

Inspection Report

<p>Facility Inspected:</p> <p>Licensee:</p> <p>Site Address:</p> <p>Site Phone</p> <p>Site Email:</p>	<p>Inspection #:</p> <p>Inspection Date:</p> <p>Inspected By:</p> <p>Facility Type Licensed</p> <p>Inspection Type: Relicensing</p> <p>Violations:</p>
<p>Opening Comments and Observations:</p>	

YES = In Compliance N/O = Not Observed NO = Not In Compliance N/A = Not Applicable

Licensed

1. LICENCE

- | | | | |
|--|-----|----|-----|
| 1.1 Complies with all the terms and conditions contained in the licence. | YES | NO | |
| 1.2 A valid licence is displayed in a prominent place in the PCH. | YES | NO | |
| 1.3 Relicensing application was completed and submitted to the ministry. | YES | NO | N/A |

2. INSPECTION

- | | | | |
|---|-----|----|--|
| 2.1 This home is open for inspection. | YES | NO | |
| 2.2 All records pertaining to the operation of the home are available for inspection. | YES | NO | |

3. REQUIREMENTS OF LICENSEES

3.1 The licensee or designate provides appropriate oversight regarding managing care and administration of the home. YES NO

3.2 Services (other than Personal Care Home services) have been approved by the Ministry. YES NO N/A

4. RECORDS RESPECTING RESIDENTS

4.1 Each resident has a separate record. YES NO

4.2 Care records are accessible to care staff. YES NO

4.3 Each care record is in ink, legible, dated at the time of recording and is signed YES NO

4.4 Resident information is kept confidential. YES NO

4.5 Resident information is available to the resident, person designated by the resident, or other authorized person. YES NO

4.6 Licensee can describe what a serious incident is and who to report a serious YES NO

4.7 Serious incidents within the last year have been reported to the Ministry. YES NO N/A

4.9 ACCURATE RECORD KEEPING

4.9.1 Resident Information Form (Accurate Record Keeping)	YES	NO	
4.9.2 PCH Admission Form (Accurate Record Keeping)	YES	NO	
4.9.3 Assessment (Accurate Record Keeping)	YES	NO	
4.9.4 Resident's Personal Care Plan (Accurate Record Keeping)	YES	NO	
4.9.5 PRN Medication (Accurate Record Keeping)	YES	NO	N/A
4.9.6 Medication Record (MAR) (Accurate Record Keeping)	YES	NO	N/A
4.9.7 Teaching for Specialized Care Procedures (Accurate Record Keeping)	YES	NO	N/A
4.9.8 Medical and Professional Appointment Sheet (Accurate Record Keeping)	YES	NO	
4.9.9 Progress Notes (Accurate Record Keeping)	YES	NO	
4.9.10 Resident Directive/Living Will (if the resident has one) (Accurate Record Keeping)	YES	NO	

5. ASSESSMENTS & REASSESSMENTS

5.1 Licensee has a process to assess the potential resident's care needs before deciding to admit them to the PCH.	YES	NO	
5.2 Assessments are requested within 7 days of resident admission.	YES	NO	
5.3 Reassessments are requested at least once every 2 years and when care needs change.	YES	NO	

6. ADMISSION AND DISCHARGE OF RESIDENTS

6.1 The written admission agreement includes details of care and accommodations.	YES	NO	
6.2 Any security received is \$500 or less and is subtracted from the first month's rent.	YES	NO	N/A
6.3 An agreement is completed within 7 days of admission.	YES	NO	
6.4 The licensee states an original agreement was provided to the resident and supporter (if applicable).	YES	NO	
6.5 Required notice is given to terminate an agreement.	YES	NO	
6.6 Required notice is given for rent increases.	YES	NO	
6.7 Resident fees are reimbursed upon move to Long Term Care.	YES	NO	
6.8 A discharge form is completed and submitted to the Ministry of Health for all residents discharged from the home.	YES	NO	
6.9 All of the resident's belongings are returned to the resident.	YES	NO	

7. RESIDENT CARE

7.1 Residents with difficult behaviours are cared for in a positive and constructive manner.	YES	NO	N/A
7.2 Physical restraints are only used to assist the resident in healing or with activities of daily living and in accordance with physician's orders.	YES	NO	N/A
7.3 Residents are well groomed and dressed appropriately for time of day.	YES	NO	
7.4 Residents are encouraged to be independent in those activities they can	YES	NO	
7.5 Recreational activities provided reflect the resident's interests, provide opportunities to exercise each resident's mental and physical abilities.	YES	NO	

8. STAFFING COMPONENTS

8.1 A licensee shall ensure that there are sufficient care staff on duty at the home to ensure that each resident's care needs are met at all times.	YES	NO	
8.2 Homes with an authorized capacity of 21 to 30 employ a qualified care aid, or 31 or more employ a health care professional, at least 5 days per week to monitor care.	YES	NO	N/A
8.3 An Activity Director or one staff member is given sufficient time to organize and implement activities.	YES	NO	
8.4 Licensee states that staff are in good health and are mentally and physically capable of performing their assigned duties.	YES	NO	
8.5 Sufficient volunteer background screening is in place to ensure that no resident is at risk.	YES	NO	N/A
8.6 The licensee has written and implemented a staff orientation plan including fire prevention and safety plans.	YES	NO	N/A

8.7 PERSONNEL FILE

8.7.1 Criminal Record Check Documents (Appendix A & B)	YES	NO	N/A
8.7.2 Conflict of Interest	YES	NO	N/A
8.7.3 Orientation	YES	NO	N/A
8.7.4 Privacy Pledge	YES	NO	N/A
8.7.5 Medication Assistance Module	YES	NO	N/A
8.7.6 Basic or Standard First Aid	YES	NO	N/A
8.7.7 Food Service Sanitation Course	YES	NO	N/A
8.7.8 Personal Care Worker Course	YES	NO	N/A
8.7.9 Additional Training	YES	NO	N/A

9. MEDICATIONS

9.1 All medications are kept in a secure location.	YES	NO	
9.2 All expired or unused medications are returned to the pharmacy.	YES	NO	
9.3 Residents who are deemed capable of self-administering their own medications and want to are encouraged to do so.	YES	NO	
9.4 All medications are administered according to the physician's written orders.	YES	NO	N/A
9.5 Medications are administered according to the 6 R's (Right Resident, Right Time, Right Route, Right Medication, Right Amount, and Right Documentation).	YES	NO	N/A
9.6 All medications are retained in their original packaging	YES	NO	
9.7 Physician's verbal orders are documented on the resident file and confirmed in writing as soon as possible.	YES	NO	N/A
9.8 All medication errors are reported to the physician and pharmacist, documented in the resident's record, and reported to the Ministry.	YES	NO	N/A

10. FOOD PREPARATION

10.1 Food is stored, prepared, cooked, and served to prevent or minimize risk of illness, poisoning, or injury to residents.	YES	NO	
10.2 All food records are kept for one year. Records indicate how residents' special dietary needs are being met. A 3 week (or more) cycle menu plan is followed, or food journal entries are in accordance to the Canada Food Guide.	YES	NO	

11. RIGHTS AND PRIVILEGES OF RESIDENTS

11.1 Rights and Privileges of Residents are posted and respected.	YES	NO	
11.2 Communications with residents and their supporters occurs two times per year.	YES	NO	N/A
11.3 The rules of the personal care home are posted.	YES	NO	N/A

12. OCCUPANCY REQUIREMENTS

12.1 All exits provide a continuous path of travel that allows an escape for persons from the building.	YES	NO	
12.2 Common areas are accessible.	YES	NO	
12.3 Outside yard and lawn are safe with appropriate seating and walkways.	YES	NO	N/A
12.4 Supportive devices are safe, secure, and accessible where required. Handrails are sturdy and installed on stairwells, ramps, and inclines.	YES	NO	
12.5 Home is equipped with non-skid treads on stairs, non-slip mats/strips in all bathtubs and showers, and non-skid backing on floor mats.	YES	NO	
12.6 Toilets and bathrooms are well ventilated and private.	YES	NO	
12.7.1 Residents at risk of wandering: door alarms are installed where needed on each exit and activated at all times.	YES	NO	N/A
12.7.2 Residents at risk of wandering: there is a safe, accessible, and secure area around one exit in the home.	YES	NO	N/A
12.7.3 Residents at risk of wandering: an action plan to locate a missing resident is in place. Staff members are aware of this plan and know how to carry it out.	YES	NO	N/A
12.8 Each resident bedroom meets requirements.	YES	NO	
12.9 Residents who cannot climb and descend stairs independently are accommodated on accessible floors.	YES	NO	
12.10 In homes where residents are permitted to smoke within the home, the licensee must ensure that there is a designated smoking room that meets requirements.	YES	NO	N/A
12.11 There are clean linens in good repair available to all residents - including bedding, towels, and face cloths.	YES	NO	

13. HEALTH & SAFETY

13.1.1 Fire Inspection Report is current and satisfactory.	YES	NO	
13.1.2 Fire Prevention (Sprinkler) Report/Certificate is current and satisfactory.	YES	NO	N/A
13.2 CO detectors are installed in the areas where occupants sleep, and are maintained and replaced according to the manufacturer's instructions.	YES	NO	
13.3 The home is operated in a manner that provides safety for the well being of the residents, staff, and visitors of the home.	YES	NO	
13.4 Solid and liquid waste is disposed of in a way that will not transmit disease, odours, hazards, or provide a breeding place or food source for insects or rodents.	YES	NO	
13.5 Poisons, toxic and corrosive substances are stored and disposed of safely.	YES	NO	
13.6 Toilets, hand basins, bathtubs, and showers are sanitary and operating properly.	YES	NO	
13.7 Hallways, stairs, ramps, and exits are safe and unobstructed.	YES	NO	
13.8 Safe infection control measures are practiced.	YES	NO	
13.9 Sharps and dangerous objects are safely disposed of.	YES	NO	N/A
13.10 Water that is accessible to the residents does not exceed 49°C.	YES	NO	
13.11 Bath temperature is 39°C or cooler and recorded prior to immersing a resident into the water.	YES	NO	N/A
