

## Adult Residential Facilities Inspection Report

### Inspection type:

- Approval / New Certificate  
 Renewal of Certificate

Facility Name: C & D Manor

Date of visit: 2014/08/22

Current Certificate Expiry Date: 2014/09/30

Number of approved beds: 3

**Key: C = Compliance NC = Non-Compliance NA = Not Applicable**

Part 2. ADMINISTRATION		C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
2.1	Ownership and Responsibility – the operator must						
	• provide proof of ownership	X					
	• display their Certificate of Approval in a common area	X					
	• ensure all staff sign an agreement to protect their confidentiality of all personal information of the residents	X					
2.2	Display an organizational chart						X
2.3	Develop a Mission Statement and display it in a common area	X					
2.4	Develop goals and objectives	X					
2.5	Develop written policies and procedures						
	• administration	X					
	• personnel	X					
	• environment and security	X					
	• social environment	X					
	• resident care	X					
2.6	Have access to all relevant legislation	X					
2.7	Application process						
	• Coordinator has received application/renewal form	X					

Adult Residential Facilities – Inspection Form		C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
	<ul style="list-style-type: none"> <li>Annual fee has been paid</li> </ul>						
2.10	Have an insurance policy covering all necessary areas						
	<ul style="list-style-type: none"> <li>proof of a minimum \$1,000,000 liability to cover residents for any accident, mishap or other incidents on the premises</li> </ul>	X					
	<ul style="list-style-type: none"> <li>liabilities to residents who are passengers in any vehicle owned by the operators. Employees using their own vehicle to transport residents must show proof of a minimum of \$1,000,000 liability coverage</li> </ul>	X					
	<ul style="list-style-type: none"> <li>proof of a minimum of \$1,000,000 liability to cover residents arising from any accident, mishap or other incidents incurred while on an outing either in the company of operators or their designates</li> </ul>	X					
2.11	Reporting an Incident						
	<ul style="list-style-type: none"> <li>ensure incidents are reported</li> </ul>			<b>New home. No incidents to date</b>			X
	<ul style="list-style-type: none"> <li>verify that incident Report Form has been completed and sent to the Case Manager and ARF Coordinator within 24 hour and that a copy is in the resident's file</li> </ul>						X
2.12	Notify deaths according to standard			<b>Discussed. None</b>			X
2.13	Report missing residents according to standard			<b>Discussed. None</b>			X
2.14	Discharge or Temporary Absence of a resident			<b>No discharges since opening</b>			X
	<ul style="list-style-type: none"> <li>Personal Record of the Resident form has been forwarded to SD</li> </ul>						X
	<ul style="list-style-type: none"> <li>Resident's Financial Form and Medication Records Form are forwarded to the new operator</li> </ul>						X

Adult Residential Facilities – Inspection Form		C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
--	--	---	----	-----------------	--------------------------------------	------------------------	----

2.21	Have a written process to hear the concerns of residents	X					
<b>Part 3. PERSONNEL</b>		<b>C</b>	<b>NC</b>	<b>Action required</b>	<b>Corrective action to be completed by</b>	<b>Compliance achieved on</b>	<b>NA</b>
3.1	Operators must adhere to all employment standards. Staff must						
	<ul style="list-style-type: none"> <li>provide medical form</li> </ul>						X
	<ul style="list-style-type: none"> <li>have a valid standard Emergency First Aid and Cardio Pulmonary Resuscitation certificate</li> </ul>	X					
	<ul style="list-style-type: none"> <li>comply with SD Record Check</li> </ul>	X					
	<ul style="list-style-type: none"> <li>comply with Criminal Record Check</li> </ul>	X					
	<ul style="list-style-type: none"> <li>be 16 years of age or over. Staff under 19 must be supervised by an adult primary staff member at all times while providing care services directly to residents</li> </ul>	X					
	Staff in Special Care Homes and Community Residences who provide direct care to the residents must meet the required training criteria		X	<b>2 Employees to complete Vickers Program</b>	<b>2015/07/31</b>		
3.2	Operators must maintain a personnel file for each employee containing the following information						
	<ul style="list-style-type: none"> <li>oath of confidentiality</li> </ul>	X					
	<ul style="list-style-type: none"> <li>complete medical form</li> </ul>						X
	<ul style="list-style-type: none"> <li>identifying information, for example, name, address and/or date of birth</li> </ul>	X					
	<ul style="list-style-type: none"> <li>documentation of qualifications that include professional qualifications</li> </ul>	X					
	<ul style="list-style-type: none"> <li>valid standard Emergency First Aid and Cardio Pulmonary Resuscitation Certificate as well as a verification of current registration</li> </ul>	X					

<b>Adult Residential Facilities – Inspection Form</b>	<b>C</b>	<b>NC</b>	<b>Action required</b>	<b>Corrective action to be completed by</b>	<b>Compliance achieved on</b>	<b>NA</b>
---	----------	-----------	------------------------	---	-------------------------------	-----------

	<ul style="list-style-type: none"> <li>results of Social Development record Check and Criminal Record Check</li> </ul>	<b>X</b>					
	<ul style="list-style-type: none"> <li>orientation checklist</li> </ul>		<b>X</b>	<b>Required for employee's file</b>			
	<ul style="list-style-type: none"> <li>performance appraisals</li> </ul>					<b>X</b>	
3.3	The operator encourages staff and board members (if applicable) to take part in educational activities	<b>X</b>					
3.4	The operator performs employee performance appraisals for each employee at the end of the probationary period and at least annually thereafter					<b>X</b>	
<b>Part 4. ENVIRONMENT AND SECURITY</b>		<b>C</b>	<b>NC</b>	<b>Action required</b>	<b>Corrective action to be completed by</b>	<b>Compliance achieved on</b>	<b>NA</b>
All environment and security standards must be met for the following aspects							
4.1	Bedrooms						
	Bedroom measurements must						
	<ul style="list-style-type: none"> <li>provide a ceiling height of at least 2,13 meters (7 feet) over half of the required floor area. Heights less than 1,37 meters (4.5 feet) are not included in the floor area</li> </ul>	<b>X</b>					
	<ul style="list-style-type: none"> <li>have at least 9.2 square meters (100 square feet) per person for single occupancy or 6.7 square meters (72 square feet) per person for double occupancy</li> </ul>	<b>X</b>					
	Windows – each bedroom must have						
	<ul style="list-style-type: none"> <li>a glass area of at least five percent of the wall area</li> </ul>	<b>X</b>					
	<ul style="list-style-type: none"> <li>at least one window a minimum width of 60 centimeters (23,62 inches) and a minimum area of .55 square meters (5,92 square feet)</li> </ul>	<b>X</b>					

Adult Residential Facilities – Inspection Form		C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
	For people in wheelchairs or the physically inactive						
	<ul style="list-style-type: none"> <li>each window must have a sill height of at least 60 centimeters (24 inches) and at most 80 centimeters (32 inches) from the floor</li> </ul>						X
	<ul style="list-style-type: none"> <li>unobstructed view at a horizontal level from a sitting position</li> </ul>						X
	Beds must have						
	<ul style="list-style-type: none"> <li>space of at least 1 meter (39 inches) between them</li> </ul>	X					
	<ul style="list-style-type: none"> <li>single bed that is a minimum of 1.91 meters (75 inches) in length and a minimum of 1 meter (39 inches) in width</li> </ul>	X					
	<ul style="list-style-type: none"> <li>double bed that is a minimum of 1.37 meters (54 inches) in width</li> </ul>						X
	<ul style="list-style-type: none"> <li>comfortable mattress</li> </ul>	X					
	<ul style="list-style-type: none"> <li>pillow and pillow case, 2 sheets and 2 coverings at minimum</li> </ul>	X					
	<ul style="list-style-type: none"> <li>clean bed linen as necessary, but at least once per week</li> </ul>	X					
	<ul style="list-style-type: none"> <li>clean coverings as necessary, but at least every 6 months</li> </ul>	X					
	<ul style="list-style-type: none"> <li>comfortable and waterproof sheets, when necessary</li> </ul>	X					
	Hospital Beds						
	<ul style="list-style-type: none"> <li>are acceptable only if required for a specific resident</li> </ul>						X
	<ul style="list-style-type: none"> <li>must have a written rationale placed on the file of the specified resident, as kept by the Operator</li> </ul>						X

Adult Residential Facilities – Inspection Form	C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
--	---	----	-----------------	--------------------------------------	------------------------	----

	Furnishings – bedroom furnishings must include						
	<ul style="list-style-type: none"> <li>• dresser, beside table and lamp, mirror, chair, waste basket made of non combustible material and other items indicated by Coordinator</li> </ul>	X					
	Privacy operators must provide bedrooms that						
	<ul style="list-style-type: none"> <li>• are self-contained with floor to ceiling walls and well fitting doors</li> </ul>	X					
	<ul style="list-style-type: none"> <li>• do not access another room</li> </ul>	X					
	<ul style="list-style-type: none"> <li>• are separated by gender, unless residents request other arrangements</li> </ul>	X					
	<ul style="list-style-type: none"> <li>• accommodate no more than two persons</li> </ul>	X					
4.2	Bathroom must provide						
	<ul style="list-style-type: none"> <li>• paper towel or client specific cloth towel</li> </ul>	X					
	<ul style="list-style-type: none"> <li>• liquid soap dispenser and tissue</li> </ul>	X					
	<ul style="list-style-type: none"> <li>• toilets and wash basins in a ratio of at least 1 per 3 residents</li> </ul>	X					
	<ul style="list-style-type: none"> <li>• at least 1 bathtub for 6 residents. Operators may substitute showers for bathtubs when safety permits and there must always be at least 1 bathtub or a barrier free accessible shower</li> </ul>	X					
	<ul style="list-style-type: none"> <li>• non-slip material on the bottom of each bathtub and shower</li> </ul>	X					
	<ul style="list-style-type: none"> <li>• ventilation with either a window or fan</li> </ul>	X					
	<ul style="list-style-type: none"> <li>• door for each bathroom that locks to ensure privacy but opens from the outside in an emergency</li> </ul>	X					
	<ul style="list-style-type: none"> <li>• access no more than one floor away for normal use</li> </ul>	X					
	<ul style="list-style-type: none"> <li>• grab bars conveniently located near the bathtub and toilet, if required by the residents</li> </ul>	X					

Adult Residential Facilities – Inspection Form		C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
4.3	Kitchen/dining room must have						
	• refrigerator, stove and sink in good working condition	X					
	• storage for all foodstuffs, cleaning supplies and other housekeeping products	X					
4.4	Hallways must be						
	• unobstructed	X					
	• well lighted	X					
	• at least 110 centimeters (43.33 inches) in width	X					
	Steps of stairwell must						
	• be covered with non-slip material	X					
	• have a 90 centimeters (36 inches) banister on at least one side	X					
	• have a guardrail at least 105 centimeters (42 inches)	X					
4.5	Exits must be unobstructed and easy to open at all times	X					
4.6	Recreation/common living area – there must be a separate area for						
	• indoor recreation that provides at least 30 square feet per resident	X					
	• common living area that is fully furnished	X					
4.8	Heating						
	• all rooms must have a temperature in the range of 21 degrees Celsius (70 degrees Fahrenheit) between 07:00 am and 11:00 pm and 18 degrees Celsius (64 degrees Fahrenheit) during the remaining hours of each day, except for special requests by residents	X					
	• operators must not use portable heating units	X					

Adult Residential Facilities – Inspection Form		C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
4.10	Fire prevention						
	<ul style="list-style-type: none"> <li>instruct residents of the evacuation procedure on admission</li> </ul>	X					
	<ul style="list-style-type: none"> <li>post a written plan of evacuation</li> </ul>		X				
	<ul style="list-style-type: none"> <li>have monthly fire drills</li> </ul>		X				
	<ul style="list-style-type: none"> <li>record the date of each fire drill</li> </ul>		X				
	<ul style="list-style-type: none"> <li>smoke alarms are tested monthly</li> </ul>	X					
	<ul style="list-style-type: none"> <li>place fire extinguishers in accordance with the recommendations of the Office of the Fire Marshal</li> </ul>			No Fire inspection. 3 bed ARF. Has extinguishers on each level			X
	<ul style="list-style-type: none"> <li>enclose the furnace in accordance with the recommendations of the Office of the Fire Marshall when using a basement area</li> </ul>						X
	<ul style="list-style-type: none"> <li>must maintain a record of all written corrective orders issued by the Office of the Fire Marshall and of the actions taken as a result of these actions</li> </ul>						X
4.11	Fire safety requirements where residents are non-ambulatory						
	<ul style="list-style-type: none"> <li>fire safety requirements are met when residents are non-ambulatory</li> </ul>						X
	<ul style="list-style-type: none"> <li>clients are ambulatory at time of admission in special care home</li> </ul>	X					
4.12	General requirements from the District Medical Health Officer or designate are met. Among them, operators must						
	<ul style="list-style-type: none"> <li>take soiled linen to laundry in an enclosed container. Do not handle laundry in food preparation or storage areas</li> </ul>	X					
	<ul style="list-style-type: none"> <li>remove garbage bags daily</li> </ul>	X					
	<ul style="list-style-type: none"> <li>inoculate pets annually</li> </ul>	X					



<b>Adult Residential Facilities – Inspection Form</b>		<b>C</b>	<b>NC</b>	<b>Action required</b>	<b>Corrective action to be completed by</b>	<b>Compliance achieved on</b>	<b>NA</b>
	<ul style="list-style-type: none"> <li>forbid smoking unless there is a designated smoking room</li> </ul>	<b>X</b>					
	<ul style="list-style-type: none"> <li>prominently display no smoking signs</li> </ul>	<b>X</b>					
	<ul style="list-style-type: none"> <li>lock hazardous or poisonous substances in a cabinet or in containers</li> </ul>	<b>X</b>					
	<ul style="list-style-type: none"> <li>have written approval from the Coordinator and inform the Office of the Fire Marshall to permit concentrators and liquid oxygen systems in residential facilities</li> </ul>						<b>X</b>
	<ul style="list-style-type: none"> <li>must maintain a record of all written corrective orders issued by Public Health Inspectors and of the actions taken as a result of these actions</li> </ul>	<b>X</b>					
4.13	First Aid – operators must ensure first aid kits are readily accessible	<b>X</b>					
4.15	Emergency preparedness plan exists and is reviewed annually	<b>X</b>					
<b>Part 5. RESIDENT CARE</b>		<b>C</b>	<b>NC</b>	<b>Action required</b>	<b>Corrective action to be completed by</b>	<b>Compliance achieved on</b>	<b>NA</b>
5.2	Residents meet admission requirements						
	<ul style="list-style-type: none"> <li>residents have applied to FCS and completed a Long Term Care Assessment prior to admission</li> </ul>	<b>X</b>					
	<ul style="list-style-type: none"> <li>residents meet the eligibility criteria of the Long Term Care Program</li> </ul>	<b>X</b>					
	Private-pay residents meet the admission requirements and the following documentation is complete prior to the resident being admitted						<b>X</b>
	<ul style="list-style-type: none"> <li>a copy of the medical certificate of the person</li> </ul>						<b>X</b>
	<ul style="list-style-type: none"> <li>a copy of the examination or social assessment</li> </ul>						<b>X</b>
	<ul style="list-style-type: none"> <li>a copy of the form – Admission of private-pay residents in a special care home (if used)</li> </ul>						<b>X</b>

Adult Residential Facilities – Inspection Form	C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
--	---	----	-----------------	--------------------------------------	------------------------	----

5.4	Individualized Service Plan (ISP) – operators must						
	• develop and implement an ISP for each resident	X					
	• each ISP must be reviewed annually						X
5.5	Behaviour Management						
	• operators must ensure physical holding is used only as necessary to: prevent the resident from self-injury, react in self-defense or protect a third person	X					
	• operators and employees must not utilize negative or degrading forms of corrective actions	X					
5.6	Restraining devices are not used	X					
5.7	Operators must ensure						
	• staff ratio for Special Care Homes is adhered to	X					
	• staff ratio for Community Residences is adhered to						X
	• staff must be awake in the night as per the standard						X
	• exemptions granted regarding staff ratios are evaluated annually						X
5.8	Nutrition Services - operators must						
	• make meals available to clients in accordance with Canada's Food Guide to Healthy Eating	X					
	• ensure meals are in accordance with a diet as prescribed by a doctor or dietician (if applicable)	X					
	• post a monthly menu for the residents	X					

Adult Residential Facilities – Inspection Form	C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
--	---	----	-----------------	--------------------------------------	------------------------	----

5.9	Personal care					
	<ul style="list-style-type: none"> <li>staff in ARFs assists residents with their needs as related to personal care, self-sufficiency and cognitive functioning</li> </ul>	X				
	Professional nursing and rehabilitation care can only be provided by nurses or rehab professionals. Delegation of these responsibilities can occur if the conditions in the standard are met					X
5.12	Operators must ensure appropriate administration of medication, including					
	<ul style="list-style-type: none"> <li>providing a safe and secure storage system</li> </ul>	X				
	<ul style="list-style-type: none"> <li>bringing all medication that is no longer needed to the pharmacy for safe disposal</li> </ul>	X				
	<ul style="list-style-type: none"> <li>administer medications in accordance with the recommendations of the physicians, pharmacists or nurses</li> </ul>	X				
	<ul style="list-style-type: none"> <li>Medication Record Form Part 1</li> </ul>	X				
	<ul style="list-style-type: none"> <li>Part 2 or any other medication control form approved by the ARF Coordinator</li> </ul>	X				
5.13	To appropriately handle communicable disease operators must					
	<ul style="list-style-type: none"> <li>isolate the residents suspected of having a communicable disease</li> </ul>	X				
	<ul style="list-style-type: none"> <li>have a physician examine the resident and give instructions to protect the other residents</li> </ul>	X				
5.14	Operators must					
	<ul style="list-style-type: none"> <li>provide access to necessary special services (i.e. health care, medical, dental, eye and hearing)</li> </ul>	X				

Adult Residential Facilities – Inspection Form		C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
--	--	---	----	-----------------	--------------------------------------	------------------------	----

	<ul style="list-style-type: none"> <li>file a written record of all medical visits, consultations and treatments in the resident's file</li> </ul>	X					
5.15	Operators who are also trustees must						
	<ul style="list-style-type: none"> <li>complete the Agreement of Trustee form</li> </ul>	X					
	<ul style="list-style-type: none"> <li>provide appropriate money management with regard to the resident's comfort and clothing allowance</li> </ul>	X					
	<ul style="list-style-type: none"> <li>record expenditures made on behalf of residents, using the Financial Record Form</li> </ul>	X					
	<ul style="list-style-type: none"> <li>deposit valuables or monies in a safe place and keep a record of such items</li> </ul>						X
5.16	Operators must ensure that each resident has a proper supply of their own clean personal clothing as selected by them, when appropriate	X					
5.17	Operators will maintain a personal file for every resident which includes						
	<ul style="list-style-type: none"> <li>individual service plan</li> </ul>	X					
	<ul style="list-style-type: none"> <li>application for admission</li> </ul>						X
	<ul style="list-style-type: none"> <li>resident medical</li> </ul>	X					
	<ul style="list-style-type: none"> <li>Long Term Care Assessment</li> </ul>	X					
	<ul style="list-style-type: none"> <li>financial record</li> </ul>	X					
	<ul style="list-style-type: none"> <li>personal record of resident</li> </ul>	X					
	<ul style="list-style-type: none"> <li>medication records</li> </ul>	X					
	<ul style="list-style-type: none"> <li>special approvals (for example, oxygen, insulin injections, hospital beds)</li> </ul>						X
<b>Part 6. SOCIAL ENVIRONMENT</b>		<b>C</b>	<b>NC</b>	<b>Action required</b>	<b>Corrective action to be completed by</b>	<b>Compliance achieved on</b>	<b>NA</b>
6.1	Operators must provide an orientation to the facility to all residents upon arrival and departure	X					

Adult Residential Facilities – Inspection Form	C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
--	---	----	-----------------	--------------------------------------	------------------------	----

6.2	Residents rights					
	<ul style="list-style-type: none"> <li>Residents have the right to confidentiality of information about them</li> </ul>	X				
	<ul style="list-style-type: none"> <li>Residents are permitted to have visitors</li> </ul>	X				
	<ul style="list-style-type: none"> <li>Residents are permitted to access to send and receive mail</li> </ul>	X				
	<ul style="list-style-type: none"> <li>Residents are permitted access to telephone services</li> </ul>	X				
	<ul style="list-style-type: none"> <li>Residents are permitted to access pastoral services</li> </ul>	X				
	<ul style="list-style-type: none"> <li>Residents' family members are encouraged to be involved with and visit with residents</li> </ul>	X				
	<ul style="list-style-type: none"> <li>Residents are permitted to keep personal possessions in their room, i.e. pictures, furnishings, etc.</li> </ul>	X				

<u>External Reports</u>	<u>Date Inspected</u>	<u>Certificate Expiry Date</u>
Fire Marshall Inspection	N.A.	yyyy / mm / dd
Public Health Inspection	2014/06/30	yyyy / mm / dd
Public Safety (Elevator(s))	N.A.	yyyy / mm / dd