

RESIDENTIAL CARE INSPECTION CHECKLIST

ROUTINE INSPECTION (based on RCR 225/2009)

Community Care Facilities Licensing Program

Inspection Complete

Facility Name

Client Profile

Inspection Report #

Date (dd / mmm / yyyy)

Relevant Information

/ /

This inspection checklist form is intended to assist Licensing staff during their inspections and is not part of the formal inspection report. Facility operators could also use this worksheet as a "basic" self-inspection tool.

Code	Item	RCR	Complies		Notes
			Yes	No	

****IMPORTANT: Items in shaded boxes must be reviewed by Licensing Staff during Routine Inspections****

LICENSING

3080	MHO immediately notified of changes to original application	8(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	No structural changes initiated/completed without the plans for change submitted to MHO	8(2)(a)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	No structural changes initiated/completed without required health and safety plan to MHO	8(2)(a)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	No structural changes initiated/completed without written approval from MHO	8(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	MHO notified of manager resignation/absence of >30 days	8(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Hired a manager/used a hiring process with written approval from MHO	8(3)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Operation temporarily/permanently suspended with 1 year's written notice to MHO	9(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Accommodation/services provided reduced/expanded/substantially changed with 120 days written notice to MHO	9(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Accommodation/services provided reduced/expanded/substantially changed with written approval from MHO	9(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	CCF sold/leased/control transferred to another with 120 days verbal notice (if acceptable to MHO)/written notice to MHO	9(3)(a)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Informed by MHO that CCF may be sold/leased/control transferred to another with fewer than 120 days notice	9(3)(a)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	MHO satisfied that intended purchaser/leasee/transferee will continue operation of CCF for at least 12 mos. from date of sale/lease/transfer	9(3)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Intended purchaser/leasee/transferee has applied/is qualified to be licensee	9(3)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Long Term Care facility operating with liability insurance	10	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Licence, terms/conditions, and name of manager displayed (N/A to CYR, CL facilities, or facilities where owner/agent of owner lives)	11(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Most recent routine inspection record displayed (N/A to CYR, CL facilities, or facilities where owner/agent of owner lives)	11(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Type of care identified in advertising/when offered to public	11(3)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	MHO not obstructed during an inspection/investigation	12(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Relevant records/information required by MHO not withheld/concealed/destroyed during an inspection/investigation	12(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Requested health and safety plan for facility submitted to MHO	12(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	An adult person in care has the right to the protection & promotion of his/her health, safety & dignity including a right to be treated in a manner, & to live in an environment, that promotes his/her health, safety & dignity	CCALA 7(1)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	

Code	Item	RCR	Complies		Notes
			Yes	No	
3080	Licensee must operate the facility in a manner that will promote in the case of adult persons in care, the rights of those persons in care	CCALA 7(1)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Licensee must display the rights of adult persons in care in a prominent place in the facility	CCALA 7(1)(c.1)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Licensee must display the rights of adult persons in care in a form & in the manner acceptable to the minister	CCALA 7(1)(c.1)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Licensee must make the rights of adult persons in care known, orally & in writing, to persons in care & their families & representatives	CCALA 7(1)(c.2)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Licensee must, at the time of prepayment for cost of services, deliver a written statement setting out terms & conditions on which a refund of all or any of prepayment will be made	CCALA 19	<input type="checkbox"/>	<input type="checkbox"/>	

PHYSICAL FACILITY (indoor & outdoor areas)

Regulations marked with an asterisk * do not apply to facilities licensed prior to August 2000 – unless structural renovation/additions present (This can be noted in introductory text)

3000	Sufficient/adequate directional signs/information	13	<input type="checkbox"/>	<input type="checkbox"/>	
3000	All areas accessible to all persons in care	14(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Hallways in LTC facility at least 1.83 m wide *	14(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Controls for signaling devices/lights/elevators accessible/easy to use	14(3)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Windows secured in a manner to prevent falls or exits from (does not apply to emergency exit windows)	15(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Bedroom/bathroom/common room temperatures safe & comfortable	16(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Bedroom/bathroom/common room lit sufficiently for use of room	16(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
	Bedroom/bathroom/common room lit sufficiently to protect health and safety	16(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Private use bedroom/bathroom/common room lighting/temperature meets individual's needs/preferences	16(3)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Hot water temperature does not exceed 49 degrees Celsius	17	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Telephone has a private line	18(a)	<input type="checkbox"/>	<input type="checkbox"/>	
	Telephone has adaptations	18(b)	<input type="checkbox"/>	<input type="checkbox"/>	
	Telephone is accessible	18(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Monitoring system/signaling device is appropriate to needs	19(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
	Monitoring system/signaling identifies location	19(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
	Monitoring system/signaling device signals need for immediate assistance	19(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Communication devices/other means of communication appropriate	19(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Communication devices/other means of communication enable communication of needs	19(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
	Communication devices/other means of communication enable employees to communicate with each other	19(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Notice posted re: electronic surveillance in use	19(3)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Interconnected smoke alarms (<7 persons in care)*	20(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Sprinklers conforming to BC Building Code (<7 persons in care)*	20(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Emergency lighting for hallways and stairs (<7 persons in care)*	20(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Furniture/equipment meets needs	21(a)	<input type="checkbox"/>	<input type="checkbox"/>	
	Furniture/equipment is compatible with health/safety/dignity	21(b)	<input type="checkbox"/>	<input type="checkbox"/>	
	Furniture/equipment maintained in good state of repair	21(c)	<input type="checkbox"/>	<input type="checkbox"/>	
	Furniture/equipment maintained in safe/clean condition	21(d)	<input type="checkbox"/>	<input type="checkbox"/>	

Code	Item	RCR	Complies		Notes
			Yes	No	
3000	All rooms/common areas well ventilated	22(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
	All rooms/common areas maintained in good state of repair	22(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
	All rooms/common areas maintained in safe/clean condition	22(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Emergency exits not obstructed/secured in manner to hinder exit	22(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	All rooms/common areas, emergency exits, equipment, and monitoring/signaling devices inspected/maintained on regular basis	22(3)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Only persons in care smoking on premises	23(a)	<input type="checkbox"/>	<input type="checkbox"/>	
	Employees do not smoke while supervising persons in care	23(b)	<input type="checkbox"/>	<input type="checkbox"/>	
	Persons in care supervised while smoking if necessary	23(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Weapons not permitted on premises	24	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Each person in care has separate bedroom	25(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Fewer than 5% of bedrooms double occupancy*	25(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
	Double occupancy bedrooms screened for privacy/dignity	25(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
	Measures in place to protect health/safety/personal comfort/dignity	25(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
	Plan made for transfers to separate bedrooms on request	25(2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	No children/youth over 6 years old sharing bedroom with opposite gender	25(3)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Bedroom meets needs/provides health/safety/dignity	26(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Bedroom directly accessible from hallway without passing through any other room	26(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Entrance to room lockable from inside when appropriate	26(3)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Locked entrance to room can be unlocked from outside in emergency	26(4)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Single occupancy bedroom for mobile person has floor space of 8 m ² *	27(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
	Single occupancy bedroom for person with mobility aid has floor space of 11 m ² *	27(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
	Double occupancy bedroom for mobile persons has floor space of 14 m ² *	27(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
	Double occupancy bedroom for persons with mobility aids has floor space of 18 m ² *	27(1)(d)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Usable floor space in bedrooms does not include entrance/ swing of entrance door/closets/wardrobe cabinets/ fixed furniture/bathroom*	27(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Each bedroom has window providing natural light with window coverings to block light/protect privacy	28(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Window can be opened easily unless unsuitable to health/safety/ dignity *	28(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
	Window can be opened easily unless air conditioning/ mechanical ventilation system *	28(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Window provides visibility to outside for non-ambulatory person in care *	28(3)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Safe/secure place for storage of valuable property without cost	29(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Closet/wardrobe cabinet of at least 0.5 m ² without cost	29(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Persons in care permitted to bring into/keep/display in bedroom any furniture/ornaments/personal possessions	29(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Locked bathroom door can be opened from outside in emergency	30(a)	<input type="checkbox"/>	<input type="checkbox"/>	
		30(b)	<input type="checkbox"/>	<input type="checkbox"/>	
	Slip resistant material on bottom of bathtub/shower				
	Convenient/secure grab bars beside toilet/bathtub/shower	30(c)	<input type="checkbox"/>	<input type="checkbox"/>	
	Necessary equipment in bathrooms to protect health/safety/ dignity	30(d)	<input type="checkbox"/>	<input type="checkbox"/>	

Code	Item	RCR	Complies		Notes		
			Yes	No			
3000	One washbasin and toilet for every 3 persons in care (not LTC)*	31(a)	<input type="checkbox"/>	<input type="checkbox"/>			
3000	One tub/shower for every 4 persons in care (not LTC) *	31(b)	<input type="checkbox"/>	<input type="checkbox"/>			
3000	LTC – Sufficient bathing facilities on floor/in wing*				32(a)	<input type="checkbox"/>	<input type="checkbox"/>
	PIC on floor/in wing	Bathing facilities on floor/in wing	PIC on floor/in wing	Bathing facilities on floor/in wing			
	3-6	1	41-60	4			
	7-25	2	61-75	5			
3000	LTC – Washbasin/toilet next to dining/lounge/recreational area appropriate to needs*	32(b)	<input type="checkbox"/>	<input type="checkbox"/>			
3000	LTC – Washbasin/toilet for exclusive use of bedroom occupants*	32(c)	<input type="checkbox"/>	<input type="checkbox"/>			
3000	Sufficient seating in dining room	33(a)	<input type="checkbox"/>	<input type="checkbox"/>			
	Dining room provides at least 2 m ² usable floor space for each person in care *	33(b)	<input type="checkbox"/>	<input type="checkbox"/>			
	Sufficient tables for persons in wheelchairs	33(c)	<input type="checkbox"/>	<input type="checkbox"/>			
3000	Lounge facilities comfortably furnished/at least 2 m ² usable floor space for each person in care (not LTC)*	34(1)	<input type="checkbox"/>	<input type="checkbox"/>			
3000	LTC – Lounge facilities comfortably furnished/at least 1.5 m ² *	34(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>			
	LTC – Recreational areas not comfortably furnished/suitably equipped/at least 1 m ² usable floor space for each person in care*	34(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>			
3000	Lounge/recreational areas accessible at all times	34(3)	<input type="checkbox"/>	<input type="checkbox"/>			
3000	Administrative/staff work area appropriately furnished/equipped	35(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>			
3000	Safe/secure storage locations for medications/records	35(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>			
3000	Safe/secure/adequate storage areas for cleaning agents/chemical products/hazardous materials	35(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>			
3000	Separate utility areas for clean and soiled clothes/bedding/other articles	35(1)(d)	<input type="checkbox"/>	<input type="checkbox"/>			
3000	Slip resistant material on floor of laundry area used by persons in care	35(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>			
	Laundry area inaccessible to persons in care where appropriate	35(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>			
3000	Outside activity area provides 1.5 m ² for each person in care*	36(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>			
	Outside activity area has a surfaced patio area, including a reasonable amount of shelter from sun and inclement weather*	36(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>			
	Outside activity area has comfortable seating*	36(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>			
	Outside activity area secured by fence/other means if necessary	36(2)	<input type="checkbox"/>	<input type="checkbox"/>			
3000	An adult person in care has the right to the protection & promotion of his/her health, safety & dignity including a right to be treated in a manner, & to live in an environment, that promotes his/her health, safety & dignity	CCALA 7(1)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>			
3000	Licensee must operate the facility in a manner that will promote in the case of adult persons in care, the rights of those persons in care	CCALA 7(1)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>			
STAFFING							
3010	Licensee must employ only persons of good character who meet standards for employees specified in the regulations	CCALA 7(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>			
3010	An adult person in care has the right to the protection & promotion of his/her health, safety & dignity including a right to be treated in a manner, & to live in an environment, that promotes his/her health, safety & dignity	CCALA 7(1)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>			
3010	Licensee must operate the facility in a manner that will promote in the case of adult persons in care, the rights of those persons in care	CCALA 7(1)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>			

Code	Item	RCR	Complies		Notes
			Yes	No	
3010	Licensee must appoint a manager for the facility	CCALA 7(1)(d)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	CRC obtained for employees (as per CRRA)	37(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Employee criminal record check results kept	86(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Character references obtained for employees	37(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Employee character references kept	86(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Record of work history obtained for employees	37(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Copies of diplomas/certificates/evidence of training/skills obtained for employees	37(1)(d)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Evidence of compliance with Province's immunization and TB control programs obtained for employees	37(1)(e)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Record kept of evidence of employee compliance with Province's immunization/ Tb control programs	86(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Employee/manager is of good character	37(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
	Employee/manager has personality/ability/temperament necessary to manage/work with persons in care	37(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
	Employee/manager has training/experience/demonstrates skills necessary to carry out duties assigned	37(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	No persons > 12 years ordinarily present at a Child/Youth Residential facility unless of good character/have a CRC (under CRRA)	38	<input type="checkbox"/>	<input type="checkbox"/>	
3060	No continued employment of an employee without evidence of continued compliance with Province's immunization/TB control program	39(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Regular employee performance reviews completed to ensure they continue to meet requirements of RCR	40(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records kept of any employee performance reviews made/attendance at continuing education	86(d)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Regular employee performance reviews completed to ensure they demonstrate competence for duties assigned	40(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	No employees carrying out duties without necessary training/ experience/demonstrated competency	40(3)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Adult employee designated to act as manager during manager's temporary absences	41(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Qualified employee designated to supervise employees providing care	41(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
	Qualified employee designated to coordinate/monitor care	41(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
	Qualified employee designated to manage unusual situations /emergencies	41(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Employees on duty sufficient in numbers/training/experience/ organized in an appropriate pattern to meet needs of persons in care	42(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Employees on duty sufficient in numbers/training/experience/ organized in an appropriate pattern to assist persons in care with activities of daily living	42(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Persons in care appropriately supervised when outside of CCF	42(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Employees on duty who can communicate effectively with persons in care	42(3)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Immediate access to an employee with valid first aid/CPR from a course that meets requirements of Schedule C	43(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Immediate access to an employee knowledgeable respecting each person in care's medical condition	43(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Immediate access to an employee capable of effectively communicating with emergency personnel	43(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	First aid supplies readily accessible to all employees	43(2)	<input type="checkbox"/>	<input type="checkbox"/>	

Code	Item	RCR	Complies		Notes
			Yes	No	
3010	Qualified employee designated to organize/supervise physical/social/recreational activities (N/A for Hospice)	45(a)	<input type="checkbox"/>	<input type="checkbox"/>	
	Sufficient time given to designated employee to carry out physical/social/recreational activities (N/A for Hospice)	45(b)	<input type="checkbox"/>	<input type="checkbox"/>	
	Sufficient time provided for persons in care to participate in physical, social and recreational activities (N/A for Hospice)	45(c)	<input type="checkbox"/>	<input type="checkbox"/>	
CARE & SUPERVISION – OPERATIONS					
3030	An adult person in care has the right to the protection & promotion of his/her health, safety & dignity including a right to be treated in a manner, & to live in an environment, that promotes his/her health, safety & dignity	CCALA 7(1)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Licensee must operate the facility in a manner that will promote in the case of adult persons in care, the rights of those persons in care	CCALA 7(1)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Persons accommodated receiving safe/adequate care	46(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Type of care provided is that specified on licence	46(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Accommodating number of persons in care in keeping with maximum number specified on licence	46(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Care not provided to persons less than 19 years of age in adult facility without approved exemption	46(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Admission screening in place	47(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Admission screening considers employee training/experience/number of staff/patterns of coverage	47(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Admission screening considers design of facility/construction/equipment	47(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Admission screening considers needs of person/needs identified in care plan	47(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Admission screening considers health/safety/dignity of others in care	47(2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Admission screening considers criteria set by/advice/information from funding	47(2)(e)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Person/parent/representative advised of all charges/fees/other payments for accommodation/other services offered	48(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Person/parent/representative advised of policies re: expressing concerns/making complaints/resolving disputes	48(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Person/parent/representative advised of how to express concerns/ make complaints to MHO	48(1)(c)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Person/parent/representative advised of how to express concerns/ make complaints to Patient Care Quality Review Board	48(1)(c)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Advice/information communicated to person/parent/representative appropriate to their skills/abilities	48(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3060	All persons admitted comply with Province's immunization /TB control programs	49(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Risk of missing/wandering assessed on admission	49(3)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Health/safety monitored regularly	50(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Person not sent to hospital without direction by medical/nurse practitioner	50(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Person on leave under the <i>Mental Health Act</i> not transferred to another facility without consent of person/parent/representative	50(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Emergency plan/procedures to prepare for/mitigate/respond to/recover from/evacuate from any emergency present	51(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Plan setting out continued provision of care in emergency present	51(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Emergency plans updated if any change in facility	51(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Employees trained in implementation of emergency plan/use of any emergency equipment	51(3)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Emergency plan displayed prominently	51(4)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	All employees have access to reliable communications equipment	51(5)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Persons in care not subjected to financial/emotional/ physical/sexual abuse or neglect – defined in Schedule D	52(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	

Code	Item	RCR	Complies		Notes
			Yes	No	
3030	Licensee must ensure respect for personal privacy of all persons in care, including privacy of each person's bedroom, belongings, & storage area	53	<input type="checkbox"/>	<input type="checkbox"/>	
3090	Ongoing planned program of physical/social/recreational activities suitable to needs (N/A to Hospice)	55(1)(a)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3090	Ongoing planned program of physical/social/recreational activities designed to meet care plan objectives (N/A to Hospice)	55(1)(a)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3090	Persons encouraged to participate in program of activities	55(1)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3090	Persons encouraged to take advantage of community physical/social/recreational activities	55(1)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3090	Events beyond regular program of physical/social/ recreational activities offered	55(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3090	Costs charged to participants in events beyond regular program of physical/social/recreational activities	55(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3090	Sufficient quantity/variety of supplies/materials/equipment for regular program of activities without charge	55(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3090	Supplies/materials/equipment for regular program of activities readily accessible/safe for use	55(3)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3090	An adult person in care has the right to the protection & promotion of his/her health, safety & dignity including a right to be treated in a manner, & to live in an environment, that promotes his/her health, safety & dignity	CCALA 7(1)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3090	Licensee must operate the facility in a manner that will promote in the case of adult persons in care, the rights of those persons in care	CCALA 7(1)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Written documentation (name, facility name, emergency contact) in possession of persons who are off-site (not required for CYR)	56(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Persons likely to leave facility without notifying staff fitted with identifying bracelet/other means that cannot be removed easily	56(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Persons incapable of identifying themselves fitted with identifying bracelet/other means that cannot be removed easily	56(3)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Parent/representative has reasonable access to person in care	57(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Persons in care allowed to receive visitors of choice at any time	57(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Persons in care allowed to communicate privately with visitors	57(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Persons not allowed access to a person in care via court order/order issued under enactment restricted/prohibited from access	57(3)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Person in care not released to someone besides a parent/representative/authorized person	58(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Person in care not removed from facility by someone besides a parent/representative/authorized person	58(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	At least an annual opportunity for persons/parents/representatives/family members/contact persons to establish councils/organizations to represent interests	59(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	At least an annual opportunity for councils/groups to meet with licensee to promote collective/individual interests	59(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	At least an annual opportunity for councils/groups to meet with licensee to involve persons in care decision making on matters affecting day to day living	59(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Fair/prompt/effective process established for expression of concerns/ complaints/dispute resolution	60(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	No retaliation against persons in care resulting from expression of concerns/complaints/dispute resolution	60(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	All complaints/concerns/disputes responded to promptly	60(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3080	Regular self-monitoring of physical environment/care and services provided to ensure compliance with legislation	61	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Issues re: end of life planning & advance directives may be discussed and documented during care plan development	DOLSOP end of life	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Resident/substitute decision maker not required to sign advance directives/levels of intervention documents on admission/as requirement for continued residence at facility*	DOLSOP sign advance directives	<input type="checkbox"/>	<input type="checkbox"/>	
3030	*If Resident/substitute decision maker required to sign advance directives for admission/continued residence, is a contravention to CCALA 7(1)(b)(i)	CCALA 7(1)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	

Code	Item	RCR	Complies		Notes
			Yes	No	
3030	Restraint used necessary to protect person in care/ others from serious physical harm	73(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Restraint used is as minimal as possible (nature and duration)	73(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Safety and physical and emotional dignity monitored throughout use of restraint or assessed afterwards	73(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	All alternatives to use of restraint considered or implemented and rejected	73(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Employees have received training in alternatives to use of restraint/determining when alternatives are appropriate/use and monitoring of restraints	73(2)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Employees administering restraint follow any instructions in care plan re: use of restraints	73(2)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Use of restraint/its type/duration for use documented in care plan	73(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Person restrained provided information/advice appropriately re: use of restraint following use of emergency restraint	73(3)(a)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Persons who witnessed use of restraint provided information/ advice appropriately re: use of restraint following use of emergency restraint	73(3)(a)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Employees involved in use of restraint provided information/ advice appropriately re: use of restraint following use of emergency restraint	73(3)(a)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Information or advice given re: use of restraint following use of emergency restraint not documented in care plan	73(3)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Restraint provided in an emergency	74(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	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)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Agreement in Writing to the Use of Restraints	DOLSOP restraint use	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Restraint used with written agreement of medical/nurse practitioner	74(1)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Person in care not restrained for punishment/discipline	74(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Person in care not restrained for convenience of employees	74(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Reassessment for need for restraint within 24 hours of first use of restraint	75(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Written agreement obtained for continued use of emergency restraint for >24 hours by person in care/parent/representative/ relative closest to and actively involved in person in care's life	75(2)(a)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Written agreement obtained for continued use of emergency restraint for >24 hours by medical/nurse practitioner	75(2)(a)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Use of emergency restraint for >24 hours continues provided that <ul style="list-style-type: none"> • alternatives are considered/implemented and rejected; • employees have received training in alternatives to use of restraint/determining when alternatives are appropriate/use and monitoring of restraints; and • employees follow any instructions in care plan re: use of restraints; and • restraint use/type/duration is documented in care plan 	75(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	The need for approved restraint administered for >24 hours is reassessed as at time specified in care plan	75(3)(a)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	The need for approved restraint administered for >24 hours is reassessed at time specified by persons who agreed to its use	75(3)(a)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Consultation occurs with persons who agreed with use of restraint when approved restraint administered for >24 hours	75(3)(b)	<input type="checkbox"/>	<input type="checkbox"/>	

Code	Item	RCR	Complies		Notes
			Yes	No	
POLICIES & PROCEDURES					
3020	An adult person in care has the right to the protection & promotion of his/her health, safety & dignity including a right to be treated in a manner, & to live in an environment, that promotes his/her health, safety & dignity	CCALA 7(1)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Licensee must operate the facility in a manner that will promote in the case of adult persons in care, the rights of those persons in care	CCALA 7(1)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Written policies and procedures related to care and supervision	85(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Policies and procedures reviewed at least once each year/revised as necessary	85(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Policies and procedures available to employees at all times	85(1)(c)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Policies and procedures available to MHO on request	85(1)(c)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Policies and procedures available to person in care on request	85(1)(c)(ii.1)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Policies and procedures available to parent/representative on request	85(1)(c)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Policy implementation by employees ensured	85(1)(d)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	LTC – Written fall prevention policies and procedures re: an assessment of nature of risks that may result in falling in facility	85(2)(a)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	LTC – Written fall prevention policies and procedures re: plans for preventing falls	85(2)(a)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	LTC – Written fall prevention policies and procedures re: plans for responding to falls suffered (immediate care and subsequent prevention)	85(2)(a)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Written policies and procedures for orientation of new managers/employees	85(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Written policies and procedures for continuing education of new managers/employees	85(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Written policies and procedures outlining how persons in care/parents/representatives/contact persons may express concerns/make complaints/resolve disputes	85(2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Written policies and procedures re: access to persons in care by individuals who are not employees of facility	85(2)(e)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Written policies and procedures re: release of children/youths/vulnerable adults by authorized persons who appear incapable of providing safe care	85(2)(f)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Written policies and procedures re: responding to requests to release of children/youths/vulnerable adults by persons not authorized to do so	85(2)(f)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Written policies and procedures re: monitoring nutrition	85(2)(g)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Written policies and procedures re: monitoring of medication	85(2)(h)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Written policies and procedures re: use of emergency restraints	85(2)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Written policies and procedures re: responding to reportable incidents	85(2)(j)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Written policies and procedures re: steps to be taken if a person leaves/may have left without notifying an employee	85(2)(k)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Written policies and procedures re: appropriate manner/schedule of record keeping	85(2)(l)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Copy kept of policies and procedures established by Medication Safety and Advisory Committee	85(3)	<input type="checkbox"/>	<input type="checkbox"/>	
3060	Written policies and procedures for facility outbreak prevention and control	DOLSOP outbreak policies	<input type="checkbox"/>	<input type="checkbox"/>	

Code	Item	RCR	Complies		Notes
			Yes	No	
HYGIENE & COMMUNICABLE DISEASE CONTROL					
3060	An adult person in care has the right to the protection & promotion of his/her health, safety & dignity including a right to be treated in a manner, & to live in an environment, that promotes his/her health, safety & dignity (Universal precautions are practiced at all times)	CCALA 7(1)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3060	Licensee must operate the facility in a manner that will promote in the case of adult persons in care, the rights of those persons in care (Universal precautions are practiced at all times)	CCALA 7(1)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3060	Program of instruction/assistance in maintaining health and hygiene established	54(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Assistance provided to obtain health services	54(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Medical/nurse practitioner contacted in emergency	54(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Yearly dental health exams encouraged	54(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Daily assistance in maintenance of oral health provided	54(3)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Assistance in obtaining professional dental services provided	54(3)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Assistance in following dental treatment recommendations/ orders made by dental health care professional	54(3)(b)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	
RECORDS & REPORTING					
3070	An adult person in care has the right to the protection & promotion of his/her health, safety & dignity including a right to be treated in a manner, & to live in an environment, that promotes his/her health, safety & dignity	CCALA 7(1)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Licensee must operate the facility in a manner that will promote in the case of adult persons in care, the rights of those persons in care	CCALA 7(1)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Parent/representative/contact person notified immediately when person in care becomes ill/injured	76(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3060	MHO notified within 24 hours of a reportable communicable disease as per Schedule A of the Health Act	76(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Parent/representative/contact person notified immediately when person in care involved in a reportable incident	77(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Medical/nurse practitioner notified immediately when person in care involved in a reportable incident	77(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	MHO notified immediately when person in care involved in a reportable incident	77(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Funding program notified immediately when person in care involved in a reportable incident	77(2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Hospice – need not report death of person in care if death/ cause of death was expected	77(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Parent/representative/contact person and medical/nurse practitioner notified immediately of an expected death in Hospice	77(3)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	MHO/funding program notified within 30 days following an expected death in Hospice	77(3)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records on-site include name/sex/date of birth/medical insurance plan number/immunization record for persons in care	78(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records on-site include date of admission for persons in care	78(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3060	Clear & up to date records of immunization status kept for each person in care	DOLSOP immunization records	<input type="checkbox"/>	<input type="checkbox"/>	
3060	Immunization status reviewed on admission & regularly thereafter for each person care	DOLSOP review immunization status	<input type="checkbox"/>	<input type="checkbox"/>	
3060	Information re: benefits of immunization provided (including pneumococcal, annual influenza, tetanus-diphtheria, if appropriate)	DOLSOP immunization benefits	<input type="checkbox"/>	<input type="checkbox"/>	

Code	Item	RCR	Complies		Notes
			Yes	No	
3060	Pneumococcal immunization offered on admission, if not received previously	DOLSOP pneumo on admission	<input type="checkbox"/>	<input type="checkbox"/>	
3060	Care plan on admission includes reference to individual outbreak prevention and control policies	DOLSOP care plan	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records on-site include name & telephone number for parent/representative/contact person/primary health care provider	78(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records on-site include description/identification in an emergency for persons in care (i.e. photograph)	78(1)(d)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records on-site include identification of any individuals restricted/prohibited by court order from access to persons in care	78(1)(e)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records on-site include identification of any individuals who may pose a risk to health/safety/dignity to persons in care	78(1)(e)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Record of written consent from person in care/parent/representative to call medical/nurse practitioner or ambulance	78(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Children: Record of written consent from parent/ representative to release child to someone other than child's parent	78(3)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records on site include all money/valuables/other things held in trust/safekeeping for persons in care	79(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records on site include any disbursements made on behalf of persons in care	79(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records on site include any fees charged to hold/administer money/valuables/other things of persons in care	79(1)(c)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records on site include any fees charged to make disbursements on behalf of persons in care	79(1)(c)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records on site include all money/valuables/other things held for persons in care that were returned	79(1)(d)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Receipts issued or obtained (as applicable) for items in trust/safekeeping, or disbursements made, or fees charged or items returned	79(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Short-term care plan developed on admission (brief, temporary)	80(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Short-term care plan includes required information	80(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Care plan made within 30 days of admission (comprehensive for stays longer than 30 days)	81(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Care plan developed with participation of person in care	81(2)(a)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Care plan developed with participation of parent/representative	81(2)(a)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Care plan developed taking into account unique abilities, physical/social/emotional needs, cultural/spiritual preferences	81(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Care plan includes plan to address medication/self-medication	81(3)(a)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Care plan includes behavioural intervention	81(3)(a)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Care plan includes agreed upon restraint usage/type or nature/usage frequency	81(3)(a)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Care plan includes oral health care plan	81(3)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Care plan includes nutrition plan that assesses nutrition status	81(3)(c)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Care plan includes nutrition plan that specifies nutrition to be provided, including therapeutic diets	81(3)(c)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Care plan includes recreation/leisure plan	81(3)(d)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	LTC – Fall prevention plan addressing assessment of risk of falling included in care plan for those prone to falling	81(3)(e)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	LTC – Fall prevention plan addressing prevention from falling included in care plan for those prone to falling	81(3)(e)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	LTC – Fall prevention plan addressing follow-up to falls suffered included in care plan for those prone to falling	81(3)(e)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Care plan includes plans for preventing persons from leaving facility without notifying employees, if at risk	81(3)(f)(i)	<input type="checkbox"/>	<input type="checkbox"/>	

Code	Item	RCR	Complies		Notes
			Yes	No	
3030	Care plan includes plans for locating persons who have left facility without notifying employees	81(3)(f)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Children/Youth – Care plan includes special instructions provided in writing by parent	81(3)(g)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Care plan includes, if persons is released on leave/has been admitted under an enactment/court order, any condition/requirement under Mental Health Act/the enactment/the order	81(3)(h)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Regular monitoring of implementation of care plan	81(4)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Review/modification of care plan if a substantial change in circumstances	81(4)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Review/modification of care plan at least once a year, if no substantial change in circumstances	81(4)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Persons in care participate in review/modification of their care plan	81(4)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Care provided consistent with terms/conditions in care plan	82	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Record in care plan of type/nature of restraint	84(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Record in care plan of reason for use of restraint	84(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Record in care plan of alternatives to restraint considered which were implemented/rejected	84(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Record in care plan of duration of restraint and monitoring of person in care during restraint	84(d)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Record in care plan of result of any reassessment of use of restraint	84(e)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Record in care plan employee compliance with: <ul style="list-style-type: none"> • Training in alternatives to restraint use • Following instructions re: use of restraints • Documentation of use of restraint • Information/advice provided to person restrained/persons who witnessed it/employees involved in use following use of restraint • Not using restraint for punishment/discipline/convenience 	84(f)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records kept of minor accidents/illnesses/medication errors involving persons in care	88(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records kept of unexpected events involving persons in care	88(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records kept of reportable incidents involving persons in care	88(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records kept of complaints made/concerns expressed to Licensee and responses made	89(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records kept re: compliance with liability insurance requirements (LTC only)	89(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records kept re: compliance with family/resident council requirements	89(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records kept re: compliance with meeting individual nutrition needs/requirements	89(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records kept re: compliance with administration of medication requirements	89(2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Separate financial records for each facility maintained	90(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	All required records kept current	91(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	All required records kept separately for each facility operated	91(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records for each person in care, re: money and valuables, short-term care plans, care plans for >30 day stays, policies and procedures, records of minor and reportable incidents, records of complaints and compliance kept at facility	91(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Off-site records kept in a reasonably accessible place	91(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records produced on demand of MHO	91(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records related to persons in care only accessible to employees	91(3)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	All records (except original forms authorizing criminal record checks, employee records, records for persons in care, records of complaints) kept for at least one year	92(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Original forms authorizing criminal record checks kept for at least 5 years	92(2)	<input type="checkbox"/>	<input type="checkbox"/>	

Code	Item	RCR	Complies		Notes
			Yes	No	
3010	Criminal record check results, character references, work history records, copies of diplomas/certificates/evidence of training and skills, and evidence of compliance with Province's immunization/TB Control programs for employees kept as required	92(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Criminal record check results and character references for those ordinarily present kept as required	92(3)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Character references immediately returned/destroyed when employee no longer employed	92(4)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records for each person in care kept for at least 2 years following discharge	92(5)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records of complaints kept for at least 2 years	92(6)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records/personal information of persons in care kept confidential	93	<input type="checkbox"/>	<input type="checkbox"/>	

MEDICATIONS

No code	Does facility have records for MSAC's: <ul style="list-style-type: none"> • Meeting (every 6 mos. for facilities & 12 mos. for homes); • Review of medication system (every 6 months); & • Review of standing orders (annually) & contingency medications 	Other items discussed			
3040	Medication Safety & Advisory Committee (MSAC) appointed/ includes manager/designate	68(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3040	Medication Safety & Advisory Committee appointed/ includes supervising pharmacist	68(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3040	Medication Safety & Advisory Committee appointed/ includes health care provider supervising health care services	68(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3040	Supervising pharmacist serves on Medication Safety & Advisory Committee	68(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3040	Supervising pharmacist inspects medication storage areas	68(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3040	Supervising pharmacist consults with employees re: medication interactions/other medication related problems	68(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Medication Safety & Advisory Committee establishes/reviews training/orientation programs for employees	68(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Medication Safety & Advisory Committee policies/procedures re: safe & effective storage/handling/ administration of medications	68(3)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3020	Medication Safety & Advisory Committee establishes/reviews policies/procedures re: immediate response to/reporting of medication errors/adverse reactions to medications	68(3)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	All employees comply with policies and procedures of Medication Safety & Advisory Committee	68(4)	<input type="checkbox"/>	<input type="checkbox"/>	
3040	Pharmacist packages all medications	69(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3040	Pharmacist records all medications on the Medication Administration Record (MAR)	69(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3040	Medications remain in original labeled container/package	69(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	All medications safely/securely stored	69(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Safe/secure area for storage of self-administered medications provided	69(3)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	All self-administered medications stored in safe/secure area provided	69(3)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3040	Only medications prescribed/ordered by medical/nurse practitioner administered	70(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	All employees who store/handle/administer medications are 19 or older	70(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	All employees who store/handle/administer medications have successfully completed a training program established by Medication Safety & Advisory Committee	70(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3040	Only employees administer medications	70(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3040	Appropriate arrangements made for administration of medications to persons in care absent from facility	70(3)(b)	<input type="checkbox"/>	<input type="checkbox"/>	

Code	Item	RCR	Complies		Notes
			Yes	No	
3040	Plan for self-administration of medication approved by Medication Safety & Advisory Committee and medical/ nurse practitioner	70(4)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3040	Plan for self-administration of medication included in care plan	70(4)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Employees immediately document adverse reaction to medication on MAR	70(5)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Employees immediately notify medical/nurse practitioner & dispensing pharmacy of adverse reaction to medication	70(5)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3040	Employees do not make handwritten changes for use of a medication on container/package	71(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Changes in directions for use of a medication made by a medical/nurse practitioner promptly recorded on the MAR	71(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Dispensing pharmacy promptly notified of changes in directions for use of a medication	71(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3040	Medications returned to dispensing pharmacy if person in care no longer taking them	72(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3040	Medications returned to dispensing pharmacy if expired	72(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Medication administration records kept on-site showing all medication administered to persons in care	78(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Medication administration records kept on-site showing date/ amount/time medication administered	78(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3040	An adult person in care has the right to the protection & promotion of his/her health, safety & dignity including a right to be treated in a manner, & to live in an environment, that promotes his/her health, safety & dignity	CCALA 7(1)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3040	Licensee must operate the facility in a manner that will promote in the case of adult persons in care, the rights of those persons in care	CCALA 7(1)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
NUTRITION & FOOD SERVICE <i>** Items in shaded boxes must be reviewed by Licensing Staff during Routine Inspections **</i>					
3030	Person in care not deprived of food/fluids as form of punishment	52(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Food/fluids not used as reward	52(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Height & weight recorded on admission	49(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	1-week menu in place for care of 6 weeks or less	62(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
	4-week menu in place	62(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Menu provides nutritious breakfast/lunch/dinner with at least 3 food groups daily	62(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Menu provides at least 2 nutritious snacks with at least 2 food groups daily	62(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Menu provides variety of foods in consideration of nutrition plan/ needs	62(2)(c)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Menu provides variety of foods in consideration of food preferences/cultural background	62(2)(c)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Menu provides variety of foods in consideration of seasonal variations	62(2)(c)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Menu provides variety of foods in consideration of texture/colour/ food safety/taste/visual appeal	62(2)(c)(iv)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Menu provides for substitutions from same food group/ nutritional value	62(2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Food served follows menu/meets nutritional requirements	62(3)	<input type="checkbox"/>	<input type="checkbox"/>	
3000	Weekly menu displayed in LTC facility	62(4)	<input type="checkbox"/>	<input type="checkbox"/>	
3060	Food safely prepared/stored/served/handled	63(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Food prepared/served in manner consistent with preferences/ cultural background	63(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Meals provided in dining areas	63(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	

Code	Item	RCR	Complies		Notes
			Yes	No	
3030	Meals provided by temporary room tray service if necessary	63(3)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Meals provided by ongoing room tray service if necessary	63(3)(c)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
	Meals provided by ongoing room tray service if indicated in care plan	63(3)(c)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
	Meals provided by ongoing room tray service if approved by medical/nurse practitioner	63(3)(c)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	
	Meals provided by ongoing room tray service if reassessed by medical/nurse practitioner at least every 30 days	63(3)(c)(iv)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Meals not provided by ongoing room tray service for convenience of employees	63(4)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Sufficient time/assistance provided for meals	63(5)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Breakfast available between 7 and 9 am (except CYR)	64(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Lunch available between 11:45 am-1:00 pm (except CYR)	64(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Dinner available after 5 pm (except CYR) 2 snacks – am or pm, & evening	64(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Snacks provided at times to meet needs of persons in care	64(1)(d)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	CYR – Meals and snacks provided at times to meet needs of persons in care	64(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Brunch on weekends/holidays provided if preferred	64(3)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Packed meal/snack provided to off-site persons in care without charge	64(4)	<input type="checkbox"/>	<input type="checkbox"/>	
3090	Persons in care encouraged to participate in menu planning/meal preparation/food service/related activities	65(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3060	Adequate supervision provided to persons in care involved in food preparation/service	65(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Person in care receiving adequate food to meet needs	66(1)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Sufficient quantity/variation of fluids provided to meet needs/preferences	66(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Required nutrition supplements provided	67(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
	Required tube feedings provided	67(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
	Eating aids/assistance/supervision provided if required by person in care who has difficulty eating	67(1)(c)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
	Eating aids/assistance/supervision provided if required by nutrition plan	67(1)(c)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Children not fed by means of propped bottle	67(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	50 or more persons are in care – Food services manager employed who is a nutrition manager with membership in Canadian Society of Nutrition Management	44(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	Under Other Items Discussed, ask for a copy of documentation of qualifications
	50 or more persons are in care – Food services manager employed who is eligible to be a member of Canadian Society of Nutrition Management	44(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
	50 or more persons are in care – Food services manager employed who is a dietitian	44(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3010	Employees responsible for preparation and delivery of food have necessary experience/competency/training	44(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
	Ongoing education re: preparation/delivery of food, nutrition, and assisted eating techniques for employees responsible for preparation/delivery of food	44(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	24 or fewer in care – Nutrition plans developed	83(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	24 or fewer in care – Reasonable steps taken to assess specific nutritional needs in nutrition plan including risk of being inadequately nourished because of <ul style="list-style-type: none"> • physical/mental condition, • history of eating issues, or • any other relevant factor 	83(1)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
		83(1)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
		83(1)(b)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	

Code	Item	RCR	Complies		Notes
			Yes	No	
3030	25 or more in care – Nutrition plans developed with assistance of dietitian	83(2)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	24 or fewer in care – Nutrition plans reviewed on a regular basis	83(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	25 or more in care - Nutrition plan reviewed with a dietitian regularly	83(3)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Nutrition plan reviewed with a dietitian if requested/ required by health care provider	83(3)(c)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
	Nutrition plan reviewed with a dietitian if requested/ required by MHO	83(3)(c)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
	Nutrition plan reviewed with a dietitian if requested/ required by funding program	83(3)(c)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	All persons in care weighed monthly (N/A for Hospice)	83(4)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	Immediate advice sought from health care provider following significant change in weight (N/A for Hospice)	83(4)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Record of weights in nutrition plan (N/A for Hospice)	83(4)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	If refuses/unable to be weighed, reason why recorded	83(5)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
3030	If refuses/unable to be weighed, immediate advice sought from health care provider when significant change in weight appears	83(5)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records kept of food services/nutrition care education/training programs attended by food services employees	87(d)	<input type="checkbox"/>	<input type="checkbox"/>	
3070	Records kept of food purchases	87(a)	<input type="checkbox"/>	<input type="checkbox"/>	
	Records kept of menus/menu substitutions	87(b)	<input type="checkbox"/>	<input type="checkbox"/>	
	Records kept of results of monitoring of food services/nutrition care	87(c)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	An adult person in care has the right to the protection & promotion of his/her health, safety & dignity including a right to be treated in a manner, & to live in an environment, that promotes his/her health, safety & dignity	CCALA 7(1)(b)(i)	<input type="checkbox"/>	<input type="checkbox"/>	
3050	Licensee must operate the facility in a manner that will promote in the case of adult persons in care, the rights of those persons in care	CCALA 7(1)(b)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	
No code	If services of dietitian used, documents of registration reviewed or provided on request	Other items discussed			
No code	Accreditation completed/planned for when: _____	Other items discussed			
Note: DOLSOP = Director of Licensing's Standards of Practice DOL = Director of Licensing HCP = health care professional PIC = persons in care CYR = Child/Youth Residential Care CL = Community Living Residential Care MSAAC = Medication Safety & Advisory Committee NP = nutrition plan CFG = Canada's Food Guide to Health Eating N/A = Not applicable NAT = Not assessed today					