

The Community Care Home Operator Self-Monitoring Checklist is a support tool for licensees to proactively review legislative requirements.

This tool is based on the <u>Community Care and Assisted Living Act (CCALA)</u> and <u>Residential Care Regulation (RCR)</u>. It has been created for licensed care facilities and is intended to assist the licensee with monitoring the physical site, care and supervision. Community Care Facility Licensing has implemented a systems based approach to monitoring compliance and while on inspection will ask questions that allow you to demonstrate your self-monitoring processes.

Provided below are some examples of system based questions you may use to answer in the comments section of this tool. These questions are just a starting point as you may generate others as an organization when you start working with this tool:

- Who is responsible for developing and implementing your monitoring system?
- How do you know that the system is effective?
- Is there documentation and where is it stored?
- What will you do to address defects in the system?



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Licensing	RCR	Comments
Licence, terms / conditions, displayed.	11(1)(a)	
Regular monitoring of the physical environment of the community care facility, and the care and services provided.	61	

The following sections apply to All Facilities (including transitioned facilities i.e. facilities licensed prior to August 1, 2000)

Physical Facility (Indoor & Outdoor areas)	RCR	Comments
Sufficient/adequate directional signs/information.	13	
Persons in care with a mobility aid are able to access all areas intended for their use. Controls for signaling devices, lights, elevators are accessible and used without difficulty.	14	
If necessary windows are secured in a manner that prevents a person in care from falling, or exiting.	15	
The temperature in bedroom(s), bathroom(s) and common room(s) are safe and comfortable. Bedroom(s), bathroom(s) and common room(s) are lit sufficiently: Lighting is sufficient to carry out activities and for ordinary use; Lighting is sufficient to protect health and safety.	16	
Hot water temperature does not exceed 49 degrees Celsius.	17	
There is at least one accessible and conveniently located/adapted telephone, for use only by persons in care.	18	



Physical Facility (Indoor & Outdoor areas)	RCR	Comments
There is a monitoring system or signaling device that identifies to employees the location of persons in care and that the person in care needs immediate assistance. Appropriate communication devices and other means of		
communication are provided and:	40	
Enable persons in care to communicate their needs to employees;	19	
Enable employees to communicate with each other in respect of the needs of persons in care;		
There is on display in a prominent place notice that electronic surveillance is being used.		
Furniture / equipment meets needs.	21(a)	
Furniture / equipment is compatible with health / safety / dignity.	21(b)	
Furniture / equipment maintained in good state of repair.	21(c)	
Furniture / equipment maintained in safe / clean condition.	21(d)	
All rooms/common areas maintained in safe/clean condition.	22(1)(c)	
Emergency exits not obstructed/secured in manner to hinder exit. All rooms and common areas, emergency exits, equipment, and monitoring and signaling devices are inspected and maintained on a regular basis.	22(2)	
Only persons in care smoking or vaping on premises.	23(1)(a)	
Employees do not smoke or vape while supervising persons in care.	23(1)(b)	
Persons in care supervised while smoking or vaping if necessary.	23(1)(c)	
Weapons are not permitted in the facility.	24	



Physical Facility (Indoor & Outdoor areas)	RCR Comments
Helpline for Children:	
Ensure that a person in care under Child and Youth Residential is advised of their rights to contact emergency services of the Helpline for Children,	
 Provide the person with contact information for emergency services and the Helpline for Children, and 	24.1
 Provide the person with access to reliable communications equipment to contact emergency services of the Helpline for Children in a private setting. 	
When two persons in care are accommodated in a single bedroom the requirements of the Regulation are met:	
 The bedroom is screened in a manner that is sufficient to ensure the privacy and dignity of each occupant. 	
 Measures are in place to protect the health, safety, personal comfort and dignity of each occupant. 	25
 There are plans for the occupants of double rooms to be transferred to single rooms on request. 	
In a Child and Youth Residential facility, no person in care over 6 years old is accommodated in a bedroom that is shared with a person of the opposite gender.	
Bedrooms meet the needs and provide for the health, safety and dignity of the occupant.	
If suitable the bedroom door can be locked from the inside and unlocked in an emergency from the outside:	26
Bedroom door(s) can be locked from the inside as requested.	
Bedroom door(s) can be unlocked from the outside.	



Physical Facility (Indoor & Outdoor areas)	RCR	Comments
Each bedroom has a window that provides natural light, with coverings that block out light and protect the privacy of the occupant. Bedroom windows can be opened easily for ventilation unless there is an increased risk to the person in care or the facility is equipped with an air conditioning system or mechanical ventilating system. A bedroom with a non-ambulatory occupant has a window that provides visibility from a sitting position to the outside.	28	
Persons in care are provided at no cost bedroom furnishings, including a safe, secure place to store valuable property, and a closet or wardrobe cabinet measuring at least 0.50 m2. Persons in care are permitted to keep furniture, ornaments or other personal belongings in their room.	29	
Bathrooms have a door, with a lock that can be opened from the outside in case of an emergency. Bathrooms have slip resistant material on the bottom of bathtub(s) and shower(s). Bathrooms have conveniently located and securely attached grab bars beside toilet(s), bathtub(s) and shower(s) to meet the needs and preferences of persons in care. Bathrooms have equipment that is necessary to protect health, safety and dignity of the persons in care.	30	
The dining area has seating for each person in care, and sufficient tables designed to accommodate persons in care in wheelchairs.	33	
A facility that provides Long Term Care has suitably equipped and comfortably furnished areas designated for recreational activities. Except for cleaning and maintenance, lounges and recreation area are accessible at all times.	34	



Physical Facility (Indoor & Outdoor areas)	RCR	Comments
There are appropriately furnished and equipped work areas for administrative work and other staff use.		
There are appropriate, safe and secure locations for medications and the records of persons in care.		
There are secure, safe and adequate storage areas for cleaning agents, chemical products and other hazardous materials.	35	
There are separate utility areas for clean and soiled clothes, bedding and other articles.	აა	
If used by persons in care, laundry facilities have a slip resistant floor surface.		
If not used by persons in care, laundry facilities cannot be accessed by the individuals.		
Outside activity areas have a surfaced patio area including a reasonable amount of shelter from sun and inclement weather.		
Outside activity areas have comfortable seating.	36	
If necessary to protect the health or safety of persons in care, outside activity area is secured by a fence or other means.		
Employees have access to reliable communications equipment in an emergency.	51	
There is regular monitoring of the physical environment, and the care and services provided, to ensure that the requirements of the Act and this regulation are being met.	61	
Weekly menu posted in each dining area for Long Term Care. Medication for a person in care who self-administers is safely stored in a secure storage area.	62(4)	



Staffing	RCR	Comments
Prior to employment the licensee obtained the appropriate information regarding the staff person:		
The required documentation was obtained prior to hiring.		
Criminal Record Check (CRC) was obtained.		
Character references were obtained.		
 Record of the person's work history was obtained. 		
 Copies of diplomas, certificate or other evidence of the person's training and skills was obtained. 		
 Evidence that the person has complied with the Province's immunization and tuberculosis control programs was obtained. Manager or employee(s) is of good character, has the personality, ability and temperament to manage or work with persons in care and has the training, experience and skills necessary to carry out the duties assigned. Volunteers may be employed but will not provide care or supervise persons in care. Licensee or manager must obtain from volunteer: CRC. Character references. Evidence of compliance with the Province's immunization and TB control programs. 	37	
No persons > 12 years ordinarily present at a Child/Youth Residential facility unless of good character/have a CRC [under Criminal Records Review Act (CRRA)].	38	
Employee performance is reviewed regularly to ensure that they continue to meet the requirements of this regulation and demonstrates the competence required for their duties.	40	



Staffing	RCR	Comments
Designate an acting manager if the manager is temporarily absent from the facility. A qualified employee is designated to supervise employees providing care, coordinate and monitor the care and manage unusual situations.	41	
 Employees on duty sufficient in numbers / training / experience / organized in an appropriate pattern to meet needs of persons in care. Employees on duty sufficient in numbers / training / experience / organized in an appropriate pattern to assist persons in care with the activities of daily living. The employees have training and experience to assist with eating in a manner consistent with the health safety and dignity of persons in care. The staffing pattern is appropriate. There is an employee on duty at all times who can communicate effectively with all of the persons in care. Persons in care who require supervision when outside the facility are appropriately supervised. 	42	
First aid supplies readily accessible to all employees. The first aid supplies are sufficient. First aid supplies are provided while off the facility premises.	43	
Employees responsible for the preparation and delivery of food have experience, competence and training to ensure food is safely prepared, handled and meets the nutritional needs. Employees receive ongoing education on the preparation and delivery of food, nutrition and if required, assisted eating techniques. A Canadian Society of Nutrition Management (CSNM) qualified nutrition manager or registered dietitian (not a student member) supervises the preparation and delivery of food in a facility 50 beds and over.	44	



Staffing	RCR	Comments
Ensure that trained staff are available to administer Naloxone to persons in care when persons in care are on the premises of the licensed facility or away from the premises and remain under the care of facility staff.	DOLSOP (Director of Licensing Standard of Practice)	
Designated employee qualified to organize and supervise physical, social and recreational activities (Long Term Care only).	45 (a)	
Care & Supervision	RCR	Comments
Persons accommodated receiving safe/adequate care.	46(1)	
Admission screening in place. Admission guidelines for LTC facilities or plan in place for other service type.	47(1)	
Health/safety monitored regularly to ensure needs continue to be met.	50(1)	
Emergency plan/procedures to prepare for/mitigate/respond to/recover from/evacuate from any emergency present.	51(1)(a)	
Plan setting out continued provision of care in emergency present.	51(1)(b)	
Employees trained in implementation of emergency plan/use of any emergency equipment.	51(3)	
Emergency plan displayed prominently.	51(4)	



Policies & Procedures	RCR	Comments
Maintain evidence of compliance that the Licensee provides opportunities to meet where no resident or family council is established. (Long Term Care only)	59 (a)(b)	
Maintain evidence that the Licensee duties related to established resident or family council are in compliance (Long Term Care only)	59.1(1-3)	
Complaint policy is established and ensures complaints, concerns and disputes are responded to promptly.	60	
Written policies and procedures related to care and supervision.	85(1)(a)	
Policy implementation by employees ensured.	85(1)(d)	
Written policies and procedures for facility outbreak prevention and control. (Updated policies re: COVID)	DOLSOP Outbreak Policies	
Ongoing planned program of physical/social/recreational activities suitable to needs. (N/A to Hospice).	55(1)(a)(i)	
Parent/representative has reasonable access to person in care.	57(1)	
Restraint used with written agreement of person in care/parent/ representative/relative closest to and actively involved in person in care's life.	74(1)(b)(i)	

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Policies & Procedures	RCR	Comments
Agreement in Writing to the Use of Restraints.	DOLSOP Restraint Use	
Records & Reporting	RCR	Comments
Parent/representative/contact person notified immediately when person in care becomes ill/injured.	76(1)	
MHO notified within 24 hours of a reportable communicable disease as per Schedule A of the Health Act.	76(2)	
Parent/representative/contact person notified immediately when person in care involved in a reportable incident.	77(2)(a)	
Medical / nurse practitioner notified immediately when person in care involved in a reportable incident.	77(2)(b)	
MHO notified immediately when person in care involved in a reportable incident.	77(2)(c)	
Short-term care plan developed on admission (brief, temporary).	80(1)	
Care plan made within 30 days of admission (comprehensive for stays longer than 30 days).	81(1)	
Care plan is monitored on a regular basis to ensure proper implementation.	81(4)	

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Records & Reporting	RCR	Comments
Care provided consistent with terms/conditions in care plan.	82	
Record in care plan of type / nature of restraint.	84(a)	
Records kept of minor accidents/illnesses/medication errors involving persons in care.	88(a)	
Records kept of unexpected events involving persons in care.	88(b)	
Records kept of reportable incidents involving persons in Care.	88(c)	
Licensee reports any overdose requiring the administration of Naloxone as a reportable incident under the category of Poisoning.	DOLSOP	
Pharmacist records all medications on the Medication Administration Record (MAR).	69(1)(b)	
Medications remain in original labeled container/package.	69(2)	
Safe/secure area for storage of self-administered medications provided.	69(3)(b)(i)	

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Medication	RCR	Comments
Pharmacist packages all medications.	69(1)(a)	
All medications safely/securely stored.	69(3)(a)	
Maintain evidence of compliance regarding administration of medication	70(1-5)	
Maintain evidence of compliance regarding changes to directions for use of medication	71(a)(b)	
Licensees that provide care to persons who are at risk of an opioid drug overdose must obtain and maintain a supply of Naloxone and associated supplies for safe administration for emergency use in the event that a person in care suffers from a drug overdose.	DOLSOP	
Nutrition & Food Service	RCR	Comments
Weekly menu displayed in LTC facility.	62(4)	
Person in care receiving adequate food to meet needs.	66(1)	
Eating aids/assistance/supervision provided if required by person in care who has difficulty eating.	67(1)(c)(i)	

This information is not to be regarded as a substitute for the <u>Community Care and Assisted Living Act (CCALA)</u> and <u>Residential Care Regulation (RCR)</u>. Please refer to the current CCALA and RCR for all information. It is the Licensee's / Manager's responsibility to ensure compliance with all the legislation.

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