

LONG TERM CARE FACILITIES
IN NEWFOUNDLAND
AND LABRADOR
OPERATIONAL STANDARDS

November 2005

Provincial Long Term Care Operational Standards

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INTRODUCTION

Long term care facilities in the Province of Newfoundland and Labrador provide residential care and accommodations to residents who have high care needs and require on-site professional nursing services. These residents are classified using the existing classification system in Newfoundland and Labrador. Care and accommodations for these residents is subsidized by the Department of Health and Community Services. As the existing facilities are accredited public facilities, they are not currently licensed.

Services provided by long term care facilities generally consist of the following:

- Professional nursing care, medical services, social work services and personal care services designed to meet the physical, emotional, social, spiritual and intellectual needs of residents.
- Nutritional services designed to provide safe, nutritious quality meals to meet the nutritional, therapeutic and social needs of residents.
- Clean, comfortable, safe residential accommodations.
- Pharmacy services including documentation on medication procurement, storage, administration and record keeping.
- Therapeutic rehabilitative and restorative services that are designed to meet the assessed needs of the residents.
- Pastoral Care services based on the identification of spiritual needs and preferences of residents and families.
- Volunteer services designed to enhance residents' quality of life.

Operational standards contained in this document represent Government's expectations for long term care facilities. Government is committed to offering residents and families a high quality of holistic, resident-centered care in a homelike environment. Resident-centered care is predominant in that it recognizes the value of a social model as a framework for resident-centered living. This is demonstrated by offering a safe, homelike environment with emphasis on providing for the spiritual, psychosocial, cultural and physical needs of residents. Every effort is made to foster independence, freedom of choice and to support each resident's involvement in maximizing personal well-being to the extent of his or her abilities.

Elements underpinning the composition of each standard, its outcome and the performance measures are the residents' and their families' right to be treated with dignity and respect. They include the right to privacy, to have independence and freedom of choice and the opportunity to exercise personal responsibility in achieving well-being to the fullest extent of their capabilities.

The word, "resident", as it appears in the standards, should be read to include "family, significant other and/or legal representative". The word, "physician", as it appears in the standards, should be read to include Nurse Practitioners where the service is within their scope of practice.

The operational standards are designed to ensure the delivery of safe, quality care to frail elderly people and a limited number of adults with disabilities. The standards address resident care,

management activities and support services. Some references to space and physical design requirements of some services and programs are noted.

These operational standards acknowledge the unique and complex needs of individuals and the additional specific knowledge, skills and facilities needed to deliver a quality service. They provide a mechanism for internal and external reviews and must be implemented in a manner that reflects the requirements and expectations of the Province. They will be monitored by the regional health authorities to ensure that facilities operate within established criteria and are committed to continuous quality improvement. It is recognized that as resident care, program and service requirements change, the development of new and revised standards will be necessary to respond to changes in resident needs. The standards will be reviewed and revised if necessary to incorporate new ideas that will support a standard that best meets the care, program and service needs of residents. This review may involve the participation of long-term care stakeholders and will occur every two (2) years. These standards are subject to Departmental review and may be changed at the discretion of the Department.

SECTION 1 GOVERNANCE

Standard 1 - Statement Of Philosophy Of Resident-Centred Care For Long Term Care Facilities

Long term care facilities set optimal standards of care to maintain and enhance the resident's quality of life, promote a social model of care and strive, with appropriate support services, to ensure that resident goals and objectives are identified and addressed. These facilities promote the dignity and worth of all residents; and provide for their physical, emotional, social, spiritual and intellectual needs through an interdisciplinary team approach.

OUTCOME The resident directs his/her own care to achieve personal goals for quality of life. The resident's holistic needs are provided with respect and dignity by a caring staff.

PERFORMANCE MEASURES

1.1 Long Term Care Facilities:

- 1) support the provision of holistic, resident centred care by complying with the legislation, standards, staffing requirements, labour and professional services agreements and other instruments applicable and conducive to optimal operations;
- 2) document their vision and values in the mission statement, goals and objectives, and the responsibilities and authority of management and staff;
- 3) continually assess need, plan, design and implement programs and services to meet the current and future needs of the residents served to achieve the best possible outcome;
- 4) establish processes for monitoring the quality of resident centred-care, including mechanisms for monitoring resident and family satisfaction;
- 5) ensure that protocols are in place to address resident and/or family complaints, ethical and legal issues;
- 6) establish processes for monitoring and auditing its performance as a whole, in the delivery of resident centred care.

1.2 Long term care facilities governance policies, procedures and practices are monitored and evaluated as part of the overall continuous quality improvement plan.

SECTION 1 GOVERNANCE

Standard 2 - Policy And Procedure Statements Defining Delivery Of Resident Care And Support Services

Each program and service delivery component has written descriptions of the services they provide. Descriptions include the organizational structures used to facilitate efficient and effective delivery of its services to the resident.

OUTCOME The resident receives continuous care and attention, provided by the facility's program and service components.

PERFORMANCE MEASURES

- 2.1 Each discipline and service department has documented procedures outlining their responsibilities in delivering care and services to the resident.
- 2.2 To ensure compliance with policies and procedures, each component of care and service delivery has systems in place to monitor and audit the quality of care and service delivered to the resident.

SECTION 1 GOVERNANCE

STANDARD 3 - CONTINUOUS QUALITY IMPROVEMENTS

Effective, continuous quality improvement plans are in place, which include mechanisms to obtain the resident's input.

OUTCOME Each long term care facility is operated in the best interests of the residents. The continuous quality improvement plans reflect evidence of resident input, evaluation of outcomes, indicators and work processes; and include employee involvement.

PERFORMANCE MEASURES

- 3.1 The continuous quality improvement plans are clearly stated and easily understood. They include annual goals and objectives, indicators being monitored, resident's feedback mechanisms and are accessible to all staff.
- 3.2 Plans are reviewed annually, reflecting actions taken and evaluation of outcomes.
- 3.3 Standards, policies and procedures are reviewed annually or as required, in relation to changing government, industry, service or other regulatory changes. Feedback from resident surveys and other forms of feedback are used, including focus groups and individual/family discussions.
- 3.4 Opinions and other input are solicited from residents, their family members, the community - if applicable; and from staff in the interdisciplinary teams and support services, to update and ensure continuous quality improvements in the delivery of resident-centred care.
- 3.5 Recommendations accepted for changes and improvements are actioned within specifically stated time frames.

SECTION 1 GOVERNANCE

Standard 4 - Ethical Standards

The long term care facility delivers services and makes decisions in accordance with its values and with its own code of ethics or other recognized codes of ethics.

OUTCOME The long term care facilities' values shape objectives and acceptable behaviour for staff, as well as acceptable relationships with other facilities.

PERFORMANCE MEASURES

- 4.1 The long term care facility has a common set of values and educates staff, service providers, residents and volunteers about these values.
- 4.2 The long term care facility's values are reflected in decision making and how services are delivered.
- 4.3 The long term care facility works with other facilities to establish common values across the facilities and across the community.
- 4.4 The long term care facility develops, regularly reviews and updates policies on ethical issues.
- 4.5 The long term care facility has a written code of ethics for business and professional behaviour.
- 4.6 The long term care facility has a formal process for dealing with ethical issues and concerns.
- 4.7 Staff, service providers, students and volunteers are aware of ethical issues surrounding services and the long term care facility's policies and processes available to support ethical decision making.
- 4.8 The long term care facility sets and uses criteria to guide discussions and decision making in ethical issues.
- 4.9 The long term care facility has a process for investigating and acting on non-compliance with the code of ethics.

SECTION 2 HUMAN RESOURCES

Standard 1 - Staffing

The staffing numbers and skill mix of the long term care facility are appropriate to residents' assessed needs.

OUTCOME The resident's needs are met by the appropriate numbers and skill mix of staff.

PERFORMANCE MEASURES

- 1.1 There are written policies and procedures in place to ensure hiring of qualified staff, licensure verification as required, providing orientation, detailed job descriptions, and performance evaluation.
- 1.2 There is a system to determine staffing numbers, in accordance with the Department of Health and Community Service guidelines for hours of care and other staffing guidelines.
- 1.3 There is a record of staff rotation, indicating which staff are on duty, in numbers and capacity, during each 24 hour period. These records shall be kept for a two-year period.
- 1.4 Staffing assignments take into consideration residents' need for continuity and stability of care provided.
- 1.5 Staff receive orientation and in-service education regarding the philosophy of resident-centred care. They are aware of the goals and objectives, the need to treat residents with respect and dignity; and to provide them with support to maximize their rights and independence to the full extent of their capabilities.
- 1.6 The resident may contribute to evaluation of staff by completing questionnaires, and/or through resident/family councils.
- 1.7 Staff providing resident care are expected to be committed to continuous learning, and to demonstrate this commitment through participation in learning opportunities. This is reviewed on an annual basis at each person's performance appraisal review.
- 1.8 Staffing is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 2 HUMAN RESOURCES

Standard 2 - Access To Staff And Services

The resident receives a comprehensive range of core services designed to meet his/her holistic needs in a home-like environment.

OUTCOME The resident receives rehabilitative and personal care services including nursing, medical, pharmaceutical, clinical nutrition, physiotherapy, occupational therapy, social work, therapeutic recreation, and pastoral care. Services are designed to meet the resident's physical, emotional, social, spiritual and intellectual needs. The resident experiences an atmosphere of caring in an enabling environment.

PERFORMANCE MEASURES

- 2.1 The resident's care is provided through monitored programs and services by an interdisciplinary team of health professionals and qualified support staff in accordance with his/her individualized plan of care.
- 2.2 The resident is provided with safe, nutritious, quality foods to meet his/her nutritional, cultural and social needs, and any therapeutic dietary requirements.
- 2.3 The resident has clean, comfortable, safe residential accommodations that are regularly inspected and surveyed by qualified provincial government and internal inspectors, to ensure the facility's compliance with applicable provincial legislation.
- 2.4 Pharmacy services are provided, monitored and audited, including documented methods of procurement, storage, disposal, administration, and record keeping.
- 2.5 The resident is provided with a range of activities to meet his/her assessed recreational and individually expressed personal interests.
- 2.6 Where services cannot be provided on site, arrangements are made for the resident to access external specialist services, for example, psychology services, speech language pathology, auditory and dental care, designed to meet his/her assessed needs.
- 2.7 Pastoral care services are available, based on the identification of spiritual needs and preferences of the resident.
- 2.8 Volunteer services are encouraged and integrated into the resident's lifestyle within the facility.

SECTION 2 HUMAN RESOURCES

Standard 2 - Access To Staff And Services

PERFORMANCE MEASURES

- 2.9 Palliative care services are provided with respect and dignity to residents and their families.

- 2.10 Access to staff and services is monitored and evaluated through the continuous quality improvement program.

SECTION 2 HUMAN RESOURCES

Standard 3 - Volunteers

An organized volunteer service is established to complement the resident's care and services.

OUTCOME The resident has opportunities for interactions with members of different ages from the community who participate with them in a range of activities and events.

PERFORMANCE MEASURES

- 3.1 There are written policies and procedures for the volunteer program.
- 3.2 A designated staff person has overall responsibility for the volunteer program.
- 3.3 Volunteers are required to provide a Certificate of Good Conduct and sign an Oath of Confidentiality.
- 3.4 Volunteers receive orientation and a job description.
- 3.5 The interdisciplinary team has input in planning how volunteers can be involved to benefit the resident.
- 3.6 Volunteers are aware of reporting relationships to the staff, and the extent and type of required reporting at the end of each volunteer session or shift.
- 3.7 There is a policy in place to evaluate volunteers and deal with unsatisfactory conduct.
- 3.8 The volunteer service is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 3 CARE SERVICES: ADMISSION AND DISCHARGE

Standard 1 - Admission, Placement And Transfer

Prior to placement the resident is assessed by the single entry system. Placement is based on the organization's ability to respond to the individual's assessed needs and preferences.

OUTCOME The resident is placed in an appropriate setting, according to his/her needs taking into account preference where possible.

PERFORMANCE MEASURES

- 1.1 There are written policies and procedures to guide a resident's admission and/or his/her subsequent requests to transfer to another facility both internal and external.
- 1.2 There are mechanisms in place to acknowledge stress related to moves within sites. For transfers not at the request of resident, processes are in place to identify potential negative impacts and reduce stress for the resident.
- 1.3 There are mechanisms in place (i.e. internal interdisciplinary review process) to determine if the facility has sufficient resources and service levels to respond to the assessed needs and preferences of the referred applicant, before accepting the person as a resident.
- 1.4 The resident is provided with an orientation to the facility which includes written information about the following:
 - 1) organizational structure and its internal accountability mechanisms;
 - 2) description of all available health care, programs, services and any other activities;
 - 3) resident rights and responsibilities;
 - 4) resident/family councils;
 - 5) resident safety and security;
 - 6) how to obtain information, raise concerns, lodge complaints, make recommendations for changes or to secure advocacy services,
 - 7) emergency and evaluation procedures,

SECTION 3 CARE SERVICES: ADMISSION AND DISCHARGE

Standard 1 - Admission, Placement And Transfer

PERFORMANCE MEASURES

- 1.5 The resident signs an agreement which outlines the expectations of both parties regarding provision and acceptance of services.
- 1.6 The resident participates in the development of his/her integrated care plan, which is initiated on admission.
- 1.7 The resident's integrated care plan is based on his/her holistic care needs, as determined by the assessment processes of the interdisciplinary care team.
- 1.8 Admission, assessment and placement policies and procedures are monitored and evaluated by the continuous quality improvement plan.

SECTION 3 CARE SERVICES: ADMISSION AND DISCHARGE

Standard 2 - Spousal Admission

In exceptional circumstances where a spouse does not meet the care requirements as per the levels of care guidelines, he/she may be considered for placement within the facility where that spouse's partner is located.

OUTCOME Where it has been determined that separation is detrimental to a spouse, residents and their spouses are enabled to live together, if they so wish.

PERFORMANCE MEASURES

- 2.1 There are written policies and procedures in place for spousal admissions.
- 2.2 The spouse, as a resident, has access to all programs and services provided.
- 2.3 The spousal admission policies and procedures are monitored and evaluated by the continuous quality improvement plan.

SECTION 3 CARE SERVICES: ADMISSION AND DISCHARGE

Standard 3 - Respite Care Services

A respite care program may be provided for a defined period of time to persons who normally live in the community and who may be dependent on others. Applications will be processed through the Single Entry System.

OUTCOME Persons requiring respite care have access to the facility's programs and services. Their families and/or volunteer caregivers experience an interval of rest and relief from the responsibility of caring for a dependent person.

PERFORMANCE MEASURES

- 3.1 There are written policies and procedures governing respite care services in accordance with provincial guidelines.
- 3.2 A discharge plan and respite contract shall be in place before a respite admission occurs.
- 3.3 The person in respite care receives a comprehensive assessment of his/her functional abilities and care requirements.
- 3.4 As temporary residents of a facility, persons receiving respite care have access to its programs and services.
- 3.5 An interdisciplinary care plan is developed for each person receiving respite care services.
- 3.6 The person's family and/or legal or other representatives are involved in the development of the care plan.
- 3.7 Respite care services are monitored and evaluated by the continuous quality improvement plan.

SECTION 3 CARE SERVICES: ADMISSION AND DISCHARGE

Standard 4 - Health Care Directives: Cognitively well

Each cognitively well resident is informed about and given the opportunity to complete an advance health care directive as per applicable legislation.

OUTCOME The resident has the assurance of knowing that his/her health care wishes are respected in the event of being unable to communicate those wishes to others.

PERFORMANCE MEASURES

- 4.1 There are written policies and procedures with respect to residents having the opportunity to complete advance health care directives, (AHCD).
- 4.2 There is a process in place to explain to residents, families and/or representative, the meaning of the AHCD.
- 4.3 If a resident does not make an AHCD, the individual's health care record has an entry indicating that they were informed, and that in the event the resident becomes unable to communicate health care wishes to others, a substitute decision-maker will be appointed as outlined in Section 10 of the Advance Health Care Directives Act, 1995.
- 4.4 The resident's health care record contains a copy of his/her AHCD; and the AHCD accompanies the resident to other health care facilities.
- 4.5 There is a process in place to review the AHCD at the resident's request; or annually or earlier if circumstances so dictate.
- 4.6 The resident has the right to change his/her decision about the AHCD, or to rescind it at any time.
- 4.7 The resident's wishes, as outlined in the AHCD, are followed.
- 4.8 The continuous quality improvement plan monitors and evaluates the policies and procedures with respect to AHCD.

SECTION 3 CARE SERVICES: ADMISSION AND DISCHARGE

Standard 5 - Health Care Directives: Cognitively Impaired

The Organization facilitates the provision of supportive care to the cognitively impaired resident who has not completed an Advance Health Care Directive.

OUTCOME Substitute decision makers are offered the opportunity to participate in developing health care directives for their loved ones.

PERFORMANCE MEASURES

- 5.1 There are policies and procedures in place governing health care directives for the cognitively impaired resident who had not made an Advance Health Care Directive, (AHCD).
- 5.2 If, upon admission to a facility, a cognitively impaired resident is without an AHCD, his/her alternative (substitute) decision maker is identified, in accordance with Section 10 of the Advance Health Care Directive Legislation, (1995).
- 5.3 The resident's health care record has a copy of the resident's substitute decision maker's wishes regarding level of intervention (LOI) in the event of a terminal illness or life threatening situation and the AHCD will accompany the resident to other health facilities.
- 5.4 A copy of the level of intervention form (LOI) is signed and witnessed and is included on the resident's care plan.
- 5.5 The resident's health care directives are reviewed at least annually.
- 5.6 The substitute decision maker is aware that he/she can amend the resident's care directives at any time.
- 5.7 The policies and procedures regarding the provision of health care directives for the cognitively unwell resident are monitored and evaluated by the continuous quality improvement plan.

SECTION 3 CARE SERVICES: ADMISSION AND DISCHARGE

Standard 6 - Discharge Of Resident

It may be determined, in consultation with the resident, family and/or legal representative, that alternative settings and services may serve the resident's needs much better than remaining in the facility.

OUTCOME The resident, family and/or legal representative receives help and support in planning to relocate to an alternative environment.

PERFORMANCE MEASURES

- 6.1 There are policies and procedures in place to facilitate transfer to an alternate setting when this is a goal of the resident's integrated care plan.
- 6.2 If it is the wish of a cognitively well resident to self-discharge, appropriate placement options will be identified.
- 6.3 If a cognitively well resident's family and/or legal representative are not involved in the discharge planning, the facility makes every effort to contact them 24 hours prior to discharge, with resident's consent.
- 6.4 Prior to discharge, the resident's care needs are assessed and documented by the interdisciplinary care team.
- 6.5 A resident who self-discharges against medical advice has a discharge summary completed by the interdisciplinary care team and his/her attending physician, prior to discharge. It includes documentation of the resident's current status, care requirements, and any counselling provided to the individual and/or representative.
- 6.6 The facility liaises with the central placement agency to assist in identifying appropriate community-based services for the resident, as discharge is being planned.
- 6.7 If the resident has been assessed to be mentally incompetent and his/her legally appointed representative does not wish him/her to transfer to a community setting, the resident remains in the facility.
- 6.8 A resident, family member and/or representative signs a document upon leaving the facility, on a planned or self-discharge basis, indicating that this is their free-will option, and that the long term care facility is not liable for any aspect of their care, or the lack thereof, once they leave.

SECTION 3 CARE SERVICES: ADMISSION AND DISCHARGE

Standard 6 - Discharge Of Resident

PERFORMANCE MEASURES

- 6.9 Following discharge, a member of the interdisciplinary team contacts the former resident or referral organization to monitor the results of the transition.

- 6.10 A continuous quality improvement plan monitors and evaluates all discharges.

SECTION 3 CARE SERVICES: ADMISSION AND DISCHARGE

Standard 7 - Request For Autopsy

There is an established procedure regarding response to requests for autopsies.

OUTCOME The long term care facility's role is clear in responding to requests for autopsies.

PERFORMANCE MEASURES

- 7.1 There are written policies and procedures in place for requesting an autopsy.
- 7.2 In the event of a resident's unexplained death, or in the event that the death is the result of an accident, suicide or homicide, an autopsy is required. The facility administrator immediately makes a report to a medical examiner or an investigator, in accordance with Section 6. (1) of the Fatalities Investigation Act.
- 7.3 The family may make a request for an autopsy to the physician who declares the resident's death.
- 7.4 A consent to autopsy form is signed by a member of the deceased resident's family or by his/her legal representative.
- 7.5 An autopsy is performed in a hospital accredited for that purpose.
- 7.6 A continuous quality improvement plan monitors and evaluates procedures in place regarding responses to autopsy requests.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 1 - Integrated Care Plan

The resident's care plan is completed, with his or her participation, by the facility's interdisciplinary team members.

OUTCOME The Interdisciplinary Team assesses on an ongoing basis the resident's needs and goals, and establishes a care plan to address all aspects of the resident's needs and goals.

PERFORMANCE MEASURES

- 1.1 The resident's care plan is initiated upon admission, and is further refined through the following processes.
 - 1) Admission assessments by members of the interdisciplinary team.
 - 2) A formal interdisciplinary care conference, with participation of the resident and/or family, is held within 8 weeks of admission and as required.

- 1.2 The integrated care plan must include, but is not limited to, the following information:
 - 1) the kinds of assistance required with bathing, dressing, mouth and denture care, skin care, hair care, nail care, foot care, eating, physical activity, mobility, transferring, types of transfers required, positioning, bladder and bowel function, including incontinence care products required;
 - 2) available family and community supports;
 - 3) hearing and visual abilities and required aids;
 - 4) rest periods and bedtime habits, including sleep patterns;
 - 5) language and speech, including any loss of speech capability and any alternate communication method used;
 - 6) food preferences and diet orders;
 - 7) medications and treatments ordered by a physician;
 - 8) mental and emotional status, including personality and behavioural characteristics;

SECTION 4 CARE ACCESS AND DELIVERY

Standard 1 - Integrated Care Plan

PERFORMANCE MEASURES

- 9) baseline pain assessment;
 - 10) safety and security risks and measures required to address them;
 - 11) rehabilitation needs;
 - 12) preferences for participating in recreational activities;
 - 13) religious and spiritual preference;
 - 14) any special considerations for resident's personal belongings;
 - 15) affirmation of an advance health care directive/supportive care directive;
 - 16) any other need identified by the resident, family members or interdisciplinary team.
- 1.3 The resident is personally involved in the development of the integrated care plan. The plan documents his/her personal choice in decisions affecting activities, treatments and other programs and services impacting upon him/her.
- 1.4 The resident's care plan is developed, with interdisciplinary team participation, based upon the assessment of specific care requirements, planned solutions to identified problems, their implementation, and evaluation of the individual's responses to the interventions.
- 1.5 The care plan is accessible to every member of the interdisciplinary team, the resident and family members, if they wish.
- 1.6 Staff who provide direct care and services are aware of the resident's current care plan.
- 1.7 Provisions are made for review of the care plan by the resident at any time.
- 1.8 There is evidence that the care plan is reviewed and updated, at least quarterly, or more frequently, as the resident's care needs change.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 1 - Integrated Care Plan

PERFORMANCE MEASURES

- 1.9 The care plan will reflect the interventions provided for each aspect of documented care required.
- 1.10 The overall management and coordination of the resident's integrated care plan is the responsibility of the facility's resident care manager or delegate.
- 1.11 The integrated care plan is part of the resident's permanent health record.
- 1.12 The residents' integrated care plan is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 2 - Nursing Service

The resident has access to organized nursing care, working with him/her within the interdisciplinary team approach, which assesses, plans, implements, supervises, coordinates and evaluates his/her holistic care. The nursing care team includes registered nurses, licensed practical nurses, personal care attendants, other unlicensed nursing support staff and those providing advance nursing practices, that is, nurse practitioners and clinical nurse specialists.

OUTCOME The resident's health care needs are met to the extent possible, in support of his/her holistic well-being.

PERFORMANCE MEASURES

- 2.1 There are written policies and procedures for each nursing care activity provided to the resident, for example, foot care, mouth care, skin care.
- 2.2 The nursing service is directed by a registered nurse who is competent and experienced in long term care, gerontology and management.
- 2.3 All nursing care provided to the resident is under the direction and responsibility of a registered nurse who is available on a 24 hour basis.
- 2.4 The resident has access to an appropriate level of nursing care based on his/her assessed needs in accordance with established standards and pertinent legislation.
- 2.5 The quality of care provided to residents by the nursing department is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 3 - Medical Services

A resident's medical needs are assessed by his/her physician (or nurse practitioner where appropriate) and provided for on a 24 hour basis and the assessment results recorded in individual's integrated care plan.

OUTCOME A resident's medical needs are met to the fullest extent possible.

PERFORMANCE MEASURES

- 3.1 The resident's medical care is provided within guidelines of the facility's written policies and procedures governing the delivery of medical services.
- 3.2 The resident's physician is licensed to practise in Newfoundland and Labrador, and must adhere to medical by-laws and regulations.
- 3.3 Within two weeks of admission, the resident receives a physical examination by a physician, and at least annually thereafter.
- 3.4 The resident is under the care of an attending physician.
- 3.5 The Physician participates in the interdisciplinary care process and is invited to attend the resident's interdisciplinary care conference. The physician is required to attend when medical needs are determined by the team as being unique or requiring special assessment or treatment.
- 3.6 The resident's medical history and progress is reviewed, validated and documented at time of admission, and reviewed on an ongoing basis thereafter.
- 3.7 The resident's medical management and orders for treatment are documented and periodically reviewed on an ongoing basis.
- 3.8 The resident's drug regime is reviewed quarterly.
- 3.9 An episode of acute illness experienced by a resident is documented by a physician, and appropriate treatment initiated.
- 3.10 The resident has access to medical consultant/specialist services as necessary, for example, dentistry, ophthalmology, audiology, podiatry, prosthetics and psychiatry.
- 3.11 The resident's medical services are monitored and evaluated as part of the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 4 - Dental Care

The resident receives dental care and related oral hygiene.

OUTCOME The resident has access to appropriate dental care, dental hygienist's services and daily mouth care.

PERFORMANCE MEASURES

- 4.1 There are written policies and procedures governing the provision of residents' dental care and related services.
- 4.2 A qualified doctor of dentistry is accessible to provide services to the resident, as required.
- 4.3 Dental hygienist services are obtained through a regulated service such as a dental clinic as required.
- 4.4 Denturist services are obtained through a regulated service as required.
- 4.5 The resident bears the cost for dental and hygienist services received, unless assessment of their financial circumstances indicate otherwise. If unable to bear the cost, the resident is assisted to access any government financial assistance available for dental and related care.
- 4.6 The provision of dental care and related oral hygiene is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 5 - Foot Care

The resident has access to an organized program of foot care.

OUTCOME The resident has optimal freedom from foot discomfort, pain and/or chronic and/or infectious disease.

PERFORMANCE MEASURES

- 5.1 There are written policies and procedures for the provision of the foot care program.
- 5.2 Assessment of the resident's foot care needs is a part of his/her initial assessment, and becomes part of the individual's care plan.
- 5.3 The resident's foot care needs are reassessed at least every three months, or more often if required.
- 5.4 The resident's basic foot care includes the following non-invasive measures: assessment, identification of infection, injury or other problems, and care of nails and skin.
- 5.5 A resident who requires advanced nursing foot care has that care provided by a health professional, qualified in advanced skills in foot care.
- 5.6 A resident who requires referral to a foot care provider, such as a podiatrist or chiropodist, is assisted by facility staff to access that care.
- 5.7 If the resident is unable to bear the cost for foot care services provided by a podiatrist or a chiropodist, he/she is assisted to access any government financial assistance available for that care.
- 5.8 The resident's foot care program is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 6 - Medications

There are written policies and procedures governing the administration of medications including dispensation, safe administration, reallocation, disposal, storage and security of drugs.

OUTCOME The use of medication is safe, efficient and effective and provides for the maximal quality of life.

PERFORMANCE MEASURES

- 6.1 The resident's drug therapies and regimes are administered, monitored, reviewed and protected by relevant policies and procedures.
- 6.2 Long term care facilities appoint or have a contract with a qualified pharmacist to direct and be accountable for its pharmacy services, including maintenance of each resident's drug profile and quarterly review of the facility's drug storage practices.
- 6.3 All medications are prescribed in writing by an attending physician, or other health professionals, as authorized by Newfoundland legislation relevant to the specific profession.
- 6.4 Prescription drugs are dispensed only by a qualified pharmacist.
- 6.5 A resident assessed as competent to self-administer medications is encouraged and supported to do so; and has a safe place in which to lock medicines.
- 6.6 Where self-medication occurs, there are written policy and procedure directives, including at least quarterly monitoring.
- 6.7 As required, the resident's medications are administered by a registered nurse, or a licensed practical nurse proficient in medication administration.
- 6.8 There is a process in place to ensure the identification of a resident before medication is administered, for example, availability of a current photograph.
- 6.9 Emergency after-hours medications prescribing and dispensing services are available.
- 6.10 Medications requiring refrigeration are kept in a refrigerator unit designated for medications storage only.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 6 - Medications

PERFORMANCE MEASURES

- 6.11 The resident's drug profile, reviewed quarterly, is part of his/her integrated care plan.
- 6.12 Receipt, administration and disposal of Narcotic/controlled drugs are recorded in a controlled drugs register by a registered nurse or other qualified professional, as designated by the resident care manager.
- 6.13 Narcotic/controlled drugs are maintained in a separate locked cupboard or other secure place according to legislation to be accessed only by a registered nurse or licensed practical nurse proficient in medication administration.
- 6.14 There is a written policy regarding removal of medication from the facility by the resident.
- 6.15 There is evidence that the interdisciplinary care team and the facility's direct caregiver staff, that is, registered nurses and licensed practical nurses, are knowledgeable about drug actions, interactions, drug/nutrient interactions, adverse effects, contra indications; and that they document and communicate this information to relevant interdisciplinary care team members. Adverse drug reactions are investigated, documented and reported.
- 6.16 In the event of an unexplained death, the resident's medications are retained up to 5 days by the facility in a secure location until the investigation is concluded.
- 6.17 The Pharmacy program and medication usage is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 7 - Physiotherapy Service

There is provision for physiotherapy therapy service.

OUTCOME The resident is enabled to continue and/or increase his/her functional capacities in all aspects of daily living, to the extent of his/her abilities.

PERFORMANCE MEASURES

- 7.1 There are written policies and procedures governing the delivery of physiotherapy therapy service.
- 7.2 Services are provided by licensed professionals governed by the profession's provincial regulatory body.
- 7.3 The physiotherapist is a member of the interdisciplinary team and contributes to the development, implementation and evaluation of the resident's care plan.
- 7.4 A referral for physiotherapy may be made by the resident, family members, significant other or other caregivers.
- 7.5 The physiotherapist may assign components of the resident's integrated care plan to physiotherapy workers in accordance with provincial guidelines.
- 7.6 Safe, appropriate space and equipment are available for the provision of physiotherapy.
- 7.7 The physiotherapist liaises with physiotherapists and relevant others in the community and acute care, to maintain continuity of care during the resident's admission and discharge process.
- 7.8 The physiotherapy service is monitored and evaluated in accordance with the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

STANDARD 8 - OCCUPATIONAL THERAPY SERVICE

There is provision for occupational therapy services.

OUTCOME The resident is enabled to continue to participate in and/or perform daily occupations of self-care, productivity and leisure.

PERFORMANCE MEASURES

- 8.1 There are written policies and procedures governing the delivery of the occupational therapy service.
- 8.2 The occupational therapy service is provided by licensed professionals, governed by the profession's provincial regulatory body.
- 8.3 The occupational therapist is a member of the interdisciplinary team and contributes to the development, implementation and evaluation of the resident's care plan.
- 8.4 The occupational therapist liaises with occupational therapists and relevant others in the community and acute care, to maintain continuity of care during the resident's admission and discharge process.
- 8.5 The occupational therapist may assign components of the resident's integrated plan to occupational therapy workers in accordance with provincial guidelines.
- 8.6 A referral for occupational therapy may be made by the resident, family members, significant other or other caregivers.
- 8.7 Safe, appropriate space and equipment are available for this service.
- 8.8 The occupational therapy service is monitored and evaluated in accordance with the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 9 - Clinical Nutrition Services

There is provision for clinical nutrition services.

OUTCOME The resident receives clinical nutrition intervention consistent with his/her identified medical and nutritional needs.

PERFORMANCE MEASURES

- 9.1 There are written policies and procedures governing the delivery of clinical nutrition services.
- 9.2 The resident's dietary needs, based on a nutritional assessment and preferences, are included in his/her care plan.
- 9.3 Services are provided by registered dietitians, licensed by the profession's provincial regulatory body.
- 9.4 The clinical dietitian is a member of the interdisciplinary team and contributes to the development, implementation and evaluation of the resident's care plan.
- 9.5 A referral for a clinical nutrition service may be made by the resident, family members, significant other or any other member of the interdisciplinary care team.
- 9.6 Clinical nutrition services are monitored and evaluated in accordance with the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 10 - Social Work

There is provision for social work services to assess and monitor a resident's psychosocial needs, counselling and related services.

OUTCOME The resident has access to social work services and receives assistance in acquiring and maintaining psychosocial supports.

PERFORMANCE MEASURES

- 10.1 There are written policies and procedures for the provision of social work services to the residents.
- 10.2 Social work services are provided by registered social workers, governed by their provincial regulatory body.
- 10.3 Each resident has access to social work services.
- 10.4 The social worker is a member of the interdisciplinary team and has input into the development and maintenance of the resident's integrated care plan.
- 10.5 Each facility's social work service maintains liaison with those community services available to help provide and maintain links between the resident and the community.
- 10.6 Within each facility, social work services participate in a range of residents' group activities, to encourage and support their participation in, for example, resident and/or family councils, and support groups.
- 10.7 The facility's social work services are monitored and evaluated as part of the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 11 - Pastoral Care

The resident has access to an organized pastoral care program to respond to his/her religious and spiritual needs.

OUTCOME The resident may practice his/her individual religious beliefs and spiritual customs in accordance with his/her preferences and abilities.

PERFORMANCE MEASURES

- 11.1 There are written policies and procedures, reviewed at least annually, regarding the provision of pastoral care.
- 11.2 The resident has access to a designated area within the facility set aside for observance of religious and spiritual ceremonies and services.
- 11.3 There is a schedule of regular religious observances; ethnic/cultural services are accommodated, as required.
- 11.4 The resident has access to religious/spiritual advisors of his/her choice.
- 11.5 Designated clergy and pastoral/spiritual care workers are officially identified by the facility's administration.
- 11.6 The Organization has a pastoral care committee, led by an individual who coordinates the pastoral care program.
- 11.7 Where appropriate, representatives of the pastoral care committee participate in the interdisciplinary care committee.
- 11.8 The pastoral care program is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 12 - Therapeutic Recreation Services

There is provision for therapeutic recreation services to enable the resident to develop and use leisure activities in ways that enhance quality of life.

OUTCOME Therapeutic recreation programs respond to the resident's assessed needs and preferences.

PERFORMANCE MEASURES

- 12.1 There are written policies and directives governing the planning, delivery and evaluation of it's the organization's therapeutic recreation programs and services.
- 12.2 There is a recreation therapy service in place at each site, with work directed by a qualified recreation therapist/specialist.
- 12.3 The therapeutic recreation staff are members of the interdisciplinary care team and have input into the development and maintenance of the resident's care plan.
- 12.4 The resident's recreation and leisure needs are identified, as part of the assessment process, and incorporated into the integrated care plan.
- 12.5 There is a record of individual attendance/participation in recreational activities.
- 12.6 The resident has access to a variety of recreational therapy services, programs and interventions.
- 12.7 The resident is made aware of current and forthcoming recreation therapy activities.
- 12.8 As appropriate, the resident's family and friends are invited to participate in therapeutic recreational activities.
- 12.9 The resident has the opportunity to participate in the planning and evaluation of therapeutic recreation activities.
- 12.10 The Therapeutic recreation services are monitored and evaluated as part of the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 13 - Care Of The Dying Resident

The organization provides for the holistic care needs of the resident throughout the dying process and following death.

OUTCOME The resident is cared for with dignity and respect.

PERFORMANCE MEASURES

- 13.1 There are policies and procedures in place in response to dying and death.
- 13.2 Care is provided in an environment that promotes dignity and lends support to the dying resident, and to the family.
- 13.3 The resident is provided with opportunities and supports to discuss any aspect of the dying process.
- 13.4 Pain assessment, management and relief are provided as required.
- 13.5 The body of the deceased resident is handled with dignity, with time allowed for friends and family to pay their respects.
- 13.6 There are supports for the other residents, the deceased resident's family and staff, including counselling, in memoriam services or other appropriate responses.
- 13.7 Policies and procedures for the care of the dying resident and the deceased are monitored and evaluated by the continuous quality care plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 14 - Palliative Care

There is a palliative care service to provide appropriate care and comfort to the resident who is terminally ill.

OUTCOME The resident who is terminally ill receives care and comfort to the fullest extent possible.

PERFORMANCE MEASURES

- 14.1 There are policies and procedures in place to provide direction for the provision of palliative care to a resident who is terminally ill.
- 14.2 The policies and procedures are reviewed annually to reflect the inclusion of current practices in palliative care.
- 14.3 The resident's interdisciplinary care team members, as required, participate in the management of his/her care plan.
- 14.4 The resident or substitute decision maker is involved in decisions regarding the type of care and interventions provided.
- 14.5 The written record of the level of interventions to be received by the resident, in accordance with his/her Health Care Directives, is included in his/her health care record.
- 14.6 The resident receives interventions to promote optimal comfort including the appropriate assessment and management of pain.
- 14.7 The resident, family and/or significant other receive assistance in accessing counselling and bereavement support, according to their needs and preferences.
- 14.8 Assistance is provided to the resident to access religious and spiritual resources, according to his/her needs and preferences.
- 14.9 Policies and procedures directing the delivery of palliative care are monitored and evaluated by the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 15 - Resuscitation In Long Term Care

Residents have access to basic cardio pulmonary resuscitation (CPR).

OUTCOME Basic CPR responses will be available to all residents.

PERFORMANCE MEASURES :

- 15.1 There are written policies and procedures governing resuscitation.
- 15.2 CPR will be provided by trained staff on site.
- 15.3 Residents and families are oriented to policy on basic life support.
- 15.4 Basic CPR will be administered unless otherwise documented.
- 15.5 A policy and procedure on resuscitation is monitored and evaluated as a part of the continuous quality improvement plan.

SECTION 5 EMPOWERING THE RESIDENT

Standard 1 - Resident's Rights

The resident has rights and privileges which support and promote his/her physical, emotional, social, spiritual and intellectual well-being.

OUTCOME The resident experiences personal rights, privileges and basic freedoms, in accordance with the current Bill of Rights of Persons Requiring Long Term Care, Newfoundland Human Rights Association.

PERFORMANCE MEASURES

- 1.1 The administration ensures that, when receiving orientation to the facility, all new residents and family members receive written information about the Residents Bill of Rights, reflecting but not limited to the following.
 - 1) To be treated with dignity, kindness, respect, courtesy and consideration in personal relationships with staff and other residents.
 - 2) To be provided with a safe, clean and healthy environment including comfortable accommodations, furnishings, equipment and services in compliance with the Province's legislation governing provision of long term residential care including the right to request a lock and key for their door.
 - 3) To receive appropriate care and services within the mandate and capability of the particular facility in which the resident resides.
 - 4) To receive care, services and support to be as independent as possible.
 - 5) To know who is providing direct care giving and to have choice where possible in the gender of the caregiver.
 - 6) To be afforded privacy in treatment and in caring for personal needs.
 - 7) To have care and treatment explained in words that are easy to understand in order to make informed decisions and obtain an independent medical opinion, if so desired.
 - 8) To refuse medical treatment except where without such treatment the safety of others cannot be assured by any other means within available resources.

SECTION 5 EMPOWERING THE RESIDENT

Standard 1 - Resident's Rights

PERFORMANCE MEASURES

- 9) To be free from chemical and/or physical restraints, except when all other possible interventions have been explored and exhausted, as per the least restraint policy, (Section 8, Standard 1).
- 10) To be fully informed about the procedures and consequences of receiving and/or refusing restraints.
- 11) To receive the provincial monthly comfort allowance and receive a confidential accounting of financial transactions.
- 12) To have all personal, financial and medical information kept in confidence.
- 13) To receive mail unopened, unless otherwise indicated.
- 14) To participate in making decisions which affect daily life.
- 15) To develop friendships and enjoy meaningful relationships without hindrance or embarrassment.
- 16) To meet their sexual needs with privacy, respect and dignity regardless of their sexual orientation.
- 17) To receive visitors at reasonable hours without prior notice.
- 18) To leave the facility for reasonable periods in order to spend time with family or friends without jeopardizing his or her individual placement.
- 19) To have access to programs that reflect individual physical, spiritual, social, emotional and recreational needs.
- 20) To have opportunities to participate in community activities.
- 21) To practice and have one's religious and cultural preferences respected.
- 22) To be free from unwanted or uninvited persuasion regarding religious beliefs, etc.
- 23) To openly express any concern without fear of repercussion.

SECTION 5 EMPOWERING THE RESIDENT

Standard 1 - Resident's Rights

PERFORMANCE MEASURES

- 24) To have clearly written information about how to make a complaint.
- 25) To have access to the outdoors.
- 26) To display personal possessions, pictures and furnishing in keeping with space and safety regulations.
- 27) To designate a person to be informed of any transfer or emergency hospitalization.
- 28) To be free from any actions that would be deemed to be abuse in any form.
- 29) To receive palliative care.
- 30) To seek advocacy and or legal services through a process identified by the facility.
- 31) To vote and to be provided with the appropriate assistance as required.
- 32) To participate as a member of residents' organizations and the facility's committees, where appropriate.
- 33) To participate in or refuse to participate in research or clinical trials, and to have access to the results of such participation.
- 34) To be provided with access to supplies and choice of alternate products.
- 35) To be provided with access to personal pets.
- 36) To be provided with access to a telephone.
- 37) To be provided with access to smoking and alcohol
- 38) To be enabled to self-discharge where appropriate.

SECTION 5 EMPOWERING THE RESIDENT

Standard 1 - Resident's Rights

PERFORMANCE MEASURES

- 1.2 As part of the continuous quality improvement plan, there is facility-specific monitoring and evaluation to include input from residents, their families and/or other representatives, to determine the level of awareness and resulting practices with respect to the honouring of residents' rights and privileges.

SECTION 5 EMPOWERING THE RESIDENT

Standard 2 - Resident's Responsibilities

The facility encourages and promotes the philosophy that the resident accept responsibility to maximize his/her quality of life.

OUTCOME The resident is aware of his/her responsibility to achieve and maintain a quality of life in keeping with his/her individual capabilities.

PERFORMANCE MEASURES

- 2.1 The Organization has written policies and procedures outlining the expectations of the resident's acceptance of responsibility for personal well-being to the extent of his/her individual abilities.
- 2.2 The resident is provided with written information about the policy, that he/she accepts personal responsibility for his/her actions and participates in accepting and/or declining the care and services being provided.
- 2.3 The resident participates in his/her care as much as possible to enable maximal functioning which results in achieving a quality of life in keeping with his/her abilities and lifestyle. The resident is responsible for:
 - 1) seeking out information when he/she does not understand care and treatment being offered;
 - 2) using only those services that are required for health and well-being;
 - 3) communicating to the care team any planned deviation from the care plan;
 - 4) communicating advance health care and any other advance directives;
 - 5) informing the care team of preferences regarding his/her own death and to make funeral arrangements.
- 2.4 Residents are encouraged to show concern, interest in, tolerance and understanding of others, to include but not limited to the following:
 - 1) conducting any intimate behaviour in privacy; and refraining from imposing unwanted attentions on others;

SECTION 5 EMPOWERING THE RESIDENT

Standard 2 - Resident's Responsibilities

PERFORMANCE MEASURES

- 2) treating other residents, staff and volunteers respectfully and courteously;
- 3) respecting the privacy, rights and freedoms of others;
- 4) respecting the religious, cultural preference and sexual orientation of others;
- 5) participating in making decisions which affect daily life in the facility;
- 6) observing the facility's smoking regulations;
- 7) fully participating in fire and life-safety disaster drills;
- 8) keeping the facility clean and free from litter;
- 9) following the procedures for initiating complaints;

2.5 The resident is responsible for informing the facility's manager and/or care team of the following;

- 1) if responsibility for his/her personal clothing and laundering is accepted by family or responsible others;
- 2) planned absences from the facility;
- 3) making private arrangements to access medical or specialist services;
- 4) budgeting one's own funds and paying accounts on a timely basis;
- 5) providing accurate financial and medical information and keeping the care team informed of changes.
- 6) any observed suspicious/abusive/illegal behaviours of or by others.
- 7) if taking herbal, botanical, homeopathic and/or other natural health products or supplements

SECTION 5 EMPOWERING THE RESIDENT

Standard 2 - Resident's Responsibilities

PERFORMANCE MEASURES

- 2.6 The resident contributes to the operation of the facility through involvement in the resident council and/or other available opportunities if so desired.

- 2.7 The policies and procedure regarding residents' responsibilities are monitored and evaluated by the continuous quality improvement plan.

SECTION 5 EMPOWERING THE RESIDENT

Standard 3 - Dignity, Respect And Privacy

The resident is treated with dignity and respect and is provided with the necessary privacy to maintain personal well-being.

OUTCOME The resident acknowledges that he/she is treated with dignity and respect and his/her privacy is protected.

PERFORMANCE MEASURES

3.1 The Resident can expect:

- 1) to be greeted and referred to by the name by which he/she is accustomed or wishes to be addressed;
- 2) to be recognized for life accomplishments, and supported in his/her continuing role and contribution to family, friends and society;
- 3) to be provided with personal privacy and privacy of possessions;
- 4) to communicate in privacy by telephone, mail or e-mail with any person;
- 5) to require staff to knock prior to entering bedrooms, bathrooms and other personal space and be able to lock their door, if desired;
- 6) that his/her family is treated with respect and dignity; and that he/she is afforded privacy as required during visits with loved ones.

3.2 The continuous quality improvement plan monitors and evaluates input from residents and resident/family councils to assess satisfaction levels with respect to their experience of dignity, respect and privacy.

SECTION 5 EMPOWERING THE RESIDENT

Standard 4 - Independence And Choice

The Resident is enabled to achieve and maintain a level of independence compatible with personal wishes and abilities.

OUTCOME The resident exercises freedom of choice and independence to the full extent of his/her capabilities.

PERFORMANCE MEASURES

4.1 The Resident

- 1) maintains control of personal finances, except in circumstances where the resident requests or requires the services of a trustee;
- 2) is free to make choices with respect to all aspects of daily living;
- 3) can, within reasonable hours, leave and return to the facility as desired;
- 4) participates in determining a sleep time routine;
- 5) has access to all resident common areas at any time of the day or night;
- 6) is free to increase or decrease lighting levels in bedrooms to suit their personal comfort levels for light requirement;
- 7) is free from excessive noise levels;
- 8) is free to voluntarily discharge from the facility at any time, (see Section 3, Standard 6).

4.2 Accommodate and facilitate the resident's choice to access services and appointments, outside of the facility, in the general community if the resident so chooses.

4.3 The extent to which a resident is enabled to exercise his/her right to independence and personal choice is monitored and evaluated by the continuous quality improvement plan.

SECTION 5 EMPOWERING THE RESIDENT

Standard 5 - Resident's Personal Furniture And Belongings

The facility accommodates the resident's use of personal furniture and belongings, to the extent that available space, maintenance of accessible working areas and observance of fire and other safety requirements permits.

OUTCOME A resident's sense of well-being and personal comfort is heightened through availability, control and use of personal items retained as links to and mementos from former lifestyle.

PERFORMANCE MEASURES

- 5.1 The facility provides clear, written information and guidelines to a residents and his/her family regarding the use of personal furniture and other personal items in the resident's bedroom.
- 5.2 There is a process to resolve any dispute between facility staff and the resident's right to use of personal furniture and belongings.
- 5.3 The resident's property is respected and protected.
- 5.4 In the event of death or transfer to another facility, the resident's belongings will be removed from the resident's room within 24 hours.
- 5.5 In the event the resident no longer requires his/her personal furniture or other items, his/her legal representative takes possession of those items and removes them from the facility as soon as possible in a maximum of seven (7) days.
- 5.6 The policies and procedures regarding the resident bringing furniture and personal items into the facility are monitored and evaluated by the Organization's continuous quality care plan.

SECTION 5 EMPOWERING THE RESIDENT

Standard 6 - Resident's Finances

The facility enables the resident to control of his/her finances except where he/she clearly indicates not wishing to do so. Protocols are in place to protect the resident's financial interests.

OUTCOME The resident manages and controls his/her financial affairs to the extent of his/her capabilities.

PERFORMANCE MEASURES

- 6.1 There are written policies and procedures to protect the resident's financial interests.
- 6.2 A cognitively well resident, capable of managing personal financial affairs, will have under his/her control and direction all finance-related matters including cheques, billings for services and all other items related to his/her financial circumstances.
- 6.3 Trust accounts are established and maintained by the Organization for the resident who requests directly, or through his/her legal guardian, the provision of that service, and
 - 1) there is in place legal and auditing services involving trust account transactions;
 - 2) interest accrued on a resident's trust account is deposited to his/her account;
 - 3) a protocol is in place to facilitate a resident's ease of access to his/her trust accounts and valuables being held in safe-keeping;
 - 4) on an annual basis, a detailed statement of the resident's trust account must be provided to the resident or legal guardian;
 - 5) there must be written agreements with respect to who has legal access to withdraw funds on behalf of the resident.
- 6.4 The Organization provides for the security and safe-keeping of money and valuables on behalf of the resident, when requested by the resident or legal guardian to do so.

SECTION 5 EMPOWERING THE RESIDENT

Standard 6 - Resident's Finances

PERFORMANCE MEASURES

- 6.5 Records are maintained and receipts provided to the resident or his/her legal representative for valuables placed for safe-keeping.
- 6.6 Assessment of a resident's competency to manage finances is in compliance with all relevant provincial legislation, for example, the Mentally Incompetent Persons Estates Act, the Judicature Act, and the Department of Health and Community Services Trust Account Guidelines.
- 6.7 If required, a resident is encouraged and assisted to seek his/her own legal assistance/counsel, as needed; for example, with regard to Legal Estate Guardian, Guardianship of the Person, Power of Attorney, Trusteeship, Intestate Succession Act, Letters of Administration, and Letters of Probate.
- 6.8 If a resident is assessed as incompetent and there is no one willing to accept responsibility as legal trustee or guardian, there is a process in place to obtain legal responsibility for that resident and/or his/her assets.
- 6.9 The resident's file, maintained by the facility's administration, has verified proof of any transfer of the resident's estate or decision-making rights to another person or authority.
- 6.10 The policies and procedures pertaining to the management of a resident's finances and related issues are monitored and evaluated as part of the continuous quality improvement plan.

SECTION 5 EMPOWERING THE RESIDENT

Standard 7 - Consent For Health Care Intervention

The resident is aware of and involved in his/her care, including invasive procedures and treatment referrals, by being fully informed about expected outcomes of either acceptance or rejection of such care. The resident has the right to accept or reject any health care interventions.

OUTCOME The resident exercises control over his/her health care interventions.

PERFORMANCE MEASURES

- 7.1 There are policies and procedures in place to ensure that the resident is aware of the right to accept or refuse the provision of authorized health care interventions and related treatments.
- 7.2 The resident's care plan contains information regarding prescribed and/or recommended health care interventions.
- 7.3 The resident's care plan, as well as his/her health record, contains written, witnessed evidence of the resident's or legal representative's decision to accept or refuse health care interventions, and acknowledged awareness of the consequences of that decision.
- 7.4 The continuous quality improvement plan monitors and evaluates policies and procedures in place to aid and support a resident's right to provide or withhold consent for health care interventions.
- 7.5 If the resident is unable to understand the purpose of the consent form, it is signed as outlined in "Substitute Decision Making Legislation".
- 7.6 If the resident has no legal representative or next-of-kin, the consent form is signed by the facility's administrator (as provided for in Section 9.(1)(b) of the Advance Health Care Directives Act, Ch A-4.1; 1995).

SECTION 5 EMPOWERING THE RESIDENT

Standard 8 - Resident's Personal Development

There is provision for a resident's intellectual stimulation, and for opportunities to pursue interests to support individual growth.

OUTCOME The resident pursues his/her personal growth and development needs.

PERFORMANCE MEASURES

- 8.1 The resident's assessment, upon admission, includes a determination for any personal growth and development needs.
- 8.2 The resident, where practicable and feasible, participates in staff orientation and in-service training/education sessions, as a contributor and/or resource person.
- 8.3 The resident is assisted to take part in programs and activities appropriate to his/her cognitive status, interests and preferences, in the facility and in the community.
- 8.4 The resident has access to information-based materials such as newspapers, magazines, books, radio, television and internet.
- 8.5 The resident takes part in learning opportunities of his/her choice, within the facility and in the community, where feasibility and safety permit.
- 8.6 The resident's satisfaction with his/her opportunities for personal growth and development is monitored and evaluated by the Organization's continuous quality improvement plan.

SECTION 5 EMPOWERING THE RESIDENT

Standard 9 - Health Promotion

The resident is encouraged to participate in healthy lifestyle activities, which support opportunities for personal, active involvement, socialization, stimulation and optimal physical independence.

OUTCOME The resident experiences a greater degree of holistic well-being through regular participation in physical, mental and social activities.

PERFORMANCE MEASURES

- 9.1 There are written policies and procedures to support it's the organization's philosophy of fostering health promotion as a goal for all residents.
- 9.2 The interdisciplinary team promotes the incorporation of active involvement, socialization and stimulation in the development of each resident's care plan.
- 9.3 There is facility-wide promotion of the philosophy of optimal resident independence and healthy well-being.
- 9.4 The resident's family members are provided with information about the potential benefits resulting from being involved in activities to support a greater level of independence and well-being.
- 9.5 The appropriate interdisciplinary team members provide health promotion measures which include, but are not limited to the following:
 - 1) promotion of independence in activities of daily living including physical activity, eating, bathing and tasks, for example, related to shopping and management of personal finances;
 - 2) arranging for services, to be provided at predetermined times, including visual, dental, hearing examinations and foot care;
 - 3) management of chronic illnesses;
 - 4) nutrition, in accordance with Canada's Food Guide, and/or therapeutic dietary requirements in the appropriate texture required;
 - 5) early recognition and treatment of acute illnesses or injuries;

SECTION 5 EMPOWERING THE RESIDENT

Standard 9 - Health Promotion

PERFORMANCE MEASURES

- 6) monitoring the resident's medications to reduce the incidence of drug adverse reactions and interactions; and to heighten awareness of medication interactions and reactions;
 - 7) appropriate interdisciplinary referral when required;
 - 8) provision of immunization clinics, for example, influenza prevention;
 - 9) encouraging health promotion measures and supports including, but not limited to, smoking cessation, diabetes education and falls prevention.
- 9.6 The health promotion program is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 5 EMPOWERING THE RESIDENT

Standard 10 - Ethnicity, Cultural Expression And Beliefs

Services and requirements of a resident of ethnic background are provided with respect and dignity in accordance with his/her ethnic customs and cultural preferences,.

OUTCOME The resident is provided with services in accordance with his/her ethnic and cultural expressions and beliefs.

PERFORMANCE MEASURES

- 11.1 There are written policies and procedures governing the provision of services to a resident as a part of his/her preferences or dictates of one's ethnic and cultural background.
- 11.2 Each resident receives support to maintain desired cultural customs, observances, practices and affiliations.
- 11.3 Each resident is supported in maintaining desired linkages with his/her cultural community.
- 11.4 Resources are obtained to aid a non-English-speaking resident to communicate with others, and to assist staff to communicate with that resident.
- 11.5 Ethnicity, cultural expression and beliefs are monitored and evaluated as part of the continuous quality improvement plan.

SECTION 5 EMPOWERING THE RESIDENT

Standard 11 - Resident And Family Councils

Residents and their families are assisted in forming and maintaining an organized structure, to be a forum and serve as their liaison with the facility's administration and board.

OUTCOME Residents and their families have formalized opportunities to exchange ideas and opinions; and to discuss issues and concerns with the administration and board.

PERFORMANCE MEASURES

- 11.1 There are written policies and procedures governing the organization's recognition of and support for resident/family councils.
- 11.2 The resident and/or family councils are formally constituted groups of residents and/or their families, with a written constitution, by-laws and an elected president and executive.
- 11.3 Resident/family councils have autonomy over their own affairs.
- 11.4 There are clear reporting mechanisms and lines of communication to the facility's administration and to the board of directors.
- 11.5 The facility's support for resident/family councils is monitored and evaluated by the continuous quality improvement plan.

SECTION 5 EMPOWERING THE RESIDENT

Standard 12 - Complaints

There is a process in place to ensure that there is a simple, clear and accessible complaints procedure.

OUTCOME Residents, their families and staff are aware of the process to lodge a complaint; and are confident that their complaints will be heard, seriously considered and receive appropriate action, and will not impact on their care/service.

PERFORMANCE STANDARDS

- 12.1 There are written policies and procedures, available to the resident outlining how complaints are to be presented, to whom, and how they will be addressed.
- 12.2 A complaints procedure is provided in writing to the resident on admission, and whenever required thereafter.
- 12.3 There is a specified time frame in which the complainant can expect to receive a response;
 - 1) the initial response is made within 2 business days;
 - 2) a full reply, based on investigation results, within 1 month.
- 12.4 A record of all complaints received, and the action taken to address the complaint, is maintained.
- 12.5 The complaints procedure is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 6 RESIDENT SUPPORT SERVICES

Standard 1 - Food Service

There is a high-quality food service to meet the resident's nutritional needs.

OUTCOME The resident is provided with an organized, dietetic service which responds to his/her dietary requirements and enhances the quality of his/her life.

PERFORMANCE MEASURES

- 1.1 There are written policies and procedures to govern the provision of the resident's food service.
- 1.2 The food service is directed by a qualified individual, competent and experienced in food service management for residents in long term care.
- 1.3 The resident is provided with menus and meals according to the Canada Food Guide, and in consideration of his/her preferences.
- 1.4 The resident has access to a planned, date-cycled, posted master menu, scheduled and followed, covering a minimum period of six (6) weeks.
- 1.5 The master menu includes:
 - 1) at least 1 alternative and an entree for each meal;
 - 2) therapeutic meal requirements, such as diabetic, high fibre and texture modification.
- 1.6 Meal times are established in consultation with residents.
- 1.7 The resident of a different ethnic background and culture has his/her meals prepared to meet his/her customary or cultural needs and traditions.
- 1.8 In response to residents' preferences, wild game appearing on the menu is served only when care and caution are taken to ensure it is purchased from licensed sellers or a government-approved source. The purchase, storage and service of wild game are provided in accordance with the conditions of a Wild Meat Service License, obtained from the appropriate government department.
- 1.9 Refrigeration and storage of food is in compliance with the appropriate Department of Health and Community Services regulations.

SECTION 6 RESIDENT SUPPORT SERVICES

Standard 1 - Food Service

PERFORMANCE MEASURES

- 1.10 Correct sanitation and food handling procedures are implemented by staff; and monitored and evaluated.
- 1.11 All residents are offered the following:
- 1) a minimum of three meals daily;
 - 2) meals that are nutritious, flavourful and appetizing;
 - 3) beverages with meals, between meals and at bedtimes, unless contraindicated for resident's nutritional needs on his/her integrated care plan;
 - 4) snacks in mid-afternoon and at bedtime, unless contraindicated for resident's nutritional needs on his/her integrated care plan;
 - 5) information around safe food practices.
- 1.12 A supervised, socially enjoyable dining atmosphere is available in a clean, comfortable dining area.
- 1.13 Each resident is encouraged to eat as independently as possible in an unhurried manner. When assistance is required, it is provided in a non-rushed, amiable, supportive manner.
- 1.14 Food service is monitored and evaluated by the continuous quality improvement plan.

SECTION 6 RESIDENT SUPPORT SERVICES

Standard 2 - Transportation

The resident has access to transportation services.

OUTCOME The resident is provided with safe, reliable and comfortable transportation.

PERFORMANCE MEASURES

- 2.1 There are written policies and procedures governing the provision of resident transportation services.
- 2.2 Vehicles hired by the facility and used to transport a resident are licensed and insured.
- 2.3 The facility's vehicles, used to transport a resident, are maintained in accordance with safety levels required by provincial government licensing and insurance requirements.
- 2.4 Residents using wheel chairs have access to appropriate transportation services.
- 2.5 The resident being transported will be provided with an escort, if this is a need identified in his/her care plan and no family member is available.
- 2.6 The resident transportation policies and procedures are monitored and evaluated by the continuous quality improvement plan.

SECTION 6 RESIDENT SUPPORT SERVICES

Standard 3 - Laundry Services

Laundry service is provided to meet the resident's personal clothing and linen needs.

OUTCOME The resident has a supply of clean clothing and linens.

PERFORMANCE MEASURES

- 3.1 There are written policies and procedures for the resident's personal laundry requirements.
- 3.2 The laundry service including washing, drying and ironing is directed by an appropriately qualified person.
- 3.3 A resident's clothing must be labelled in a manner that respects his/her dignity. It is the family's responsibility to arrange this. In the absence of the family, this can be provided by the facility for a fee.
- 3.4 There is a system in place to keep separate at all times the clean and soiled clothing and linens.
- 3.5 Residents have access, if they so choose, to a mending and dry-cleaning service on a fee-for-service basis.
- 3.6 Closet or storage space is available in the resident's room to store clothing.
- 3.7 There is a system in place to track a resident's lost and/or misplaced clothing.
- 3.8 There is a mechanism in place to inform the facility when a resident's family or other responsible person assumes responsibility for the laundering and/or repair of his/her personal clothing.
- 3.9 There is a supply of clean linen in good repair, and free of stains to meet resident's needs.
- 3.10 The resident receives clean towels and face cloths, sufficient to meet his/her needs.
- 3.11 The laundry service is monitored and evaluated by the continuous quality improvement plan.

SECTION 6 RESIDENT SUPPORT SERVICES

Standard 4 - Housekeeping Services

Housekeeping services are in place to provide a clean, well-maintained environment for residents, staff and visitors.

OUTCOME The environment is clean, comfortable, home-like and responsive to the resident's needs.

PERFORMANCE MEASURES

- 4.1 The facility has written policies and procedures to guide the provision of housekeeping services.
- 4.2 Housekeeping services in each facility are directed by an appropriately qualified person.
- 4.3 Cleaning schedules and frequencies are established and posted.
- 4.4 Resident care areas of the facility and equipment being cleaned include:
 - 1) each resident's bedroom including floors, furnishings, wall areas and contact surfaces, for example, grab bars, bed rails, door knobs, handrails;
 - 2) the resident's personal furniture and personal effects, for example, picture frames, mementos;
 - 3) communal areas including dining room, lounge and activity areas including floors, furnishing and wall areas;
 - 4) washrooms and bathing facilities including floors, toilets, sinks, tubs, showers and other bathing apparatus such as whirlpool units and washbasins; and contact surfaces such as grab bars, handrails, door knobs;
 - 5) whirlpool unit cleaning includes disinfecting recirculation lines, jet and turbines on a daily basis or more frequently as indicated by policy or type of resident condition, for example, skin breakdown;
 - 6) whirlpool units, tubs, shower chairs and lift chairs will be cleaned with a germicidal cleaner between each resident's use;
 - 7) wheelchairs, geri-chairs, commodes and mobility devices.

SECTION 6 RESIDENT SUPPORT SERVICES

Standard 4 - Housekeeping Services

PERFORMANCE MEASURES

- 4.5 Other areas of the facility being cleaned include:
- 1) laundry areas;
 - 2) storage rooms and utility rooms, maintenance rooms, garbage rooms;
 - 3) kitchen areas and kitchenettes;
 - 4) entrances, corridors and stairways, elevators;
 - 5) staff lounges, dining rooms, locker rooms;
 - 6) offices, board/meeting rooms, chapels.
- 4.6 Action is taken to identify and eliminate offensive odours including removal of garbage from resident care areas on a regular basis and as required.
- 4.7 Each resident has a mattress and pillows which are in good condition, stain and odour-free.
- 4.8 When in use, cleaning materials are in the custody of appropriate staff at all times.
- 4.9 Hazardous cleaning materials are labelled as such with WHMIS Labels; and when not in use are stored in safe areas with locking devices.
- 4.10 Housekeeping services are monitored and evaluated by the continuous quality improvement plan.

SECTION 6 RESIDENT SUPPORT SERVICES

Standard 5 - Contracted Services

The facility provides some additional services to the resident through contractual agreements.

OUTCOME The resident receives those services in accordance with the contractual agreements.

PERFORMANCE MEASURES

- 5.1 There are policies and procedures in place regarding contracted services available to the resident from agencies offering such services within its facilities.
- 5.2 Each agency offering services to the resident has a formal contract in place, negotiated and signed setting out mutual expectations, rights and responsibilities.
- 5.3 Each contract is reviewed annually by the facility's administrator or designate and it is documented that the service provider has appropriate certification.
- 5.4 Contractual services may include, but are not limited, to the following:
 - hairdressing/barbering;
 - pharmacy services;
 - professional services, as required.
- 5.5 If applicable, the resident is informed of the procedures to access contractual services, including:
 - 1) possible risks inherent in the acceptance of a service;
 - 2) the costs to purchase the contractual service available;
 - 3) and if any financial help is available, if required.
- 5.6 Unlicensed service providers involved in direct interventions with residents will receive orientation from the facility regarding the special needs of residents.

SECTION 6 RESIDENT SUPPORT SERVICES

Standard 5 - Contracted Services

- 5.7 Any equipment being used by the contract agency in providing a service to the resident will have the Canadian Standards Assessment, (CSA), seal of approval, or otherwise be deemed safe, to the satisfaction of the Occupational Health and Safety Committee.
- 5.8 Any proposed change in the price of service charged to the resident is not made unless authorized.
- 5.9 The policies and procedures for contracted services for the resident's personal use are monitored and evaluated by its continuous quality improvement plan.
- 5.10 Compliance with relevant legislation governing the type of service to be offered is ensured.

SECTION 6 RESIDENT SUPPORT SERVICES

Standard 6 - Optional Services

The resident has access to optional services not normally offered by the facility.

OUTCOME The resident has access to a range of optional services.

PERFORMANCE MEASURES

- 6.1 When requested, the resident is given assistance to access optional services (i.e. alternative therapies such as acupuncture, chiropractic and massage), and;
- 1) advised that acceptance of service is at their own risk;
 - 2) assistance is given to determine the cost to purchase the service and the resident assumes the cost;
 - 3) advised of any financial help available.

SECTION 7 ENVIRONMENT

Standard 1 - Facilities Management

The facility provides a safe, comfortable, clean, well-maintained environment for residents, staff and visitors. Facilities management services addressed by this standard include waste management, pest control, water supply, water temperature, air temperature and quality.

OUTCOME Residents, families, staff and visitors experience a safe, clean, pleasant and home-like environment.

PERFORMANCE MEASURES

- 1.1 Written policies and procedures are in place to guide the provision of facilities management services.
- 1.2 Direction of facilities management services is provided by an appropriately qualified person.
- 1.3 There is a waste management program, including but not limited to the following;
 - 1) wet and dry garbage disposal is accomplished in accordance with municipal and provincial guidelines;
 - 2) biological waste and dangerous waste products are disposed of in accordance with municipal and provincial legislation;
 - 3) waste storage units located within or adjacent to the facility shall be constructed to keep out insects, rodents, bugs and shall be easily accessible for any waste collection vehicles;
 - 4) all waste storage units are cleaned weekly or more often, as required;
 - 5) recycling of appropriate materials is strongly encouraged.
- 1.4 There is a pest control program, to include the following;
 - 1) pest control is provided under the direction of a licensed pest control service;
 - 2) records are maintained to outline frequency and kinds of pest control services provided.

SECTION 7 ENVIRONMENT

Standard 1 - Facilities Management

PERFORMANCE MEASURES

- 3) measures are taken to protect residents from exposure to hazardous materials.
- 1.5 The resident has access to a supply of potable water at all times, which
- 1) is odour-free, pure and colourless;
 - 2) meets relevant government requirements for potable water.
- 1.6 The resident has access to safe water temperatures in the process of bathing and/or toileting:
- 1) water temperature is set at a maximum of 49 degrees Celsius for serving bathtubs, showers and basins;
 - 2) temperature setting devices for that purpose are inaccessible to residents;
 - 3) water temperature is not less than 40 degrees Celsius for residents' bathing showers and washroom basins;
 - 4) water temperatures are monitored, to detect change, twice daily in random locations where residents are likely to be using hot water;
 - 5) corrective action is taken immediately when hot water temperatures, where likely to be in use by residents, are detected to exceed 49 degrees Celsius.
- 1.7 Residents, families, staff and visitors experience comfortable air temperatures and healthy air quality:
- 1) facility temperatures are maintained at a minimum of 22 degrees Celsius;
 - 2) smoking areas are provided and supervised in accordance with the Organization's guidelines, and relevant provincial government legislation governing tobacco use in communal settings;
 - 3) standard precautions are maintained;
 - 4) air quality is tested semi-annually, or as required, for freshness levels and contaminants, by qualified personnel;

SECTION 7 ENVIRONMENT

Standard 1 - Facilities Management

PERFORMANCE MEASURES

- 5) air conditioning and air exchange systems are serviced annually by qualified personnel;
 - 6) heating equipment is serviced annually by qualified personnel; and chimneys inspected, and cleaned if necessary;
 - 7) where possible, resident rooms are equipped to enable him/her to adjust own temperature;
 - 8) There is an appropriate exhaust system in place in kitchen areas to remove odours.
- 1.8 The facilities management services are monitored and evaluated by the continuous quality improvement plan.

SECTION 7 ENVIRONMENT

Standard 2 - Maintenance Services

Maintenance services are designed to maintain facilities, their furnishing and equipment in a clean, safe and comfortable environment.

OUTCOME Residents live in clean, safe, comfortable and pleasant surroundings, including communal settings shared by their families and staff.

PERFORMANCE MEASURES

- 2.1 There are written policies and procedures governing maintenance services.
- 2.2 Maintenance services are directed by an appropriately qualified person.
- 2.3 Maintenance schedules are developed, followed and the work documented for the following:
 - 1) preventative maintenance review and repair/replacement, as required, to the facility's equipment and furnishings and scheduled replacements;
 - 2) routine repairs and furniture/equipment maintenance, as required;
 - 3) daily inspections of heating and other environmental control systems.
- 2.4 Emergency maintenance services are available on a 24 hour basis.
- 2.5 Flooring throughout the facility is comprised of non-slip materials, and maintained free of cracks, breaks and open seams.
- 2.6 Carpets are kept in good repair, clean, without open seams or buckling.
- 2.7 All furnishing are maintained in a state of good repair and safe to use.
- 2.8 The surfaces of toilets and bathing fixtures are smooth and free of cracks.
- 2.9 Faucets routinely used by residents are clearly marked hot and cold, and easy to grasp.
- 2.10 The facility exterior, walkways and outside areas are kept in good repair and free of debris.
- 2.11 Outside furniture is maintained in good repair and safe for resident use.

SECTION 7 ENVIRONMENT

Standard 2 - Maintenance Services

PERFORMANCE MEASURES

- 2.12 Facility entrances, exits, exterior stairwells and walkways are kept clear and unobstructed.
- 2.13 Maintenance services are monitored and evaluated by the continuous quality improvement plan.

SECTION 7 ENVIRONMENT

Standard 3 - Safety And Security

The facility provides for the safety and security of residents, families, staff and visitors within and on the grounds of its facilities.

OUTCOME Residents, families, staff and visitors experience a safe and secure environment.

PERFORMANCE MEASURES

- 3.1 Written policies and procedures are in place to maintain safety and security for resident, families, staff and visitors.
- 3.2 Direction of the resident safety and security services is provided by a qualified person.
- 3.3 The facility is fully equipped with fire alarm systems and sprinkler systems in accordance with provincial life safety legislation and the requirements of the Office of the Provincial Fire Commissioner.
- 3.4 Scheduled inspections of fire-fighting equipment, sprinklers and fire detection systems are performed and recorded.
- 3.5 Emergency power units are located throughout the facility in accordance with provincial life safety codes.
- 3.6 There is a resident identification system in place which includes a photograph of the resident which is recognizable to staff.
- 3.7 Building evacuation plans are posted for the attention of residents, families, staff and visitors.
- 3.8 Fire drills are performed in accordance with the facility's fire and safety committee's directives.
- 3.9 All electrical appliances, including those for personal use by residents, are Canadian Standards Approved and checked by maintenance staff prior to use.
- 3.10 Protective guards are placed around radiators and other heating units.
- 3.11 Residents, families, staff and visitors are aware of the facility's smoking-related policies.

SECTION 7 ENVIRONMENT

Standard 3 - Safety And Security

PERFORMANCE MEASURES

- 3.12 Secure, non-slip grab bars are on both sides of hallways/corridors and in residents' washrooms and bathing areas, as appropriate.
- 3.13 Flooring is non-skid, non-glare. Scatter mats are not permitted.
- 3.14 Potentially dangerous substances are labelled and stored in locations inaccessible to residents.
- 3.15 Exits are clearly marked and remain unobstructed at all times.
- 3.16 Call systems are installed and maintained in working order in residents' rooms, washrooms and bathing areas.
- 3.17 Open stairwells are equipped with safety rails and posts.
- 3.18 Where necessary, exterior doors and doors to stairwells accessible to residents are equipped with an alarm or locking device approved by the Office of the Provincial Fire Commissioner and related provincial life safety legislation.
- 3.19 Combustible materials are safely stored.
- 3.20 Residents with cognitive impairments are accounted for at least hourly or as the care plan dictates.
- 3.21 The safety and security policies and procedures are monitored and evaluated by the continuous quality improvement plan.
- 3.22 Night rounds shall be completed hourly unless otherwise directed by the resident and documented.
- 3.23 The safety and security of residents is monitored and evaluated through the continuous quality improvement plan.

SECTION 7 ENVIRONMENT

Standard 4 - Emergency Preparedness

There is an emergency preparedness plan.

OUTCOME The facility is prepared to provide care to the residents in the event of an emergency.

PERFORMANCE MEASURES

- 4.1 The Organization has a clearly written emergency preparedness plan which provides direction and outlines procedures to be followed in responding to internal and external threats to a facility. These include bomb or other threats of violence, flood and other consequences of severe weather, failure of heat, water or electrical supply or community-wide disasters. Included also are procedures to be followed in searching for missing residents.
- 4.2 A designated, qualified person has responsibility for the maintenance, review and updating of the plan.
- 4.3 The plan is developed in accordance with guidelines provided by the Office of the Emergency Measures Organization and local municipal/provincial emergency planning groups and/or authorities.
- 4.4 The emergency preparedness plan, including the fire safety plan, is reviewed annually.
- 4.5 Staff receive scheduled education, training and information sessions for implementation of the emergency response and fire safety plans to protect and care for the residents, which includes but is not limited to the following:
 - 1) roles and functions of staff positions in specific areas of a facility;
 - 2) procedures to be followed in evacuating and relocating residents to a safe, temporary location as identified in the emergency plan;
 - 3) training in how to properly move residents in an emergency;
 - 4) contingency arrangements to provide food and other essential supplies, communication systems, transportation, and utilities for resident care and management;

SECTION 7 ENVIRONMENT

Standard 4 - Emergency Preparedness

PERFORMANCE MEASURES

- 5) the plan is developed in concert with local/provincial emergency planning groups and/or authorities;
 - 6) the internal, and external, community/government chains of command in emergency response situations;
 - 7) awareness of the location of the written emergency preparedness plan and fire safety plan.
 - 8) the international code system (red, orange, etc.)
- 4.6 Residents, families and volunteers are provided with opportunities to become familiar with the emergency preparedness plan and the fire safety plan.
 - 4.7 Fire drills take place on a monthly basis, or within other time frames designated by the facility.
 - 4.8 The outcome of each fire drill and/or alarm is documented and evaluated, and appropriate action taken.
 - 4.9 A current listing of emergency contact telephone numbers is posted at each non-resident telephone in a facility.
 - 4.10 The emergency preparedness plan is tested at least every 3 years, and outcome documented, evaluated and revised as required.
 - 4.11 The emergency preparedness and the fire safety plans are monitored and evaluated by the continuous quality improvement plan.

SECTION 7 ENVIRONMENT

Standard 5 - Infection Control

There is an organized program of infection control, coordinated by an interdisciplinary team.

OUTCOME There is a process in place to minimize infections.

PERFORMANCE MEASURES

- 5.1 There are written policies and procedures in place to guide the infection control program.
- 5.2 The infection control program is coordinated by an interdisciplinary team, chaired by a designated, qualified person with educational background and/or experience in infection control.
- 5.3 A designated infection control person is responsible for the surveillance and outbreak management activities of the infection control program at each site.
- 5.4 There are written policies and procedures to minimize or eliminate the transmission of infectious diseases.
- 5.5 There is a contingency plan for the outbreak of infectious diseases, outlining staff responsibilities and reporting requirements to the Department of Health and Community Services.
- 5.6 Policies regarding infection prevention must include pre-admission, pre-employment and routine health screening of residents and staff.
- 5.7 Staff are provided with in-service training, and education on a scheduled basis, regarding safe practices to avoid contact with and the spread of infectious diseases.
- 5.8 Residents, families and visitors are provided with written information about the prevention and spread of infectious diseases.
- 5.9 Staff, families and visitors are encouraged to follow sanitation practices, outlined in writing.
- 5.10 Staff providing direct resident care have access to hand-washing facilities and supplies in kitchens, laundry and resident care areas.

SECTION 7 ENVIRONMENT

Standard 5 - Infection Control

PERFORMANCE MEASURES

- 5.11 Residents are encouraged to use sanitary precautions in personal care and in contact with others known to be infectious.
- 5.12 The infection control program is monitored and evaluated by the continuous quality improvement plan.
- 5.13 The facility reserves the right to restrict visitation if necessary.
- 5.14 Residents are required to have a chest x-ray within one year prior to admission to the facility.
- 5.15 All residents and staff should have free access to the influenza vaccine and are strongly encouraged to avail of this immunization annually.

SECTION 8 PERSONAL SAFETY AND SECURITY

Standard 1 - Least Restraint Policy

Residents have the right to live in a restraint free setting. Restraining residents in any manner should be used only as a last resort, when there is an identified risk of injury to self and others and other alternatives have proven ineffective. Restraints are used only when all other possible interventions have been explored and exhausted.

OUTCOME A restraint is applied only when all other alternatives have been explored and exhausted.

PERFORMANCE STANDARDS

- 1.1 There are written policies and procedures in place to minimize use of restraints, which can include but are not limited to: physical force, chemical (i.e. psychotropic drugs), mechanical (i.e. safety belts, wheelchair safety bars or laptops, geriatric chairs and side rails) and environmental (i.e. locked doors).
- 1.2 Upon admission, resident, families and/or legal representative are provided with written information outlining the resident least restraint policy and procedures including physical, chemical and/or environmental.
- 1.3 Staff are provided with written guidelines, training and retraining as required, regarding the philosophy of least restraint and the alternatives to restraint.
- 1.4 When it has been determined by the interdisciplinary team that all alternatives have been exhausted, the least restrictive restraint measures are used.
- 1.5 When a restraint is applied in an emergency situation, an interdisciplinary assessment must be completed within 48 hours and written consent obtained from the family and/or legal representative to continue the restraint if indicated
- 1.6 Conflict resolution in relation to restraint use will be referred to the process in place for ethical review.
- 1.7 A restraint intervention is documented on the care plan, and must be documented and communicated to all members of the care team.

SECTION 8 PERSONAL SAFETY AND SECURITY

Standard 1 - Least Restraint Policy

- 1.8 A physically restrained resident is monitored at least every 15 minutes to ensure his/her personal safety and comfort. The resident is evaluated by appropriate team members every 24 hours to reassess ongoing need for the restraint.

- 1.9 The resident least restraint policy and procedures are monitored and evaluated by the continuous quality improvement plan.

SECTION 8 PERSONAL SAFETY AND SECURITY

Standard 2 - Aggressive Behaviour

Residents sometimes display aggressive behaviours that are disruptive and can negatively affect the resident's safety and comfort, as well as other residents and staff. A long term care facility must provide appropriate care for residents who exhibit aggressive behaviours and must have policies in place to manage residents' aggressive behaviours.

OUTCOME A resident exhibiting aggressive, disruptive behaviour receives appropriate care and assistance in an effort to manage such behaviour.

PERFORMANCE MEASURES

- 2.1 There are written policies and procedures to provide for the care of the resident who exhibits aggressive behaviour.
- 2.2 The interdisciplinary care team participates in the development of a care plan to address the needs of a resident who exhibits aggressive behaviour.
- 2.3 The resident who is competent to make care decisions and who exhibits aggressive behaviour is involved in developing a care plan to address such behaviour.
- 2.4 Staff must be made aware of what contributes to and stimulates resident aggressive behaviours. They must also be aware of the prevention and management strategies which may be applied in dealing with aggressive behaviours. This information must be provided through job orientation, inservice training and other educational programs.
- 2.5 Each incident of aggression involving assault upon anyone shall be recorded in the resident's record and an incident report must be completed. Families of residents who exhibit aggressive behaviour will be notified where deemed appropriate.
- 2.6 There is ongoing assessment and appropriate documentation of behaviour patterns by the interdisciplinary team.

SECTION 8 PERSONAL SAFETY AND SECURITY

Standard 2 - Aggressive Behaviour

- 2.7 When all internal measures have been exhausted in caring for a resident who exhibits aggressive behaviour, the family must be consulted to begin planning for an alternate care option.

- 2.8 The policies and procedures for responding to residents exhibiting aggressive behaviour are monitored and evaluated by the continuous quality improvement plan.

SECTION 8 PERSONAL SAFETY AND SECURITY

Standard 3 - Wandering / Missing Resident

Protection of residents who are assessed at risk to wander and/or go missing is provided.

OUTCOME The resident is provided with protective measures to facilitate his/her wandering in a safe environment.

PERFORMANCE MEASURES

- 3.1 There are written policies and procedures outlining protective measures for residents assessed at risk to wander or going missing.
- 3.2 Residents exhibiting wandering behaviour are assessed on an individualized basis to determine protective measures which may include, depending on the level of risk, electronic resident monitoring system (i.e., Wanderguard).
- 3.3 A designated staff person provides and documents as indicated in the care plan surveillance for residents at risk. The minimum standard is hourly or more often if indicated in the care plan.
- 3.4 An alarm/alert system must be in place to indicate when a wandering resident approaches an exit door.
- 3.5 There must be a process involving the Interdisciplinary Team to govern the transfer of a resident to a more suitable environment.
- 3.6 Documented protocols exist for all staff to follow in the event that a resident goes missing.
- 3.7 Once a resident is determined to be missing from the facility, procedures are in place to alert family members and police*. The incident is documented and an incident report is completed.

SECTION 8 PERSONAL SAFETY AND SECURITY

Standard 3 - Wandering / Missing Resident

3.8 The wandering/missing resident policies and procedures are monitored and evaluated by the continuous quality improvement plan.

* A service to register persons who wander, due to dementia, is provided by the Alzheimer Society of Canada, accessed locally through the Alzheimer Society of Newfoundland and Labrador.

SECTION 8 PERSONAL SAFETY AND SECURITY

Standard 4 - Zero Tolerance Of Resident Abuse

There is zero tolerance for any form of resident abuse. There are four types of resident abuse – physical, emotional, financial and neglect:

Physical Abuse: includes but is not limited to: wilful direct infliction of physical pain or injury from slapping, pushing, punching, beating, twisting, shaking, burning, force feeding and rough handling, sexual assault or molestation, forced confinement in a room, bed or chair.

Emotional Abuse: includes but is not limited to: verbal assault, humiliation, threatening, intimidating, insulting, isolating, ignoring, denying participation in discussion with his/her own life, treating a resident like a child.

Financial Abuse: includes but is not limited to: forcing a person to sell property, stealing a resident's money, pension cheques or possessions, fraud, forgery and extortion, wrongful use of power of authority.

Neglect: includes but is not limited to: withholding food and/or health services, deliberately failing to meet a dependent's resident needs.

OUTCOME The resident will be free from any form of abuse.

PERFORMANCE MEASURES

- 4.1 There are written policies and procedures regarding resident abuse and neglect.
- 4.2 There is a designated person responsible for receipt, investigation, follow-up, reporting and recording outcomes of all reported incidents of resident abuse.
- 4.3 Residents, their families and/or legal representatives, staff, volunteers and visitors are provided with the following:
 - 1) copies of the policies and procedures regarding its zero tolerance of resident abuse;
 - 2) written definitions of the kinds of abuse;

SECTION 8 PERSONAL SAFETY AND SECURITY

Standard 4 - Zero Tolerance Of Resident Abuse

- 3) clearly written protocol outlining how to report incidents of or suspicions about resident abuse.

- 4.4 A confirmed incident of resident abuse is referenced in the resident's health record.

- 4.5 The policies and procedures regarding zero tolerance of resident abuse are monitored and evaluated by the continuous quality improvement plan.