

Adult Residential Facilities Inspection Report

Inspection type:

Approval / New Certificate
 Renewal of Certificate

Facility Name: Thibodeau's Special Care Home

Date of visit: 2014/12/16

Current Certificate Expiry Date: 2015/1/31

Number of approved beds: 3

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 | | | Family Home | | | X |
| | • personnel | | | Family Home | | | X |
| | • environment and security | | | Family Home | | | X |
| | • social environment | | | Family Home | | | X |
| | • resident care | | | Family Home | | | X |
| 2.6 | Have access to all relevant legislation | | | Family Home | | | X |
| 2.7 | Application process | | | | | | |
| | • Coordinator has received application/renewal form | x | | | | | |

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| | <ul style="list-style-type: none"> Annual fee has been paid | | | | | | |
| 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 | Liability insurance for home | 2015/1/31 | 2015/1/30 | |
| | <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 | X | | | | | |
| | <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 | | | Family Home | | | X |

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| Part 3. PERSONNEL | | C | NC | Action required | Corrective action to be completed by | Compliance achieved on | NA |
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| 3.1 | Operators must adhere to all employment standards. Staff must | | | | | | |
| | • provide medical form | X | | | | | |
| | • have a valid standard Emergency First Aid and Cardio Pulmonary Resuscitation certificate | X | | | | | |
| | • comply with SD Record Check | X | | | | | |
| | • comply with Criminal Record Check | X | | | | | |
| | • 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 | | | | | | |
| | • oath of confidentiality | X | | | | | |
| | • complete medical form | X | | | | | |
| | • identifying information, for example, name, address and/or date of birth | X | | | | | |
| | • documentation of qualifications that include professional qualifications | X | | | | | |
| | • valid standard Emergency First Aid and Cardio Pulmonary Resuscitation Certificate as well as a verification of current registration | X | | | | | |
| | • results of Social Development record Check and Criminal Record Check | X | | | | | |
| | • orientation checklist | X | | | | | |

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| | <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 | | | | | |
| | <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 |

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| | <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 |
| | 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 | | | | | |

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| | 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 | | | | | |
| 4.3 | Kitchen/dining room must have | | | | | | |
| | <ul style="list-style-type: none"> refrigerator, stove and sink in good working condition | X | | | | | |

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| | <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 | | | | | |
| | <ul style="list-style-type: none"> operators must not use portable heating units | X | | | | | |

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| 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 | 9 monthly fire drills out of 12 | 2015/1/31 | 2015/1/30 |
| | <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 |
| 4.11 | Fire safety requirements where residents are non-ambulatory | | | | | |
| | <ul style="list-style-type: none"> fire safety requirements are met when residents are non-ambulatory | | | | | X |
| | <ul style="list-style-type: none"> 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 | | | | | |
| | <ul style="list-style-type: none"> take soiled linen to laundry in an enclosed container. Do not handle laundry in food preparation or storage areas | X | | | | |

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| | • remove garbage bags daily | X | | | | |
| | • inoculate pets annually | | X | Copy of pet inoculation | 2015/1/31 | 2014/12/30 |
| | • 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 | | | | |

| Part 5. RESIDENT CARE | | C | NC | Action required | Corrective action to be completed by | Compliance achieved on | NA |
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| 5.2 | Residents meet admission requirements | | | | | | |
| | • residents have applied to FCS and completed a Long Term Care Assessment prior to admission | X | | | | | |
| | • 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 | | | | | |
| | • a copy of the medical certificate of the person | X | | | | | |
| | • a copy of the examination or social assessment | X | | | | | |

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| | <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 | | | | | |
| 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 | | | | | |
| | <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 | | | | | |

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| 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 | | | | |

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| | <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 | | | | | |

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| 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 | | | | |
| | • 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 | N/A |
| Public Health Inspection | 2014 / 11 / 24 |
| Public Safety (Elevator(s)) | N/A |