

Personal Care Home (PCH) Standards Modified Standards Review Report

Regional Health Authority: Northern Regional Health Authority

Facility: Nisichawayasihk

Number of Beds: 24

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Review Date(s): 2020/10/08

Report Date: 2020/10/22

Overview:

Context for Review:

Manitoba Health Seniors and Active Living (MHSAL) prioritized the completion of standards reviews at all licensed PCHs in Manitoba in 2020 to ensure standards of care continue to be maintained during the COVID-19 pandemic. A modified review (MR) process was developed for all reviews taking place between July and December 2020. The MR focusses on a number of key areas of care delivery and actions taken by the PCH to safeguard residents from the spread of infection. Timelines for the resumption of the regular standards review cycle and format will be determined as the pandemic evolves.

Review Activities and Information Sources:

The modified review completed at the Nisichawayasihk PCH included the following activities:

- walk-through of facility, including mechanical/electrical rooms;
- water temperature readings in six resident rooms and in the tub room;
- facility audit of 3 resident records (re care plan, restraint and medication reviews);
- in-person interviews with three residents and three family members;
- telephone interviews with three family members;
- review of operational information and feedback provided by PCH leadership;
- verification of resident council meeting dates in 2018, 2019 and 2020 (to current date); and,
- verification of fire drills conducted in 2018, 2019 and 2020 (to current date).

Critical Findings:

During the course of the modified review, significant issues were identified with respect to: a) repair and preventive maintenance to equipment and building systems within the facility; b) adequacy of nursing resources; and, c) infection control practices. As these issues present significant risk to health, safety and wellbeing of both PCH elders and staff members, immediate action is necessary to achieve compliance with PCH Standard 19 – Safety and Security, Standard 11 – Nursing Services, and Standard 21 – Infection Control. Issues of concern are further detailed under each of these respective standards headings in the report.

General Observations - Facility Tour:

Appropriate screening practices were in place at the facility entrance and staff working within the home were wearing PPE as required. Efforts had been made to configure shared spaces to ensure physical distancing while maintaining visual lines of sight between residents and care providers. Physical distancing was observed during recreational programming and meal set-up. Interactions between elders (residents) and staff as observed during the review were positive, personable and appropriate. Residents appeared to be appropriately dressed, groomed, and comfortably positioned.

Resident rooms and common areas were fairly clean and odor-free, however, a variety of maintenance issues were noted throughout the PCH. Wall and door surfaces were in need of repair, painting and/or refinishing. Numerous ceiling tiles in corridors were water stained, warped or loose. Covers were missing or damaged on many of the heating vents/registers observed in common areas. Poor and/or flickering lighting was noted in a number of resident rooms and window blinds were missing panels or were otherwise damaged. None of the water temperature readings taken in resident rooms met the minimum standard of 43C. Call bells, lifts, and tub chair were described as unreliable and only one of three hot water tanks was reportedly working. Hand sanitizer dispensers were spaced quite far apart throughout the facility and not always available at the point of care. Housekeeping carts observed in corridors were found to be unlocked and containing cleaning solutions/chemicals. A build-up dust/debris was noted in of ceiling vents and other high surface areas.

On the day of the review, there was no cook present and a Health Care Aide (HCA) was redeployed to provide coverage for this position. The administrator advised that the PCH is often short-staffed as absenteeism and recruitment/retention of qualified personnel have been ongoing challenges. Of five nursing positions, two were reported to be vacant and one nurse (LPN) was being trained on the floor. Two regular full-time nurses (LPN and RN) were reported to have been working 12 hour shifts for over 50 consecutive days. The CEO, was providing on-call RN support during periods where no RN was on duty and there was no nurse manager position. The maintenance position had reportedly been vacant since July 2020 and nursing staff were assuming many of the day-to-day maintenance tasks in the PCH including changing light bulbs, checking the sum-pump, conducting fire drills, installing hand sanitizer dispensers and trying to repair failing equipment.

Note: Subsequent to the modified review completed on October 8, 2020, the Licensing and Compliance Branch learned that the CEO of the PCH had left her position and one of the three remaining nursing staff had been terminated. The LCB is not aware of a human resources plan for the PCH to ensure adequate staffing levels are maintained.

Recommendations for Improvement from Interview Respondents:

Feedback from elders and family members on the quality of care provided, communication with staff/administrator, and responsiveness to concerns/complaints was positive and all respondents expressed an overall satisfaction with the home. Family members conceded that, as they had not spent significant time in the PCH since the onset of the pandemic, they could not comment on things such as the current state of repair or cleanliness of the facility. While staff members interviewed described a positive working relationship with their manager (administrator) and said they genuinely enjoyed their work with residents, they identified challenges with staffing shortages and resulting workload pressures.

Recommendations from interview respondents with respect to how the home could be improved included the following.

- more wild meats/fresh food (4 respondents);

- more staffing (3 respondents);
- more opportunities for visits with loved ones (2 respondents);
- less struggle to fight for equipment and supplies;
- tele-health equipment;
- purchase of a van to transport residents for outings and visits;
- pay equity (better wages);
- hair-dressing/barber on site;

Standard 1: Bill of Rights

Reference: Personal Care Homes Standards Regulation sections 2, 3, and 4

Expected outcome: The resident’s right to privacy, dignity and confidentiality is recognized, respected and promoted.

Performance Measure: The bill of rights is respected and promoted in the personal care home (PCH).

Findings:

Elders interviewed indicated they felt safe and comfortable in the PCH. Staff were described as “very good”, “kind”, and “respectful”. One elder shared that he really appreciated that staff don’t “push” medications and always try to listen to him and respect his wishes. Staff were said to try and take time to check-in with them, engage in conversation, ask if anything is needed and answer any questions. None of the elders interviewed felt they were “rushed” to complete tasks and all described themselves as fairly “independent” and capable of completing daily living activities such as getting dressed, combing their hair, etc. Elders were able to provide examples of recreational activities they enjoy in the PCH and felt there were enough things to do to avoid feeling “bored”. With respect to meals and beverages, all said they receive enough to eat and drink throughout the day but would enjoy more fresh food (two elders specified this to mean wild meat or fish).

All family members interviewed felt they were always treated respectfully by staff and their loved ones appeared to be receiving the care they needed. Words used to describe staff members included “nice”, “friendly”, “accessible”, and “conscientious”. Two family members made particular note of how pleased they were with nursing staff. While all family members provided examples of recreational activities their loved one has participated in at the PCH, two family members were under the impression that there was “not much going on” in the home due to the pandemic. None of the family members expressed concern with respect to the amount of

food and beverages available to their loved one, though one family member noted her loved one would like more fresh food and less processed food on the menu. All family members expressed overall satisfaction with the management of the home.

Performance Measure: Efforts are being made to ensure opportunities for safe contact between residents and their family/friends.

Findings:

The elders interviewed identified a number of means through which they have been able to maintain contact with family and friends including: phone calls, face-time, Zoom meetings, indoor visits (during periods where the community is not in “lock down”) and outdoor visits (during summer).

All family members interviewed indicated they had kept in touch with their loved one primarily through phone calls and outdoor visits during the summer months. Two family members indicated a preference not to schedule indoor visits as they felt it would be difficult to communicate effectively with their loved one while wearing a mask and they did not want to take any risks relative to the potential spread of COVID-19. Family members also indicated they have been able to drop things off at the front entrance and will often have an opportunity to say a quick “hello” to their loved one at the door. None of the family members interviewed expressed concerns with visitation restrictions, acknowledging that these measures are necessary for the safety of elders in the PCH.

As per PCH leadership feedback, the PCH has taken appropriate measures to safely manage and monitor visitation between elders and family/friends in accordance with Shared Health guidelines. Examples of these measures included: screening of all visitors, tracking and scheduling of all visits, creation of designated visitation areas that support physical distancing, promoting hand hygiene among visitors and elders, monitoring visits, limiting the number of visitors, posting signage related to IP&C practices at entry ways and providing written material on precautions and requirements in place. The PCH obtained two cellular phones for elders to use and virtual visits (Zoom) have been facilitated by staff. Connectivity, however, was described as an issue in many parts of the building and reliable only in the recreation room and CEO office. Reviewers were advised that indoor visits were recently suspended due to the “lock-down” in effect within the community of Nelson House.

As per Shared Health guidelines, leaves from the PCH have been restricted to essential medical appointments/tests. Elders are required to wear a mask and are transported to appointments by ambulance. Where an elder is returning from a hospital stay, a 14 day isolation period is observed and the elder is actively monitored for symptoms throughout the isolation period.

Follow-up Required: None

Standard 2: Resident Council

Reference: Personal Care Homes Standards Regulation Sections 5 & 6

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 Measure: A minimum of five resident council meetings are offered each year and residents/families are aware of opportunities to participate.

Findings:

Based on a review of resident council meeting minutes for 2018, 2019, meetings were taking place on a regular basis.

All three elders interviewed said they were aware of the Resident Council meetings held in the home and had attended at least one meeting since their admission. All indicated that they go to “listen” and are interested in hearing about what is going on in the PCH but don’t bring up “complaints”. Two elders said they prefer to talk to staff directly if they have a concern.

None of the family members interviewed had attended at Resident Council meetings. Two family members were not aware of these meetings but indicated their loved ones had only recently been admitted and the third family member advised she is not available to take part due to her work schedule.

Follow-up Required: None

Standard 4: Information on Admission

Reference: Personal Care Homes Standards Regulation, Section 8

Expected Outcome: Residents and their representatives are provided with clear information on the operation of the home.

Performance Measure: For any new admissions during the COVID-19 pandemic, an information package including information specific to COVID-19 policies/procedures is provided to the resident and their family/representative.

Findings:

As reported by PCH leadership, throughout the pandemic, elders are required to isolate for 14 days on admission. During periods of community lock-down, no admissions are accepted. At the time of the review, reviewers were advised that there were eight vacant beds in the PCH and no waiting list.

Follow-up Required: None

Standard 5: Right to Participate in Care

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

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

Performance Measure: Residents and their family/representative have opportunities to participate in care decisions.

All family members interviewed confirmed their participation in initial care planning discussions. Family members also indicated that they have communicated with staff over the phone to discuss any emerging issues, concerns or significant changes in their loved ones care needs since admission. No concerns were noted with respect to opportunities to participate in decision-making.

Follow-up Required: None

Standard 6: Communication

Reference: Personal Care Homes Standards Regulation, Sections 14

Expected outcome: Each resident's current care needs, including any changes, are communicated completely and accurately to all staff who require the information to provide safe, appropriate care to the resident.

Performance Measure: Processes to ensure ongoing, accurate and timely communication of each resident's needs including changes to the current care plan and between staff at change of shift continue to be maintained.

Findings:

Staff members were able to describe a variety of means through which information about each elder's care needs are communicated within the team and felt they had the information needed to provide appropriate care relative to their respective roles and responsibilities. Examples of communication processes provided included: shift change (i.e. report), staff meetings, care plans, progress notes, care plan reviews and conferences, discussion with physician and family members, and day-to-day discussion with other team members. Staff members interviewed were satisfied with the communication processes in place.

Based on feedback from PCH leadership, small office and meeting spaces have made it challenging to maintain physical distancing during larger team discussions/meetings.

Performance Measure: Communication specific to COVID-19 related policy changes, restrictions and safeguards are regularly communicated to residents, family members and staff.

Findings:

All family members interviewed indicated they have received information about COVID-19 related policies and precautions when attending at the PCH for visits or over the phone when they have called to speak with their loved one. One family member indicated that she has also received information via the PCH's Facebook page. No concerns were expressed with respect to the amount of information provided.

The staff members interviewed indicated they receive regular updates on COVID-19 protocols, policies and procedures through regular team meetings and memos. This has included communication on case numbers, health directives, Shared Health guidelines, symptoms, screening, isolation requirements, physical distancing, PPE and other Infection Prevention and Control (IP&C) protocols. Staff members were generally satisfied with how information has been communicated by leadership.

As reported by PCH leadership, the majority of COVID-19 related information is shared with family members when they call or attend on site at the PCH. Written information is posted at the entrance to the PCH and available for distribution to those attending for visitation. COVID-19 related information is also posted on the PCH's Facebook page and is regularly updated. Information is also provided to the Human Resources Director for distribution. Contacting family members directly by phone or by mail was identified as challenging in cases where family members do not have a permanent mailing address or personal phone number.

Performance Measure: Staff are encouraged to share their concerns and ideas with supervisors/managers.

Findings:
Staff members interviewed indicated they felt comfortable bringing concerns and ideas to the administrator/CEO and spoke positively about the support she has provided to the staff team on a day-to-day basis. There was no “manager” position in place at the time of the review.

Follow-up Required: None

Standard 7: Integrated Care Plan

Reference: Personal Care Homes Standards Regulation sections 11, 12, 13 and 14

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

Performance Measure - There is evidence that the integrated care plan is reviewed:

7.41	<ul style="list-style-type: none"> at least once every three months by the interdisciplinary team 	Based on audit information provided, quarterly care plan reviews are completed as required.
7.42	<ul style="list-style-type: none"> 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. 	Based on audit information provided, annual care plan reviews are completed as required.

Performance Measure: Notable change in incidents of pressure sores and falls among PCHs residents since the onset of COVID-19

<p>Findings: No increases in pressure injuries and falls were reported.</p>
<p>Performance Measure: Impact of COVID-19 on accessibility of programming and services to address care plan elements (i.e. foot care, hair care, dental, etc.)</p>
<p>Findings: Foot Care – Foot care services have been suspended since the onset of the pandemic. Efforts made to arrange services through Thompson were unsuccessful due to COVID-19 restrictions. As an interim measure, where deemed urgent, foot care is provided by the attending physician on-site. Hairdressing – There have been no hair-dressing services during periods of lock-down in the community.</p>

Follow-up Required: None

Standard 9: Use of Restraints

Reference: Personal Care Homes Standards Regulation, sections 16, 17 and 18, and the Manitoba Provincial Ministerial Guidelines for the Safe Use of Restraints in Personal Care Homes.

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.

9.24	There is documented evidence that the continued use of any restraint is reviewed at least once every three months.	Based on audit information provided, quarterly restraint reviews are completed as required.
<p>Performance Measure: Notable change in the use of restraints since the onset of COVID-19.</p>		
<p>Findings: No increase or decrease in the use of emergency restraints was reported.</p>		

Follow-up Required: None

Standard 10: Medical Services

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

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

Performance Measure: The PCH has continued to ensure that residents have access to physician services/care.

Findings:

PCH leadership advised that, from March to May, 2020, the PCH physician (based in Winnipeg) was conducting virtual rounds via Zoom. On-site physician services resumed in June 2020. The attending physician wears an N95 mask on-site as an added precautionary measure.

Follow-up Required: None

Standard 11: Nursing Services

Reference: Personal Care Homes Standards, Section 21, 22 & 23; Nursing Services Guideline, Manitoba Health Policy HCS 205.3, Nursing Services Guideline Plan/Template

Expected Outcome: Residents receive nursing care that meets their needs and in a manner that enhances their quality of life.

Performance Measure: The 3.6 HPRD (hours per resident day) care requirement continues to be met.

Findings:

PCH leadership reported that the 3.6 HPRD has not consistently been maintained due to vacancies in nursing positions and absenteeism among Health Care Aides. At the time of the review, there was one full-time LPN, one full-time RN and a full-time LPN in training. Two nurses were reported to have worked over 50 consecutive 12 hour shifts to ensure nursing coverage. This arrangement is neither sustainable nor safe practice. The current staffing level presents significant risks to the quality of care provided to elders and the health, safety and wellbeing of nursing staff. The requirement to take on additional non-nursing duties (i.e. maintenance and repair tasks) further exacerbates nursing resources by reducing the time and energy available to attend to direct care needs.

<p>Performance Measure: All staff shifts are filled and there are adequate staff to provide care to residents.</p>
<p>Findings: Working “short” was reported by PCH Leadership and the staff members interviewed to be a daily reality. Shortages were evident on the day of the review and necessitated redeploying direct care staff to cover absences in another department. Absenteeism was identified as a long-standing challenge within the PCH and was not attributed to the current pandemic.</p>
<p>Performance Measure: A registered nurse or registered psychiatric nurse is in charge of nursing services for the facility. A registered nurse or registered psychiatric nurse is on-site at the home to supervise the nursing care 24 hours per day, seven days per week. If a registered nurse or registered psychiatric nurse cannot be secured to supervise nursing care, as an interim measure only: a licensed practical nurse is on site and a registered nurse or registered psychiatric nurse is accessible (on call).</p>
<p>Findings: At the time of the review, the CEO was acting as the on-call RN during periods where no RN was on site. As there was no nurse manager and only one RN on the nursing team (working nights), the CEO was providing on-call nursing supervision 7 days a weeks. With the departure of the CEO and, in the absence of an RN on-call, the PCH is not in compliance with the nursing service standard.</p>
<p>Performance Measure: Staff have the equipment and supplies (including PPE) they need to provide care and services safely and effectively.</p>
<p>Findings: As reported by staff members interviewed and PCH leadership, necessary equipment and supplies (including PPE) are on-hand and in good supply.</p>

Follow-up Required: The PCH is required to take immediate action to address current staffing shortages and staff absenteeism to ensure adequate coverage in all departments. The PCH is also required to take immediate actions to ensure that the minimum requirements for nursing supervision are met.

Standard 12: Pharmacy Services

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

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

Performance Measure: Quarterly medication reviews are completed with the pharmacist.

Findings:

Based on audits provided, quarterly medication reviews are completed as required. As per feedback from PCH leadership, reviews have been conducted with the pharmacist and physician virtually and/or by phone.

Pharmacy services have been maintained with the exception of medication room audits. During periods of community lock-down, arrangements have been made to pick-up medication orders directly from the pharmacy.

Follow-up Required: None

Standard 14: Nutrition and Food Services

Reference: Personal Care Homes Standards Regulation section 28

Expected outcome: Residents nutritional needs are met in a manner that enhances their quality of life.

Performance Measure: Food services and dining arrangements comply with public health guidelines related to COVID-19.

Findings:

Efforts to ensure physical distancing during meal service were observed during the course of the review. Dietary staff were observed to be wearing PPE. PCH leadership noted that residents who are in isolation have meals served in their room.

Performance Measure: The PCH has effectively addressed any challenges relative to food procurement, storage and handling resulting from COVID-19.

Findings:

There were no interruptions in food delivery reported, though some items have not been available. Changes to meal plans have been made based on availability of products. All established storage and handling practices were said to have been maintained.

Follow-up Required: None

Standard 17: Therapeutic Recreation

Reference: Personal Care Home Standards Regulation, Section 31

Expected Outcome: Residents participate in therapeutic recreational programming that enhances their quality of life.

Performance Measure: Recreation programming has been maintained in a manner that adheres to infection prevention and control protocols and meets the needs of residents.

Findings:

Recreation staff were observed to be wearing PPE. High touch surfaces in the recreation area and recreation equipment/supplies were said to be disinfected frequently and in accordance with health guidelines. Physical distancing was observed during recreation programming observed and can easily accommodated within the recreation space. Activities are offered on a daily basis throughout the week.

A full-time certified recreation coordinator was hired in November of 2019 and has introduced a variety of new recreational activity including a virtual game projector which was recently installed in the recreation area. A new software program (ActivityPro) was also secured to support recreational assessments, goal-setting and tracking.

Follow-up Required: None

Standard 18: Spiritual and Religious Care

Reference: Personal Care Homes Standards Regulation, Section 32

Expected Outcome: Residents are free to practice their individual spiritual and religious customs and residents' spiritual needs are met in a way that enhances their quality of life.

Performance Measure: Spiritual care services continue to be provided to residents on a regular basis.

Findings:

During community lock-down, spiritual advisors/leaders from within the community have not attended on-site at the PCH. At the time of the review, one of the elders residing in the home was leading a weekly bible study group.

Follow-up Required: None

Standard 19: Safety and Security

Reference: Personal Care Home Standards Regulation, Sections 33 & 34

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

Performance Measure: Domestic hot water at all water sources that are accessible to residents is not less than 43C and not more than 48C.

Findings:

Six water temperature readings were taken in resident rooms on the day of the review. None of the readings fell within the required range. Temperature readings ranged between 29.4C and 37.3C. These temperatures are inadequate for hygiene and sanitization. Reviewers were advised that only one of three water heaters were working and requests had previously been forwarded to the PCH board to have these repaired. Reviewers were further advised that, as water temperatures were too low in resident rooms, elders had to be taken to the tub room to complete daily peri care.

Performance Measure: There is documented evidence of frequent monitoring (minimally once per week) of domestic hot water temperatures at locations accessible to residents.

Findings:

Water temperature testing has not occurred since the maintenance position became vacant in July 2020.

<p>Performance Measure: There is an easily accessible call system in all resident rooms.</p>
<p>Findings: Reviewers were advised that call bells in the PCH are unreliable and, in the absence of a maintenance worker, are not checked on a regular basis. Nurses had reportedly been asked to take on this added responsibility.</p>
<p>Performance Measure: There is documented evidence for all equipment, including building systems, that demonstrates the completion of as needed repairs and preventative maintenance.</p>
<p>Findings: Many of the wall and door surfaces throughout the PCH were in need of repair, painting and/or refinishing. Numerous ceiling tiles in corridors were water stained, warped or loose. Covers were missing or damaged on most heating vents/registers observed in common areas. Poor and/or flickering lighting was noted in a number of resident rooms and window blinds were missing panels or were otherwise damaged. Lifts, and tub chair were described as unreliable and failing intermittently.</p>

Follow-Up Required: The PCH is required to take immediate action to address all maintenance issues identified above and to ensure ongoing and preventative maintenance is completed on a regular and as needed basis.

Standard 20: Disaster Management Program

Reference: Personal Care Homes Standards Regulation, Section 35 and Manitoba Fire Code, Section 2.8.3 – Performance Measure #20.18

Expected Outcome: Residents are provided with a safe environment. Threats/risks that threaten the safety of the environment are proactively identified, hazards minimized and steps taken to respond when disasters occur.

<p>Performance Measure: There is documented evidence that fire drills are conducted at least once a month and a record is maintained.</p>
<p>Findings: Based on a review of fire drill records, with the exception of one month in 2018, fire drills continue to be conducted on a monthly basis as required.</p>

Follow-up Required: None

Standard 21: Infection Control Program

Reference: Personal Care Homes Standards, Section 36

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

<p>Performance Measure: Education/training on infection prevention and control (IP&C) has been offered to all staff since the onset of COVID-19.</p>
<p>Findings: Staff members interviewed indicated that training and education on proper hand hygiene, PPE usage and cleaning protocols has been provided via online training modules and informational material made available to the staff team. PCH leadership advised that the completion of online training was “mandatory” but had only been completed by approximately 65% of staff.</p>
<p>Performance Measure: Compliance with IP&C protocols is regularly monitored/audited.</p>
<p>Findings: As reported by PCH leadership, compliance with IP&C guidelines and protocols has been an ongoing issue with a number of staff members despite regular reminders and daily monitoring. Efforts to take corrective action through performance management were said to have been largely ineffective. This was identified by PCH leadership as an area of deficit.</p>
<p>Performance Measure: Housekeeping procedures and cleaning schedules have been enhanced since the onset of COVID-19.</p>
<p>Findings: As reported by PCH leadership, compliance with enhanced cleaning requirements has been inconsistent among housekeeping staff and this is an area of deficit.</p>
<p>Performance Measure: Appropriate protocols/procedures are in place for the collection and handling of laundry (on and/or off-site).</p>
<p>Findings: Routine practices for the handling of laundry have been maintained. All personal items and linens are laundered on-site.</p>

Follow-up Required: Compliance with Infection Prevention & Control (IP&C) measures, including enhanced cleaning and appropriate use of PPE by staff is critically important in minimizing the risk of transmission of viruses, including COVID-19, among

staff and highly vulnerable elders. As such, immediate action is required on the part of the PCH to ensure that staff in all departments are aware of IP&C requirements relevant to their work area and are complying with these requirements.

Standard 25: Complaints

Reference: Personal Care Homes Standards Regulation, Section 40

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

Performance Measure: An effective complaint process remains in place to address resident concerns/complaints.

Findings:

As reported by PCH leadership, there has been a slight increase in the number of complaints/concerns. These are primarily in relation to visitation restrictions in place due to COVID-19.

Follow-up Required: None