Government of Newfoundland and Labrador
Department of Health and Community Services

Provincial Personal Care Home Program Operational Standards

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TABLE OF CONTENTS

	PAGE
INTRODUCTION	**4**
SECTION 1 – GOVERNANCE	
Standard 1 – Responsibility for Governance	**6**
Standard 2 – Continuous Quality Improvement	**8**
Standard 3 – Complaints and Incidents	**9**
SECTION 2 – LICENSING	
Standard 1 – Application Process to Obtain a Personal Care Home License	**11**
Standard 2 – Design Standards	**13**
Standard 3 – Fire and Life Safety	**20**
Standard 4 – Licensing Process	**29**
Standard 5 – Operator Orientation	**30**
Standard 6 – Re-Licensing a Personal Care Home	**31**
Standard 7 – Personal Care Home Standards Violation	**32**
Standard 8 – Personal Care Home Closure or Sale	**35**
SECTION 3 – RESIDENT SERVICES AND RESIDENT RIGHTS	
Standard 1 – Resident Services	**36**
Standard 2 – Consideration of Resident Rights	**37**
Standard 3 – Entering a Personal Care Home	**38**
Standard 4 – Transfer and Discharge Request	**40**
Standard 5 – Death of a Resident	**41**
Standard 6 – Operators Responsibility During Periods of Absence	**42**
SECTION 4 – RESIDENT CARE	
Standard 1 – Resident Care	**43**
Standard 2 – Resident Health Needs and Resident Safety	**45**
Standard 3 – Nutrition and Food Service	**47**
Standard 4 – Medications	**50**
Standard 5 – Nursing Functions Delegated to Personal Care Home Staff	**53**
Standard 6 – Prevention and Control of Infections	**54**
Standard 7 – Staffing	**56**
SECTION 5 – FINANCIAL SERVICES AND RECORDS MANAGEMENT	
Standard 1 – Residents Finances and Subsidy Payments	**61**
Standard 2 – Trust Accounts	**63**
Standard 3 – Residents Benefits	**66**
Standard 4 – Resident Records	**68**
Standard 5 – Confidentiality of Records	**70**
Standard 6 – Retention and Destruction of Records	**71**

APPENDIX - FORMS

Monitoring Care Standards	PCH - 1
Medical Assessment	PCH - 2
Pre-employment Tuberculin Skin Test	PCH - 3
Pledge of Confidentiality	PCH - 4
Transfer Summary	PCH - 5
Monthly Bed Status Report	PCH - 6
Incident Report	PCH - 7
Medication Administration Record	PCH - 8
Medication Storage Audit	PCH - 9
Security Checklist	PCH - 10
Diabetic Record	PCH - 11
Request for Account Verification	PCH - 12
Distribution of Resident Allowance	PCH - 13
Subsidized Residents' Income - Quarterly Report	PCH - 14
Trust Account Agreement	PCH - 15
Record of Resident's Trust Account	PCH - 16
Complaint Report	PCH - 17
Release of Resident Information for Pharmacist	PCH - 18
Resident Care Sheet	PCH - 19

INTRODUCTION

This Operational Standards Manual governing personal care homes is a reference for current and prospective operators, residents and families, as well as, the Regional Health Authorities (RHAs). The RHAs are mandated by the Department of Health and Community Services (DHCS) to license and monitor personal care homes for compliance with the Health and Community Services Act, the Personal Care Home Regulations and any policies, standards and guidelines established by or adopted by the Minister. Under the Personal Care Home Regulations (2001), a "personal care home" is defined as, "*a premises, place or private residence in which personal care is provided for remuneration, to 5 or more adults*." Personal care homes will not be licensed for more than 100 beds.

Personal care homes are an integral component of the Department of Health and Community Services' residential care system. Personal care homes are licensed, privately owned and operated residential homes for senior citizens and other adults who need assistance with daily living. Individuals are accepted for residency in personal care homes based on the care and services they require and the homes' ability to meet these needs based on staffing and physical requirements. Individuals admitted to personal care homes do not require on-site health or nursing services but may require the services of a visiting professional.

The Government of Newfoundland and Labrador is committed to offering residents of personal care homes a high quality of holistic, resident-centered care within a home-like environment. Resident-centered care, based on a social model of care, offers a safe environment providing for residents' spiritual, social, intellectual, cultural and physical needs. Resident-centered care is a quality of life approach to caregiving. Every effort is made to foster independence and freedom of choice. The social care model underpinning resident-centered care recognizes individuality, and residents' rights to make choices, thereby, allowing them to enjoy independence, privacy, and a suitable lifestyle.

Operational standards contained in this document represent expectations for personal care homes, residents, RHAs and the DHCS. The residents' right to be treated with dignity and respect is fundamental to the elements of each standard, its outcome, and performance measures. Being treated with dignity and respect includes the right to privacy, independence, freedom of choice, and the opportunity to exercise personal autonomy within the parameters of the personal care home's policies and procedures.

The unique and complex needs of all individuals, and the knowledge, values, skills and facilities needed to deliver a quality service are acknowledged through the operational standards. These standards provide a mechanism for internal and external reviews, and must be implemented to reflect legislative requirements and expectations. Detailed procedures to assist with compliance with the standards are delineated at the end of each standard.

The operational standards, in this manual, are established under the authority of the *Personal Care Home Regulations* (dated June 1, 2001) under the "*Health and Community Services Act*" by the Department of Health and Community Services in consultation with the Department of Government Services (GS) and the Regional Health Authorities. The Regional Health Authorities include Eastern Health, Central Health, Western Health and Labrador – Grenfell Health.

Throughout the document, the term "*regional health authority (RHA)*" is used to reflect the staff employed by each of the four regional health authorities. *Nurse* refers to a Registered Nurse.

The term *"Government Service Centre (GSC)"* is used to refer to GSC staff of the Department of Government Services.

The term "*operator*" is used to identify the person(s), or incorporated entity, that has ownership of, and/or is the **licensed operator** of, the personal care home. For the purposes of this manual, operator also includes individuals delegated by the operator to perform certain functions within the personal care home.

In the case of the Labrador - Grenfell Health, where the term physician, pharmacist or dietician appears, regional nurse may be inserted as appropriate based on regional policies.

SECTION 1 GOVERNANCE

Standard 1 – Responsibility for Governance

All stakeholders work together to ensure high quality care and services are provided to residents of personal care homes in compliance with these operational standards.

OUTCOME Personal care homes are licensed and provide care and services in accordance with standards and procedures outlined in this manual as well as the Health and Community Services Act, the Personal Care Home Regulations and any policies, standards and guidelines established by or adopted by the Minister.

PERFORMANCE MEASURES

1.1 The Department of Health and Community Services completes a comprehensive standards review including the RHAs monitoring methods every **two years** in addition to reviewing and revising standards any time it is deemed necessary.

1.2 There is a process in place to address changes and/or additions to personal care home standards.

1.3 The operator ensures there is a person identified to have overall responsibility and authority for the day to day operation of the home.

1.4 The personal care home is operated in accordance with these standards and submits **monthly** status reports to the RHA on occupancy, care and operational issues.

1.5 The RHA monitoring staff, are responsible to ensure homes are in compliance with the standards in this manual and completes **quarterly** visits and monitoring reports. More frequent visits, including follow up visits, announced or unannounced, may be made at the discretion of the RHA.

1.6 The RHA completes **an annual review** of the personal care home, assessing compliance with provincial standards. The operator is notified of the outcome of the review.

1.7 The RHA in partnership with the GSC licenses personal care homes in accordance with the standards, policies, and all appropriate acts and regulations.

1.8 The GSC monitors physical conditions of personal care homes in accordance with the standards. **Annual** environmental health and fire and safety inspections are completed by the GSC with reports filed with the RHA.

1.9 Additional inspections are completed by GSC staff as deemed necessary or at the request of the RHA. Reports are forwarded to the RHA.

1.10 Residents and/or families assume responsibility for their own and/or relatives' rights and services in accordance with the standards and respect the policies and procedures of the home.

Responsibility for Governance

1a) As resident care, program and service requirements change, the development of new standards are necessary to respond to these changes. Upon receiving a request for an operational standard revision or addition, the RHA or GS will review the request and forward edits and/or suggestions to the Department of Health and Community Services.

1b) Upon receipt of a request for change, the Department of Health and Community Services will consider any changes in consultation with stakeholders and make revisions to the operational standards as appropriate. Changes and/or additions are forwarded to the RHA for inclusion in the manual and distribution to the various stakeholders in their region.

1c) Holders of the manual keep it up-to-date based upon revisions and additions received and ensure the regional health authorities have their current mailing address or they may access changes/additions on the Department's website.

2a) Under the authority of the *Personal Care Home Regulations (2001*) under the "*Health and Community Services Act*" the Department of Health and Community Services in partnership with GS responsibilities include:

- Physical standards for personal care homes monitored by the Government Service Centre (GSC), Department of Government Services,
- Staffing and care standards, monitored by the RHA, and
- Personal Care Home Regulations (2001), that directs licensing by the RHA.

SECTION 1 GOVERNANCE

Standard 2 – Continuous Quality Improvement

Effective continuous quality improvement plans are in place and include mechanisms to obtain resident's input, such as a resident's council.

OUTCOME The residents and staff are actively involved in assessing opportunities for improvements to resident –centered care and service provision.

PERFORMANCE MEASURES

2.1 There is a continuous quality improvement process in place in the home for identifying risk areas, collecting necessary data and following up as necessary. The process is reviewed on a regular basis and adjusted as necessary.

2.2 The RHA provides education to personal care home staff about continuous quality improvement as required and documents this activity on their annual report.

2.3 Residents and personal care home staff offer suggestions and evaluate initiatives concerning resident-centered care and service improvements on an ongoing basis or within stated time frames when requested.

SECTION 1 GOVERNANCE

Standard 3 – Complaints and Incidents

There is a mechanism within the home to deal with complaints about resident care and services as well as incidents that occur in the home.

OUTCOME Complaints and incidents are dealt with expediently and subsequent actions taken to maintain optimal resident care.

PERFORMANCE MEASURES

3.1 There is a written policy which includes a process for dealing with complaints and incidents. There is an administrative record containing all complaint and incident reports as well as action taken and outcomes.

3.2 The operator investigates complaints and incidents, provides follow-up including: discussion with the RHA, necessary documentation, and inclusion on the operators **monthly** status report.

3.3 The operator will respond to a complaint within 7 days and document the outcome in the homes' files.

3.4 The RHA reviews complaints and incident reports by the operator for compliance to standards and corrective action taken, if necessary, at least **quarterly**. Depending on the nature of the incident, the RHA will notify GSC if applicable.

3.5 Complaints received by the RHA will be followed up with the operator to determine if any standards have been breeched.

3.6 The RHA reports to the Department on complaints and incidents as part of the **quarterly** report as necessary depending on the nature of the complaint or incident.

Complaints and Incidents

1a) The operator ensures incidents and complaints are addressed and documented; and, informs residents, families and staff that complaints regarding resident care are discussed with the health authority. The complainant's identity is kept confidential unless consent is obtained for release of the complainant's name. However the complainant is advised that the nature and/or content of the complaint may identify the complainant.

1b) The operator records all complaints on the Complaint Report (Form # PCH - 17), investigates the complaint, initiates necessary corrective action, provides in-service to staff, if necessary, and maintains a separate file with all Complaint Reports.

1c) The operator ensures that employees involved in observing or discovering an incident, initiate a report of the event. Incidents of an urgent nature are verbally reported to the operator, however, an Incident Report (Form # PCH - 7) is completed as soon as possible.

1d) All Incident Reports are submitted to the operator who is responsible for initiating corrective action and maintaining an administrative record containing all Incident Reports.

1e) Complaints received by the RHA will be discussed with the operator. If there is a standard not being adhered to, the RHA will work with the operator to identify long term corrective action. If correction action has not been taken in a reasonable period of time the region will implement the non-compliance protocol outlined in this manual.

SECTION 2 LICENSING

Standard 1 - Application Process to Obtain a Personal Care Home License

Licensing is a two fold process involving meeting standards set by the regional health authorities and the GSC.

OUTCOME Applicants, including those new to the personal care home business, those seeking partnership status with an existing operator, or existing operators proposing physical alterations/extensions, or seeking to increase the level of care and service they may provide, have completed all steps in the application process.

PERFORMANCE MEASURES

1.1 The RHA or GSC responds to initial inquiries and provides an application and a personal care home operational standards manual to individuals considering operating a personal care home. Where one agency receives an inquiry that should be addressed by the other agency, it is forwarded on to that agency for a response.

1.2 The GSC provides information on building plans, food premises licensing, private sewage disposal and water supply (if applicable), fire and life safety, required forms, building on crown land etc. and meets with the applicant to discuss construction issues as required.

1.3 The RHA speaks with the applicant to discuss waitlists and vacancy rates and responds to questions regarding the operation of a personal care home.

1.4 The GSC accepts only complete applications with all supporting documents and forwards the application to the RHA. Individuals seeking partnership on a license must submit a personal resume, references and a letter of conduct.

1.5 The RHA interviews the applicant to determine the applicant's understanding of resident-centered care and standards governing personal care homes.

1.6 The RHA, following a favourable interview with the applicant, reviews and approves the application. An interim license is then issued to permit the applicant to proceed with building.

1.7 In the event of an unfavourable interview, the RHA notifies the applicant in writing, identifying why licensing has not been recommended.

1.8 The staff at GSC (including building accessibility, fire and life safety and environmental health personnel) coordinates the plan review and necessary inspections.

Application Process to Obtain a Personal Care Home License

1a) Other individuals may also be named on the license, if requested, by providing the RHA with a personal resume, letter of reference, and a certificate of conduct**.**

1b) The RHA provides information related to vacancy rates, subsidy rate and waitlist to assist in business plan development.

1c) Following a review of the application, the RHA interviews the applicant to determine the applicant's understanding of resident-centered care standards governing personal care homes and staffing standards together with the applicant’s commitment to complying with these standards.

1d) The RHA subsequent to a successful application review, advises the GSC that the applicant is recommended to proceed from a care standard perspective and provides an interim license.

SECTION 2 LICENSING

Standard 2 – Design Standards

Personal care homes to be built or expanded will meet all design and construction standards required by this operational standards manual.

OUTCOME All personal care homes conform to the physical requirements needed to provide safe and quality care and services for the residents who reside there.

PERFORMANCE MEASURES

2.1 The RHA refers potential operators and operators wishing to expand to GSC for pertinent information.

2.2 The potential operator and operators wishing to expand, builds in compliance with all codes and standards referenced in this manual.

General Requirements and Operator Responsibilities

While this document provides minimum standards for construction, new personal care homes are being built to accommodate market demand for enhanced resident amenities such as single occupancy with private bathrooms. Factors such as local market conditions, optimal bed count and configuration, amenities and financial viability should be considered during the planning of a new home or a renovation/expansion of an existing home.

- Personal Care Homes must provide a home-like environment with outside space available for resident use.

- Personal Care Homes' furnishings and equipment must be kept in good repair.

- The interior and exterior of Personal Care Homes must be well maintained and kept hazard free. Any leaks or water penetrations must be repaired in a timely manner to avoid potential mould and condensation problems.

- The Personal Care Home must have the necessary safety devices in homes where residents require them, including; grab bars in bathrooms, call bells or an emergency alert system, hand rails along corridors and ramps.

- The Personal Care Home must have dining and living areas that are warm and inviting for resident meals and activities. Enough space should be provided for easy movement between tables and other people. Lighting systems should be maintained to ensure maximum visibility for residents and staff. Natural lighting should be utilized wherever possible.

- The Personal Care Home must have resident rooms that provide a functional and sanitary environment. Furniture, layout, flooring, ceiling, and wall finish selection should be based on this requirement and properly maintained.

- The Personal Care Home must have a well maintained heating and ventilation system to provide adequate odour and temperature control for resident comfort.

- The Personal Care Home must have a well maintained domestic water system, laundry, and kitchen to meet residents daily needs.

Building Design Standards

Applicable Legislation, Codes and Standards

Personal care homes are required to meet the following minimum standards.

1) The National Building Code and the National Fire Code of Canada - Current Edition

All new Personal Care Homes shall be constructed in accordance with the current edition of the National Building Code of Canada (NBC) and the National Fire Code of Canada (NFC) and the Newfoundland and Labrador Fire and Life Safety Guidance Document (NLFSG).

All existing Personal Care Homes intending to provide a higher level of care or planning to increase home size must also meet the current edition of the NBC and NFC, regardless of which edition the structure was originally constructed to meet.

Design drawings and Buildings Accessibility and National Building Code forms shall be submitted to the regional Government Service Centre for review and registration prior to undertaking any construction, renovation, or expansion. Design drawings shall be dated and shall bear the authorized professional seal and signature of the designer.

2) The Buildings Accessibility Act and Regulations

All applicants must ensure their facilities are constructed in compliance with the Buildings Accessibility Act and Regulations. Existing personal care homes intending to provide a higher level of care must also be in conformance.

3) Public Safety Act

The operator will provide for the safety of the public with respect to the use and operation of elevating devices, pressure systems, and electrical systems as outlined in the Public Safety Act and its regulations.

4) Health and Community Services Act and Associated Regulations

The operator will ensure that all requirements of the Act and associated regulations are met. The Sanitation Regulations outline general sanitation requirements and provide direction on the installation of private water and sewage systems, if necessary.

5) Food and Drug Act and Associated Regulations

The operator will provide an appropriate kitchen area and serve food in compliance with the Act and its associated regulations. The associated regulation under this Act is the Food Premises Regulations which requires that a personal care home' kitchen, dining, washroom and storage areas be a licensed food premises.

6) Smoke Free Environment Act, 2005 and Regulations

The Smoke Free Environment Act, 2005 and regulations restricts smoking in public places and workplaces. Personal care homes are public places, in the sense of their access to visitors; workplaces, in the sense of employees of the home; and finally, homes to the residents. The following clarifies the requirements:

- The operator has the right to declare a new personal care home as smoke-free.

- Existing homes should not be unilaterally declared smoke-free. All existing residents of the home would have to agree with a change in status to smoke-free.

- Where smoking is permitted within a home, the operator will ensure that smoking is permitted only in an adequately constructed designated smoking room (DSR) which is ventilated as per the Smoke-Free Environment Regulations.

- No smoking will be permitted anywhere within the home, with the exception of a designated smoking room that meets the requirements of the Act and Regulations.

7) Environmental Protection Act and Associated Regulations

- The operator will ensure that all requirements of the Act and associated regulations are met. Complaints and/or inquiries with regard to this statute can be directed to the GSC.

8) Additional Federal, Provincial and Municipal Regulations.

- Federal, Provincial and Municipal governments have varying requirements concerning tax assessment, zoning regulations and occupancy/construction permits. The applicant will consult the local municipality when starting a new business and before commencing construction of a personal care home.

- The Operator will comply with all municipal, provincial and federal legislation.

Other Design Criteria/Functional Requirements

The operator will comply with the following additional design criteria and functional requirements for personal care homes:

1) Washroom Facilities

- Sufficient washroom facilities will be provided on all floors used by residents.

General

- Bathtub and shower facilities shall be located within the resident room fire compartments.

- Bathtubs and showers shall be equipped with non-slip surfacing.

- Bathtub and shower water temperature shall be thermostatically controlled and tempered to a maximum temperature of 49° C (120° F).

- Washroom facilities shall be well ventilated to ensure effective moisture and odour control.

Water Closets and Lavatories

- Water closets and lavatories may be shared by a maximum of two adjoining resident rooms.

Common Bathing Facilities

- At least one bathtub and one shower located in separate rooms shall be installed for up to ten residents, or for each resident room fire compartment.

- At least one bathtub or one shower shall be installed for each additional ten (10) residents or part thereof in a resident room fire compartment.

- An equal number (as near as possible) of bathtubs and showers shall be provided as near as possible when the occupancy exceeds ten (10) residents or part thereof.

- All common bathtubs and showers shall be accessible and the design shall be in accordance with the Buildings Accessibility Act and Regulations and/or CAN/CSA – B651, Barrier Free Design.

Individual Bathing Facilities

- Individual resident room bathing facilities that are required to be accessible shall comply with the requirements of the Buildings Accessibility Act and regulations.

- Where individual resident room bathing facilities are provided at least one additional bathtub and one additional shower located in separate rooms shall be provided for each resident room fire compartment. The additional bathtub(s) and shower(s) shall comply with the requirements of the Buildings Accessibility Act and regulations.

2) Dining/Living Area

- 1.5 square metres of common dining area will be provided per resident meal sitting. No more than two (2) meal sittings per meal are permitted.

- 2.0 square metres of living area, exclusive of bedroom, will be provided per resident. A minimum of 50% of the living area requirement shall be located in a common lounge.

3) Resident Room Area

- A minimum of 11.5 net square metres of clear, usable floor space will be provided per private resident room. Closets, resident room access corridors and bathroom space will not be included as part of the required 11.5 square metres.

- A minimum of 16.25 net square metres of clear, usable floor space will be provided per semi-private resident room. Closets, resident room access corridors and bathroom space will not be included as part of the required 16.25 square metres.

- Resident rooms when occupied by a resident with physical disabilities shall be made accessible for that resident. This requirement also applies to washrooms and bathing facilities intended for use by these residents. In any case, a minimum of one in ten resident rooms or part thereof must be fully accessible.

- Resident rooms when occupied by a resident with a hearing impairment shall be equipped with strobe lighting. In any case at least one in ten resident rooms or part thereof shall be equipped with a strobe light. Strobe lighting is not required in individual washrooms.

- All barrier free resident rooms shall be located on the first story, unless the provisions of the NBC Article 3.3.3.6 are incorporated in the building design.

- Doors serving resident rooms shall be a minimum of 900mm in width.

- Where it is necessary to move residents in beds, doors serving resident rooms shall be a minimum of 1050mm in width.

- Corridors serving resident rooms shall be a minimum of 1650mm in width. Existing licensed homes wishing to renovate shall have corridors serving resident rooms not less than a minimum of 1525mm width.

- Where it is necessary to move residents in beds, corridors serving resident rooms shall be a minimum of 2400mm in width.

4) Designated Smoking Rooms

- The operator will ensure that all requirements of a designated smoking room are met as per the Smoke-free Environment Regulations, 2005.

- Smoking can only occur in a designated smoking room which is a room that meets the ventilation requirements of the Regulations and which is a room not normally occupied by non-smokers.

- The smoking rooms will be fully enclosed and have a minimum 20 minute fire rating.

- Doors to smoking rooms shall be a minimum solid core door with heavy duty self-closures and latching devices. Doors shall be equipped with a viewing window a minimum of 200mm x 600mm in size and the glass shall be fire rated or wired.

- Smoking rooms shall not be located in resident room/sleeping areas.

- A portable 5lb. ABC type fire extinguisher shall be installed directly outside every smoke room.

- A carbon monoxide sensor with alarm shall be installed in a designated smoking room.

5) Parking

- Parking shall be designed in accordance with the Buildings Accessibility Act and regulations. In any case at least one in ten parking spaces shall be accessible.

Design Criteria for Renovating Personal Care Homes

Hearing Impaired

- The Personal Care Home will meet the requirements of the NBC for persons with hearing impairment.

Vision Impaired

- The Personal Care Home will meet the requirements of the NBC for persons with visual impairment.

- Corridor obstructions shall comply with Section 5 of the Building Accessibility Act and Regulations.

Mobility Impaired

- The Personal Care Home shall be in compliance with the Building Accessibility Act and Regulations.

SECTION 2 LICENSING

Standard 3 – Fire and Life Safety

All personal care homes must be safe residences for individuals who reside there. Regular inspections ensure ongoing compliance with fire and life safety standards.

OUTCOME Personal care homes meet all applicable legislation and standards necessary to operate in a safe manner as evidenced by passing annual inspections and adhering to the process attached to this standard.

PERFORMANCE MEASURES

3.1 There is a fire safety plan developed, in accordance with the National Fire Code of Canada.

3.2 A fire safety plan is on file with the Government Service Center and the local Fire Department as noted on the GSC report submitted to the regional authority.

3.3 Staff and residents receive regular instructions in the fire safety plan.

3.4 Written confirmation exists in the personnel file that staff have received training on the fire safety plan.

3.5 There is a fire evacuation floor plan which indicates all routes to the nearest fire exit which is posted in conspicuous places throughout the home.

3.6 A fire evacuation floor plan is on file with the Government Service Center and the local Fire Department.

3.7 Staff and residents receive regular instructions in the fire evacuation floor plan.

3.8 Fire/Life Safety Evacuations are reported to the RHA immediately.

Fire and Life Safety

Procedure for operator to meet standard:

- Instruct residents upon admission regarding the fire evacuation plan;
- Conduct and complete a written record for review by visiting authorities. As defined by the Government Service Center, a fire drill is the rehearsed procedure to be used in the event of a fire or other emergency situation. i.e., bringing all residents to a fire compartment or an exit;
- Post a list of emergency numbers near all telephones;
- Conduct daily inspections to ensure that all fire and life safety features are functioning properly and any hazardous situations corrected;
- Ensure fire extinguishers are checked and recharged as needed;
- Ensure all electrical appliances are certified by an agency recognized by the Standards Council of Canada;
- Install and maintain all heating, ventilation, and cooking appliances in accordance with the manufacturers' instructions and/or applicable code and forward a copy of annual inspection certificates (e.g. fire alarm system, sprinkler system, etc.) where required to the Government Service Center;
- Seek advice regarding fire safety planning from the Government Service Center and/or the local Fire Department; and,
- Require staff to complete a security checklist (Form PCH – 10).

Fuel Fired Appliances

Fuel Fired Appliances

Fuel Fired Appliances, including such fuels as, Oil, Wood, Propane, etc. will not be permitted in personal care homes and unless enclosed in a one hour fire rated Service Room. Appliances will be installed and maintained in accordance with the applicable "CSA" and "ULC" Standards.

Exception: "CSA" and "ULC" approved Propane and Oil Fired Fireplaces and Stoves that are proposed for the purposes of providing decoration and/or secondary heating in the event of a power outage may be installed. However, prior to the device being installed a written request for the installation and a floor plan showing the proposed location will be submitted to the Regional Government Services Center Office for approval.

Propane Systems

Propane systems will be installed, registered, and/or approved in accordance with the following criteria. Homes intending to install propane gas systems shall ensure they are installed in accordance with the requirements of the Boiler, Pressure Vessel and Compressed Gas Regulations, 1996.

- The standards governing the installation of propane gas systems, appliances and fittings

are those in the CSA B149.1 Propane Installation Code.

- All propane gas appliances and equipment must be tested and listed by an accredited certification organization and must be installed in accordance with the CSA B149.1 Propane Installation Code and the manufacturer's installation instructions.
- Persons employed to install gas systems will be licensed by the Government Service Center and hold appropriate certification in accordance with the Regulations.
- For gas systems and appliances greater than 211,000 kilojoules or those being installed in buildings designated as public assembly, the installer is required to apply to the Government Service Center for an installation permit prior to the installation.
- Any person, firm or corporation employed to supply propane gas or service gas systems or equipment will be licensed by the Government Service Center in accordance with the Regulations.

Use of Oxygen in a Personal Care Home

Stored Oxygen Systems (Systems that include personal size storage tanks)

If a "Stored Oxygen System" is proposed to be installed in a personal care home or community care home, a written request will be submitted to the Regional Government Service Center Office for approval for fire and life safety prior to installation and use. The submission will include details on the type of system and a floor plan indicating the location of the system and storage area for cylinders.

Non-Stored Oxygen Systems (e.g. Oxygen Concentrators)

If a Non-Stored Oxygen system is proposed, the operator will:

- ensure that the personal care home has an annual fire and life safety inspection and is authorized for use of Oxygen;
- ensure compliance with the applicable Sections of the Fire Commissioner's Bulletin #10 and any additional recommendations from the Office of the Fire Commissioner;
- ensure the oxygen setup is maintained as recommended;
- ensure that staff are trained in regular maintenance and inspection procedures; and,
- check with the insurance company to ensure coverage if oxygen is being used in the home.

Distribution of oxygen by means of piping systems is not permitted in personal care homes.

Reporting of a Fire/Life Safety Evacuation

The operator will contact the RHA as soon as reasonably possible in the event of a fire/life safety evacuation.

FIRE COMMISSIONER'S BULLETIN

(Revised)
2000-02-01
Bulletin #10

USE OF MEDICAL OXYGEN IN A DWELLING UNIT

PURPOSE

To outline the safety procedures involving the use of oxygen in the home or apartment.

To outline precautionary measures to take by occupants of home or apartments in which oxygen is used.

To enable the Fire Chief/Inspector and/or Hospital Staff to conduct an inspection prior to use of oxygen in a home or apartment.

PROCEDURE

The attached information may be given to any individual requesting information relative to fire safety requirements as pertaining to the use of oxygen in a dwelling unit.

The information in this Bulletin should be used by the fire chief or hospital staff to perform an inspection prior to the use of oxygen in a dwelling unit. Supervisory hospital staff may conduct this inspection where no Municipal Fire Department is established.

Where possible, a member of the fire department or hospital staff should visit the dwelling unit from time to time to ensure all is correct and safe.

DISTRIBUTION

A copy of the guideline has been forwarded to the Department of Health for distribution to all hospitals.

FIRE AND LIFE SAFETY STANDARDS PERTAINING TO OXYGEN CYLINDERS

The following Fire and Life Safety Standards apply to all persons who use oxygen (for medical reasons) in a dwelling unit.

- Only two (2) oxygen cylinders (one in use and one spare) shall be located in the dwelling unit at any given time.
- Smoking shall be prohibited in the room in which oxygen is being used. A "No Smoking - Oxygen In Use" sign must be prominently displayed.
- Oxygen cylinders shall be located and secured in a manner that will prevent any damage or injury.
- Never permit oil, grease or oil base products to come in contact with oxygen cylinders, regulators, gauges or fillings.

NOTE:
Many normal household articles contain a grease or oil base. Care should be exercised in their use in proximity to oxygen equipment.

- Except when demand type respirators are used, the oxygen tank valve should be closed when not in use.
- Never drape an oxygen cylinder with any articles of clothing. Clothing may become saturated in oxygen and easily ignited.
- One (1) 110 volt or battery operated Smoke Alarm shall be installed in patient's immediate sleeping area. If more than one smoke alarm is installed in the dwelling unit, they shall be interconnected.
- One (1) 2½ lb. ABC dry chemical extinguisher shall be available near the room where oxygen is being used.
- Additional cylinders shall be stored and secured outside and accessible only to the family or guardian of the user.
- A family escape plan must be developed with emphasis on the safe evacuation of the patient.
- If clothing becomes saturated with oxygen, change clothing (preferably) or move outside for one half hour and slap clothing to disperse the oxygen.
- Conditions to avoid:

  Heat - Do not place either the liquid oxygen base unit or portable unit near any source of heat.

  Flame- Any flame producing items must be eliminated from the room where the oxygen system is used and stored.

  Sparks- All electrical appliances should be kept at least five feet away from the units. It is also necessary to make sure that all electrical equipment is properly grounded.

- Emergency procedure
  If a large steady venting occurs (dense white vapour plume) from their container, stay out of the vapour plume, open all windows in the room. Close the door to the room and immediately call your authorized service representative and your fire department.
- Caution should always be used when moving the base unit. Do not tilt the unit or allow the unit to fall over. Unit properly ventilates when in an upright position.

HOME OXYGEN CONCENTRATORS:

There are no special requirements where an approved Home Oxygen Concentrator is used. These units do not use oxygen tanks. If conventional oxygen tanks are in use as a back-up, then the provisions of this bulletin must apply. Where the Home Oxygen Concentrator is used, a 110 volt or battery operated smoke alarm and a 2½ lb. ABC type fire extinguisher is required.

FIRE AND LIFE SAFETY STANDARDS FOR IN-HOME LIQUID OXYGEN SYSTEMS

1. Home Storage:
   Home Base Unit - 150 lbs. Full, 50 litres maximum and portable liquid oxygen unit plus one E-type oxygen cylinder for backup.

2. Liquid oxygen refill of patient home liquid oxygen base unit:
   -Refill in properly vented stationary vehicle.
   -For refill outside of vehicle: Liquid base unit placed in a 1 meter x 1 meter 8 centimetre deep aluminum tray.
   -Refill done by personnel qualified in:
   -properties of oxygen
   -refill procedures
   -safety precautions for refill

   <u>Either:</u>
   - Nurse
   - Respiratory Technician
   - Trained employee of gas manufacturer and/or distributor.

3. Filling of portable liquid units in the home:
   - Patient and/or family member(s) thoroughly trained in the safety precautions and correct use of the equipment of either:
     - Nurse
     - Respiratory Technician
     - Trained employee of gas manufacturer and/or distributor.
   - Safety precautions - Training checklist, completed and signed by trainer and trainee.
   - Portable units are not to be carried under clothing. Keep units exposed to outside air.
   - Smoking shall be prohibited in the room in which oxygen is being used. A "No Smoking - Oxygen in Use" sign must be prominently displayed.
   - One (1) 110 volt or battery operated Smoke Alarm shall be installed in patient's sleeping area. If more than one smoke alarm is installed in the dwelling unit, they shall be interconnected.
   - At least one (1) 2½ lb. dry chemical fire extinguisher shall be available near the room where oxygen is being used.

IN THE EVENT OF A FIRE, THE FOLLOWING ACTION SHOULD BE TAKEN

Actions numbered below as 1 through 4 taken simultaneously, the remainder being taken in the approximate order given.

1. If the patient's hair or clothing are burning, put out the fire.
2. Get the patient away from the equipment and to safety.
3. Turn off the oxygen flow at the head of the cylinder if it can be done without personal hazard.
4. Close all doors and windows in the room.
5. Notify other occupants of the building of the fire.
6. Call the fire department.
7. A. If the fire is small and quantities of smoke are not present, attempt to contain or put out the fire.
   B. If the fire is large or if quantities of smoke are present, evacuate immediately and call the fire department to the scene of the fire.
8. Above all, remain calm.

SUPERVISION

Where oxygen is used through a constant flow mask, it may be necessary to continuously supervise the patient. In the event the patient falls asleep and the mask is dislodged from their face, the oxygen will flow freely and eventually fill the room.

A copy of this bulletin should be given to the supervisor of the dwelling unit, who should discuss its content with all members of the household, and put these instructions on the wall.

APPENDIX A - Safety precautions in the handling of liquid oxygen for portable and base units.

APPENDIX B - Procedures and guidelines for the outfitting and operation of vehicles used in the transportation transfilling of liquid oxygen to be used for respiration.

APPENDIX A

SAFETY PRECAUTIONS FOR DEALERS IN THE HANDLING OF LIQUID OXYGEN FOR PORTABLE AND BASE UNITS.

Oxygen is colorless, odourless and tasteless. It is non-flammable but vigorously accelerates combustion. Some materials that will burn in air, burn vigorously in oxygen.

DO - Read and understand all instructions and safety information before filling or using any oxygen container or system. Only trained and qualified personnel should perform transfilling operations.

DO - Fill, store and use liquid oxygen containers only in a well ventilated area.

DO - Clean connections with a clean white lint-free cloth to remove any foreign material such as dust, oil, dirt and moisture.

DO - Keep all electrical equipment a minimum of 20 feet from any portion of the oxygen system when transfilling into a container.

DO - Always operate oxygen valves slowly.

DO - Always close the Flow Selector Valve or Flowmeter when not in use.

DO NOT - Store liquid oxygen containers in a small enclosure such as a closet or a parked vehicle with windows closed unless adequate permanent vents are provided.

DO NOT - Permit oil, grease or other hydrocarbon base material or any readily flammable materials to come in contact with any portion of an oxygen system.

DO NOT - Lubricate any connections with oil or grease. Most oils and greases react violently with oxygen and explosions can result.

DO NOT - Handle oxygen connections with oily or greasy hands or gloves.

DO NOT - Tamper with a pressure relief valve.

DO NOT - Transfill liquid oxygen over asphalt or any surface which is hydrocarbon base.

DO NOT - Drop liquid oxygen containers or place them in a location where they can fall over.

DO NOT - Store liquid oxygen containers near sources of heat (radiators, portable heaters, etc.)

DO NOT - Touch any frosted fittings or place any part of the body in the cold vapour cryogenic burns similar to thermal burns or frost bite can result.

NOTE - It is the responsibility of the dealer to comply with all Federal, Provincial Laws and Regulations in addition to recognized Industry Standards.

APPENDIX B

PROCEDURES AND GUIDELINES TO FOLLOW FOR THE OUTFITTING AND VEHICLES USED IN THE TRANSPORTATION AND TRANSFILLING OF LIQUID OXYGEN TO BE USED FOR RESTORATION

1. Transportation and Transfilling compartments must be separated from the driving compartment by a bulkhead to prevent buildup of an oxygen-enriched atmosphere in the driver's compartment. Fixed windows are permitted.
2. Multiple vents shall be provided in the cargo compartment. At a minimum there shall be one vent in the forward portion of each side of the cargo compartment and one in the rear. Vents should be of the fixed open type. All side and rear vents shall be at or near the floor line. At a minimum the total natural ventilation shall provide 1 sq. ft. per 300 sq. ft. of compartment ceiling area.
3. No combustible materials shall be used in the finishing of the cargo compartment, e.g. paneling, plywood, carpeting, etc.
4. Any vessels permanently installed in the vehicle will have all safety and vessel vent discharge lines piped outside the vehicle. These vents must be designed so that they are not likely to discharge onto oil or asphalt surfaces or other combustible materials, or onto the vehicle's exhaust system. If they discharge upward they should have weather protection. Vessels not permanently installed in the vehicle shall be suitably restrained during transit to prevent them from moving or tipping over.
5. All fittings and piping shall be installed with materials compatible for the service pressures and temperatures involved and acceptable for oxygen service.
6. No vessel shall be filled without an adequately trained person in attendance.
7. No vessel may be filled while the vehicle is in motion or while the vehicle's engine is running.
8. Where any vessel is filled inside the cargo compartment, all cargo compartment doors shall be open and vent gas shall be directed outside. Where a vessel is filled outside the vehicle, it shall be positioned to avoid vented liquid or gas coming into contact with asphalt or other combustible materials.
9. Notices prohibiting smoking and open flames must be clearly posted at appropriate locations in the compartment and on the outside of the vehicle.
10. After filling, all transfer lines shall be properly drained. The oxygen vapours shall be allowed to disperse before the vehicle's engine is started.
11. Vehicles and containers must be marked, placarded and labelled in accordance with the regulations of Transport Canada and all other Federal, Provincial and Municipal regulations.
12. An approved ULC type portable dry chemical fire extinguisher is installed on each vehicle and in an accessible location for the driver operator.

SECTION 2 LICENSING

Standard 4 - Licensing Process

Activities required to complete the licensing process ensure that homes are safe and comfortable residences.

OUTCOME The home is licensed having satisfied all requirements.

PERFORMANCE MEASUREMENT

4.1 The GSC, following on-site inspections of building accessibility, fire and life safety and environmental health, verifies construction according to the plans and deems the building acceptable for licensing.

4.2 Following final inspection, the GSC forwards a letter to the RHA advising that the building is in compliance with all required building standards and codes and has been passed for a Food Premises license.

4.3 The Environmental Health Officers examine the home for compliance with applicable regulations, (e.g., food) and standards (e.g., sewage, water); and for practices that impact the transmission of infectious enteric diseases and injury.

4.4 Following final inspection by an Environmental Health Officer a letter will be sent to the RHA advising that the home was in compliance with all environmental health regulation and standards at the time of inspection.

4.5 The RHA, upon receipt of proof of liability insurance, provides a personal care home license to the operator and a letter stating any terms and conditions, number of beds licensed, license expiry date and the care the home is licensed to provide.

4.6 The personal care home license is visible to residents and the public.

SECTION 2 LICENSING

Standard 5 – Operator Orientation

The RHA ensures the operator receives necessary orientation to operate a personal care home.

OUTCOME Operators have the necessary information to operate a personal care home that is compliant with these operational standards.

PERFORMANCE MEASURES

5.1 The RHA provides the operator with information on the single entry system, care monitoring, staffing standards, and financial issues.

5.2 The GSC provides the operator with information on building inspections, fire and life safety and security checklist issues and notes this information on the condition report sent to the RHAs.

SECTION 2 LICENSING

Standard 6 – Re-licensing a Personal Care Home

Personal care homes are required to have their license renewed on a regular basis. Homes may be licensed for a one, two, or three year period at the discretion of the RHA. This annual report may be provided in two parts: a Fire and Life Safety Report and an Environmental Health Report.

OUTCOME Personal care home licenses are current.

PERFORMANCE MEASURES

6.1 The GSC completes an **annual report** of standards compliance, submits the report to the RHA, follows up on areas of concern and provides a recommendation with respect to continued licensing for each home. This recommendation is noted on the condition report submitted to the regional authorities.

6.2 The RHA notifies the GSC of the personal care home licensing schedule.

6.3 The GSC forwards annual inspection reports to the RHA at **least sixty (60) days prior to the expiratory date of a license.**

6.4 The RHA completes **an annual report** of standards compliance including the two-part report from the GSC, follows up on areas of concern and makes a determination concerning continued licensing for the home.

6.5 The RHA issues license renewals prior to the expiry date of the current license noting the effective and expiry date.

6.6 Licenses issued subject to particular conditions contain an explanation of those conditions.

Standard 7 – Personal Care Home Standards Violation

There is an identified process to address persistent non-compliance with personal care home standards. This protocol will be initiated when standards have not been followed despite the regional authority working with the operator to implement corrective action or if the reported violation threatens the health or safety of the residents.

OUTCOME Standards violations are followed up and corrected.

PERFORMANCE MEASURES

7.1 The RHA and/or the GSC investigate reports of a suspected violation and determines that a violation is continuing to occur.

7.2 If the concern is substantiated, the RHA/GSC works with the operator to remedy the issue. If it is an ongoing violation and the operator has not taken corrective action then the RHA implements a series of enforcement options ranging from a documented verbal warning to license suspension and/or cancellation.

7.3 The operator is notified of the nature of the investigation and, a letter, sent by the RHA, outlining the violation, signed by the RHA and/or GSC is delivered to the operator in person or by registered mail.

7.4 The RHA revokes the license to operate as a final action. The RHA prepares a detailed report in situations where there is suspension or cancellation of a license and provides a copy to the Department and to the operator.

7.5 Prior to legal action, if it is deemed necessary, the RHA obtains legal advice.

Personal Care Home Standards Violation

Noncompliance Protocols

In the event of reports or issues identified by staff in the course of their duties, regarding noncompliance of standards outlined in this Manual, the following steps provide an overview of the process in dealing with a violation or potential violation.

1. **Inspection** - an inspection constitutes the initial response to a complaint or report of a suspected or alleged violation. In so doing, the inspector(s) may determine that the reported offence is unfounded, the alleged violator is in compliance or that further action is needed. The operator is notified of the nature of the inspection, a report is completed and signed by RHA staff and/or GSC staff and delivered to the operator in person or by registered mail.

   If all reasonable steps are not taken to remedy the issue, the inspector can implement a series of levels of enforcement options. **The inspector can proceed directly to any one of these options if the circumstances warrant**. The normal course of action is to use the following series of options prior to vigorously pursuing prosecution.

2. **Warning** - may be issued by inspectors who have reasonable and probable grounds to believe that a violation has occurred or is continuing. Warnings may be issued when the harm or potential harm to human life or health or the environment, is thought to be minimal. Warnings are initially given verbally and are documented appropriately, outlining a reasonable time frame as discussed with the operator which he/she has to comply.

3. **Written Order** - When the time frame has expired and the operator has not complied with the recommendation, a written order is issued to the operator. Legal counsel may be consulted at this time.

4. When conditions apply, there may be some negotiation with the operator in deciding what is a fair and reasonable schedule for compliance. The written order will include the following:

   - the section of the Policy Manual and the Act/Regulation violated;
   - a description of the alleged offence;
   - a time limit for compliance with the written order ,
   - a statement that noncompliance will result in further action; and
   - signature of the inspector.

   The written order is delivered to the operator in person or by registered mail.

5. **Imposing Penalties**: A penalty may be imposed in addition to a written order. These penalties may include, for example, a suspension of admissions while the violation is being remedied, withholding subsidy to the home etc. A penalty will be determined by the RHA for noncompliance activities.

6. **Suspension of Licence and Discharge of Residents:** If a violation is particularly serious or has gone beyond the time frame outlined in the written order, the Authority may consider revocation of the license to operate. This is the final and most serious administrative option. A detailed report is prepared which clearly outlines the justification for the action. There will be an immediate implementation of the Discharge Planning Process which shall include a process to address the immediate information needs of residents at the home and their family; all residents will be assessed/reassessed for alternate placement options. The RHA will determine the emergent nature of this process and the time frames needed to implement the action plan.

7. **Legal Action:** In cases where a violation is serious or where the owner/operator fails to comply with a written order, legal action, on written consent of the Minister, may be implemented. Legal action may result in the levy of a fine or other charges.

SECTION 2 LICENSING

Standard 8 – Personal Care Home Closure or Sale

Personal care home closures, planned or unplanned, and sales follow a process that ensures minimal disruption to the resident.

OUTCOME The appropriate process is followed in the closure or sale of a personal care home.

PERFORMANCE MEASURES

8.1 The operator notifies the RHA **a minimum of ninety (90) days** before the expected date of the closure.

8.2 The operator informs the residents/family members and provides written notice of the planned closure of the home **a minimum of ninety (90) days** before the expected date of the closure.

8.3 The RHA re-assesses residents as necessary and upon request assists residents in choosing and moving to a new home.

8.4 The RHA issues a temporary license to an appropriate person in the event of an unplanned closure or death of the operator. An interim license is approved for a **maximum of ninety (90) days** to allow adequate time for residents to make plans and move to a new home or the region to approve a permanent operator to continue.

8.5 Operators selling their home provide the RHA with written notice of sale 60 days in advance of the indicated closing date.

8.6 Prospective/new operators must be licensed by the RHA prior to assuming responsibility for the home's operation. Deficiencies identified by GSC, including the absence of a sprinkler system, must be met prior to licensing or an acceptable plan for completion must be presented to the regional authority.

SECTION 3 RESIDENT SERVICES AND RESIDENT RIGHTS

Standard 1 – Resident Services

Services are resident-centered and meet the physical accommodations, social, intellectual, emotional and spiritual needs of individuals residing in personal care homes, thereby maintaining optimal well-being for each resident.

OUTCOME Residents are provided with services which enable them to maintain optimal well-being and quality of life.

PERFORMANCE MEASURES

1.1 Residents receive domestic services such as, meal preparation, laundry and housekeeping services which are provided at a time that is convenient to residents within the parameters of the home's ability to provide the service in a safe manner.

1.2 Supervisory care is sufficient to meet the resident's individual needs twenty-four hours a day.

1.3 The operator provides a clean, comfortable, well furnished home with functional private space as well as access to common areas.

1.4 Residents are provided a supportive and safe meal service to meet both their collective and individual needs that add to their opportunity for socialization in comfortable and well furnished dining areas.

1.5 Residents have an opportunity to socialize on a regular basis by attending organized activities as well as avail of common areas for informal gatherings.

1.6 Planned recreational activities are provided to maximize physical and cognitive function and enhance quality of life.

1.7 Residents access health professionals when required and are assisted in this by the operator if needed.

1.8 The RHA completes minimally **quarterly visits** to the home to monitor services provided to residents.

SECTION 3 RESIDENT SERVICES AND RESIDENT RIGHTS

Standard 2 – Consideration of Resident Rights

The personal care operator delivers services and makes decisions that are consistent with a social model, a holistic approach and resident-centered care that promotes the respect and dignity of all residents.

OUTCOME The personal care home promotes a value-based approach that respects the rights of residents and promotes quality of life.

PERFORMANCE MEASURES

2.1 The RHA provides education to operators and staff about a social model of care, the values embedded in this model and care principles.

2.2 Residents' individual rights and privileges are respected at all times including confidentiality and personal privacy. Residents are involved in decisions that affect them and are able to accept or refuse services within the limits of their capabilities and the policies and procedures of the home.

2.3 Residents exhibit no indications of psychological, physical or any other type of mistreatment or abuse.

2.4 A process is in place to identify and address any concerns that residents raise about their rights and privileges and are encouraged to become members of the homes' committees, where they exist.

2.5 The operator, with assistance from the RHA, develops a statement of resident rights for the home which is used to guide discussions and decision-making.

2.6 Residents are encouraged by the operator to evaluate any aspect of residing in the personal care home at any time**.** The operator invites the residents and family to provide feedback on care and services at least annually.

2.7 Residents maintain control of personal finances, except when assistance is requested or the services of a trustee are required.

SECTION 3 RESIDENT SERVICES AND RESIDENT RIGHTS

Standard 3 – Entering a Personal Care Home

Individuals choose to move into a personal care home on a long-term basis, however, individuals may also avail of short term respite care.

OUTCOME Persons who choose to live in personal care homes are suitable for this residential option. Individuals choose the personal care home where they will live.

PERFORMANCE MEASURES

3.1 The RHA assesses an individual's suitability through the single entry system. Subsequent to favourable assessment, the perspective personal care operator is provided with individual demographic, care, and subsidy status information.

3.2 Potential residents meet the operator, review the premises and receive relevant information about living in the home.

3.3 The RHA determines the potential resident's suitability for the home and advises the operator of the individual's decision about moving into the home. The operator has the right to admit or refuse to admit an individual.

3.4 The operator completes the individual's orientation to the home ensuring recording of all individual personal, medical, care, financial and advanced health care directive information on the resident's file **within the first week**.

3.5 The operator monitors individuals to ensure they are adjusting well to their new home and community. Documentation is evident to support monitoring.

3.6 The operator decides the respite care rate for private paying residents. For those requiring a subsidy, the respite rate is consistent with the provincially determined subsidy rate.

Entering a Personal Care Home

Within the first week the operator completes a number of activities.

1a) Notifies the RHA of date the resident moved into the home.

1b) Reviews assessment and medical information, including the residents' physicians name and contact information and determines if resident will be self administering medication, completes the "Release of Resident Information for Pharmacist" (Form # PCH – 18) determines whether a resident, with certain medical conditions, e.g., diabetes, epilepsy, or who has allergies, has a medic alert bracelet or necklet.

1c) Interviews the resident to determine preferences and special needs.

1d) Confirms residential fee rate for private pay residents. Advises of policy pertaining to refunds at time of departure for private residents including amount of notice to be given.

1e) Reviews the homes' policies and procedures with the resident, ensures change of address forms are completed, and answers any questions.

1f) Develops a Care Plan with the resident and communicates the plan to staff.

1g) Records on the personal file of every resident:
- The existence of an advance health care directive designating a substitute decision-maker for the resident and its location;
- A list of the next-of-kin and contact information;
- Wishes regarding burial arrangements when the resident has no next of kin.

SECTION 3 RESIDENT SERVICES AND RESIDENT RIGHTS

Standard 4 - Transfer and Discharge Request

A resident, family member, operator or RHA may request an individual move from one personal care home to another or to a different residential arrangement.

OUTCOME The transfer of a resident from one residence to another is completed with minimal disruption, ensuring continuity of care and consideration of individual choice.

PERFORMANCE MEASURES

4.1 The RHA arranges an assessment if appropriate, records the outcome, and notifies the resident, family and operator. If the resident is moving from the personal care home sector, the regional authority assists the individual with any service requirements.

4.2 The RHA approves the movement of residents between personal care homes.

4.3 The operator assists resident's movement from one home to another personal care home, by; preparing a "Transfer Summary" (Form # PCH-5), sending all documentation, personal belongings/money, MCP card, drug card and all remaining drugs with the resident, notifying the RHA of the transfer date and/or any issues with transportation; and, transfers equipment provided for the resident.

4.4 The operator advises the RHA of resident movement to and from the home **monthly** on the monthly status report (Form # PCH-6).

SECTION 3 RESIDENT SERVICES AND RESIDENT RIGHTS

Standard 5 - Death of a Resident

Standards and procedures govern activities in the event of a resident's death.

OUTCOME All standards and procedures are followed in the event of a resident's death.

PERFORMANCE MEASURES

5.1 The operator notifies the physician, the police in the event of a sudden or unexpected death, the next-of-kin, and the RHA, assists with burial arrangements as needed, as well as follows financial policies regarding a resident's death.

SECTION 3 RESIDENT SERVICES AND RESIDENT RIGHTS

Standard 6 - Operator's Responsibility During Periods of Absence

The operator has overall responsibility for the residents of the home.

OUTCOME Residents rights and safety are protected at all times.

PERFORMANCE MEASURES

6.1 The operator provides the RHA with **five (5) working days** notice when planning an absence of more than 48 hours including identification of whom will assume responsibility for the home in the operator's absence.

6.2 The person responsible for the home notifies the RHA of all reportable occurrences such as evacuations, resident incidents etc. within the usual timeframes and adheres to all operational standards.

SECTION 4 RESIDENT CARE

Standard 1 – Resident Care

Resident care pertains to overall care and caregiving intended to promote quality of life and the opportunity to attain and maintain optimal functioning in all areas.

OUTCOME The resident is provided with quality care that is respectful and ensures the residents' needs are met on an on-going basis.

PERFORMANCE MEASURES

1.1 The operator oversees all aspects of the home's operation, ensuring quality care and promoting policies, procedures and practices reflecting a holistic resident-centered approach to care.

1.2 The operator and the resident/family develop a personal care plan **within a week** of a resident moving into a home with the plan being updated as needed.

1.3 The care plan addresses medications, treatments, diet, activities of daily living (ADLs) assistance and any safety or security risks. All staff is knowledgeable of the care plan.

1.4 Residents have their personal needs met and self-direct their care in accordance with their ability and the policies and procedures of the home.

1.5 Care is provided in a respectful and caring way assisting with activities of daily living in accordance with individual needs.

1.6 Operators provide information on the **monthly** status report on resident care requirements and provision.

1.7 The RHA supports personal care homes compliance with standards through **quarterly** meetings with the operator to discuss the components of care and address operator concerns.

1.8 The Regional Health Authorities will include information on resident care requirements and provision in its **quarterly** reports to the Department.

1.9 The RHA completes an **annual reassessment** of resident health status and assesses quality of care for each resident.

1.10 During their annual reassessment residents and family members are invited by the regional authority to evaluate the care they receive.

Resident Care and Services

1a) The operator oversees all aspects of resident care.

- Supports the provision of holistic resident-centered care by complying with standards and staffing requirements for personal care homes;
- Documents the homes' goals and objectives and, staff roles and responsibilities;
- Plans, reviews and revises service provision to meet the changing needs of residents;
- Ensures processes for monitoring the quality of resident centered care, including mechanisms for staff performance reviews;
- Monitors resident and family satisfaction;
- Ensures protocols are in place to address resident and family concerns.

SECTION 4 RESIDENT CARE

Standard 2 – Resident Health Needs and Resident Safety

Resident health needs are identified and addressed as necessary including resident safety.

OUTCOME Residents receive optimal health care and incidents involving personal safety are addressed expediently.

PERFORMANCE MEASURES

2.1 The operator ensures the on-going monitoring of resident's health, notification of appropriate health professionals in the event of illness and ensures follow-up on recommendations. Enhanced care is provided when needed until the resident returns to the former level of functioning or there is an alternate residential placement.

2.2 The operator ensures proper procedures are followed in atypical circumstances, e.g., a resident requires enhanced care, has a sudden illness, is on extended leave unexpectedly, is involved in a traffic accident or assault etc. The operator immediately reports any resident's sudden illness, accident or injury to the physician (and/or RHA as appropriate), or seeks emergency hospital attention.

2.3 In case of a resident's extended leave and concern for the resident's safety the operator notifies the next-of-kin, the local police and the RHA, provides subsequent follow-up as directed and completes documentation pertaining to the event.

2.4 The RHA reviews documentation of serious incidents and provides follow-up as necessary.

Resident Health Needs and Resident Safety

1a) There is a well equipped first aid kit available to staff which may include, but is not limited to, the following:

- 1 emergency first aid safety orientated manual,
- 1 first aid record book,
- 12 safety pins
- 1 splinter tweezers, blunt nose,
- 1 pair scissors, 10 cm,
- sterile bandage compresses, 10 cm X 10 cm,
- 16 sterile pads, 7.5 cm X 7.5 cm,
- 16 sterile adhesive dressings (band aids),
- 6 triangular bandages, 95 cm X 95 cm,
- Adhesive tape, 1 roll
- Antiseptic, 100 ml bottle of peroxide;

SECTION 4 RESIDENT CARE

Standard 3 – Nutrition and Food Service

Resident-centered care reflects the provision of nutrition and food service that adheres to quality in terms of service, food purchasing, menu planning, food preparation, and presentation.

OUTCOME Residents are provided with nutritious food that accommodates residents' special diets and food modifications and preferences, and is prepared and served in a safe, clean social environment.

PERFORMANCE MEASURES

3.1 The operator plans and serves resident meals and snacks in compliance with accepted national standards.

3.2 The operator identifies, with the resident, any food allergies and personal food preferences, taking appropriate measures to ensure staff are advised and aware of this information on an on-going basis.

3.3 The operator submits an actual two-week menu that was served in the home to the dietician **annually,** or as requested and ensures any recommendations are implemented.

3.4 The operator ensures the food served is appropriate to individual and collective residents needs in terms of location, meal hours, number of meal sittings, availability, quantity, quality and accommodation of special diets with documentation completed for any nutritional care.

3.5 Residents who are identified as having poor appetites or seem to be losing weight are consulted to the dietician and weighed on a weekly basis.

Nutrition and Food Service

1a) The operator plans and serves resident meals and snacks in compliance with the national standard. The number of servings and serving size minimally reflect this food guide with additional meals for individuals on the recommendation of the dietician.

1b) The operator identifies, with the resident, any food allergies and personal food preferences. The operator ensures kitchen staff is advised and posts individual allergies and food preferences in the kitchen. Food substitutes are provided from the same food group, to meet the special needs and personal food preferences of the residents.

1c) The operator submits an actual two-week menu to the dietician annually, or as requested. Following review by the dietician and discussion with the operator, recommendations are implemented.

1d) The operator ensures i) the menu is available upon request, ii) three meals and not less than two snacks are served daily, and iii) meals are served at least four hours apart.

1e) The operator ensures modifying texture and consistency of meals, e.g., pureed, as recommended by a health professional/dietician. Foods for special diets and any additional nourishment are provided as needed.

1f) The operator notes in the resident's record difficulty with managing special diets or other related issues and contacts the dietician for information and advice regarding their concerns.

1g) The operator serves meals in the dining room and provides the residents with ample time to eat and socialize. Residents who are unable to eat in the dining room are served in their room or another area as deemed appropriate. Snacks are served where the resident prefers. Personal care homes with more than twenty (20) residents may choose to offer two meal sittings. If this option is chosen, the operator will consult with the dietician and the GSC Environment Health Officer prior to implementation. Where two meal sittings are offered, residents will have the option of choosing a meal sitting within available spacing.

1h) The operator stocks a minimum of three days supply of food and disposable dishware for use in case of an emergency, e.g. power failure, snow storm, etc.

1i) The operator takes special precautions when serving wild game and complies with the Department of Environment and Conservation's, Wildlife Act and Regulations, which includes licensing, the acquisition and serving of game, maintenance of records and requirements for reports. Wild game such as moose, caribou, black bear, partridge, rabbit and seal will be served only when these regulations have been followed. The operator must ensure that meals are identified to the residents as including wild game ingredients.

Note: The booklets, *Meal Management Guidelines for Community-Based Services (2000)* and *The Nutritional Handbook for Community-Based Services (June 2004)*, are available from the RHA and offer helpful hints for a quality meal service. The handbooks are an immediate resource to help homes provide quality nutrition for those with special needs.

SECTION 4 RESIDENT CARE

Standard 4 – Medications

Residents' medications are administered and stored according to departmental standards and policies.

OUTCOME Residents will receive appropriate medications that are properly stored and administered in accordance with individual needs.

PERFORMANCE MEASURES

4.1 The operator reviews the medication policies as part of staff orientation and every **three months** with permanent staff. **New policies are reviewed with staff immediately and every three months subsequently** and recorded on the staff members file**.**

4.2 Operators support resident "medication self-administration" by providing a personalized locked drawer/cupboard for each resident and ensuring the resident has a key to the personalized storage area.

4.3 Operators in doubt of a resident's ability to self administer medications request the resident to obtain a written verification from the attending physician. Until written confirmation is obtained, the operator/staff administers the residents' medications.

4.4 When residents are not able to self administer medications, the operator ensures all proper procedures are followed.

4.5 Operators report all issues of concern to the pharmacist/physician/nurse. Medication errors must be reported to the physician and be recorded on the monthly status report.

Medications

1a) Procedures for administering medication

- The resident and family are interviewed regarding all medications that the resident is taking, and a drug profile is developed in consultation with the pharmacist (See Pharmacy Guidelines). Medications are recorded on the Medication Administration Record (Form # PCH-8 or MAR provided by pharmacy) and allergies/medical conditions are recorded at the top of the record. This record becomes a permanent part of the resident record.
- All medications (prescription and non-prescription) that are managed by the operator are prescribed by a physician, dentist, or nurse practitioner and dispensed by a pharmacist unless otherwise authorized.
- A written order for all medications is kept at the home.
  - If the resident is seen by the doctor a copy of the written order can be placed on the resident's file at the home.
  - If the doctor phones or faxes a request for a prescription to the pharmacist the pharmacist will provide a copy of the request to the home or a pharmacy printout of the medication prescribed.
- Medications are stored in a locked area, and keys remain in the possession of authorized staff.
- All medications are kept in the container as supplied by the pharmacist and stored as instructed by the pharmacist. Oral medications are stored separately from preparations (e.g., creams, lotions). Medications requiring refrigeration are stored appropriately.
- Medication expiry dates are visible when stored and checked minimally every three months.
- Medications are administered by staff instructed in the proper procedure to administer.
- Pharmaceutical information regarding resident medications is obtained through the dispensing pharmacist and made available to staff.
- Changes to medication orders are made verbally or in writing by the physician, dentist, or nurse practitioner to the pharmacist who re-labels an existing supply or fills a new order with the updated directions.
- Medications are to be returned to the pharmacist for disposal when medications are discontinued, the resident dies or the expiry date of the medication is exceeded. The operator should seek a receipt for medications returned for disposal.

1b) The operator ensures that staff administering medications (prescription and non prescription) does so in compliance with the following steps:

- Prepare each residents' medications immediately prior to administration and administer only medications which the employee or the pharmacist prepared. Preparation requires that staff:
  -Verify resident's identity prior to administration of medication;
  -Check for allergies;
  -Check medication container label with resident's identity;

-Check directions on medication container carefully, paying particular attention to special instructions;
-Check the expiration date of prescriptions and notify resident's physician if date has been reached.

- Ensure the right medication, in the right amount, for the right resident, and that it is given as prescribed at the right time.
- Ensure that residents receive medications at the same time each day. Appropriate times for medication administration should be discussed with the dispensing pharmacist.
- Record the dosage and time of administration on the Medication Administration Record (Form # PCH - 8) as well as if the resident refuses to take a regularly scheduled medication. Notify the operator immediately.
- Observe the resident for side effects as instructed by the pharmacist. Note side effects in comments section on the Medication Administration Record (Form # PCH - 8) and report them immediately to the operator.
- Report immediately all errors in administration of medications to the operator and complete an Incident Report (Form # PCH - 7) for submission to the operator.
- Report all issues of concern to the pharmacist/physician/nurse.

1c) When a resident moves to another facility, the operator ensures that all unused medications are sent with the resident. If the resident is changing pharmacies, the new operator contacts the pharmacist at the current pharmacy to request that the resident drug profile be sent to the new pharmacy.

1d) The operator assists the pharmacist/nurse to conduct a Medication Storage Audit (Form PCH - 9) on an annual basis.

1e) The Newfoundland and Labrador Prescription Drug Program routinely conduct audits on all government funded medications, both prescription and non prescription. All audits are conducted within normal working hours. The operator ensures that the auditor has access to the medication storage area and the residents' Medication Administration Records. Recommendations from the Audit Review Committee, Newfoundland and Labrador Prescription Drug Program, must be implemented by the operator.

SECTION 4 RESIDENT CARE

Standard 5 – Nursing Functions Delegated to Personal Care Home Staff

Staff may be delegated to perform selected nursing tasks for residents.

OUTCOME Staff provides specialized health care to residents who need regular specialized assistance related to activities of daily living.

PERFORMANCE MEASURES

5.1 A Registered Nurse can authorize personal care home staff to perform selected nursing tasks after the nurse ensures the staff are adequately trained and the selected tasks are appropriately monitored in accordance with the nurse's professional standards of practice (and outlined by the ARNNL), and organizational policy. The authorization to perform these tasks is specific to a particular resident and not transferable to other residents.

SECTION 4 RESIDENT CARE

Standard 6 – Prevention and Control of Infections

Measures are taken within the personal care home to prevent and control infections.

OUTCOME The residents and staff are placed at minimal risk from infection and communicable disease.

PERFORMANCE MEASURES

6.1 The operator has procedures in place for the prevention and control of infections, such as hand washing, and abides by recommendations of the RHA when there is a heightened risk of infection.

6.2 The operator educates staff regarding these procedures and minimizes risk to residents by ensuring adherence to proper procedures for hand washing, and handling contaminated waste, laundry and food.

6.3 The operator contacts the resident's physician and RHA in the event of signs or symptoms of an infectious disease, e.g., influenza, scabies, vomiting and diarrhea, etc.

6.4 The RHA provides information and education to operators regarding infectious diseases as part of their ongoing information and education sessions.

6.5 The operator contacts the GSC and the RHA to report concerns regarding environmental health issues, e.g., water supply, sewage disposal, etc.

Prevention and Control of Infections

1a) Washing hands thoroughly before and after all direct resident contact:

- wet hands and apply soap;
- use friction to clean palms, between fingers and finger tips;
- rub the back of the hands and the wrists;
- rinse hands under running water; and
- dry hands thoroughly.

1b) Handling contaminated waste by:

- Wearing gloves while handling articles soiled with blood and body fluids.
- Using disposable resident care supplies (e.g. tissues) whenever possible.
- Disposing of needles and syringes in a rigid, puncture - resistant container (Do Not Recap/Bend/Break Needles By Hand) and dispose with the household garbage.
- Disposing of dressings in double plastic bags. Ensure that the bags are sealed and disposed with the household garbage.
- Laundering all linen or clothing belonging to residents with draining wounds separately.

1c) Handling laundry by:

- Taking soiled laundry to the laundry area in clothes hampers or bags.
- Not taking soiled laundry through a room where food is prepared or stored.
- Covering mattresses and pillows with a protective covering.

1d) Handling food by:[1]

- Washing hands, utensils and surfaces before, during and after preparing foods.
- Sanitizing counter tops, cutting boards and utensils with a mild bleach and water solution.
- Keeping raw meats and poultry away from other foods during storage and preparation.
- Keeping cutting boards for raw meats and vegetables separate.
- Always keep foods covered.
- Cooking food thoroughly according to the cooking times and temperatures for the particular meat or poultry.
- Preparing foods quickly, and serving immediately.

Refrigerating or freezing perishables, prepared food and leftovers within two hours. Make sure the refrigerator is set at a temperature of 4°C (40°F), and keep the freezer at -18°C (0°F).

[1]Fight BAC, Partnership for Food Safety Education, Washington, DC, 20006-2701, 1998

SECTION 4 RESIDENT CARE

Standard 7 – Staffing

The personal care home operates in a manner that is responsive to the needs of the residents. Staff is available in adequate numbers to ensure residents receive quality, timely care and provide a safe response in the event of an emergency.

OUTCOME Residents access care and services they require in a timely manner.

PERFORMANCE MEASURES

7.1 Resident input and on-site visits determine there is sufficient staff available in the home to provide domestic services such as: meal preparation, laundry and maintenance services.

7.2 Taking into account the level of functionality of the homes' residents, there is sufficient staff available in the home at all times to provide supervision and assistance to residents to meet anticipated needs.

7.3 Taking into account the level of functionality of the homes' residents, there is sufficient staff available in the home at all times to provide for safe evacuation or assistance in a crisis or emergency.

7.4 Resident care is provided by knowledgeable staff in accordance with the residents' wishes to the extent possible.

7.5 An appropriate number of staff is available at all times to meet the care needs of the residents.

7.6 Residents/families have an opportunity to provide input to time and type of care provided.

7.7 Families may be permitted to provide or pay for additional resident support in exceptional circumstances. The approval to allow additional resident support to be provided is at the discretion of the operator. Operators cannot request that families provide additional supports, either paid or unpaid.

7.8 Operators submit staffing schedules to the RHA **quarterly**. Any change to the staffing hours is submitted as part of the **monthly** status report.

7.9 The RHA reviews staffing based on the care needs of residents in the home and reports on staffing to the Department as part of the **quarterly** report.

7.10 Regional staff work with operators to ensure staffing and scheduling meet the needs of the residents.

Staffing

The following table for homes with up to 30 residents, incorporates staff required for personal care, domestic services, administration, supervision and security. It represents approximately 2 hours/resident/day. This staffing schedule is meant to be a minimum standard for operators and can be increased on the recommendation of the RHA depending on the care needs of the residents in the home. Operators have the ability to arrange staffing hours to best meet resident care needs between the hours of 8:00 AM and 12 Midnight but must be compliant with the staffing schedule for 12AM to 8AM.

The RHA must approve personal care home staffing schedules.

Daily Hours	**# of Residents**				
	1 – 10	**11 – 15**	**16 – 20**	**21 – 25**	**26 – 30**
8 – 4	1.0 staff	1.5 staff	2.0 staff	2.0 staff	3.0 staff
4 – 12	1.0 staff	1.5 staff	1.5 staff	2.0 staff	2.0 staff
12 – 8	1.0 staff	1.0 staff	1.0 staff	2.0 staff	2.0 staff

Homes with more than 30 residents will ensure:

i) a minimum of two staff on duty at all times;
ii) sufficient staff to provide 1.5 hours of care and supervision/day depending on resident needs; and
iii) adequate domestic, security and administrative staff as evidenced by outcomes.

Homes with more than 60 residents will ensure:

i) a minimum of three staff on duty at all times;
ii) sufficient staff to provide 1.5 hours of care and supervision/day depending on resident needs; and
iii) adequate domestic, security and administrative staff as evidenced by outcomes.

Any staff providing or available to provide assistance to, or supervision of, residents including recreation therapy, may be considered in the 1.5 hours of care. Any staff accompanying groups of residents outside the home may also be considered in care hours.

These care and supervision hours do not include staff who solely provide support services such as, domestic services, meal preparation, maintenance, security and administration. If part of support service staff's role includes some resident assistance or supervision, the operator may include that portion in the care hours. For example if there is a kitchen assistant who assists in meal preparation, clean up, stocking etc., but during mealtimes serves the residents, sees to their requests, assists with eating, or supervises the eating area, the operator may include hours spent with the residents as care hours.

If the operator prefers they may submit the staffing schedule for all employees that, when the hours are combined, will equate to 2 hours per resident.

Minimum Hiring Requirements for Personal Care Home Staff

The operator will recruit, hire, orient, train, assign duties, supervise and discipline employees of the personal care home.

The operator will ensure, prior to hiring, that employees have the following:

- a Medical Assessment (Form PCH - 2) for all persons providing resident and or supervision
- Pre-employment Tuberculin Skin Test (Form PCH - 3) and chest x-ray if indicated by the physician
- a record of immunization
- a Certificate of Conduct from the RNC or RCMP (it is the responsibility of the operator to ensure the individuals working in the home pose no threat to the residents)
- a Pledge of Confidentiality (Form PCH - 4) and
- a First Aid Certificate.

The personal care home staff records will be made available to the RHA for review.

Orientation for Personal Care Home Staff

The operator will provide an orientation to all new employees regarding the operation of the personal care home, the homes' programs and daily routines, staff roles and responsibilities, the residents and their special needs and the process to follow when complaints/incidents occur.

An orientation checklist and description of activities will be included in staff records and, upon request, made available to the RHA staff to review.

In-Service Training Sessions

The operator will offer training sessions to staff. These sessions may consist of discussions regarding meeting specific residents' needs (e.g. clients at risk for choking, behaviour management, back injury prevention, abuse prevention); presentations, videos or audio recordings regarding services to the elderly and mentally or physically disabled; discussions regarding linkages with community programs; and other methods of presenting information that is of interest/value to staff in the provision of resident care.

The RHA may be able to help the operator identify and/or access appropriate resources to use in-service sessions.

Assignment of Staff Duties

The operator will be responsible for assigning duties to all personal care home staff. An employee may be required to perform any combination of the following duties. The list may not be all inclusive; it is provided as a guideline only.

1. General Domestic Duties:

- perform regular housekeeping tasks (vacuuming, cleaning, dusting);
- launder linens regularly and ensure residents have clean towels/face cloths and toiletries

for daily use;
- ensure hallways and doorways are kept free of obstruction to prevent accidents; and,
- report need for repairs to the operator.

2. Resident Duties:

- supervise/assist the resident with bathing, grooming, dressing, eating, transferring, ambulating, etc. as necessary;
- encourage resident to participate in bed making where appropriate;
- assist the resident to keep their room organized;
- launder resident's clothing as required;
- encourage or assist the resident with daily exercise except where contraindicated;
- administer medications where appropriate;
- monitor changes in the resident's condition, advise the operator of changes, make appropriate referrals;
- document in accordance with the personal care home and policy;
- make appointments for residents as required and accompany to appointments if necessary;
- ensure that family contact is maintained and where indicated, assist the resident with telephone calls, writing letters or planning for family visits;
- socialize with the resident;
- assist residents with budgeting and purchases where necessary;
- offer organized group activities/recreational events and encourage resident involvement;
- assist visiting groups to offer recreational activities;
- assist the resident in attending church services whenever possible and relay messages to clergy when requested;
- make wise and economic use of supplies and equipment and inform the operator when supplies decrease so that advance re-ordering may be done; and,
- introduce new residents to other residents, staff and the personal care home and community care home environment.

3. Food Service Duties

Resident Meal Planning/Preparation/Serving:

- prepare and serve meals and snacks for the residents;
- package meals/snacks for residents attending outside activities;
- substitute food preferences as required;
- update the food preferences list;
- assist with planning and preparing for special celebrations and events;
- assist with recording a grocery list;
- place food orders with wholesalers as requested;
- follow the approved menu and make it available upon request;
- advise the operator of residents' suggestions for different recipes or food choices; and,
- try new recipes for the home as requested.

Resident Care (Food Service):

- encourage the resident to consume their meals and snacks;
- encourage, where possible, the resident prescribed a special diet to comply with diet

instructions;

- record change in resident eating habits, type of diet, and non compliance in order to inform staff and visiting dietician; and,
- advise the operator when the protein supplements (e.g. Ensure, Boost) supply is low.

Food Storage:

- properly store grocery items, date and rotate food supplies;
- check temperatures in refrigerator, freezer, cold storage room, etc., on a regular basis;
- ensure the proper storage and safe handling of cooked food items; and,
- report equipment requiring repair to the operator.

Sanitation

- clean dishware, utensils, cookware after each meal, or supervise residents completing these tasks to ensure that sanitation techniques are being followed;
- clean dining room tables and chairs after each meal or supervise residents completing these tasks to ensure that sanitation techniques are being followed;
- clean appliances regularly to ensure proper sanitation; and,
- perform regular housekeeping tasks in order to ensure that the kitchen, food storage and dining areas are clean and sanitary.

4. Security Duties

- check hourly all exits, make sure they are free of any obstruction and operative;
- make sure that all exits are kept free of snow and/or ice accumulation in the winter;
- check hourly on furnace room, storage areas, and other areas as required by the personal care operator;
- ensure that exit routes remain lit and that appropriate exit signs are functioning;
- take part in monthly emergency evacuation drills, as directed by the personal care operator;
- check hourly the residents' sleeping area to ensure their safety and comfort;
- check operation of security lighting; and,
- report all deficiencies to the operator.

SECTION 5 Financial Services and Records Management

Standard 1 – Residents Finances and Subsidy Payments

The financial assessments, subsidies, transactions and resident's personal finances are handled and recorded in accordance with provincial standards.

OUTCOME All financial matters are documented and due diligence is paid to ensure responsible financial management according to the standards with respect to all matters concerning residents.

PERFORMANCE MEASURES

1.1 The RHA completes a financial assessment for a potential or current resident to determine eligibility for a subsidy and the operator is advised of the approved subsidy amount.

1.2 The operator accepts the resident for the subsidized rate as fulfillment for all care and accommodation charges owing. The operator provides the resident with the full personal allowance monthly for which the resident signs appropriate documents as having received this allowance.

1.3 The RHA determines ongoing eligibility through an **annual** reassessment, advises of any change in financial eligibility and pays subsidies and personal allowances on behalf of residents who qualify.

1.4 The operator reconciles the monthly amounts paid by the RHA and the monthly amounts paid by residents to ensure accurate payments. The subsidies are payable to the operator and include the departure day but not the admission day for discharged residents. The subsidy payment will cease when it is determined that the resident will not be returning to the personal care home.

1.5 The operator maintains all pertinent records and documentation pertaining to residents' financial transactions and issues receipts to all residents for monthly board and lodging payments.

1.6 The RHA reviews financial transactions for inclusion in the **annual report.**

1.7 The RHA completes a review of resident subsidies and allowances as part of the **annual review**.

Residents Finances and Subsidy Payments

1a) The operator signs, dates and returns a copy of the payment statement to the RHA acknowledging receipt and issues receipts to all residents for monthly board and lodging payments.

1b) The operator completes and forwards the Request for Account Verification (Form PCH-12) to the RHA in the event of an under or over payment. Any required adjustments are made the following or subsequent months.

1c) The operator provides the resident's allowance as noted on the monthly payment statement and ensures the residents sign the Distribution of Resident Allowance (Form PCH - 13) to confirm receipt of the allowance, and makes the Distribution of Resident Allowance (Form # PCH - 13) available to the RHA for review.

1d) The operator completes and submits the Subsidized Residents' Income - Quarterly Report (Form # PCH - 14) to the RHA in February, May, August, and November. This information provides the RHA staff with current financial information to determine subsidy adjustments.

1e) The operator notifies the RHA when a subsidized resident is hospitalized or otherwise to be absent from the home.

SECTION 5 Financial Services and Records Management

Standard 2 – Trust Accounts

Trust accounts, providing secure services for residents' financial assets, are established and administered in accordance with the Departments' standards.

OUTCOME Trust accounts provide a secure option for residents to have easy access to their funds.

PERFORMANCE MEASURES

2.1 The operator, upon request by a resident or resident's legal representative acting as trustee, initiates a trust account agreement and administers the trust account in accordance with normal trust account procedures.

2.2 The operator refers issues of concern regarding trust funds to the RHA.

2.3 Following the death of a resident and legal affairs are settled, all legal powers of attorney and court appointed estate guardianships cease to be valid, therefore the operator consults with the home's legal counsel or with RHA staff.

2.4 The operator reconciles trust account bank statements with individual trust accounts on a **quarterly** basis.

2.5 The operator ensures calculation of accrued interest and credit of this interest to individual trust accounts at least **semi-annually**, unless an agreement is in place for an operator to retain such interest.

2.6 The operator maintains a record of resident assets and **quarterly** verifies these assets.

2.7 The RHA conducts an audit of resident trust funds as part of the **annual report.**

Trust Accounts

1a) The operator, upon request by a resident or the legal representative of a resident (legal guardian and enduring power of attorney) to act as trustee, initiates a Trust Account Agreement (Form PCH - 15) and administers the trust account in accordance with normal trust account procedures. A person can validate his/her legitimacy of guardianship by producing Guardianship Documents bearing the Seal of the Supreme Court of Newfoundland and Labrador or enduring power of attorney by producing validated documents.

1b) A legal arrangement exists to administer assets of a resident, who is unable to manage their financial affairs, on an ongoing basis. In the absence of an Enduring Power of Attorney, relatives of residents, who are unable to manage their financial affairs, may apply for guardianship. As well, the RHA may petition the Supreme Court, under the Mentally Disabled Persons Estates Act, to have the Supreme Court become guardian on behalf of a resident who is incapable of handling financial affairs and has been certified as incapable to do so by a physician. The RHA may also apply to Health Canada, Income Security Branch, to request appointment as trustee to administer Federal Income Security benefits only. A Certificate of Incapability must accompany the application.

1c) Residents and/or families wishing to discuss Guardianship or Power of Attorney are referred to a lawyer. The Trustee, Guardian or Power of Attorney for a resident cannot be the operator, a relative of the operator or staff member in the home.

1d) The trust account agreement is between the resident/representative and the personal care home (if the home is a legal entity) or the operator (if the home is not a legal entity); and, witnessed by an individual who is not the spouse of the operator or the resident. The resident may allow the operator to retain the interest on the trust account as a trustee administration fee. If so, this is identified in the trust account agreement.

1e) A trust bank account is set up, separate from the business account, to manage trust accounts for the home. It is recommended that the account be an interest bearing savings account with chequing privileges.

1f) The operator keeps financial records that are made available for review or audit by the resident, legal guardian, Government of Newfoundland and Labrador, and the RHA. These records will include:

- an individual record for each resident with a trust account (see Form # PCH - 16 - Record of Resident's Trust Account);
- duplicate receipts of funds/assets received from the resident/legal guardian;
- records of deposits in the interest bearing savings/checking account;
- records of accrued interest and its disbursement to resident accounts;
- signed cash disbursements to the resident/legal guardian;
- cheque disbursement, records, including supporting documentation (two signatures are recommended)

1g) Trust funds for residents who maintain responsibility for their finances are released to family members when approved by the resident.

1h) Trust funds for residents who do not maintain responsibility for their finances are the responsibility of a legal guardian. Proof of legal guardianship must be provided before the operator releases funds except in the case of a spouse unless the operator is concerned that the spouse is not acting in the resident's best interest.

SECTION 5 Financial Services and Records Management

Standard 3 – Residents Benefits

Personal care home residents have access to health supplies based on eligibility and limited medical health care supplies are provided to personal care homes.

OUTCOME Residents receive health supplies based on financial eligibility and personal care homes are assisted with health care supplies.

PERFORMANCE MEASURES

3.1 The RHA assesses residents to determine their eligibility for benefits such as a drug card, supplies, equipment, orthotics and oxygen.

3.2 Personal care homes receive health care supplies through the RHA as determined by departmental policy Governing the special assistance program (SAP).

Residents Benefits

1a) Personal care home residents receiving a subsidy requiring the following services will be financially assessed to determine eligibility for:

- a drug card;
- over the counter medications which have been prescribed by the physician on a resident specific basis, specifically; stool softener, Mylanta, laxative, acetaminophen, enteric coated ASA, some cough syrups, diabetic cough syrup
- health care supplies specific to the residents' needs;
- oxygen;
- orthotics (e.g. braces); and
- equipment (where applicable)
- medical transportation

1b) All personal care homes are eligible to receive the following health care supplies through the RHA:

- disposable medication cups, as needed;
- sharps disposable containers - two per home, as needed; and disinfectant - as needed (within monthly maximums);
- disinfectants

SECTION 5 Financial Services and Records Management

Standard 4 – Resident Records

Resident records contain personal information about the resident including information relevant to the person's stay at the personal care home and the care provided at the home.

OUTCOME Up-to-date resident records result in improved care for the resident and provide protection for the resident and the operator.

PERFORMANCE MEASURES

4.1 The operator maintains accurate and up-to-date personalized resident record for all residents.

4.2 Resident records are legal documents. RHA staff provides assistance to establish resident records and monitors a sample of records **quarterly** to ensure the information is up-to-date.

Resident Records

1a) Resident records contain the following information

- a copy of the regional authority care assessment;
- a copy of the Medical Assessment Form;
- information obtained on admission
- Resident Care Sheet (Form # PCH - 19)
- Progress Notes
- Doctor's Orders - orders for medications and treatments
- Medication Administration Records (Form # PCH - 8), where applicable
- Diabetic Record (Form # PCH - 11), where applicable
- Transfer Summary (Form # PCH - 5), where applicable
- Financial Records (some operators may prefer to establish a separate financial record - this is at the discretion of the operator).

1b) Resident records are legal forms and must be accurate, up to date, legible and signed by the person who recorded and made the observation.

SECTION 5 Financial Services and Records Management

Standard 5 – Confidentiality of Records

Residents' records are confidential and are kept in a secure place.

OUTCOME Residents' records are dealt with in a manner that ensures privacy and confidentiality.

PERFORMANCE MEASURES

5.1 The operator ensures resident records are securely stored.

5.2 The operator requires the written consent of the resident or an authorized individual prior to releasing any information to a third party.

5.3 The RHA provides information to operators during their orientation on confidentiality and provides additional information as requested as part of the regular **annual** in-service to operators and staff.

5.4 The RHA monitors the security of resident information as part of its **annual review.**

SECTION 5 Financial Services and Records Management

Standard 6 – Retention and Destruction of Records

Retention and destruction of records are dealt with according to departmental policies and procedures.

OUTCOME Residents' records are retained and available.

PERFORMANCE MEASURES

6.1 The operator maintains resident records in a secure place (not necessarily on site) for ten (10) years from the date of the latest entry in the documentation for each resident, except in the case of a person with a disability as defined in Section 15(5) (b) of the ***Limitations Act***, whose records shall be maintained for thirty (30) years from the date of the latest entry in the documentation. (Section 15(5) (b) of the ***Limitations Act***, S.N. 1995, c. L-16.1 defines a person under a disability as one who is "*incapable of the management of his or her affairs because of disease or impairment of his or her physical or mental condition*").

6.2 In the event of a sale of a PCH, the records of previous residents are maintained by the selling operator (unless other arrangements are part of the sale contract). The records of the existing residents may remain at the home depending on the arrangement between the buying and selling parties.

6.3 The RHA monitors resident document storage in the **annual review**.

Standards of Pharmacy Practice

The Provision of Pharmacy Services to Personal Care Homes

Adopted by NphA Council May 2001

Forward

The Newfoundland Pharmaceutical Association**,** in compiling this document utilized standards and guidelines developed by various health care organizations and groups. In some cases, the language and material is directly transposed from the original documents.

Notes:

- The verb "shall" indicates a mandatory requirement. "should" indicates a recommendation, or that which is advised but not mandatory.

- The term patient is used generically to designate patient, resident or client.

- Pharmacist in the body of the text refers to a pharmaceutical chemist as defined in the Pharmaceutical Association Act.

- The standards apply to services provided from publicly funded or private sector pharmacies.

- The Newfoundland Pharmaceutical Association Principles of Good Pharmacy Practice Standards are subject to periodic reviews. Suggestions for their improvement are welcomed.

1.0 Dispensing and Labelling

1.1 The pharmacist shall ensure there is a safe, secure system for the procurement storage, control, administration and disposal of medications within the facility he/she services.

1.2 All medications dispensed to Personal care home should be processed in a suitable unit-dose or multi-dose package. (Refer to Principles of Good Pharmaceutical Practice, Customized Patient Drug Packaging Program, N.Ph.A.) Each package is to be labelled on an individual client basis.

1.3 Auxiliary labels and/or cautionary statements must be used where required.

1.4 A change in a prescription dosage is considered to be a new order and should be processed as such.

2.0 Delivery

2.1 In a case where medication is delivered to a Personal Care Home, by someone other than a pharmacist, a sign-in sheet should be used to ensure the receipt of medications by authorized personnel. (See NphA standard for delivery of medications)

3.0 Returns

3.1 The residents' medication should be returned to the dispensing pharmacy if the prescription is changed/discontinued, the resident dies, or the expiry date on the medication is exceeded, for appropriate disposal.

4.0 Documentation

4.1 A Release of Resident Information for Pharmacist (Form # 23) should be completed by the operator or designate on all new admissions and forwarded to the pharmacist.

4.2 A medication profile shall be maintained by the pharmacist on each resident within the facility as per N.Ph.A bylaws.

4.3 If the pharmacy is a single provider, the pharmacy shall produce a Medication Administration Record (MAR) for each resident. The MAR shall contain resident information such as date of birth and allergies, as well as a listing of current medications the resident is receiving and times of administration. The MAR shall be produced on a monthly basis.

4.4 The pharmacist should encourage the home to report any adverse reaction or medication discrepancy to the attending physician and pharmacist as soon as reasonably possible.

4.5 The pharmacist should report any observed discrepancies in the pharmacy system to the RN who is monitoring the home.

4.6 The pharmacist should be willing to offer their time for quality assurance initiatives with other members of the inter-disciplinary team.

5.0 In-Service Programs

5.1 The pharmacist should, in conjunction with Regional Health & Community Services staff, provide in-servicing to all personal care home personnel regarding correct medication storage, administration and recording procedures.

5.2 Drug information and reference material shall be provided to the facility where necessary to ensure optimal therapy.

6.0 These guidelines do not interfere with the guidelines established by the Department of Health & Community Services or any other governing body.