

	Saskatchewan Health Regional Health Services Policy & Procedure Manual	Status: Current
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Approved By: Community Care Branch		Page: 1 of 1
Section: Miscellaneous Health Services		Branch Contact: 787-1715
Title: PERSONAL CARE HOMES LICENSEES' HANDBOOK		

INTENT:

To further clarify the requirements under *The Personal Care Homes Act*, including licensing, building, staffing, admission and discharge, assessment, records, care, food, medications, rights and privileges, and rules.

LEGISLATIVE AUTHORITY:

The Personal Care Homes Act

The Personal Care Homes Regulations (See Section 5 (1) (2))

POLICY:

Each personal care home licence is issued with a condition that requires the personal care home licensee to operate their home in accordance with the most recent version of the Licensees' Handbook.

PROCEDURE:

It is expected that the licensee and staff have access to and knowledge of the contents of the Licensees' Handbook, and should use this document to assist them in meeting the licensee's obligations under the Act.

RELATED FORMS:

- Complaints Reporting Form
<http://www.health.gov.sk.ca/personal-care-home-complaint>
- Selecting a Personal Care Home Pamphlet
<http://www.health.gov.sk.ca/personal-care-home-selection>

Please contact the Community Care Branch, Saskatchewan Health at 306-787-1715 for the following forms. These forms are not online.

- Application for a personal care home licence
- Application for Licence Renewal / Self Inspection
- Personal Care Homes Listing

Personal Care Home Licensees' Handbook <http://www.health.gov.sk.ca/personal-care-home-licences>

1. Introduction

The Handbook

This handbook is written for you, the licensee of a personal care home. As a licensee of a home, you are responsible for the care, management and administration of the home. It is also your responsibility to learn what is in this handbook and to share this information with your staff.

The Personal Care Homes Regulations state:

“Subject to the other terms and conditions of this licence, the licensee shall operate the home governed by this licence in accordance with the most recent edition of the *Licensee’s Handbook* published by Saskatchewan Health and supplied by the department to the licensee.”

The handbook explains the requirements of *The Personal Care Homes Act* and will help you to manage your home according to these requirements.

It is expected that your staff will have access to and knowledge of the contents in this Handbook.

Who Can You Call If You Have Questions?

- Ø a Personal Care Homes Consultant, Regina (306) 787-1715, or Saskatoon (306) 933-5843;
- Ø staff from the assessment agency designated by your Regional Health Authority; or
- Ø other professionals who are working with the resident.

How Will Changes Be Made To This Handbook?

When changes are made to this handbook, the branch in Saskatchewan Health responsible for Personal Care Homes will advise you of the changes and send you the revised copy when new ones are printed. You must operate your home in accordance with the most recent edition of the *Licensee’s Handbook*.

Note: The terms “he/him/his” are used interchangeably with “she/her/hers” throughout this document.

2. Glossary of Terms

activities of daily living:

activities that include, but are not limited to, eating, bathing, dressing, grooming and participating in social and recreational activities

admission agreement/contract:

a written agreement between you and the resident that you both agree to and sign when a resident comes to live in your home

adult:

a person who is 18 years or older

assessment:

the determination of a resident's abilities and care needs

assessment agency:

the organization or individual that the minister designates to conduct an assessment

assessor:

the staff employed by the designated assessment agency to assess resident care needs

authorized capacity:

the maximum number of residents permitted to be accommodated in a home as stated on the licence

branch responsible for personal care homes:

the branch within the Department of Health responsible for the monitoring, inspection, and licensing of personal care homes

bubble pack/blister pack:

a card with punch-out "bubble" sections, which contain the pill(s) that must be given at the prescribed time

care:

the provision of personal care, specialized care or both personal and specialized care to a resident

care aide:

an individual who has successfully completed an educational program in providing personal care that is recognized by the department and that provides the equivalent of four months full-time training

care staff:

the persons in a home who provide care and supervision to the residents

condition on licence:

a requirement that you must meet in order to receive and maintain a personal care home licence

construction:

includes structural alteration and conversion

consultant:

a person appointed by the minister for the purpose of ensuring the well-being of residents in a personal care home and administration of *The Personal Care Homes Act* and regulations

contract/admission agreement:

a written agreement between you and the resident that you both agree to and sign when a resident comes to live in your home

convictions:

the judgment of a jury or judge that a person is guilty of a crime as charged

criminal charge:

to accuse a person of criminal conduct

criminal record:

a list of crimes for which an accused person has been previously convicted

cycle menu plan:

a list of foods and beverages that are to be served for each breakfast, morning snack, lunch, afternoon snack, supper and evening snack over a period that is not less than three weeks in length and that may be repeated

department:

refers to Saskatchewan Health

fire inspector:

a provincial inspector, local assistant or a municipal inspector, within the meaning of *The Fire Prevention Act, 1992*

grade:

the average level of finished ground adjoining a building at all exterior walls

health care professional (for staffing purposes only):

- (i) a person who holds a valid licence, other than a conditional licence, pursuant to *The Licensed Practical Nurses Act, 2000* (must have completed the Medication Course);
- (ii) a person who holds a valid licence pursuant to *The Registered Nurses Act, 1988*;
- (iii) a person who holds a valid licence pursuant to *The Registered Psychiatric Nurses Act*;
- or
- (iv) a physician

health care professional (for specialized care purposes only):

a professional who has legal authority to perform a specialized care procedure or train a layperson to perform a specialized care procedure

home:

a personal care home that has been licensed

licence:

the document that you receive from Saskatchewan Health that permits you to operate your personal care home

licensee:

the person(s) or corporation who applied for the licence and received it in their name(s), is/are the licensee(s)

means of egress:

a continuous path of travel that allows an escape for persons from any point in a building or contained open space to a separate building, an open public thoroughfare, or an exterior open space, protected from fire exposure and having access to an open public thoroughfare

menu journal:

a daily record of foods and beverages served to the residents for breakfast, morning snack, lunch, afternoon snack, supper and evening snack

occupational therapist:

health care professionals who assist an individual in developing or maintaining life roles and activities at home and in the community when one's ability to function independently has been challenged

operational review:

an inspection of the environment and care provided in a personal care home done by a consultant from Saskatchewan Health

personal care:

direct assistance to, or supervision of, a resident in performing activities of daily living, including the administration of medication, but does not include specialized care

personal care homes application for licence renewal/self-inspection report:

an application for licence renewal and a questionnaire that the licensee receives annually from Saskatchewan Health and is required to fill out and return to Saskatchewan Health as part of the re-licensing process

pharmacist

a health professional trained in preparing and dispensing drugs

physical restraint:

a device that limits, restricts, confines or controls a resident or deprives a resident of freedom of movement

physician:

a duly qualified medical practitioner

physiotherapist:

a health care professional who evaluates and restores strength, endurance, movement and physical abilities affected by injury, disease or disability

potentially hazardous food:

any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, seafood or other ingredients, including synthetic ingredients, that is in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms

pre-inspection:

an inspection of a personal care home that is done by a personal care homes consultant before a licence is issued

reassessment:

a review of a resident's abilities and care needs that the assessor completes after the first assessment

referral:

a recommendation that the resident see a professional or go to an agency in order to obtain further direction or resources

regional health authority:

previously known as health districts, responsible for health services

resident:

any adult, other than a relative, who lives in your home for the purpose of receiving personal care

residents at risk of wandering:

any resident with a long-term memory deficit or any other condition where a resident has demonstrated a tendency to wander. This includes, but is not limited to, conditions such as Alzheimer Disease, stroke, etc.

rights and privileges:

the respect and courtesy that residents are entitled to when they are living in your home

safety ashtray:

an ashtray made of non-combustible material and designed so that a cigarette left unattended cannot fall out of the ashtray

security advance:

an amount of money paid to hold a room for a resident until the resident can move into the personal care home

specialized care:

health care services provided by health care professionals that are required by a resident, but does not include personal care

specialized procedure:

a treatment or type of care that is usually done by health care professionals (e.g. dietitians, nurses, physiotherapists, pharmacists, etc.)

storey:

the part of the building between the top of one floor and the top of the next floor or, where there is no next floor, the part of the building between the top of the floor and the ceiling above it, but does not include a basement where the floor is more than 1.22 metres below grade

supporter:

a person named by the resident to help the resident in his dealings with the licensee

total occupancy:

the maximum number of persons who are permitted to live in your home, including residents, family members, etc.

3. Licensing Process

a) Who may obtain a licence?

To obtain a licence you must:

- Ø reside in Saskatchewan;
- Ø have the ability to provide safe and adequate care to residents, and to operate a home in accordance with the personal care home program requirements;
- Ø be capable of communicating verbally and in writing in the English language; and
- Ø meet the licensing requirements.

b) What type of training do you need?

You, the applicant, or the person responsible for the day-to-day operation of the proposed personal care home shall hold a valid certificate in:

- Ø a food service sanitation course recognized by the department;
- Ø a basic/standard first aid course at the time of licensing and recognized by the department;
- Ø the Personal Care Homes Orientation Workshop; and
- Ø a personal care workers course of at least 16 hours or equivalent that covers the provision of personal care and is recognized by the department (on or after April 1, 2004).

c) How can a consultant with Saskatchewan Health, Personal Care Homes Program help you?

The consultant can help you by:

- Ø reviewing the requirements that you must operate within;
- Ø inspecting the building that you would like to use as the personal care home;
- Ø reviewing your plans and providing direction respecting compliance with the personal care home requirements; and
- Ø answering any questions you may have.

d) What information do you need to send to a consultant if you want a licence for 10 or fewer residents?

You will be required to submit to your consultant:

- Ø Form 1 – facility information;
- Ø Form 2 – applicant information (a corporation is not required to complete this form);
- Ø a copy of your Food Services Sanitation Certificate;
- Ø a copy of your valid Standard or Basic First Aid Certificate;
- Ø a copy of your 16 Hour Personal Care Worker Certificate or equivalent (on or after April 1, 2004);
- Ø a copy of your Personal Care Homes Orientation Workshop Certificate (if the licensee is a board or corporation, at least 2 **current** board members must have attended the personal care homes orientation);
- Ø references:
 - § name, address, and phone number of three references (not a relative) that can comment on your ability to provide care. At least one reference must be from a health care professional (your consultant may contact other sources for references if it is deemed necessary),
 - § if the applicant is a board or corporation and a board member will be managing the home or is involved in the day-to-day operations of the home, that board member is required to provide three references as indicated above,
 - § if the person managing the personal care home is not part of the board or corporation, then it is the responsibility of the board or corporation to ensure the manager is a suitable employee. This would include having the manager submit a criminal record check and references to the board,
 - § if you already operate a personal care home or have operated one in the past, then you must submit two references from current or former residents or supporters of that personal care home and one reference from a health care professional;
- Ø a current, satisfactory criminal record check (if you have had a criminal record check done within the last 6 months it may be acceptable);
- Ø a criminal record check of anyone 18 years or older residing in the home who is not part of the authorized capacity;
- Ø incorporation documents (if applicable);

- Ø policies of insurance:
 - § \$5000 against theft by staff of residents' belongings (if you employ staff on a regular or frequent basis),
 - § \$1,000,000 against general liability (including 3rd party),
 - § \$1,000,000 against claims arising from transportation of residents in a vehicle (if you plan to transport residents to physicians appointments, etc.);
- Ø zoning approval;
- Ø an accurate drawing of the floor plan in your personal care home (include all levels);
- Ø satisfactory Elevating Conveyance Licence (if you have an elevator or chair lift);
- Ø evidence from the local public health officer or environmental health officer that the water supply is potable (only if you use a private water supply);
- Ø satisfactory fire inspection report;
- Ø evidence of a current satisfactory fire sprinkler system inspection (for homes with 6 or more residents you must have fire sprinklers installed; some local jurisdictions may require sprinkler systems for homes with fewer than 6 residents);
- Ø authorization to Receive Confidential Information Form if you were ever licensed or approved under *The Mental Health Services Act*, *The Residential Services Act* or in any other jurisdiction (including providing care in another province, etc.); and
- Ø any other information that the minister feels is necessary to make a decision respecting the issuance or denial of a personal care homes licence.

e) What additional information do you need to send to a consultant if you want a licence for 11 to 20 residents?

In addition to the information listed for 10 or fewer residents, you will also need to submit:

- Ø a project proposal including drawings stamped by an architect or engineer (unless the facility is viewed as a residential occupancy by building officials);
- Ø written approval of the local public health officer or environmental health officer regarding the professional drawings (unless the facility is viewed as a residential occupancy by building officials);
- Ø a satisfactory food premises inspection report from the local public health officer or environmental officer; and
- Ø a satisfactory building inspection report.

f) What additional information do you need to send to a consultant if you want a licence for 21 or more residents?

If you would like to apply for a personal care home licence to accommodate 21 or more residents, in addition to the requirements listed for the 10 and under residents, and 11 to 20 residents, you will also need to submit the following information:

- Ø an operational plan, including a market analysis plan (i.e. surveys, etc.), a staffing plan, and a financial plan satisfactory to the minister that demonstrates financial viability of the home at 80% occupancy;
- Ø a contingency plan detailing the arrangements you have in place to relocate residents in the case of an emergency or if the personal care home ceases operation;
- Ø evidence that you have consulted with the Regional Health Authority where the personal care home is to be located. (Saskatchewan Health will send a letter to the Regional Health Authority to request a written statement of its level of support or non-support for the proposed personal care home.); and
- Ø security in the form of a penal bond or irrevocable standby letter of credit in an amount of \$2500 times the proposed authorized capacity of the personal care home.

This security also applies to:

- § existing personal care homes with an authorized capacity of 21 or more who want to increase their authorized capacity by more than 10 (cumulative) from the authorized capacity they had on July 25, 2002; and
- § existing personal care homes with an authorized capacity of 20 or fewer that want to increase their capacity to 21 or more.

g) What if you (the licensee) are a Corporation?

When a corporation is applying for a personal care home licence, the following information must be submitted to your consultant:

- Ø a Certificate of Incorporation;
- Ø a list of Directors and Executive Officers (including telephone numbers) from the Corporations Branch; and
- Ø the name of the person(s) having authority to sign legal documents on behalf of the corporation for the personal care home, (with verification from the board if applicable).

h) What does "authorized capacity" and "total occupancy" of your home mean?

Authorized capacity means the maximum number of residents that your licence allows you to accommodate in your home.

Total occupancy means the maximum number of persons who are permitted to live in your home, including residents, family members, etc.

The authorized capacity and the total occupancy of your home cannot exceed the numbers identified on your licence.

i) How much does the licence cost?

The annual licensing fee is \$10 times the authorized capacity. If your licence is issued for a term other than a year, your licensing fee will be prorated.

j) What do you need to do to renew your licence?

To renew your licence, Saskatchewan Health will mail you a "Personal Care Homes Application for Licence Renewal/Self-Inspection Report" form for you to complete and return to Saskatchewan Health, before your current licence expires.

You must also:

- Ø have confirmation of applicable Policies of Insurance;
- Ø have a current satisfactory Fire Inspection Report (due every 3 years, or more frequently if otherwise directed);
- Ø evidence of a current satisfactory Fire Sprinkler System Inspection (required annually);
- Ø evidence from the local public health officer or environmental health officer that the water supply is potable (only if you use a private water supply);
- Ø have a satisfactory Elevating Conveyance Licence (if applicable);
- Ø pay the licensing fee;
- Ø have current satisfactory criminal record checks for anyone 18 years or older who resides in your home (not residents);
- Ø have security in the form of a penal bond or irrevocable standby letter of credit (if applicable); and
- Ø provide any other information that is necessary in determining if your licence will be renewed or renewed with any conditions.

In most cases your licence will be issued to expire March 31st of each year.

It is the licensee's responsibility to track the due dates for the above reports and submit updated reports to the department when they are due. By submitting these reports throughout the year, the licensee reduces their burden during relicensing.

k) What do you need to do after you are licensed?

To maintain your licence:

- Ø your home and the care you provide must meet the requirements under *The Personal Care Homes Act*, Regulations and Licensee's Handbook;
- Ø you must meet any conditions that are included on your current licence; and
- Ø you and your staff need to work cooperatively with your consultant.

l) When will a consultant visit your home?

A consultant will visit your home to:

- Ø do a pre-licensing inspection;
- Ø conduct an operational review;
- Ø investigate a complaint;
- Ø provide coaching or teaching; and
- Ø just see how things are going.

Most visits will be unannounced.

m) Can you offer any other services in your home?

You may be able to offer other services in your home (e.g. Adult Day Program, Meals on Wheels, etc.); however, Saskatchewan Health, Personal Care Homes Program, must approve these services. Contact a consultant before you offer any other services in your home.

n) What does it mean to have a condition on your licence?

Your licence will always have a standard condition which states:

- Ø "Subject to the other terms and conditions of this licence, the licensee shall operate the home governed by this licence in accordance with the most recent edition of the Licensee's Handbook published by Saskatchewan Health and supplied by the department to the licensee."

You may ask to have a condition on your licence if you or your staff do not wish to provide care to residents who have particular needs (e.g. residents at risk of wandering or diabetic care).

A condition may be placed on your licence if it is determined that you are unable to provide safe and adequate care to residents with a particular type of care (e.g. residents who require heavy care).

Your licence may be issued with a condition because of the way your home is built (e.g. can only admit and care for residents who can climb and descend stairs independently).

You must inform residents and their supporters about any condition on your licence because it will limit the care that is available in your home.

Should a resident develop a certain type of care that a condition on your licence does not permit you to care for, you must give appropriate discharge notice to that resident.

o) What happens if you don't agree with a licensing decision?

If you do not agree with a licensing decision to:

- Ø place terms or conditions on your licence;
- Ø refuse to issue you a licence; or
- Ø amend, suspend or cancel your licence, you should discuss your concerns with your consultant. You may also contact the Saskatchewan Health Personal Care Homes Program [Regina: (306) 787-1715].

If you are not satisfied with the answers you have received, you can ask for a review of the decision.

Within 30 days of receiving your letter with the licensing decision, write to the person who has been designated by the Minister of Health and ask for a review. The name and address of this designated person is included in the letter that is sent to you with the licensing decision.

If you request a review:

- Ø give your specific objections to the decision;

- Ø explain how you propose to ensure the safety and care of the residents; and
- Ø send your letter by registered mail.

The action or decision that was previously made may only be reversed or amended following the review.

p) What do you do if you want to sell or stop operating your personal care home?

Before you can sell or stop operating your home you must:

- Ø contact your consultant and the Regional Health Authority (assessment agency) in writing **30 days** before you plan to sell or close your home if you are licensed to care for 20 or fewer residents;
- Ø contact your consultant and the Regional Health Authority (assessment agency) in writing at least **90 days** before you plan to sell or close your home if you are licensed to care for 21 or more residents;
- Ø inform the residents, their families and supporters in writing that you are no longer going to operate your present personal care home; and
- Ø keep your records for 6 years after you sell and arrange for the safe secure storage of the resident records in a place that is accessible only to you or transfer the resident records to an approved archive.

The consultant can advise you of what else you need to do in your situation.

If you are closing your home, you are responsible:

- Ø for assisting the residents and their supporters with arrangements to find other suitable accommodations;
- Ø to inform the residents and their supporters that they can get a list of currently licensed personal care homes by calling the assessment agency or the Saskatchewan Health Personal Care Homes Program; and
- Ø to refer the residents to the assessment agency if they want or need help in finding a new place to live. The agency staff can also arrange to complete reassessments, which may be required for some of the residents.

If you are selling your home, you:

- Ø can sell the property and the assets of your business; however, the sale does not include the licence, the residents or the staff; and
- Ø must inform the residents who choose to remain in the personal care home of your intention to supply the new operator with photocopies of the parts of the resident

records that are necessary to provide safe and adequate care to the residents (e.g. care plans, medications, supporter name and number, physician, etc.).

q) What if you want to increase your authorized capacity or your total occupancy?

If you want to change either your authorized capacity or your total occupancy, contact a personal care homes consultant and explain what you want to do. The consultant will advise you on what steps to take.

You cannot admit more residents than the number stated on your current licence.

r) What if your licence is suspended or cancelled?

If your licence is cancelled by Saskatchewan Health, you will usually be given a specific period of time to assist the residents to relocate to other suitable accommodations.

If your licence is suspended, the residents will usually be relocated to other suitable accommodation.

You are responsible for contacting the residents, their families and supporters and informing them that, beyond the specified date, you will no longer have a personal care home licence.

You are also responsible for helping to make arrangements for the orderly relocation of the residents. You would do this by calling the assessment agency and informing them of the situation. The assessment agency staff may arrange to complete reassessments on the residents, if required.

You would also inform the residents and supporters that they could get a list of currently licensed personal care homes by calling the assessment agency or the Saskatchewan Health Personal Care Homes Program.

s) What if you want to purchase a licensed personal care home?

You will need to:

- Ø obtain a personal care homes licence before beginning the operation of the home;
- Ø make the offer to purchase conditional on obtaining zoning approval, arranging financing, obtaining a personal care home licence, and passing a fire inspection; and
- Ø make sure all equipment and supplies are in good working condition.

4. Your Building

Your municipal building and fire inspectors, and Regional Health Authority public health officers or environmental health officers will let you know what the rules are regarding your building, or whom you can call to find out.

Your facility must be able to meet the needs of all the residents you intend to care for.

You must make sure there are two ways to exit from each storey of your home where residents are accommodated.

Your personal care home cannot have more than three storeys if you are accommodating 10 or fewer persons, including residents, family and boarders.

a) Common Living/Dens/Recreation Rooms

The common living/den/recreation room(s) must be of sufficient size and separation to accommodate the total number of people living in the home and will be used for visiting, hobbies, crafts and other activities.

Common living/den/recreation area(s) must be accessible to residents, and provide at least 1.85 square meters (approximately 20 square feet) of usable space for each person who lives in the home. The measurement does not include the space required for the means of egress.

Accessible common living/den/recreation area(s) may be required on each storey where residents are accommodated in homes with an authorized capacity of 10 or fewer residents, and are required for an authorized capacity of 11 or more residents.

This area should not interfere with the personal care of the residents.

b) Common Dining Areas

Dining area(s) must be accessible to residents and provide at least 1.2 square meters (approximately 13 square feet) of usable space for each person who lives in the home. This measurement does not include the space required for means of egress.

Where there is more than one dining area, it is important to ensure that a resident is not eating alone.

The dining area provided must be arranged and furnished so that it provides a pleasant dining atmosphere. A couple of smaller dining tables may encourage the residents to socialize more than they might at one very large table.

c) Safe Yard/Lawn Space

You must provide a safe yard/lawn space with places for residents to sit, and a safe walkway.

d) Secure Area

If you care for residents at risk of wandering, you must provide the resident with an outdoor area that allows freedom of movement within a safe and confined area around at least one of the home's exterior exits.* (The licensee will be responsible for ensuring appropriate supervision.)

The secure outdoor area for residents at risk of wandering must:

- Ø meet the requirements of the local authority having jurisdiction;
- Ø be designed to prevent a resident from climbing over it;
- Ø be large enough to allow a resident to move about freely;
- Ø be an enclosed area which does not allow a resident to leave the area unless through an exit (This exit must be secure and/or alarmed and it must open from both sides.);
- Ø have a means of escape or exit that would not require any person in the space to have to enter a burning building to escape from a fire;
- Ø include a shelter from the sun; and
- Ø be free of hazards.

The secure area plan must be approved by a personal care home consultant before you begin renovating an existing area or constructing a new area.

***In unique situations some exceptions may apply.**

e) Bathrooms

Ensure toilets and bathrooms are accessible to residents, are well ventilated, and have a door that closes securely to provide privacy.

You require:

- Ø a minimum of one toilet and sink for every five persons living in the home which is available for all the residents to use;
- Ø a minimum of one bathtub or shower for every 10 persons living in the home which is safe and available for all residents to use; and
- Ø a sink and a toilet in each tub or shower room.

f) Resident Bedrooms

You cannot accommodate a resident in a bedroom that requires him to use stairs if he is not able to use stairs independently.

Each resident's bedroom:

- Ø can accommodate no more than two residents; and
- Ø must have at least 7.2 square meters (approximately 78 square feet) of usable floor space if there is one resident in a bedroom, or 5.4 square meters (approximately 117 square feet) per resident of usable floor space if there are two residents in a bedroom. These measurements do not include the closet space or the entry space.

Resident bedrooms must:

- Ø not be used as a passageway by other occupants to get to any other rooms in the house or to a common exit to the outside;
- Ø not be more than 1.22 metres (4 feet) below the ground;
- Ø not be above the second storey;
- Ø have a door that closes but cannot be locked from the outside;
- Ø have a screened window to the outside that can be easily opened;
- Ø only be used as a bedroom; and
- Ø must be furnished with:
 - § a bed for each resident that is no smaller than one metre (39 inches) wide, and a mattress that is clean and in good condition;
 - § a clothes closet or a wardrobe;
 - § a chest of drawers, dresser, or other suitable furniture for each resident;
 - § a comfortable chair for each resident;
 - § window blinds or curtains which provide privacy and shade;
 - § a waste basket; and
 - § a wall mirror large enough for the resident to use for daily grooming.

You must encourage residents to personalize their bedroom.

g) Door Alarm System

You must have door alarms if you have residents at risk of wandering.

Door alarms must be on each exterior door, activated at all times and loud enough to be heard in all areas.

You must have a written plan in place for finding a missing resident and each staff member must be aware of the plan and be able to carry it out.

h) Designated Smoking Room

If you allow smoking in your home you are responsible to ensure the designated smoking room is used safely.

Ø For homes with **10 or fewer residents** you must:

- n have a designated smoking area (e.g. kitchen);
- n provide proper ashtrays or disposal containers for smoking materials (even if the smoking area is outdoors); and
- n supervise residents if necessary.

Ø For homes with **11 or more residents**, there must be a designated smoking room that:

- § is approved by your local public health inspector;
- § has an interior window for supervision and observation; and
- § has safety ashtrays and a metal trash container with a safety lid.

You must also have a Fire Safety Plan that was reviewed and approved by a fire inspector and that includes:

- § periodic supervision of the residents using the room;
- § the supervision of residents who are not safe to smoke alone;
- § fire-protective clothing for any resident who presents a clear fire safety risk;
- § an inspection routine where you check the room at regular intervals;
- § details of what is involved in the inspection and how it is carried out; and
- § a written record of the inspection including the date, time and who did the inspection.

i) What other things can you do to make your home safer?

The inside and outside of your home can be made safer for residents by:

- Ø using bath aids to assist the resident in and out of the tub (e.g. supportive bars, tub side rails, grab bars, non-slip surfaces, bath chair, hand-held shower head);
- Ø having sturdy and safe handrails on sides of stairs, inclines, ramps and decks;
- Ø having non-slip surfaces on stairs and non-slip backs on all floor mats;
- Ø providing proper landings at stairs and ramps and in front of doors;
- Ø being sure there are no loose floor coverings;
- Ø ensuring hazardous products are safely stored and properly labeled (e.g. cleaning supplies);
- Ø ensuring flammable liquids are not stored in the personal care home or any space or building attached to the personal care home;

- Ø ensuring that fluorescent lights have a protective cover in place in case the glass shatters;
- Ø ensuring the maximum temperature of your hot water supply will not cause injury (the temperature should not exceed 49 degrees Celsius);
- Ø ensuring that the hallways and stairs are brightly lit and have no clutter; and
- Ø ensuring the outside entrances are well lit.

j) What if you want to renovate your home?

If you want to renovate your home, contact your consultant and explain what you want to do.

In a home with 10 or fewer residents, you must provide your consultant with:

- Ø written details of your renovations or construction plans;
- Ø a building permit issued by the local jurisdiction;
- Ø a satisfactory building inspection report;
- Ø a satisfactory fire inspection report; and
- Ø any other reports the consultant deems are necessary.

In a home with 11 or more residents, you must provide your consultant with:

- Ø written details of your renovations or construction plans;
- Ø a structural drawing stamped by an architect or engineer (unless the project is a residential occupancy);
- Ø a building permit issued by the local jurisdiction;
- Ø a satisfactory building inspection report by a class 3 inspector;
- Ø a satisfactory fire inspection report; and
- Ø any other reports the consultant deems are necessary.

Do not begin construction before you receive written approval from the Saskatchewan Health Personal Care Homes Program.

If the renovations are being done because you want to increase your authorized capacity or your total occupancy, the approval of the increased numbers will depend on an inspection by your consultant once the work has been completed. If approved and once the invoice is paid (if applicable), an amended licence will be sent to you that will reflect your change in authorized capacity or total occupancy.

k) What if your home is using a private water system?

If your personal care home is not on a municipal water supply, you must submit evidence from your public health inspector or environmental health officer that the water supply is potable. Contact the public health officer or environmental health officer in your Regional Health Authority for more information.

l) What if your home is using a private sewage system?

If your personal care home is not connected to a municipal sewage system you must ensure the method of disposal of liquid waste is approved by the public health officer or environmental health officer in your area.

m) Fire Prevention

You must have a fire inspector inspect your home as part of the initial licensing process, and have it re-inspected every three years or when you do any construction or renovations. Sometimes a fire inspector may want to visit your home more often. The inspection report must be submitted to your consultant. The consultant can also request that a fire inspector visit your home when there is an identified concern.

If you have any questions or concerns regarding fire safety in your personal care home, please contact your local fire inspector or the Office of the Fire Commissioner at (306) 787-3774 or refer to the fire safety information that you received at the orientation workshop.

n) Emergency Plan

It is advised that you contact your local Emergency Measures Organization to let them know about your personal care home.

You are required to have an Emergency Plan that includes:

- Ø what you and your staff will do if there is a fire or other emergency in your home;
- Ø how you, your staff and the residents will get to a safe place if a fire or other emergency occurs; and
- Ø where the residents will be relocated to during and after an emergency.

Consult with your local fire department to ensure you are meeting their requirements and so that they are familiar with your personal care home.

The emergency plan must be:

- Ø posted in clear view;
- Ø explained to all new residents;
- Ø explained as part of the orientation to all new staff; and
- Ø reviewed with your residents and staff every three months in homes with 10 or fewer residents and monthly in homes with 11 or more residents.

Remember, enough staff must be present to allow the plan to work at all times.

o) Fire Sprinkler Systems

You must install an automatic sprinkler system that meets the requirements of the building code if you have an authorized capacity of 6 or more residents in your home.

You may have to install an automatic sprinkler system in some cases even though you have fewer than 6 residents (e.g. if there are non-ambulatory residents living in the home).

You will need to provide your consultant with:

- Ø evidence from a qualified fire sprinkler system installer that your fire sprinkler system is in satisfactory working order.

Contact your fire inspector or the Office of the Fire Commissioner for information about qualified fire sprinkler system installer.

p) Carbon Monoxide Detectors

Carbon monoxide detectors must be:

- Ø installed, maintained and replaced according to the manufacturer's instructions;
- Ø purchased in Canada; and
- Ø on each floor where residents are accommodated.

q) Other Records

To ensure the equipment you use is safe and properly maintained, you will need to keep a record, at least monthly of when you have checked the equipment you use (e.g. carbon monoxide detectors).

You should maintain these records on an ongoing basis and have it available for the fire inspector and your personal care home consultant when they do an inspection.

r) Emergency Contact Numbers

Keep a list of emergency contact phone numbers close to your phone. Emergency contact phone numbers would include, but are not limited to the following:

- Ø resident's physician;
- Ø fire department;
- Ø ambulance;
- Ø local poison control;
- Ø hospital;
- Ø etc.

5. Staffing Your Home

a) What do you need to know about staffing your personal care home?

When you hire staff, it is important to take the time to ensure that the applicant has the skills, character and ability to provide safe and adequate care to your residents. You can do this by interviewing the applicant, doing a criminal record check and contacting references.

As the licensee, you must ensure that:

- Ø staff are on site at the personal care home 24 hours each day;
- Ø there are sufficient care staff on duty at the home to meet the care needs of each resident at all times and to carry out all plans (e.g. evacuation plan or lost resident plan, etc.);
- Ø in homes with 10 or fewer residents, you or your staff must be available to the residents at night if the resident needs assistance (if using electronic monitoring of any kind you must ensure the residents' right to privacy is respected at all times);
- Ø in homes with 11 or more residents, the staff must be awake at night;
- Ø only adult persons supervise or provide care to residents;
- Ø no resident is designated to supervise or care for another resident;
- Ø all staff of the home are in good health, free from communicable diseases, and physically and mentally capable of performing the services and duties assigned;

This is personal health information and must be kept confidential; however, may be disclosed to your personal care home consultant. It may not be disclosed to anyone else except with the permission of the individual.

- Ø the resident is comfortable with the gender of the caregiver giving intimate personal care;
- Ø staff can communicate effectively verbally and in writing; and
- Ø all staff maintain a satisfactory criminal record check (CRC). You must obtain and screen a CRC:
 - § before hiring;
 - § if you believe a staff member has been arrested, charged or convicted of a criminal offence; and
 - § at least every 3 years.

You may contact Saskatchewan Health for Criminal Record Check forms.

b) How do you screen a criminal record check (CRC)?

The presence of a criminal record does not automatically disqualify a potential employee. You will need to consider the nature of the offence and its relevance to the position being sought.

Ensure the CRC is current and the information is complete. For example, if a potential employee has a criminal record, it must state what he was charged with.

You may consider employing a person with a criminal record once you have reviewed:

- Ø the nature of the offence and its relevance to the safety of vulnerable adults;
- Ø the length of time between the conviction and the time of the search result;
- Ø the age of the applicant at the time of the offence;
- Ø the details of the offence(s), the number of offences and any patterns of offences;
- Ø any steps taken by the applicant to rehabilitate or prevent reoccurrences;
- Ø employment history;
- Ø the applicant's ability to live by the rules of the law and society since the conviction; and
- Ø any other information that is necessary.

Once you hire staff, they will need to sign a statement (see Appendix A - Employee Acknowledgement of Conditions of Employment Regarding Criminal Record Checks) indicating that they understand that they must:

- Ø maintain a satisfactory criminal record;

- Ø inform you within two days if they were arrested or charged with a criminal offence; and
- Ø submit a satisfactory CRC at least every 3 years.

If the employee's job status is affected due to an unsatisfactory CRC and you have questions or concerns about labour standards, contact the Department of Labour for further information.

c) Do you need to document anything with respect to criminal record checks?

You will need to keep a Criminal Record Check Information Log that includes:

- Ø the name of the employee or potential employee;
- Ø if there is a criminal record or not;
- Ø any convictions, pardons or outstanding criminal charges;
- Ø the police record check number;
- Ø the date of the criminal record check;
- Ø the decision to accept or deny the potential employee or terminate a current employee and the reasons;
- Ø the signature of the licensee; and
- Ø and the date it was reviewed.

(See Appendix B – Criminal Record Check Information Log)

After you review the CRC and complete the log you must return the CRC to the applicant. Do not make a copy. The criminal record search is the property of the applicant.

You must ensure the CRC information is kept confidential and only used for the purpose of assessing the employee or potential employee's suitability to provide services.

Under certain circumstances, you may be required to obtain a current CRC for a staff member for review by your consultant.

d) How many staff do you need?

Staffing is a cost you will need to consider when planning to operate a personal care home. By ensuring that you have an appropriate number of staff working at all times, you may reduce staff turnover and provide more consistent care for your residents.

The number of staff members you need depends on:

- Ø the number of residents you have;
- Ø the residents' care needs (the more you have to do for your residents, the more staff you will need); and
- Ø the amount of multi-tasking your staff has to do around the home (e.g. making meals, doing laundry, washing floors, administrative duties, etc.).

You must also consider that:

- Ø there must be at least one staff working on any floor that has 11 or more residents;
- Ø if the authorized capacity is 21 to 30 residents, a care aide is required to be working in the facility at least 5 days per week;
- Ø if the authorized capacity is 31 or more residents, a health care professional is required to be working in the facility at least 5 days per week;
- Ø the number of hours the care aide or health care professional will be required to work each day will depend on the number of residents you have and the type of care you are providing; and
- Ø one staff member must be designated for at least one hour per resident per week to be responsible for planning, organizing and carrying out the recreation and activities for the residents. (e.g. if your authorized capacity is 14 you will need to assign at least 14 hours per week).

e) What type of educational requirements does your staff need?

Staff must:

- Ø have appropriate knowledge and skills to give residents the care that they need;
- Ø have a valid certificate in a basic food service sanitation course if they serve or prepare food;
- Ø have a valid certificate in a basic or standard first aid course if they are giving care, upon initial employment;
- Ø take some type of additional training that would be helpful to their work at least once every two years; and

- Ø as of April 1, 2004, have a personal care worker course of at least 16-hours or equivalent, satisfactory to the department.

If staff do not have the courses before being hired, they must complete them within three months from the date of hire.

Special Staffing Considerations

In some situations it will be beneficial for you and your staff to obtain further education in order to provide safe and adequate care.

For example:

- Ø Residents with Dementia or Alzheimer Disease - If you wish to care for a resident with these conditions, you should ensure you have proper knowledge and education.

- § Caring for residents with Dementia or Alzheimer Disease can be very demanding and stressful for you, your staff and for other residents in your home.

Contact the Alzheimer Society or other appropriate agency for further information and educational opportunities on caring for residents with dementia or Alzheimer Disease.

- Ø Diabetes Management - Diabetic education for you and your staff is very important to ensure that you are providing safe and adequate care.

- § Diabetes is a condition in which the body cannot produce or use insulin properly.

- § Serious complications can result if blood sugar levels are too high or too low.

- § Managing the care of residents with diabetes requires a knowledge of the condition, diabetic diets, exercise, blood sugar monitoring, knowing the protocol for insulin injections, symptoms of high and low blood sugars and proper skin and nail care.

Other situations may arise where more training may be needed in order for you and your staff to provide safe and adequate care.

It is very important that you know what type of care you and your staff are capable of providing and to seek appropriate additional training when necessary.

f) What orientation does your staff need?

Every licensee must develop a written orientation program to train new staff.

Staff need to know how to provide personal care and ensure the safety of the residents.

You will need to tell them about:

- Ø the layout of your personal care home;
- Ø how Saskatchewan Health is involved, such as the importance of this handbook, the regulations and the act, the role of the consultant, etc.;
- Ø how the Regional Health Authority is involved in your care home;
- Ø the emergency plans and what actions to take in case of an emergency (e.g. who to call in an emergency, how and where will the residents go if the building needs to be evacuated, etc.);
- Ø residents' records;
- Ø residents' care;
- Ø safe administration of medications;
- Ø what educational requirements are needed;
- Ø how to do the duties you assign to them;
- Ø the work routine;
- Ø safety in the home (e.g. hand washing to prevent the spread of germs, instruction in fire prevention, fire safety and how to use fire extinguishers, keeping the home free of clutter, etc.);
- Ø what to do if a death occurs in the home;
- Ø being trained by a health care professional if they are required to do any specialized care functions;
- Ø what to do if there is a serious incident;
- Ø what a conflict of interest is;
- Ø residents' rights and privileges; and
- Ø any other information specific to your home.

This list is not inclusive. You will need to make your orientation specific to your home.

You or one of your experienced staff members should be scheduled to work with your new employee as part of the orientation until you are satisfied that the staff member is competent to perform the duties and the staff member is comfortable that she can provide safe and adequate care.

A new employee should not be left alone in the personal care home until she is comfortable and capable of carrying out the required duties safely and independently.

g) Can you use volunteers?

A licensee may use volunteers provided:

- Ø a background screening is done to ensure resident safety (reference check or interviews, etc.); and
- Ø the volunteer is not required to do anything that would put a resident at risk of harm.

Volunteers are not included as a member of the staff for meeting staffing requirement regulations (e.g. they are not left alone in the home to care for the residents).

6. Admission and Discharge

a) What do you need to do before you admit a resident?

It is your responsibility to ask the necessary questions when you admit a resident in order to ensure that you are able to provide safe and adequate care. You will need to talk to the resident, the resident's supporter(s), the assessment agency, the previous caregivers, or anyone else involved in the resident's well being.

b) What is a supporter and what is their role?

A supporter is someone who acts on behalf of the resident. Often it is a family member or a friend.

The role of the supporter is to:

- Ø assist the resident with any dealings or transactions the resident has with the licensee; and

Ø assist the resident in the resident's relationship with the licensee.

At the time of admission ask the resident if there is a person who will be his supporter. Put the name, address and telephone number of the supporter in the admission agreement.

If the resident gives you the name of his supporter you shall:

Ø encourage the supporter to be present during the signing of the admission agreement;

Ø give the supporter a copy of the written admission agreement if requested to do so by the resident; and

Ø call or write the supporter before you make any dealings or transactions with the resident.

The person named by the resident as the supporter may or may not be the same person the resident names as Power of Attorney.

The Power of Attorney, Guardian or Co-decision Maker for a resident cannot be the licensee, a staff member, or a relative of the licensee or staff member in the personal care home.

The name, address and phone number of the Power of Attorney, Guardian or Co-decision Maker must be documented in the resident's file.

A licensee may be appointed as a trustee of a resident for the purposes of *The Saskatchewan Assistance Act*.

Residents or supporters wanting to discuss Power of Attorney, Guardianship or Co-decision Maker should be referred to a lawyer. If the resident is incapable of managing his or her affairs, and the family cannot be property guardian, you should call the Office of the Public Guardian and Trustee at (306) 787-5424.

c) Can you be involved in the resident's personal affairs?

A licensee, staff member of a home or a relative of a licensee or staff member of a home SHALL NOT:

Ø accept appointment as power of attorney for a resident;

Ø be a resident's supporter;

Ø accept appointment as a personal or property guardian;

Ø accept appointment as a proxy for a resident in a health directive;

Ø accept property or personal possessions from a resident or from anyone on behalf of a resident as payment for care and accommodation in the home;

- Ø influence or attempt to influence a resident or prospective resident in making or altering his will;
- Ø influence or attempt to influence a resident or prospective resident in the conduct of his financial affairs;
- Ø influence or attempt to influence a resident or prospective resident in the handling of his personal assets;
- Ø accept gifts from a resident with an accumulated value of greater than \$100 per year; or
- Ø accept gifts or bequests provided in a resident's will (unless the licensee is a registered charity or the will was executed before the resident was admitted to the home).

If a licensee or staff member receives a gift from a resident, the licensee must:

- Ø notify the resident's supporter, or a member of the resident's family if there is no supporter, about the gift; and
- Ø document the date the gift was received, who received it, the estimated value of the gift and the name of the supporter or family member who was contacted.

Section 8(1) of *The Personal Care Homes Regulations* does not apply, if the licensee, staff member, or relative of a licensee or staff member is related to the resident in question.

d) What is a security advance?

A security advance is money paid by prospective residents to the licensee to secure a place in a personal care home.

The security advance must:

- Ø not exceed \$500; and
- Ø be applied to the first month's residency charge. If the resident does not move into the personal care home on or before the agreed date, the licensee may keep the security advance.

e) What is an admission agreement and why do you need one?

An admission agreement is a legal contract. It puts into writing:

- Ø what care and service you agree to provide to the resident;

Ø what the resident agrees to pay you; and

Ø what the resident agrees to do for himself or what the supporter agrees to do.

An admission agreement clarifies what is expected from you and from the resident so that there are no misunderstandings later.

f) Where do you get an admission agreement?

Your personal care home consultant can provide you with a sample admission agreement that you may use when admitting residents.

Alternatively, you may develop your own admission agreement provided it contains the requirements identified in the regulations. It is recommended that you seek the advice of a lawyer if you are developing your own admission agreement.

g) Who signs the admission agreement?

You must ensure that the admission agreement is completed and signed for each resident at the time that the resident moves into your home or within seven (7) days after the resident is admitted to your home.

Make two original copies of the agreement. Both copies must be signed by:

Ø the resident;

Ø the resident's supporter;

Ø you (the licensee) or your designate; and

Ø a witness.

It is recommended that someone other than you (the licensee) or your family sign as a witness.

It is good practice to have all parties to the agreement initial and date each page of the agreement.

h) What if changes are made to the agreement?

You must ensure that any changes made to the agreement are made on both original agreements and include:

Ø clear statements of what has changed;

Ø the date each change was made; and

Ø the initials or signatures of each person or the legal designate who signed the original agreement.

i) Who keeps the admission agreement?

The resident and you (the licensee) must have the original agreements.

The supporter may be given a photocopy at the resident's request.

j) How do you charge a resident when their care needs change?

When you have completed the admission agreement with each resident it should clearly state what you will do for that person and how much you will charge.

Should the resident require more or fewer services during his stay, and you wish to change the rate the resident pays, you and the resident/supporter need to discuss the original agreement and come to an understanding about what amount you will charge.

If a resident's care needs have changed suddenly and significantly from what was specified in the admission agreement, you may increase the rate for care and accommodation:

Ø with **30 days** written notice of the new charge for monthly agreements; and

Ø with **7 days** written notice of the new rate for weekly or daily agreements.

The resident must let you know if he intends to stay or leave:

Ø within **7 days** after the day the resident received the notice on a monthly agreement; and

Ø within **2 days** after the day the resident received notice on a daily or weekly agreement.

If he accepts the new rate you must enter into a new admission agreement that contains the rate or charge at the end of the notice period.

If the resident does not accept the new rate or charge, or fails to let you know within the specified period of time, the admission agreement ends at the end of the notice period unless you and the resident agree otherwise.

When care needs change to a point where you are not able to provide safe and adequate care, the agreement must be terminated. You must advise the resident, the resident's supporter and the assessment agency to arrange alternate placement.

Until appropriate accommodation can be found, you must ensure you are providing safe and adequate care.

k) How much notice do you need to give to increase your basic rate or charge to the resident?

- Ø For monthly agreements, you need to give **60 days** written notice that you will increase your rates.
- Ø For weekly or daily agreements, you need to give **3 weeks** written notice that you will increase your rates.

l) What happens to the admission agreement if the resident moves to a special care home, or to a bed in a hospital or health centre to receive long term care?

If it is determined through an assessment that the resident is eligible for placement in a special care home, hospital or health centre for the purpose of receiving long term care:

- Ø the admission agreement ends on **the third day** following the day the resident moves all of his or her belongings from the room; and
- Ø you must refund the resident from **the third day** following the day the resident's belongings are removed from their room until the end of the month if it is a monthly agreement or the last day of the week if it is a weekly or daily agreement.

For example:

A resident and the licensee have a monthly agreement and the resident is permanently discharged from the personal care home to special care home, hospital bed or health care facility to receive long term care.

The resident moved on May 5.

The family then returns to remove all of the resident's belongings from the resident's room on May 7.

In this situation, the agreement will terminate on the third day (May 10) and the licensee will need to refund the resident from May 10 to May 31, inclusive.

m) How much notice do you or the resident need to give in order to end the agreement?

- Ø If the agreement is for monthly fees, you or the resident must give **30 days** notice, in writing, to terminate the agreement.
- Ø If the agreement is for weekly or daily fees, you or the resident must give **7 days** notice, in writing, to terminate the agreement.

n) What if a resident does not pay you?

- Ø Talk to the resident and supporter; most times payment problems can be worked out. However, if you cannot reach an agreement for payment within **15 days** after the payment is due you can end the agreement by giving **7 days** notice in writing.
- Ø If the resident leaves without paying the amount owed, you can take the matter to Small Claims Court.
- Ø Make sure that you give the resident who is leaving everything that he or she owns.
- Ø You cannot charge the resident any more than what was agreed to in the admission agreement.

o) When might a resident leave my home?

Residents will leave your home if:

- Ø they decide they want to move to a different place;
- Ø they get better and do not require assistance or supervision with personal care;
- Ø they move to a special-care home or a bed in a hospital or health centre to receive long term care;
- Ø they need more care than what you are able to provide;
- Ø they pass away;
- Ø you move or close your home; or
- Ø your licence is cancelled or suspended, or is not renewed.

It may be helpful to attach a list of the resident's valuables to the admission agreement so there is no confusion about what belongs to the resident when they leave your home. The list may include jewelry, furniture, art, etc. that a resident brings into the home. You will need to add or delete items as they are brought into and are removed from the personal care home.

p) What can you do to help a resident who moves from your home?

- Ø Tell the resident and supporter how to obtain a list of currently licensed personal care homes.
- Ø With the resident's permission, give the resident's new caregiver the information necessary so that the caregiver can provide safe and adequate care (e.g. care plan, medication records, etc.).

Moving can be difficult for the resident, their family and you. You need to help make the resident's move go as smoothly as possible. You can do this by talking with the resident and family about the move, offering to help pack their belongings, etc.

q) What are admission and discharge forms?

Admission and discharge forms are used by Saskatchewan Health to collect information for statistical analysis and to carry out some requirements under *The Personal Care Homes Act*.

The personal care homes consultant will give you a supply of admission and discharge forms. Fill out the form for each resident who moves into your home or leaves your home.

Send the white copy to:

**Data Control Supervisor,
Health Information Solutions Centre
c/o The Personal Care Homes Program,
Saskatchewan Health
3475 – Albert Street,
Regina Saskatchewan, S4S – 6X6**

You will need to keep the pink copy (admission form) or blue copy (discharge form) for your records. The information on these forms is personal health information of the residents. Ensure this information is kept confidential.

Admission and discharge forms must be filled out and sent to Saskatchewan Health for each resident within 30 days of moving into or out of your home.

7. The Assessment

a) What is an assessment?

An assessment is a written report that:

- Ø identifies residents' strengths and abilities as well as their care needs;
- Ø outlines the care and services that residents will require; and
- Ø recommends referrals to appropriate health care professionals.

When the assessment has been completed, a copy of the assessment will be left with you or mailed to you at a later date. Residents who have been assessed before moving into your home may bring a copy of the assessment with them. If residents do not bring a copy, contact the assessment agency and request that the assessment be sent to you.

b) Who assesses the resident?

Trained assessors such as nurses or social workers conduct assessments.

Contact your Regional Health Authority to find out who will assess the abilities and care needs of the residents in your home.

c) Which residents need to be assessed?

All residents need to be assessed. A resident can be assessed before or after being admitted to your home. It is beneficial for both the licensee and the resident to have the assessment completed before the resident is admitted, if possible.

If the resident is not assessed before admission, you must contact the assessment agency within seven (7) days of the resident's admission to arrange for an assessment. If the resident was assessed prior to being admitted to your home, the assessor can determine whether it is necessary to complete it again at the time of admission.

d) What information does the assessment provide?

The assessment will give information about the resident such as:

- Ø health services card number;
- Ø physician/specialist;
- Ø date of birth;
- Ø next-of-kin;
- Ø general health and health problems;
- Ø activities of daily living;
- Ø smoking/alcohol/drug abuse;
- Ø mood and behaviors;
- Ø family/supporter information;
- Ø referrals for specialized care needs; and
- Ø other agencies involved in the resident's care.

e) How can information from the assessment be used?

The assessment can be used to help you:

- Ø decide if you can provide the care the resident needs; and
- Ø develop a care plan for the resident.

The assessment is confidential and must be returned to the assessment agency if you do not admit the individual.

f) What if the resident has not been assessed before admission?

Ask the potential resident, the supporter, social worker, physician, nurse or anyone else involved in his care about:

- Ø basic client information;
- Ø the personal care needs of the potential resident;
- Ø living arrangements in the past month;
- Ø general health and health problems;
- Ø mobility and any special equipment;
- Ø toileting and continence (will need to use discretion);
- Ø special diets;
- Ø specialized care needs (nursing, physiotherapy, etc.);
- Ø behaviours that might have a bearing on the resident's care or whether the resident can "fit" into the home; and
- Ø medications.

It is also recommended that you invite new residents to your home or visit them in their environment before you make a decision to admit them.

Once you have gathered this information, make sure you and your staff will be able to provide safe and adequate care and that the layout of your home will accommodate this resident.

g) When does a resident need to be re-assessed?

A re-assessment needs to be done:

- Ø when there is a change in the care needs of the resident; and
- Ø at least every two years.

8. Resident Records

The resident records that you keep in your home contain personal health information of the current and former residents. You must ensure that this personal health information is kept confidential and is kept in a safe and secure place at all times. You may release these records to individuals according to Section 11 of *The Personal Care Homes Regulations*. It is good practice to include a statement in the admission agreement asking for the resident's consent to release necessary parts of his health information to his physician, home care nurses, pharmacists, or other persons who provide the resident's care. When obtaining consent from an individual, the consent must:

- Ø relate to the purpose for which the information is required;
- Ø be voluntary;
- Ø be informed; and
- Ø must not be obtained through misrepresentation, fraud or coercion.

Keeping resident records "safe" means: keeping them in a place where they will not get damaged.

Keeping resident records "secure" means: keeping them in a place that is not accessible to anyone except to the licensee and staff who require the records in order to provide care to the resident.

After 6 years from the date a resident is discharged from your home, you may:

- Ø turn the records over to an approved archive; or
- Ø dispose of the records. You may shred the records or you may ask a bonded company to shred them.

You are responsible to keep your records in a safe and secure place even after you stop operating your home.

a) Why should you keep accurate and up-to-date resident records?

Resident records:

- Ø provide relevant information for you and your staff to ensure each resident receives safe and adequate care;
- Ø are for your own protection. If you keep up-to-date and accurate records it will show that you are providing the necessary care to a resident; and
- Ø are for the protection of residents. Consultants or others who are named in law can look at the records to see if the right care is being provided to a resident.

b) What do you need to include in the resident records?

When you attend the orientation workshop you will be provided with samples of the forms that you will need. If you choose to create your own forms, please ensure all of the necessary information is included in your new forms. You may contact your consultant if you have any questions or concerns.

Ø Resident Information Form

Information about the resident including:

- § the date the resident came to live in your home;
- § the name, date of birth, health services card number, and other medical insurance coverage the resident may have;
- § the name, address and telephone number of the supporter and/or the person to contact in an emergency;
- § names, addresses and phone numbers of other specified family members;
- § names, addresses and phone numbers of the resident's physician or other professionals who care for the resident;
- § names, addresses and phone numbers of the resident's Power of Attorney, Guardian or Co-decision Maker;
- § the names and telephone numbers of any organization, religious or otherwise, that the resident belongs to and wants you to know about;
- § when the assessment agency was contacted; and
- § languages that are spoken and understood by the resident.

Ø **Admission Agreement**

You must have an original copy of the admission agreement and any changes to that agreement.

This can be kept separate from the residents' records but must be kept in the personal care home and accessible to your consultant.

Ø **Personal Care Home Admission Sheet (Pink Copy)**

This form is provided by Saskatchewan Health. The white copy is to be returned to Saskatchewan Health within 30 days after admitting a resident. The pink copy is for your records.

Ø **Assessment**

This is the written report received from the assessment agency of the Regional Health Authority. This needs to be updated at least every two years or when the resident's care needs change.

Ø **The Resident's Personal Care Plan**

You will need to develop a care plan for each resident within 7 days of his moving into your home that identifies what assistance or supervision a resident needs in his activities of daily living and how you will ensure that he receives the needed care.

Ø **A Medication Record Sheet**

Medication record sheets are the preferred method to keep track of the resident's medication. They can usually be obtained through the pharmacist and can be used as the physician's orders. The medication record sheets obtained from the pharmacist, lists each of the medications (i.e. name, dose, time to take, date, etc.) on it, the month, and 31 columns for you and your staff to initial when the medication is given to the resident.

If you cannot get a medication record sheet from your pharmacist, you may obtain a blank medication record sheet from your personal care home consultant. This sheet will not have the medications listed on it, but will have a place to put medication labels, and 31 columns for you and your staff to initial when the medication is given to the resident. You may request additional medication labels from your pharmacist for each of the medications the resident is taking. Stick each of the labels on the blank medication record sheet, which will then be acceptable as physician's orders.

Ø **“Take as Needed” or PRN Medication Sheet (If not using a MEDICATION ADMINISTRATION RECORD)**

You will need this form to keep track of all medication that you give to a resident when it is not given on a regular basis but only as needed. This may be part of the medication record mentioned above.

Ø **Record of Teaching for Specialized Care Procedures**

If you or your staff will be doing specialized care procedures you must document on this record the date the training was done, the name of the resident the procedure applies to, the procedure being taught, the name of the staff member trained, the signature and designation of the trainer (designation is not required when the training is provided by a Regional Health Authority Nurse), and evidence that the resident/supporter is aware that the specialized procedure is transferred to a non-professional.

Ø **Medical and Professional Appointment Sheet**

This form is used to keep track of all appointments the resident must attend. This will include the resident’s appointments with a physician, optometrist, dentist, physiotherapist or with any other care providers.

Ø **Progress Notes**

Progress notes describe the care that is being provided to the resident. The caregiver who provided the care or witnessed an event must be the one who writes it in the progress notes.

It is recommended that you and/or your staff:

§ document daily on a new resident for at least a month;

§ document any changes in the resident’s health, nutrition, sleep, medications, mood, as well as outings and participation in activities etc.; and

§ document at least monthly if there are no significant changes in the resident’s care.

As a licensee, you are responsible to monitor the health of all of your residents at all times. Ongoing reviews of the progress notes will help you to be aware of the changing needs and health of your residents.

Ø **Resident’s Directive/Living Will (only if one exists)**

A resident’s directive or Living Will is a document that states how the resident wishes to be treated if he becomes incapacitated by illness, injury, etc.

If a resident has a directive or Living Will you can file it in the resident's record book. You and your staff will need to know what actions are requested in the living will.

You as an operator or your staff cannot be involved in the development of a directive or Living Will with a resident. Refer the resident to the supporter and/or family physician if he wishes to develop a directive or Living Will.

Ø **Discharge Form (blue copy)**

This form is provided by Saskatchewan Health. The white copy is to be returned to Saskatchewan Health within 30 days after discharging a resident. The blue copy is for your records.

Ø **Other Information**

As you will need to keep the following information in some form, you may find it helpful to use the following forms that will be available to you at the orientation:

§ **Resident Interest Form** collects information about the resident's hobbies, interests, family or type of jobs they had, etc. This information will help you plan activities of interest for each resident.

§ **Physician's Order Sheet** collects instructions given by a resident's physician. This sheet will include written instruction by a physician during a visit to your home or verbal instructions given to you by a physician, but later verified in writing by the physician (e.g. instructions from the physician to change a resident's medication).

c) What do you need to know about keeping records?

They must be:

- Ø written in ink;
- Ø readable;
- Ø in order;
- Ø accurate;
- Ø up-to-date;
- Ø identified by the date when the information was written; and
- Ø signed by the person who made the observations and wrote the record.

If you wish to use your computer to maintain resident records, ensure you save the information in a safe secure place. A hard copy must be available for your consultant and others (see section 8 d) below) to review as needed.

Never use whiteout or an eraser in the residents' records. Draw a line through the error, then date and initial the correction.

d) How can you keep the records confidential?

Each resident's record contains information that is private and so you must keep each resident's record separate from other resident records.

You can only give the resident's records to:

- Ø the resident when he asks for it or any person the resident requests (the request must be in writing and signed by the resident);
- Ø resident's supporter, unless the resident indicates otherwise;
- Ø a personal care home consultant or any other person designated by the Minister of Health;
- Ø any person who is authorized by law to read the records (e.g. a coroner); and
- Ø any person who provides care to a resident, but only that part of the resident's care record that is required to provide that care.

e) How long must you keep your records?

You must keep each resident's record for at least six years from the date the resident left your home.

9. Resident Care

You are required to provide the care necessary to meet the individual needs of each resident.

Residents who come into your home will need help with some of their personal care. They may need to be supervised or reminded to do the care themselves, or you may have to do the care for them.

You must be sure that you have the experience or the training that is necessary to provide each resident with safe and adequate care.

The licensee must organize a meeting at least twice a year with the resident and/or their supporter to promote the interests of the resident and their involvement in decisions that affect their day-to-day living.

a) What is personal care?

Personal care is the assistance or guidance you give to each resident to help them do the things that they need to do every day.

b) The Care Plan

In order to provide each resident with safe and adequate care, you will need to develop a care plan.

Ø What is a care plan?

A care plan describes the care needs of each resident and should:

- § reflect the resident's daily routine;
- § specify what assistance and/or supervision is required, how often and when; and
- § provide the caregiver with the important information they need to care for the resident.

Ø Why do you need a care plan for each resident?

A care plan will:

- § ensure the care needed by the resident is given to the resident;
- § ensure the resident's activities and outings are arranged and carried out as planned;
- § help you decide how many staff you need;
- § help you decide what training you or your staff might need in order to give the resident the care that is needed;
- § keep all staff informed of the care required by each resident; and
- § keep track of how the care needs of the resident change while he is living in your home.

Ø **How do you know what the resident's needs are?**

You will need to gather only the information about the resident that is required so you can plan for his care.

You can gather this information by:

- § reviewing the assessment or hospital discharge information;
- § speaking with the resident;
- § speaking with the resident's family or supporters;
- § speaking with your staff members;
- § speaking with professionals who may be involved in the resident's care (e.g. physician, physiotherapist, etc.); and
- § speaking to previous caregivers.

Ø **What do you need to put into a care plan?**

A care plan must identify the types of assistance or supervision the resident needs in all activities of daily living, including physical, cognitive, emotional, social and spiritual needs.

These include:

- § dressing;
- § grooming;
- § bathing;
- § mouth care;
- § vision and hearing;
- § nail care (fingernails and toenails);
- § skin care;
- § diet;
- § bowel and bladder care;
- § recreational and social activities in the home and in the community;
- § spiritual activities;

- § any specialized procedures;
- § allergies;
- § ways to work with challenging behavior; and
- § anything else that is important for the caregiver to know about the resident.

Ø **How do you keep the care plan up-to-date?**

The care plan must be developed within 7 days after the resident is admitted.

When the resident is first admitted, the care plan will need to be updated more frequently as it will take some time for you and your staff to get to know the resident. It is recommended that you update the care plan weekly for the first month and then monthly for the next six months. Once the resident is settled and care needs stabilize, the changes will be less frequent.

The care plan must be:

- § signed and dated when it is first made;
- § signed and dated when changes are made; and
- § reviewed at least once a year or when care needs change.

Residents and their supporters should be encouraged to participate in the development and annual review of the care plan.

Ensure staff members are aware of all changes to a resident's care plan.

c) What does caring for the "whole person" mean?

In order to help residents get the care needed, you must consider their:

- Ø physical (bodily) needs;
- Ø mental (thinking) needs;
- Ø social (companionship) needs;
- Ø emotional (feeling) needs; and
- Ø spiritual needs.

In other words, it is important to give care and guidance to the resident as a "whole person."

When you give care to residents, use as many of the five aspects of giving care for the whole person as you can. The residents will be happier and care giving will be more enjoyable.

Each resident is an individual. Do not assume that all residents have similar interests or needs.

Ø **How can you help residents with their physical (body) care?**

Remind or assist residents to maintain their health and cleanliness.

A resident may need help with:

- § eating;
- § bathing;
- § dressing;
- § grooming;
- § taking medications;
- § using the toilet; and
- § exercising.

Encourage residents to do as many things as possible for themselves. Let them take whatever time they need and only help with things that they find too hard to do.

Ø **How can you help residents with their mental (thinking) care?**

Encourage residents to use their mind by:

- § helping them remember events that occurred in the past and encouraging discussion about their experiences;
- § giving them the opportunity to make choices whenever possible (e.g. what to wear or what they want to do);
- § talking with them about the news;
- § encouraging them to do puzzles, play cards, do hobbies, read, visit; or
- § any other activities that make them think.

Ø **How can you help residents with their social (companionship) care?**

Residents need to be with other people and encouraged to talk. Some people like to visit more than others but most people enjoy some companionship.

You can encourage socializing by:

- § having residents use the common living room to enjoy board games, puzzles, cards, coffee or tea;
- § asking family, friends and volunteers to visit residents;
- § allowing yourself and your staff time to visit with the residents;
- § having the residents take part in community activities; and
- § ensuring residents eat together in a common dining area.

Ø **How can you help the resident with their emotional (feeling) care?**

Residents need to be able to show and share their feelings in order to reduce stress or to share enjoyment of life.

You can help residents show or share their feelings by:

- § listening when they talk;
- § taking what they say seriously;
- § asking what is troubling them if they appear to be upset; and
- § talking about happy events.

Ø **How can you help residents with their spiritual care?**

Many people have spiritual beliefs that are important to them. Spirituality is not limited to organized religion, and may include such activities as meditation or planting a garden. As a caregiver, you do not have to share those beliefs but you must allow residents the right to have those beliefs.

You can help residents practice their spiritual beliefs by:

- § encouraging them to take part in customs that are important to them;
- § giving them privacy and respect when they worship;
- § helping to make arrangements for them to attend religious services;
- § offering to contact a parish worker or clergyman, or arranging for someone from the parish to visit if residents request it;

§ assisting with spiritual activities if residents request it and you are comfortable doing so; and

§ not passing judgement on other's religion or beliefs.

d) How do you care for a resident with demanding behavioral needs?

There are many situations that may cause a resident to behave in a difficult manner and it is important to try to figure out why they may be behaving that way. Sometimes difficult behaviors are associated with dementia while other times it may be due to changes in their lives or sometimes to changes in their bodies, such as an infection.

Ø At times, a resident's behavior may upset other people. Some of these behaviors include:

§ repeating words, sounds or actions;

§ wandering into rooms or outdoors;

§ taking other residents' belongings;

§ becoming angry and striking out;

§ talking nonsense and laughing when it is not suitable;

§ constantly repeating questions;

§ not responding to directions or doing the opposite of what a person asks them to do; and

§ other inappropriate behavior (e.g. urinating on the floor).

Ø If a behavior appears to be occurring on a regular basis, you should document in the resident's record:

§ what the behavior is;

§ when it is happening;

§ how often it occurs; and

§ what is going on around the resident at that time.

This information will assist you in determining if there is a pattern or trigger for this particular behavior and allows you to develop a plan to deal with the behavior.

If a behavior persists you should discuss the resident's needs with the designated physician, an assessor or a behavioral management consultant.

Never confine residents in their room or punish a resident.

Ø **You can help residents with difficult behaviors by:**

- § being gentle, patient and understanding;
- § doing things slowly and within line of vision;
- § keeping residents physically and mentally active during the day. (It will often help if you can encourage them to move around and use some of their energy.);
- § explaining what you are doing;
- § asking permission before assisting them;
- § talking in a friendly way;
- § inviting them to help with an activity which you are doing; and
- § helping them to do things they enjoy and that are familiar activities from their past.

Ø **You can talk to residents with difficult behaviors by:**

- § using eye contact;
- § reaching out but only touching their hand if they seem comfortable having you do so;
- § standing in front of them at their level so that they can see you; and
- § keeping your voice warm, quiet and steady.

Ø **You can help residents who have difficulties during mealtime by:**

- § encouraging them to feed themselves;
- § having them use self-help feeding aids, such as utensils with handles that are large and easier to grip or a plate with a raised edge; and
- § serving foods that can be eaten with the fingers, such as chicken fingers, vegetable slices, and chunky foods that are easier to handle.

Ø **If a resident suffers from confusion or dementia, you can try:**

- § serving one food at a time;
- § serving the meal in a quiet dining room (e.g. turn off the television); and
- § providing only one utensil at a time so the resident does not have to decide which of several pieces of tableware would be the correct one to use for a particular type of food.

Ø **If residents need help to eat:**

- § sit beside them where they can see you;
- § talk to them about the food and get them to decide in what order to eat it, if possible;
- § bring the spoon with food on it to gently touch their lips;
- § ensure that they can still taste the different flavors of the foods by pureeing each food separately if they cannot chew; and
- § do not rush them.

e) What do you do if a resident tends to wander and/or is cognitively impaired?

You will need to:

- Ø install an alarm on all exit doors that are on 24 hours per day to alert you and your staff if the doors are opened;
- Ø have a secure area that allows freedom of movement in a safe and confined area; and
- Ø develop an action plan for locating a missing resident.

It is also recommended that you register the person with the Alzheimer Society's Safely Home Program. Contact the Alzheimer Society or your consultant for further information.

f) How can you help a resident stay independent?

Residents will remain healthier in both body and mind if they continue to do what they can.

They may need some encouragement or may need some aids to make the effort easier.

You can help residents to be independent by encouraging or helping them to:

- Ø care for themselves as much as they can;
- Ø take part in activities that require them to move around such as wheelchair or chair exercises, sweeping the floor or dancing;
- Ø do exercises which have been prescribed and have been taught to them by health care professionals;
- Ø participate in meaningful activities in and outside the home; and
- Ø make arrangements to obtain wheelchairs, walkers, canes or other aids that are recommended by professionals.

g) Do you have to plan activities?

Ø A licensee must:

- § have at least one staff member assigned with the responsibility of organizing recreational programs and arranging for their implementation; and
- § provide that employee with sufficient time to carry out those responsibilities.

Activities:

- § are the things we do;
- § can address different aspects of life – social, emotional, cultural, spiritual, physical and cognitive;
- § need to reflect a resident’s interests, strengths and abilities; and
- § often relate to life’s day-to-day events.

Activities need to be enjoyable and interesting to the resident and they need to give residents:

- § a way to express themselves;
- § a sense of pride and satisfaction;
- § something to look forward to;
- § an opportunity to maintain and improve their physical and mental abilities; and
- § encouragement to remain independent in their activities of daily living such as personal hygiene, mobility, or housekeeping tasks.

Activity programs will include individual activities and group activities.

For larger homes, create a calendar of group events that can be posted where residents can easily see it. For smaller homes, you may provide a poster or list of activities planned for the week. This gives residents time to plan for and look forward to the activities you have planned for that week or month. It also allows them to notify their family and/or supporter of special events that may be coming up (e.g. Christmas party, potluck supper, etc.).

Ø Organize activities for the residents by:

- § deciding who is going to be responsible for planning both the individual and group activities;
- § targeting a regular time for some activities;
- § ensuring you have staff available and appropriately orientated to carry out the activities; and
- § ensuring the individual and group activities are included in the resident's care plan.

Allowing staff time to visit with the residents can be as important as the physical care you provide to them.

Ø **What are some ideas for activities?**

Every person needs to have fun and simply enjoy life. This should be part of the resident's daily routine. The best way to find out what activities you should provide in your home is by taking time to get to know the residents (i.e. what kind of work they did, if they had children, where they lived, what they did in their spare time, etc.). The information you gather will guide you in providing activities that are familiar and meaningful to the residents in your personal care home.

Fun activities can occur both in the home and in the community. Some examples of activities include:

- | | |
|-----------------------------|---|
| § Attending school plays | § Gardening |
| § Walking | § Pets |
| § Caring for house plants | § Sweeping |
| § Out-of-home visits | § Outings with family and supporters |
| § Baking or cooking | § Watch and participate in a game show together (e.g. guessing answers) |
| § Dusting | § Folding laundry |
| § Sorting family items | § Reading – newspaper, books, magazines |
| § Hair styling | § Listening to music |
| § Visiting and reminiscing | § Current events discussion |
| § Singing | § Listening to stories/poems |
| § Puzzles | § Manicures and pedicures |
| § Painting or drawing | § Celebrating holidays or birthdays |
| § Back/shoulder rubs | |
| § Attending sporting events | |

If residents participate in household tasks, the activity must be meaningful to them.

h) What other things can you do to provide safe and adequate care for the residents?

Ø You can ensure they have clean laundry.

All clothes, towels, bedding and other laundry that you wash must be clean and in a good state of repair.

Ensure clean linens, including bedding, towels and facecloths are available for each resident. Common towels are not acceptable in the bathrooms. Laundry soiled with urine, feces or blood must be washed separately.

Ø You can help residents keep clean and comfortable.

Encourage or assist residents to:

- § wash their face every day and wash their hands before meals and after using the toilet;
- § wash and dry under their arms and genital area at least daily;
- § take a bath at least weekly or more often if needed or requested;
- § keep teeth or dentures clean;

- § have a neat appearance by shaving, keeping hair combed and using make-up (if the resident wishes); and
- § keep fingernails and toenails clean and neat (You may need to seek professional assistance with problem feet or nail care.).

Ø **You can help residents with bowel or bladder care.**

Residents may have problems getting to the toilet in time or remembering to use the toilet.

You can help them by:

- § having a helping, positive attitude;
- § giving them privacy when using the toilet (when safe to do so);
- § reminding and assisting them to use the toilet often during the day;
- § giving them a diet that includes fibre, fresh fruits and vegetables, and at least six to eight glasses of fluid a day; and
- § keeping the toilets and rooms clean and free from smells.

Commodes are not intended to be a substitute for bathrooms. If residents require a commode for a particular reason, they must be able to use it in a private area, it must be kept clean, and it must be put away when not in use.

Ø **You must provide privacy when residents use the toilet.**

You can give residents privacy by:

- § closing the bathroom door when they are using the toilet;
- § closing the bedroom door when changing a pad or brief (do not use the word “diaper” as it can be degrading to the residents); and
- § leaving them alone as much as is safely possible when they are using the toilet.

Ø **You can ensure that residents dress in clothes suitable for the time of day and for what they are doing.**

It is important for residents to dress in daytime clothes every day, unless they are ill. Residents may need some help in choosing clothes or putting them on.

Dressing in daytime clothes helps the residents to:

- § feel that they have a normal routine;
- § recognize day time from night time; and

§ socialize in a normal way.

It is unacceptable to bathe and dress residents in their day clothes if they wake up during the night.

- Ø **You can help residents who need extra services to maintain their health or increase their strength and abilities.**

Arrange for the professional services that residents may need to be as active and self-reliant as possible. These services may be:

§ identified on the assessment; or

§ recommended by a physician or other health care professional.

With the resident's consent, you must ensure that the resident:

§ receives a complete medical examination when required by his condition and at least annually; and

§ receives dental, optical, blood work and other appointments as necessary.

i) What is restorative and rehabilitative care?

This is care that helps residents build up their strength so that they can do as much activity as they are capable of.

Occupational therapists, physiotherapists, and mental health professionals can help residents recover from their illness.

You are expected to make any necessary arrangements when a referral is made for residents to get treatment from a health care professional. If the professional teaches you or your staff how to do a restorative or rehabilitative treatment, that treatment is seen as a specialized procedure.

j) Is it okay for each resident in your home to have a different physician?

Each resident has the right to choose his or her own physician. Residents should be given the choice of continuing to receive medical care from their current physician or going to another physician if that is their wish.

If you have a physician that comes into your home a resident may wish to become a patient of that physician; however, it must be the resident's choice. It is beneficial if the physician receives the resident's records from the previous physician in order to become familiar with the resident's medical history.

k) What do you do if a resident is acutely ill and you cannot contact the resident's physician?

If you cannot speak to the physician you may:

- Ø send the resident to the hospital if you believe he is in need of immediate medical attention; or
- Ø speak to the physician who is on call; or
- Ø call the HealthLine at 1-877-800-0002 to speak with a registered nurse.

Document in the progress notes who you called and what advice you received.

Always notify the resident's supporter about the situation.

When you admit a resident, you will need to discuss with the resident and the supporter that there may be a need to call an ambulance or other transportation service if the resident requires medical attention and the supporter cannot be contacted or is not able to take the resident to receive that medical attention.

l) How can you have a safe and healthy environment in your personal care home?

You can ensure that:

- Ø it is clean and well ventilated at all times;
- Ø the temperature is comfortable for residents;
- Ø solid and liquid waste are properly disposed of to lower the risk of transmission of disease or odors and to reduce health hazards so as not to provide a breeding place for insects and rodents;
- Ø all poisons, toxic substances and corrosives are stored and disposed of in a safe manner;
- Ø disposable contaminated items are placed (e.g. dressings, etc.) in a plastic bag, the bag is sealed and placed in the garbage;
- Ø all bathrooms, toilets, tubs (including jets, if applicable) and showers are cleaned with a disinfectant (tubs and showers must be disinfected between uses); and
- Ø all hallways, exits, stairs and ramps are kept clear of any clutter.

A public health inspection may be conducted at any time. The licensee must ensure actions required by the public health inspector are met.

m) How should you dispose of "sharps" and other dangerous objects?

Contact your pharmacist or the Saskatchewan College of Pharmacists for information on safe storage of sharps and the sharps' waste recovery program drop-off site.

n) How do you stop the spread of infections in your home?

The most important thing you can do to prevent the spread of infections in your home is to make sure you and your staff wash your hands with soap and water for at least 10-30 seconds; and dry your hands with disposable paper towels or a cloth towel assigned to each individual for their own use, before:

- Ø preparing or eating food;
- Ø treating a cut or wound;
- Ø administering medications;
- Ø tending to someone who is sick; or
- Ø doing any kind of activity that involves putting your fingers in or near your mouth, eyes, etc.

and after:

- Ø going to the bathroom;
- Ø providing personal care;
- Ø handling uncooked foods, especially raw meat;
- Ø eating;
- Ø blowing your nose, coughing or sneezing;
- Ø handling garbage;
- Ø tending to someone who's sick;
- Ø assisting someone with toileting; or
- Ø playing with or touching a pet.

Use disposable gloves whenever there is a possibility of contact with blood or body substances (body secretions, feces, urine, vomit, tissues, wound or other drainage). Always change gloves and wash your hands after providing care to a resident.

If your or your staff's clothing becomes soiled with bodily fluids, it needs to be changed before you assist another resident or begin a new task.

o) When should you call a physician or nurse?

You may need to call a physician or nurse if you see a change in your resident's health. It is important to keep in mind that an elderly person's health may change quickly. It is always safer to seek direction from a health care professional when a resident becomes ill.

p) What should you do if your residents get a contagious illness?

If your resident(s) have an illness that seems to be spreading in your facility:

- Ø contact the resident's physician;
- Ø contact the Regional Health Authority (public health) and get advice from them;
- Ø ensure the resident and his or her family are aware of the situation; and
- Ø contact your consultant with Saskatchewan Health.

It is very important to remind residents that they may wish to arrange for their flu shots and any other vaccinations or precautions that their physician may recommend.

q) What is a serious incident?

A serious incident is an event that affects or may seriously affect the health and safety of the residents and includes:

- Ø an occurrence, accident or injury that was or could have been life threatening (e.g. medication error);
- Ø death that requires reporting to the coroner (e.g. death from a fall);
- Ø any harm or suspected harm that came to a resident in an unlawful way or by improper treatment or care, harassment, neglect, physical/mental abuse (e.g. staff stealing from resident);
- Ø any occurrences in the home that affect a resident emotionally (e.g. unexpected death of a resident or an employee);
- Ø any drinking water advisories or boil water orders;
- Ø anything that happens to a resident that you need to report to the police (e.g. missing valuables);
- Ø a resident with a communicable disease that you must report to the Regional Health Authority (e.g. Influenza A);

- Ø a fire in your personal care home;
- Ø an evacuation of the residents from your home for any reason (e.g. tornado); and
- Ø an interruption of power, heat, water, telephone or food, which inconveniences residents or compromises their care or safety.

r) Who do you need to report a serious incident to?

- Ø If an incident involves a specific resident, you will need to report the incident to:
 - § the resident's supporter or family member;
 - § the resident's physician;
 - § the department (i.e. a personal care homes consultant); and
 - § the Regional Health Authority (your assessor).
- Ø Prepare and submit a written report to the department for any serious incident, as soon as is reasonably practical outlining the:
 - § circumstances;
 - § date and time of the serious incident;
 - § names of persons involved;
 - § names of persons notified; and
 - § actions taken to solve the problem that caused the serious incident and how you will prevent it from happening again.

You must take whatever precautions necessary to ensure residents are cared for in a safe and healthy environment during the serious incident.

s) What is a physical restraint and can you use physical restraints?

A physical restraint is a device that limits, restricts, confines or controls a resident or deprives a resident of freedom of movement.

A physical restraint can be used only:

- Ø to help the resident **with healing or with activities of daily living;**
- Ø with the written order of the physician including the reason for use and when to use it;

- Ø after consulting with the resident and the supporter (you must document the details of the consultation and the comments of the resident and the supporter); and
- Ø after obtaining and understanding directions that will include the type of physical restraint to be used, how to use it and the care of the resident while the restraint is being used including the avoidance of risks associated with its use.

Use of a physical restraint is considered a specialized procedure and you must arrange for a health care professional to instruct you and your staff in the proper application and use of it.

If a physical restraint is put on incorrectly it can restrict a resident's movement and can even cause physical harm. You must use extreme caution.

The licensee must also ensure that the least restrictive type of restraint is used for the least time possible.

You must report the use of a physical restraint to your consultant.

t) What do you do when a resident dies in your home?

Call officials from your local Regional Health Authority and local police detachment to find out the process you must follow if a resident dies in your home:

- Ø from natural causes (e.g. was expected, a resident suffering from terminal stages of cancer who has been under constant care of a physician); and
- Ø unexpectedly (e.g. resident fell down the stairs and later died, or resident received wrong medication).

Include the process to follow (when a resident dies in your home) as part of the staff orientation.

If the family is not present when the resident dies, you should call the family.

If requested to do so by the family, call the funeral director of their choice and arrange for the resident's body to be taken to the funeral home after the physician or other qualified person has pronounced the resident's death.

Because you and your staff work closely with your residents, a death can be very difficult. It is important to communicate how you are feeling to someone you are comfortable talking with. If you or a member of your staff or any of your residents is having trouble dealing with a death, it may be helpful to contact a counseling agency.

10. Care in Special Cases

a) What is a specialized care procedure?

Sometimes a resident needs more than basic personal care. Specialized care procedures are provided by a health care professional, which includes but are not limited to:

- Ø management of diabetes (e.g. insulin injections);
- Ø oxygen use;
- Ø physiotherapy;
- Ø colostomy care;
- Ø catheter care;
- Ø application of anti-embolic stockings;
- Ø tube feeding;
- Ø physical restraints;
- Ø blood pressure and pulse monitoring;
- Ø enemas; and
- Ø care of skin ulcers/wound care.

If you have a resident in your home who has these needs, you and your staff must know the correct way to give care.

IMPORTANT!!

In order to care for a resident who needs a specialized care procedure you must arrange for you and your staff to receive the proper training so you can give the care.

b) Who usually performs the specialized procedure?

Some professionals who can do specialized procedures include physicians, registered nurses, registered psychiatric nurses, licensed practical nurses, respiratory therapists, dietitians, occupational therapists, enterostomal therapists, pharmacists and physiotherapists.

c) Why does a health care professional need to direct each specialized procedure?

Health care professionals, because of their training and experience, have the:

- Ø knowledge of basic conditions and illnesses which makes them aware of what needs to be done to help the resident;
- Ø skill to do the tasks that need to be done; and
- Ø judgment to be able to determine what needs to be done, how it should be done and when to get more help.

d) Can you be taught how to do a specialized procedure?

You and your staff may be taught how to do a specialized care procedure if the health care professional feels it is safe to teach the procedure. You will need to contact the appropriate health care professional to request the procedure be taught to you and your staff.

Such decisions will depend on the needs and health of the resident, what the procedure is, and the ability and willingness of you and your staff to learn how to safely perform the tasks.

The health care professionals will assess each situation and decide if the procedure can be taught to you, or whether they need to do it themselves.

If you or your staff are taught a specialized procedure, your training will be for **only a particular resident, and only that specific procedure.**

If another resident needs the same procedure you must contact the health care professional to receive the appropriate training.

If your staff changes, you need to contact the health care professional to train the new staff.

You cannot train your staff to do a specialized procedure unless you are a currently registered health care professional, the procedure is within your scope of practice and you are competent to perform the procedure.

e) What if you and/or your staff are not able to provide the specialized care procedure?

As the licensee, you are responsible for making arrangements for a resident to receive specialized care from a health care professional when you and your staff cannot be trained.

If the procedure(s) can be safely taught to non-professional persons, but you and your staff are unable to learn or not willing to perform the specialized procedure, you must:

- Ø inform residents and the supporter that the specialized procedure will not be provided to the resident by you or your staff;
- Ø give residents the choice of continuing to live in your home and contracting with a health care professional who can provide the specialized procedure, or moving to another personal care home where the specialized procedure will be done by the staff;
- Ø remember that contracting for a specialized procedure does not reduce your responsibility to monitor a resident's condition in relation to the specialized procedure (e.g. you must receive the appropriate training to monitor the resident); and
- Ø assist the residents to make the necessary arrangements if they decide to move to another suitable location.

The arrangements for any specialized procedure that will be an extra cost to the resident must be included in the admission agreement at the time of admission.

If the need for a specialized procedure is identified after the resident is already living in your home, the arrangements must be added to the admission agreement, and signed by all parties to the agreement.

f) Do you need to document the training?

It is your responsibility to ensure that the training for a specialized procedure is documented in the resident's record. This documentation must include:

- Ø date of training;
- Ø name of resident requiring the procedure;
- Ø procedure being taught;
- Ø name of staff person(s) trained;

- Ø signature, designation and registration number of the trainer (when the training is provided by a regional health authority nurse, their registration number is not required); and
- Ø evidence that the resident/supporter is aware that a specialized procedure is transferred to a non-professional.

11. Food

As a licensee, you are responsible to ensure the food and beverages you serve to your residents are tasty, appealing and nutritious, and according to the resident's individual needs. You must also store, prepare and handle food in such a manner that it does not cause food-borne illness, poisoning or injury to the resident.

a) Where do you purchase your food?

All food must be clean, wholesome, and free from spoilage. Foods such as meat, poultry, dairy products, and fish are considered to be potentially hazardous and if they are not stored, handled or prepared properly, may cause food-borne illness. Potentially hazardous foods should be purchased from an approved source, i.e.:

- Ø Meat, meat products and poultry that come from a carcass that was inspected by federal or provincial meat/food inspectors. Products purchased from most retail outlets would meet this requirement; however, if you are unsure if the meat or poultry that you are considering purchasing originates from an inspected carcass, consult with the store manager.*
- Ø Fish which is purchased from a retail store, a fish processor, or the Freshwater Fish Marketing Corporation.*
- Ø Shell eggs that are of a grade A variety, clean, and free from cracks and odours.*
- Ø Milk or milk products that have been processed in a commercial milk pasteurization plant.

*Under certain unique circumstances, some exceptions may apply. Contact your consultant if you have any questions.

Receipts verifying where the food was purchased from should be maintained for a period of one year.

b) How do you store and handle food safely?

As a licensee you are required to ensure that all food is stored, prepared and handled in such a manner that it does not cause food-borne illness. This may be achieved by ensuring that:

- Ø staff who come in contact with food, equipment or utensils used in the preparation or service of food:
 - § are clean,
 - § wear clean outer garments,
 - § keep hair confined,
 - § wash hands before commencing work, after using the washroom, after smoking, after eating, after tending to residents, or at any other time that hands are soiled or contaminated, and
 - § are not experiencing symptoms of persistent diarrhea, vomiting, fever, severe abdominal discomfort, or have an infected wound or lesion that is open or draining on or about the hands, wrists or exposed portion of the arms;
- Ø potentially hazardous foods are handled carefully and maintained at safe temperatures. An accurate thermometer must be available to monitor the temperature of food while it is being stored, prepared, cooked and served;
- Ø frozen foods are stored at –18 degrees centigrade (0 degrees F) or lower;
- Ø refrigerated foods are stored at 4 degrees centigrade (40 degrees F) or lower;
- Ø hot foods are held at 60 degrees centigrade (140 degrees F) or higher;
- Ø food preparation and storage areas are kept clean, in good repair and free of pests at all times;
- Ø work surfaces in areas where food is prepared are constructed of a non-absorbent material that can be easily cleaned;
- Ø garbage is removed from the food preparation at least daily and when the container is full;
- Ø if residents are involved in meal preparation, they are supervised to ensure they are handling and preparing the food safely;
- Ø food is used before the “best before” date;
- Ø the food you bought earliest is used first, so that food is not left in your cupboard, fridge or freezer too long;

- Ø you are labeling all foods with the date of purchase or preparation;
- Ø you do not buy food in dented cans or in packaging that is damaged; and
- Ø you do not accept food donations of potentially hazardous food from unapproved sources, as there is no assurance that the food was stored, handled and prepared safely.

Wholesome food, good food handling practices, properly designed and constructed kitchens, adequate refrigeration, properly trained food handlers and the exclusion of pests from the facility all contribute to the production of safe food for your residents.

For more information on handling food safely, refer to the resources provided to you at the Food Sanitation Course.

c) Do you need to keep any food service records?

You are required to keep a record of the meals provided in the home. You must keep the record for a period of one year after the meals have been served.

You will need to have:

- Ø a menu journal or cycle menu for homes with 10 or fewer residents;
- Ø a cycle menu, for homes with 11 or more residents; and
- Ø a record that shows how individual resident's special dietary needs are met.

You must also record the temperatures of all refrigerators and freezers in your home monthly. This record must be kept for one year.

d) What should you consider when planning the residents' meals?

Food nourishes the body and gives us energy. Residents must eat the right foods in order to stay healthy. When planning meals and snacks for the residents, be sure they get the daily variety of food and beverages recommended by Canada's Food Guide.

You will need to consider:

- Ø the residents' food likes and dislikes;
- Ø any food allergies the resident may have;
- Ø the nutritional value of the food;
- Ø a resident's special diet;

- Ø if the meal is appealing and provides variety; and
- Ø a resident's cultural preferences.

e) What does the Canada Food Guide recommend?

The Canada Food Guide recommends that you:

- Ø eat a variety of foods from each food group every day;
- Ø choose whole grain and enriched products more often;
- Ø use lower fat milk products, leaner meats, as well as dried peas, beans and lentils more often;
- Ø use lower fat foods more often;
- Ø choose dark green and orange colored vegetables and orange colored fruit more often; and
- Ø limit salt, sugar, alcohol and caffeine.

f) What are the different food groups?

- Ø Meat and Alternatives; 2 - 3 servings of meat or meat alternatives; one serving equals:

- § 2 - 3 ounces meat, or
- § 1 - 2 eggs, or
- § 2 tablespoons peanut butter, or
- § 1/2 - 1 cup legumes (dried beans, peas or lentils which have been rehydrated and cooked), or
- § 1/3 cup of tofu;

- Ø Milk or milk products; 2 – 4 servings per day; one serving equals:

- § 1 cup milk, or
- § 2 slices (2 ounces) cheese, or
- § 3/4 cup yogurt;

- Ø Vegetables and fruit; 5 – 10 servings per day; one serving equals:

- § 1 medium size vegetable, or
- § 1 cup vegetable salad, or
- § 1/2 cup vegetable juice, or
- § 1/2 cup canned vegetable, or

- § 1 medium-size fruit, or
- § 1/2 cup canned fruit, or
- § 1/2 cup fruit salad, or
- § 1/2 cup real fruit juice;

Ø Grain products; 5 – 12 servings per day; one serving equals:

- § 1 slice bread, or
- § 3/4 cup cooked cereal, or
- § 3/4 - 1 cup cold cereal, or
- § 1/2 bagel, or
- § 1/2 cup cooked rice or pasta;

Ø Other foods are foods and beverages that are not part of any food group and should be used in moderation. These include:

- § fats and oils, or
- § foods that are mostly sugar such as jam, candies, etc., or
- § high fat or high salt snacks such as potato chips, peanuts, etc., or
- § beverages such as coffee, alcohol, soft drinks, juice prepared from powder, etc., or
- § herbs, spices and condiments such as ketchup, pickles, etc.

g) What if your resident requires a special diet?

Special diets are ordered for therapeutic reasons and must not be changed without first consulting the physician or dietitian.

The resident's physician must order a special diet. If the physician has ordered a special diet for a resident, make sure you understand it. If you have any questions, ask the physician to explain the diet, or ask the physician for a referral to a registered dietitian. Sometimes you will receive a printout of the diet and the phone number of a person you can contact if you need more information. Prepare the diet according to their directions.

h) Do you need to serve snacks?

Snacks are important and you will need to serve a snack in mid-morning, mid-afternoon and in the evening.

Snacks provide:

- Ø a chance for residents to get together and talk;
- Ø additional liquids to ensure that residents drink enough during each 24-hour period;
- Ø additional nourishment to ensure that residents eat an adequate diet; and
- Ø a break in the mid-morning, mid-afternoon, and evening routine.

i) How much liquid do residents need to drink every day?

Residents should drink 6 to 8 cups (8 ounces each) of liquid a day (not including coffee or tea), unless their physician does not want them to have that much fluid. The liquids should include juice, milk and water; some residents may enjoy coffee or tea.

There are times when you will need to be more aware of how much a resident drinks. Hot summer days are one of those times when an elderly person can become dehydrated very quickly. To prevent this you can:

- Ø offer a variety of liquids (if the doctor generally limits the amount of fluid your resident drinks or the resident is on water pills, you should get advice from the physician);
- Ø encourage residents to limit their caffeine, alcohol or drinks with a lot of sugar as these can cause the resident to lose more body fluid;
- Ø stay indoors, or in a cool shaded area; and
- Ø offer fans, cool towels or a cool shower or bath.

It is not an acceptable practice to restrict the amount of liquid a resident drinks during the day to minimize or control urinary output.

j) Do you need to be concerned with a resident's weight?

It is a good idea to weigh the resident once a month at the same time of day and in similar clothing and record their weight in the resident's record. This will let you know what the resident's normal weight is. If there is a significant change in weight you should contact the resident's physician.

k) How can you make mealtime pleasant?

A pleasant and positive mealtime helps to promote the resident's appetite ensuring adequate food intake.

Mealtime can be made pleasant by:

- Ø allowing residents to decide where they would like to sit and with whom (ensure no one sits alone);
- Ø keeping the dining area clean and well lit;
- Ø reducing unnecessary noise;
- Ø using cups with thinner rims;
- Ø ensuring dishes are clean and free of cracks;

- Ø using dishes that contrast in color with the tabletop so they are easier to see;
- Ø using clean aprons or attractive smocks if spills are a problem;
- Ø using garnishes for eye appeal;
- Ø allowing personal choices whenever possible;
- Ø not rushing the meal;
- Ø rotating the order in which people are served;
- Ø not serving meals until everyone is seated; and
- Ø assisting residents that have difficulty eating, to eat their meal in a manner that is not offensive to other residents.

l) What can you do for residents that have difficulty chewing?

Residents who have trouble chewing may be having problems with their dentures or teeth and may need to see the appropriate professional.

Some foods that will help a resident who is having trouble with chewing include:

- Ø eggs or egg salad;
- Ø shaved tender meat with gravy;
- Ø casseroles;
- Ø macaroni and cheese;
- Ø soft breads;
- Ø cooked cereal;
- Ø yogurt, custard, pudding, cottage cheese or ice cream;
- Ø well cooked or canned vegetables;
- Ø whipped potatoes; or
- Ø soft, fresh fruit (e.g. bananas) or canned fruit.

m) Do you need to worry about food and drug interactions?

Drugs can have interactions with nutrients in foods. It is your responsibility to know if a resident is on a medication that may interact with a particular food.

The resident's physician or pharmacist should provide you with information that is necessary to ensure you are giving medications correctly. If you have any questions about the medications you need to give, you should contact a pharmacist or physician for direction.

12. Medications

Residents may take medications to help them stay healthy or for control of a disease.

Medication given incorrectly can cause serious harm or even death and, therefore, it is very important for you and your staff to know:

- Ø what medications the resident receives;
- Ø why the resident receives it;
- Ø how to give it correctly;
- Ø when the resident is to receive it; and
- Ø the side effects associated with the medication.

Where possible:

- Ø all medications will be bubble packed; and
- Ø a medication record will be obtained from your pharmacy.

a) How are oral medications packaged?

- Ø Bubble pack:

Bubble (or blister) packs are medication cards that hold one or more pills in each bubble. The pills may be packaged so that one type of pill may be dispensed in each bubble or it may be packaged so that all breakfast pills are dispensed in one bubble, all lunch pills in another, etc.

The bubble pack method provides the most safeguards when you or your staff are giving medications to residents.

- Ø Pill Bottles:

Pill bottles are what you would normally receive medication in if your physician gave you a prescription. They are filled by the pharmacist, usually on a monthly basis.

Ø Doses:

This method of packaging usually holds a week supply of medication at a time, and is seldom used. If it is used, a pharmacist must fill the dosette.

b) How do you keep track of what medications the resident is on and when to give them?

If more than one person is giving medication in your home, or if your home has an authorized capacity of 11 or more residents, you will need a medication record sheet. This record will include:

- Ø the resident's name;
- Ø a list of medication the resident is on;
- Ø when to give the medication to the resident; and
- Ø an area to initial once you have given the medication.

Often the pharmacist will send the medication record sheet with the resident's medication. This medication record sheet is considered the physician's order.

If the pharmacist cannot supply you with a medication record sheet as noted above, you may get a blank medication record sheet from your personal care homes consultant. In this case, you will need to request additional medication labels from the pharmacist to stick on to this sheet. Once the labels are on the blank medication record sheet, the sheet will also be considered a physician's order.

If a physician gives a resident a sample medication, you must ensure the physician writes an order for that medication. It is also recommended that the pharmacy is contacted so that they are aware that the resident is taking the medication.

c) How can you keep the medications stored safely?

To store your medications safely you must:

- Ø keep all medications in a secure place;
- Ø store medications according to the instructions; and
- Ø remove all medications from your home that have been discontinued or are older than the expiry date marked on the container (ask the pharmacist about how to dispose of them).

d) How can the pharmacist help you and the resident?

Pharmacists are required to keep their clients' information confidential and, therefore, they may request written permission from the resident in order for the pharmacist to share this information with you or your staff.

The pharmacist can help you by:

- Ø telling you the best time and way to give the medications (e.g. with food, ½ hour before eating, etc.);
- Ø cautioning you about the possible side effects and drug and food interactions;
- Ø letting you know how the medication should work, if it is helping the resident, and what you may observe when the resident takes it;
- Ø alerting you to when you should call the physician or hospital;
- Ø giving you printed information about medications, when they are to be taken, how much or how many are to be taken, and what way to take them; and
- Ø giving you a printout of all medications the resident is taking.

e) What if you would like to use one pharmacy?

If you only wish to deal with one pharmacy, you will need to explain to the potential resident that this is a requirement of your home before he makes a decision to live in your personal care home.

If a resident has always obtained his medications from a certain pharmacy and wants to continue to do so, you might want to continue to use that pharmacy service.

You will need to identify in the admission agreement who will pick up the prescriptions and arrange for refills (both prescription and non-prescription medications).

In larger personal care homes, it may be safer and more convenient to use one pharmacist.

f) Can residents take their own medication?

If a resident is able to safely take some or all of his own medications, you shall encourage the resident to do so, as it helps maintain independence.

You will need to:

- Ø determine if a resident can take some or all of his own medications by consulting with the resident's physician, the resident, the supporter and other care providers;
- Ø provide the residents with a secure place to store their medications;
- Ø provide the residents with whatever they need to take their medications (e.g. spoon, glass of water, etc.);
- Ø encourage the residents to consult with their physician before taking any non-prescription drugs including vitamins and herbs; and
- Ø encourage the resident to purchase all medications from only one pharmacy so that there is a record of all medications and the pharmacist will be able to advise the resident of any possible problems such as drug interactions.

You will still need to keep a list of all medications the residents are taking so that if they suddenly become ill you can provide this information to medical staff at the hospital.

You may still need to:

- Ø remind residents to take their medications if they do not remember;
- Ø monitor how residents are managing their medications;
- Ø help or remind residents to organize their visits to the physician and pharmacist; and
- Ø ensure that their prescriptions are sent to the pharmacy to be filled or refilled.

g) What if you and your staff are responsible for giving medications to a resident?

As a licensee, you must ensure:

- Ø **that there are written physician's orders for prescription and non-prescription medications including vitamins and herbs** before they are given to the resident. The medication record sheets and the medication labels provided by the pharmacist are accepted as written orders, and you must keep this information as part of the resident record;
- Ø that all medications are kept in the original containers (e.g. If you are using pill bottles, do not pour medication from a partially used pill bottle into a newly dispensed pill bottle. Use up each bottle of medication before beginning to administer the medication from a new refill.);

Ø that the original container of a prescription medication is labeled with:

- § the resident's full name,
- § the name and strength of the medication,
- § the dose,
- § how often the medication is to be given,
- § the date the medication was dispensed,
- § the physician's name, and
- § the name of the pharmacy from which the medication was obtained;

Ø that the original container of a non-prescription medication is labeled with:

- § the name and strength of the medication,
- § the recommended dose,
- § how frequently it may be given, and
- § the expiry date of the medication;

Ø a list of medications is obtained from each resident's physician as soon as the resident admitted into your home (Be sure to ask about any orders that have been given for non-prescription drugs, vitamins and herbs); and

Ø a written record of all current medication orders is kept in the resident's file. Update this record whenever the physician gives an order to start or stop a medication, or changes any medication order.

With the resident's consent, you are responsible to ensure that each resident's medication record is reviewed at least once a year by his or her physician in conjunction with the pharmacist and any other health care professionals involved in the resident's care.

h) How do you and your staff give the medication safely?

If giving medications will be part of your staff's duties, you must include training on how to give medications as part of the orientation to your staff.

Training to give medications should include:

- Ø information about where to find the written physician's directions for giving medications;
- Ø information about each resident's condition and the medications that each resident receives;
- Ø how the medication should help the resident;

- Ø any special considerations that staff need to be aware of (e.g. residents who take blood thinner medication need to have their blood checked as directed by their doctor);
- Ø possible side effects and food-drug interactions;
- Ø the procedure for giving medications safely and as ordered by the physician;
- Ø when to alert the physician or the hospital;
- Ø how to record information about medications in each resident's record;
- Ø the importance of recording and telling the physician about any changes in a resident's behaviour;
- Ø ensuring that the same individual who removes the medication from the original container gives the medication;
- Ø ensuring medications are taken only by the residents they are intended for, and not left where other residents can access them;
- Ø how to contact the physician if the directions on the label are different from the instructions you were given by the physician;
- Ø what to do if there is a mistake when giving medications; and
- Ø the importance of calling the physician and recording the physician's instructions if a resident refuses the medications.

Procedure:

- Ø Arrange the medication storage area so that you have enough space to work in.
- Ø Wash your hands.
- Ø Concentrate on giving the medications accurately and according to the physician's orders. Avoid distractions such as trying to carry on a conversation with someone when you are preparing medications.
- Ø Check the medication's expiry date and for unusual appearance (e.g. discoloration may mean the medication was exposed to cold or heat or is old).
- Ø Check to ensure that you have the:
 - § right medication,
 - § right person,
 - § right time,
 - § right amount, and
 - § right method.

- Ø Take out the pills and give them to the resident. Placing the pills in a medication cup or on a spoon may help the resident in taking the medication. Give the pills with a glass of liquid to help with swallowing.
- Ø Stay with the resident until he has swallowed the pills.
- Ø Initial on the medication record sheet that you have given the pills packaged in the blister for the appropriate date and time. (If more than one person gives out the medications OR in a home with 11 or more residents, you must initial in the resident's medication records that the medications were given and by whom).
- Ø Repeat this procedure until all residents have received their medication.
- Ø Put the pills back in the secure storage area until the next time you give them.
- Ø Wash your hands.

If you must prepare the medication ahead of time, place the pills in a closed pill container that is labeled with the resident's name. They must be kept in a secure area until given to the residents. You cannot prepare any more than one dose at a time (e.g. in the afternoon you may prepare the supper medications but not the supper and bedtime). The person who pours the medication must give the medication.

i) How do you know when to give “take as needed,” “as necessary” or “prn” medications?

These terms all mean the same thing. When the medication label says “take as needed,” “as necessary” or “prn,” it means the resident may only need the medication once in a while.

It is very important that you and your staff know how to give medications that a resident may only need once in awhile. This includes all prn medications (e.g. Tylenol, Gravol, Ativan, cough syrup, vitamins, etc.).

You are responsible to seek a written order for the medication that includes:

- Ø what each medication is for;
- Ø when it should be given (e.g. "take for headache or take if no bowel movement for 3 days");
- Ø how many should be taken (e.g. how do you know how many to give if the physician's order is for “1 or 2 Tylenol”); and
- Ø how to give it (e.g. with food or not with citrus juice, etc.).

You must also know:

- Ø what the possible side effects or drug reactions are; and
- Ø when you should alert the physician or hospital.

Do not give prn medication to a resident unless there is a benefit to the resident. It should never be given for the convenience of the staff.

You must have a physician's order before you give any over-the-counter medications (e.g. cough syrups, laxatives, vitamins, etc.).

j) What if a resident refuses to take the medication?

If the resident does not take the medication for any reason, call the physician for direction.

Record that the medication was not given, on the medication record sheet and document in the progress notes that it was refused and what the physician told you to do.

k) Can you give a resident medication that is not taken orally?

Some medications are not given by mouth. These include medications such as eye drops, eardrops, transdermal patches, nebulizers, suppositories or inhalers. In these cases you must follow the instructions included with the medication very carefully. If you are unfamiliar with the medication or have any questions about how to administer these medications you can contact the pharmacist or an appropriate health care professional for direction.

A registered nurse, registered psychiatric nurse, or licensed practical nurse usually gives other medications not taken by mouth, such as enemas or injections. In some cases, a health care professional can train you to give this type of medication; however; it is considered a specialized procedure.

l) What happens when a resident leaves your home for a few hours or a few days?

If residents will be away when they are to receive their medications you must send enough medications with them to cover the number of doses they need while away from your home.

You will need to give the resident or supporter:

- Ø the original medication container that is labeled with the directions; or

- ∅ the medications that were prepared and labeled by the pharmacist for the period of time that the resident will be away from the home.

For those times when the resident goes out unexpectedly (i.e. family comes to visit and wants to take the resident out for supper), you may supervise the resident or their supporter while they:

- ∅ remove the appropriate medications for the specified period of time from the original container; and
- ∅ put the appropriate medications for the specified period of time into a container (i.e. envelope) that you have labeled with the resident's name, type/number of pills of each medication, dosage and when to give.

When giving the medications to the resident or their supporter you will need to:

- ∅ have the supporter (or resident) sign for the amount of medication given (e.g. 4 days supply); and
- ∅ give instructions to the supporter (or to the resident) regarding the type of medication, how to give it safely, side effects, etc.

When giving a supply of medication directly to a resident, ensure the resident is competent to either take the medication independently or to give it to the supporter upon arrival. If the supporter will be giving the resident the medication, you must call the supporter to ensure that he received the medication, understands the instructions, and will administer the medication as ordered by the resident's doctor. You must document this contact with the supporter in the progress notes.

m) What do you do with the medication if a resident leaves your home permanently?

If you have a resident who is leaving your home permanently and the medications are being given to a supporter, to a public official, (e.g. police officer, coroner etc.), or to another care facility, you must count and record in the resident's record, the type and amount of medication you are turning over. (For a liquid or a cream, estimate approximately how much is left e.g. half a tube.) You and the supporter/official must date and sign this record.

n) What if you have to take a physician's order over the phone?

When taking an order over the phone you must ensure:

- ∅ that the physician's directions taken over the phone are documented on the resident's record and signed by the person who took the direction including the date, time and the name of the physician who gave the directions; and

- Ø that the documented verbal orders are confirmed in writing by the physician as soon as possible.

If using the medication packaging system where all the pills are in one bubble for a specific time (e.g. all breakfast pills are in one bubble), and the physician changes the order for one or more medications when the bubble pack is partially used, you will have to arrange with the pharmacist for the bubble pack to be corrected to match the physician's orders.

o) What if you make a mistake giving medications?

Following safe procedures when administering medications will decrease the chance of errors occurring.

If a medication error occurs in your home you must **immediately**:

- Ø report the error to the resident's physician, the physician on call or the pharmacist, and ask for direction on what to do;
- Ø carry out the instructions given by the doctor or pharmacist; and
- Ø record the error and what direction the physician or pharmacist gave you, in the resident's progress notes.

You will then need to:

- Ø identify the corrective action necessary to prevent the error from occurring again and to prevent further harm to the resident.

Ask yourself:

- Ø Was the resident identified with certainty?
- Ø Was the medication taken from the wrong package?
- Ø Were you/the staff too rushed?
- Ø Did you/the staff check the dosage and medication before giving it?

A medication error is a serious incident and must be reported to your consultant as per Section 13(b) of *The Personal Care Home Regulations*.

p) Key Points to Remember:

- Ø Never give prescription medications, over the counter medications, vitamins or herbs without a written order from the resident's physician.
- Ø Each time you give a medication you must make sure you have the:
 - § right resident;
 - § right time;
 - § right medication;
 - § right amount; and
 - § right method.
- Ø Bubble packing is the safest method of administering medications.

You must report a medication error immediately to the resident's physician, physician on call or pharmacist.

IT IS NEGLIGENT NOT TO REPORT A MEDICATION ERROR.

- Ø Unless you have an order from the physician, do not:
 - § stop giving any medications;
 - § give more or less than the physician ordered; or
 - § change the medication in any way (for example: grind or break the pills, or mix pills with food).
- Ø Have the physician, pharmacist and any other health care professional review the medications at least once per year.
- Ø Always call the resident's physician:
 - § if you observe any side effects from the medications;
 - § if the resident wants to take other medications;
 - § if the resident refuses to take the medication;
 - § before the medication is completely used up (if it is to be continued) and the pharmacist has not been authorized to refill the prescription; and
 - § if you have any questions about a resident's well being.

13. Rights and Privileges of Residents

You and the residents in your home have rights and privileges by law in Canada. The rights and privileges listed in the regulations also apply to every resident in your home.

All residents have the following rights and privileges:

- Ø to be treated with kindness and respect by you, your staff, and other people in your home;
- Ø to tell you about any concerns or recommend changes to your rules or services;
- Ø to be able to complain to you without being afraid of repercussions, or to anyone else they choose, including staff from Saskatchewan Health if they are not satisfied with things in the home;
- Ø to attend their own religious services;
- Ø to have privacy;
- Ø to use their own belongings, and to have others use them only if they give them permission;
- Ø to communicate within the home by telephone or mail in private;
- Ø to have visitors between 9 a.m. and 9 p.m. without having to make any arrangements ahead of time;
- Ø to come and go as they like, providing they let you know when they leave and when they will return;
- Ø to be free from any physical punishment, threats, or abuse from you, your staff, or other people in your home; and
- Ø to choose their own physician, dentist, optometrist, or other health care professional.

You can add more rights if you want. You must give each resident a copy of the Rights and Privileges as part of the admission agreement.

You are also required to post a copy of the Rights and Privileges in your home in a place that is visible to the public.

14. Rules of the Home

You must inform each resident about the rules to be followed in your home.

You may have rules for your home that each of your residents needs to be aware of, for example:

- Ø the areas where the residents and their visitors can smoke; and
- Ø the place where they have to store food if they bring any into the home.

You must give a copy of your rules to each resident as part of the admission agreement. As well, you must post a copy of your rules where people can read it.

Appendix A

**Employee Acknowledgement of Conditions of Employment Regarding
Criminal Record Checks**

I, _____, am aware that I must:
(employee)

- maintain a satisfactory criminal record;
- inform the licensee or the administrator within 2 days if I am arrested or charged with a criminal offence; and
- submit a satisfactory CRC every 3 years.

Failure to comply with the above may affect my employment status.

Employee's Signature

Date

Witness

Appendix B

CRIMINAL RECORD CHECK INFORMATION LOG

_____, has made application for employment at
(Name of Potential Employee)

(Name of Personal Care Home)

THE POLICE RECORD CHECK NUMBER: _____

DONE ON: _____ **REVEALS:**
(date)

- No Criminal Record
- Relevant Convictions and Outstanding Charges (Please list all charges, convictions and sentences. Include dates):

A decision was made to:

- accept criminal record check as satisfactory for the following reasons:

- deny criminal record as unsatisfactory for the following reasons:

(signature of licensee)

(date)

NOTE: Licensee must return the Criminal Record Check to the potential or current staff person.

