Adult Residential Facilities Inspection Report

Inspection type:

Approval / New Certificate

X Renewal of Certificate

Facility Name: Fundy Bay Manor

Date of visit: 2014/11/28

Current Certificate Expiry Date: 2014/11/30 Number of approved beds: 8

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

| Part | Part 2. ADMINISTRATION | | NC | IC Action required | Corrective action to be completed by | Compliance achieved on | NA |
|------|--|---|----|--------------------|--------------------------------------|------------------------|----|
| 2.1 | Ownership and Responsibility – the operator must | | | | | | |
| | provide proof of ownership | Х | | | | | |
| | display their Certificate of Approval in a common area | Х | | | | | |
| | 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 | Х | | | | | |
| | personnel | X | | | | | |
| | environment and security | Х | | | | | |
| | social environment | X | | | | | |
| | resident care | Χ | | | | | |
| 2.6 | Have access to all relevant legislation | Х | | | | | |
| 2.7 | Application process | | | | | | |
| | Coordinator has received application/renewal form | X | | | | | |

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|-------|--|---|----|-----------------|--------------------------------------|------------------------|----|
| | Annual fee has been paid | | | | 1 | | |
| 2.10 | Have an insurance policy covering all necessary areas | | | | | | |
| | proof of a minimum \$1,000,000 liability to cover residents for any accident, mishap or other incidents on the premises | Х | | | | | |
| | 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 | | | | | |
| | 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 | Х | | | | | |
| 2.11 | Reporting an Incident | | | | | | |
| | ensure incidents are reported | Х | | | | | |
| | 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 | Х | | | | | |
| 2.12 | | | | | | | |
| 2.13 | | | | | | | |
| 2.14 | | | | | | | |
| | Personal Record of the Resident form has been forwarded to SD | | | | | | X |
| | 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 | | | | | |

| Ī | Adult Residential Facilities – Inspection Form | С | NC | Action required | Corrective | Compliance | NA |
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| | | | | | action to be | achieved on | |
| | | | | | completed | | |
| | | | | | by | | |

| Part | Part 3. PERSONNEL | | NC | Action required | Corrective action to be completed by | Compliance achieved on | NA |
|------|---|---|----|-----------------|--------------------------------------|------------------------|----|
| 3.1 | Operators must adhere to all employment standards. Staff must | | | | | | |
| | provide medical form | | | | | | Х |
| | have a valid standard Emergency First Aid and Cardio Pulmonary Resuscitation certificate | Χ | | | | | |
| | comply with SD Record Check | Х | | | | | |
| | comply with Criminal Record Check | Х | | | | | |
| | 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 | Х | | | | | |
| | 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 | | | | | | |
| | oath of confidentiality | Χ | | | | | |
| | complete medical form | | | | | | X |
| | identifying information, for example, name, address and/or date of birth | X | | | | | |
| | documentation of qualifications that include professional qualifications | X | | | | | |
| | valid standard Emergency First Aid and Cardio Pulmonary Resuscitation Certificate as well as a verification of current registration | Х | | | | | |
| | results of Social Development record Check and Criminal Record Check | Х | | | | | |
| | orientation checklist | Х | | | | | |

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|------|---|---|--|-----------------|--------------------------------------|------------------------|----|
| | performance appraisals | Х | | | 1 | 1 | |
| 3.3 | The operator encourages staff and board members | X | | | | | |
| 3.3 | (if applicable) to take part in educational activities | ^ | | | | | |
| 3.4 | The operator performs employee performance | Х | | | | | |
| | appraisals for each employee at the end of the | | | | | | |
| | probationary period and at least annually thereafter | | | | | | |
| Part | 4. ENVIRONMENT AND SECURITY | С | NC | Action required | Corrective action to be completed by | Compliance achieved on | NA |
| | nvironment and security standards must be met for the ving aspects | | | | | | |
| 4.1 | Bedrooms | | | | | | |
| | Bedroom measurements must | | | | | | |
| | 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 | | | | | |
| | 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 | Х | | | | | |
| | Windows – each bedroom must have | | | | | | |
| | a glass area of at least five percent of the wall area | Х | | | | | |
| | 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) | Х | | | | | |

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|--|---|----|-----------------|--------------------------------------|------------------------|----|
| | | | | | | |
| For people in wheelchairs or the physically inactive | | | | | | |
| each window must have a sill height of at least 60 centimeters (24 inches) and at most 80 centimeters (32 inches) from the floor | Х | | | | | |
| unobstructed view at a horizontal level from a sitting position | Х | | | | | |
| Beds must have | | | | | | |
| space of at least 1 meter (39 inches) between them | Х | | | | | |
| single bed that is a minimum of 1.91 meters (75 inches) in length and a minimum of 1 meter (39 inches) in width | Х | | | | | |
| double bed that is a minimum of 1.37 meters (54 inches) in width | | | | | | Х |
| comfortable mattress | Х | | | | | |
| pillow and pillow case, 2 sheets and 2 coverings at minimum | Х | | | | | |
| clean bed linen as necessary, but at least once per week | Х | | | | | |
| clean coverings as necessary, but at least every 6 months | Х | | | | | |
| comfortable and waterproof sheets, when necessary | Х | | | | | |
| Hospital Beds | | | | | | |
| are acceptable only if required for a specific resident | | | | | | Х |
| must have a written rationale placed on the file of the specified resident, as kept by the Operator | | | | | | Х |

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| | | | | | | | |
| | Furnishings – bedroom furnishings must include | | | | | | |
| | dresser, beside table and lamp, mirror, chair, waste basket made of non combustible material and other items indicated by Coordinator | | Х | Waste baskets to be a non- combustible material | | | |
| | Privacy operators must provide bedrooms that | | | | | | |
| | are self-contained with floor to ceiling walls and well fitting doors | Х | | | | | |
| | do not access another room | Х | | | | | |
| | are separated by gender, unless residents request other arrangements | Х | | | | | |
| | accommodate no more than two persons | Х | | | | | |
| 4.2 | Bathroom must provide | | | | | | |
| | paper towel or client specific cloth towel | X | | | | | |
| | liquid soap dispenser and tissue | Х | | | | | |
| | toilets and wash basins in a ratio of at least 1 per 3 residents | Х | | | | | |
| | 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 | Х | | | | | |
| | non-slip material on the bottom of each bathtub and shower | Х | | | | | |
| | ventilation with either a window or fan | Х | | | | | |
| | door for each bathroom that locks to ensure privacy but opens from the outside in an emergency | Х | | | | | |
| | access no more than one floor away for normal use | Х | | | | | |
| | grab bars conveniently located near the bathtub and toilet, if required by the residents | X | | | | | |

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|------|--|---|----|-----------------|--------------------------------------|------------------------|----|
| 4.3 | Kitchen/dining room must have | | | | | | |
| | refrigerator, stove and sink in good working condition | Х | | | | | |
| | storage for all foodstuffs, cleaning supplies and other housekeeping products | | | | | | |
| 4.4 | Hallways must be | | | | | | |
| | unobstructed | Х | | | | | |
| | well lighted | X | | | | | |
| | at least 110 centimeters (43.33 inches) in width | X | | | | | |
| | Steps of stairwell must | | | | | | |
| | be covered with non-slip material | | | | | | Х |
| | have a 90 centimeters (36 inches) banister on at least one side | | | | | | Х |
| | have a guardrail at least 105 centimeters (42 inches) | | | | | | Х |
| 4.5 | Exits must be unobstructed and easy to open at all times | Х | | | | | |
| 4.6 | Recreation/common living area – there must be a separate area for | | | | | | |
| | indoor recreation that provides at least 30 square feet per resident | Х | | | | | |
| | common living area that is fully furnished | Х | | | | | |
| 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 | Х | | | | | |
| | | Х | | | | | |

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| 4.10 | Fire prevention | | | | | | |
| | instruct residents of the evacuation procedure on admission | Х | | | | | |
| | post a written plan of evacuation | Х | | | | | |
| | have monthly fire drills | Х | | | | | |
| | record the date of each fire drill | Х | | | | | |
| | smoke alarms are tested monthly | Х | | | | | |
| | place fire extinguishers in accordance with the recommendations of the Office of the Fire Marshal | Х | | | | | |
| | enclose the furnace in accordance with the recommendations of the Office of the Fire Marshall when using a basement area | Х | | | | | |
| | 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 | Х | | | | | |
| 4.11 | Fire safety requirements where residents are non- ambulatory | | | | | | |
| | fire safety requirements are met when residents are non-ambulatory | | | | | | Χ |
| | 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 | Х | | | | | |
| | inoculate pets annually | Х | | | | | |

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| | | | | | | | |
| | forbid smoking unless there is a designated smoking room | X | | | | | |
| | prominently display no smoking signs | Х | | | | | |
| | lock hazardous or poisonous substances in a cabinet or in containers | Х | | | | | |
| | have written approval from the Coordinator and inform the Office of the Fire Marshall to permit concentrators and liquid oxygen systems in residential facilities | | | | | | Х |
| | 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 | Х | | | | | |
| 4.13 | First Aid – operators must ensure first aid kits are readily accessible | Х | | | | | |
| 4.15 | Emergency preparedness plan exists and is reviewed annually | Х | | Reviewed/replaced this date. Nov.28/14 | | | |
| Part | 5. RESIDENT CARE | С | NC | Action required | Corrective action to be completed by | Compliance achieved on | NA |
| 5.2 | Residents meet admission requirements | | | | ~, | | |
| | residents have applied to FCS and completed a Long Term Care Assessment prior to admission | Х | | | | | |
| | residents meet the eligibility criteria of the Long Term Care Program | Х | | | | | |
| | Private-pay residents meet the admission requirements and the following documentation is complete prior to the resident being admitted | | | | | | Х |
| | a copy of the medical certificate of the person | | | | | | Χ |
| | a copy of the examination or social assessment | | | | | | Χ |
| | a copy of the form – Admission of private-pay residents in a special care home (if used) | | | | | | X |

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| 5.4 | Individualized Service Plan (ISP) – operators must | | | | | | |
| | develop and implement an ISP for each resident | Х | | | | | |
| | each ISP must be reviewed annually | Х | | | | | |
| 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 | Х | | | | | |
| 5.7 | Operators must ensure | | | | | | |
| | staff ratio for Special Care Homes is adhered to | Х | | | | | |
| | staff ratio for Community Residences is adhered to | | | | | | Х |
| | staff must be awake in the night as per the standard | Χ | | | | | |
| | exemptions granted regarding staff ratios are evaluated annually | | | | | | Х |
| 5.8 | Nutrition Services - operators must | | | | | | |
| | make meals available to clients in accordance with Canada's Food Guide to Healthy Eating | Χ | | | | | |
| | ensure meals are in accordance with a diet as prescribed by a doctor or dietician (if applicable) | | | | | | Х |
| | post a monthly menu for the residents | Χ | | | | | |
| 5.9 | Personal care | | | | | | |
| | staff in ARFs assists residents with their needs as related to personal care, self-sufficiency and cognitive functioning | X | | | | | |

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| | 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 | | | | | | |
| | providing a safe and secure storage system | Х | | | | | |
| | bringing all medication that is no longer needed to the pharmacy for safe disposal | Х | | | | | |
| | administer medications in accordance with the recommendations of the physicians, pharmacists or nurses | Х | | | | | |
| | Medication Record Form Part 1 | Χ | | | | | |
| | Part 2 or any other medication control form approved by the ARF Coordinator | Х | | | | | |
| 5.13 | To appropriately handle communicable disease operators must | | | | | | |
| | isolate the residents suspected of having a communicable disease | Х | | | | | |
| | have a physician examine the resident and give instructions to protect the other residents | Х | | | | | |
| 5.14 | Operators must | | | | | | |
| | provide access to necessary special services (i.e. health care, medical, dental, eye and hearing) | X | | | | | |
| | 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 | | | | | | |
| | complete the Agreement of Trustee form | Х | | | | | |

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| | | | | | | | |
| | provide appropriate money management with regard to the resident's comfort and clothing allowance | Х | | | | | |
| | record expenditures made on behalf of residents, using the Financial Record Form | Х | | | | | |
| | 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 | | | | | | |
| | individual service plan | Х | | | | | |
| | application for admission | | | | | | Х |
| | resident medical | Х | | | | | |
| | Long Term Care Assessment | Х | | | | | |
| | financial record | X | | | | | |
| | personal record of resident | Х | | | | | |
| | medication records | Х | | | | | |
| | special approvals (for example, oxygen, insulin injections, hospital beds) | | | | | | Х |
| Part 6. SOCIAL ENVIRONMENT | | С | 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 | Х | | | | | |
| 6.2 | Residents rights | | | | | | |
| | Residents have the right to confidentiality of information about them | Х | | | | | |
| | Residents are permitted to have visitors | X | | | | | |

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|--|---|----|-----------------|--------------------------------------|------------------------|----|
| | | _ | | | | |
| Residents are permitted to access to send and receive mail | X | | | | | |
| Residents are permitted access to telephone services | X | | | | | |
| Residents are permitted to access pastoral services | Х | | | | | |
| Residents' family members are encouraged to be involved with and visit with residents | Х | | | | | |
| Residents are permitted to keep personal possessions in their room, i.e. pictures, furnishings, etc. | Х | | | | | |

| External Reports | Date Inspected | Certificate Expiry Date |
|-----------------------------|----------------|-------------------------|
| Fire Marshall Inspection | 2014/11/13 | yyyy / mm / dd |
| Public Health Inspection | 2014/10/28 | yyyy / mm / dd |
| Public Safety (Elevator(s)) | N.A. | yyyy / mm / dd |