

## Adult Residential Facilities Inspection Report

**Inspection type:**

Approval / New Certificate  
 Renewal of Certificate

Facility Name: Résidence Ross

Date of visit: 2014/06/06

Current Certificate Expiry Date: 2014/03/31

Number of approved beds: 10

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

| Part 2. ADMINISTRATION |  | C | NC | Action required   | Corrective action to be completed by | Compliance achieved on | NA |
|------------------------|--|---|----|---|--------------------------------------|------------------------|----|
| 2.1                    | Ownership and Responsibility – the operator must   |   |    |   |                                      |                        |    |
|                        | • provide proof of ownership   | X |    |   |                                      |                        |    |
|                        | • display their Certificate of Approval in a common area   | X |    |   |                                      |                        |    |
|                        | • ensure all staff sign an agreement to protect their confidentiality of all personal information of the residents | X |    |   |                                      |                        |    |
| 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   |   | X  | Must be readily available to employees at all times. Must include the home's rules and operations, procedures to be followed in certain situations, e.g., incident report | 2014/09/30                           | 2014/09/30             |    |
|                        | • personnel  |   | X  | Same as above   | 2014/09/30                           | 2014/09/30             |    |
|                        | • environment and security   |   | X  | Same as above   | 2014/09/30                           | 2014/09/30             |    |
|                        | • social environment   |   | X  | Same as above   | 2014/09/30                           | 2014/09/30             |    |
|                        | • resident care  |   | X  | Same as above   | 2014/09/30                           | 2014/09/30             |    |

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|--|--|---|----|--|--------------------------------------|------------------------|----|
| 2.6  | Have access to all relevant legislation  | X |    |  |                                      |                        |    |
| 2.7  | Application process  |   |    |  |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>Coordinator has received application/renewal form</li> <li>Annual fee has been paid</li> </ul>  | X |    |  |                                      |                        |    |
| 2.10   | Have an insurance policy covering all necessary areas  |   |    |  |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>proof of a minimum \$1,000,000 liability to cover residents for any accident, mishap or other incidents on the premises</li> </ul>  | X |    |  |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>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</li> </ul> | X |    |  |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>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</li> </ul>     | X |    |  |                                      |                        |    |
| 2.11   | Reporting an Incident  |   |    |  |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>ensure incidents are reported</li> </ul>  |   | X  | Complete and send incident reports according to standard | Starting now                         | In progress            |    |
|  | <ul style="list-style-type: none"> <li>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</li> </ul>  |   | X  | Complete and send incident reports according to standard | Starting now                         | In progress            |    |
| 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   |   |    |  |                                      |                        |    |

| <b>Adult Residential Facilities – Inspection Form</b> |   | <b>C</b> | <b>NC</b> | <b>Action required</b>  | <b>Corrective action to be completed by</b> | <b>Compliance achieved on</b>    | <b>NA</b> |
|---|---|----------|-----------|---|---|----------------------------------|-----------|
|   | <ul style="list-style-type: none"> <li>Personal Record of the Resident form has been forwarded to SD</li> </ul>   |          |           |   |   |                                  | X         |
|   | <ul style="list-style-type: none"> <li>Resident's Financial Form and Medication Records Form are forwarded to the new operator</li> </ul>   |          |           |   |   |                                  | X         |
| 2.21  | Have a written process to hear the concerns of residents  | X        |           |   |   |                                  |           |
| <b>Part 3. PERSONNEL</b>                              |   | <b>C</b> | <b>NC</b> | <b>Action required</b>  | <b>Corrective action to be completed by</b> | <b>Compliance achieved on</b>    | <b>NA</b> |
| 3.1   | Operators must adhere to all employment standards. Staff must   |          |           |   |   |                                  |           |
|   | <ul style="list-style-type: none"> <li>provide medical form</li> </ul>  |          |           |   |   |                                  | X         |
|   | <ul style="list-style-type: none"> <li>have a valid standard Emergency First Aid and Cardio Pulmonary Resuscitation certificate</li> </ul>  |          | X         | <b>Obtain up-to-date First Aid and CPR certificate Put in file (1 employee)</b> | <b>2014/07/31</b>                           | <b>2014/07/27</b>                |           |
|   | <ul style="list-style-type: none"> <li>comply with SD Record Check</li> </ul>   | X        |           |   |   |                                  |           |
|   | <ul style="list-style-type: none"> <li>comply with Criminal Record Check</li> </ul>   | X        |           |   |   |                                  |           |
|   | <ul style="list-style-type: none"> <li>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</li> </ul> | X        |           |   |   |                                  |           |
|   | Staff in Special Care Homes and Community Residences who provide direct care to the residents must meet the required training criteria  |          | X         | <b>Employee must start training as soon as possible (1 employee)</b>            | <b>2014/02/28</b>                           | <b>Currently taking a course</b> |           |
| 3.2   | Operators must maintain a personnel file for each employee containing the following information   |          |           |   |   |                                  |           |
|   | <ul style="list-style-type: none"> <li>oath of confidentiality</li> </ul>   | X        |           |   |   |                                  |           |
|   | <ul style="list-style-type: none"> <li>complete medical form</li> </ul>   |          |           |   |   |                                  | X         |
|   | <ul style="list-style-type: none"> <li>identifying information, for example, name, address and/or date of birth</li> </ul>  | X        |           |   |   |                                  |           |

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|---|----------|-----------|------------------------|---|-------------------------------|-----------|
|---|----------|-----------|------------------------|---|-------------------------------|-----------|

|  |   |          |           |   |   |                               |           |
|--|---|----------|-----------|---|---|-------------------------------|-----------|
|  | <ul style="list-style-type: none"> <li>documentation of qualifications that include professional qualifications</li> </ul>  |          | X         | <b>Obtain proof that an employee is in 2nd year nursing and put in file</b>                 | <b>2014/09/30</b>                           | <b>2014/09/30</b>             |           |
|  | <ul style="list-style-type: none"> <li>valid standard Emergency First Aid and Cardio Pulmonary Resuscitation Certificate as well as a verification of current registration</li> </ul>   |          | X         | <b>See 3.1</b>  | <b>2014/07/31</b>                           | <b>2014/07/27</b>             |           |
|  | <ul style="list-style-type: none"> <li>results of Social Development record Check and Criminal Record Check</li> </ul>  | X        |           |   |   |                               |           |
|  | <ul style="list-style-type: none"> <li>orientation checklist</li> </ul>   |          | X         | <b>Record orientation date (1 employee)</b>   | <b>2014/09/30</b>                           | <b>2014/09/30</b>             |           |
|  | <ul style="list-style-type: none"> <li>performance appraisals</li> </ul>  |          | X         | <b>Performance appraisal must be done after trial period and then annually (1 employee)</b> | <b>2014/09/30</b>                           | <b>2014/09/30</b>             |           |
| 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         | <b>Performance appraisals must be redone annually (3 employees)</b>                         | <b>2014/09/30</b>                           | <b>2014/09/30</b>             |           |
| <b>Part 4. ENVIRONMENT AND SECURITY</b>                                      |   | <b>C</b> | <b>NC</b> | <b>Action required</b>  | <b>Corrective action to be completed by</b> | <b>Compliance achieved on</b> | <b>NA</b> |
| All environment and security standards must be met for the following aspects |   |          |           |   |   |                               |           |
| 4.1  | Bedrooms  |          |           |   |   |                               |           |
|  | Bedroom measurements must   |          |           |   |   |                               |           |
|  | <ul style="list-style-type: none"> <li>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</li> </ul> | X        |           |   |   |                               |           |

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|---|---|----|-----------------|--------------------------------------|------------------------|----|
| <ul style="list-style-type: none"> <li>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</li> </ul> | X |    |                 |                                      |                        |    |
| Windows – each bedroom must have  |   |    |                 |                                      |                        |    |
| <ul style="list-style-type: none"> <li>a glass area of at least five percent of the wall area</li> </ul>  | X |    |                 |                                      |                        |    |
| <ul style="list-style-type: none"> <li>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)</li> </ul>                         | X |    |                 |                                      |                        |    |
| For people in wheelchairs or the physically inactive  |   |    |                 |                                      |                        |    |
| <ul style="list-style-type: none"> <li>each window must have a sill height of at least 60 centimeters (24 inches) and at most 80 centimeters (32 inches) from the floor</li> </ul>                        | X |    |                 |                                      |                        |    |
| <ul style="list-style-type: none"> <li>unobstructed view at a horizontal level from a sitting position</li> </ul>   | X |    |                 |                                      |                        |    |
| Beds must have  |   |    |                 |                                      |                        |    |
| <ul style="list-style-type: none"> <li>space of at least 1 meter (39 inches) between them</li> </ul>  | X |    |                 |                                      |                        |    |
| <ul style="list-style-type: none"> <li>single bed that is a minimum of 1.91 meters (75 inches) in length and a minimum of 1 meter (39 inches) in width</li> </ul>   | X |    |                 |                                      |                        |    |
| <ul style="list-style-type: none"> <li>double bed that is a minimum of 1.37 meters (54 inches) in width</li> </ul>  | X |    |                 |                                      |                        |    |
| <ul style="list-style-type: none"> <li>comfortable mattress</li> </ul>  | X |    |                 |                                      |                        |    |
| <ul style="list-style-type: none"> <li>pillow and pillow case, 2 sheets and 2 coverings at minimum</li> </ul>   | X |    |                 |                                      |                        |    |
| <ul style="list-style-type: none"> <li>clean bed linen as necessary, but at least once per week</li> </ul>  | X |    |                 |                                      |                        |    |
| <ul style="list-style-type: none"> <li>clean coverings as necessary, but at least every 6 months</li> </ul>   | X |    |                 |                                      |                        |    |

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|  | <ul style="list-style-type: none"> <li>comfortable and waterproof sheets, when necessary</li> </ul>   | X |    |                             |                                      |                        |    |
|  | Hospital Beds   |   |    |                             |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>are acceptable only if required for a specific resident</li> </ul>   |   |    |                             |                                      |                        | X  |
|  | <ul style="list-style-type: none"> <li>must have a written rationale placed on the file of the specified resident, as kept by the Operator</li> </ul>   |   |    |                             |                                      |                        | X  |
|  | Furnishings – bedroom furnishings must include  |   |    |                             |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>dresser, beside table and lamp, mirror, chair, waste basket made of non combustible material and other items indicated by Coordinator</li> </ul>   |   | X  | Provide a chair (1 bedroom) | 2014/09/30                           | 2014/09/30             |    |
|  | Privacy operators must provide bedrooms that  |   |    |                             |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>are self-contained with floor to ceiling walls and well fitting doors</li> </ul>   | X |    |                             |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>do not access another room</li> </ul>  | X |    |                             |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>are separated by gender, unless residents request other arrangements</li> </ul>  | X |    |                             |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>accommodate no more than two persons</li> </ul>  | X |    |                             |                                      |                        |    |
| 4.2  | Bathroom must provide   |   |    |                             |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>paper towel or client specific cloth towel</li> </ul>  | X |    |                             |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>liquid soap dispenser and tissue</li> </ul>  | X |    |                             |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>toilets and wash basins in a ratio of at least 1 per 3 residents</li> </ul>  | X |    |                             |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>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</li> </ul> | X |    |                             |                                      |                        |    |

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|  | • 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 must have  |   |    |  |                                      |                        |    |
|  | • refrigerator, stove and sink in good working condition   | X |    |  |                                      |                        |    |
|  | • storage for all foodstuffs, cleaning supplies and other housekeeping products                  | X |    |  |                                      |                        |    |
| 4.4  | Hallways must be   |   |    |  |                                      |                        |    |
|  | • unobstructed   | X |    |  |                                      |                        |    |
|  | • well lighted   |   | X  | Hallways must be well lighted at all times | Starting now                         | In progress            |    |
|  | • at least 110 centimeters (43.33 inches) in width   | X |    |  |                                      |                        |    |
|  | Steps of stairwell must  |   |    |  |                                      |                        |    |
|  | • be covered with non-slip material  | X |    |  |                                      |                        |    |
|  | • have a 90 centimeters (36 inches) banister on at least one side                                | X |    |  |                                      |                        |    |
|  | • have a guardrail at least 105 centimeters (42 inches)  | X |    |  |                                      |                        |    |
| 4.5  | Exits must be unobstructed and easy to open at all times   | X |    |  |                                      |                        |    |

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|--|---|----|-----------------|--------------------------------------|------------------------|----|
|--|---|----|-----------------|--------------------------------------|------------------------|----|

|      |  |   |  |  |  |  |
|------|--|---|--|--|--|--|
| 4.6  | Recreation/common living area – there must be a separate area for  |   |  |  |  |  |
|      | <ul style="list-style-type: none"> <li>indoor recreation that provides at least 30 square feet per resident</li> </ul>   | X |  |  |  |  |
|      | <ul style="list-style-type: none"> <li>common living area that is fully furnished</li> </ul>   | X |  |  |  |  |
| 4.8  | Heating  |   |  |  |  |  |
|      | <ul style="list-style-type: none"> <li>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</li> </ul> | X |  |  |  |  |
|      | <ul style="list-style-type: none"> <li>operators must not use portable heating units</li> </ul>  | X |  |  |  |  |
| 4.10 | Fire prevention  |   |  |  |  |  |
|      | <ul style="list-style-type: none"> <li>instruct residents of the evacuation procedure on admission</li> </ul>  | X |  |  |  |  |
|      | <ul style="list-style-type: none"> <li>post a written plan of evacuation</li> </ul>  | X |  |  |  |  |
|      | <ul style="list-style-type: none"> <li>have monthly fire drills</li> </ul>   | X |  |  |  |  |
|      | <ul style="list-style-type: none"> <li>record the date of each fire drill</li> </ul>   | X |  |  |  |  |
|      | <ul style="list-style-type: none"> <li>smoke alarms are tested monthly</li> </ul>  | X |  |  |  |  |
|      | <ul style="list-style-type: none"> <li>place fire extinguishers in accordance with the recommendations of the Office of the Fire Marshal</li> </ul>  | X |  |  |  |  |
|      | <ul style="list-style-type: none"> <li>enclose the furnace in accordance with the recommendations of the Office of the Fire Marshall when using a basement area</li> </ul>   | X |  |  |  |  |
|      | <ul style="list-style-type: none"> <li>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</li> </ul>  | X |  |  |  |  |

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|  | Comments:   |   | X  | Remove adapters and replace with power bar | 2014/07/31                           | July/14                |    |
| 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 |    |  |                                      |                        |    |
|  | • forbid smoking unless there is a designated smoking room  | X |    |  |                                      |                        |    |
|  | • prominently display no smoking signs  | X |    |  |                                      |                        |    |
|  | • lock hazardous or poisonous substances in a cabinet or in containers  | X |    |  |                                      |                        |    |
|  | • 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  |
|  | • 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 |    |  |                                      |                        |    |

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| 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"> <li>residents have applied to FCS and completed a Long Term Care Assessment prior to admission</li> </ul>  | X |    |                                       |                                      |                        |    |
|                       | <ul style="list-style-type: none"> <li>residents meet the eligibility criteria of the Long Term Care Program</li> </ul>   | X |    |                                       |                                      |                        |    |
|                       | Private-pay residents meet the admission requirements and the following documentation is complete prior to the resident being admitted  |   |    |                                       |                                      |                        |    |
|                       | <ul style="list-style-type: none"> <li>a copy of the medical certificate of the person</li> </ul>   |   |    |                                       |                                      |                        | X  |
|                       | <ul style="list-style-type: none"> <li>a copy of the examination or social assessment</li> </ul>  |   |    |                                       |                                      |                        | X  |
|                       | <ul style="list-style-type: none"> <li>a copy of the form – Admission of private-pay residents in a special care home (if used)</li> </ul>  |   |    |                                       |                                      |                        | X  |
| 5.4                   | Individualized Service Plan (ISP) – operators must  |   |    |                                       |                                      |                        |    |
|                       | <ul style="list-style-type: none"> <li>develop and implement an ISP for each resident</li> </ul>  |   | X  | Develop and use an ISP (1 resident)   | 2014/07/31                           | Resident left home     |    |
|                       | <ul style="list-style-type: none"> <li>each ISP must be reviewed annually</li> </ul>  | X |    |                                       |                                      |                        |    |
|                       | Comments:   |   | X  | Post activities organized at the home | 2014/07/31                           | July 2014              |    |
| 5.5                   | Behaviour Management  |   |    |                                       |                                      |                        |    |
|                       | <ul style="list-style-type: none"> <li>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</li> </ul> | X |    |                                       |                                      |                        |    |
|                       | <ul style="list-style-type: none"> <li>operators and employees must not utilize negative or degrading forms of corrective actions</li> </ul>  | X |    |                                       |                                      |                        |    |

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| 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 |    |                 |                                      |                        |    |
| 5.9  | Personal care  |   |    |                 |                                      |                        |    |
|  | • 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  |   |    |                 |                                      |                        |    |
|  | • providing a safe and secure storage system   | X |    |                 |                                      |                        |    |
|  | • bringing all medication that is no longer needed to the pharmacy for safe disposal   | 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"> <li>administer medications in accordance with the recommendations of the physicians, pharmacists or nurses</li> </ul> | X |    |                 |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>Medication Record Form Part 1</li> </ul>  | X |    |                 |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>Part 2 or any other medication control form approved by the ARF Coordinator</li> </ul>                            | X |    |                 |                                      |                        |    |
| 5.13   | To appropriately handle communicable disease operators must  |   |    |                 |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>isolate the residents suspected of having a communicable disease</li> </ul>                                       | X |    |                 |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>have a physician examine the resident and give instructions to protect the other residents</li> </ul>             | X |    |                 |                                      |                        |    |
| 5.14   | Operators must   |   |    |                 |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>provide access to necessary special services (i.e. health care, medical, dental, eye and hearing)</li> </ul>      | X |    |                 |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>file a written record of all medical visits, consultations and treatments in the resident's file</li> </ul>       | X |    |                 |                                      |                        |    |
| 5.15   | Operators who are also trustees must   |   |    |                 |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>complete the Agreement of Trustee form</li> </ul>   | X |    |                 |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>provide appropriate money management with regard to the resident's comfort and clothing allowance</li> </ul>      | X |    |                 |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>record expenditures made on behalf of residents, using the Financial Record Form</li> </ul>                       | X |    |                 |                                      |                        |    |
|  | <ul style="list-style-type: none"> <li>deposit valuables or monies in a safe place and keep a record of such items</li> </ul>                            | 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 |    |                 |                                      |                        |    |

| Adult Residential Facilities – Inspection Form |   | C        | NC        | Action required                     | Corrective action to be completed by        | Compliance achieved on        | NA        |
|--|---|----------|-----------|-------------------------------------|---|-------------------------------|-----------|
| 5.17   | Operators will maintain a personal file for every resident which includes                         |          |           |                                     |   |                               |           |
|  | • individual service plan   |          | X         | See 5.3                             | 2014/07/31                                  | Resident left home            |           |
|  | • application for admission   |          |           |                                     |   |                               | X         |
|  | • resident medical  |          | X         | Obtain and put in file (1 resident) | 2014/07/31                                  | July/14                       |           |
|  | • Long Term Care Assessment   |          | X         | Obtain and put in file (1 resident) | 2014/07/31                                  | July/14                       |           |
|  | • financial record  | X        |           |                                     |   |                               |           |
|  | • personal record of resident   |          | X         | Record date on form (1 resident)    | 2014/07/31                                  | July/14                       |           |
|  | • medication records  | X        |           |                                     |   |                               |           |
|  | • special approvals (for example, oxygen, insulin injections, hospital beds)                      |          |           |                                     |   |                               | X         |
| <b>Part 6. SOCIAL ENVIRONMENT</b>              |   | <b>C</b> | <b>NC</b> | <b>Action required</b>              | <b>Corrective action to be completed by</b> | <b>Compliance achieved on</b> | <b>NA</b> |
| 6.1  | Operators must provide an orientation to the facility to all residents upon arrival and departure | X        |           |                                     |   |                               |           |
| 6.2  | Residents rights  |          |           |                                     |   |                               |           |
|  | • Residents have the right to confidentiality of information about them                           | X        |           |                                     |   |                               |           |
|  | • Residents are permitted to have visitors  | X        |           |                                     |   |                               |           |
|  | • 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   | X        |           |                                     |   |                               |           |
|  | • Residents' family members are encouraged to be involved with and visit with residents           | 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"> <li>Residents are permitted to keep personal possessions in their room, i.e. pictures, furnishings, etc.</li> </ul> | X  |                 |                                      |                        |    |

| <u>External Reports</u>     | <u>Date Inspected</u> | <u>Certificate Expiry Date</u> |
|-----------------------------|-----------------------|--------------------------------|
| Fire Marshall Inspection    | 06/02/2014            | yyyy / mm / dd                 |
| Public Health Inspection    | 24/03/2014            | yyyy / mm / dd                 |
| Public Safety (Elevator(s)) | yyyy / mm / dd        | yyyy / mm / dd                 |