

Adult Residential Facilities Inspection Report

Inspection type:

Approval / New Certificate
 Renewal of Certificate

Facility Name: Résidence N. Brideau

Date of visit: 2014-06-03

Current Certificate Expiry Date: 2015-05-31

Number of approved beds: 9

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						
	<ul style="list-style-type: none"> provide proof of ownership 		X	Copy of confirmation of sale	2014/06/30	2014/06/04	
	<ul style="list-style-type: none"> display their Certificate of Approval in a common area 	X					
	<ul style="list-style-type: none"> 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						
	<ul style="list-style-type: none"> administration 		X	Develop a policies and procedures manual	2014/10/30		
	<ul style="list-style-type: none"> personnel 		X	Develop a policies and procedures manual	2014/10/30		
	<ul style="list-style-type: none"> environment and security 		X	Develop a policies and procedures manual	2014/10/30		
	<ul style="list-style-type: none"> social environment 		X	Develop a policies and procedures manual	2014/10/30		
	<ul style="list-style-type: none"> resident care 		X	Develop a policies and procedures manual	2014/10/30		

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

2.6	Have access to all relevant legislation	X					
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 			Send copie of proof of home and auto insurance to ARF Coordinator	2014/06/30	2014/06/04	
	<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 			Send copie of proof of home and auto insurance to ARF Coordinator	2014/06/30	2014/06/04	
	<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 			Send copie of proof of home and auto insurance to ARF Coordinator	2014/06/30	2014/06/04	
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						
	<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	Renew CPR/First Aid 2 employees	2014/06/30		
	<ul style="list-style-type: none"> comply with SD Record Check 		X	Send copy for 1 person's SD Record Check	2014/06/30	2014/08/28	
	<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 	X					
	<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					

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	Have copy of CPR/First Aid 2 employees	2014/06/30		
	<ul style="list-style-type: none"> results of Social Development record Check and Criminal Record Check 		X	Copy of 1 person's SD Record Check	2014/06/30	2014/08/28	
	<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
	<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	Prepare plan for emergency situations and send copy to ARF Coordinator	2014/06/30	2014/10/16	
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 	X					
	<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	25/02/2014
Public Health Inspection	03/07/2013
Public Safety (Elevator(s))	N/A