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Department of  
Health

# Operational and Care Service Standards for Community Care Facilities

March 23, 2009



ONE ISLAND FUTURE

ONE ISLAND HEALTH SYSTEM

OPERATIONAL AND CARE SERVICE STANDARDS  
for  
COMMUNITY CARE FACILITIES

Department of Health

March 23, 2009

Amended November 2016

The *Operational and Care Service Standards for Community Care Facilities* are approved as the standards of the Department of Health and the Community Care Facilities and Nursing Homes Board for Prince Edward Island community care facilities to meet licensing requirements.

These Standards are approved by

23 March 2009  
Date (day/month/year)

Doug Currie  
Minister of Health

for implementation on:

01/09/09  
Date (day/month/year)

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The Operational and Care Service Standards for Community Care Facilities in Prince Edward Island have been developed in accordance with the Community Care Facilities and Nursing Homes Act and Regulations. They have been approved by the Minister of Health on the recommendation of the Community Care Facilities and Nursing Homes Board (the Board).

The purpose of these standards is to assist facility management and staff, Board members, inspectors and the Department of Health to promote, create and maintain a comfortable, safe and secure living environment for residents. Inherent in these standards is the expectation that residents will be 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 community care facility 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 to show if the standard has been met, which both management, staff and inspectors can assess the achievement made by the facility in meeting the standards.

Community Care Facility Service includes:

- 24 hour resident supervision and assistance;
- personal care services (assistance with activities of daily living such as bathing, grooming, dressing, eating, mobility, transfer, bowel and bladder management)
- medication management;
- food and nutrition services;
- physical, recreational, spiritual and social activities;
- housekeeping;
- laundry/linen;
- room accommodation; and,
- provision for resident privacy and independence.

2.0	MANAGEMENT and ADMINISTRATION
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2.1 MISSION STATEMENT, GOALS, OBJECTIVES and ORGANIZATIONAL STRUCTURE

STANDARD 2.1

The operation of the facility is guided by a mission statement, goals and objectives, organizational structure and personnel practices to support the care of residents.

Principle

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

Overall management (whether an individual, corporation, or administrative board) holds responsibility and accountability for the operation of the facility and must ensure delegated authority and channels of communication are clearly understood by the employees.

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 to support the mission statement.
- 2.1.3 There is a written and dated organizational chart, available to all staff, which clearly identifies the relationships between departments and the lines of authority.
- 2.1.4 The facility has in place a resident's rights policy.
- 2.1.5 General administrative policies and procedures guiding the operation of the facility are approved by management, communicated and accessible to staff and reviewed on a regular basis. These policies include but are not limited to:
  - administrative procedures
  - handling incidents
  - confidentiality

- complaints
- safe storage of medications
- transfer and placement of residents who exceed level 3
- reporting a missing person
- reporting a death
- screening residents for level of care
- abuse of residents/staff
- trust accounts

2.1.6 The Facility owner and/or 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.

2.1.7 All staff sign an agreement to protect the confidentiality of the resident's personal information.

#### References

- Community Care Facilities and Nursing Homes Act Regulations
- Social Assistance Act and Regulations
- Care Service Management Plan (October 2003)

#### Compliance Measures

- Review administrative policies and procedures.
- Review mission, goals, objectives
- Review organizational chart
- Confidentiality agreements on file



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

### STANDARD 2.2

The owner/operator of the community care facility ensures the facility is maintained and operated in compliance with federal, provincial and municipal legislation and regulation.

#### Principle

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

#### Criteria

- 2.2.1 The owner/operator of a new or renovated facility has certificates or reports of inspections to demonstrate there is compliance with applicable codes and standards and action has been taken to comply with any corrective orders which have been issued. The applicable codes and standards include, but are not be limited to:
- Building
  - Electrical
  - Fire Safety
  - Elevator and Lifting Devices
  - Boiler and Pressure Vessels
  - Environmental Health
- 2.2.2 Prior to license renewal by the Board, the owner/operator has certificates or reports of inspections to demonstrate there is continuing compliance with applicable codes and standards and action has been taken to comply with any corrective orders that have been 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 care services proposed, prior to commencement of construction; and,
  - ensured that the new construction complied with all building standards, codes and legislation, applicable to the geographic area of the province where the facility was located, including Environmental Health requirements if related to food service .

- 2.2.4 The facility license is displayed prominently in the building main entrance.
- 2.2.5 The license number is cited in any facility advertisement.

#### References

- Community Care Facilities and Nursing Homes Act Regulations
- Applicable federal, provincial & municipal legislation and regulation.
- Public Health Act
  - Eating Establishments and Licensed Premises Regulations
  - Notifiable and Communicable Diseases Regulations
- Fire Prevention Act and Codes and Standards Order
- Smoke-free Places Act and Regulations

#### Compliance Measures

- Review of reports of inspections and required certificates.

## 2.3 FINANCIAL ADMINISTRATION

### STANDARD 2.3

The operator ensures that a) written accounts and records of its operations outlining its revenues and expenditures are maintained in such a manner as to demonstrate the calculation of rates charged to residents, and b) any personal finances of residents entrusted to the facility are managed in the best interest of the residents concerned and in accordance with Board Policy # 2 (Appendix 8.5).

#### Principle

Owners/Operators are responsible for the management of the facility financial resources in such a manner as to ensure residents are charged a fair rate and for protection of personal finances of any resident which are held in trust by the facility operator.

#### Criteria

- 2.3.1 The owner/operator provided a detailed business plan as part of the application process for initial licensure, if application made after October 2003.
- 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 record.
- 2.3.3 The operator adheres to the principles, procedures and responsibilities for managing personal finances of residents as established in Board policy.
- 2.3.4 The facility maintains financial records for at least seven years.

## References

- Community Care Facilities and Nursing Homes Act and Regulations (sections 28, 29, and Appendix B)
- Community Care Facilities and Nursing Homes Board Policy #2 - Personal Finances for Residents
- Care Service Management Plan (October 2003)

## Compliance Measures

- Review of facility financial accounts upon request of the Board
- Review of resident financial accounts on annual inspection
- Periodic audit of resident's personal allowance accounts by Social Assistance Program case auditors.

## 2.4 INSURANCE

### STANDARD 2.4

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

#### Principle

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

#### Criteria

- 2.4.1 The facility has Commercial General Liability coverage in an amount not less than \$2,000,000.00 inclusive per occurrence against bodily injury and property damage. The Government is added as an additional insured under this policy. Such insurance includes, but is not limited to:
- a) Blanket Written Contractual Liability;
  - b) Personal Injury Liability;
  - c) Non-owned Automobile Liability; and,
  - d) Cross Liability.
- 2.4.2 Commercial General Liability insurance is endorsed to provide the Government with thirty (30) days advance written notice of cancellation or material change.
- 2.4.3 In the event that the facility transports residents as part of the services provided, the facility carries Automotive liability coverage (Standard Automobile Policy) on all vehicles, owned, leased, operated or licensed in the name of the Facility, in an amount not less than \$1,000,000.00. Attached to and forming part of the Standard Automobile Policy (S.P.F. No. 1) is the Standard Endorsement Form (SEF), 6(a) Permission to Carry Passengers for Compensation Endorsement.
- 2.4.4 The facility carries a Comprehensive Dishonesty, Disappearance and Destruction policy in an amount not less than \$5,000.00 to cover the property of residents in the event of dishonest acts committed by the Facility or the Facility's employees.

**References**

- Self Insurance and Risk Management Section, Department of Provincial Treasury

**Compliance Measures**

- Certificate of Insurance on file

## 2.5 CONTINGENCY PLAN

### STANDARD 2.5

The facility has a plan 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

- 2.5.1 A contingency plan is developed by the operator and is in place.
- 2.5.2 The operator has designated a person(s) (staff, other) to initiate the plan if/when required.

#### References

- Care Service Management Plan (October 2003)

#### Compliance Measures

- Review of written contingency plan

## 2.6 NOTIFICATION OF SIGNIFICANT EVENTS

### STANDARD 2.6

The facility provides notice to the Department of Health and to the Board, through the Director responsible for the inspection function and Board operations, of any significant event or circumstance which may effect the safety of residents and/or staff members. Notice is given as soon as possible and no later than 24 hours after the incident. The operator files a written summary report of the event, in facility records.

#### Principle

The Department of Health and the Board have the legislated responsibility to monitor the operation of community care facilities to ensure that services provided are safe, of good quality and appropriate to the needs of the resident. When significant events occur, the Department of Health 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

- 2.6.1 There is a policy in place for handling significant events including the requirement to notify the Department of Health and the Board.
- 2.6.2 Significant events for notification would include:
- 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; and,
  - a prolonged disruption of:
    - supply of electrical power, heat or water;
    - provision of food; and/or,
    - provision of any other basic service of the facility which interferes with the ability to give adequate care to residents.
- 2.6.3 If such an event occurred, the facility has a written summary report on file including:



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

#### References

- Adult Protection Act
- Coroners Act

#### Compliance Measures

- Review facility policy
- Review process with operator
- Review documentation of significant events, if occurred.

### 3.1 APPLICATION PROCESS

#### STANDARD 3.1

The facility operator applies to 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 is an incorporated body with legislative authority to license facilities to ensure 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 and regulation prior to opening and operating a facility and prior to renewing an existing license. The aim of licensing is to protect the resident through risk reduction.

#### Criteria

#### Application for Initial Licence

- 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:
- a Care Service Management Plan;
  - proof of ownership/lease of facility;
  - a facility floor plan;
  - a business plan;
  - certificate of insurance for required coverage;
  - prescribed inspection reports; and,
  - recent criminal record check for the applicant and operator
- 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 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.

## 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 sixty (60) days prior to expiry. Included was information on any alteration/up-grades to the facility which occurred since last license issued.
- 3.1.5 The operator ensures the inspections are completed in advance of the expiration of facility license in order for the Board to have all necessary inspections reports in hand, with the Application for Renewal of License, at the time of their review.
- 3.1.6 The operator provides certificate of insurance for required coverage.
- 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 (usually one year).
- 3.1.8 The facility license is displayed prominently in the building main entrance.

## Provisional License

- 3.1.9 If the facility received a provisional license including a summary of concerns and/or conditions from the Board, the facility operator provided to the Board, within ten (10) days, written documentation of how these concerns were to be met.
- 3.1.10 The facility operator satisfied the Board the conditions stated on the provisional license were met within the time allotted by the Board, supported by any required inspection reports, Environmental Health approval for conditions related to food service, and a full license was subsequently issued.

## Renovation

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

## References

- Community Care Facilities and Nursing Homes Act and Regulations
- Community Care Facilities and Nursing Homes Board Policy #3 - Provisional License
- Fire Prevention Act and Codes and Standards Order

## Compliance Measures

- License posted in facility entrance
- Review inspection reports
- Review conditions for Provisional License, if in place

## 3.2 INSPECTION

### STANDARD 3.2

The facility is inspected to ensure compliance with the Community Care Facilities and Nursing Homes Act and Regulations: prior to licencing of a new or expanded facility; annually for renewal of a licence; 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 community care facility to ensure the facility is in compliance with licensing requirements.

#### Criteria

##### Initial License

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

- Building construction
- Electrical safety
- Elevator safety (if applicable)
- Fire safety
- Boiler and pressure vessels
- Environmental health
- Resident care
- Dietary

##### Renewal of License

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

- Elevator (if applicable);
- Fire safety;
- Boiler and pressure vessels
- Environmental health
- Resident care
- Dietary
- Building and Electrical

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, 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.

## References

- Community Care Facilities and Nursing Homes Act and Regulations
- Adult Protection Act
- Mental Health Act and General Regulations
- Fire Prevention Act and Codes and Standards Order

## Compliance Measures

- Review of Inspection report(s)
- Review of Board recommendation(s)

## 4.1 RESIDENT ADMISSION

STANDARD 4.1

The admission process of the facility is planned to meet the needs of the individual resident.

**Principle**

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

**Criteria**

- 4.1.1 Residents admitted to the facility are appropriate to the level of care and service provided by the facility. New admissions to a community care facility requires an SAST assessment by the facility upon admission to determine the appropriate level of staffing.
- 4.1.2 The facility collects all information necessary for admission of a resident prior to admission, including:
- required medications;
  - required financial information; and,
  - personal care needs
- 4.1.3 There are written policies and procedures which guide the staff in assisting the resident through the admission process.
- 4.1.4 The admission process includes an orientation plan for residents, resident representatives or families (if the resident chooses) which includes but is not limited to:
- an explanation of the philosophy of care;
  - familiarization with the facility environment, key personnel, and other residents (i.e. roommates);
  - an explanation of the services, mission and goals of the facility;
  - an explanation of the services which are the responsibility of the resident and/or family;
  - familiarization with facility policies, e.g. confidentiality and access to information, safety procedures, smoking policies;
  - information on resident rights and the means for addressing questions and concerns of the resident/family; and,
  - information regarding need for transfer from the facility should the

resident's condition change to requiring a nursing level of care.

- 4.1.5 Notation in the resident record is made regarding:
- existence and location of an advance health care directive with contact information of designated substitute decision maker;
  - list of next of kin and contact information; and
  - completed funeral arrangements, if made.
- 4.1.6 There is documented evidence that the admission policies and procedures and the orientation plan is adhered to.
- 4.1.7 When a resident, because of a mental and/or physical health condition, is unable to participate fully in the admission process, there is documentation in the resident record which includes an explanation of any alternative provided, i.e. resident representative informed of policies.

#### Reference

- Community Care Facilities and Nursing Homes Act Regulations (section 27 (b))
- Community Care Facilities and Nursing Homes Board memo - Admission Information Requirements (August 1997)
- Community Care Facilities and Nursing Homes Board memo April 30, 2001 - Nursing Level of Care (LOC 4) Residents (April 2001)

#### Compliance Measures

- Review of admission procedures
- Review of resident records pertaining to admission procedures



## **Amendment # 1**

### **Operational and Care Service Standards for Community Care Facilities**

#### **Standard 4.0 Resident Care**

##### **4.1 A Resident Readmission**

A resident of a Community Care Facility who has been reassessed and verified by an interRAI assessor to require nursing care, and whose name is on the placement list for nursing home, may be readmitted to their Community Care Facility following an acute care episode provided the following conditions are met:

- The resident and/or the resident's family or representative is aware of the facilities capacity to ensure nursing services and comfortable with the readmission.
- The facility has availability of an RN to meet resident's care planning and supervisory requirements twenty-four hours a day.
- The facility's house physician or attending Physician agrees to accept care of the CCF resident for readmission back to the resident's community care facility.
- The resident must have a completed InterRAI assessment.
- A case management conference must be held prior to discharge and the resident's care plan must be completed prior to the resident's return to their community care facility. The care plan must specifically outline the nursing services to be provided during the temporary placement.
- The CCFNH Consultant and Inspection Staff must be notified of the resident's return to the facility and will monitor requirements for placement.
- The facility's physical environment is conducive to nursing coverage. Regulated nursing staff must be in close proximity of the resident's room to enable monitoring of the resident twenty-four hour a day.
- The long-term care application process has been completed and the resident's name is on the active placement list. The resident cannot refuse a long-term care bed in the system and continue residing in the community care facility.

**Amended by Community Care Facilities and Nursing Homes Board**

**On the 15<sup>th</sup> day of June 2022**

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



Mary Anne McMahon

Approved by: Minister of Health and Wellness



Honorable Ernie Hudson

Dated this 04<sup>th</sup> day of October, 2022

On June 15th 2022 the CCFNH Board passed a motion to amend Standards 4.1.1, 4.1.2, 4.3.5, 4.5.5 and Amendment #1 A Resident Readmission SAST Level 4 or 5. These amendments are necessary to accurately reflect the process changes throughout the health care system and resources available to operators.

## 4.2 RESIDENT ASSESSMENT

### STANDARD 4.2

The care of residents is based on assessment of the total needs and preferences of the resident and includes goals, actions, and expected outcomes.

#### Principle

Resident care services are designed to ensure there is a process in place to assess, plan, and meet the needs of residents based on an approach which includes opportunities for input from the resident, resident representative or family (if the resident chooses).

#### Criteria:

- 4.2.1 The individual needs and preferences of the resident are assessed by direct care staff with input from the resident, resident representative or family and attending physician. Where available, other disciplines, i.e. registered nurse, pharmacist, clergy, occupational therapist, physiotherapist, etc. will be included.
- 4.2.2 The initial plan of care is based on pre-admission information and the observations and information gathered during the orientation of the resident and family which includes:
  - pre-admission information on personal care requirements, medical information, medication use, 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/assessment period, upon assessment to determine the level of supervision and assistance required with activities of daily living, social interests and religious or spiritual practices.
- 4.2.3 The initial plan of care is developed within 24 hours following admission and includes sufficient information to provide safe care, i.e. degree of assistance required with activities of daily living, safety risks, medication/treatment/diet orders and allergies.
- 4.2.4 The more comprehensive plan of care is developed within 4-6 weeks after admission and includes input from staff, resident and family or resident representative and is known to and used by the staff providing direct care to the resident.
- 4.2.5 The plan of care gives clear direction to staff on how to approach the resident's identified needs for:
  - activities of daily living and degree of resident independence, assistance or supervision required;

- safety;
- nutrition;
- social activities;
- religious or spiritual activities;
- access to treatment (e.g. nursing, medical, physiotherapy)
- medication;
- any special or unusual care requirements; and,
- consideration of personal preferences of the resident.

4.2.6 The goals of care for the resident and expected outcomes are identified.

4.2.7 There is a process to communicate changes in the plan of care to all staff, resident, resident representative or family.

4.2.8 Where a resident is unable to participate in his/her own care planning, there is documentation of alternate action, i.e. involvement by resident's representative.

#### Reference

- Community Care Facilities and Nursing Homes Act Regulations (sections 27, 28 and Schedule B)

#### Compliance Measures

- Examination of Care Planning Records i.e. review of care plans, meetings with families
- Review of resident record

### 4.3 ONGOING RESIDENT MONITORING

#### STANDARD 4.3

There is on-going monitoring and evaluation of each resident's care, services, and the outcomes of care.

#### Principle

Comprehensive care depends on regular monitoring of the well-being of the resident and the adequacy of the services provided, and 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 monitored for their response to care, on an ongoing basis.
- 4.3.2 If there is a change in the resident's condition, a reassessment of care needs is completed by the operator or designated staff. Changes in the resident's condition are documented in the resident record and the care plan adjusted accordingly.
- 4.3.3 All resident care plans and SAST assessments have documented evidence of reassessment at a minimum frequency of every 12 months or as changes occur.
- 4.3.4 Access to professional health services if unavailable within the facility (e.g. Home Care Nursing, occupational therapy, Family Physician, Dietitian, Community Mental Health, Dentist) and/or emergency medical services (i.e. ambulance) is arranged and documented in the resident record if the resident's condition requires professional assessment and treatment.
- 4.3.5 For those residents, who have a change in their condition and may require a nursing home assessment, the operator ensures the referral is made to Home Care Long Term Care Coordinators and assists the resident/family/representative in the process as required.

Reference:

- Community Care Facilities and Nursing Homes Act Regulations (section 27)
- Community Care facilities and Nursing Homes Board memo - Nursing Level of Care (LOC 4) Residents (April 2001)

Compliance Measures:

- Review resident record
- Review care plan

## 4.4 RESIDENT CARE PLAN

### STANDARD 4.4

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

#### Principle

Direct care staff coordinates the assessment, planning, and delivery of personal care in cooperation with the resident, resident representative, family (if the resident chooses), other facility staff and external health professionals. The independence of the resident is supported and encouraged by enabling the use of her/his abilities in every activity of daily living. The level of supervision and assistance required is identified through this process.

#### Criteria

##### Eating

- 4.4.1 The resident's ability to manage eating is assessed and the level of supervision and assistance required for eating is provided, to promote optimal resident function and nutritional status.

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

- 4.4.2 The resident's personal care and bathing routines are identified and include the degree of assistance required. Inspection of the condition of the skin and nails is an essential element of the care.
- 4.4.3 The resident is assisted with making arrangements for foot assessment and foot care, provided by a health professional with foot care training, as required.
- 4.4.4 Hygiene and grooming practices are considerate of each resident's preferences and ability to participate in the activity.
- 4.4.5 The plan of care includes and promotes the enhancement of the resident's appearance, e.g. hair, clothing, shaving, etc.
- 4.4.6 The teeth and/or dentures of each resident is cleaned at least twice daily, and more frequently as required. Denture containers are labelled. Arrangements for dental assessment and services is made as required.
- 4.4.7 Normal bowel and bladder function of the resident is promoted. Concerted efforts are made by staff to preserve resident's ability to remain continent or

minimize incontinence.

- 4.4.8 Continence care products are made available to incontinent residents. The resident is responsible for the cost of incontinent products.

#### Mobility, Transfer

- 4.4.9 Each resident receives supervision and/or assistance to promote mobility (i.e. walking, transfers) as required.
- 4.4.10 Residents are supported in the use of assistive devices (i.e. canes, walkers, dressing aides, etc.). Devices are kept in safe working order.

#### Vision, Hearing

- 4.4.11 Assistance is provided to residents to access assessments of hearing and vision.
- 4.4.12 Eye glasses and hearing aids are cared for, cleaned, and accessible to the resident.

#### Cognition and Orientation

- 4.4.13 The care planning and the physical environment promotes and maintains the resident's orientation to time, place, and person through the availability of references such as clocks and calendars.
- 4.4.14 The resident has opportunities to learn and to keep current with events through the availability of resources such as newspapers, books, radio and television.
- 4.4.15 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).

#### Safety

- 4.4.16 Supervision and assistance by staff of the facility is sufficient to meet resident safety and care needs twenty four hours a day.
- 4.4.17 The environment of residents is maintained to minimize safety and security risks.
- 4.4.18 Prompt attention is taken to protect residents from conditions that have been identified as potentially hazardous.



- 4.4.19 Each resident is assessed by the operator or designated staff to determine risks to health and safety ( e.g. risk of falling) and assessment is documented in the resident record.
- 4.4.20 The measures taken to respond to individual risks consider the dignity and rights of the residents wherever possible.
- 4.4.21 Restraints, of any kind, are not to be used for/on a resident at any time. An assessment by a physician or other health care professional was obtained with suggested options/recommendation. All options to ensure safety without the use of restraints are used. If these options are inadequate and the resident remains at risk for safety, arrangements are made to transfer the resident from the facility

#### Sleep, Rest

- 4.4.22 The resident's environment and care routines promote comfort and rest. Disruptions to sleep are minimized to the extent possible.
- 4.4.23 Measures are provided to manage discomfort and pain and documented in the resident record.
- 4.4.24 A resident's desired bedtime routines are promoted and encouraged to the extent possible in keeping with rights of other residents (room mates).

#### Emotional/Cultural Support

- 4.4.25 The emotional needs of the resident are identified and staff is available to provide support on an ongoing basis.
- 4.4.26 Each resident is assisted in maintaining involvement with family, friends, and the community.
- 4.4.27 Each resident is supported in maintaining cultural practices (including communicating in familiar language and links with the cultural community).
- 4.4.28 The response of the resident to life events/situations is acknowledged and support is arranged when stressful circumstances indicate (i.e. counselling, etc.) and documented in the resident record.
- 4.4.29 The facility supports opportunities for residents to make choices, i.e. choice of clothing, activity involvement, food preference, room decor, etc.
- 4.4.30 The well-being of each resident is supported with facility philosophy and policies which include but are not limited to:

- enhancement of the resident rights for dignity, respect and courtesy, privacy and confidentiality;
- promotion of independence and autonomy; and,
- prevention of physical, emotional, sexual, and financial abuse.

#### References

- Community Care Facilities and Nursing Homes Act Regulations

#### Compliance Measures

- Staff training records
- Review personal care practices
- Review resident record
- Facility Policy and Procedures
  - Philosophy of care
  - Resident care procedures
  - Resident rights
  - Prevention of abuse
  - Safety measures

## 4.5 RESIDENT RECORD

### STANDARD 4.5

The facility maintains a resident 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 record contains all significant information about the resident's care needs and the care and service provided. Proper documentation is a method to ensure accuracy of the record and restricted access by only designated facility staff is a means to ensure confidentiality protection of the record.

#### Criteria

- 4.5.1 The care and service provided to each resident is documented in the resident's record.
- 4.5.2 The records contain evidence of evaluation of the outcome of care.
- 4.5.3 A direct care provider makes monthly notes on the resident record regarding the resident's condition e.g. dietary intake, physical and mental health changes. In addition, notes are made at any other time when there is a change in her/his condition or noting events such as unusual behaviour, doctor visits and hospitalizations.
- 4.5.4 All documentation (notation) is:
  - complete, accurate, concise;
  - is legibly written, dated (day/month/year) and signed by the person who observed or supervised the resident's care;
  - written in chronological order and current (as close to the time of the event as possible); and,
  - permanently recorded in ink (with no erasures or white outs).
- 4.5.5 The resident record is organized in the same way for each resident. An example of document order is:
  - Admission records
  - Medical history
  - Doctor's Order and Progress Notes
  - Resident care plan
  - Progress notes
  - Weight chart

- Blood pressure record
- Medication Administrations Records (MAR)
- Transfer Records
- Health care directive, if in place.

- 4.5.6 The facility has written policies regarding:
- confidentiality of resident records;
  - personnel authorized to access resident records;
  - supervised access to information by resident or representative;
  - the maintenance of the active resident record;
  - storage of a resident record once inactive e.g. upon discharge or death; and,
  - retention of resident records for seven years.
- 4.5.7 A facility which utilizes electronic health records maintains these records in accordance with Canada's Personal Information Protection and Electronic Documents Act.

#### References

- Community Care Facilities and Nursing Homes Act Regulations
- Community Care Facilities and Nursing Homes Board Policy #7 – Storage of Electronic Health Records in Community Care Facilities and Nursing Homes

#### Compliance Measures

- Staff training records
- Review resident record
- Review community care facility policies and procedures

## 4.6 DIETARY SERVICE

### STANDARD 4.6

There is an organized program of dietary services to respond to residents' nutritional, therapeutic and social needs and to provide safe, personally acceptable, nutritious food to residents.

#### Principle

Dietary and direct care staff coordinate the assessment planning and delivery of nutritious, personally acceptable meals. Operators ensure that meals are prepared, stored and served in a manner acceptable to prescribed Public Health Standards and that all therapeutic diets comply with doctors orders.

#### Criteria

##### Menu Planning

- 4.6.1 Meals and nourishments are planned in advance, according to the recommendations of Eating Well with Canada's Food Guide (Food Guide) and shall be approved by the Dietetic Services Officer, Department of Health.
- 4.6.2 Meals fulfill nutrient, fluid, and calorie 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 resident meal satisfaction and plate waste in the menu planning process.
- 4.6.4 Adequate food supplies are available to follow the menu that is in place.
- 4.6.5 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.
- 4.6.6 Menu substitutions of comparable nutritional value are made available unless otherwise requested.
- 4.6.7 Consideration is given to individual food preferences as well as cultural or religious practices. Meal alternatives are planned in advance of the meal.

## Food Production

- 4.6.8 All food is handled, stored and maintained in a manner that:
- C prevents contamination or spoilage;
  - C prevents food-borne illness; and,
  - C retains maximum nutritional value and food quality.
- 4.6.9 Food is prepared and served following standardized food service practices (Food Retail and Food Services Code) in a manner that:
- C retains maximum nutritional value, flavour, colour, texture; appearance, and palatability;
  - C prevents contamination or spoilage; and,
  - C prevents food-borne illness.
- 4.6.10 Dietary staff is trained in a food service sanitation program by attending the Food Safe Program, approved by the Department of Health, which includes safe food handling, preparation, storage and food service.
- 4.6.11 There are sufficient cleaning and sanitizing supplies available for effective cleaning.
- 4.6.12 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 including long sleeve gown and gloves; or,
  - shower and change uniform.

## Meal Service

- 4.6.13 The daily meal pattern includes three meals a day. The meals are reasonably spaced, with not more than 15 hours between a substantial supper and breakfast unless otherwise indicated in the care plan.
- 4.6.14 Meals are served at appropriate times and at a safe temperature.
- 4.6.15 Assistance and special eating equipment is available to the resident when required.
- 4.6.16 In addition to water, other beverages are offered to all residents at meals, between meals, and at bedtime, unless contraindicated in individual residents' care plan.
- 4.6.17 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.

#### References

- Community Care Facilities and Nursing Homes Act and Regulations (sections 17,18 and 25).
- Community Care Facilities and Nursing Homes Board Policy #4 - Food Purchasing
- Community Care Facilities and Nursing Homes Board Policy #5 - Staffing in Long Term Care Food Service
- Eating Well with Canada's Food Guide
- Public Health Act
- 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
- Nutrient Analysis Audit
- Dietary Residents Record
- Observation/interview of residents/staff
- Availability of specialty products
- Audit of milk units

## 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 medical condition.

#### 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, each resident is assessed to determine appropriate nutritional support (e.g. therapeutic diet, texture modification, assistive devices). This information is documented in an appropriate manner in accordance with facilities' policies.
- 4.7.2 Therapeutic diets as ordered by the physician are implemented.
- 4.7.3 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, reported to the attending physician and reported to the dietary inspector for planned nutritional intervention. Each resident's height is recorded on admission.
- 4.7.4 Commercial and/or homemade nutritional supplements are provided to those residents who have lost a significant amount of weight "unintentionally" in a short amount of time, and/or have exhibited a decrease in appetite or a change in eating habits or food intake.
- 4.7.5 Each resident is provided sufficient fluids to maintain proper hydration.
- 4.7.6 Therapeutic diets or texture modification is provided as required.
- 4.7.7 The food and fluid intake of each resident who is identified at nutritional risk is monitored and documented. Nutrition intervention and expected outcome is documented.
- 4.7.8 Each resident who requires assistance or supervision with meals is served at suitable times and safe serving temperature. The resident is positioned to allow appropriate socialization and comfort for eating. Assistive devices are available for eating and/or feeding assistance by staff is provided as required.



- 4.7.9 Texture - modified foods are not stirred together, unless requested by the resident or deemed necessary by the nutrition care plan.

#### References

- Community Care Facilities and Nursing Homes Act Regulation (section 25)
- Dietary Reference Intakes (DRI)

#### Compliance Measures

- Review of weight/girth measurements
- Interviewing residents/staff
- Observation of food service activities
- Use of specialty products available
- Chart audit
- Review care plan and progress notes
- Menu audit

## 4.8 MEDICATION MANAGEMENT

### STANDARD 4.8

The facility maintains a safe, secure system for the storage, control, administration and monitoring of medication for residents.

#### Principle

The operator must provide a safe and secure system for handling medication which is based on written policies and procedures in compliance with current legislation and acceptable practice.

#### Criteria

##### General

- 4.8.1 Current practice for all aspects of handling medication is in accordance with written facility policies and procedures, including:
- administration and recording of medications;
  - obtaining initial (new) or renewal of prescription;
  - safe and appropriate storage of medications;
  - use of non-prescription medications; and,
  - staff training

##### Storage and Handling

- 4.8.2 All drugs are stored in locked cabinets or locked drug carts to assure security. Access to drug cabinets or carts will be limited to authorized staff.
- 4.8.3 Narcotic and controlled drugs are stored in a double locked separate compartment within the drug cabinet or drug cart.
- 4.8.4 Provisions are made to ensure locked storage of drugs when special environmental conditions are required (e.g. refrigerated, away from light).
- 4.8.5 Medication preparations (e.g. creams, ointments, suppositories, eye drops, ear drops) for external use are stored separately from those for internal use.
- 4.8.6 No resident is permitted to keep medication (prescription and non-prescription) in his/her room except 1) with the written authorization of the physician, and 2) when the safety of other residents would not be jeopardized e.g. locked drawer in resident's room.
- 4.8.7 Unused, discontinued or expired (out of date) medication is stored safely and separately from other medications until they can be sent to the pharmacy for

disposal.

#### New and Renewed Medication Prescriptions

- 4.8.8 Upon admission, all resident medications are newly prescribed by the attending physician (prescription and non-prescription [over the counter] medications) and obtained from pharmacy in the packaging and labelling format required for use in the facility. The medications are accompanied by pharmacy prepared medication administration records. Residents, resident representative or family are advised to return all medications, used by the resident prior to admission, to the dispensing pharmacy.
- 4.8.9 Non-prescription medications (i.e. over the counter) administered to residents is prescribed by the physician and supplied by the pharmacy with a medication administration record.
- 4.8.10 Medication orders are automatically discontinued as soon as a resident is admitted to hospital. New prescriptions are required from the physician and pharmacy when the resident returns to the community care facility, along with new medication administration records.

#### Administration and Recording of Medication

- 4.8.11 Medication is only administered from the original pharmacy dispensed medication container with affixed pharmacy label stating resident name, medication name and directions for administration.
- 4.8.12 Medications are only administered by direct care staff who have been authorized and trained by the operator to do so.
- 4.8.13 Residents are correctly identified by the staff prior to receiving medications and treatment.
- 4.8.14 Resident's condition is monitored and any changes are documented in the resident record. Changes are reported to the physician.
- 4.8.15 There is a pharmacy prepared medication administration record (MAR) for all medication prescribed for a resident, issued at least monthly. The record includes the date, time, dose, and route, where applicable. The record is initialled by the authorized staff person administering the medication immediately following administration.
- 4.8.16 The MAR also reflects documentation of unusual circumstances such as

refusals, non-administered medications and resident on leave.

#### Resident Leave

- 4.8.17 The community care facility has a process, supported by policy, to cover direct care staff providing medications for residents who are away from the facility for a short period of time (i.e. part of a day, week-end).
- 4.8.18 A copy of the Medication Administration Record (MAR) is sent with the resident to hospital, if she/he is to be admitted.

#### Staff Training

- 4.8.19 The community care facility operator facilitates the provision of initial and periodic in-service training, for direct care staff designated to have responsibility for medications including proper handling, storage, administration and documentation of medications.

#### Reference

- Community Care Facilities and Nursing Homes Act Regulations (section 24)
- Community Care Facilities Guidelines for Medication Administration (Department of Health)
- Community Care Facilities and Nursing Homes Board Policy - Medication Management Related to Hospital Admission and Discharge of Community Care Facilities (May 2001)

#### Compliance Measures

- Audit medication records
- Review policies and practice for medication administration, storage and handling
- Staff training records

**STANDARD 4.9**

There are measures taken within the facility to prevent and control infections.

**Principle**

Infection prevention and control measures are designed to protect the resident, other residents, staff and visitors of the facility.

**Criteria**

- 4.9.1 Infection prevention and control measures are in place and include:
- staff education on Routine Practices through in-services and provision of education resource material; and,
  - staff following the Routine Practices with all residents at all times to reduce exposure to blood and certain body fluids (urine, feces, wound drainage, sputum).
- 4.9.2 Routine practices are followed in each of the four required areas:
- a. hand hygiene (see 4.9.3);
  - b. risk assessment of residents for signs or symptoms of infection e.g. infectious diseases, fever, cough, sneezing, rash, diarrhea, excretions and secretions;
  - c. 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; and,
  - d. education of staff, residents and families/visitors.
- 4.9.3 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 using plain liquid soap and running water:
    - 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 eg. using the toilet, blowing nose; and,
  - when hands come in contact with secretions, excretions, blood

- and body fluids;
  - staff dry hands using paper towels or warm air hand dryers.
- 4.9.4 The attending physician is notified if resident displaying signs or symptoms of infections.
- 4.9.5 All equipment used by more than one resident is cleaned between residents.
- 4.9.6 Soiled linen and waste is handled carefully to prevent personal contamination and transfer to other residents.
- 4.9.7 Sharps are placed in sharp containers

#### References

- Infection Prevention and Control Best Practices for Long Term Care, Home and Community Care including Health Care Offices and Ambulatory Clinics (Canadian Committee on Antibiotic Resistance June 2007)
- Department Environmental Health notification - Resident Hand Washing/Hand Drying (October 2004)

#### Compliance measures

- Staff interview
- Resident interview

## 4.10 COMMUNICABLE DISEASE MANAGEMENT

### STANDARD 4.10

There are measures taken to a) prevent communicable diseases and/or b) control the spread of communicable diseases, when they exist within the facility.

#### Principle

Communicable disease prevention and control measures are designed to protect the resident, staff, other residents and visitors of the facility.

#### Criteria

- 4.10.1 The operator has measures in place for prevention of communicable diseases within the facility including:
- cleanliness of the facility;
  - provision of annual seasonal influenza and other recommended immunization of residents through the physicians offices or community health centres; and,
  - encouragement of all facility staff to have annual influenza vaccination
- 4.10.2 The operator has measures in place to control the spread of communicable diseases including:
- notification of the attending physician in the event of signs and symptoms of an infectious disease in any resident e.g. fever, cough, diarrhea;
  - cooperation with Public Health if a notifiable communicable disease requires follow-up; and,
  - carrying out recommendations of the physician or Public Health to treat the communicable disease
- 4.10.3 The operator educates staff in these communicable disease prevention and control measures, and minimizes risk to residents, staff and visitors by ensuring adherence to them.

#### References

- Public Health Act

#### Compliance measures

- Review communicable disease procedures with operator and staff
- Review resident record

## 4.11 RESIDENT DISCHARGE AND TRANSFER

### STANDARD 4.11

The resident, resident representative or family (if resident chooses) is assisted by staff in transferring from the facility to another residential or long term care location (e.g home, hospital, community care facility, private nursing home, manor).

#### Principle

A resident and/or family may request a transfer to a different residential 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 as timely as possible, ensuring continuity of care and effective communication of resident care needs and preferences.

#### 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 form, copies of the MAR and medical history are sent with the resident. If the resident has a health care directive, a copy of that is also sent.
- 4.11.3 If the resident is transferred to another community care facility or nursing home/manor, a completed transfer form, medications, copies of the MAR and medical history are sent with resident. If the resident has a health care directive, that is also sent.
- 4.11.4 All resident transfers are documented in the resident's record and if the resident is not returning eg. from hospital, the record is signed off and closed.

#### References

- Community Care Facilities and Nursing Homes Act Regulations (section 28 and Schedule B)

#### Compliance Measures

- Review transfer process with staff
- Review resident records



## 4.12 RESIDENT DEATH

### STANDARD 4.12

The facility follows the established process provided by the Department of Health and Social Services, following the death of a resident, upon which the following criteria are based.

#### 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 facility immediately contacted, for direction, the:
  - the resident's attending physician; or,
  - the physician on-call for the attending physician.
  
- 4.12.2        Following physician contact and direction received, as per 4.12.1, the funeral home of choice (choice of funeral home may be noted in resident record) was contacted.
  
- 4.12.3        If the resident did not have an attending physician, the facility contacted the County coroner.
  
- 4.12.4        The name and contact information for the Coroner in the facility County is readily available to operator and staff.
  
- 4.12.5        The facility notified the next of kin and allowed them an opportunity to visit the deceased resident, if desired, prior to removal of the body from the facility.

#### References

- Department of Health memo (January 2009) - Process Following Death of a Resident
- Coroners Act
- Vital Statistics Act and Regulations

#### Compliance Measures

- Review process with staff
- Review resident record

## 5.0

## PHYSICAL ENVIRONMENT AND SECURITY

### 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 needs are taken into account with regard to accessibility and adaptations to structure of the facility.

#### Criteria

- 5.1.1 Bedroom space and furnishings allocated for each resident meets community care facility regulatory requirements.
- 5.1.2 The facility has a policy which permits the residents to individualize personal space (i.e. pictures, chairs, books, mementos, etc.).
- 5.1.3 The resident has access to toilet and bathing facilities in accordance with the community care facility regulatory requirements.
- 5.1.4 The resident has access to common lounge and dining space that meets the community care facility regulatory requirements for space and furnishings.
- 5.1.5 There are adaptations to the structure and furnishings of the facility to meet safety needs of residents including:
  - exits;
  - grab bars (bathrooms);
  - signalling devices (bathroom);
  - hand rails (passages); and,
  - non-slip surfaces (tubs & floors)
- 5.1.6 Any resident who regularly uses a wheelchair is located to permit access to the building and its facilities, i.e. lounge, dining room, bathroom, and bedroom.
- 5.1.7 The facility has a written plan to inspect and ensure the safe operation of all

equipment used in the care of residents, i.e. wheelchairs, walkers, oxygen concentrators.

- 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 community care facility.

## References

### Community Care Facilities and Nursing Homes Act Regulations:

- Section 10 & 13 Wheelchair access
- Section 12 Bedroom and furnishings
- Section 14 Bathrooms
- Section 15 & 17 Dining and Lounge areas
- Section 16 Handrails in passages, floor surfaces
- Community Care Facilities and Nursing Homes Board Policy #1 - Bathing Facilities

## Compliance Measures

- Initial Inspections
- Annual Inspections

## 5.2 ENVIRONMENTAL SERVICES

### STANDARD 5.2

Environmental Services, i.e. housekeeping, laundry, and maintenance, are planned and provided to meet the needs of the residents.

#### Principle

An appropriate clean, warm, and well maintained environment is basic to the provision of good 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 enables the functions of environmental health services can be followed and completed;
  - 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 which identifies the cleaning frequency.
- 5.2.3 The cleaning routine includes but is not limited to:
- all resident bedrooms, including walls, floors, furnishings, door knobs, and grab bars;
  - all resident washrooms and bathing facilities, including wall, floors, toilets, sinks, tubs and grab bars;
  - all common areas (lounges, dining), including floors, walls, and furnishings;
  - whirlpool units (if in place), including daily disinfection of all recirculating lines and jets;
  - germicidal disinfection of all tubs, chair lifts (if in place), shower chairs between use by residents;
  - 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 they

are not accessible to residents.

- 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 service areas.
- 5.2.13 There is a supply of clean linens sufficient to meet the residents' needs:
- bed linen changed at least weekly and more frequently as required;
  - towels and face cloths changed at least three times weekly or daily as required; 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 clothing is labelled and in a manner that respects resident's dignity.
- 5.2.16 Provisions are made to inform the representatives of residents of the need for 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 provides for a structure and equipment that is hazard free for residents, staff, and visitors.
- 5.2.20 The heating system is capable of maintaining the space occupied by residents at 22EC (70EF).
- 5.2.21 For facilities located in Charlottetown and Summerside, the ventilation requirements, as set by the National Building Code, are met. For facilities located in areas other than Charlottetown and Summerside, requirement as set by Environmental Health for exhaust ventilation in washrooms, tub rooms, kitchen and if applicable, designated smoking rooms, are met.
- 5.2.22 The facility has policies and procedures governing the use of electrical appliances, including those in the personal use of residents.
- 5.2.23 Fire equipment is kept in good operating order.
- 5.2.24 All entrances, exits, walkways, corridors, and stairwells are kept clear and unobstructed.
- 5.2.25 Flooring and carpets are maintained in good repair, free of breaks, open seams, tears, or buckling.
- 5.2.26 All grab bars, hand rails, and side rails (beds) will be fastened securely.
- 5.2.27 There is an organized program for the disposal of all waste that meets Waste Watch requirements including daily or as needed removal of garbage and regular cleaning/disinfection of garbage containers.
- 5.2.28 There is a supply of water at sufficient pressure to serve all areas of the building.
- 5.2.29 Where there is a private water supply, the drinking water quality is suitable to the Chief Health Officer.
- 5.2.30 Residents are protected from scalding incidents by ensuring water supply temperature does not exceed 49EC (140EF) from sources residents would have access e.g. from sink taps, tubs and showers.

- 5.2.31 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 180E F.
- 5.2.32 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 Regulations (section 11)
- Public Health Act
- Community Care Facilities and Nursing Homes Board Policy #1- Bathing Facilities
- 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
- Staff training records

## 5.3 SAFETY AND SECURITY

### STANDARD 5.3

There is a coordinated program to reduce and control the risks to safety, security, health and welfare 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 programs and activities of management and staff that promote safety and prevent exposure to unsafe situations.

#### 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 Staff is informed of whom to notify in case of emergency. Emergency contacts are kept current with telephone numbers and are posted at all telephones for fire, police, hospital, ambulance and physician.

##### Fire and Evacuation

- 5.3.3 There is a written emergency plan in place, approved by the Fire Inspector, in the event of a fire which provides for the protection of residents, staff, and visitors and which includes evacuation procedure to an alternate location, if necessary. The emergency evacuation plan is posted in a conspicuous location.
- 5.3.4 The operator keeps 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.
- 5.3.5 There is a system to identify residents in the event of evacuation, e.g. resident register, MAR sheets with resident photos.
- 5.3.6 Monthly fire drills are held, recorded, and evaluated. Staff attendance is documented.
- 5.3.7 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.
- 5.3.8 There is a system to recall staff in the event of an emergency.



## Missing Resident

- 5.3.9 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
- 5.3.10 Where measures are in place to control exits, provisions are made to permit prompt and unobstructed evacuation in the event of a fire.

## Smoking

- 5.3.11 The facility has a policy regarding the restriction or ban on smoking within the facility that applies to residents, staff, and visitors. In a facility where smoking is permitted, a designated space is provided and meets conditions described in Smoke-free Places Act section 5 and Regulations section 7.
- 5.3.12 Residents who smoke are regularly monitored for safety.
- 5.3.13 There is policy in place regarding employee requirements for supervision or monitoring of residents in designated smoking spaces.

## Medical Emergencies

- 5.3.14 The facility has policies and procedures to respond to medical emergencies e.g. accident/injury to resident or staff and sudden change in a resident's condition.
- 5.3.15 All food service and direct care staff is trained in an anti-choking maneuver.
- 5.3.16 All direct care staff is trained and re-certified in First Aid and cardiopulmonary resuscitation (CPR). All First Aid and CPR education must include an in-person observation component to demonstrate hands-on skills from a certified instructor.
- 5.3.17 The facility has a first aid kit readily available and fully stocked.

## External Disaster or Loss of Essential Services

- 5.3.18 There is a contingency 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.
- 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.

## Preventive Maintenance

- 5.3.19      The facility has a process in place to ensure all safety equipment is kept in working order and the facility is maintained in a safe manner, e.g. daily, weekly, or monthly checklists of the equipment and the environment.

## Reference

- Community Care Facilities and Nursing Homes Act Regulations (sections 20, 21 & 32)
- Smoke-free Places Act and General Regulations
- Community Care Facilities and Nursing Homes Board memo March 1, 2001 - Reminder- Fire Drills and Emergency Evacuation Plans Required
- 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 policies & procedures
- Review of fire drill reports
- Review of emergency plan
- Inspection of emergency equipment & supplies
- Review of staff training records
- Review of contingency plan for loss of essential services

**Approved by:**

**Community Care Facilities and Nursing Homes Board**

**Dated the 16<sup>th</sup> day of November, 2016**

**Endorsed by Board Chair:** 

On November 16<sup>th</sup> 2016 the CCFNH Board passed a motion to amend standard 5.3.18 and to specify standard requirements for inspection purposes when facilities undergo annual inspection and license renewal. These requirements must be satisfied in order to validate a generator is on site and can provide essential services in the event of loss of power.

## 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 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 services, meal services, laundry and housekeeping services. (See also Standards - Resident Care, Housekeeping, Laundry and Dietary Services, Infection Prevention and Control and Communicable Disease Management)
- 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;
  - handling and storage of food;
  - following Routine Precautions;
  - the disposal of biomedical waste (needles, syringes, etc.); and,
  - the management of all facility waste

#### References

- Community Care Facilities and Nursing Homes Act and Regulations
- Public Health Act & Eating Establishment and Licensed Premises Regulations
- The Food Retail and Food Services Code [www.cfis.agr.ca](http://www.cfis.agr.ca)

#### Compliance measures

- Review of Policies and Procedures
- Staff training records

## 6.0 SOCIAL ENVIRONMENT

### 6.1 SOCIAL ACTIVITY

#### STANDARD 6.1

There are opportunities provided through scheduled and unscheduled events for residents to take part in 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 and to develop relationships with other residents, staff, and visitors. Activities are planned to provide opportunities based on resident needs 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.
- 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 a resident, efforts are made to provide activities on an individual basis.
- 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 staff.

**Reference**

- *Community Care Facilities and Nursing Homes Act* Regulations (section 26 (a))

**Compliance Measures**

- Review of schedule and/or records of activities

## 6.2 SPIRITUAL AND RELIGIOUS PRACTICES

### 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

Residents are given the opportunity to receive spiritual guidance from the clergy of their choice and to participate in religious services in an appropriate place in the community care facility or in the community when possible.

#### Criteria

- 6.2.1 The resident/family is informed of the pastoral care services available in the facility.
- 6.2.2 Support and assistance is available as needed to assist each resident to attend spiritual and religious activities of his/her choice.
- 6.2.3 The resident is assisted in arranging contact with clergy of his/her choice on an individual basis.

#### Compliance Measures

- Review resident record
- Resident's rights policy
- Review facility practices for resident support and assistance

## 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 appointments, dental appointments and eye sight and hearing testing.

#### Criteria

- 6.3.1 The direct care 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 operator or designated staff provides assistance to make appointments and arrange transport for appointments if family support is not available.
- 6.3.3 If the facility provides transportation to the resident, the operator ensures that vehicles owned or leased by the facility and used to transport residents have valid registration and insurance and are operated by licensed, qualified drivers.

#### References

- Community Care Facilities and Nursing Homes Act and Regulations (section 23)

#### Compliance Measures

- Review resident record
- Resident interview



## 6.4 RESIDENT CONCERNS

### STANDARD 6.4

Residents, resident representative and/or family are given the opportunity to express concerns about the operation of the facility and to be involved in any decision which may affect the resident directly.

#### Principle

Every resident, resident representative and/or family can express concern and recommend changes to the operator and/or staff on behalf of herself/himself without interference, fear of reprisal or discrimination.

#### Criteria

- 6.4.1 The facility has a process for hearing concerns which includes:
- recording of the resident/representative/family concern;
  - notification of owner of concern;
  - investigating the concern 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; and,
  - recording the outcome of the investigation

#### Reference

- Community Care Facilities and Nursing Homes Act Regulations (section 26 (d))

#### Compliance Measures

- Resident interviews
- Resident records
- Resident Rights policy

## 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 is included in the development of the initial plan of care.
- 6.5.2 The family is orientated to the facility upon resident admission.
- 6.5.3 The family is included in periodic review and updates to the plan of care.
- 6.5.4 The family is notified of any significant change in the resident's health condition or incident which has occurred.
- 6.5.5 The family is encouraged to attend social events with the resident.

#### References

- Community Care Facilities and Nursing Homes Act Regulations (section 26 (b))

#### Compliance Measures

- Resident record
- Resident interview
- Staff interview

## 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, 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.
- 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 the work they will be doing as well as orientation training for general facility requirements including fire prevention/safety and evacuation plans.
- 7.1.4 No new staff member is left unsupervised in the facility until the staff member has received all the necessary orientation training and the operator is satisfied she/he is able to perform the work duties required.
- 7.1.5 The facility orientation program includes introduction to:
  - facility philosophy of care;
  - resident's rights;
  - facility mission statement, goals and objectives;
  - facility policies and procedures relevant to the new staff member responsibilities;
  - expectation of confidentiality;
  - fire prevention and safety;
  - environmental health practices;
  - emergency and evacuation procedures; and,
  - infection prevention and control practices.

**Compliance Measures**

- Review of orientation records
- Review of staff training records
- Staff interview

## 7.2 STAFFING

### STANDARD 7.2

The facility operates in a manner that is responsive to the needs of the residents. Staff is available in adequate numbers, with appropriate skills and experience, to ensure residents receive quality, timely care in accordance with Board requirements.

#### Principle

The operator is responsible for operating the facility in a manner which will provide a home-like environment for residents while maintaining the spirit, dignity and individuality of the residents.

#### Criteria

- 7.2.1 The facility has a list of staff positions (including operator).
- 7.2.2 The facility has a job description for each staff position including responsibilities, education and qualifications.
- 7.2.3 The facility maintains a staff work schedule and the work schedule ensures adequate staff coverage, including awake supervision during the night.
- 7.2.4 The facility has personnel policies and procedures which are readily accessible to employees.
- 7.2.5 The facility maintains a record for each staff member, to include:
- qualifications
  - evidence of certification(s) for required training
  - evidence of in-service training
  - orientation checklist
  - performance appraisals/reviews
  - a certified criminal record 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 by applicant in their 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
  - confidentiality agreement
- 7.2.6 Considering the physical structure, functionality of the structure and care need of the residents 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.
- 7.2.7 Considering the physical structure, functionality of the structure and care need of the residents and Board requirements, there is sufficient staff available in the facility at all times to provide for supervision and assistance to residents for their anticipated daily needs.

## References

- *Community Care Facilities and Nursing Homes Act* Regulations (sections 31, 32)
- *Community Care Facilities and Nursing Homes Act* Regulations (section 20) & Regulations (section 11 (2))
- *Operational and Care Service Standards for Community Care Facilities*
- *Criminal Records Act*

## Compliance Measures

- Review of Operating Policies & Procedures
- Staff personnel records
- Staff interviews
- Staff records
- Staff qualifications
- Staff work schedule
- Staff direct care hours

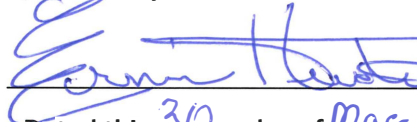
**Approved by: Community Care Facilities and Nursing Homes Board**  
**Dated the 16<sup>th</sup> day of November, 2016**

**Endorsed by Board Chair:** 

On November 16<sup>th</sup> 2016 the CCFNH Board passed a motion to amend standard 7.2.5 and to specify requirements for criminal records\*\* to include certification of vulnerable sector clearance, and institute standard requirements for employee reference and background checks. These requirements must be satisfied prior to commencement of employment in any licensed Community Care Facility.

**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 7.2.5 and to specify requirements for criminal records for all employees\*\* 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. These requirements must be satisfied prior to commencement of employment in any licensed Community Care Facility.

## 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 educated staff. Safe 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 (although is not limited to):
- training in fire prevention and safety measures;
  - evacuation and resident transfer procedures;
  - training in management of an obstructed airway or comparable first aid procedures;
  - current topics in the care of the elderly;
  - care assessment (designated staff);
  - medication handling, storage, administration (designated staff);
  - developing care plans (designated staff);
  - Food Safe Program, certification (designated staff)
  - therapeutic and special diets (dietary staff);
  - adult protection (various topics);
  - infection prevention and control (Hand Hygiene, Routine Practices)
  - Workplace Hazardous Materials Information System (WHMIS)
- 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 file.
- 7.3.3 Where there is not a registered nurse on the premises, all direct care staff are certified in first aid and at least one direct care staff present is certified in cardiopulmonary resuscitation (CPR).
- 7.3.4 All dietary and direct care staff are trained in the anti-choke maneuver.

- 7.3.5 Where credentials are required by provincial laws covering licensure to practice, the facility will maintain current records of the qualifications of employees and certification in training programs such as:
- first aid (initial certification and bi-annual re-certification);
  - CPR (initial certification and annual re-certification), All CPR education documentation must be signed and dated from a certified instructor;
  - anti-choke maneuver; and,
  - registered nurses, licensed practical nurses (if on staff)

#### References

- Community Care Facilities and Nursing Homes Act Regulations (section 21)
- Community Care Facilities and Nursing Homes Board memo November 23, 1999 - Staff Qualifications
- Occupational Health and Safety Act 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 staff qualifications
- Review of education/training records




**On February 15, 2023 the Community Care Facilities and Private Nursing Homes Board passed a motion to amend the following Operational and Care Service Standards for Community Care Facilities**

**Standard 5.3.16**

**Standard 7.3.5**

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



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Mary Anne McMahon

Approved by: Minister of Health and Wellness



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Honorable D. Mark McLane

- 8.1 Appendices reflect operational policies and processes which may change on an as required basis and do not require the approval of the Minister.
- 8.2 Acknowledgments
- 8.3 List of Related Legislation and Regulations (Prince Edward island) and Recommended Direct Care Hours for Community Care Facilities

## Acknowledgments

- Government of Alberta, Long-Term Care Accommodation Standards (March 2007)
- Government of New Brunswick, Department of Family and Community Services, Standards and Procedures for Adult Residential Facilities (2006)
- Government of Newfoundland and Labrador, Provincial Personal Care Home Program Operational Standards (April 2007)
- Government of Ontario, Bill 140 2006 An Act Respecting Long Term Care Homes
- Government of Prince Edward Island, Department of Health, Application and Information Requirements for Licensure of Community Care Facilities, September 2003 and Care Service Management Plan, October 2003.
- Government of Prince Edward Island, Department of Health and Social Services, Standards of Care for Nursing Homes in Prince Edward Island unadopted (March 1997)
- Government of Saskatchewan, The Personal Care Homes Regulations, 1996
- National Association for Regulatory Administration (NARA), Licensing Curriculum (2000 edition)

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

- Adult Protection Act
- Community Care Facilities and Nursing Homes Act
  - Community Care Facilities and Nursing Homes Act Regulations
- Consent to Treatment and Health Care Directives Act
  - Consent to Treatment and Health Care Directives Regulations
- Coroners Act
  - Coroners Act Regulations
- Fire Prevention Act
  - Fire Prevention Act Codes and Standards Order
- Mental Health Act
  - Mental Health Act Regulations
- Occupational Health and Safety Act
  - Workplace Hazardous Materials Information System Regulations
- Public Health Act
  - Notifiable and Communicable Diseases Regulations
  - Eating Establishments and Licensed Premises Regulations
- Public Trustee Act
- Smoke-free Places Act
  - Smoke-free Places Act General Regulations
- Social Assistance Act
  - Social Assistance Act Regulations
- Vital Statistics Act
  - Vital Statistics Act Regulations

## RECOMMENDED DIRECT CARE HOURS FOR COMMUNITY CARE FACILITIES

### DEFINITIONS

1. **WORKED HOURS** are defined as regular scheduled hours, overtime, 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 meal time.
2. **DIRECT CARE HOURS** are defined as worked hours by direct (hands-on) care staff to provide personal care to residents through support and assistance with their activities of daily living (e.g. eating, bathing, grooming, dressing, toileting, ambulation/mobility) and with their cognitive, behavioural and social needs (as outlined in the SAST). This also includes medication management, assessment, documentation and reporting changes regarding the resident’s condition and provision of assistance in arranging professional health services which are not available in the facility.

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

### RECOMMENDED DIRECT CARE HOURS

Each resident is assessed using the Seniors Assessment Screening Tool (SAST) to determine a level of care (LOC) rating - 0 through 5. Community Care Facilities are licensed to care for residents in Levels 1,2 or 3. Hours required for level 4 are shown as a resident may be reassessed at level 4 if condition changes while in the CCF.

The number of direct care hours, for each level of care, required for a 24-hour period (below) has been approved by the Community Care Facilities and Nursing Homes Board and is used to calculate the recommended direct care hours.

# Direct Care Hours Recommended by Care Level/ 24 Hour Period/ Resident	
Level 1	0.5
Level 2	1.25
Level 3	2.125
Level 4	3

## CALCULATION OF RECOMMENDED DIRECT CARE HOURS

### Example:

Assessed LOC	Number of Residents	x	Recommended Care Hours	=	Total Daily Hours
Level 1	2 residents	x	0.5 hours	=	1
Level 2	47 residents	x	1.25 hours	=	58.75
Level 3	8 residents	x	2.125 hours	=	17
Level 4	1 resident	x	3.0 hours	=	3
Recommended Daily Direct Care Hours					79.75 hours

## CALCULATION OF AVERAGE SCHEDULED DIRECT CARE HOURS

The facility scheduled (average) direct care hours for a 24 hour period is calculated and compared with the recommended hours to determine compliance. All facilities are required to be within 90 - 100% compliance with recommended staffing hours for licensure.

### Example: Calculation of Average Scheduled Direct Care Hours for

Staff	Days	Evenings	Nights	Average Care Hours
Shift Supervisor	1 x 7.5 hours	1 x 7.5 hours	1 x 7.5 hours	22.5
Caregivers	3 x 7.5 1 x 4.5	2 x 7.5 1 x 4.5	1 x 7.5	54
Activity Staff		1 staff - 32.5 hours /week		4.64 hours
Average Scheduled Direct Care Hours				81.14 hours

In comparing the examples noted above, the “average scheduled direct care hours” is compliant with the “recommended direct care hours”.

January 2009