applies to all new and existing resident care workers both trained and untrained.**

#### **Principle**

The facility shall ensure that all care workers are skilled and competent and that no care worker is assigned or is performing a duty which he/she is not competent to perform.

#### **Criteria**

- 7.4.1 The facility has a program for evaluating the competency of all care workers' ability to perform required duties which include:
- a competency checklist based on the duties outlined in the regulations and job descriptions (Appendix 8.4);
  - a designated preceptor (teacher/educator);
  - identification of learning needs and specific training requirements;
  - provision of identified training prior to assignment to perform the duties independently; and
  - documentation to indicate the competency level has been met.
- 7.4.2 The facility has a program and processes in place to ensure all care workers have the necessary leadership, supervision, coaching, mentoring and evaluation of competencies including:
- a specific schedule that outlines the learning needs and who is responsible to provide the education and coaching needed to ensure the care worker is competent to perform the required job duties; and
  - a planned performance review and annual evaluation.



**References**

- *Community Care Facilities and Nursing Homes Act (C-13)* and Nursing Home Regulations
- *Occupational Health and Safety Act*

**Compliance Measures**

- Review personnel files - competency assessment, education and annual performance reviews
- Orientation Checklist
- Review job descriptions
- RCW Competencies & Skills Checklist (See pgs. 101-105)
- Operator interview
- Director of Nursing interview
- Staff Interviews
- Resident Documentation
- Care Plans
- Resident/Family Interviews

**Appendices reflect operational policies and processes which may change on an as required basis and do not require the approval of the Minister.**

- 8.1 List of Related Legislation and Regulations (Prince Edward Island and Government of Canada)**
- 8.2 Direct Care Hours for Private Nursing Homes**
- 8.3 Department of Health [and Wellness] Policy - Comfort Allowance and Trust Accounts: Nursing Home**
- 8.4 RCW Competencies & Skills Checklist**
- 8.5 Acknowledgments**

## List of Related Legislation and Regulations (Prince Edward Island & Government of Canada)

- ***Adult Protection Act***
- ***Community Care Facilities and Nursing Homes Act***
  - Regulations
  - Nursing Home Regulations
- ***Consent to Treatment and Health Care Directives Act***
  - Regulations
- ***Coroners Act***
  - Regulations
- ***Fire Prevention Act***
  - Codes and Standards Order
- ***Health Information Act & Regulations***
- ***Health Services Act & Regulations***
- ***Licensed practical Nurses Act & Regulations***
- ***Long-Term Care Subsidization Act***
  - Regulations
- ***Mental Health Act***
  - Regulations
- ***Occupational Health and Safety Act***
  - Workplace Hazardous Materials Information System Regulations
- ***Provincial Building Code Act***
  - Barrier-Free Design Regulations
- ***Public Health Act***
  - Food Premises Regulations
  - Notifiable Disease and Conditions and Communicable Diseases Regulations
  - Rental Accommodation Regulations
- ***Public Trustee Act***
- ***Registered Nurses Act & Regulations***
- ***Smoke-Free Places Act***
  - General Regulations

- ***Social Assistance Act***
  - Regulations
- ***Vital Statistics Act***
  - Regulations

## **GOVERNMENT OF CANADA**

- ***Personal Information Protection and Electronic Documents Act (2000, c.5)***
- Infection Prevention and Control Routine Practice Guidelines

## DIRECT CARE HOURS FOR PRIVATE NURSING HOMES

### DEFINITIONS

1. **WORKED HOURS** are defined as regular scheduled hours (reconciled to reflect actual hours worked), overtime, and call back, coffee breaks and worked statutory holiday hours. Staff meal hours are excluded from “worked hours” unless the staff person was unable to be covered for mealtime.
2. **DIRECT CARE HOURS** are defined as worked hours by direct care staff to provide care to residents through assessments, care planning (identifying goals and interventions), care delivery, assistance and support with activities of daily living (ADLs and IADLs), ongoing resident monitoring and evaluation of care outcomes. This includes the development, ongoing monitoring and revision of individualized resident care plans as well as arranging external professional health services.

Time spent performing administrative, dietary, housekeeping, laundry, transportation, shopping or financial management functions are not considered direct care hours.

### DIRECT CARE HOURS

Each resident is assessed to determine a level of care (LOC). Nursing Homes are licensed to care for residents Levels 4 and 5. Direct care hours required (in part) for these levels include calculations as shown below. The assessment process must be used in combination with staffing reviews and professional judgment. Where resident needs are assessed to be incongruent with Direct Care Hour calculations given consideration for residents changing health needs and level of activity, professional judgment prevails and may override direct care hour calculations. Staffing is subject to reviews by the Director of Care pursuant to standard 2.4.3.

The number of direct care hours [worked hours], for each level of care, has been approved by the Community Care Facilities and Nursing Homes Board and is used to calculate the direct care staff schedule, to ensure adequate coverage throughout the 24-hour period.

The Board considers the minimum standard to be that actual hours worked is equal to the required direct care hours. Adjustments in the scheduled hours may be necessary to accommodate changes in the resident census, the assessed care needs of residents, changing needs, and resident activity.

# Direct Care Hours by Care Level/ 24 Hour Period/ Resident	
Level 4	3.0
Level 5	3.8

**Step #1 - CALCULATION OF REQUIRED DIRECT CARE HOURS [WORKED HOURS]/  
24 HOUR PERIOD**

**Example:**

<b>Assessed Hours LOC</b>	<b>Number of Residents</b>	<b>x</b>	<b>Required Care Hours/Res.</b>	<b>= Total Care</b>
Level 4	44 residents	x	3.0 hours	= 132.0
Level 5	16 residents	x	3.8 hours	= <u>60.8</u>

**Required Daily Direct Care Hours [Worked Hours] 192.8**

Total # Residents: 60 Total # Licensed Beds: 60

**Step #2 - CALCULATION OF SCHEDULED DIRECT CARE  
HOURS**

The same facility's scheduled direct care hours for a 24-hour period is calculated and must be equal to or greater than the required direct care hours [worked hours] in order to ensure compliance for licensure.

***Example: Calculation of Scheduled Direct Care Hours for 24 Hour Period***

<b>Staff</b>	<b>Days</b>	<b>Evenings</b>	<b>Nights</b>	<b>Average Care Hours</b>
R.N.	2 x 8.0	1 x 8.0	1 x 8.0	32
L.P.N.	1 x 7.5	1 x 7.5	1 x 7.5	22.5
Caregivers	9 x 7.5	6 x 7.5 1 x 6.0	2 x 7.5	133.5
Physiotherapy/Occupational Therapy				
Activity Director		1 x 7.5 x 5 days/week		5.4
Foot care		7.5 every 2 weeks		0.5
<b>Average Scheduled Direct Care Hours</b>				<b>193.9</b>

In comparing the examples noted above, the "scheduled" versus "actual" hours (i.e. considering staff leave/ replacements) is in satisfaction of minimum daily direct care hours and should also be reviewed by the Director of Care with consideration given to qualifying indicators as outlined in standard 2.4.3.

## DEPARTMENT OF HEALTH [AND WELLNESS] POLICY

### Comfort Allowance and Trust Accounts: Nursing Home

#### 1.0 PURPOSE

- 1.1 Residents in nursing homes who qualify for subsidization are eligible for a monthly comfort allowance as determined by policy under the *Long-Term Care Subsidization Act* and Regulations.

#### 2.0 PRINCIPLES

- 2.1 *Nursing home* refers to government manors and private nursing homes.
- 2.2 Comfort Allowance is for the use of the resident to purchase items for his/her personal use, comfort and recreation. The allowance may also be used to purchase special needs items such as glasses, hearing aids, dentures or customized wheelchairs.
- 2.3 The **comfort allowance is not to be transferred to others**. Only the resident may benefit from this allowance.
- 2.4 A comfort allowance may be held in trust by the nursing home administrator on behalf of an applicant, who shall deposit the allowance to the credit of the applicant in a comfort allowance “trust account” (Regulations. s.12).
- 2.5 If the comfort allowance is used for the purchase of special needs items, the resident’s account should not be depleted to the extent the resident could not pay for normal items of personal use, comfort and recreation.

#### 3.1 POLICIES

##### 3.2 Comfort Allowance Trust Account

- 3.2.1 The balance in a resident’s comfort allowance trust account will accumulate at the rate of \$123/month and may be obtained by the nursing home administrator on behalf of the resident.

##### 3.3 Disbursements From a Comfort Allowance Trust Account

- 3.3.1 Cash disbursements made to a resident require a receipt that is dated, signed or initialed by the resident.

- 3.3.2 Third parties who make legitimate purchases for a resident may receive reimbursement from the resident's comfort allowance account if they:
- i) have obtained prior approval from the designated authority in the nursing home; and,
  - ii) present a receipt along with the purchased article(s) to nursing home administrative or supervisory personnel.

Staff on the unit should be notified of the purchase by the administrative or supervisory personnel receiving the receipt of purchased articles(s) to ensure articles are properly identified for the resident.

## **4.0 PROCEDURES**

- 4.1 All disbursements from individual resident comfort allowance trust accounts or from interest income must be documented in a manner that would satisfy the requirements of an external audit.
- 4.2 The designated authority within the nursing home is responsible for establishing a means of periodically informing residents or representatives of the disbursements from, and the status of, the comfort allowance account.
- 4.3 Overpayments are not permitted from any individual comfort allowance trust account without the prior approval of the Department of Health employee designated with responsibility for administering the *Comfort Allowance and Trust Accounts: Nursing Home Policy*.
- 4.4 Where there is disagreement over, or concerns about the manner in which the comfort allowance is disbursed, the matter may be referred to the Administrator of Community Hospitals and Continuing Care responsible for long term care in the area where the nursing home is located.

## **4.5 Money in Trust**

- 4.5.1 When a resident has been declared incompetent, the court appointed committee or the Public Trustee is responsible for the management of the resident's funds and may delegate responsibility for the comfort allowance to administration of the nursing home.
- 4.5.2 If a resident is not competent to manage his/her own affairs, and no trustee or guardian has been legally appointed, the designated authority in the nursing home will manage the comfort allowance in trust on behalf of the resident. This should be kept in a joint trust account or deposit receipt on behalf of the resident.
- 4.5.3 Interest earned from the trust accounts or deposit receipts is not returned to individual residents. Interest earned will be retained by the nursing home for the common good of all residents.



#### **4.6 Discharge/Transfer/Death**

- 4.6.1 A resident who is discharged receives the balance in his/her comfort allowance trust account.
- 4.6.2 A resident who is transferred between facilities will have the balance of comfort allowance trust account transferred to the designated authority of the admitting nursing home.
- 4.6.3 Where an applicant who resides in a nursing home dies, leaving a positive balance in a comfort allowance trust account, the administrator shall credit that balance toward the nursing home fees payable by the applicant (Regulations. s.12 [7]).

#### **5.0 REFERENCE**

- 5.1 *Long-Term Care Subsidization Act* and Regulations

**RCW COMPETENCIES & SKILLS  
CHECKLIST**

RCW Competencies & Skills		Employee Name:	Date:
<p>This document provides a record of employee skills and competencies. It identifies the employees ability to fulfill duties outlined in Private Nursing Homes Regulations and RCW job description. The document is reviewed with employees by the Director of Nursing or Designated Preceptor. The document is intended to document employees competencies and skills and can assist with identifying employees learning needs prior to being assigned to perform duties independently. <b>RCW Orientee:</b> Performs with assistance - requires orientation &amp; training <b>RCW collaborative:</b> performs skills with some assistance &amp; mentorship <b>RCW Independent:</b> Performs quality work &amp; requires no assistance</p>			
	RCW Orientee	RCW Collaborative	RCW Independent
<b>Person Centered Resident Care</b>			
Residents Rights: privacy, dignity, respect, confidentiality, individuality			
Philosophy of person-centered care			
Least Restraints			
Personal care needs: hygiene, toileting, dressing, eating, and mobility			
Therapeutic bathing: tub & bed baths, privacy, dignity, personal preferences			
Oral healthcare, range of motion exercises, back rubs, hair care			
Safe feeding techniques			
Promotes Resident Hydration			
Ambulation: promotes mobility			
Hand hygiene practices and universal precautions			
Safety: applies TLR principles			
<b>Person Centered Resident Care: Building Relationships</b>			
Acknowledges trust is the foundation for quality and care			
Care plan: knowledge of resident's challenges, preferences, culture & religion			
Responsive behaviors: demonstrates patience, compromise, humor, compassion			
Anticipates difficult behaviors and adapts to meet resident's needs			
Takes precautions to protect self and others			
Manages challenging behaviors with dignity and respect			
Maintains professional behaviors & boundaries			
Respects resident's right to refuse assistance and problem solves			
<b>Person Centered Resident Care: Ongoing Observation &amp; Documentation</b>			
Accuracy in measuring & reporting: Vital signs, height, weight, BS, intake & output			
Observes physical, emotional, psychological functioning - notes any changes			
Notes changes in skin, lumps, bruises, hair loss			
Views changes in energy and mobility, apathy or giving up			

RCW Competencies & Skills		Employee Name:	Date:
<p>This document provides a record of employee skills and competencies. It identifies the employees ability to fulfill duties outlined in Private Nursing Homes Regulations and RCW job description. The document is reviewed with employees by the Director of Nursing or Designated Preceptor. The document is intended to document employees competencies and skills and can assist with identifying employees learning needs prior to being assigned to perform duties independently. <b>RCW Orientee:</b> Performs with assistance - requires orientation &amp; training <b>RCW collaborative:</b> performs skills with some assistance &amp; mentorship <b>RCW Independent:</b> Performs quality work &amp; requires no assistance</p>			
	RCW Orientee	RCW Collaborative	RCW Independent
Appetite, weight loss, swallowing, elimination changes reported			
Pain & discomfort			
Changes in emotional or mental state: confusion, restlessness, agitation, fear			
Spiritual distress			
Acknowledges when to report changes to RN/ LPN			
<b>Person Centered Resident Care: Specialized care &amp; Skills</b>			
Catheter care			
Ostomy care			
Skin & Wound - bathing creams and ointments			
Specimen Collections			
Monitoring oxygen equipment			
Blood Glucose Monitoring			
Administration of Fleets & Suppositories			
Assists with restorative care as directed			
<b>Person Centered Resident Care: Creation of home-care setting</b>			
Understands loss and disorientation that comes with moving into long term care			
Encourages family to bring items from home-decorate room			
Builds relationships-shows interest in person, previous life, history, religion			
Facilitates active living-acknowledges hobbies, supports social activities			
Understands need for physical intimacy and sexual expression			
<b>Person Centered Resident Care: care of the family</b>			
Empowers family to participate in care as is comfortable for them			
Assesses need to guide and emotionally support family members			
Understands and is alert to signs of abuse in family: reports & documents			
Anticipates family's needs for support with end of life: food & drink			
Acknowledges family's reaction to decline of loved one			

# RCW Competencies & Skills

Employee Name:

Date:

This document provides a record of employee skills and competencies. It identifies the employees ability to fulfill duties outlined in Private Nursing Homes Regulations and RCW job description. The document is reviewed with employees by the Director of Nursing or Designated Preceptor. The document is intended to document employees competencies and skills and can assist with identifying employees learning needs prior to being assigned to perform duties independently. **RCW Orientee:** Performs with assistance - requires orientation & training **RCW collaborative:** performs skills with some assistance & mentorship **RCW Independent:** Performs quality work & requires no assistance

	RCW Orientee	RCW Collaborative	RCW Independent
<b>Person Centered Resident Care: Care at the End-of-Life</b>			
Observes signs of changes in pain & distress & reports to Nurse			
Comforts through touch, presence, tenderness and compassion			
Provision of Skin and Mouth care			
Provides care of body after death			
<b>COMMUNICATION</b>			
Communicates effectively with residents and family about care needs, preferences, spiritual beliefs, cultural practices and values			
Communicates both in writing and verbally with coworkers, residents and family			
Manages difficult impromptu bedside conversations with residents and family			
Listens, understands and provides support and comfort through anger, confusion, and grief			
<b>Time Management Skills</b>			
Able to multi-task, rearrange, compromise with residents care and in teamwork			
Manages Stress and keeps cool under pressure			
Reliable in maintaining workload and helps others where possible			
Manages own stress level by talking & seeking assistance			
<b>Team Work Skills</b>			
Works effectively within team and collaborates			
Communicates promptly to Nursing staff about changes in residents status			
Collaborates with residents, family and team members to define goals and plan care			
Documents effectively			
<b>Self Care</b>			
Recognizes importance of self care, personal awareness and physical, mental, and emotional health			
Acknowledges personal stressors and response to death and seeks ways to grieve			
Understands signs of compassion fatigue and supports self and others			

RCW Competencies & Skills Employee Name:

RCW Competencies & Skills Employee Name:

RCW Competencies & Skills      Employee Name: \_\_\_\_\_      Date: \_\_\_\_\_

This document provides a record of employee skills and competencies. It identifies the employees ability to fulfill duties outlined in Private Nursing Homes Regulations and RCW job description. The document is reviewed with employees by the Director of Nursing or Designated Preceptor. The document is intended to document employees competencies and skills and can assist with identifying employees learning needs prior to being assigned to perform duties independently. **RCW Orientee:** Performs with assistance - requires orientation & training **RCW collaborative:** performs skills with some assistance & mentorship **RCW Independent:** Performs quality work & requires no assistance

	RCW Orientee	RCW Collaborative	RCW Independent
<b>Professional Development/ Mentorship</b>			
Recognizes value of life long learning and participates in professional development			
Participates in in-house training and supervised learning opportunities			
Mentors students, volunteers and family members			
Attends workshops			
Stays current and up to date on policies			
<b>Ethical/ legal Issues</b>			
Understands special ethical issues in caring for seniors			
Supports resident and family in choices: advanced care plan, DNR wishes, last wishes, feeding			
Recognizes needs for confidentiality			
<b>Advocacy</b>			
RCW recognizes residents cannot speak for themselves, Ask for things residents would otherwise ask for if they had a voice			

## Notes

## Acknowledgments

- **Government of Alberta:**
  - **Long-Term Care Accommodation Standards (April 2010)**
  - **Long-Term Care Accommodation Standards Checklist (April 2010)**
  - **Continuing Care Health Service Standards (July 2008)**
- **Government of British Columbia:**
  - **Model Standards for Continuing Care and Extended Care Services (April 1999)**
- **Government of Manitoba:**
  - ***The Health Services Insurance Act* and Personal Care Homes Standards Regulation**
  - **Personal Care Homes Standards Visit Package: Standards for Personal Care Homes**
- **Government of Ontario:**
  - ***Long Term Care Homes Act, 2007* and General Regulations**
  - **Long-Term Care Homes Program Manual (Revision November 2007)**
- **Government of Newfoundland and Labrador:**
  - **Long Term Care Facilities in Newfoundland and Labrador Operational Standards (November 2005)**
- **Government of Prince Edward Island, Department of Health and Social Services, Standards of Care for Nursing Homes in Prince Edward Island: adopted (March 1997)**
- **Government of Saskatchewan:**
  - ***The Regional Health Services Act* and Facility Designation Regulations**
  - ***The Housing and Special-care Homes Act* and Regulations**