

## Personal Care Home Standards Review

### Tool #2

Regional Health Authority: Winnipeg RHA  
Facility: The Saul and Claribel Simkin Centre  
Number of Beds: 200

Review Team: Barbara GrahamNorth, Ev Nickel, Arlie Bohemier & Linda Norton  
Review Date (yyyy/mm/dd): 2016/02/17  
Report Date (yyyy/mm/dd):: 2016-02-22



A priority for action is compliance with any measure in a core standard that is rated as other than met. Steps must be taken to comply with the following individual measures: 9.03, 9.16, 9.19, 9.22 & 9.30.

The facility is further encouraged to take steps to meet all performance measures rated as less than met in all non-core standards that were rated as met.

## **Standard 2: Resident Council**

Reference: *Personal Care Homes Standards Regulation Sections 5 & 6*

### **Resident Council**

The operator shall ensure that reasonable assistance is given to residents and their designates to help them establish and maintain a resident council.

The purpose of the resident council is to provide a forum where issues, that concern residents, can be discussed including the services provided to residents in the PCH.

The resident council may consist of residents, their designates and any other persons that the council considers appropriate.

### **Suggestions and concerns raised by the council**

The operator shall ensure that a concern raised by the resident council is addressed, including an investigation of the concern if necessary, and that a response, or a preliminary response, is provided to the council at or before its next meeting.

The minutes of the council's meetings must be posted in standard CNIB print (Arial font, size 14 or larger) in a location that is prominent and easily accessible by residents and staff.

**Expected Outcome:** Residents have a forum to freely discuss their concerns and issues and the management of the home responds to this same forum.

### **Performance Measures**

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
2.01	<b>There is evidence that the resident council meets, at a minimum, five</b>	Met	The Resident Council meets regularly.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<b>times per year.</b>				
2.02	Terms of Reference of the resident council meetings provide evidence that residents are encouraged and supported in bringing forward issues and concerns.	Met	See Terms of Reference	Met	
Minutes of the resident council meetings provide evidence that the residents' issues and concerns are:					
2.03	• Documented;	Met	Please see minutes for evidence.	Met	
2.04	• Investigated;	Met	Please see minutes for evidence.	Met	
2.05	• Responded to at the next resident council meeting; and	Met	Issues stay on agenda until addressed or resolved.	Met	
2.06	• Followed-up on in a timely fashion	Met	Please see minutes for evidence.	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• The bolded measure (<b>2.01</b>) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, the other measures are considered before assigning an overall rating to the standard.</li> <li>• Of the 5 other measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 4</math> measures are met, standard is met.</li> <li>○ If 3 measures are met, standard is partially met.</li> <li>○ If <math>\leq 2</math> measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All measures are met.

**The standard is:** Met

**Comments:** Resident council members with whom we met had no significant concerns to bring forward. They reported that they feel safe and secure, and would recommend the home to their family and friends. They did note that their rooms were on the cool side and that this has been an ongoing issue.

### **Standard 5: Right to Participate in Care**

Reference: *Personal Care Homes Standards Regulation, Sections 9 & 10*

#### **Resident's right to participate in care**

The operator shall ensure that a resident and his or her designate and legal representative are given an opportunity to participate in assessing, planning, providing for, monitoring and evaluating the resident's care.

#### Resident's wishes

The operator shall ensure that the resident's wishes are considered when a care plan is developed or amended.

**Expected Outcome:** Residents receive care in accordance with their wishes.

#### Performance Measures:

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
There is documented evidence on the resident's health record that the resident and their representative have had the opportunity to participate in:					
5.01	<ul style="list-style-type: none"> <li>The development of the initial care plan (completed within 24 hours of admission);</li> </ul>	Met	Information used to develop the initial care plan is obtained from the residents and/or their designate during the preadmission assessment as well as on the date of admission.	Met	
5.02	<ul style="list-style-type: none"> <li>The development of the integrated care plan (completed within eight weeks of admission), and;</li> </ul>	Met	<p>The Social Worker arranges the care conference with the primary contact. Once the date is determined, a follow up written letter is then sent to confirm the date and time.</p> <p>Residents are invited to attend both admission and annual care conferences.</p> <p>Nursing contacts the resident and/or representative (where appropriate) to identify any concerns or areas to focus the discussion at the care conference.</p> <p>Multi-disciplinary assessments are completed with input from</p>	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			<p>the resident and representative (where appropriate) and incorporated into the 8 week care plan.</p> <p>Post admission care conferences provide another opportunity for participation in the development of the resident's care plan.</p> <p>Copies of the care conference form, advanced care plan, MARS, TARS and care plans are provided to the resident or their representative at the post admission care conference.</p> <p>If a family representative is unavailable or does not show, the Social Worker will contact them to review the care conference form and discuss any concerns with the family. These discussions are documented on the care conference form and health record.</p>		
5.03	<ul style="list-style-type: none"> <li>• The annual care conferences.</li> </ul>	Met	<p>The Social Worker arranges the care conference with the primary contact. Once the date is determined, a follow up written letter is then sent to confirm the date and time.</p> <p>Residents are invited to attend</p>	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			<p>the annual care conference.</p> <p>Nursing contacts the resident and/or representative (where appropriate) to identify any concerns or areas to focus the discussion at the care conference.</p> <p>Annual care conferences provide another opportunity for participation in the development of the resident's care plan.</p> <p>Copies of the care conference form, advanced care plan, MARS, TARS and care plans are provided to the resident or their representative at the annual care conference.</p> <p>If a family representative is unavailable or does not show, the Social Worker will contact them to review the care conference form and discuss any concerns with the family. These discussions are documented on the care conference form and health record.</p>		

Scoring methodology:

All performance measures (5.01, 5.02, 5.03) are pass/fail measures for the standard. If any one of the measures is not met, the standard is not met.

**Result:** All measures are met.

**The standard is:** Met

**Comments:** It was very good to learn that all families get copies of their loved one's care plans after care conferences..

**Standard 7: Integrated Care Plan**

Reference: *Personal Care Homes Standards Regulation, Section 11, 12, 13 & 14*

**Initial care plan**

Within 24 hours of admission, the operator shall ensure that the following basic care requirements for the resident are documented:

- a) medication, treatment and diet orders;
- b) the type of assistance required for activities of daily living; and
- c) any safety or security risks.

**Integrated Care Plan**

Within eight weeks after admission, the operator shall ensure that each member of the interdisciplinary team assesses the resident's needs and that a written integrated care plan is developed to address the resident's care needs.

The integrated care plan must include the following information:

- a) the type of assistance required with bathing, dressing, mouth and denture care, skin care, hair and nail care, foot care, eating, exercise, mobility, transferring, positioning, being lifted, and bladder and bowel function, including any incontinence care product required;
- b) mental and emotional status, including personality and behavioural characteristics;
- c) available social network of family and friends, and community supports;
- d) hearing and visual abilities and required aids;
- e) rest periods and bedtime habits, including sleep patterns;
- f) safety and security risks and any measures required to address them;
- g) language and speech, including any loss of speech capability and any alternate communication method used;
- h) rehabilitation needs;
- i) preference for participating in recreational activities;
- j) religious and spiritual preference;
- k) treatments;
- l) food preferences and diet orders;
- m) any special housekeeping considerations for the resident's personal belongings;
- n) whether the resident has made a health care directive; and
- o) any other need identified by a member of the interdisciplinary team.

Where appropriate, the integrated care plan must also state care goals and interventions that may be taken to achieve these care goals.

**Review of the integrated care plan**



As often as necessary to meet the resident's needs, but at least once every three months, the operator shall ensure that appropriate interdisciplinary team members review the integrated care plan and amend it, if required.

The operator shall ensure that each team member reviews each integrated care plan annually and that any amendments required to meet the resident's needs are made.

### Staff to be made aware of current plan

The operator shall ensure that the staff who provide direct care and services to the resident are aware of the resident's current care plan. If the method of communicating the plan includes preparing a summary for staff to refer to, the operator shall ensure that the summary accurately reflects the current plan.

**Expected Outcome:** Beginning at admission, residents consistently receive care that meets their needs, recognizing that residents' care needs may change over time.

### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.01	<b>Integrated care plans are maintained as part of the permanent resident health record.</b>	Met	Care plans are located in the MDS binders on each unit.  The permanent resident health record is maintained in the MDS computer network.  Nursing Manual N - 4 - 50 Integrated Care Plan	Met	
Within 24 hours of admission, basic care requirements for the resident are documented, including:					
7.02	• Medications and treatments;	Met	MDS base care plan is completed within 24 hours of admission	Met	
7.03	• Diet orders;	Met	MDS base care plan is completed within 24 hours of admission	Met	
7.04	• Assistance required with activities of daily living;	Met	MDS base care plan is completed within 24 hours of	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			admission		
7.05	<ul style="list-style-type: none"> <li>Safety and security risks, and;</li> </ul>	Met	MDS base care plan is completed within 24 hours of admission	Met	
7.06	<ul style="list-style-type: none"> <li>Allergies.</li> </ul>	Met	MDS base care plan is completed within 24 hours of admission	Met	
7.07	<p><b>There is evidence that within the first eight weeks of admission, the resident's needs have been assessed by the interdisciplinary team and a written integrated care plan has been developed.</b></p>	Met	<p>Within 8 weeks of admission the interdisciplinary team completes their initial assessments and care plans are developed.</p> <p>A post admission care conference occurs 6-8 weeks after admission. Care conference review form is used and the individual care plan is reviewed.</p> <p>Copies of the Care plans, advanced care plans, MARS, TARS and care conference review form are provided to the resident/family contact.</p>	Met	
<p>The active integrated care plan contains detailed and current information on all aspects of each resident's care needs, to ensure all appropriate and proper care is provided, including information on and requirements for:</p>					
7.08	<ul style="list-style-type: none"> <li>Bathing;</li> </ul>	Met	The information for 7.08 - 7.40 is located in the base care plan, care organizer and in the RAPs generated care plan.	Met	
7.09	<ul style="list-style-type: none"> <li>Dressing;</li> </ul>	Met		Met	
7.10	<ul style="list-style-type: none"> <li>Oral care;</li> </ul>	Met		Met	Well done.
7.11	<ul style="list-style-type: none"> <li>Skin care;</li> </ul>	Met		Met	
7.12	<ul style="list-style-type: none"> <li>Hair care;</li> </ul>	Met		Met	
7.13	<ul style="list-style-type: none"> <li>Fingernail care;</li> </ul>	Met		Met	
7.14	<ul style="list-style-type: none"> <li>Foot care;</li> </ul>	Met		Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.15	• Exercise;	Met		Met	Found on seven of the eight care plans reviewed for this measure.
7.16	• Mobility;	Met		Met	
7.17	• Transferring;	Met		Met	
7.18	• Positioning;	Met		Met	
7.19	• Bladder function;	Met		Met	
7.20	• Bowel function;	Met		Met	
7.21	• Any required incontinence care product;	Met		Met	
7.22	• Cognitive and mental health status;	Met		Met	
7.23	• Emotional status, and personality and behavioural characteristics;	Met		Met	
7.24	• Available family, social network, friends and/or community supports;	Met		Met	
7.25.	• Hearing ability and required aides;	Met		Met	
7.26	• Visual ability and required aides;	Met		Met	
7.27	• Rest periods, bedtime habits, and sleep patterns;	Met		Met	
7.28	• Safety and security risks and any measures required to address them;	Met		Met	
7.29	• Language and speech, including any loss of speech capability and any alternate communication method used;	Met		Met	
7.30	• Rehabilitation needs;	Met		Met	Found on seven of the eight care plans reviewed for this measure.
7.31	• Therapeutic recreation	Met		Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	requirements;				
7.32	<ul style="list-style-type: none"> <li>• Preferences for participating in recreational activities;</li> </ul>	Met		Met	
7.33	<ul style="list-style-type: none"> <li>• Religious and spiritual preferences;</li> </ul>	Met		Met	Well done.
7.34	<ul style="list-style-type: none"> <li>• Food allergies;</li> </ul>	Met		Met	
7.35	<ul style="list-style-type: none"> <li>• Diet orders;</li> </ul>	Met		Met	
7.36	<ul style="list-style-type: none"> <li>• Type of assistance required with eating;</li> </ul>	Met		Met	
7.37	<ul style="list-style-type: none"> <li>• Whether or not the resident has made a health care directive;</li> </ul>	Met		Met	Found on all seven applicable care plans reviewed for this measure.
7.38	<ul style="list-style-type: none"> <li>• Special housekeeping considerations, and;</li> </ul>	Met		Met	Well done. Very pleased to see that this was on the ADL sheet as well.
7.39	<ul style="list-style-type: none"> <li>• Other needs identified by the interdisciplinary team.</li> </ul>	Met		Met	
7.40	The integrated care plan outlines care goals and interventions that will be taken to achieve those care goals.	Met		Met	
There is evidence that the integrated care plan is reviewed:					
7.41	<ul style="list-style-type: none"> <li>• <b>At least once every three months by the interdisciplinary team, and;</b></li> </ul>	Met	MDS quarterly reviews are completed on all units.	Met	Found on seven of the eight care plans reviewed for this measure.
7.42	<ul style="list-style-type: none"> <li>• <b>At least annually by all staff who provide direct care and services to the resident, as well as the resident and his/her representative(s), if possible.</b></li> </ul>	Met	<p>Annual interdisciplinary and MDS assessments are completed.</p> <p>The information is reviewed with the resident and their representative at the care conference.</p>	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Date of care conference is documented on the care conference form and in the health record. Resident/family involvement is also documented.		
As part of the facility's continuous quality improvement/ risk management activities, there is evidence that care plans audits:					
7.43	• Occur at least annually;	Met	Care plan audits are conducted quarterly.	Met	
7.44	• Are reviewed & analyzed;	Met	Care plan audits are reviewed at: Resident Care CQI CQI Leadership Team	Met	
7.45	• Result in recommendations for improvement being made as required, based on the audit analysis, and;	Met	Please see minutes for evidence.	Met	
7.46	• Result in recommendations being implemented and followed up.	Met	Please see minutes for evidence.	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• Bolded measures (<b>7.01, 7.07, 7.41 &amp; 7.42</b>) are pass/fail performance measures. If any one is not met, the standard is not met. If all are met, the other measures are considered before assigning a rating to the standard.</li> <li>• Of the 42 other measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 34</math> measures are met, standard is met.</li> <li>○ If <math>\geq 25</math> and <math>&lt; 34</math> measures are met, standard is partially met.</li> <li>○ If <math>&lt; 25</math> measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All measures are met.  
**The standard is:** Met  
**Comments:** Overall care plans were well done.

### **Standard 9: Use of Restraints**

Reference: *Personal Care Homes Standards, Section 16, 17 & 18* and Manitoba Provincial Ministerial Guidelines for the Safe Use of Restraints in Personal Care Homes

#### **Written restraint policy**

The operator shall establish a written least restraint policy in accordance with guidelines approved by the Minister. A statement describing the PCH Policy on restraints shall be included in the resident handbook given to the resident and/or their substitute decision-maker on or before admission to the facility.

The Minister maintains that all persons receiving care in PCHs in Manitoba can expect to live in an environment with minimal use of restraint. Where care factors require limitation(s) to a resident's liberty, this guideline mandates the inter-disciplinary process of:

- assessment;
- informed consent;
- decision making;
- care planning;
- proper application;
- regular monitoring and removal;
- reassessments completed minimally every 3 months, and;
- discontinuance of the restraint as soon as possible.

#### **Restraint may be used only if risk of serious harm**

Except in accordance with this section and section 18, no operator shall permit a restraint to be used to restrain a resident without the consent of the resident or his or her legal representative.

If a resident's behaviour may result in serious bodily harm to himself or herself, or to another person, the operator shall

- a) Do an interdisciplinary assessment to determine the underlying cause of the behaviour; and
- b) Explore positive methods of preventing the harm.

If positive methods of preventing harm have been explored and determined to be ineffective by an interdisciplinary team assessment, then a physician, physician assistant, a nurse practitioner (RN-EP or RN-NP), a registered nurse (RN), a registered psychiatric nurse (RPN) or a licensed practical nurse (LPN) may order a restraint to be used, except in the case of medication (chemical restraint) which must be ordered by a physician, nurse practitioner or physician assistant.

#### **Requirements for use of physical restraints**

Every physical restraint must meet the following requirements:

- a) Be the minimum physical restraint necessary to prevent serious bodily harm;
- b) Be designed and used so as to
  - i. Not cause physical injury
  - ii. Cause the least possible discomfort
  - iii. Permit staff to release the resident quickly; and
- c) Be examined as often as required by the restraint policy referred to in section 16.

### Requirements for use of chemical restraints

When a psychotropic medication is being used in the absence of a diagnosis of a mental illness, it is to be considered a chemical restraint. Also any medication given for the specific and sole purpose of inhibiting a behaviour or movement (e.g. pacing, wandering, restlessness, agitation, aggression or uncooperative behaviour) and is not required to treat the resident's medical or psychiatric symptom is considered a chemical restraint. If the medications are used specifically to restrain a resident, the minimal dose should be used and the resident assessed and closely monitored to ensure his/her safety.

### Documentation in Resident Health Record

If any restraint is used, the operator shall ensure that the following information is recorded in the resident's health record:

- a) A description of the interdisciplinary assessment done to determine the potential for serious bodily harm to the resident or another person;
- b) A description of the alternatives to restraint that were tried and that were determined to be ineffective by the interdisciplinary team, signed by the person who directed the restraint to be used;
- c) The specific type of restraint to be used and the frequency of checks on the resident while the restraint is in place;
- d) Each time the resident and the restraint is checked while it is in place;
- e) The time and date when use of the restraint is discontinued and the reason why.

### Restraint Review and Discontinuance

The operator shall ensure that the use of each and every restraint is regularly reviewed. At a minimum, reviews must occur every three months, whenever there is a significant change in the resident's condition, and whenever the resident's care plan is reviewed.

The operator shall ensure that the use of any restraint is discontinued as soon as the reason for its use no longer exists.

**Expected Outcome:** Residents are restrained only to prevent harm to self or others. When a restraint is necessary it is correctly applied and the resident in restraint is checked on a regular basis.

### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.01	The personal care home's policy on the use of restraints is consistent with <i>guidelines</i> approved by the Minister.	Met	Nursing Manual Section 9 - Province of Manitoba Ministerial Guidelines For the Safe Use of Restraints in Personal Care Homes  Section 9 - Restraints in	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Personal Care Homes (Safe Use Of) DRAFT		
9.02	There is documented evidence that the resident, if capable, has given written consent to the use of the restraint. Where the resident is not capable, the consent of the resident's legal representative is documented.	Met	Consent for Restraint Form	Met	Found for five of the six applicable restraint records reviewed for this measure.
9.03	If written consent is not available, verbal consent must be obtained from the resident or their legal representative. Verbal consent must be documented, dated and signed by two staff members, one of which must be a nurse.	Met	Consent for Restraint Form	Not Met	Found for one of the three applicable restraint records reviewed for this measure. Two of the verbal consents had only one signature. Whenever verbal consent is given the facility should make every effort to get the written consent as soon as possible..
9.04	<b>There is documented evidence that a comprehensive assessment of the resident is completed by an interdisciplinary team, prior to application (or reapplication) of any restraint.</b>	Met	Basic Restraint Assessment and Documentation Tool	Met	Found for seven of the eight records of residents with restraints that were reviewed for this measure. One resident had a restraint with no assessment at all.
The assessment includes documentation of each of the following:					
9.05	<ul style="list-style-type: none"> <li>Description of the resident's behaviour and the environment in which it occurs (including time of day);</li> </ul>	Met	9.05 to 9.14 are completed in the Basic Restraint Assessment and Documentation Tool	Met	Found for seven of the eight records of residents with restraints that were reviewed for this measure.
9.06	<ul style="list-style-type: none"> <li>The resident's physical status;</li> </ul>	Met		Met	Found for seven of the eight records of residents with restraints that were reviewed for



#	Measure	Facility Rating	Comments	Review Team Rating	Comments
					this measure.
9.07	<ul style="list-style-type: none"> <li>The resident's emotional status;</li> </ul>	Met		Met	Found for seven of the eight records of residents with restraints that were reviewed for this measure.
9.08	<ul style="list-style-type: none"> <li>The resident's mental status;</li> </ul>	Met		Met	Found for seven of the eight records of residents with restraints that were reviewed for this measure.
9.09	<ul style="list-style-type: none"> <li>The resident's nutritional status;</li> </ul>	Met		Met	Found for seven of the eight records of residents with restraints that were reviewed for this measure.
9.10	<ul style="list-style-type: none"> <li>All alternatives tried and exhausted;</li> </ul>	Met		Met	Found for seven of the eight records of residents with restraints that were reviewed for this measure.
9.11	<ul style="list-style-type: none"> <li>Review of current medications;</li> </ul>	Met		Met	Found for seven of the eight records of residents with restraints that were reviewed for this measure.
9.12	<ul style="list-style-type: none"> <li>Actual and potential benefits to the resident if the restraint is applied;</li> </ul>	Met		Met	Found for seven of the eight records of residents with restraints that were reviewed for this measure.
9.13	<ul style="list-style-type: none"> <li>Actual and potential burdens to the resident if the restraint is applied, and;</li> </ul>	Met	Benefits and Burdens Restraint Form	Met	Found for seven of the eight records of residents with restraints that were reviewed for this measure.
9.14	<ul style="list-style-type: none"> <li>Any other additional ethical considerations.</li> </ul>	Met		Met	Found for seven of the eight records of residents with restraints that were reviewed for this measure.
There is a written order for the restraint in the resident's health record that indicates:					
9.15	<ul style="list-style-type: none"> <li>The kind of restraint to be used;</li> </ul>	Met	9.15 to 9.19 are completed in the Basic Restraint Assessment	Met	Found for all eight records of residents with restraints that

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			and Documentation Tool		were reviewed for this measure.
9.16	<ul style="list-style-type: none"> <li>The frequency of checks on the resident while the restraint is in use;</li> </ul>	Met		Not Met	Found for none of the four applicable records of residents with restraints that were reviewed for this measure.
9.17	<ul style="list-style-type: none"> <li>The signature of the person giving the order (where a chemical restraint is used it must be ordered by a doctor, nurse practitioner or physician assistant);</li> </ul>	Met		Met	Found for all eight records of residents with restraints that were reviewed for this measure.
9.18	<ul style="list-style-type: none"> <li>The professional designation of the person giving the order, and;</li> </ul>	Met		Met	Found for all eight records of residents with restraints that were reviewed for this measure.
9.19	<ul style="list-style-type: none"> <li>For a chemical restraint, the time limit for its use (the discontinuation date).</li> </ul>	Met		Partially Met	Found for 3 of the four applicable records of residents with restraints that were reviewed for this measure. applicable
There is evidence of a care plan for every restraint in use, that outlines the resident's unique and specific needs, including:					
9.20	<ul style="list-style-type: none"> <li>The type of restraint and method of application;</li> </ul>	Met	9.20 to 9.25 are completed with the Restraint Care Plan	Met	Found for seven of the eight records of residents with restraints that were reviewed for this measure.
9.21	<ul style="list-style-type: none"> <li>The length of time the restraint is to be used for each application;</li> </ul>	Met		Met	Found for seven of the eight records of residents with restraints that were reviewed for this measure.
9.22	<ul style="list-style-type: none"> <li>The frequency of the checks on the resident while the restraint is in use, and;</li> </ul>	Met		Partially Met	Found for five of the eight applicable records of residents with restraints that were reviewed for this measure.
9.23	<ul style="list-style-type: none"> <li>When regular removal of restraints is to occur.</li> </ul>	Met		Met	Found for all four applicable records of residents with restraints that were reviewed for this measure.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.24	There is documented evidence that the continued use of any restraint is reviewed at least once every three months.	Met		Met	Found for seven of the eight records of residents with restraints that were reviewed for this measure.
9.25	There is documented evidence within the health record of efforts to resolve the issue for which the restraint was initiated.	Met		Met	Found for seven of the eight records of residents with restraints that were reviewed for this measure.
Where a restraint is used in an emergency situation there is documented evidence of:					
9.26	<ul style="list-style-type: none"> <li>The events leading up to the use of the restraint;</li> </ul>	Met	9.26 to 9.33 Emergency Restraints Form	Met	Found for all three records of residents with emergency restraints that were reviewed for this measure.
9.27	<ul style="list-style-type: none"> <li>The name of the person ordering the restraint;</li> </ul>	Met		Met	
9.28	<ul style="list-style-type: none"> <li>The designation of the person ordering the restraint;</li> </ul>	Met		Met	
9.29	<ul style="list-style-type: none"> <li>The time the restraint was applied;</li> </ul>	Met		Met	
9.30	<ul style="list-style-type: none"> <li>The frequency of checks;</li> </ul>	Met		Partially Met	Found for two of the three records of residents with emergency restraints that were reviewed for this measure.
9.31	<ul style="list-style-type: none"> <li>Notification of the resident's legal representative or next of kin;</li> </ul>	Met		Met	
9.32	<ul style="list-style-type: none"> <li>Care provided to and response of the resident in restraint, and;</li> </ul>	Met		Met	
9.33	<ul style="list-style-type: none"> <li>When the resident's reassessment is to occur.</li> </ul>	Met		Met	
As part of the facility's continuous quality improvement/ risk management activities, there is evidence that audits of the use of restraints:					
9.34	<ul style="list-style-type: none"> <li>Occur at least annually;</li> </ul>	Met	Please see minutes for evidence	Met	
9.35	<ul style="list-style-type: none"> <li>Are reviewed/analyzed;</li> </ul>	Met	Please see minutes for evidence	Met	
9.36	<ul style="list-style-type: none"> <li>Result in recommendations for improvement being made, as</li> </ul>	Met	Please see minutes for evidence	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	required, based on the audit analysis, and;				
9.37	<ul style="list-style-type: none"> <li>Result in recommendations being implemented and followed up.</li> </ul>	Met	Please see minutes for evidence	Met	

Scoring methodology:

- Bolded measures (**9.01 & 9.04**) are pass/fail performance measures. If any one of these measures is not met, the standard is not met. If they are all met, the other measures are considered before assigning a rating to the standard.
- Of the 35 other measures:
  - If ≥28 measures are met, standard is met.
  - If ≥21 and <28 measures are met, standard is partially met.
  - If <21 measures are met, standard is not met.

**Result:** The bolded measures and 30 of 35 other measures are met.

**The standard is:** Met

**Comments:**

Overall the physical restraint assessments and documentation were well done. The facility will be ensuring in future that all residents who receive a psychotropic medication have either the specific diagnosis that actually warrants it (with appropriate documentation in the health record), or the required assessment, order, and all the follow-up for the restraints. As discussed today, a diagnosis of 'dementia' is not sufficient to warrant any restraint (and specifically antipsychotic medications). Dementia with aggressive behaviour, dementia with responsive behaviours, dementia with anxiety, dementia with hallucinations, schizophrenia, anxiety disorder, depression or depression with agitation, bipolar disorder, etc, are the types of diagnoses that specify what the treatment is actually targeted for and that it is thus not a restraint. Please continue to use and develop new alternate approaches and practices to minimize the use of antipsychotic medications.

### **Standard 10: Medical Services**

Reference: *Personal Care Homes Standards Regulation, Sections 19 & 20*

#### **Designated physician**

The operator shall designate a physician, to be responsible for the overall coordination and evaluation of medical services for the personal care home.

#### **Medical care of residents**

The operator shall ensure that:

- A physician supervises each resident's medical care;
- A physician, Nurse Practitioner or Physician Assistant examines each resident as the resident's condition requires;

- c) The professional staff and residents have access to a physician, Nurse Practitioner or Physician Assistant 24 hours per day, seven days per week to provide emergency care and consultation as necessary.

**Expected Outcome:** Residents receive medical care in accordance with their needs and in a manner that enhances their quality of life.

### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
10.01	<b>There is a designated physician (Medical Director) responsible for the overall coordination and evaluation of medical services in the facility.</b>	Met	Our Medical Director is Dr. Sheldon Koven  Our Assistant Medical Director is Dr. Wayne Manishen	Met	
10.02	<b>Each resident has an assigned physician, nurse practitioner or physician assistant (that work in collaboration with a physician)</b>	Met	Each resident has an assigned physician	Met	
10.03	There is a physician, nurse practitioner or physician assistant on call for services at all times.	Met	All of our physicians are on-call or have an on-call group	Met	
10.04	Staff are made aware of and have access to physician, nurse practitioner or physician assistant contact information during business and after hours.	Met	Nurses have telephone access to all of our physicians or their on-call group	Met	
10.05	The personal care home has established rules and regulations and/or policies governing medical services, which are reviewed at least every three years.	Met	The Medical Staff By-Laws were reviewed and approved by MAC in December 2013 and The Board in January 2014.	Met	

#### Scoring methodology:

- The bolded measures (10.1 & 10.02) are pass/fail performance measures. If they are not met, the standard is not met. If they are met, the other measures are considered before assigning a rating to the standard.
- Of the remaining 3 measures:
  - If 3 measures are met, standard is met.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	<ul style="list-style-type: none"> <li>○ If 2 measures are met, standard is partially met.</li> <li>○ If 1 measure is met, standard is not met.</li> </ul>				

**Result:** All measures are met.

**The standard is:** Met

**Comments:** Well done.

### **Standard 12: Pharmacy Services**

Reference: *Personal Care Homes Standards Regulation, Sections 24, 25 & 26*

#### **Pharmacy services and medications**

In clause (2)(a), pharmacist includes a corporation or other legal entity that:

- a) Contracts with an operator to direct and be accountable for pharmacy services in a personal care home; and
- b) Designates one or more individual pharmacists to provide pharmacy services for the personal care home.

The operator shall:

- a) appoint or contract with a pharmacist to direct and be accountable for pharmacy services for the personal care home;
- b) ensure that the pharmacist maintains a medication profile of each resident;
- c) ensure that the pharmacist and other relevant members of the interdisciplinary team review the medications and treatments ordered by a physician for each resident at least every three months;
- d) ensure that the pharmacy services for the personal care home are consistent with residents' needs and the scope and complexity of the care offered at the home;
- e) ensure that emergency and after-hours pharmacy services are available for residents;
- f) ensure that accurate and comprehensive drug information is available to medical, nursing and other staff of the personal care home as required;
- g) establish written policies and procedures for pharmacy services for the personal care home that provide for the following:
  - i) transmitting medication orders to the pharmacy,
  - ii) handling medication from the point it is procured until it is administered, including delivery, automatic stop orders, recommended times of administration and self-administration by residents,
  - iii) reporting, documenting, and follow-up of medication incidents, adverse reactions and refusal of medication,
  - iv) providing medications for residents who are on planned social leave and for persons who are receiving respite care in the personal care home,
  - v) security of all medications, including appropriate security measures for narcotic and controlled drugs and medications kept at a resident's bedside;

- h) by using a current photograph, ensure that each resident's identity is confirmed before staff administers medication;
- i) ensure that the overall medication use in the personal care home is monitored; and
- j) ensure that the need for education programs about medications, including education for nursing staff and residents, is assessed and that appropriate programs are developed.

### **Administering medications**

The operator shall ensure that when staff administers medications to a resident, such medications are administered:

- a) only on a physician's, physician assistant's or nurse practitioner's order, or the order of a pharmacist, made in accordance with the *Pharmaceutical Act* and its regulations, or registered nurse made in accordance with *The Registered Nurses Act* and its regulations;
- b) only by a physician, physician assistant, nurse practitioner, registered nurse, registered psychiatric nurse or licensed practical nurse, in accordance with their respective standards of practice; and
- c) only after the resident's identity has been confirmed using minimally two identifiers.

When a physician, physician assistant, nurse practitioner or registered nurse who is not on-site at the personal care home gives a medication order by telephone, the operator shall take reasonable steps to ensure that it is confirmed in writing on the next visit to the home by the physician, physician assistant, nurse practitioner or registered nurse.

The operator shall:

- a) take reasonable steps to ensure that all medication orders are legible and up-to-date; and
- b) ensure that the person who administers any medication records it immediately after in the resident's medication administration record.

### **Limited medication supplies**

The operator shall ensure that:

- a) a monitored dosage or unit dosage system for drug distribution is adopted and implemented in the personal care home;
- b) the personal care home has a supply of medications for emergency use;
- c) there is at least one designated, locked, properly equipped medication storage and preparation area that it is clean, well-organized and maintained;
- d) medications are stored in a locked medication storage and preparation area in a manner that protects them from heat, light and other environmental conditions that may adversely affect the efficacy and safety;
- e) medications requiring refrigeration are kept in a refrigeration unit used only for medication storage;
- f) the responsible pharmacist ensures regular audits are conducted of medication kept at the personal care home and that any expired, unused and discontinued medications are removed and properly disposed of; and
- g) the responsible pharmacist ensures regular audits of medication storage areas are conducted and takes any action necessary to ensure that medications are properly stored in accordance with this section.

**Expected Outcome:** Residents receive prescribed treatments and medications in accordance, with their needs and their treatments/medications are correctly administered and documented.

### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.01	<b>There is a current contract with a licensed pharmacist.</b>	Met	Current WRHA contract is with Medisystem.	Met	
12.02	The contract defines the scope of service.	Met	See contract for evidence.	Met	
12.03	The contract includes provision for emergency and after hour services.	Met	See contract for evidence.	Met	
12.04	<b>The pharmacist conducts medication and treatment reviews on a quarterly basis (once every 3 months) with the interdisciplinary team (pharmacist, nurse, physician/ nurse practitioner/physician assistant and other members as needed) and this is documented in the health record.</b>	Met	Scheduled quarterly with the team. 100% team completion.	Met	
12.05	Policies and procedures for pharmacy services are available, complete and reviewed minimally every three years.	Met	Pharmacy Manuals are current and are located on each unit and on the T-Drive.	Met	
There are designated medication storage areas that are:					
12.06	• Clean;	Met	Regularly audited by the Pharmacist and results are reviewed on the units and by the Resident Care CQI Team and Pharmacy teams.	Met	
12.07	• Well organized;	Met		Met	
12.08	• Well equipped;	Met		Met	
12.09	• Well maintained, and;	Met		Met	



#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.10	• Secure.	Met	Doors are kept locked. Only nurse has key fob.	Met	
12.11	All controlled substances are securely stored under a double lock.	Met	Only nurse has key fob. Medication Carts are locked when left unattended.	Met	
12.12	All controlled substances are counted and signed by two nurses at least once every seven days.	Met	Pharmacy Manual Method of Doing the Narcotic Count IV-1-15	Met	
Nursing staff have access to:					
12.13	• A supply of medications for emergency use (emergency drug box), and;	Met	There is an emergency supply located on the 1st floor of the Simkin building. Emergency Drug Lists are current and readily available.	Met	
12.14	• Medications that should be administered without undue delay (in-house drug box for antibiotics, analgesics, etc).	Met	Stat kit, extra dose binder, stock antibiotics and narcotic kit are located on the 1st floor of the Simkin building. All lists are current and readily available.	Met	
Withdrawals from the emergency drug box, in-house drug box and controlled substance storage are documented, including:					
12.15	• Date;	Met	Medisystem form is used.	Met	
12.16	• The name and strength of the drug being withdrawn;	Met		Met	
12.17	• Quantity taken;	Met		Met	
12.18	• The name of the resident being given the drug, and;	Met		Met	
12.19	• The name of the nurse making the withdrawal.	Met		Met	
12.20	There is a process in place whereby	Met	Medication reconciliation occurs on admission and upon return	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	the medications ordered for a resident on admission, and for any transfer between health care facilities, is confirmed by the physician/Nurse Practitioner, the pharmacist and the nursing staff at the receiving facility (i.e. medication reconciliation)		from hospital.  Audits are conducted to ensure the process is completed correctly.		
The pharmacist ensures that:					
12.21	<ul style="list-style-type: none"> <li>• Audits of the medication storage room, emergency drug box, in-house drug box, and controlled substance storage are conducted and documented at three month intervals;</li> </ul>	Met	Audits are conducted quarterly.	Met	
12.22	<ul style="list-style-type: none"> <li>• The audit results are shared with nursing staff.</li> </ul>	Met	<p>Audits are conducted quarterly and results are reviewed on the unit, at Resident Care CQI Team Meeting and the Pharmacy &amp; Therapeutics Meeting.</p> <p>Current copy of med room audit is kept in the medication room for all nurses to see and review.</p>	Met	
12.23	<b>A monitored dose or unit dose system is used for medication distribution in the facility.</b>	Met	<p>Pouch porter system is used.</p> <p>The amount of stock medication we have on hand is kept at a minimum.</p>	Met	
There are processes in place to ensure staff administering medications are trained and follow the appropriate procedures for the monitored dose system, including:					
12.24	<ul style="list-style-type: none"> <li>• An orientation for new staff, and;</li> </ul>	Met	Service specific orientation	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
12.25	<ul style="list-style-type: none"> <li>Periodic audits of a medication pass for each nurse.</li> </ul>	Met	Managers, Unit Coordinators , and Charge Nurses conduct pharmacy audits. Results are reviewed with the nurse and at the Pharmacy & Therapeutics meeting and Resident Care CQI Team meeting.	Met	
12.26	The resident's identity is confirmed prior to administration of medications by use of minimally two identifiers.	Met	Photos are updated annually.	Met	
12.27	The medication administration record identifies allergies and diagnoses.	Met	See Medication Administration Record (MAR)	Met	
12.28	<b>A pharmacist is available to provide drug information as required.</b>	Met	See Medication Administration Record (MAR)	Met	
<b>A committee has been established:</b>					
12.29	<ul style="list-style-type: none"> <li><b>That includes representation from pharmacy, medicine, nursing and administration;</b></li> </ul>	Met	Pharmacy & Therapeutics and Medical Advisory Committee both meet regularly and review drug utilization and cost.	Met	
12.30	<ul style="list-style-type: none"> <li><b>That meets at least once every 3 months.</b></li> </ul>	Met	Please see minutes for evidence.	Met	
12.31	<ul style="list-style-type: none"> <li>To review and make recommendations on drug utilization and costs;</li> </ul>	Met	Please see minutes for evidence.	Met	
12.32	<ul style="list-style-type: none"> <li>To review and follow up on medication incidents and adverse reactions, and;</li> </ul>	Met	Please see minutes for evidence.	Met	
12.33	<ul style="list-style-type: none"> <li>To review and make recommendations on all policies for the procurement and administration of medication within</li> </ul>	Met	Please see minutes for evidence.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	the home;				
Scoring methodology: <ul style="list-style-type: none"> <li>• The bolded measures (<b>12.01, 12.04, 12.23, 12.28, 12.29, 12.30,</b>) are pass/fail performance measures. If any are not met, the standard is not met. If all are met, the other measures are considered before assigning an overall rating to the standard.</li> <li>• Of the 27 other measures:               <ul style="list-style-type: none"> <li>○ If ≥22 measures are met, the standard is met.</li> <li>○ If ≥16 and &lt;22 measures are met, standard is partially met.</li> <li>○ If &lt;16 measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All measures are met.

**The standard is:** Met

**Comments:** Well done.

### **Standard 13: Health Records**

Reference: *Personal Care Home Standards Regulation, Section 27*

The operator shall maintain a health record in the personal care home for each resident that includes the following information:

- a) admission information that includes:
  - i) a completed application and assessment form, and
  - ii) any other information provided by the resident and his or her designate or legal representative and any person or entity that has provided health care to the resident;
- b) current information about the resident's care that includes the following:
  - i) the initial care plan and the integrated care plan and any amendments made to them,
  - ii) medications and treatments ordered by a physician, nurse, nurse practitioner or physician assistant,
  - iii) medications and treatments administered,
  - iv) information about the use of restraints, as required by subsection 18(2),
  - v) interdisciplinary progress notes,
  - vi) the results of ongoing clinical monitoring,
  - vii) consent forms where necessary,
  - viii) the resident's health care directive, if any,
  - ix) a copy of any committee order under *The Mental Health Act*, appointment of a substitute decision-maker under *The Vulnerable Persons Living with a Mental Disability Act* or enduring power of attorney, and
  - x) the date of discharge, transfer or death.

The operator shall ensure that all the documentation in a resident's health record is:

- a) accurate, legible, up-to-date, complete and not misleading;
- b) written by the person who made the observation or who provided or supervised the care or treatment, or that person's supervisor;
- c) written as soon after the event occurred as possible;
- d) identified by the date and time of the entry; and
- e) identified by the signature and professional designation of the person making the entry or by such other means of identifying the person as may be approved by the Minister.

**Expected Outcome:** Residents' health records (hardcopy and electronic) provide a full, complete and accurate picture of residents and of their care from the time of admission.

### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
The resident's health record must minimally include the following information:					
13.01	• A completed application and assessment form, or such alternate form as approved by the Minister;	Met	Remains in the active health record. Is not ever thinned.	Met	
13.02	• The initial care plan;	Met	Located in MDS network and attached to initial care conference.	Met	
13.03	• The current integrated care plan;	Met	Located in MDS network and current care plans are in the MDS binders on each unit	Met	
13.04	• Amendments to the integrated care plan;	Met	Located in MDS network.	Met	
13.05	• Medications and treatments ordered;	Met	Physician order sheet	Met	
13.06	• Medications and treatments administered;	Met	MAR and TAR for current month in portable binder then filed in health record.	Met	
13.07	• Interdisciplinary progress notes;	Met	In health record.	Met	
13.08	• The results of ongoing clinical monitoring;	Met	INR Tracking Sheet, Weight Record, Neuro Check Sheet,	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Vital Signs.		
13.09	• Consent forms;	Met	Separate section in chart	Met	
13.10	• The resident's Health Care Directive, if applicable;	Met	Current Advanced Care Plan is kept in the front of the health record.	Met	7/7
13.11	• Record of referrals made to an external agency or specialist on the recommendation of a member of the interdisciplinary team;	Met	Located in the consult section and in MDS demographics	Met	
13.12	• Results of any examinations or tests conducted as a result of referral;	Met	Filed in chart once physician signs he has received results.	Met	
13.13	• The date of any discharge or transfer, and;	Met	Recorded in progress notes and in MDS	Met	
13.14	• Copy of any Enduring Power of Attorney or Committeeship (if one is in place).	Met		Met	
13.15	There is documented evidence of appropriate follow-up of resident issues throughout the health record.	Met	See progress notes	Met	
Documentation for all entries in the health record identifies the:					
13.16	• Date;	Met	13.16- 13.19 are monitored through the use of chart audits.	Met	
13.17	• Time;	Met		Met	
13.18	• Writer's Signature, and;	Met		Met	
13.19	• Writer's Professional designation.	Met		Met	
13.20	There is evidence of written direction related to the order in which items are filed within each health record.	Met	Nursing Manual N - 4 - 5 Preadmission Health Record Order N- 4 - 10 Active Health Record Order	Met	
13.21	There is evidence within the health records that the specified chart order	Met	Please see health records for evidence.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	is consistently applied.				
13.22	There is a current policy to guide thinning/archiving of the resident health records.	Met	Nursing Manual N - 4 - 20 Thinning of Chart	Met	
13.23	There is evidence that the thinned files are maintained in a organized state that allows for easy access to the information within each file.	Met	Thin files are stored in the Ward Clerk office in the basement.	Met	
13.24	There is a current policy on retention and destruction of health records.	Met	Facility Wide Manual F - 3 - 95 Retention and Destruction of Office Records	Met	
13.25	There are no impermanent (i.e. pencil) or obliterating (i.e. white-out) entries found in the permanent health record.	Met	Please see health records for evidence.	Met	
Scoring methodology: <ul style="list-style-type: none"> <li>• There are no pass/fail performance measures.</li> <li>• Of the 25 measures:               <ul style="list-style-type: none"> <li>○ If <math>\geq 20</math> measures are met, standard is met.</li> <li>○ If <math>\geq 15</math> and <math>&lt; 20</math> measures are met, standard is partially met.</li> <li>○ If <math>&lt; 15</math> measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All measures are met.

**The standard is:** Met

**Comments:** Well done.

### **Standard 15: Housekeeping Services**

Reference: *Personal Care Homes Standards Regulation, Section 29*

The operator shall ensure that a housekeeping service is in place to provide a clean and well-maintained environment for residents, staff and visitors.

At a minimum, the operator shall ensure that

- a) all floors, stairs, walls, ceilings, doors, windows, window coverings, sinks, toilets, furniture and equipment in the personal care home are cleaned as often as may be necessary to keep these clean and to minimize odours;
- b) all bathing facilities in the personal care home, including hydrotherapy units (whirlpools), tubs, showers, shower chairs and lift chairs are cleaned and disinfected after each resident use; and
- c) there is an organized pest control program in the personal care home.

**Expected Outcome:** The residents' environment is safe, clean and comfortable and is consistent with resident care needs.

#### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
15.01	The facility is clean and odour free.	Met	There are regularly scheduled garbage removal times.  Incontinent products are double bagged to help eliminate odor.	Met	
15.02	There is a written process for proper cleaning and disinfection of all bathing facilities in the personal care home, (including relevant equipment such as tubs, showers, lifts and chairs) after each resident use.	Met	Nursing Manual N - 8 - 25 Tub Cleaning	Met	
15.03	There is documented evidence that the tub and bathing equipment cleaning process is completed after each resident use.	Met	See tub cleaning record.	Met	
15.04	Upon inspection all shared equipment is found to be clean.	Met		Met	
15.05	There is a schedule for all required daily cleaning.	Met	Daily assignments are assigned, included is the room cleaning, admissions or transfers.  Daily assignments are scheduled and revised annually or reviewed as necessary.	Met	



#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Cleaning activities are scheduled at specific times throughout the year, example Passover cleaning.		
15.06	There are schedules for all required periodic cleaning (i.e. weekly, monthly and annually).	Met	<p>Daily assignments are assigned, included is the room cleaning, admissions or transfers.</p> <p>Daily assignments are scheduled and revised annually or reviewed as necessary.</p> <p>Cleaning activities are scheduled at specific times throughout the year, example Passover cleaning.</p> <p>Annual cleaning is scheduled and revised/reviewed as necessary.</p>	Met	
15.07	There is a list of approved cleaning products, including their purpose and proper use.	Met	Housekeeping Manual H - 3 - 105 Cleaning Supply Uses	Met	
15.08	All potentially dangerous chemicals used by housekeeping staff are securely stored.	Met	<p>Chemicals are locked in utility rooms when not in use and taken with staff as they carry out their assignments.</p> <p>Utility carts are locked in the Utility Rooms on each unit.</p>	Met	
15.09	Personal protective equipment is available for housekeeping staff.	Met	PPE is available in all housekeeping supply rooms.	Met	
15.10	There is evidence of an organized pest control program.	Met	A pest control program is in place through Logistics Services for interior, exterior and bird control.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
Housekeeping audits:					
15.11	• Are conducted quarterly;	Met	Housekeeping audits are completed quarterly and reported at the Housekeeping Staff meeting and at the Leadership CQI meeting.  Recommendations are made and followed up on the unit and via e-mail to the appropriate Nurse/Service Manager.	Met	
15.12	• Are reported and reviewed;	Met	Please see minutes for evidence.	Met	
15.13	• Recommendations are made from the audit analysis, and;	Met	Please see minutes for evidence.	Met	
15.14	• Recommendations are implemented and followed-up.	Met	Please see minutes for evidence.	Met	
Scoring methodology:					
<ul style="list-style-type: none"> <li>• There are no pass/fail performance measures.</li> <li>• Of the 14 measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 11</math> measures are met, standard is met.</li> <li>○ If <math>\geq 8</math> and <math>&lt; 11</math> measures are met, standard is partially met.</li> <li>○ If <math>&lt; 8</math> measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All measures are met.

**The standard is:** Met

**Comments:** It was noted that the results of the room audits are consistently 100%. Generally this is not the case of a long period of time. Suggest that there be some joint audits with different people doing the same rooms either at the same time or at different times to check interrater reliability and that everyone is always reviewing the same items with the same criteria.

### **Standard 19: Safety and Security**

Reference: *Personal Care Homes Standards Regulation, Sections 33 & 34*

#### **Temperature**

The operator shall take reasonable steps to ensure that the temperature in residential areas of the personal care home is kept at a minimum of 22 degrees Celsius.

**Safety and Security**

The operator shall ensure that the environment of the personal care home is maintained so as to minimize safety and security risks to residents and to protect them from potentially hazardous substances, conditions and equipment.

Without limiting the generality of the above subsection, the operator shall ensure that:

- a) nurse call systems are installed and maintained in proper working order within resident rooms, resident washrooms, and bathing facilities;
- b) open stairwells are safeguarded in a manner which prevents resident access;
- c) all outside doors and doors to stairwells accessible to residents are equipped with an alarm or a locking device approved by the fire authority under the *Manitoba Fire Code*;
- d) windows cannot be used to exit the personal care home;
- e) handrails are properly installed and maintained in all corridors, and grab bars are properly installed and maintained in all bathrooms and bathing facilities;
- f) all potentially dangerous substances are labelled and stored in a location that is not accessible to residents;
- g) all equipment is safe and it is used, stored and maintained in a manner which protects residents;
- h) domestic hot water temperature in resident care areas is not less than 43 and not more than 48 degrees Celsius (C) ;
- i) the personal care home is kept clean and combustible materials are stored separately and safely;
- j) exits are clearly marked and kept unobstructed at all times;
- k) facility grounds and exterior furniture are safe for resident use;
- l) and a system is in place whereby all residents who may wander are identified and all staff are informed.

To ensure compliance with this section, the operator shall establish an ongoing safety and accident prevention program that includes the following:

- a) maintenance programs for resident safety devices, ventilation, heating, electrical equipment and all other equipment used by staff and residents;
- b) protocols relating to hazardous areas; and
- c) a policy governing electrical appliances to be used or kept by residents in their rooms.

**Expected Outcome:** Residents are provided a safe, secure, and comfortable environment, consistent with their care needs.

**Performance Measures**

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
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#	Measure	Facility Rating	Comments	Review Team Rating	Comments
19.01	The temperature in residential areas is a minimum of 22°C.	Met	<p>Simkin Centre has computer controlled heating and cooling systems which maintains the temperature at 23 degrees Celsius.</p> <p>Temperatures are taken daily at a variety of resident rooms in the facility.</p> <p>Abnormal readings lead to an investigation using DDC control system and temperatures are adjusted accordingly.</p> <p>We are using an infrared heat gun to take the room temperatures.</p>	Met	
19.02	<b>Domestic hot water, at all water sources that are accessible to residents, is not less than 43°C and not more than 48°C.</b>	Met	Water temperature readings are taken daily and recorded.	Met	
19.03	There is documented evidence of frequent monitoring (minimally once per week) of domestic hot water temperatures at locations accessible to residents.	Met	Temperatures are taken daily at a variety of locations in the facility.	Met	
19.04	There is an easily accessible call system in all resident rooms.	Met	Real Time Locating System is used. Staff and residents wear the call system badge.	Met	
19.05	There is an easily accessible call system in all resident washrooms.	Met	Remote stations are located in the resident bathrooms.	Met	
19.06	There is a call system in all bathing facilities that is easily accessible from all areas around the tub.	Met	RTLS system allows for staff to access help anywhere within the facility including the bathing	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			facilities. In the bathing suites the call cord is located in the center of the room above the bathing unit.		
19.07	All open stairwells are safeguarded in a manner which prevents resident access.	Met	All stairwells have coded keypad or swipe card access. There are no open stairwells.	Met	
19.08	All outside doors and stairwell doors accessible to residents are equipped with an alarm or locking device approved by the Fire Authority under the Manitoba Fire Code.	Met	All outside doors and stairwells are secure by maglocks, or swipe card access and are activated by our fire panel to open if a fire alarm is activated. In the Weinberg building cameras are located in the main floor stairwells. ROAM alert system at the main entrance.	Met	
19.09	All windows are equipped with a mechanism or are appropriately designed so they cannot be used as exits.	Met	Window openings are at the top of each window, out of reach.	Met	
19.10	Handrails are properly installed and maintained in all corridors.	Met	Handrails are secure and maintained.	Met	
19.11	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	Met	Grab bars are around the resident toilets which can be either raised or lowered as to the residents needs.	Met	
19.12	All potentially dangerous substances are labeled and stored in a location not accessible to residents.	Met	All dangerous substances are securely locked and away for the residents. Swipe card access to soiled	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			rooms, clean rooms, utility rooms, storage rooms and the medication rooms.		
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	Met	Fire proof containers are kept in the laundry and kitchen for soiled cleaning cloths.  Gasoline is stored in metal containers in the outdoor storage shed.  Paints and paint thinners are stored in a paint cabinet.	Met	
Upon inspection/observation, all equipment is;					
19.14	• Safe for use;	Met	Equipment is safe for use.	Met	
19.15	• Safely stored, and;	Met	Equipment is safely stored.	Met	
19.16	• Used in a manner that protects residents.	Met	Equipment is used in a manner that protects our residents.	Met	
There is documented evidence for all equipment, including building systems, that demonstrates the completion of:					
19.17	• As needed repairs, and;	Met	Preventative maintenance HIPPO program in place.	Met	
19.18	• Preventive maintenance.	Met	Preventative maintenance HIPPO program in place.	Met	
19.19	The facility has a current policy governing the use of personal electric appliances kept by the resident.	Met	Maintenance Manual M - 4 - 65 Resident Owned Equipment	Met	
19.20	In facilities where smoking is permitted, it takes place in designated areas only, and the ventilation system prevents exposure to second hand smoke within the facility.	Met	Facility Wide Manual F - 3 - 5 Smoke Free Policy	Not Applicable	
All exits are:					

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
19.21	• Clearly marked, and;	Met	All exit signs are clearly marked and exits are not obstructed.	Met	
19.22	• Unobstructed.	Met	All exit signs are clearly marked and exits are not obstructed.	Met	
19.23	The exterior of the building is maintained in a manner which protects the residents.	Met	Walkways are in good condition and kept free of snow and ice in the winter.	Met	
19.24	The grounds and exterior furniture are maintained in a manner which protects the residents.	Met	In the winter snow removal is contracted to an outside agency.	Met	
19.25	A system is in place to identify, and inform all staff of any resident who may wander and/or is at risk for elopement.	Met	Residents identified as a wandering risk have a roam alert. Resident pictures are kept in a binder at the security desk.	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>• The bolded measure (19.02) is a pass fail measure. If it is not met, the standard is not met. If it is met, the other measures are considered before assigning an overall rating to the standard</li> <li>• Where smoking is permitted, of the 24 other measures: <ul style="list-style-type: none"> <li>○ If ≥19 measures are met, standard is met.</li> <li>○ If ≥14 and &lt;19 measures are met, standard is partially met.</li> <li>○ If &lt;14 measures are met, standard is not met.</li> </ul> </li> <li>• Where smoking is not permitted, of the 23 other applicable measures: <ul style="list-style-type: none"> <li>○ If ≥18 measures are met, standard is met.</li> <li>○ If ≥14 and &lt;18 measures are met, standard is partially met.</li> <li>○ If &lt;14 measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All applicable measures are met.

**The standard is:** Met

**Comments:** Well done.

### **Standard 21: Infection Control Program**

Reference: *Personal Care Homes Standards, Section 36*

In order to prevent or control the spread of infection in the personal care home, the operator shall implement an infection control program that includes

- a) surveillance of health care associated infections with review of data at regular intervals;
- b) establishing policies and procedures designed to minimize or eliminate transmission of infectious disease;
- c) education for staff about infectious diseases, their modes of transmission and methods of prevention; and
- d) a contingency plan for outbreaks of infectious diseases with delineated responsibilities for staff, including the reporting requirements under *The Public Health Act*.

**Expected Outcome:** Residents are protected from the spread of infection by an infection control program.

#### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
There is evidence of an Infection Control Program that includes:					
21.01	• <b>Designation of an individual responsible for infection control;</b>	Met	Aynsley Nixon RN, BN Direct Care Nursing Resource  Infection Control Manual IC - 1 - 5 Infection Control Program IC - 1 - 10 Responsibilities of Infection Control Nurse	Met	
21.02	• Surveillance of health care acquired infections;	Met	WRHA Long Term Care Infection Prevention & Control Manual-Target Surveillance  Nosocomial infections are reviewed quarterly at Resident Care CQI Team meeting, Leadership CQI Resident Infection Team, Facility Infection Control meeting and Medical Advisory Committee meeting.	Met	
21.03	• Data collection, review and follow-up; and	Met	WRHA Long Term Care Infection Prevention & Control Manual-Target Surveillance	Met	Well documented Good follow-up documented at the various teams/committees



#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			Reviewed quarterly at Resident Care CQI Team meeting, Leadership CQI, Resident Infection Team, Facility Infection Control meeting and Medical Advisory Committee meeting.		
21.04	<ul style="list-style-type: none"> <li>• Reporting of infectious diseases as required under <i>The Public Health Act</i>.</li> </ul>	Met	WRHA Long Term Care Infection Prevention & Control Manual-Influenza Management  Infection Control Manual IC - 1 - 10 Responsibilities of Infection Control Nurse	Met	
There are Infection Control policies and procedures including:					
21.05	<ul style="list-style-type: none"> <li>• Policies aimed at preventing or controlling the spread of infectious disease;</li> </ul>	Met	WRHA Long Term Care Infection Prevention & Control Manual	Met	
21.06	<ul style="list-style-type: none"> <li>• Protocols for handling clean and soiled laundry, and contaminated laundry;</li> </ul>	Met	Infection Control Manual IC - 5 - 10 Handling of Clean Linen IC - 5 - 15 Handling of Soiled Linens IC - 5 - 20 Handling of Extremely Soiled Clothing IC - 5- 25 Handling of Contaminated Laundry	Met	
21.07	<ul style="list-style-type: none"> <li>• Contingency plans for dealing with a suspected or confirmed outbreak;</li> </ul>	Met	WRHA Long Term Care Infection Prevention & Control Manual-Influenza Management	Met	
21.08	<ul style="list-style-type: none"> <li>• Restriction of visits to the home during an outbreak;</li> </ul>	Met	WRHA Long Term Care Infection Prevention & Control Manual-Influenza Management	Met	
21.09	<ul style="list-style-type: none"> <li>• Protocols for cleaning schedules and cleaning products, and;</li> </ul>	Met	Housekeeping daily assignments are assigned included is the room cleaning	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			<p>admissions or transfers.</p> <p>Housekeeping daily assignments are scheduled and revised annually or reviewed as necessary.</p> <p>Cleaning activities are scheduled at specific times throughout the year, example High Holiday cleaning.</p> <p>Housekeeping Manual H - 3 - 100 Measuring and Diluting Concentrated Cleaning Products. H - 3 - 105 Cleaning Supply Uses.</p> <p>Infection Control Manual IC - 3 - 5 Cleaning &amp; disinfection of Medical Supplies and Equipment IC - 3 - 10 Autoclaving IC - 3 - 15 Suction Machine IC - 3 - 20 Pulmo-aide Compressor Nebulizer-Cleaning of IC - 3 -25 Aerochamber, Cleaning of</p> <p>Nursing Manual N - 8 - 25 Tub Cleaning</p>		
21.10	<ul style="list-style-type: none"> <li>• Protocols related to pet care, including visiting pets.</li> </ul>	Met	<p>Facility Manual F - 3 - 25 Pet Therapy</p> <p>Veterinary Record</p>	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
There is a staff education program which contains information on:					
21.11	• Infectious diseases, and;	Met	See education calendar for evidence	Met	
21.12	• Infection control practices.	Met	See education calendar for evidence	Met	
There is a quality improvement process for infection control practices (i.e. hand hygiene) that includes:					
21.13	• Random audits of staff compliance with infection control practices (at least annually);	Met	Tub Cleaning audit Resident Care audit Equipment cleaning audit Room cleaning audit	Met	Well done
21.14	• Review and summarization of audit results;	Met	Please see minutes for evidence	Met	
21.15	• Development of improvement strategies where deficits are found, and;	Met	Please see minutes for evidence	Met	
21.16	• Implementation and follow-up of improvement strategies.	Met	Please see minutes for evidence	Met	
Scoring methodology:					
<ul style="list-style-type: none"> <li>• The bolded measures (21.01, 21.04) are pass/fail performance measures. If either one is not met, the standard is not met. If they are met, the other measures are considered before assigning an overall rating to the standard.</li> <li>• Of the 14 other measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 11</math> measures are met, standard is met.</li> <li>○ If <math>\geq 8</math> and <math>&lt; 11</math> measures are met, standard is partially met.</li> <li>○ If <math>&lt; 8</math> measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All measures are met.

**The standard is:** Met

**Comments:** Well done.

### **Standard 24: Staff Education**

Reference: *Personal Care Homes Standards Regulation, Section 39*

The operator shall provide an organized orientation and in-service education program for all staff of the personal care home.

The operator shall ensure that each new employee signs an acknowledgement of the information received in the orientation.

The operator shall ensure that the orientation and in-service education programs are evaluated at least annually and revised as necessary to ensure that they are current and meet the learning needs of the staff.

The operator shall make available health related resources, including books, journals and audio-visual materials, to staff and volunteers at the personal care home.

**Expected Outcome:** The appropriate knowledge, skills and abilities for each position in the personal care home have been identified, documented and training is available to staff to enable them to perform their roles effectively.

### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.01	<b>There is documented evidence that all new staff participate in an orientation program.</b>	Met	Participation sign in sheets are kept in the education sign in sheet binder.  Records are also kept for volunteers that are accessing The Centre.	Met	
Orientation includes:					
24.02	• A general orientation, and;	Met	General one day in-service for all services.	Met	
24.03	• A job specific orientation.	Met	Discipline specific orientation is the responsibility of each department.	Met	
24.04	Each staff signs an acknowledgement of the information received at general and job specific orientation.	Met	This is kept on the employee file.	Met	
The orientation program includes, at a minimum, the following components:					
24.05	• Resident Bill of Rights;	Met	General Orientation and Nursing Orientation	Met	
24.06	• Mission Statement;	Met	General Orientation and Nursing Orientation	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.07	• Organization chart;	Met	Nursing orientation General orientation	Met	
24.08	• Disaster management including the fire plan;	Met	General orientation	Met	
24.09	• Workplace Hazardous Materials Information System (WHMIS);	Met	General orientation	Met	
24.10	• Infection control;	Met	General and nursing orientation	Met	
24.11	• Proper use of all equipment specific to job function;	Met	Provided in discipline specific orientation.  "Buddy forms"	Met	
24.12	• Personnel policies;	Met	General orientation	Met	
24.13	• Personal Health Information Act;	Met	General orientation	Met	
24.14	• <b>Protection for Persons in Care Act;</b>	Met	General Orientation and Nursing Orientation	Met	
24.15	• The facility policy on freedom from abuse;	Met	General Orientation and Nursing Orientation	Met	
24.16	• Signing an Oath of Confidentiality;	Met	General orientation. Kept in personnel file.	Met	
24.17	• Job description, and;	Met	Service specific orientation	Met	
24.18	• Expected skills and routines.	Met	Service specific orientation	Met	
24.19	There is an organized staff education program for all staff.	Met	Education calendar posted monthly.  Attendance records are kept in either QHR or on the Participation Record.	Met	
The staff education program annually includes at least the following:					
24.20	• <b>Fire drill participation or fire prevention education for every staff member, including permanent, term and casual employees;</b>	Met	Education calendar posted monthly.  Attendance records are kept in either QHR or on the Participation Record.	Met	Well done.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.21	• Review of the Freedom from Abuse policy;	Met	Annual education is provided to all staff.	Met	
24.22	• Review of the Resident Bill of Rights;	Met	Annual education is provided to all staff.	Met	
24.23	• Review of the Use of Restraints Policy;	Met	Education is provided at minimum every 2 years.	Met	
24.24	• Workplace Hazardous Materials Information Sheets (WHMIS);	Met	Annual education is provided to all staff.	Met	
24.25	• Education about Alzheimer's and related dementias, and other geriatric care information, and;	Met	See education calendar for evidence	Met	
24.26	• Education opportunities that match the special considerations/ needs of the facility's current resident population.	Met	See education calendar for evidence	Met	
24.27	Education on the proper use of new, job-specific equipment is provided whenever new equipment is acquired.	Met	See education calendar for evidence	Met	
The staff education program also includes the following, minimally once every 3 years:					
24.28	• Oral Health care;	Met	See education calendar for evidence	Met	
24.29	• Proper resident transferring techniques;	Met	Safe Patient Handling is taught at Nursing Orientation and all HCAs and nurses are required to attend an annual review.	Met	
24.30	• Education opportunities to ensure staff have a basic understanding of the value of spiritual and religious care as an integral part of holistic care.	Met	See education calendar for evidence	Met	
24.31	An attendance record is maintained for every in-service education	Met	Participation Records QHR reports	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	program provided.				
24.32	There is a process to ensure that all staff are made aware of all new or revised policies.	Met	<p>Notices are provided to the units and service areas when a policy or procedure has been revised.</p> <p>Self directed learning packages are also used to update/educate staff on new information.</p> <p>Depending on Policy, may also be reviewed at Resident Care Team and Unit/Service Meetings.</p>	Met	
There is evidence of an education services audit process which includes:					
24.33	<ul style="list-style-type: none"> <li>Annual evaluation of all education programs;</li> </ul>	Met	<p>Evaluations are provided at education sessions.</p> <p>Feedback is reviewed to determine the effectiveness of the education session and also to address new topics or needs for education.</p>	Met	
24.34	<ul style="list-style-type: none"> <li>Review and analysis of the program evaluations;</li> </ul>	Met	<p>Evaluations are provided at education sessions.</p> <p>Feedback is reviewed to determine the effectiveness of the education session and also to address new topics or needs for education.</p>	Met	
24.35	<ul style="list-style-type: none"> <li>Recommendations for improvement resulting from the analysis, as required, and;</li> </ul>	Met	<p>Evaluations are provided at education sessions.</p> <p>Feedback is reviewed to determine the effectiveness of the education session and also</p>	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			to address new topics or needs for education.		
24.36	<ul style="list-style-type: none"> <li>Implementation and follow-up of those recommendations.</li> </ul>	Met	<p>Evaluations are provided at education sessions.</p> <p>Feedback is reviewed to determine the effectiveness of the education session and also to address new topics or needs for education.</p>	Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> <li>The bolded measures (24.01, 24.14, 24.20) are pass/fail performance measures. If any one is not met, the standard is not met. If they are met, the other measures are considered before assigning a rating to the standard.</li> <li>Of the 33 other measures: <ul style="list-style-type: none"> <li>If <math>\geq 26</math> measures are met, standard is met.</li> <li>If <math>\geq 20</math> and <math>&lt; 26</math> measures are met, standard is partially met.</li> <li>If <math>&lt; 20</math> measures are met, standard is not met.</li> </ul> </li> </ul>					

**Result:** All measures were met.

**The standard is:** Met

**Comments:** Good orientation and education program offered at this facility.

### **Standard 25: Complaints**

Reference: *Personal Care Homes Standards Regulation, Section 40*

The operator shall establish a written policy for dealing with complaints made by residents and others about the home's care, services or environment, in accordance with any guidelines established by the regional health authority for the health region in which the personal care home is located.

The operator shall post an outline of how to lodge a complaint in a prominent and easily accessible location in the personal care home.

The operator shall keep such records respecting the receipt and handling of complaints as may be required by the regional health authority for the health region in which the personal care home is located.



An operator, other than a regional health authority, shall provide to the regional health authority for the health region such information respecting complaints received as the authority may require, in the time and in the form the authority requires.

A regional health authority shall provide to the minister, as required by the minister and within the time and the form specified, reports respecting complaints received by the personal care homes in the health region, including reports provided to the authority under subsection (4).

**Expected Outcome:** A complaint process is available to residents and their representatives to address concerns.

### Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
25.01	<b>There is a written policy that includes a process for dealing with complaints made about the home's care, services or environment.</b>	Met	Facility Wide Manual F - 6 - 6 Complaints Management Process.	Met	
Directions related to complaint processes:					
25.02	<ul style="list-style-type: none"> <li>Are posted in a prominent location in the home;</li> </ul>	Met	Information on how to lodge a complaint or a compliment is publicly posted.	Met	
25.03	<ul style="list-style-type: none"> <li>Include the position and contact information of the appropriate person (people), and;</li> </ul>	Met	See complaint registry form.	Met	
25.04	<ul style="list-style-type: none"> <li>Are included in the home's admission information package.</li> </ul>	Met	The admission information package includes information regarding the complaint process.	Met	
There is record of every complaint received which includes:					
25.05	<ul style="list-style-type: none"> <li>The name of the complainant;</li> </ul>	Met	See complaint registry form.	Met	
25.06	<ul style="list-style-type: none"> <li>The nature of the complaint;</li> </ul>	Met	See complaint registry form.	Met	
25.07	<ul style="list-style-type: none"> <li>The date of receipt of the complaint;</li> </ul>	Met	See complaint registry form.	Met	
25.08	<ul style="list-style-type: none"> <li>The action taken, and;</li> </ul>	Met	See complaint registry form.	Met	
25.09	<ul style="list-style-type: none"> <li>The date(s) a response was provided to the complainant.</li> </ul>	Met	See complaint registry form.	Met	
25.10	There is evidence that complaints	Met	See complaint registry form.	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	are responded to in a timely manner.				
There is evidence that audits of the complaints process are completed, including:					
25.11	• Overall analysis of the number and type of complaints received;	Met	Complaints and recommendations are reviewed at the Leadership Team meeting and with the Board.	Met	
25.12	• Review of the analysis;	Met	Please see minutes for evidence.	Met	
25.13	• Recommendations made from the review results, as required, and;	Met	Please see minutes for evidence.	Met	
25.14	• Implementation and follow-up of those recommendations.	Met	Please see minutes for evidence.	Met	Well documented with follow-up reported at the Board meetings
Scoring methodology:					
<ul style="list-style-type: none"> <li>• The bolded measure (25.01) is a pass/fail performance measure. If it is not met, the standard is not met. If it is met, the other measures are considered before assigning an overall rating to the standard.</li> <li>• Of the 13 other measures: <ul style="list-style-type: none"> <li>○ If <math>\geq 10</math> are met, standard is met.</li> <li>○ If <math>\geq 8</math> and <math>&lt; 10</math> are met, the standard is partially met.</li> <li>○ If <math>&lt; 8</math> are met, the standard is not met.</li> </ul> </li> </ul>					

**Result:** All measure are met.

**The standard is:** Met

**Comments:** Well done.