



Personal Care Home Standards Revised Sept. 2016

This section of the website has been created to help residents and their families understand the standards and regulations each Personal Care Home must follow. For those individuals who are considering long term care placement for their loved ones, this website will assist you in understanding the criteria under which Personal Care Homes in Manitoba are regulated and assessed.

Table of Contents

1. The Evolution of Standards in Long Term Care
2. The Standards
 - a. "Core" Standards
 - b. The Remaining Standards
3. Scoring a Personal Care Home According to the Standards
4. Standards Visits
5. Frequently Asked Questions

The Evolution of Standards for Manitoba Personal Care Homes

Over time, there has been a move across the country to regulate residential care. Many provinces have standards or regulations enacted to ensure a minimum standard of care is delivered to residents in personal care homes.

Manitoba's Personal Care Home (PCH) Program became an insured service in 1973. Prior to this time and until 2005, individual PCHs pursued quality initiatives by engaging in peer reviews, and participating in accreditation.

Key regulations under *The Health Services Insurance Act* for PCHs include:

- the *Personal Care Home Licensing Regulation 2005* sets out the licensing process for PCHs;
- the *Personal Care Homes Standards Regulation 2005* sets out the standards to be followed by PCHs.

Legislation now requires that in order to be licensed by the province, each PCH must comply with these standards as well as many other regulations (see FAQ). For more info on the legislation click on:

<http://web2.gov.mb.ca/laws/regs/current/pdf-regs.php?reg=30/2005>

Beginning in 2004-05, reviews of all Manitoba Personal Care Homes were completed using these newly developed standards. The Executive Director of the Long Term & Continuing Care Association at that time, was involved in the development of these standards.

About The Standards

There are a total of 26 standards. To view the MB Government Standards click on the link

http://web2.gov.mb.ca/laws/regs/current/_pdf-regs.php?reg=30/2005

- Reviews take place every two years. Reviews are conducted by a “Standards Review Team” consisting of Manitoba Health and Regional Health Authority staff.
- The 26 standards are divided into three sections or “tools”
- There are five standards that are considered CORE. These will be reviewed at each visit.
- Each section/tool contains the five CORE standards plus seven others for a total of 12.

The Core Standards

- There are five CORE standards common to each tool:
 - **Standard 7 – Integrated Care Plan**
 - **Standard 9 – Use of Restraints**
 - **Standard 12 – Pharmacy Services**
 - **Standard 19 – Safety and Security**
 - **Standard 24 – Staff Education**

The Remaining Standards

- The remaining standards are:
 - Standard 1 – Bill of Rights
 - Standard 2 – Resident Council
 - Standard 3 – Eligibility for Admission
 - Standard 4 – Information on Admission
 - Standard 5 – Participation in Care Plans
 - Standard 6 – Integrated Care Plan
 - Standard 8 – Freedom from Abuse
 - Standard 10 – Medical Services
 - Standard 11 – Nursing Services
 - Standard 13 – Health Records
 - Standard 14 – Nutrition and Food Services
 - Standard 15 – Housekeeping Services
 - Standard 16 – Laundry Services
 - Standard 17 – Recreation
 - Standard 18 – Spiritual and Religious Care
 - Standard 20 – Disaster Management
 - Standard 21 – Infection Control Program
 - Standard 22 – Person in Charge
 - Standard 23 – Qualified Staff
 - Standard 25 – Complaints
 - Standard 26 – Critical Incidents and Occurrences

Scoring the Standards

- Each standard has a number of performance measures that help the Standards Review Team gauge compliance with the standard.
- Some performance measures are weighted more heavily. These are identified using **bold print** and are considered **mandatory measures**.
- A mandatory measure is a pass/fail measure.
- Not all standards have mandatory pass/fail performance measures.

What constitutes a “Met” rating for a standard?

- To receive a met rating, all pass/fail measures (mandatory measures) must be met.
- At least 80% of all the other measures must also be met.

What constitutes a “Partially Met” rating for a standard?

- To receive a partially met rating, all pass/fail measures (mandatory measures) must be met.
- More than 60% and less than 80% of the remaining measures must be met.

What constitutes an “Unmet” rating for a standard?

- An unmet rating is triggered by either not passing the mandatory measures for that standard, or achieving less than 60% compliance with the remaining measures.

Standards Visits

Standards visits are scheduled every two years. Unscheduled visits also take place.

The PCH must complete a self-assessment of all 26 Standards and submit this to the Standards Review Team at least ten days prior to the scheduled visit. At the time of the scheduled standards visit, one of the three evaluation tools will be selected as the basis for the standards review. The tool to be used is not revealed to the PCH until The Standards Review Team has received the self-assessment (sometimes not until one week before).

The Standards Review Team may notify the facility in advance with the date of the standards visit. A typical standards visit takes one full day. During the visit, the Standards Review Team will tour the home, and assess care as it is being delivered. They will also review selected resident charts as well as facility policies, procedures and reports applicable to the standards they are reviewing. There may be interviews with staff, residents and families as applicable.

At the end of the standards visit, the Standards Review Team will meet with the PCH team and review the results. A report is written by the Standards Review Team and sent to the RHA, the RHA will forward the report to the Personal Care Home. The report details the standards that were met, partially met or unmet. The home has 100 days to submit an action plan to the Standards Review Team addressing any standards that were either partially met or unmet.

PCH Standards Results

Five Standards reviews have been conducted since the Standards were developed. If you would like information about a specific PCH, contact the PCH you are interested in to enquire about its results. For LTCAM member information please click here: <http://www.ltcam.mb.ca/assisted-living-options-home-care.html> and click on the Personal Care Home sign.



Frequently Asked Questions

1. How often are the reviews? What is the process for the review?

Each PCH will have a Standards Review every two years. One of three tools is selected against which the PCH will be evaluated. Each tool includes the core standards (see pg. 3) The Standards Review Team schedules the regular reviews in advance and provides notice to the PCHs as to the date of their visit. The PCH completes a self-assessment of all 26 Standards and submits this to the Standards Review Team at least ten days prior to the scheduled visit. The tool against which a home will be assessed is not revealed to the PCH until the Standards Review Team has received the self-assessment (sometimes not until one week before). There are also unannounced reviews at the discretion of MB Health.

2. Do all healthcare facilities have to adhere to standards?

All licensed PCHs must adhere to these Standards. Other care facilities, for example hospitals, adhere to other regulatory programs such as accreditation through the Accreditation Canada. These particular standards are specific to PCHs.

3. Who decides which of the three tools will be used on a given Standards Review?

The Standards Review Team who performs the review chooses which tool will be applied prior to the visit. Homes are notified approximately two weeks prior to the visit as to which tool they will be assessed against.

4. Are there a minimum number of standards that must be met with each review?

The expectation is that all standards must be met.

5. What is the difference between a met and not met or partially met standard?

*A standard that is met means the home has passed all mandatory measures (pass/fail measures) for that standard **and** passed at least 80% of all the remaining measures in that standard. A partially met standard means the PCH has passed all mandatory measures, **and** passed more than 60% but less than 80% of the remaining measures for that standard. An unmet rating means that the PCH has either failed the mandatory measure(s) or not achieved at least 60% of the remaining measures.*

6. What happens if the PCH does not meet a standard?

The PCH must submit an action plan to the Standards Review Team, to correct any deficiencies within 100 days of the standards review.

For Standards rated as less than met:

- Facilities must provide an action plan within defined timelines that outlines their plan to address each unmet performance measure in any Standard rated as less than met.
- The facility must provide status updates on progress made, including supporting documentation/evidence to Manitoba Health.
- This process is followed until the facility has fully met all partially met and not met Standards as found at the time of the Standards Review.
- Unannounced reviews are conducted as a follow up to assess compliance with any outstanding items as outlined in the facility's status update.

7. Who evaluates/reviews the home?

Standards reviews are led by the Standards Review Team who have an understanding of the act, licensure requirements, and who have been trained to apply the standards to a review process.

8. How often do the scheduled reviews take place?

Each PCH receives a standards review visit every two years. In between this time, a home may experience an unannounced visit.

9. Are there other regulations to which PCHs must adhere? *Yes. All PCHs must adhere to many other regulations, policies, and contractual obligations, including, but not limited to:*

- *Personal Care Services*
The PCH must provide the following services which are reported and monitored by the region on a quarterly basis. The insured personal care services provided include nursing services, physician services, food and nutrition services, pharmaceutical services, activities/recreation services, therapy services, transportation services, and laundry and linen services.

- *Accreditation Canada, <http://www.accreditation.ca/>*
- *Manitoba Office of the Fire Commissioner, <http://www.firecomm.gov.mb.ca/>*
- *Workplace Safety and Health, <http://www.gov.mb.ca/labour/safety/>*
- *Public Health Act, Food Services Permit, <http://www.gov.mb.ca/health/publichealth/act.html>*
- *Protection for Persons in Care Act, <http://www.gov.mb.ca/health/protection>*
- *Personal Health Information Act, <http://www.gov.mb.ca/health/phia/>*
- *The Public Interest Disclosure (Whistleblower Protection) Act
<http://web2.gov.mb.ca/laws/statutes/ccsm/p217e.php>*
- *Manitoba Employment Standards, <http://www.gov.mb.ca/labour/standards/>*
- *Adherence to Generally Accepted Accounting Principles (GAAP) or Canadian Public sector accounting standards (PSAS) and production of annual, independently audited financial statements and production of annual, independently audited financial statements*
- *Regional Health Authority applicable policies, procedures and contractual obligations for example:*
 - *Infection Control*
 - *Hours of Care per resident day*
 - *Pharmacological reviews*
- *CRNM, CRPNM, CLPNM*
- *College of Physicians and Surgeons*