

Adult Residential Facilities Inspection Report

Department of Social Development

Facility Name: La Résidence Ciel

Date of visit: 2017-06-14

Current Certificate Expiry Date: 2017-05-31

Inspection type:

__ Approval / New Certificate

X Renewal of Certificate

Region #8

Number of approved beds: 8

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

Part	2 - ADMINISTRATION	С	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 						Χ
	Certificate of Approval is displayed in common area	Х					
	Staff signatures on confidentiality agreement	Х					
2.2	Organization chart						
	 Written and dated organizational chart are displayed in the facility 						Х
2.3	Mission Statement						
	Mission statement displayed in common area	Χ					
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	Х		Comment: Review the Policy and Procedures Manual.			
	Personnel	X					
	Environmental and security	X					

	Residential Facilities pection Form	С	NC	Action Required	Corrective action to be completed by	Compliance achieved on	N/A
	Social environment	Х					
	Resident care	Х					
2.6	Compliance with Laws and Regulations						
	Operators comply with Federal, Provincial and Municipal laws and regulations relevant to the facilities they operate.	Х					
2.7	Application Process						
	Coordinator has received application/renewal forms and fee	Х					
2.9	Financial Management						
	Operator administers an internal financial system compatible with reporting requirements of Social Development	Х					
	Operator advises the case manager of any changes in financial status that may affect contribution to services by a subsidized client	Х					
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		Х	Send proof of vehicle inspection to the Coordinator.	2017-06-16	2017-06-27	
	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	Х					
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	Send incident reports when there are situations involving resident behaviours and attitudes.	Ongoing		
	Incident report forms completed and sent to case manager & ARF coordinator within 24 hrs. Copy in resident's file.	Х					

	Residential Facilities pection Form	С	NC	Action Required	Corrective action to be completed by	Compliance achieved on	N/A
2.12	Reporting a Death						
	Notify of any death, according to ARF Standards						Χ
2.13	Reporting missing resident						
	Report missing residents according to ARF Standards						Х
2.14	Discharge or temporary absence of a resident						
	Notification made to next of kin, ARF coordinator, case manager at least fifteen (15) days prior to date of discharge	Х					
	Personal records form forwarded to Social Development	Х					
	Financial records and medical records forwarded to new operator	Х					
2.21	Procedure to address resident concerns						
	Facility has a written process in place to hear concerns from residents		Х				

Part	3 - PERSONNEL	С	NC	Action Required	Corrective action to be completed by	Compliance achieved on	N/A
3.1	Employment Criteria						
	Staff must:						
	 Have valid Standard Emergency First Aid and CPR 		Х	Send a copy of a valid CPR/First Aid certificate for one employee.	2017-06-30	2017-09-26	
	Comply with the terms of Social Development Record Check and Criminal Record Check		Х	Send a copy of the SD Record Check for one employee	2017-06-30	2017-09-15	
	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
	Staff providing direct care to residents must meet the required training criteria outlined in ARF Standards.	Х					

	Adult Residential Facilities - Inspection Form		NC	Action Required	Corrective action to be completed by	Compliance achieved on	N/A
3.2	Personnel File						
	Operators maintain a personnel file for each employee containing the following information:						
	Oath of Confidentiality	Х					
	 Identifying information. For example: name, address, date of birth. 	Х					
	Documentation of qualifications that include: professional qualifications, valid standard Emergency First Aid and Cardio Pulmonary Resuscitation Certificate, and verification of current registration		Х	Place a copy of the valid CPR/First Aid certificate for one employee in his file.	2017-06-30	2017-09-26	
	 Results of Social Development Record Check and Criminal Record Check 		X	Place a copy of the result of the SD Record Check in the file of one employee.	2017-06-30	2017-09-15	
	Orientation checklist	Х					
	Performance appraisal	Х					
3.3	Staff Development						
	 Staff to take part in educational activities. Documented in their file. 	X					
	 Operators provide orientation to new staff within 2 weeks of hire. 	Х					
0.4	De ferror Accessor						

Part	4 - ENVIRONMENT AND SECURITY	С	NC	Action Required	Corrective action to be completed by	Compliance achieved on	N/A
4.1	Bedrooms						
	Measurements						
	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					

Χ

3.4

Performance Appraisal

Written job performance appraisal is done for each employee and is documented in their file

Adult Residential Facilities - Inspection Form	С	NC	Action Required	Corrective action to be completed by	Compliance achieved on	N/A
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						
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					
For persons 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	X					
Unobstructed view at a horizontal level from a sitting position	Х					
Beds						
Space of at least 1 meter (39 inches) between beds	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	X					
Pillow and pillow case, 2 sheets and 2 coverings at minimum	Х					
Clean bed linen as necessary, at least once per week	Х					
Clean coverings as necessary, at least every 6 months	Х					
Comfortable and waterproof sheets, when necessary	Х					
Hospital beds						
Written rationale of need on file for specific resident						Х

	t Residential Facilities spection Form	С	NC	Action Required	Corrective action to be completed by	Compliance achieved on	N/A
	Furnishings						
	Dresser, bedside table, lamp, chair, waste basket made of non-combustible material, other items indicated by coordinator	Х					
	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 	Χ					
4.2	Bathroom						
	Bathrooms must include the following:						
	Paper towel or client-specific cloth towel	Χ					
	Liquid soap dispenser and tissue	Χ					
	 Toilets and wash basins in a ratio of at least 1 per 3 residents 	Х		Comment : Residents' personal products must be stored in their rooms.			
	At least 1 bathtub, or shower when safety permits, for 6 residents.	Х					
	Non-slip material on the bottom of each bathtub and shower	Х					
	Ventilation with either a window or fan	Χ					
	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 	Х					
4.3	Kitchen / dining room						
	Refrigerator, stove and sink in good working condition	Х					
	Storage for all food, cleaning supplies and other housekeeping products	Х					

	Residential Facilities pection Form	С	NC	Action Required	Corrective action to be completed by	Compliance achieved on	N/A
	Utensils in good repair for cooking and eating	Х		Comment: Discard chipped dishes.		2017-09-26	
4.4	Hallways / Stairways						
	Unobstructed	Х					
	Well lighted	Х					
	At least 110 centimeters (43.33 inches) in width	Х					
	Steps of stairwells 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					
	Hallways in Specialized Care Bed Homes must						
	Be connected to allow continuous movement						Χ
	Be equipped with secure, non-slip grab bars						Х
	Have a physical layout designed for clients with memory disorder						Х
4.5	Exits						
	Exits are unobstructed and easy to open at all times	Х					
4.6	Recreation / Common Living Area						
	There is a separate area for:						
	Indoor recreation that provides at least 30 square feet per resident	Х					
	Common living area that is fully furnished	Χ					
	For Specialized Care Bed homes, the courtyard is accessible and fenced-in						Х
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.	Х					
	Operators must not use portable heating units	Χ					
4.9	Sprinkler System						
	Sprinkler systems in accordance with the Office of the Fire Marshall	Х					

	Residential Facilities pection Form	С	NC	Action Required	Corrective action to be completed by	Compliance achieved on	N/A
4.10	Fire Prevention			Comment: Use a power bar in the room of one resident and make sure nothing obstructs the heater. Remove the toaster and the coffee maker from the kitchenette on the second floor.	2017-06-30	2017-09-26	
	Residents are instructed on the evacuation procedure on admission		Х	Inform residents of the evacuation procedure when they are admitted.	Ongoing		
	Written plan of evacuation is posted	Χ					
	Monthly fire drills are held	Χ					
	Date of each fire drill is recorded		Х	Record the date of the drills each month on the appropriate sheet.	Immediately		
	Smoke alarms are tested monthly						Х
	 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						Х
	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	Х					
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	Χ					
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	Х					
	Garbage bags removed daily	Χ					
	Pets inoculated annually						Χ
	Smoking forbidden unless designated area	Х					
	 "No smoking" signs are prominently displayed 	Χ					

	t Residential Facilities spection Form	С	NC	Action Required	Corrective action to be completed by	Compliance achieved on	N/A
	Hazardous or poisonous substances locked in a cabinet or in containers		X	Remove the toxic and dangerous products found in the rooms: Lysol, Lysol wipes, bleach Downstairs bathroom: Disinfectant Upstairs bathroom: Lysol, air freshener Kitchen: products under the sink: Comet, air freshener, Finish dishwashing detergent.	Immediately	2017-06-14	
	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
	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						
	First aid kits are readily accessible and in accordance with designated authorities		Х	Update and throw out expired products.	2017-06-30	2017-09-26	
4.15	Emergency plan						
	Emergency plans are written and respond to specific situations		X	Review the emergency plan and designate an evacuation location for each resident. Send a copy to the Coordinator.	2017-07-31	Not completed	
	Emergency plan identifies a place to go if evacuation is necessary		Х	O	2017-07-31	Not completed	
	Emergency plan includes a procedure to notify Social Development and specifies a location for each resident.		Х	o o	2017-07-31	Not completed	
					0		
Part !	5 - RESIDENT CARE	С	NC	Action Required	Corrective action to be completed by	Compliance achieved on	N/A
5.2	Admission Requirement						
	Residents have applied to Social Development and have a completed Long Term Care	Х					

Assessment prior to admission

	t Residential Facilities spection Form	С	NC	Action Required	Corrective action to be completed by	Compliance achieved on	N/A
	Residents meet the eligibility criteria of the Long Tarra Cara Braggers	Х					
	Term Care Program Private-pay residents in Adult Residential Facility meet the admission requirements and the following documentation is complete prior to the resident being admitted:						Х
	Copy of the medical certificate of the person						Х
	Copy of the medical certificate of the person Copy of the examination or social assessment						X
	Copy of the examination of social assessment Copy of the form – Admission of private-pay residents in a special care home (if used)						X
5.3	Individualized Service Plan (ISP)						
	ISP for each resident developed and implemented		Х	Do a Service Plan for each resident.	2017-07-31	2017-09-15	
	ISP reviewed annually		Х	Review the ISP each year.	Ongoing		
5.4	Elements of Programming			·			
	Individualized programming is done for each resident according to standards and procedures	Х					
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	Х					
	Operators and staff must not use negative or degrading forms of corrective actions	Х					
5.6	Restraining Devices						
	Restraining devices are not being used	Χ					
5.7	Staff Ratios						
	 Staff ratio is adhered to in accordance with ARF Standards 	Χ					
	 Staff must be awake in the night as per the ARF Standards 						Х
	Exemptions granted regarding staff ratios are evaluated annually		Х	Send a letter to request an exemption to the Coordinator.	2017-06-30	2017-09-15	
5.8	Nutrition Services						
	Meals are available to clients in accordance with Canada's Food Guide to Healthy Eating	Х					
	Meals are in accordance with a diet as prescribed by a doctor or dietician	Х					

	Residential Facilities pection Form	С	NC	Action Required	Corrective action to be completed by	Compliance achieved on	N/A
	Monthly menu for the residents is posted and followed	Х					
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 	Х					
	 Residents are encouraged to bath or shower and shampoo their hair every other day, or at least twice a week 	Х					
5.13	Administration of medication						
	Safe and secure storage system in effect	Χ					
	 Medications no longer needed are returned to the pharmacy for safe disposal at least once per month 	Х					
	Medications are administered in accordance with recommendations of physicians, pharmacists or nurses and in accordance with ARF Standards and Procedures		X	Medication must be given to the residents from the original container (Bubble Pack).	Immediately		
	Details of prescriptions are recorded on Medication Record form for each resident, or MAR sheet and initialized by authorized staff administering the medication	Х					
	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

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	 Prescribed and over-the-counter medication is not in the resident's possession or in the resident's room 		X	Remove the medication found in the rooms of some residents: Voltarin, Antiphlogistine, Cortisone	Immediately	2017-06-14	
	 Only direct care staff who have been authorized and trained by the operator may administer medication 	Х					
5.14	Communicable Disease						
	 Residents suspected of having a communicable disease are isolated 	Х					
	 Physician examined the resident and gave instructions to protect other residents 	Χ					
5.15	Special Services						
	 Access to necessary special services (i.e. health care, medical, dental, eye and hearing) are provided 	Х					
	 Written record of all medical visits, consultations and treatments are noted in the resident's file 	Х					
5.16	Money Management						
	Agreement of Trustee form completed						X
	 Appropriate money management with regard to the resident's comfort and clothing allowance is provided 						X
	Expenditures made on behalf of residents are recorded, using the Financial Record Form						Х
	Valuables or monies are deposited in a safe place and record of such items are kept						Х
5.17	Clothing						
	Operators ensure that each resident has a proper supply of their own clean personal clothing as selected by them, when appropriate	Х					
5.18	Resident Records						
	A personal file on each resident is maintained and includes the following:						
	Individual Service Plan (ISP)		Х	Do an ISP for each resident.	2017-06-30	2017-09-15	
	Resident medical	Χ					
	Long Term Care Assessment	Χ					

Adult Residential Facilities - Inspection Form	С	NC	Action Required	Corrective action to be completed by	Compliance achieved on	N/A
Financial record	Х		Comment: Give the residents receipts for the placement payment.			
Personal record of resident		X	Complete the Personal Record for three residents. Complete the Medication Record for one resident.	2017-06-30	2017-09-26	
Medication records	Х					
Special approvals. For example: oxygen, insulin injections, hospital beds.	Х					
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.	Х					

Part (6 - SOCIAL ENVIRONMENT	С	NC	Action Required	Corrective action to be completed by	Compliance achieved on	N/A
6.1	Orientation upon arrival and departure						
	Residents have been informed of social and recreational resources and community-based programs	Х					
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.	Х					
	Every resident is properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.	Х					
	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.	Х					
	Every resident is allowed to keep in his or her room and display personal possessions, pictures and furnishings in keeping with safety requirements.	Х					

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

Adult Residential Facilities - Inspection Form	С	NC	Action Required	Corrective action to be completed by	Compliance achieved on	N/A
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External Reports	Date Inspected	<u>N/A</u>
Fire Marshall Inspection	2017-06-28	
Public Health Inspection	2017-07-10	
Public Safety (Elevator(s))	N/A	

Recomme	ended Action	Certificate Expiry Date yyyy / mm / dd
_ X _	Regular Certificate Issued	2018-05-31
	Temporary Certificate issued	
	No Certificate issued	