

## Adult Residential Facilities Inspection Report

### Inspection type:

Approval / New Certificate  
 Renewal of Certificate

Facility Name: Foyer Yvon Caron

Date of visit: 2015/01/28

Current Certificate Expiry Date: 2014/10/31

Number of approved beds: 5

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  |   |    | <b>Small family home</b>                  |                                      |                        | 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   |   |    | <b>Small home – casual caregiver only</b> |                                      |                        | X  |
|                        | • personnel  |   |    | <b>Small home – casual caregiver only</b> |                                      |                        | X  |
|                        | • environment and security   |   |    | <b>Small home – casual caregiver only</b> |                                      |                        | X  |
|                        | • social environment   |   |    | <b>Small home – casual caregiver only</b> |                                      |                        | X  |
|                        | • resident care  |   | X  | <b>Small home – casual caregiver only</b> |                                      |                        | X  |
| 2.6                    | Have access to all relevant legislation  | X |    |   |                                      |                        |    |

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| 2.7  | Application process  |   |    |                 |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>Coordinator has received application/renewal form</li> <li>Annual fee has been paid</li> </ul>  | X |    |                 |                                      |                        |    |
| 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>  | 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>  |   |    |                 |                                      |                        |    |
| 2.12   | Notify deaths according to standard  | X |    |                 |                                      |                        |    |
| 2.13   | Report missing residents according to standard   | X |    |                 |                                      |                        |    |
| 2.14   | Discharge or Temporary Absence of a resident   | X |    |                 |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>Personal Record of the Resident form has been forwarded to SD</li> </ul>  | X |    |                 |                                      |                        |    |

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|                   | <ul style="list-style-type: none"> <li>Resident's Financial Form and Medication Records Form are forwarded to the new operator</li> </ul>   | X |    |                 |                                      |                        |    |
|-------------------|---|---|----|-----------------|--------------------------------------|------------------------|----|
| 2.21              | Have a written process to hear the concerns of residents  | X |    |                 |                                      |                        |    |
| Part 3. PERSONNEL |   | C | NC | Action required | Corrective action to be completed by | Compliance achieved on | NA |
| 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  | Send me copies  | 2015/01/28                           | 2015/04/08             |    |
|                   | <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 |    |                 |                                      |                        |    |
| 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 |    |                 |                                      |                        |    |

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|  |   |          |           |  |   |                               |           |
|--|---|----------|-----------|--|---|-------------------------------|-----------|
|  | <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>   |          | <b>X</b>  | <b>Place copies of the CPR courses in employee files</b> | <b>2015/01/28</b>                           | <b>2015/04/08</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>  |
|  | <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> |           |  |   |                               |           |

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|  | <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>  | X |    |                 |                                      |                        |    |
|  | 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 |    |                 |                                      |                        |    |

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|  | 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 |    |                 |                                      |                        |    |

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|     |  |   |  |  |  |  |  |
|-----|--|---|--|--|--|--|--|
| 4.3 | Kitchen/dining room must have  |   |  |  |  |  |  |
|     | <ul style="list-style-type: none"> <li>refrigerator, stove and sink in good working condition</li> </ul>   | X |  |  |  |  |  |
|     | <ul style="list-style-type: none"> <li>storage for all foodstuffs, cleaning supplies and other housekeeping products</li> </ul>  | X |  |  |  |  |  |
| 4.4 | Hallways must be   |   |  |  |  |  |  |
|     | <ul style="list-style-type: none"> <li>unobstructed</li> </ul>   | X |  |  |  |  |  |
|     | <ul style="list-style-type: none"> <li>well lighted</li> </ul>   | X |  |  |  |  |  |
|     | <ul style="list-style-type: none"> <li>at least 110 centimeters (43.33 inches) in width</li> </ul>   | X |  |  |  |  |  |
|     | Steps of stairwell must  |   |  |  |  |  |  |
|     | <ul style="list-style-type: none"> <li>be covered with non-slip material</li> </ul>  | X |  |  |  |  |  |
|     | <ul style="list-style-type: none"> <li>have a 90 centimeters (36 inches) banister on at least one side</li> </ul>  | X |  |  |  |  |  |
|     | <ul style="list-style-type: none"> <li>have a guardrail at least 105 centimeters (42 inches)</li> </ul>  | 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  |   |  |  |  |  |  |
|     | <ul style="list-style-type: none"> <li>indoor recreation that provides at least 30 square feet per resident</li> </ul>   | X |  |  |  |  |  |
|     | <ul style="list-style-type: none"> <li>common living area that is fully furnished</li> </ul>   | X |  |  |  |  |  |
| 4.8 | Heating  |   |  |  |  |  |  |
|     | <ul style="list-style-type: none"> <li>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</li> </ul> | X |  |  |  |  |  |

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|  | <ul style="list-style-type: none"> <li>operators must not use portable heating units</li> </ul>   | X |    |                 |                                      |                        |    |
| 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>   | 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 |    |                 |                                      |                        |    |



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|---|---|----------|-----------|------------------------|---|-------------------------------|-----------|
|   | <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> |           |                        |   |                               | <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>  |

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|-----|---|---|--|--|--|--|---|
| 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 |  |  |  |  |   |

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|--|---|----|-----------------|--------------------------------------|------------------------|----|
|--|---|----|-----------------|--------------------------------------|------------------------|----|

|      |  |   |  |  |  |  |
|------|--|---|--|--|--|--|
| 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 |  |  |  |  |

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|                                   |   |          |           |                        |   |                               |           |
|-----------------------------------|---|----------|-----------|------------------------|---|-------------------------------|-----------|
|                                   | <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        |           |                        |   |                               |           |

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|     |  |   |   |                                   |  |  |
|-----|--|---|---|-----------------------------------|--|--|
| 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 | No services available in the area |  |  |
|     | <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> |
|-----------------------------|-----------------------|
| Fire Marshall Inspection    | 2014/09/04            |
| Public Health Inspection    | 2015/03/27            |
| Public Safety (Elevator(s)) | N/A                   |