

Adult Residential Facilities Inspection Report

Inspection type:

Approval / New Certificate
 Renewal of Certificate

Facility Name: Domaine La Vallée de Memramcook

Date of visit: 2015/02/24

Current Certificate Expiry Date: 2015/02/28

Number of approved beds: 28

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	Sign oath of confidentiality	2015/05/31		
2.2	Display an organizational chart						
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			Policies and procedures under review at time of inspection			
	• administration		X		2015/08/31		
	• personnel		X		2015/08/31		
	• environment and security		X		2015/08/31		
	• social environment		X		2015/08/31		
	• resident care		X		2015/08/31		
2.6	Have access to all relevant legislation	X					

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

2.7	Application process					
	<ul style="list-style-type: none"> Coordinator has received application/renewal form Annual fee has been paid 	X				
2.10	Have an insurance policy covering all necessary areas					
	<ul style="list-style-type: none"> proof of a minimum \$1,000,000 liability to cover residents for any accident, mishap or other incidents on the premises 		X	Proof of insurance	2015/03/10	
	<ul style="list-style-type: none"> 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 					X
	<ul style="list-style-type: none"> 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 		X	Proof of insurance	2015/03/10	
2.11	Reporting an Incident					
	<ul style="list-style-type: none"> ensure incidents are reported 	X				
	<ul style="list-style-type: none"> 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 	X				
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"> Personal Record of the Resident form has been forwarded to SD 	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"> Resident's Financial Form and Medication Records Form are forwarded to the new operator 	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"> provide medical form 						X
	<ul style="list-style-type: none"> have a valid standard Emergency First Aid and Cardio Pulmonary Resuscitation certificate 	X					
	<ul style="list-style-type: none"> comply with SD Record Check 	X					
	<ul style="list-style-type: none"> comply with Criminal Record Check 	X					
	<ul style="list-style-type: none"> 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 	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"> oath of confidentiality 						
	<ul style="list-style-type: none"> complete medical form 						X
	<ul style="list-style-type: none"> identifying information, for example, name, address and/or date of birth 	X					
	<ul style="list-style-type: none"> documentation of qualifications that include professional qualifications 		X		2015/12/31		

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"> valid standard Emergency First Aid and Cardio Pulmonary Resuscitation Certificate as well as a verification of current registration 	X				
	<ul style="list-style-type: none"> results of Social Development record Check and Criminal Record Check 	X				
	<ul style="list-style-type: none"> orientation checklist 	X				
	<ul style="list-style-type: none"> performance appraisals 	X				
3.3	The operator encourages staff and board members (if applicable) to take part in educational activities	X				
3.4	The operator performs employee performance appraisals for each employee at the end of the probationary period and at least annually thereafter	X				

Part 4. ENVIRONMENT AND SECURITY		C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
All environment and security standards must be met for the following aspects							
4.1	Bedrooms						
	Bedroom measurements must						
	<ul style="list-style-type: none"> 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 	X					
	<ul style="list-style-type: none"> 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 	X					
	Windows – each bedroom must have						
	<ul style="list-style-type: none"> a glass area of at least five percent of the wall area 	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"> 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) 	X					
	For people in wheelchairs or the physically inactive						
	<ul style="list-style-type: none"> each window must have a sill height of at least 60 centimeters (24 inches) and at most 80 centimeters (32 inches) from the floor 	X					
	<ul style="list-style-type: none"> unobstructed view at a horizontal level from a sitting position 	X					
	Beds must have						
	<ul style="list-style-type: none"> space of at least 1 meter (39 inches) between them 	X					
	<ul style="list-style-type: none"> single bed that is a minimum of 1.91 meters (75 inches) in length and a minimum of 1 meter (39 inches) in width 	X					
	<ul style="list-style-type: none"> double bed that is a minimum of 1.37 meters (54 inches) in width 	X					
	<ul style="list-style-type: none"> comfortable mattress 	X					
	<ul style="list-style-type: none"> pillow and pillow case, 2 sheets and 2 coverings at minimum 	X					
	<ul style="list-style-type: none"> clean bed linen as necessary, but at least once per week 	X					
	<ul style="list-style-type: none"> clean coverings as necessary, but at least every 6 months 	X					
	<ul style="list-style-type: none"> comfortable and waterproof sheets, when necessary 	X					
	Hospital Beds						
	<ul style="list-style-type: none"> are acceptable only if required for a specific resident 						X
	<ul style="list-style-type: none"> must have a written rationale placed on the file of the specified resident, as kept by the Operator 						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"> • dresser, beside table and lamp, mirror, chair, waste basket made of non combustible material and other items indicated by Coordinator 	X					
	Privacy operators must provide bedrooms that						
	<ul style="list-style-type: none"> • are self-contained with floor to ceiling walls and well fitting doors 	X					
	<ul style="list-style-type: none"> • do not access another room 	X					
	<ul style="list-style-type: none"> • are separated by gender, unless residents request other arrangements 	X					
	<ul style="list-style-type: none"> • accommodate no more than two persons 	X					
4.2	Bathroom must provide						
	<ul style="list-style-type: none"> • paper towel or client specific cloth towel 	X					
	<ul style="list-style-type: none"> • liquid soap dispenser and tissue 	X					
	<ul style="list-style-type: none"> • toilets and wash basins in a ratio of at least 1 per 3 residents 	X					
	<ul style="list-style-type: none"> • 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 	X					
	<ul style="list-style-type: none"> • non-slip material on the bottom of each bathtub and shower 	X					
	<ul style="list-style-type: none"> • ventilation with either a window or fan 	X					
	<ul style="list-style-type: none"> • door for each bathroom that locks to ensure privacy but opens from the outside in an emergency 	X					
	<ul style="list-style-type: none"> • access no more than one floor away for normal use 	X					
	<ul style="list-style-type: none"> • grab bars conveniently located near the bathtub and toilet, if required by the residents 	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						
	<ul style="list-style-type: none"> refrigerator, stove and sink in good working condition 	X					
	<ul style="list-style-type: none"> storage for all foodstuffs, cleaning supplies and other housekeeping products 	X					
4.4	Hallways must be						
	<ul style="list-style-type: none"> unobstructed 	X					
	<ul style="list-style-type: none"> well lighted 	X					
	<ul style="list-style-type: none"> at least 110 centimeters (43.33 inches) in width 	X					
	Steps of stairwell must						
	<ul style="list-style-type: none"> be covered with non-slip material 	X					
	<ul style="list-style-type: none"> have a 90 centimeters (36 inches) banister on at least one side 	X					
	<ul style="list-style-type: none"> 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						
	<ul style="list-style-type: none"> indoor recreation that provides at least 30 square feet per resident 	X					
	<ul style="list-style-type: none"> common living area that is fully furnished 	X					
4.8	Heating						
	<ul style="list-style-type: none"> 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					

Adult Residential Facilities – Inspection Form		C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
	• operators must not use portable heating units	X					
4.10	Fire prevention						
	• instruct residents of the evacuation procedure on admission	X					
	• post a written plan of evacuation	X					
	• have monthly fire drills	X					
	• record the date of each fire drill	X					
	• smoke alarms are tested monthly	X					
	• place fire extinguishers in accordance with the recommendations of the Office of the Fire Marshal	X					
	• enclose the furnace in accordance with the recommendations of the Office of the Fire Marshall when using a basement area	X					
	• 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	X					
4.11	Fire safety requirements where residents are non-ambulatory						
	• fire safety requirements are met when residents are non-ambulatory	X					
	• clients are ambulatory at time of admission in special care home	X					
4.12	General requirements from the District Medical Health Officer or designate are met. Among them, operators must						
	• take soiled linen to laundry in an enclosed container. Do not handle laundry in food preparation or storage areas	X					
	• remove garbage bags daily	X					
	• inoculate pets annually						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"> forbid smoking unless there is a designated smoking room 	X					
	<ul style="list-style-type: none"> prominently display no smoking signs 	X					
	<ul style="list-style-type: none"> lock hazardous or poisonous substances in a cabinet or in containers 	X					
	<ul style="list-style-type: none"> have written approval from the Coordinator and inform the Office of the Fire Marshall to permit concentrators and liquid oxygen systems in residential facilities 	X		Put sign in window and notify fire department	2015/03/10	2015/03/10	
	<ul style="list-style-type: none"> 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 	X					
4.13	First Aid – operators must ensure first aid kits are readily accessible	X					
4.15	Emergency preparedness plan exists and is reviewed annually	X					
Part 5. RESIDENT CARE		C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
5.2	Residents meet admission requirements						
	<ul style="list-style-type: none"> residents have applied to FCS and completed a Long Term Care Assessment prior to admission 	X					
	<ul style="list-style-type: none"> residents meet the eligibility criteria of the Long Term Care Program 	X					
	Private-pay residents meet the admission requirements and the following documentation is complete prior to the resident being admitted						X
	<ul style="list-style-type: none"> a copy of the medical certificate of the person 						X
	<ul style="list-style-type: none"> a copy of the examination or social assessment 						X
	<ul style="list-style-type: none"> a copy of the form – Admission of private-pay residents in a special care home (if used) 						X

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"> staff in ARFs assists residents with their needs as related to personal care, self-sufficiency and cognitive functioning 	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"> providing a safe and secure storage system 	X				
	<ul style="list-style-type: none"> bringing all medication that is no longer needed to the pharmacy for safe disposal 	X				
	<ul style="list-style-type: none"> administer medications in accordance with the recommendations of the physicians, pharmacists or nurses 	X				
	<ul style="list-style-type: none"> Medication Record Form Part 1 	X				
	<ul style="list-style-type: none"> Part 2 or any other medication control form approved by the ARF Coordinator 	X				
5.13	To appropriately handle communicable disease operators must					
	<ul style="list-style-type: none"> isolate the residents suspected of having a communicable disease 	X				
	<ul style="list-style-type: none"> have a physician examine the resident and give instructions to protect the other residents 	X				
5.14	Operators must					
	<ul style="list-style-type: none"> provide access to necessary special services (i.e. health care, medical, dental, eye and hearing) 	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"> file a written record of all medical visits, consultations and treatments in the resident's file 	X					
5.15	Operators who are also trustees must						
	<ul style="list-style-type: none"> complete the Agreement of Trustee form 	X					
	<ul style="list-style-type: none"> provide appropriate money management with regard to the resident's comfort and clothing allowance 	X					
	<ul style="list-style-type: none"> record expenditures made on behalf of residents, using the Financial Record Form 	X					
	<ul style="list-style-type: none"> deposit valuables or monies in a safe place and keep a record of such items 	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"> individual service plan 			To be done	2016/02/28		
	<ul style="list-style-type: none"> application for admission 	X					
	<ul style="list-style-type: none"> resident medical 	X					
	<ul style="list-style-type: none"> Long Term Care Assessment 	X					
	<ul style="list-style-type: none"> financial record 	X					
	<ul style="list-style-type: none"> personal record of resident 	X					
	<ul style="list-style-type: none"> medication records 	X					
	<ul style="list-style-type: none"> special approvals (for example, oxygen, insulin injections, hospital beds) 	X					
Part 6. SOCIAL ENVIRONMENT		C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
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"> Residents have the right to confidentiality of information about them 	X					
	<ul style="list-style-type: none"> Residents are permitted to have visitors 	X					
	<ul style="list-style-type: none"> Residents are permitted to access to send and receive mail 	X					
	<ul style="list-style-type: none"> Residents are permitted access to telephone services 	X					
	<ul style="list-style-type: none"> Residents are permitted to access pastoral services 	X					
	<ul style="list-style-type: none"> Residents' family members are encouraged to be involved with and visit with residents 	X					
	<ul style="list-style-type: none"> Residents are permitted to keep personal possessions in their room, i.e. pictures, furnishings, etc. 	X					

<u>External Reports</u>	<u>Date Inspected</u>
Fire Marshall Inspection	2015/03/26
Public Health Inspection	2014/11/13
Public Safety (Elevator(s))	2015/01/13