

Last Updated: July 2024

LTCH:

Inspector(s):

Please contact this person with any questions or concerns at any time throughout the inspection.

Information to Provide Upon Entrance

<input type="checkbox"/> 1. A copy of the home floor plan, including locations of dining rooms, medication storage, and drug destruction and disposal areas.
<input type="checkbox"/> 2. Access codes and/or security passes for resident and other non-resident areas of the home including kitchen, laundry areas, etc.
<input type="checkbox"/> 3. Access to electronic documentation system.
<input type="checkbox"/> 4. List of home areas currently in an outbreak (if any).
<input type="checkbox"/> 5. Schedule of mealtimes.
<input type="checkbox"/> 6. Schedule of medication administration times.
<input type="checkbox"/> 7. List of key personnel (including the leads, if any) for Infection Prevention and Control (IPAC), Continuous Quality Improvement, Skin and Wound Care, Behavioural Support Ontario, Pain Management, Maintenance, Housekeeping, Dietary Services, Human Resources, and their office locations.
<input type="checkbox"/> 8. Area of a suspected outbreak or a confirmed outbreak occurring (if any).
<input type="checkbox"/> 9. If there is an outbreak occurring: <ul style="list-style-type: none"> - What type of outbreak is occurring? - Is there more than one type of outbreak occurring? - How many resident units/home areas are affected by the outbreak(s)? - Are all residents who meet the case definition for the outbreak(s) within identified outbreak areas?

Information Required Within One Hour of Entrance Conference

<input type="checkbox"/> 10. List of any residents currently in isolation, the reason for isolation, and their location in the home.
<input type="checkbox"/> 11. List of all residents, their room number, and CPS score.
<input type="checkbox"/> 12. List of residents at high nutritional risk, their dining location, and their diet type and texture.
<input type="checkbox"/> 13. List of residents with altered skin integrity who currently require weekly skin assessments. Include the type of altered skin integrity or skin impairment
<input type="checkbox"/> 14. List of residents who require extensive or total assistance with bathing, dressing, hygiene and grooming, and continence.

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| <input type="checkbox"/> 15. Name and room # of the Residents' Council President (and Food Committee President, if any). |
| <input type="checkbox"/> 16. List of residents currently receiving pain management interventions. |

Information Required by End of Day

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| <input type="checkbox"/> 17. Name, email, and phone number of the Registered Dietitian and most recent menu cycle evaluation including the history of menu edits. |
| <input type="checkbox"/> 18. Residents' Council meeting minutes (and Food Committee meeting minutes, if any) from the past 12 months and summary of results of most recent satisfaction survey. |
| <input type="checkbox"/> 19. Name, email, and phone number of the Family Council President, if any and a summary of the results of the most recent satisfaction survey. |
| <input type="checkbox"/> 20. A copy of the most recent Continuous Quality Improvement (CQI) report. |
| <input type="checkbox"/> 21. If applicable, Family Council meeting minutes from the past 12 months. |
| <input type="checkbox"/> 22. The last quarterly review of medication incidents and adverse drug reactions. |
| <input type="checkbox"/> 23. Written policies, procedures and protocols related to: Drug destruction and Disposal; Administration of Drugs by a Personal Support Worker (if applicable). |
| <input type="checkbox"/> 24. Most recent Skin and Wound Care and Pain Management Program Evaluations. |
| <input type="checkbox"/> 25. A copy of the Staffing Plan for nursing and Personal Support Services and annual evaluation of the staffing plan. |
| <input type="checkbox"/> 26. The job description for the IPAC lead. |
| <input type="checkbox"/> 27. Documentation related to the monthly review of IPAC surveillance data per O. Reg. 246/22 s. 102 (10) to detect trends, for the past two months. |
| <input type="checkbox"/> 28. From May 15 to September 15th, a copy of the heat related illness prevention and management plan.
From May 16 to September 14th, a copy of the emergency plans for when there is no heat in the home. |