



Adult Residential Facilities Inspection Report

Inspection type:

Approval / New Certificate

Renewal of Certificate

Department of Social Development

Facility Name: Fundy Bay Manor

Date of visit: December 21, 2017

Current Certificate Expiry Date: November 30, 2017

Region # 2

Number of approved beds: 08

Key: C = Compliance NC = Non-Compliance N/A = Not Applicable

| Part 2 - ADMINISTRATION | | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|-------------------------|---|---|----|-----------------|--------------------------------------|------------------------|-----|
| 2.1 | Ownership and Responsibility | | | | | | |
| | • Operator must provide proof of ownership | X | | | | | |
| | • Certificate of Approval is displayed in common area | X | | | | | |
| | • Staff signatures on confidentiality agreement | X | | | | | |
| 2.2 | Organization chart | | | | | | |
| | • Written and dated organizational chart are displayed in the facility | | | | | | X |
| 2.3 | Mission Statement | | | | | | |
| | • Mission statement displayed in common area | X | | | | | |
| 2.4 | Goals and objectives | | | | | | |
| | • Operators have developed goals & objectives that provide for the medical, physical, spiritual, social and psychological support needs of the resident | X | | | | | |
| 2.5 | Policies and Procedures | | | | | | |
| | Operator has written policies and procedures that ensure the security and development of residents. These include: | | | | | | |
| | • Administration | X | | | | | |
| | • Personnel | X | | | | | |
| | • Environmental and security | X | | | | | |
| | • Social environment | X | | | | | |

| Adult Residential Facilities – Inspection Form | | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|---|---|---|----|-----------------|---|------------------------------|-----|
| | • Resident care | X | | | | | |
| 2.6 | Compliance with Laws and Regulations | | | | | | |
| | • Operators comply with Federal, Provincial and Municipal laws and regulations relevant to the facilities they operate. | X | | | | | |
| 2.7 | Application Process | | | | | | |
| | • Coordinator has received application/renewal forms and fee | X | | | | | |
| 2.9 | Financial Management | | | | | | |
| | • Operator administers an internal financial system compatible with reporting requirements of Social Development | X | | | | | |
| | • Operator advises the case manager of any changes in financial status that may affect contribution to services by a subsidized client | X | | | | | |
| 2.10 | Insurance Policy | | | | | | |
| | • Proof of minimum of \$1,000,000 liability to cover residents for any accident, mishap or other incidents on the premise | X | | | | | |
| | • Proof of a minimum of \$1,000,000 liability coverage for vehicles owned by the operator and for employees using their own vehicles to transport residents | X | | | | | |
| | • Proof of a minimum of \$1,000,000 liability to cover residents if any accident, mishap or other incidents occur while on an outing either in the company of operators or their designates | X | | | | | |
| 2.11 | Reporting an Incident | | | | | | |
| | • Incidents involving residents are reported to their next-of-kin or legal representative, their case manager and the coordinator. | X | | | | | |
| | • Incident report forms completed and sent to case manager & ARF coordinator within 24 hrs. Copy in resident's file. | X | | Discussed | | | |
| 2.12 | Reporting a Death | | | | | | |
| | • Notify of any death, according to ARF Standards | | | | | | X |

| Adult Residential Facilities – Inspection Form | | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|---|--|----------|-----------|------------------------|---|---------------------------------------|------------|
|---|--|----------|-----------|------------------------|---|---------------------------------------|------------|

| | | | | | | | |
|------|---|---|--|--|--|--|---|
| 2.13 | Reporting missing resident | | | | | | |
| | <ul style="list-style-type: none"> Report missing residents according to ARF Standards | | | | | | X |
| 2.14 | Discharge or temporary absence of a resident | | | | | | |
| | <ul style="list-style-type: none"> Notification made to next of kin, ARF coordinator, case manager at least fifteen (15) days prior to date of discharge | | | | | | X |
| | <ul style="list-style-type: none"> Personal records form forwarded to Social Development | | | | | | X |
| | <ul style="list-style-type: none"> Financial records and medical records forwarded to new operator | | | | | | X |
| 2.21 | Procedure to address resident concerns | | | | | | |
| | <ul style="list-style-type: none"> Facility has a written process in place to hear concerns from residents | X | | | | | |

| Part 3 - PERSONNEL | | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|---------------------------|---|----------|-----------|---|---|---------------------------------------|------------|
| 3.1 | Employment Criteria | | | | | | |
| | Staff must: | | | | | | |
| | <ul style="list-style-type: none"> Have valid Standard Emergency First Aid and CPR | X | | | | | |
| | <ul style="list-style-type: none"> Comply with the terms of Social Development Record Check and Criminal Record Check | | X | Renewed SD check for 2 and CPIC for 1 required. | Jan. 30/18 | Jan.12/17 | |
| | <ul style="list-style-type: none"> Must be sixteen (16) years of age or over. Staff under nineteen (19) must be supervised by an adult primary staff member at all times while providing care services directly to residents | X | | | | | |
| | <ul style="list-style-type: none"> Staff providing direct care to residents must meet the required training criteria outlined in ARF Standards. | X | | | | | |
| 3.2 | Personnel File | | | | | | |
| | Operators maintain a personnel file for each employee containing the following information: | | | | | | |
| | <ul style="list-style-type: none"> Oath of Confidentiality | X | | | | | |

| Adult Residential Facilities – Inspection Form | | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|---|--|----------|-----------|------------------------|---|---------------------------------------|------------|
|---|--|----------|-----------|------------------------|---|---------------------------------------|------------|

| | | | | | | | |
|-----|--|---|--|--|--|--|--|
| | <ul style="list-style-type: none"> Identifying information. For example: name, address, date of birth. | X | | | | | |
| | <ul style="list-style-type: none"> Documentation of qualifications that include: professional qualifications, valid standard Emergency First Aid and Cardio Pulmonary Resuscitation Certificate, and 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 appraisal | X | | | | | |
| 3.3 | Staff Development | | | | | | |
| | <ul style="list-style-type: none"> Staff to take part in educational activities. Documented in their file. | X | | | | | |
| | <ul style="list-style-type: none"> Operators provide orientation to new staff within 2 weeks of hire. | X | | | | | |
| 3.4 | Performance Appraisal | | | | | | |
| | <ul style="list-style-type: none"> Written job performance appraisal is done for each employee and is documented in their file | X | | | | | |

| Part 4 - ENVIRONMENT AND SECURITY | | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|--|---|----------|-----------|------------------------|---|---------------------------------------|------------|
| 4.1 | Bedrooms | | | | | | |
| | Measurements | | | | | | |
| | <ul style="list-style-type: none"> Ceiling height is 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 | | | | | |

| Adult Residential Facilities – Inspection Form | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|---|---|----|-----------------|---|------------------------------|-----|
|---|---|----|-----------------|---|------------------------------|-----|

| | | | | | | |
|--|---|--|--|--|--|---|
| Windows | | | | | | |
| <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 | | | | | |
| <i>For persons in wheelchairs or the physically inactive:</i> | | | | | | |
| <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 | | | | | | |
| <ul style="list-style-type: none"> Space of at least 1 meter (39 inches) between beds | 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 |
| 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, at least once per week | X | | | | | |
| <ul style="list-style-type: none"> Clean coverings as necessary, 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"> Written rationale of need on file for specific resident | | | | | | X |
| Furnishings | | | | | | |
| <ul style="list-style-type: none"> Dresser, bedside table, lamp, chair, waste basket made of non-combustible material, other items indicated by coordinator | X | | | | | |

| Adult Residential Facilities – Inspection Form | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|---|---|----|-----------------|---|------------------------------|-----|
|---|---|----|-----------------|---|------------------------------|-----|

| | | | | | | |
|-----|--|---|--|--|--|--|
| | Privacy | | | | | |
| | Operators must provide bedrooms that: | | | | | |
| | • Are self-contained with floor-to-ceiling walls and well-fitting doors | X | | | | |
| | • Do not access another room | X | | | | |
| | • Are separated by gender, unless residents request other arrangements | X | | | | |
| | • Accommodate no more than two persons | X | | | | |
| 4.2 | Bathroom | | | | | |
| | Bathrooms must include the following: | | | | | |
| | • Paper towel or client-specific cloth towel | X | | | | |
| | • Liquid soap dispenser and tissue | X | | | | |
| | • Toilets and wash basins in a ratio of at least 1 per 3 residents | X | | | | |
| | • At least 1 bathtub, or shower when safety permits, for 6 residents. | X | | | | |
| | • Non-slip material on the bottom of each bathtub and shower | X | | | | |
| | • Ventilation with either a window or fan | X | | | | |
| | • Door for each bathroom that locks to ensure privacy but opens from the outside in an emergency | X | | | | |
| | • Access no more than one floor away for normal use | X | | | | |
| | • Grab bars conveniently located near the bathtub and toilet, if required by the residents | X | | | | |
| 4.3 | Kitchen / dining room | | | | | |
| | • Refrigerator, stove and sink in good working condition | X | | | | |
| | • Storage for all food, cleaning supplies and other housekeeping products | X | | | | |
| | • Utensils in good repair for cooking and eating | X | | | | |
| 4.4 | Hallways / Stairways | | | | | |
| | • Unobstructed | X | | | | |
| | • Well lighted | X | | | | |

| Adult Residential Facilities – Inspection Form | | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|---|---|---|----|--------------------|---|------------------------------|-----|
| | • At least 110 centimeters (43.33 inches) in width | X | | | | | |
| | Steps of stairwells must | | | | | | |
| | • Be covered with non-slip material | | | One level facility | | | X |
| | • Have a 90 centimeters (36 inches) banister on at least one side | | | | | | X |
| | • Have a guardrail at least 105 centimeters (42 inches) | | | | | | X |
| | Hallways in Specialized Care Bed Homes must | | | | | | |
| | • Be connected to allow continuous movement | | | | | | X |
| | • Be equipped with secure, non-slip grab bars | | | | | | X |
| | • Have a physical layout designed for clients with memory disorder | | | | | | X |
| 4.5 | Exits | | | | | | |
| | Exits are unobstructed and easy to open at all times | X | | | | | |
| 4.6 | Recreation / Common Living Area | | | | | | |
| | There is a separate area for: | | | | | | |
| | • Indoor recreation that provides at least 30 square feet per resident | X | | | | | |
| | • Common living area that is fully furnished | X | | | | | |
| | For Specialized Care Bed homes, the courtyard is accessible and fenced-in | | | | | | X |
| 4.8 | Heating | | | | | | |
| | • All rooms have a temperature in the range of 21 degrees Celsius (70 degrees Fahrenheit) between 7:00 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 | | | | | |
| 4.9 | Sprinkler System | | | | | | |
| | • Sprinkler systems in accordance with the Office of the Fire Marshall | X | | | | | |
| 4.10 | Fire Prevention | | | | | | |
| | • Residents are instructed on the evacuation procedure on admission | X | | | | | |
| | • Written plan of evacuation is posted | X | | | | | |

| Adult Residential Facilities – Inspection Form | | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|---|---|---|----|------------------|---|------------------------------|-----|
| | • Monthly fire drills are held | X | | | | | |
| | • Date of each fire drill is recorded | X | | | | | |
| | • Smoke alarms are tested monthly | | | System monitored | | | X |
| | • Fire extinguishers are placed in accordance with the recommendations of the Office of the Fire Marshall. | X | | | | | |
| | • Furnace is enclosed in accordance with the recommendations of the Office of the Fire Marshall when using a basement area | X | | | | | |
| | • 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 are maintained | X | | | | | |
| 4.11 | Fire Safety for non-ambulatory | | | | | | |
| | • Fire safety requirements are met per the ARF Standards when residents become non-ambulatory | | | | | | X |
| | • Residents were ambulatory at time of admission in special care home | X | | | | | |
| 4.12 | General Health Standards | | | | | | |
| | To comply with General Health Standards, the establishment operator must have: | | | | | | |
| | • Soiled linen taken to laundry in enclosed container. Laundry not handled in food preparation or storage areas | X | | | | | |
| | • Garbage bags removed daily | X | | | | | |
| | • Pets inoculated annually | X | | | | | |
| | • Smoking forbidden unless designated area | X | | 1 cat, 3 dogs | | | |
| | • “No smoking” signs are prominently displayed | X | | | | | |
| | • Hazardous or poisonous substances locked in a cabinet or in containers | X | | | | | |
| | • Operator has written approval from the ARF coordinator and has informed the Office of the Fire Marshall to permit concentrators and liquid oxygen systems in residential facilities | | | | | | X |

| Adult Residential Facilities – Inspection Form | | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|---|--|----------|-----------|------------------------|---|---------------------------------------|------------|
|---|--|----------|-----------|------------------------|---|---------------------------------------|------------|

| | | | | | | | |
|------|---|---|--|-------------------|--|--|--|
| | <ul style="list-style-type: none"> 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 | | | | | | |
| | <ul style="list-style-type: none"> First aid kits are readily accessible and in accordance with designated authorities | X | | | | | |
| 4.15 | Emergency plan | | | | | | |
| | <ul style="list-style-type: none"> Emergency plans are written and respond to specific situations | X | | Updated this date | | | |
| | <ul style="list-style-type: none"> Emergency plan identifies a place to go if evacuation is necessary | X | | | | | |
| | <ul style="list-style-type: none"> Emergency plan includes a procedure to notify Social Development and specifies a location for each resident. | X | | | | | |

| Part 5 - RESIDENT CARE | | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|-------------------------------|---|----------|-----------|------------------------|---|---------------------------------------|------------|
| 5.2 | Admission Requirement | | | | | | |
| | <ul style="list-style-type: none"> Residents have applied to Social Development and have a completed 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 in Adult Residential Facility meet the admission requirements and the following documentation is complete prior to the resident being admitted: | | | | | | X |
| | <ul style="list-style-type: none"> Copy of the medical certificate of the person | | | | | | X |
| | <ul style="list-style-type: none"> Copy of the examination or social assessment | | | | | | X |
| | <ul style="list-style-type: none"> Copy of the form – <i>Admission of private-pay residents in a special care home</i> (if used) | | | | | | X |
| 5.3 | Individualized Service Plan (ISP) | | | | | | |
| | <ul style="list-style-type: none"> ISP for each resident developed and implemented | X | | | | | |

| Adult Residential Facilities – Inspection Form | | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|---|--|---|----|-----------------|---|------------------------------|-----|
| | • ISP reviewed annually | X | | | | | |
| 5.4 | Elements of Programming | | | | | | |
| | Individualized programming is done for each resident according to standards and procedures | X | | | | | |
| 5.5 | Behaviour Management | | | | | | |
| | • Physical holding is used only as necessary to prevent the resident from self-injury, react in self-defence or protect a third person | X | | | | | |
| | • Operators and staff must not use negative or degrading forms of corrective actions | X | | | | | |
| 5.6 | Restraining Devices | | | | | | |
| | Restraining devices are not being used | X | | | | | |
| 5.7 | Staff Ratios | | | | | | |
| | • Staff ratio is adhered to in accordance with ARF Standards | X | | | | | |
| | • Staff must be awake in the night as per the ARF Standards | X | | | | | |
| | • Exemptions granted regarding staff ratios are evaluated annually | | | | | | X |
| 5.8 | Nutrition Services | | | | | | |
| | • Meals are available to clients in accordance with Canada's Food Guide to Healthy Eating | X | | | | | |
| | • Meals are in accordance with a diet as prescribed by a doctor or dietician | | | | | | X |
| | • Monthly menu for the residents is posted and followed | X | | Discussed | | | |
| 5.9 | Personal Care | | | | | | |
| | • Staff assist residents with needs as related to personal care, self-sufficiency and cognitive functioning | X | | | | | |
| | • Professional nursing and rehabilitation care are only provided by nurses or rehab professionals. Delegation of these responsibilities meet the conditions of ARF Standards | | | | | | X |
| | • Residents are encouraged to bath or shower and shampoo their hair every other day, or at least twice a week | X | | | | | |

| Adult Residential Facilities – Inspection Form | | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|---|--|---|----|---|---|------------------------------|-----|
| 5.13 | Administration of medication | | | | | | |
| | • Safe and secure storage system in effect | X | | | | | |
| | • Medications no longer needed are returned to the pharmacy for safe disposal at least once per month | X | | | | | |
| | • Medications are administered in accordance with recommendations of physicians, pharmacists or nurses and in accordance with ARF Standards and Procedures | X | | | | | |
| | • Details of prescriptions are recorded on Medication Record form for each resident, or MAR sheet and initialized by authorized staff administering the medication | X | | | | | |
| | • Resident or the person with legal authority to represent the resident has provided signed consent for facility to administer prescription medication by using the Medication Record form supplied by Social Development or by using a similar form | X | | | | | |
| | • Medication cart is under the supervision of a designated staff member at all times or kept in a locked room when not in use. | | | | | | X |
| | • Prescribed and over-the-counter medication is not in the resident's possession or in the resident's room | X | | Epipen and puffer for 1 client. Locked/Note on file. | | | |
| | • Only direct care staff who have been authorized and trained by the operator may administer medication | X | | | | | |
| 5.14 | Communicable Disease | | | | | | |
| | • Residents suspected of having a communicable disease are isolated | X | | | | | |
| | • Physician examined the resident and gave instructions to protect other residents | X | | | | | |
| 5.15 | Special Services | | | | | | |
| | • Access to necessary special services (i.e. health care, medical, dental, eye and hearing) are provided | X | | | | | |

| Adult Residential Facilities – Inspection Form | | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|---|--|----------|-----------|------------------------|---|---------------------------------------|------------|
| | <ul style="list-style-type: none"> Written record of all medical visits, consultations and treatments are noted in the resident's file | X | | | | | |
| 5.16 | Money Management | | | | | | |
| | <ul style="list-style-type: none"> Agreement of Trustee form completed | X | | | | | |
| | <ul style="list-style-type: none"> Appropriate money management with regard to the resident's comfort and clothing allowance is provided | X | | | | | |
| | <ul style="list-style-type: none"> Expenditures made on behalf of residents are recorded, using the Financial Record Form | X | | | | | |
| | <ul style="list-style-type: none"> Valuables or monies are deposited in a safe place and record of such items are kept | | | | | | X |
| 5.17 | Clothing | | | | | | |
| | Operators ensure that each resident has a proper supply of their own clean personal clothing as selected by them, when appropriate | X | | | | | |
| 5.18 | Resident Records | | | | | | |
| | A personal file on each resident is maintained and includes the following: | | | | | | |
| | <ul style="list-style-type: none"> Individual Service Plan (ISP) | 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 | | | | | |
| | <ul style="list-style-type: none"> Operators must restrict access to all files or transfer records pertaining to residents to authorized personnel, the resident, the ARF coordinator and the case manager. | X | | | | | |

| Adult Residential Facilities – Inspection Form | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|---|---|----|-----------------|---|------------------------------|-----|
|---|---|----|-----------------|---|------------------------------|-----|

| Part 6 - SOCIAL ENVIRONMENT | | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|-----------------------------|---|---|----|-----------------|---|------------------------------|-----|
| 6.1 | Orientation upon arrival and departure | | | | | | |
| | <ul style="list-style-type: none"> Residents have been informed of social and recreational resources and community-based programs | X | | | | | |
| 6.2 | Residents Rights | | | | | | |
| | Every resident is treated with courtesy and respect and in a way that fully recognizes the resident's dignity and individuality and is free from mental and physical abuse. | X | | | | | |
| | Every resident is properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. | X | | | | | |
| | Every resident is told who is responsible for and who is providing the resident's direct care. | X | | | | | |
| | Every resident is afforded privacy in treatment and in caring for his or her personal needs. | X | | | | | |
| | Every resident is allowed to keep in his or her room and display personal possessions, pictures and furnishings in keeping with safety requirements. | X | | | | | |
| | Every resident is allowed to exercise the rights of a citizen and raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the facilities staff, government officials or any other person inside or outside the home, without fear of interference, coercion, discrimination or reprisal. | X | | | | | |
| | Every resident is allowed to form friendships and enjoy them. | X | | | | | |
| | Every resident is allowed to meet privately with his or her spouse in a room that assures privacy and, where both spouses are residents in the same home, they are allowed to share a room according to their wishes, if any appropriate room is available. | X | | | | | |

| Adult Residential Facilities – Inspection Form | C | NC | Action Required | Corrective action to be completed by | Compliance achieved on | N/A |
|---|----------|-----------|------------------------|---|---------------------------------------|------------|
|---|----------|-----------|------------------------|---|---------------------------------------|------------|

| | | | | | | |
|---|---|--|--|--|--|--|
| Every resident is allowed to pursue social, cultural, religious and other interests, develop his/her potential and is given reasonable provisions by the home to accommodate these pursuits. | X | | | | | |
| Every resident manages his/her own financial affairs where the resident is able to do so. | X | | | | | |
| Every resident lives in a safe and clean environment. | X | | | | | |
| Every resident has access to protected areas outside the home in order to enjoy outdoor activity, unless the physical setting makes this impossible. | X | | | | | |
| Every resident has the right to confidentiality of information about them. | X | | | | | |
| Every resident can contact their case manager, if requested. | X | | | | | |
| Every resident can access the mail delivery system and be assured that mail cannot be opened without the consent of residents. | X | | | | | |
| Every resident can access a telephone that is located where the residents have privacy while talking on the phone. | X | | | | | |
| Every resident can have visits and involvement of family members. | X | | | | | |

| External Reports | Date Inspected | N/A |
|--|-----------------------|------------|
| Fire Marshall Inspection | 2017 / 11 / 30 | |
| Public Health Inspection | 2017 / 12 / 12 | |
| Public Safety (Elevator(s) expiry date: | | N/A |

| Recommended Action | Certificate Expiry Date yyyy / mm / dd |
|--|---|
| X Regular Certificate Issued | 2018-11-30 |
| Temporary Certificate issued | |
| No Certificate issued | |