Adult Residential Facilities Inspection Report

Inspection type:

____ Approval / New Certificate
X Renewal of Certificate

Facility Name: West Kent Special Care Home

Date of visit: 2014/9/29 and 2014/10/22

Current Certificate Expiry Date: 2014/10/31

Number of approved beds: _6_

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

Part	2. ADMINISTRATION	С	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	Х					
	display their Certificate of Approval in a common area	Х					
	 ensure all staff sign an agreement to protect their confidentiality of all personal information of the residents 		X	Oath of confidentiality	2014/10/31	2015/04/02	
2.2	Display an organizational chart	Х					
2.3	Develop a Mission Statement and display it in a common area	Х					
2.4	Develop goals and objectives	Х					
2.5	Develop written policies and procedures						
	administration		Х	Policies and procedures – have available	2014/10/31	2014/10/22	
	personnel		Х	Policies and procedures – have available	2014/10/31	2014/10/22	
	environment and security		Х	Policies and procedures – have available	2014/10/31	2014/10/22	
	social environment		Х	Policies and procedures – have available	2014/10/31	2014/10/22	
	resident care		Х	Policies and procedures – have available	2014/10/31	2014/10/22	

Adult	Residential Facilities – Inspection Form	С	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
2.6	Have access to all relevant logislation		X	Policies and precedures	2014/10/31	2014/10/22	
2.0	Have access to all relevant legislation		^	Policies and procedures – have available	2014/10/31	2014/10/22	
2.7	Application process						
	 Coordinator has received application/renewal form Annual fee has been paid 		Х	Form and fee	2014/10/31	2014/10/22	
2.10	Have an insurance policy covering all necessary areas						
	 proof of a minimum \$1,000,000 liability to cover residents for any accident, mishap or other incidents on the premises 		Х	Liability insurance for home and vehicle - Confirmation of insurance	2014/10/31	2014/10/22	
	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	Liability insurance for home and vehicle - Confirmation of insurance	2014/10/31	2015/04/02	
	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	Liability insurance for home and vehicle - Confirmation of insurance	2014/10/31	2014/10/22	
2.11	Reporting an Incident						
	ensure incidents are reported	X					
	verify that incident Report Form has been	Х					
	completed and sent to the Case Manager and						
	ARF Coordinator within 24 hour and that a copy is in the resident's file						
2.12		Х					
2.13	Report missing residents according to standard	Х					

Adul	t Residential Facilities – Inspection Form	С	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
2.14	Discharge or Temporary Absence of a resident	Х					
	Personal Record of the Resident form has been forwarded to SD	Х					
	Resident's Financial Form and Medication Records Form are forwarded to the new operator	Х					
2.21	Have a written process to hear the concerns of residents		X				X
Part	3. PERSONNEL	С	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
3.1	Operators must adhere to all employment standards. Staff must						
	provide medical form	Х					
	have a valid standard Emergency First Aid and Cardio Pulmonary Resuscitation certificate	Х					
	comply with SD Record Check		Х	SD Record Check	2014/10/31	2014/10/31	
	comply with Criminal Record Check	Χ					
	 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 	Х					
	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		Х	Oath of confidentiality	2014/10/31	2015/04/02	
	complete medical form	Х					
	 identifying information, for example, name, address and/or date of birth 	Χ					

Adul	t Residential Facilities – Inspection Form	С	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
	documentation of qualifications that include professional qualifications	Х					
	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		Х	SD Record Check	2014/10/31	2014/10/31	
	orientation checklist	Χ					
	performance appraisals	Χ					
3.3	The operator encourages staff and board members (if applicable) to take part in educational activities	Χ					
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	С	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
	vironment and security standards must be met for the						
	ving 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 	Х					
	have at least 9.2 square meters (100 square feet) per person for single occupancy or 6.7 square meters (72 square feet) per person for double occupancy	Х					

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Windows – each bedroom must have						
a glass area of at least five percent of the wall area	Х					
at least one window a minimum width of 60 centimeters (23,62 inches) and a minimum area of .55 square meters (5,92 square feet)	Х					
For people in wheelchairs or the physically inactive						
 each window must have a sill height of at least 60 centimeters (24 inches) and at most 80 centimeters (32 inches) from the floor 	Х					
unobstructed view at a horizontal level from a sitting position	Х					
Beds must have						
space of at least 1 meter (39 inches) between them	Х					
 single bed that is a minimum of 1.91 meters (75 inches) in length and a minimum of 1 meter (39 inches) in width 	Х					
 double bed that is a minimum of 1.37 meters (54 inches) in width 	Х					
comfortable mattress	X					
pillow and pillow case, 2 sheets and 2 coverings at minimum	Х					
clean bed linen as necessary, but at least once per week	Х					
clean coverings as necessary, but at least every 6 months	Х					
comfortable and waterproof sheets, when necessary	Х					

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Hospital Beds						
are acceptable only if required for a specific resident	Х					
must have a written rationale placed on the file of the specified resident, as kept by the Operator	Х					
Furnishings – bedroom furnishings must include						
dresser, beside table and lamp, mirror, chair, waste basket made of non combustible material and other items indicated by Coordinator	Х					
Privacy operators must provide bedrooms that						
are self-contained with floor to ceiling walls and well fitting doors	Х					
do not access another room	Х					
 are separated by gender, unless residents request other arrangements 	Х					
accommodate no more than two persons	Х					
4.2 Bathroom must provide						
 paper towel or client specific cloth towel 	X					
 liquid soap dispenser and tissue 	Х					
 toilets and wash basins in a ratio of at least 1 per 3 residents 	Х					
 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 	Х					
 non-slip material on the bottom of each bathtub and shower 	Х					
 ventilation with either a window or fan 	X					

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	door for each bathroom that locks to ensure privacy but opens from the outside in an emergency	Х					
	access no more than one floor away for normal use	Х					
	grab bars conveniently located near the bathtub and toilet, if required by the residents	Х					
4.3	Kitchen/dining room must have						
	 refrigerator, stove and sink in good working condition 	Χ					
	 storage for all foodstuffs, cleaning supplies and other housekeeping products 	Χ					
4.4	Hallways must be						
	unobstructed	Х					
	well lighted	Х					
	at least 110 centimeters (43.33 inches) in width	Х					
	Steps of stairwell must						
	be covered with non-slip material	Х					
	have a 90 centimeters (36 inches) banister on at least one side	Х					
	have a guardrail at least 105 centimeters (42 inches)	Х					
4.5	Exits must be unobstructed and easy to open at all times	Х					
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	Χ					

Adult	ult Residential Facilities – Inspection Form		NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
1.0							
4.8	Heating						
	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	Х					
	operators must not use portable heating units	X					
4.10	Fire prevention						
	instruct residents of the evacuation procedure on admission	Х					
	post a written plan of evacuation	Х					
	have monthly fire drills		X	Have monthly fire drill	2014/10/31	2014/10/22	
	record the date of each fire drill		Х	Record the date	2014/10/31	2014/10/22	
	smoke alarms are tested monthly	Х					
	place fire extinguishers in accordance with the recommendations of the Office of the Fire Marshal	Х					
	enclose the furnace in accordance with the recommendations of the Office of the Fire Marshall when using a basement area	Х					
	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	Х					
4.11	Fire safety requirements where residents are non-ambulatory						
	fire safety requirements are met when residents are non-ambulatory	Х					
	clients are ambulatory at time of admission in special care home	Х					

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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	Pet inoculation	2014/10/31	2014/10/22	
	 forbid smoking unless there is a designated smoking room 	Х					
	prominently display no smoking signs	X					
	 lock hazardous or poisonous substances in a cabinet or in containers 	X		Lock dangerous supplies	2014/9/29	2014/9/29	
	 have written approval from the Coordinator and inform the Office of the Fire Marshall to permit concentrators and liquid oxygen systems in residential facilities 	Х					
	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	Х					
4.13	First Aid – operators must ensure first aid kits are readily accessible	Х					
4.15	Emergency preparedness plan exists and is reviewed annually		Х	Provide copy of updated plan	2014/10/31	2014/10/22	
Part !	5. RESIDENT CARE	С	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
5.2	Residents meet admission requirements						
	 residents have applied to FCS and completed a Long Term Care Assessment prior to admission 	Х					

Adul	t Residential Facilities – Inspection Form	С	NC	Action required	Corrective action to be completed by	Compliance achieved on	NA
	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	Χ					
	a copy of the examination or social assessment	Х					
	 a copy of the form – Admission of private-pay residents in a special care home (if used) 	Х					
5.4	Individualized Service Plan (ISP) – operators must						
	develop and implement an ISP for each resident						
	each ISP must be reviewed annually						
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	Х					
	operators and employees must not utilize negative or degrading forms of corrective actions	Х					
5.6	Restraining devices are not used	Χ					
5.7	Operators must ensure						
	staff ratio for Special Care Homes is adhered to	Х					
	staff ratio for Community Residences is adhered to						Х
	staff must be awake in the night as per the standard	Χ					
	exemptions granted regarding staff ratios are evaluated annually						Х

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5.8	Nutrition Services - operators must						
	make meals available to clients in accordance with Canada's Food Guide to Healthy Eating	Х					
	ensure meals are in accordance with a diet as prescribed by a doctor or dietician (if applicable)	Х					
	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	Х					
	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	Х					
5.12	Operators must ensure appropriate administration of medication, including						
	providing a safe and secure storage system	Х					
	bringing all medication that is no longer needed to the pharmacy for safe disposal	Х					
	administer medications in accordance with the recommendations of the physicians, pharmacists or nurses	Х					
	Medication Record Form Part 1		X	Medication administration	2014/10/31	2015-04-02	
	Part 2 or any other medication control form approved by the ARF Coordinator	Х					
5.13	To appropriately handle communicable disease operators must						
	isolate the residents suspected of having a communicable disease	Х					

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	 have a physician examine the resident and give instructions to protect the other residents 	X					
5.14	Operators must						
	 provide access to necessary special services (i.e. health care, medical, dental, eye and hearing) 	X					
	 file a written record of all medical visits, consultations and treatments in the resident's file 	Х					
5.15	Operators who are also trustees must						
	complete the Agreement of Trustee form	Х					
	 provide appropriate money management with regard to the resident's comfort and clothing allowance 	X					
	 record expenditures made on behalf of residents, using the Financial Record Form 	Х					
	 deposit valuables or monies in a safe place and keep a record of such items 	Х					
5.16	Operators must ensure that each resident has a proper supply of their own clean personal clothing as selected by them, when appropriate	Х					
5.17	Operators will maintain a personal file for every resident which includes						
	individual service plan	Х					
	application for admission	Х					
	resident medical	Χ					
	Long Term Care Assessment	X					
	financial record	Χ					
	personal record of resident	Х					
	 medication records 	X					

Adult Resider	itial Facilities – Inspection Form	С	NC	Action required	Corrective	Compliance	NA
					action to be	achieved on	
					completed		
					by		

	 special approvals (for example, oxygen, insulin injections, hospital beds) 	Х					
Part	Part 6. SOCIAL ENVIRONMENT		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	Х					
6.2	Residents rights						
	Residents have the right to confidentiality of information about them	Х					
	Residents are permitted to have visitors	Х					
	Residents are permitted to access to send and receive mail	Х					
	Residents are permitted access to telephone services	Х					
	Residents are permitted to access pastoral services	Х					
	Residents' family members are encouraged to be involved with and visit with residents	Х					
	 Residents are permitted to keep personal possessions in their room, i.e. pictures, furnishings, etc. 	Х					

External Reports	Date Inspected	Certificate Expiry Date
Fire Marshall Inspection	2014 / 1 / 15	yyyy / mm / dd
Public Health Inspection	2014 / 2 / 13	yyyy / mm / dd
Public Safety (Elevator(s))	yyyy / mm / dd	yyyy / mm / dd