

## **Personal Care Home (PCH) Standards Unannounced Review (UR) Report**

Regional Health Authority: Southern Health-Santé Sud

Facility: Douglas Campbell Lodge

Number of Beds: 60 beds

Review Team: I.D. # LCB687 – Manitoba Health and Seniors Care  
I.D. # LCB653 – Manitoba Health and Seniors Care  
I.D. # SHSS792 – Southern Health-Santé Sud

Review Date: June 8, 2021

Report Date: October 15, 2021

**Summary of Results:**

<b>Standard</b>	<b>Regulation</b>	<b>Follow-Up</b>
1	Bill of Rights	Recommended
2	Resident Council	None
6	Communication	Recommended
7	Integrated Care Plan	Required
8	Freedom from Abuse/Neglect	None
9	Use of Restraints	None
12	Pharmacy Services	Required
14	Nutrition and Food	None
15	Housekeeping Services	Required
16	Laundry Services	None
17	Therapeutic Recreation	None
19	Safety and Security	Recommended and Required
21	Infection Control Program	None
22	Person in Charge	None
25	Complaints	None

**Resident Experience (N7)**

Resident Experience Questions	Resident Responses by Type of Response					
	Always	Usually	Neutral	Rarely	Never	No Comment
1. Do you find this home to be clean and comfortable?	4	3				
2. Do you feel safe in this home?	4	3				
3. Do the staff here provide you with the kind of care you need?	2	4	1			
4. Do the staff here take the time to talk to you and answer your questions?	2	5				
5. Are you treated respectfully by the people who work here?	2	4	1			
6. Are you encouraged to do as much as possible for yourself?	2	4	1			
7. Do you like the food here?	2	1	3	1		
8. Are you offered enough to drink between meals and in the evening?	4	3				
9. Do you enjoy the recreational activities here?	6	1				
10. Do you feel the facility has done a good job in protecting you from COVID-19?	5	1				
<p>If you could change three things about this home, what would you change? (all responses are included below):</p> <ul style="list-style-type: none"> <li>• More staff (2 respondents);</li> <li>• To long sitting at the table waiting on meals;</li> <li>• Happy with the home;</li> <li>• Attitudes of certain people, some staff better than others;</li> <li>• Air conditioning in rooms;</li> <li>• Quality of food;</li> <li>• Another sit/stand;</li> <li>• Happy with how things are.</li> </ul>						

**Additional Comments:**

Residents interviewed overall were very happy with the care they received. Some common themes in the interviews included the quality of food could be better; more staff as residents indicated they waited sometime to get a call bell answered however recognized staff are very busy and the hope recreation activities would soon return to the way they were pre COVID-19 especially getting outside musicians in to entertain.

**Family Feedback (N8)**

Family Experience Questions	Family Member Responses by Type of Response					
	Always	Usually	Neutral	Rarely	Never	No Comment
1. Do you feel that the staff provide your loved one with the kind of care they need?	3	3	2			
2. Does your loved one enjoy the food here?	1	4	2	1		
3. Does your loved one get enough to drink throughout the day?	5	3				
4. Is your loved one encouraged to do as much as possible for themselves?	3	5				
5. Does your loved one enjoy the recreational activities offered in the home?	3	4	1			
6. Is the home clean and well maintained?	5	2	1			
7. Are you satisfied with how the facility has responded to any concerns/issues you have identified?	3	4	1			
8. Do the staff take the time to talk to you and answer your questions?	3	5				
9. Do the staff at the home treat you respectfully?	6	2				
10. Are you given opportunities to participate in decisions about your loved one's care?	4	4				
11. Do you feel the facility has/is taking the necessary steps to protect your loved one from COVID-19?	8					

If you could change three things about this home, what would you change? (all responses are included below):

- Consistency with quality of meals;
- Increased entertainment; (2 respondents);
- More visitation allowed with other residents;
- Additional staff:
- More recreation;
- Regular communication of resident's condition;
- Allow families to do their loved one's laundry again.
- Sometimes a significant amount of time passes before loved one's call bell is answered;
- Better Television selection
- More than one bath a week and in-house foot care;
- Better laundry service – everything is washed and dried and takes a week to get them returned; and
- More staff interaction to get residents out of their rooms, this would require more staff, which is required.

**Additional Comments:** Overall all families' questionnaires indicated great satisfaction with the care their loved ones were receiving. Not unlike the residents, family also felt additional staff is needed and would like to see recreation activities back to what they were pre COVID.

**Staff Feedback (N13)**

Staff Experience Questions	Staff Responses by Type of Response					
	Always	Usually	Neutral	Rarely	Never	No Comment
1. Are you provided with the resources and equipment you need to do your job?	1	8	3	1		
2. Do you receive all the information you need about each resident's care needs?	4	4	3	2		
3. Do you feel supported by other members of your work team?	3	5	4	1		
4. Do you feel there is adequate staffing in your department to complete all work required?	2	1	4	3	3	
5. Do your coworkers communicate openly and effectively with each other?	2	6	3	2		

6. Does your manager/supervisor encourage you to share your ideas and concerns?	7	4	1	1		
7. Do you receive training on any new equipment or product you are required to use?	4	6	1			2
8. Are you informed of any changes to policies or procedures in a timely manner?	3	6	4			
9. Do you feel that the infection prevention and control practices are applied consistently and appropriately in the facility?	5	7	1			
10. Do you feel you have been adequately prepared to deal with emergency situations (e.g. code red, code white, code green, etc.)?	3	7	3			
11. Do you feel the facility has done a good job of following the Infection Prevention and Control guidelines during COVID 19?	8	3	2			
<p>If you could change three things about this home, what would you change? (all responses are included below):</p> <ul style="list-style-type: none"> <li>• More staffing HCAs (8 respondents) (add a part time CRN, a full time social worker and increase HCA EFTS);</li> <li>• Better equipment (Floor machine);</li> <li>• Better communication amongst all departments;</li> <li>• More activities – specifically tailored to younger residents;</li> <li>• Dementia training for all staff in all departments (2 respondents);</li> <li>• More staff training on person-centered care approach and include residents in the care planning process;</li> <li>• Improve teamwork (2 respondents)'</li> <li>• More staff for housekeeping;</li> <li>• Improved communication between nurses/HCAs to housekeeping;</li> <li>• Bigger staff room;</li> <li>• Able to do our own laundry;</li> <li>• Closely supervised training;</li> <li>• Separate area for clients with head injury, young adults with behaviors, so vulnerable elderlies are not at risk;</li> <li>• SCHIPP training;</li> <li>• Extra dietary staff on weekends.</li> </ul>						

**Additional Comments:**

Staff have concerns regarding the quality of care they have time to provide to residents. Although family and staff indicated they were happy with the care, staff felt there was a lot more they could do for residents.

Common themes throughout the staff surveys were:

- Improved communication between each team and with each department;
- Relationship building between management/staff and staff/staff.
- Increased staffing in all departments;
- All departments need to replace sick calls and/or vacation. If this does not occur then management should not expect existing staff to accomplish the same amount of work to be completed.
- More education on fire drills, codes, SCHIPP, and dementia.

**Standard 1: Bill of Rights**

**Reference:** Personal Care Homes Standards Regulation sections 2, 3, and 4

**Expected Outcome:** The resident's right to privacy, dignity and confidentiality is recognized, respected and promoted.

**Performance Measures:**

#	Measure	Review Team Comments
The bill of rights is posted:		
1.03	<ul style="list-style-type: none"> <li>• in minimum standard CNIB print (Arial font 14 or larger);</li> </ul>	The Bill of Rights was posted at the front desk by main entrance.
1.04	<ul style="list-style-type: none"> <li>• in locations that are prominent and easily accessible by residents, families and staff;</li> </ul>	No concerns noted.
1.06	<ul style="list-style-type: none"> <li>• residents are sheltered, fed, dressed, groomed and cared for in a manner consistent with their needs.</li> </ul>	More education on fire drills and codes.

**Findings:** Several observations made identified that the Bill of Rights was respected and promoted in the home. There appears to be good staff interactions with the residents during meal-time and with one-to-one interactions noted in the hallways and the common rooms. The residents appeared to be cared for in a manner that was consistent with the needs identified in the integrated care plan.

It was observed a resident was taken from their room to the tub room on a tub chair lift. Residents should be allowed to walk there and/or to go in a wheelchair. It was noted there are no ceiling lifts in the tub rooms, and space was limited to use a portable lift.

**Follow-up: Recommended:** when a resident is required to go to the tub room via the tub lift chair, they are no higher than is required, they face forward and privacy is completely maintained i.e. not wrapped with a sheet, housecoats should be put on and/or a fabric poncho be made/purchased like what is used when residents go outside in winter.

### **Standard 2: Resident Council**

**Reference:** Personal Care Homes Standards Regulation sections 5 and 6

**Expected Outcome:** Residents have a forum to freely discuss their concerns and issues and the management of the home responds to this same forum.

**Performance Measures:**

#	Measure	Review Team Comments
2	Resident council minutes are posted as required.	Each separate page of the resident council was posted hence residents could read the complete document without having to take it down. Great idea.

**Findings:** Initially, the Resident Council meetings were paused, however, resumed in May 2020.

**Follow-up:** None required.

### **Standard 6: Communication**

**Reference:** Personal Care Homes Standards Regulation section 14

**Expected Outcome:** Each resident's current care needs, including any changes, are communicated completely and accurately to all staff who require the information to provide safe, appropriate care to the resident.

**Performance Measures:**

#	Measure	Review Team Comments
There are standardized processes in place, and supporting evidence that processes are consistently followed, to ensure ongoing, accurate and timely communication of each resident's needs including:		
6.02	<ul style="list-style-type: none"> <li>between staff at change of shift.</li> </ul>	At the time of the unannounced review, the process was the day HCAs would give their report/update to the day nurse and the day nurse would then provide verbal report to evening nurse(s) and HCAs.



#	Measure	Review Team Comments
6.05 6.06	The method of communicating the integrated care plan to direct care staff ensures privacy of the resident.	The Medication Administration sheets were covered during med passes as well and sources of other PHI were not in view. The staff identified that they have the information they need for each resident's care needs to be met. This required information is obtained through many sources including: shift hand over report, updates in the care guide, notes in the communication book, revisions made to the integrated care plan, team huddles and the white board. The staff interviewed from other departments indicated that they were not always kept up-to-date with changes in the residents. They have to seek out information to ensure that they were up-to-date.

**Follow-up: Recommended** a discussion is had between Team Leader of Housekeeping, Dietary and Nursing to determine what information these departments need and then develop a process to ensure same is implemented.

### **Standard 7: Integrated Care Plan**

**Reference:** Personal Care Homes Standards Regulation sections 11, 12, 13 and 14

**Expected Outcome:** Beginning at admission, residents consistently receive care that meets their needs, recognizing that residents' care needs may change over time.

**Performance Measures:**

#	Measure	Review Team Comments
7.01	Integrated care plans are maintained as part of the permanent resident health record.	Six integrated care plans (ICP) were reviewed. For residents who required complete care or residents who were independent, ICPs were done generally very well. However residents who required minimal and/or partial assistance, the ICPs lacked significant information as to what care the staff actually had to provide. Any part of the care plan where minimal or partial assistance is required, the ICP needs to have clear interventions as to what either the resident can do for self, and/or what staff have to provide assistance with. Hence three of the ICPs reviewed required considerable more information re: interventions for the reviewer to have a clear picture of what care is required. On a couple of the ICPs there were conflicts of information. Also when reviewers looked through the chart, there was information in the health record which should have been included on the ICP.

#	Measure	Review Team Comments
7.38	<ul style="list-style-type: none"> <li>special housekeeping considerations;</li> </ul>	This was identified as an issue in the staff surveys that dietary and housekeeping were not getting the information about the resident they need to do their job accurately and safely. (See follow-up Standard 6)
7.40	The integrated care plan outlines care goals and interventions that will be taken to achieve those care goals.	Facility needs to ensure there are interventions to meet the goal, goals are realistic and resident-centred.
There is evidence that the integrated care plan is reviewed:		
7.41	<ul style="list-style-type: none"> <li>at least once every three months by the interdisciplinary team;</li> </ul>	<p>All health records reviewed had the required information however one quarterly did not have any staff members signing on the same day, hence it would not be considered interdisciplinary.</p> <p>On the annual review form, staff should sign their own name and date, indicating their designation. The signature does not have to be legible but the designation does.</p>

**Findings:** One staff survey indicated information about resident's needs is old and often does not match the person. Another survey from a screener indicated it would be useful to know who has bathroom schedule. However this is not resident-centred care. Staff and screener need to connect regularly with each other to determine what residents have visitors coming and adjust care to the visits i.e. resident-centred care. HCAs have expressed concerns of verbal restraint from a resident, and they do not report it, as resident has family working in facility.

Each resident's health care record and ICP, that were reviewed, were discussed with the care provider(s) and the resident observed to ensure the care of the resident was implemented. With observations of the resident and discussions with the care providers indicated generally staff were familiar with the care needs of the resident. However in a couple of instances staff indicated they were providing more care than what was on the ICP, hence either the staff are doing too much or ICP is not up to date.

Throughout the day, transfer slings were noted still under a number of residents. As per SCHIPP slings are to be removed from under residents at all times.

All behaviour, especially if abuse, must be reported, regardless if family works in the facility or not. In order to provide appropriate care, nursing staff needs to be aware of everything. Also families, whether they work in facility or not, need to be included in the care to try and brainstorm solutions and/or improve the resident's quality of life.

One resident's survey indicated staff did not give resident the time they required to do the things they could for themselves. Resident indicated "it is faster for staff if they do it".

**Follow-up: Required** All ICPs be audited to ensure all the information is provided in order to ensure the resident is receiving all the care they require. (See note 7.01) Also HCA should audit ICPs to ensure the care they are providing actually matches that on the ICP. Ensuring residents are provided the time they need to do the things they can for themselves. All behavioural issues are reported to nursing staff/administration.

### **Standard 8: Freedom from Abuse/ Neglect**

**Reference:** Personal Care Homes Standards Regulation section 15

**Expected Outcome:** Residents will be safeguarded and free from abuse or neglect.

**Performance Measures:**

#	Measure	Review Team Comments
8.06	The Protection for Persons in Care Act information is posted in locations that are prominent and easily accessible by residents, families and staff.	No concerns noted.

**Follow-up: None required.**

### **Standard 9: Use of Restraints**

**Reference:** Personal Care Homes Standards Regulation, sections 16, 17 and 18, and the Manitoba Provincial Ministerial Guidelines for the Safe Use of Restraints in Personal Care Homes.

**Expected Outcome:** Residents are restrained only to prevent harm to self or others. When a restraint is necessary it is correctly applied and the resident in restraint is checked on a regular basis.

**Performance Measures:**

#	Measure	Review Team Comments
9.04	There is documented evidence that a comprehensive assessment of the resident is completed by an interdisciplinary team, prior to application (or reapplication) of any restraint.	Three health records were reviewed which had minimally one restraint each. Over all restraint documentation was done well, There were no missed restraints or emergency restraints noted on the day of the unannounced review.

**Findings:** At the time staff were asked about the care provided to residents they also accurately identified if a resident had a restraint or not and what the restraint was, with the exception of a couple of chemical restraints. All restraints reviewed were on the ICP.

**Follow-up- None required.**

### **Standard 12: Pharmacy Services**

**Reference:** Personal Care Homes Standards Regulation sections 24, 25 and 26

**Expected Outcome:** Residents receive prescribed treatments and medications in accordance, with their needs and their treatments/medications are correctly administered and documented.

**Performance Measures:**

#	Measure	Review Team Comments
There are designated medication storage areas that are:		
12.10	<ul style="list-style-type: none"> <li>secure.</li> </ul>	The medication cart on C wing was in the unit's recreation/storage room which was unlocked. Although it was locked, it is not double locked, hence should be taken to the main medication room, between medication administration passes.

**Findings:** See note above.

**Follow-up: Required** – All medication carts are stored in the main medication room at all times except during medication administration passes.

### **Standard 14: Nutrition and Food Services**

**Reference:** Personal Care Homes Standards Regulation section 28

**Expected Outcome:** Residents' nutritional needs are met in a manner that enhances their quality of life.

**Performance Measures:**

#	Measure	Review Team Comments
14.15	At least three meals or equivalent are offered to each resident, each day, at reasonable intervals.	<p>In the main dining room, breakfast was 0830, lunch 1200 and supper 1700, which supports best practices.</p> <p>It appears on the C wing a relaxed breakfast is being implemented. It is reviewers' understanding the other residents also have the option of sleeping in if they chose and some form of nutrition is provided when they get up.</p>

#	Measure	Review Team Comments
Between meal fluids and nourishments are offered to every resident:		
14.16	between breakfast and lunch (minimally fluids must be offered);	No concerns.
14.17	between lunch and supper; and,	Snacks and refreshments were observed being passed in the dining room and also room to room.
14.18	not less than two hours after the evening meal.	Not observed. Based on best practice, evening snack should be no sooner than 19:30.
14.20	Menu choices are posted daily for the residents to view, at an appropriate height and displayed using minimally size 14 Arial font.	Posted at the entrance of the dining room, with meals choices of the day, along with alternatives.
14.24	Residents are served meals in a manner that promotes independent eating.	No concerns noted.
14.25	Meals are presented in a courteous manner.	Dietary offered the main meal with a description of the meal to residents and then for staff-assisted residents, the same was provided. When a resident indicated they did not like what was being served an alternative was provided. If choice was available i.e. choice of sandwiches, for the most part this was given. Staff are reminded to always ask for resident's choice even if the answer is always the same. One day they may change their mind.
14.26	Positioning and assistance with eating is individualized as needed.	If the resident requires assistance, then the food should not be left at setting until someone is there is assist them. Food should not be left at any place until resident is present and able to eat on own.
Assistance with eating is provided, when required:		
14.27	• in a manner that promotes dignity;	No concerns.

#	Measure	Review Team Comments
14.28	<ul style="list-style-type: none"> <li>with specific regard to safe feeding practices;</li> </ul>	It was observed when staff were feeding, they were using the appropriate size spoon and did not rush the resident.
14.29	<ul style="list-style-type: none"> <li>in a way that encourages interaction with the person providing assistance.</li> </ul>	It was observed staff interacted with residents during meal time and throughout the day. If staff were talking to each other, they included residents into the conversation.

**Findings:** The main dining room is very large and has potential to be very noisy, however this was not the case on the day of the unannounced review. Reviewers thought it was a great idea for recreation to use a mike, bless the food, announce the meal for lunch and then announce the meal for the supper, indicating the alternative. Then asking by a show of hands how many wanted alternative. Great way to provide choice and provide dietary with ample time to prepare. Over all the dining room experience seemed positive for residents and staff.

**Follow-up:** None required.

### **Standard 15: Housekeeping Services**

**Reference:** Personal Care Homes Standards Regulation section 29

**Expected Outcome:** The residents' environment is safe, clean and comfortable and is consistent with resident care needs.

**Performance Measures:**

#	Measure	Review Team Comments
15.01	The facility is clean and odour free.	<p>Generally the facility was clean, however the following areas required a cleaning:</p> <ul style="list-style-type: none"> <li>○ Microwaves in all kitchenettes but particularly unit C</li> <li>○ Freezer C wing</li> </ul> <p>There was an offensive smell off and on throughout the day on A wing, which reviewers feel is contributed to one or all of the following: Garbage bins not emptied frequently enough and in one case the lid was noted to be off, and/or linen carts not being emptied frequently enough and again in one case the lid of one was observed open.</p> <p>Reviewers appreciate and acknowledge other reasons for offensive smells, however they do not usually linger for too long. It was not felt this was the case during the unannounced review.</p>

#	Measure	Review Team Comments
		A number of edges on dining room tables (in all dining rooms) were noted to be sticky and it appeared to be jam of some sort stuck on them.
15.03	There is documented evidence that the tub and bathing equipment cleaning process is completed after each resident's use.	Signage indicates staff are to clean tub prior to each bath. However it is difficult to determine if they are initialing the sheets indicating they have cleaned the tub between each bath, and there were a number of empty spots. The water temperature, taken with an external thermometer, is not being taken and/or recorded.
15.04	Upon inspection all shared equipment is found to be clean.	One tub chair required a thorough cleaning underneath .

**Findings:** See above.

**Follow-up:** Recommended, tub water temperature be taken with an external water thermometer and recorded prior to each bath. Also recommended all dining room tables (where every residents eat meals) are given a very thorough cleaning.

**Follow-up: Required** – as noted above in 15.01

### **Standard 16: Laundry Services**

**Reference:** Personal Care Homes Standards Regulation section 30

**Expected Outcome:** Residents have a supply of clean clothing and linens to meet their care and comfort needs.

**Performance Measures:**

#	Measure	Review Team Comments
16.10	Soiled laundry is not placed on the floor of any unit nor in the laundry area.	There was a number of towels and residents' clothing in the tub room(s) when observed.
16.11	Soiled laundry is kept separate from clean linen throughout the facility.	No concerns, however see notes in Standard 15.

**Follow-up: None Required.**

### **Standard 17: Therapeutic Recreation**

**Reference:** Personal Care Home Standards Regulation section 31

**Expected Outcome:** Residents participate in therapeutic recreational programming that enhances their quality of life.

**Performance Measures:**

#	Measure	Review Team Comments
Information about recreation programs:		
17.11	<ul style="list-style-type: none"> <li>is posted in prominent, resident-accessible locations throughout the home;</li> </ul>	No concerns noted.
17.12	<ul style="list-style-type: none"> <li>is clear and easy for residents to read.</li> </ul>	No concerns noted.

**Findings:** A range of activities were noted throughout the day of the unannounced review. Recreation seems to have implemented COVID restrictions and IP&C guidelines well with having limited impact on recreation programming. Families and residents did indicate they are looking forward to the day outside entertainment can come back into the facility.

**Follow-up:** None required.

### **Standard 19: Safety and Security**

**Reference:** Personal Care Homes Standards Regulation sections 33 and 34

**Expected Outcome:** Residents are provided a safe, secure, and comfortable environment, consistent with their care needs.

**Performance Measures:**

#	Measure	Review Team Comments
19.01	The temperature in residential areas is a minimum of 22°C.	Ambient air temperatures were noted to be appropriate.
19.02	Domestic hot water, at all water sources that are accessible to residents, is not less than 43°C and not more than 48°C.	All thirteen water temperatures taken throughout the facility on the day of the unannounced review were within range.
19.03	There is documented evidence of frequent monitoring (minimally once	No concerns noted.



#	Measure	Review Team Comments
	per week) of domestic hot water temperatures at locations accessible to residents.	
19.04	There is an easily accessible call system in all resident rooms.	No concerns noted.
19.05	There is an easily accessible call system in all resident washrooms.	No concerns noted.
19.06	There is a call system in all bathing facilities that is easily accessible from all areas around the tub.	Staff need to ensure the call system in tub rooms is accessible from both sides.
19.07	All open stairwells are safeguarded in a manner which prevents resident access.	No concerns noted.
19.08	All outside doors and stairwell doors accessible to residents are equipped with an alarm or locking device approved by the fire authority under the Manitoba Fire Code.	No concerns noted.
19.10	Handrails are properly installed and maintained in all corridors.	Some are requiring sanding and/or re-varnishing.
19.11	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	No concerns noted.
19.12	All potentially dangerous substances are labelled and stored in a location not accessible to residents.	Some rooms with locks or signs indicating door to be locked at all times were found to be unlocked.
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	As mentioned above some doors that should have been locked were not; however no combustibles were noted.

#	Measure	Review Team Comments
There is documented evidence for all equipment, including building systems, that demonstrates completion of:		
19.17	• as needed repairs;	Bedroom furniture in C wing was especially worn. Worn chairs in the lounge (where scale is) should be discarded as cannot be cleaned to meet IP&C protocol. Cork board across from nursing station also needs to be replaced. Some wooden handrails need to be re-varnished especially in C wing.
19.18	• preventative maintenance.	Facility uses HIPPO, however when some staff were asked, they did not know how to implement a request for repair.
All exits are:		
19.21	• clearly marked;	No concerns noted.
19.22	• unobstructed.	No concerns noted.

**Findings:** Generally the facility and grounds were in good repair. The back grounds were very pretty with resident access. It was noted how the facility put a guard railing around trees in cement so residents could not get to close and trip on the broken cement.

**Follow-up: Recommended** – staff be educated/reminded to complete HIPPO when needed.

**Follow-up Required** – All doors that are to be locked are locked at all times, along with above repairs completed and/or in capital plan.

### **Standard 21: Infection Control Program**

**Reference:** Personal Care Homes Standards Regulation section 36

**Expected Outcome:** Residents are protected from the spread of infection by an infection control program.

**Performance Measures:**

#	Measure	Review Team Comments
The facility has implemented robust IP&C audit processes and has demonstrated a strong commitment to ensuring adherence to provincial protocols.		

**Findings:** A number of wall hand sanitizers were either empty or not working. The facility has implemented robust IP&C audit processes and has demonstrated a strong commitment to ensuring adherence to provincial protocols.

**Follow-up:** None required.

**Standard 22: Person in Charge of Day-to-Day Operation**

**Reference:** Personal Care Homes Standards Regulation section 37

**Expected Outcome:** The personal care home is operated in an effective and efficient manner.

**Performance Measures:**

#	Measure	Review Team Comments
22.04	There is a plan for the management of human resources to adequately meet the facility's current and future needs (i.e. recruitment, retention, succession planning, and attendance management).	Facility indicated that at the time of the unannounced review there were the following vacancies: HCA – 3.05 EFT Nursing – 0.7 EFT

**Findings:** In discussion with management and staff, at the beginning of COVID, staffing was very difficult. However at the time of the unannounced review, things have improved, but overtime and short staffed shifts are still quite evident.

**Follow-up:** None required.

**Standard 25: Complaints**

**Reference:** Personal Care Homes Standards Regulation section 401

**Expected Outcome:** A complaint process is available to residents and their representatives to address concerns.

**Performance Measures:**

#	Measure	Review Team Comments
Directions related to complaint processes:		
25.02	<ul style="list-style-type: none"> <li>are posted in a prominent location in the home;</li> </ul>	Yes, no concerns note.
25.03	<ul style="list-style-type: none"> <li>include the position and contact information of the appropriate person (people);</li> </ul>	Yes, no concerns noted.

#	Measure	Review Team Comments
25.10	There is evidence that complaints are responded to in a timely manner.	Yes.

**Follow-up: None required.**