

Adult Residential Facilities Inspection Report

Inspection type:

Approval / New Certificate
 Renewal of Certificate

Facility Name: Résidences Bel-Accueil Ltée

Date of visit: 2015/02/19

Current Certificate Expiry Date: 2015/02/28

Number of approved beds: 48

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
	<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					
	<ul style="list-style-type: none"> personnel 	X					
	<ul style="list-style-type: none"> environment and security 	X					
	<ul style="list-style-type: none"> social environment 	X					
	<ul style="list-style-type: none"> resident care 	X					
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					

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

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

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					
	<ul style="list-style-type: none"> comply with SD Record Check 		X	Renew expired SD Record Check for one employee	2015/02/27	2015/03/06	
	<ul style="list-style-type: none"> comply with Criminal Record Check 		X	Renew expired Criminal Record Check for one employee	2015/02/27	2015/03/06	
	<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	An employee has no training (exemption)			
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		Copy of an employee's certificate	2015/02/27		
	<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					
	<ul style="list-style-type: none"> results of Social Development record Check and Criminal Record Check 	X					

Adult Residential Facilities – Inspection Form		C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
	• orientation checklist	X					
	• 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	Complete performance appraisals	2015/03/03		
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						
	• provide a ceiling height of at least 2,13 meters (7 feet) over half of the required floor area. Heights less than 1,37 meters (4.5 feet) are not included in the floor area	X					
	• have at least 9.2 square meters (100 square feet) per person for single occupancy or 6.7 square meters (72 square feet) per person for double occupancy	X					
	Windows – each bedroom must have						
	• a glass area of at least five percent of the wall area	X					
	• 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					

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

	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						
	• refrigerator, stove and sink in good working condition	X					
	• storage for all foodstuffs, cleaning supplies and other housekeeping products	X					
	Comments:			New kitchen cupboards are to be installed			
4.4	Hallways must be						
	• unobstructed	X					
	• well lighted	X					
	• 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	Remove washing machine rug from back stoop	Immediately	2015/02/19	
4.6	Recreation/common living area – there must be a separate area for						
	• indoor recreation that provides at least 30 square feet per resident	X					
	• common living area that is fully furnished	X					

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

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					
	<ul style="list-style-type: none"> operators must not use portable heating units 	X					
4.10	Fire prevention						
	<ul style="list-style-type: none"> instruct residents of the evacuation procedure on admission 	X					
	<ul style="list-style-type: none"> post a written plan of evacuation 	X					
	<ul style="list-style-type: none"> have monthly fire drills 		X	2nd notice – Have monthly fire drills	Ongoing		
	<ul style="list-style-type: none"> record the date of each fire drill 		X				
	<ul style="list-style-type: none"> smoke alarms are tested monthly 						X
	<ul style="list-style-type: none"> place fire extinguishers in accordance with the recommendations of the Office of the Fire Marshal 	X					
	<ul style="list-style-type: none"> enclose the furnace in accordance with the recommendations of the Office of the Fire Marshall when using a basement area 	X					
	<ul style="list-style-type: none"> 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					
	Comments:			Remove pitcher and can from radiators in two bedrooms	Immediately	2015/03/06	

Adult Residential Facilities – Inspection Form		C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
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	Send copy of dog's inoculation	2015/02/27	2015/03/06	
	• 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	Door to janitor's room must be kept locked at all times	2015/02/27	2015/02/20	
	• 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					
	Comments:			Remove broken and stained dishes (to be replaced)			
4.13	First Aid – operators must ensure first aid kits are readily accessible	X					

Adult Residential Facilities – Inspection Form		C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
4.15	Emergency preparedness plan exists and is reviewed annually	X					
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
5.4	Individualized Service Plan (ISP) – operators must						
	<ul style="list-style-type: none"> develop and implement an ISP for each resident 	X					
	<ul style="list-style-type: none"> each ISP must be reviewed annually 	X					
5.5	Behaviour Management						
	<ul style="list-style-type: none"> 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					
	<ul style="list-style-type: none"> operators and employees must not utilize negative or degrading forms of corrective actions 	X					
5.6	Restraining devices are not used	X					

Adult Residential Facilities – Inspection Form		C	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
5.7	Operators must ensure						
	<ul style="list-style-type: none"> staff ratio for Special Care Homes is adhered to 	X					
	<ul style="list-style-type: none"> staff ratio for Community Residences is adhered to 						X
	<ul style="list-style-type: none"> staff must be awake in the night as per the standard 	X					
	<ul style="list-style-type: none"> exemptions granted regarding staff ratios are evaluated annually 	X					
5.8	Nutrition Services - operators must						
	<ul style="list-style-type: none"> make meals available to clients in accordance with Canada's Food Guide to Healthy Eating 	X		Offer a morning snack	Ongoing		
	<ul style="list-style-type: none"> ensure meals are in accordance with a diet as prescribed by a doctor or dietician (if applicable) 	X					
	<ul style="list-style-type: none"> post a monthly menu for the residents 		X	Post menu for the residents	2015/02/27	2015/03/06	
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					

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

5.12	Operators must ensure appropriate administration of medication, including						
	<ul style="list-style-type: none"> providing a safe and secure storage system 		X	Get written authorization from physician for two residents to keep certain medications in a cupboard in their room or keep locked by the home	2015/03/30	2015/03/06 removed, managed by staff	
	<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					
	<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

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"> 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	Personal record forms for one resident	2015/02/27	2015/03/06	
	<ul style="list-style-type: none"> medication records 			Medication record forms for one resident	2015/02/27	2015/03/06	
	<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					
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					

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

• 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					
• 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	13/06/2014
Public Health Inspection	12/01/2015
Public Safety (Elevator(s))	N/A