Introduction

The *Health and Community Services Act* (the *Act*) provides the Department of Health and Community Services (the Department) with the overall responsibility of regulating Personal Care Homes (the PCHs) in the Province. The Regional Health Authorities (the RHAs) are mandated by the Department to license and monitor PCHs for compliance with the *Act*, the *Personal Care Home Regulations* (the *Regulations*), and any policies, standards and guidelines established by the Department.

In 2007, the Department established the Provincial Personal Care Home Program Operational Standards (the PCH Operating Standards) which governs how PCHs are to be operated. The PCH Operating Standards identify 30 standards, 154 performance measures and associated procedures which the PCHs and the RHAs must reference to ensure proper governance, resident care, resident services, resident rights, financial services and records management.

Service NL, through its Government Service Centres (the GSCs) is responsible for monitoring the physical conditions of PCHs in accordance with the PCH Operating Standards. The PCH Operating Standards require that GSCs carry out annual inspections of PCHs to determine whether the PCHs are complying with various health and safety legislation and standards.

Objective

The objective of our review was to determine whether each of the Department, the four RHAs and the GSCs were regulating PCHs in accordance with the *Regulations* and current operational standards.

Scope

Our review covered the period April 1, 2012 to March 31, 2014. We reviewed the following: PCH legislation; the PCH Operating Standards; RHA/GSC policies and procedures; RHA licensing, monitoring and reporting documentation; GSC environmental health, and fire and life safety inspection reports; and other documents contained in PCH files maintained at the RHAs and GSCs. We also conducted interviews with officials of the Department, RHAs and GSCs. The samples we selected for our review were determined non-statistically on a judgmental basis.

We completed our review February 2015.
Conclusions

The Department did not always regulate Personal Care Homes in accordance with the *Personal Care Home Regulations* and current operational standards.

For our sample of 30 Personal Care Homes, the RHAs and the GSCs could not always demonstrate that they were regulating Personal Care Homes in accordance with the *Personal Care Home Regulations* and current operational standards.

Findings

**Department Policies, Guidelines and Standards**

*Review of PCH Operating Standards and RHA Monitoring Methods*

1. The Department did not complete a comprehensive review of the PCH Operating Standards and RHA monitoring methods every two years as required by the PCH Operating Standards established under the *Regulations*. There has been no comprehensive review of the PCH Operating Standards since 2007 and no review of RHA monitoring methods since 2009. As a result, the current PCH Operating Standards and monitoring methods may not reflect current issues faced by PCHs or ensure that they are being effectively regulated.

2. Approximately 68 (44%) of the 154 performance measures identified in the PCH Operating Standards are not clearly defined and require further clarification to ensure they are effective measures for determining whether the RHAs, GSCs and PCHs are complying with the associated standards.

3. The PCH Operating Standards do not require that PCHs have an emergency preparedness plan detailing evacuation, relocation and other procedures in the event of emergencies such as power outages, fires and bomb threats.

*PCH Monitoring Framework - RHA Monitoring Methods*

4. In 2009, the PCH Monitoring Framework was revised to reduce the level of quarterly monitoring by RHAs from 48 to 12 performance measures because PCHs were consistently meeting them. However, approximately half of the 36 performance measures cut were not clearly defined and as such, it would have been difficult for RHA staff to demonstrate whether PCHs were meeting these performance measures.

5. Two performance measures related to PCH governance and records management standards were not included with the 12 performance measures that should be monitored quarterly, as required by the PCH Operating Standards. We found that the Eastern RHA monitored one of these performance measures quarterly and the other not at all. The remaining RHAs did not monitor either of the two performance measures.
PCH Monitoring Framework - Performance Measures

6. The PCH Monitoring and Quality Frameworks do not provide RHAs with sufficient guidance when monitoring PCHs for compliance with the PCH Operating Standards. They do not clearly define all performance measures or the evidence that would be sufficient, appropriate and reliable for assessing whether the performance measures were met by PCHs. As a result, it was difficult for RHA staff to properly determine whether standards were being complied with.

PCH Monitoring Framework - RHA Reporting

7. There is no requirement in the PCH Monitoring Framework for the Department to provide the results of RHA monitoring to the public. Such information would be beneficial for the public, residents and families when evaluating the services of a PCH.

Licensing and Monitoring of PCHs by Regional Health Authorities

Licensing of Personal Care Homes

8. We found that for all 30 PCHs we reviewed, the RHAs renewed PCH licenses within one to three years as required.

9. In 8 (16%) of the 50 license renewals we examined, the RHA issued the PCH a license even though critical deficiencies identified in the fire and life safety inspection reports, had not been corrected by the PCH.

10. In 21 (42%) of the 50 license renewals we examined, the fire and life safety inspection reports reviewed by the RHA were more than six months old and therefore may not have provided the RHA with sufficient assurance that PCHs were complying with the PCH Operating Standards at the time of license renewal.

   In 6 (29%) of the 21 cases where the fire and life safety inspection reports reviewed by the RHA were more than six months old, we found that the inspector carried out an inspection of the PCH within 90 days after the date the license was renewed by the RHA. In these 6 inspections, the inspector identified a total of 28 critical fire and life safety deficiencies which required immediate correction or correction within a short timeframe. In one PCH, the inspector identified 16 critical deficiencies five days after the PCH was relicensed by the RHA.

11. In 21 (42%) of the 50 license renewals we examined, the GSC did not carry out a fire and life safety inspection at least 60 days prior to the license renewal date, as required.

12. In 14 (28%) of the 50 license renewals we examined, the GSC did not carry out an environmental health inspection at least 60 days prior to the license renewal date, as required.
13. In none (0%) of the 50 license renewals we examined, did the environmental health inspector recommend whether the PCH should continue to be licensed, as required.

14. In 28 (56%) of the 50 license renewals we examined, the technical inspector responsible for fire and life safety inspections did not recommend whether the PCH should continue to be licensed, as required.

**Monitoring of Personal Care Homes**

15. RHAs announce when they will be visiting PCHs to carry out monitoring activities for the purpose of completing quarterly and annual monitoring reports. Since these monitoring visits do not contain an element of surprise, the monitoring reports might not be a good indicator as to whether PCHs were complying with the PCH Operating Standards continuously throughout the year.

16. RHAs carry out unannounced monitoring visits for purposes other than to complete quarterly and annual monitoring reports. Our review indicated that the results of these unannounced monitoring visits carried out by the Eastern, Central and Western RHAs were not adequately documented and we were unable to readily determine the number of unannounced visits carried out and whether performance measures were being assessed. The Labrador-Grenfell RHA indicated that unannounced monitoring visits were not normally documented in the PCH file.

17. The Central and Labrador-Grenfell RHAs had not completed all the required quarterly monitoring reports for the 30 PCHs that we reviewed. Of the monitoring reports that were completed at all four RHAs, in 73% of the instances where RHA staff concluded that the PCH had met each performance measure, there was inadequate or no evidence to support the conclusion drawn. As a result, the RHA could not demonstrate that the PCHs were complying with the PCH Operating Standards at the high rates which they reported to the Department.

18. PCH staff did not always meet the minimum hiring requirements specified in the PCH Operating Standards. For example, in five (17%) of the 30 PCHs we reviewed, the PCH staff did not meet one or more of the minimum hiring requirements in all eight consecutive quarterly visits.

19. There were instances where RHA staff concluded that PCHs were complying with minimum hiring requirements even though they found that the PCH did not have the required documentation on file. As such, the rate at which this performance measure was met was inflated.

20. The RHAs completed all of the required annual monitoring reports for the 30 PCHs that we reviewed. However, in 73% of the instances where RHA staff concluded that PCHs had met each performance measure, there was inadequate or no evidence to support the conclusion drawn. As a result, the RHAs could not demonstrate that the PCHs were complying with the PCH Operating Standards at the high rates which they reported to the Department.
21. The RHAs could not provide evidence that annual medication storage audits were performed by a pharmacist/nurse in 8 (13%) of the 60 audits required for the 30 PCHs we reviewed during the two year period ended March 31, 2014.

Complaints

22. The Western RHA did not have documented PCH complaints policies and procedures in place.

23. The Central and Labrador-Grenfell RHAs did not maintain a database of complaints received regarding PCHs and were unable to readily provide us with a listing of PCH complaints that they received during our review period.

24. One of 18 complaints received in connection with seven PCHs we reviewed under the Central RHA was related to serious fire and life safety issues at the home. We found that the complaint was not addressed in a timely manner by the Central RHA.

Resident Care Reassessments

25. Annual resident reassessments were not always completed as required. For example, 26 (13%) of 200 resident annual reassessments were not carried out in connection with 100 residents that we selected for review in 30 PCHs. Furthermore, when annual resident reassessments were completed, they were not always completed within a year of the prior reassessment as required. For example, 90 (45%) of 200 annual resident reassessments were not completed by RHAs within a year of the prior annual reassessment. The number of days that the annual reassessments were overdue averaged 55 days and ranged from a high of 256 days to a low of one day.

Government Service Centre Inspections of PCHs

Inspection Planning, Scheduling and Reporting

26. GSC inspections of PCHs were not being carried out using a risk based approach and did not always contain the element of surprise. As a result, the GSCs could not provide RHAs with sufficient assurance that PCHs were complying with the PCH Operating Standards on a consistent basis throughout the year.

27. Inspection reports used by inspectors to record the results of fire and life safety inspections and environmental health inspections were inadequate because the reports did not identify key inspection areas and did not reference the associated legislation or standards which would represent a threat to the life, health and safety of PCH residents and staff, if not complied with.

28. We reviewed a sample of 168 inspection reports completed by technical and environmental health inspectors and found that numerous reports were difficult to read (some were illegible) and it was not always clear whether deficiencies identified were serious or not.
Fire and Life Safety Inspections

29. Six of the 30 PCHs we reviewed did not receive one of the required annual fire and life safety inspections during the two year period ended March 31, 2014. These PCHs were under the Central RHA.

30. Two inspectors in the Western GSC did not have the required training to carry out fire and life safety inspections during the two year period ended March 31, 2014.

31. We were unable to determine whether 16 critical fire and life safety deficiencies identified by GSC inspectors in seven of the 30 PCHs we reviewed, had been corrected immediately or within a very short timeframe. Furthermore, in six PCHs, the same nine critical deficiencies were identified by a GSC inspector in the following annual inspection.

32. GSC inspectors did not always provide PCHs with a timeframe to correct non-critical fire and life safety deficiencies. Timeframes for correction were not provided for 31 (29%) of the 107 non-critical deficiencies that were identified, in connection with the 30 PCHs we reviewed.

33. We were not always able to determine whether non-critical deficiencies identified during inspections were ever corrected by the PCHs. We could not determine whether 46 (43%) of the 107 non-critical deficiencies that were identified, in connection with the 30 PCHs we reviewed, were ever corrected.

34. Inspection reports for the 30 PCHs that we reviewed did not always indicate whether PCHs were complying with specific fire and life safety requirements in the PCH Operating Standards. For example, in 42 (78%) of 54 fire and life safety inspection reports, the inspector did not indicate whether the PCH was using and properly maintaining fuel fired, propane and oxygen systems.

35. For the 30 PCHs examined, fire and life safety inspection reports were provided to RHAs by the GSCs as required. However, there is no requirement in the PCH Operating Standards for the results of fire and life safety inspections to be made available to the public. Such information would be beneficial for the public, residents and families when evaluating the services of a PCH.

Environmental Health Inspections

36. All 30 PCHs that we reviewed had received an annual environmental health inspection as required by the PCH Operating Standards.

37. We were unable to determine whether two critical environmental health deficiencies identified by GSC inspectors in two of the 30 PCHs we reviewed, had been corrected immediately or were controlled.
38. GSC inspectors did not always provide PCHs with a timeframe to correct non-critical environmental health deficiencies. Timeframes for correction were not provided for 19 (24%) of the 79 non-critical deficiencies that were identified, in connection with the 30 PCHs we reviewed.

39. We were not always able to determine whether non-critical deficiencies identified during inspections were ever corrected by the PCHs. We could not determine whether 59 (75%) of the 79 non-critical deficiencies that were identified, in connection with the 30 PCHs we reviewed, were ever corrected.

40. For the 30 PCHs examined, environmental health inspection reports were provided to RHAs by the GSCs as required. However, there is no requirement in the PCH Operating Standards for the results of environmental health inspections to be made available to the public. Such information would be beneficial for the public, residents and families when evaluating the services of a PCH.

Food Premises Inspections

41. Food premises located in PCHs were inspected in accordance with the frequency required by the Department. Furthermore, for the 167 food premises inspection reports we examined, in connection with the 30 PCHs that we reviewed, the majority of the inspection reports were completed in a complete and accurate manner.

42. The PCH Operating Standards do not require, and the GSCs do not forward the results of food premises inspections to the RHAs for licensing and monitoring purposes.

43. The results of food premises inspections of PCHs are not required to be provided to the public, even though the results of other food premises inspections, such as restaurants, are made available to the public.

Recommendations

1. The Department should complete a comprehensive review of the PCH Operating Standards and RHA monitoring methods, every two years as required.

2. The Department should consider reporting the results of RHA monitoring of PCHs to the public.

3. The Eastern, Central and Labrador-Grenfell RHAs should only license PCHs when they comply with the PCH Operating Standards.

4. The four RHAs should consider the merit of carrying out surprise monitoring visits of PCHs when determining whether PCHs are complying with the PCH Operating Standards.
5. The Central and Labrador-Grenfell RHAs should complete quarterly monitoring reports, which include the relevant PCH Operating Standards, as required. The four RHAs should ensure there is sufficient, appropriate and reliable evidence to support conclusions made in the quarterly and annual monitoring reports.

6. The Eastern, Central and Western RHAs should ensure that PCH staff meet the minimum hiring requirements as required.

7. The Western RHA should implement complaints policies and procedures to ensure complaints are resolved in a timely manner. The Central RHA should resolve all complaints in a timely manner.

8. The four RHAs should carry out resident care reassessments annually as required.

9. The GSCs should consider implementing a risk based approach to conducting inspections of PCHs.

10. The GSCs should revise inspection reports to identify key inspection areas including references to appropriate codes, standards and legislation.

11. The GSCs should carry out annual fire and life safety inspections of PCHs at least once per year as required.

12. The GSCs should ensure that technical inspectors are trained to carry out fire and life safety inspections of PCHs as required.

13. The GSCs should ensure that critical deficiencies identified in PCHs are corrected immediately or within the timeframe specified.

14. The GSCs should provide PCHs with timeframes to correct non-critical deficiencies identified during inspections and ensure that the deficiencies are corrected within the timeframes specified.

15. The GSCs should consider reporting the results of inspections of PCHs to the public.

16. The GSCs should conduct fire and life safety inspections and environmental health inspections at least 60 days prior to the license renewal date and recommend whether PCHs should continue to be licensed as required.
Objective and Scope

Objective

The objective of our review was to determine whether each of the Department of Health and Community Services (the Department), the four Regional Health Authorities (the RHAs) and the Government Service Centres (the GSCs) were regulating Personal Care Homes (PCHs) in accordance with the **Personal Care Home Regulations** (the Regulations) and current operational standards.

Certain criteria for this examination were developed based upon relevant legislation and are therefore considered generally accepted. Other criteria were developed specifically for this examination based on our related work and reviews of literature including reports of other legislative auditors. The criteria were accepted as suitable by the senior management of the Department, the four RHAs and Service NL, except for:

- “Personal Care Home performance (compliance/non-compliance with legislation and standards) is reported to the residents, families of residents and the public”, which was not accepted as a suitable criteria by the Western RHA, the Labrador-Grenfell RHA and Service NL; and

- “There are procedures/policies in place to address instances of non-compliance identified during monitoring/inspection activity to ensure they are corrected in a timely manner and there are procedures/policies in place to ensure serious instances of non-compliance (immediate threats to health and safety) are corrected or controlled immediately”, which was not accepted as a suitable criteria by the senior management of the Western RHA and the Labrador-Grenfell RHA.

However, we decided to use both of these criteria in our review because we consider them to represent good practices. Furthermore, these practices are included in the operational standards of other programs administered by Government and of other programs administered by various provincial governments in Canada. Comparing practices across other programs within Government and other programs in various provinces is an appropriate procedure for developing suitable criteria for this review.

Scope

Our review covered the period April 1, 2012 to March 31, 2014. We reviewed the following: PCH legislation; the Provincial Personal Care Home Program Operational Standards (the PCH Operating Standards); RHA/GSC policies and procedures; RHA licensing, monitoring and reporting documentation; GSC environmental health, and fire and life safety inspection reports; and other documents contained in PCH files maintained at the RHAs and GSCs. We also conducted interviews with officials of the Department, RHAs and GSCs. The samples we selected for our review were determined non-statistically on a judgmental basis.

We completed our review in February 2015.
Background

The *Health and Community Services Act* (the *Act*) provides the Department with the overall responsibility of regulating Personal Care Homes (PCHs) in the Province. PCHs are licensed, privately owned and operated, residential homes for seniors and other adults who need assistance with daily living. Individuals residing in PCHs do not require on-site health or nursing services, but may require the services of a visiting professional such as a doctor or nurse. A PCH may be licensed for five or more adults to a maximum of 100 beds.

The four RHAs are mandated by the Department to license and monitor PCHs for compliance with the *Act*, the *Regulations*, and the Provincial Personal Care Home Program Operational Standards (the PCH Operating Standards) established by the Department. PCHs may only be licensed by RHAs when they meet PCH operational standards established for:

- building design;
- environmental health;
- fire/life safety;
- resident care, services and rights; and
- financial services and record keeping.

Service NL through its GSCs is responsible for inspecting PCHs to ensure they meet building design, environmental health, and fire/life safety standards. The RHAs are responsible for monitoring PCHs to ensure they meet resident care, services and rights, and financial services and record keeping standards.

Table 1 shows the number of PCHs and beds that were licensed by RHAs and the number and percentage of beds that were occupied by residents as at March 31, 2014.
Table 1

Personal Care Homes
Summary of Licensed and Occupied Beds, by Regional Health Authority
As at March 31, 2014

<table>
<thead>
<tr>
<th>RHA</th>
<th>Number Licensed</th>
<th>Beds Occupied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PCHs</td>
<td>Available Beds</td>
</tr>
<tr>
<td>Eastern Regional Health Authority</td>
<td>51</td>
<td>2,098</td>
</tr>
<tr>
<td>Central Regional Health Authority</td>
<td>23</td>
<td>1,079</td>
</tr>
<tr>
<td>Western Regional Health Authority</td>
<td>15</td>
<td>776</td>
</tr>
<tr>
<td>Labrador-Grenfell Regional Health Authority</td>
<td>5</td>
<td>167</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>94</strong></td>
<td><strong>4,120</strong></td>
</tr>
</tbody>
</table>

Source: Department of Health and Community Services

The RHAs are also responsible for the assessment, placement and re-assessment of individuals in PCHs. This process includes determining whether approved individuals are eligible for a financial subsidy. Since 2011-12, RHAs have paid PCHs an average of $21.4 million annually in resident subsidies. As at March 31, 2014, 2,183 (70%) of the 3,103 beds occupied by residents were subsidized. The maximum subsidy at that time was $1,850 per person per month.
The objective of our review was to determine whether each of the Department, the four RHAs and the GSCs were regulating PCHs in accordance with the Regulations and current operational standards.

We identified findings in the following areas:

A. Department Policies, Guidelines and Standards
B. Licensing and Monitoring of PCHs by Regional Health Authorities
C. Government Service Centre Inspections of PCHs

1A. Department Policies, Guidelines and Standards

Overview

In 2007, the Department, in consultation with the RHAs and the former Department of Government Services, established the PCH Operating Standards under authority of the Regulations. The PCH Operating Standards govern how PCHs are to be operated and provide standards, measures and procedures which the PCHs, RHAs, GSCs and Department must adhere to. The PCH residents’ right to be treated with dignity is fundamental to the elements of each standard and the performance measures used to assess compliance with each standard. The PCH Operating Standards identify 30 standards, 154 performance measures and associated procedures in five main areas:

1. governance;
2. licensing;
3. resident services and resident rights;
4. resident care; and
5. financial services and records management.
The Department developed a PCH Monitoring Framework for the Provincial Personal Care Home Program (the PCH Monitoring Framework) outlining monitoring methods which should be used by RHAs to determine whether PCHs were complying with the PCH Operating Standards. The Framework identifies the:

- resident care information (ie: number of falls, infections, incidents) that must be collected by the PCHs and reported to the RHAs each month;
- performance measures RHAs must assess to determine whether PCHs are complying with the PCH Operating Standards;
- standardized monitoring reports that RHAs must use to document evidence collected to support their assessment of whether performance measures were achieved;
- frequency by which RHAs must monitor PCHs in order to determine whether the PCHs are complying with the PCH Operating Standards; and
- format and frequency by which RHAs must report resident care information and PCH Operating Standard compliance information to the Department.

We reviewed the Regulations, the PCH Operating Standards and the PCH Monitoring Framework and held discussions with Department and RHA officials. Our review indicated the following:

**Review of PCH Operating Standards and RHA Monitoring Methods**

As resident care, program and service requirements change, the revision of existing standards, measures, procedures and monitoring methods may be necessary. The PCH Operating Standards specifically require that the Department complete a comprehensive review of the PCH Operating Standards, including RHA monitoring methods, every two years.

We found that the Department had not completed a comprehensive review of the PCH Operating Standards and RHA monitoring methods every two years as required. Specifically, there had been no comprehensive review of the PCH Operating Standards since 2007 and no review of RHA monitoring methods since 2009. Department officials indicated that while comprehensive reviews were not completed as required, there was a process whereby RHAs brought forward issues as they arose. These issues were reviewed by the Department and amendments were made to the PCH Operating Standards and RHA monitoring methods, as necessary. Department officials also indicated that a comprehensive review process was initiated in October 2013 and that a working group had been established to review the PCH Operating Standards. At the time of our review, most of the PCH Operating Standards had been reviewed and the existing PCH Operating Standards and PCH Monitoring Framework are expected to be revised.
We reviewed the current PCH Operating Standards and found that:

- Approximately 68 (44%) of the 154 performance measures identified in the PCH Operating Standards are not clearly defined and require further clarification to ensure they are effective measures for determining whether the RHAs, GSCs and PCHs are complying with the associated standards. For example, one of the performance measures used by RHAs to determine compliance with a financial services standard states that, “The operator refers issues of concern regarding trust funds to the RHA”. This statement appears to be more procedural in nature and is not measurable.

- There is no requirement that PCHs have an emergency preparedness plan detailing evacuation, relocation and other procedures in the event of emergencies such as power outages, fires and bomb threats.

**Findings**

1. The Department did not complete a comprehensive review of the PCH Operating Standards and RHA monitoring methods every two years as required by the PCH Operating Standards established under the Regulations. There has been no comprehensive review of the PCH Operating Standards since 2007 and no review of RHA monitoring methods since 2009. As a result, the current PCH Operating Standards and monitoring methods may not reflect current issues faced by PCHs or ensure that they are being effectively regulated.

2. Approximately 68 (44%) of the 154 performance measures identified in the PCH Operating Standards are not clearly defined and require further clarification to ensure they are effective measures for determining whether the RHAs, GSCs and PCHs are complying with the associated standards.

3. The PCH Operating Standards do not require that PCHs have an emergency preparedness plan detailing evacuation, relocation and other procedures in the event of emergencies such as power outages, fires and bomb threats.

**PCH Monitoring Framework - RHA Monitoring Methods**

In order to be effective, the monitoring of PCHs should follow a risk based approach. There should be an annual plan that identifies:

- the number of PCHs to be monitored;
- the life, health and safety risk associated with each PCH; and,
- the timing/frequency of monitoring required to reduce any identified risks.

PCHs identified as being a greater risk (ie: many residents, numerous complaints and poor monitoring history) should be monitored more frequently to ensure compliance with the PCH Operating Standards.
The PCH Operating Standards manual identifies 154 performance measures which the Department, RHAs, GSCs and PCHs must meet to ensure that the 30 standards specified in the manual are complied with. The PCH Monitoring Framework identifies 88 of the 154 performance measures that RHAs should assess when determining whether PCHs are complying with the PCH Operating Standards. In particular, the PCH Monitoring Framework requires that 12 of the 88 performance measures are to be assessed quarterly and the remaining 76 are to be assessed annually by RHA staff during monitoring visits. Most of the remaining 66 performance measures relate to specific Department, RHA, or GSC responsibilities under the PCH Operating Standards. The results of these visits are documented on a standardized monitoring report and RHA staff must conclude whether the PCHs are complying with the PCH Operating Standards.

Our review indicated the following:

- There is no formal risk management plan completed. The level of monitoring outlined in the PCH Monitoring Framework was developed through discussion with the RHAs and was considered sufficient by the Department for ensuring PCH compliance with the PCH Operating Standards. Department officials indicated that it determined which performance measures were to be assessed quarterly and which were to be assessed annually based on the importance of each operating standard and the potential risk related to resident safety or quality of care in the PCH.

Prior to 2009, the Department determined that RHAs should assess 48 performance measures quarterly and 40 measures annually. In 2009, the PCH Monitoring Framework was revised and the quarterly requirement was reduced by 36, from 48 to 12, and the annual requirement increased by 36, from 40 to 76. This reduction in monitoring occurred when the RHAs found that PCHs were consistently meeting the 36 performance measures every quarter. However, we found that approximately half of these 36 performance measures were not clearly defined. As a result, it would have been difficult for RHA staff to demonstrate whether PCHs were meeting these performance measures. Thus, the Department may have reduced the quarterly monitoring for some performance measures when there was a risk that PCHs would not have met the measure had it been more clearly defined.

- The PCH Operating Standards specify two performance measures which require quarterly assessment by the RHAs, despite this, these measures were not included with the 12 performance measures identified in the PCH Monitoring Framework. One of the performance measures relates to a governance standard, which states that RHA staff are required to review complaints and incident reports at PCHs every quarter to ensure that complaints are addressed in a timely manner. We found that this performance measure was being monitored quarterly only by the Eastern RHA. The other performance measure relates to a records management standard, which states that RHA staff must monitor a sample of resident records at PCHs every quarter to ensure that resident information is up-to-date. We found this performance measure was not being monitored by the RHAs.
Findings

4. In 2009, the PCH Monitoring Framework was revised to reduce the level of quarterly monitoring by RHAs from 48 to 12 performance measures because PCHs were consistently meeting them. However, approximately half of the 36 performance measures cut were not clearly defined and as such, it would have been difficult for RHA staff to demonstrate whether PCHs were meeting these performance measures.

5. Two performance measures related to PCH governance and records management standards were not included with the 12 performance measures that should be monitored quarterly, as required by the PCH Operating Standards. We found that the Eastern RHA monitored one of these performance measures quarterly and the other not at all. The remaining RHAs did not monitor either of the two performance measures.

PCH Monitoring Framework - Performance Measures

To supplement the PCH Monitoring Framework, the Department led an RHA working group which developed a working document, the Quality Framework - Identification of Measures by Standard (the Quality Framework), to assist RHA staff with the completion of the standardized monitoring reports identified in the PCH Monitoring Framework. The Quality Framework identifies possible sources of evidence which could be obtained by RHAs for the purpose of determining whether each of the 88 performance measures included in the monitoring reports were being met.

Our review of the Quality Framework indicated that it does not provide RHA staff with sufficient guidance when monitoring PCHs for compliance with the PCH Operating Standards. A significant number of the performance measures and most of the sources of evidence used to assess whether PCHs are complying with the associated PCH Operating Standards are not clearly defined. For example, one of the 68 performance measures we identified earlier in our report as not being clearly defined is being used by RHAs to determine compliance with a governance standard. This performance measure states, “There is a continuous quality improvement process in place in the home for identifying risk areas, collecting necessary data and following up as necessary. The process is reviewed on a regular basis and adjusted as necessary”. Possible sources of evidence that were identified in the Quality Framework when considering whether the PCH met this performance measure included:

- evidence of staff meeting;
- resident councils;
- suggestion boxes;
- audits;
- monthly standards reports; and
- satisfaction surveys.
We found that the Quality Framework does not define what would constitute a “continuous quality improvement process” and does not define which of the sources of evidence identified above (ie: any, all, or some combination of), would be sufficient and appropriate to determine whether there was a continuous quality improvement process in place at the PCH. Furthermore, the Quality Framework does not specify what is expected in ensuring that the “process is reviewed on a regular basis”. As a result, there was insufficient guidance for RHA staff to properly determine whether this standard was being complied with. However, in all of the 60 monitoring reports that we examined, in connection with the 30 PCHs we reviewed, RHA staff concluded that the PCH had met this performance measure and in no instances did RHA staff document what procedures were performed to arrive at their conclusion. Furthermore, when RHA staff provided comments to support their conclusion, these comments were very brief and could not be linked to any clearly defined measure. We found comments such as “suggestion box” or “staff meetings”. No information was provided as to what risk areas may have been identified from the “suggestion box” or whether these risk areas were addressed. No information was provided as to whether “staff meetings” were held as scheduled, whether there were minutes taken, and whether any risk areas identified in the minutes were addressed.

Finding

6. The PCH Monitoring and Quality Frameworks do not provide RHAs with sufficient guidance when monitoring PCHs for compliance with the PCH Operating Standards. They do not clearly define all performance measures or the evidence that would be sufficient, appropriate and reliable for assessing whether the performance measures were met by PCHs. As a result, it was difficult for RHA staff to properly determine whether standards were being complied with.

PCH Monitoring Framework - RHA Reporting

The PCH Monitoring Framework requires that RHAs report to the Department on whether PCHs are meeting 88 of 154 performance measures identified in the PCH Operating Standards. Department officials indicated that these reports are reviewed and that the Department has a close relationship with the RHAs and are aware of any significant non-compliance issues which may be ongoing in the PCHs. These reports are placed in an electronic file at the Department where staff can access the data if needed.

There is no requirement in the PCH Monitoring Framework for the Department to provide the results of the quarterly and/or annual RHA monitoring reviews to the public. However, such information would be beneficial for the public, residents and families when evaluating the services of a PCH.
Finding

7. There is no requirement in the PCH Monitoring Framework for the Department to provide the results of RHA monitoring to the public. Such information would be beneficial for the public, residents and families when evaluating the services of a PCH.

1B. Licensing and Monitoring of PCHs by Regional Health Authorities

Overview

The four RHAs are mandated by the Department to license and monitor PCHs for compliance with the Regulations and the PCH Operating Standards established by the Department. The PCH Operating Standards identify 154 performance measures and associated procedures related to the licensing and monitoring of PCHs.

The Regulations require that RHAs renew the licenses issued to PCHs every one to three years. A license may be renewed after the RHA determines that the PCH is complying with the PCH Operating Standards. Compliance is determined based on RHA reviews of the:

- quarterly and annual monitoring reports completed by RHA staff;
- fire and life safety and environmental health inspection reports completed by GSC inspectors; and
- liability insurance carried by the PCH.

RHAs are required to monitor PCHs on a quarterly basis to ensure that the PCHs are complying with the PCH Operating Standards. RHA staff must visit the PCHs and complete quarterly and annual monitoring reports indicating whether the PCHs meet performance measures specified by the Department in the PCH Monitoring Framework.

The GSCs carry out annual fire and life safety and environmental health inspections at PCHs to determine compliance with the legislation, codes and standards specified in the PCH Operating Standards. Inspection results are documented in an inspection report and forwarded to the RHAs. The inspection report must provide an annual recommendation with respect to whether the PCHs should continue to be licensed. RHAs are required to notify the GSC of their PCH licensing schedules so that the GSC may schedule and carry out inspections prior to the existing PCH license expiry date.

Table 2 shows the number of PCHs and license renewal frequency by RHA as at March 31, 2014.
Table 2

Personal Care Homes
Number of PCHs and License Renewal Frequency by RHA
As at March 31, 2014

<table>
<thead>
<tr>
<th>RHA</th>
<th>Number of PCHs</th>
<th>PCH License Renewal Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern</td>
<td>51</td>
<td>Every year</td>
</tr>
<tr>
<td>Central</td>
<td>23</td>
<td>Every second year</td>
</tr>
<tr>
<td>Western</td>
<td>15</td>
<td>Every one to three years</td>
</tr>
<tr>
<td>Labrador-Grenfell</td>
<td>5</td>
<td>Every year</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>94</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: Regional Health Authorities

As Table 2 shows, RHAs do not renew the licenses of PCHs at the same frequency.

We reviewed the PCH Operating Standards, the Monitoring and Quality Frameworks, RHA policies and procedures for PCHs, RHA monitoring reports and related documentation and GSC inspection reports and related documentation. We held discussions with Department, RHA and GSC officials. We identified issues in the following areas:

i. Licensing of Personal Care Homes
ii. Monitoring of Personal Care Homes
iii. Complaints
iv. Resident Care Reassessments

1B(i). Licensing of Personal Care Homes

Introduction

The PCH license renewal process is managed by PCH Coordinators in the Eastern, Central and Labrador-Grenfell RHAs and by a Manager in the Western RHA. They are responsible for obtaining and reviewing all documentation required for license renewal, including: RHA monitoring reports and related documentation; GSC inspection reports and related documentation; and proof of liability insurance. Licenses are approved by a Manager in the Eastern RHA and by a member of the executive in the Central, Western and Labrador-Grenfell RHAs. Licenses are issued to PCHs when there are no serious instances of non-compliance with the PCH Operating Standards. Serious instances of non-compliance with the PCH Operating Standards identified during the license renewal process must be corrected by the PCH before a license is approved for renewal. Serious instances of non-compliance include:

- Deficiencies that exist which may threaten the life, health and safety of residents and staff in the PCH. For example, if one or more of the fire detection, alarm, suppression and sprinkler systems are not operating or are not certified as operating.
• One or more deficiencies which, on their own, or together, negatively impact resident care and services in the PCH. For example, staff not properly trained or supervised, meal plans not always followed, residents not always receiving meals, resident and family complaints not addressed.

RHAs may provide PCHs with a temporary license or license extension while the RHA and PCH address the instances of non-compliance. Licenses are renewed only when the RHA obtains evidence that the PCH has taken the corrective action required.

Table 3 shows the frequency and number of PCH licenses renewed by RHAs for the PCHs that we reviewed during the two year period ended March 31, 2014.

Table 3

<table>
<thead>
<tr>
<th>RHA Region</th>
<th>License Renewal Frequency</th>
<th>Number of PCHs Reviewed</th>
<th>Number of Licenses Renewed</th>
<th>Overall Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2012-13</td>
<td>2013-14</td>
</tr>
<tr>
<td>Eastern</td>
<td>Every year</td>
<td>16</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Central</td>
<td>Every second year</td>
<td>7</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Western</td>
<td>Every one to three years</td>
<td>5</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Labrador</td>
<td>Every year</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>30</strong></td>
<td><strong>26</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

As Table 3 shows, for the 30 PCHs that we reviewed, RHAs renewed 50 PCH licenses throughout the Province during the two year period ended March 31, 2014.

Our review indicated the following:

**License Renewal Frequency**

We found that for the 30 PCHs we reviewed, the RHAs renewed PCH licenses within one to three years as required by the applicable RHA during the two year period ended March 31, 2014.

**Finding**

8. We found that for all 30 PCHs we reviewed, the RHAs renewed PCH licenses within one to three years as required.
PCH License Renewal and GSC Inspections

The PCH Operating Standards require that GSCs carry out annual fire and life safety and environmental health inspections of PCHs at least 60 days before the existing PCH license is scheduled to expire (license renewal date), and make a recommendation to the RHAs as to whether the PCHs should continue to be licensed.

Our review of 50 license renewals in connection with the 30 PCHs we reviewed during the two year period ended March 31, 2014, indicated that:

- In 8 (16%) of the 50 license renewals we examined, the RHA issued the PCH a license even though critical deficiencies identified in the fire and life safety inspection reports reviewed by the RHA, had not been corrected by the PCH.

- In 21 (42%) of the 50 license renewals we examined, the fire and life safety inspection reports reviewed by the RHA were more than six months old (dated between 180 and 376 days prior to license renewal date).

In 6 (29%) of the 21 cases, we found that the inspector carried out an inspection of the PCH within 90 days after the date the license was renewed by the RHA. In these 6 inspections, the inspector identified a total of 28 critical fire and life safety deficiencies which required immediate correction or correction within a short timeframe. In one PCH, the inspector identified 16 critical deficiencies five days after the PCH was relicensed by the RHA. Examples of the critical deficiencies included: fire alarm, kitchen fire suppression and sprinkler systems all out of date; fire extinguishers out of date; fire extinguisher removed; and emergency lighting not working.

Unless GSC inspections are carried out within a timeframe that is close to the license renewal date, the GSC may not be able to provide RHAs with sufficient assurance that PCHs are complying with the PCH Operating Standards at the time of license renewal.

- In 21 (42%) of the 50 license renewals we examined, the GSC did not carry out a fire and life safety inspection at least 60 days prior to the license renewal date, as required. In 14 (28%) of the 50 license renewals we examined, the GSC did not carry out an environmental health inspection at least 60 days prior to the license renewal date, as required. These 35 inspections were carried out within 60 days of the license renewal date and almost all occurred at PCHs under the Eastern RHA.

- In none (0%) of the 50 license renewals we examined, did the environmental health inspector recommend whether the PCH should continue to be licensed, as required. In 28 (56%) of the 50 license renewals we examined, the technical inspector responsible for fire and life safety inspections did not recommend whether the PCH should continue to be licensed, as required.
Findings

9. In 8 (16%) of the 50 license renewals we examined, the RHA issued the PCH a license even though critical deficiencies identified in the fire and life safety inspection reports, had not been corrected by the PCH.

10. In 21 (42%) of the 50 license renewals we examined, the fire and life safety inspection reports reviewed by the RHA were more than six months old and therefore may not have provided the RHA with sufficient assurance that PCHs were complying with the PCH Operating Standards at the time of license renewal.

In 6 (29%) of the 21 cases where the fire and life safety inspection reports reviewed by the RHA were more than six months old, we found that the inspector carried out an inspection of the PCH within 90 days after the date the license was renewed by the RHA. In these 6 inspections, the inspector identified a total of 28 critical fire and life safety deficiencies which required immediate correction or correction within a short timeframe. In one PCH, the inspector identified 16 critical deficiencies five days after the PCH was relicensed by the RHA.

11. In 21 (42%) of the 50 license renewals we examined, the GSC did not carry out a fire and life safety inspection at least 60 days prior to the license renewal date, as required.

12. In 14 (28%) of the 50 license renewals we examined, the GSC did not carry out an environmental health inspection at least 60 days prior to the license renewal date, as required.

13. In none (0%) of the 50 license renewals we examined, did the environmental health inspector recommend whether the PCH should continue to be licensed, as required.

14. In 28 (56%) of the 50 license renewals we examined, the technical inspector responsible for fire and life safety inspections did not recommend whether the PCH should continue to be licensed, as required.

1B(ii). Monitoring of Personal Care Homes

Introduction

RHAs carry out quarterly and annual monitoring activities at PCHs in accordance with the Monitoring and Quality Frameworks. The PCH Monitoring Framework identifies 88 of the 154 performance measures in the PCH Operating Standards which the RHAs are required to monitor, provides standardized reports which RHAs must use to document the results of their monitoring activity and identifies the frequency and format by which the RHAs must report monitoring results to the Department.
RHA staff who carry out the monitoring activities may include any combination of the following:

- PCH Coordinator or Manager;
- Community Health Nurse (CHN);
- Social Worker (SW);
- Dietician; and/or
- Financial Assessment Officer (FAO).

Table 4 shows the average percentage of performance measures met by PCHs during the two year period ended March 31, 2014, as reported to the Department by the RHAs.

### Table 4

**Personal Care Homes**

**Average Percentage of Performance Measures Met by PCHs as Reported by RHAs**

Two year period ended March 31, 2014

<table>
<thead>
<tr>
<th>PCH Operating Standards</th>
<th>Number of Measures</th>
<th>Average Percentage of Performance Measures Met During Two Year Period Ended March 31, 2014</th>
<th>Overall Average (94 PCHs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>ERHA (51 PCHs)</td>
<td>CRHA (23 PCHs)</td>
</tr>
<tr>
<td>1. Governance</td>
<td>8</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>2. Licensing</td>
<td>9</td>
<td>96%</td>
<td>99%</td>
</tr>
<tr>
<td>3. Resident Services &amp; Rights</td>
<td>21</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>4. Resident Care</td>
<td>35</td>
<td>95%</td>
<td>99%</td>
</tr>
<tr>
<td>5. Financial &amp; Records</td>
<td>15</td>
<td>91%</td>
<td>99%</td>
</tr>
<tr>
<td><strong>Total /Average</strong></td>
<td><strong>88</strong></td>
<td><strong>96%</strong></td>
<td><strong>99%</strong></td>
</tr>
</tbody>
</table>

Source: Department of Health and Community Services

As Table 4 shows, the RHAs reported that the 88 performance measures were met by PCHs at an average rate of 96% during the two year period ended March 31, 2014. Thus, PCHs were found to be complying with the PCH Operating Standards at a high rate.

Our review indicated the following:

**Monitoring Frequency and Schedule**

The PCH Operating Standards require RHAs to carry out monitoring visits at PCHs every quarter and complete quarterly and annual monitoring reports. Additional visits to the PCH for the purpose of determining compliance with the PCH Operating Standards may be made at the discretion of the RHA. We found the following:
• RHAs announce when they will be visiting PCHs to carry out monitoring activities for the purpose of completing quarterly and annual monitoring reports. Due to the absence of some element of surprise, areas of non-compliance with the PCH Operating Standards could be corrected prior to the visit. As a result, the monitoring reports might not be a good indicator as to whether PCHs were complying with the PCH Operating Standards continuously throughout the year.

• The Eastern RHA is the only RHA which requires that their staff carry out unannounced or surprise monitoring visits at PCHs. These visits are carried out quarterly by the CHN and SW, and annually by the Dietician. The Central, Western and Labrador-Grenfell RHAs indicated that unannounced or surprise monitoring visits at PCHs are carried out at the discretion of their staff. Staff in the Eastern, Central and Labrador-Grenfell RHAs are not required to complete a report to document the results of their unannounced visits at PCHs. Staff in the Western RHA are required to complete a report to document the results of their unannounced visits at PCHs.

We found that the Eastern, Central and Western RHA staff write a note to the PCH electronic file indicating that an unannounced visit had occurred and whether any areas of concern were identified. However, this method of recording unannounced visits does not capture the extent of the monitoring activities that were performed by RHA staff and whether performance measures were being assessed. Furthermore, because data cannot be readily extracted from the staff notes in the PCH electronic files or from any related documentation in staff files, we were unable to readily determine the number of unannounced visits carried out and whether any areas of concern were identified.

The Labrador-Grenfell RHA indicated that unannounced or surprise monitoring visits are not normally documented in the PCH file.

Findings

15. RHAs announce when they will be visiting PCHs to carry out monitoring activities for the purpose of completing quarterly and annual monitoring reports. Since these monitoring visits do not contain an element of surprise, the monitoring reports might not be a good indicator as to whether PCHs were complying with the PCH Operating Standards continuously throughout the year.

16. RHAs carry out unannounced monitoring visits for purposes other than to complete quarterly and annual monitoring reports. Our review indicated that the results of these unannounced monitoring visits carried out by the Eastern, Central and Western RHAs were not adequately documented and we were unable to readily determine the number of unannounced visits carried out and whether performance measures were being assessed. The Labrador-Grenfell RHA indicated that unannounced monitoring visits were not normally documented in the PCH file.
Quarterly Monitoring

The PCH Monitoring Framework identifies 12 of the 88 performance measures considered key for PCHs in maintaining resident care, program and service requirements, and should therefore be monitored quarterly by the RHAs. Table 5 shows the 12 performance measures that are monitored quarterly by the RHAs.

Table 5

Personal Care Homes
Performance Measures Monitored Quarterly by RHAs

<table>
<thead>
<tr>
<th>PCH Performance Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Staff and residents receive regular instructions in the fire safety plan.</td>
</tr>
<tr>
<td>2. Staff and residents receive regular instructions in the fire evacuation floor plan.</td>
</tr>
<tr>
<td>3. Residents’ individual rights and privileges are respected at all times including confidentiality and personal privacy. Residents are involved in decisions that affect them.</td>
</tr>
<tr>
<td>4. A process is in place to identify and address any concerns that residents raise about their rights and privileges and are encouraged to become members of the homes’ committees, where they exist.</td>
</tr>
<tr>
<td>5. The operator completes the individual’s orientation to the home ensuring recording of all individual personal, medical, care, financial and advanced health care directive information within the first week.</td>
</tr>
<tr>
<td>6. The operator monitors individuals to ensure they are adjusting well to their new home and community. Documentation is evident to support monitoring.</td>
</tr>
<tr>
<td>7. The operator reviews the medication policies as part of staff orientation and every three months with permanent staff. New policies are reviewed with staff immediately and every three months subsequently and recorded on the staff members file.</td>
</tr>
<tr>
<td>8. Operators meet the minimum staffing requirements in the PCH Operating Standards manual.</td>
</tr>
<tr>
<td>9. Operators meet the minimum hiring requirements for PCH staff outlined in the PCH Operating Standards manual.</td>
</tr>
<tr>
<td>10. The operator provides an orientation to all new employees.</td>
</tr>
<tr>
<td>11. The operator offers training sessions to staff.</td>
</tr>
<tr>
<td>12. The operator requires the written consent of the resident or an authorized individual prior to releasing any information to a third party.</td>
</tr>
</tbody>
</table>

Source: PCH Operating Standards, Department of Health and Community Services

Every quarter, RHA staff are required to visit PCHs, carry out monitoring procedures and complete monitoring reports to ensure these 12 performance measures were met by the PCHs. RHA staff normally meet and discuss the results of their visits with PCH management and provide direction as to the corrective action required to address any areas of concern.

Our review indicated that not all RHAs completed the required quarterly monitoring reports. Of the monitoring reports that were completed, in most cases, there was insufficient or inadequate evidence to support conclusions drawn by RHA staff that the PCHs had met the 12 performance measures and were complying with the PCH Operating Standards.

Table 6 shows the number of quarterly monitoring reports required and completed by RHAs, the percentage of performance measures met and the adequacy of supporting evidence, for the PCHs we reviewed during the two year period ended March 31, 2014.
Table 6

Personal Care Homes
Quarterly Monitoring Reports Required and Completed by RHAs, Percentage of Performance Measures Met and Adequacy of Supporting Evidence for PCHs Reviewed
Two year period ended March 31, 2014

<table>
<thead>
<tr>
<th>RHA</th>
<th>Number of PCHs Reviewed</th>
<th>Monitoring Reports</th>
<th>Percentage of Performance Measures Met</th>
<th>Adequacy of Supporting Evidence (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Required</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>ERHA</td>
<td>16</td>
<td>128</td>
<td>128</td>
<td>0</td>
</tr>
<tr>
<td>CRHA</td>
<td>7</td>
<td>56</td>
<td>47</td>
<td>9</td>
</tr>
<tr>
<td>WRHA</td>
<td>5</td>
<td>40</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>LGRHA</td>
<td>2</td>
<td>16</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>240</td>
<td>225</td>
<td>15</td>
</tr>
</tbody>
</table>

As Table 6 shows, for the 30 PCHs that we reviewed in the two year period ended March 31, 2014, the Central RHA did not complete 9 (16%) of 56 required quarterly reports and the Labrador-Grenfell RHA did not complete 6 (37%) of 16 required quarterly reports. For the 225 completed monitoring reports we reviewed, RHA staff indicated that PCHs met the 12 performance measures at an average rate of 97%. However, we found that where RHA staff concluded that the PCH had met each performance measure, there was not always evidence to support the conclusion or the evidence provided was inadequate. Specifically, we found that on average:

- 43% of the time, there was no evidence to support the conclusion.
- 27% of the time, there was sufficient, appropriate and reliable evidence to support the conclusion.
- 30% of the time, the evidence provided in support of the conclusions was inadequate (not sufficient, appropriate, reliable).

For example, one of the 12 performance measures requires that PCHs meet minimum staffing requirements which states that, depending on the size of the PCH, there should be a specific number and type of staff on duty throughout the day to ensure resident services and care needs are addressed. The PCH Monitoring Framework requires that PCHs submit their staffing schedules to RHAs each quarter. RHA staff must review these schedules and determine whether the PCHs are meeting the staffing requirements. Our review indicated that the RHAs obtained PCH staffing schedules and determined that, in almost every case, PCHs were meeting staffing requirements. However, a staffing schedule does not provide sufficient, appropriate or reliable evidence that the PCH was meeting staffing requirements throughout the quarter because the staffing schedules do not provide evidence that the PCH staff actually worked the hours scheduled.
Finding

17. The Central and Labrador-Grenfell RHAs had not completed all the required quarterly monitoring reports for the 30 PCHs that we reviewed. Of the monitoring reports that were completed at all four RHAs, in 73% of the instances where RHA staff concluded that the PCH had met each performance measure, there was inadequate or no evidence to support the conclusion drawn. As a result, the RHA could not demonstrate that the PCHs were complying with the PCH Operating Standards at the high rates which they reported to the Department.

Non-Compliance with PCH Operating Standards Monitored Quarterly

Table 6 shows that PCHs were complying with the quarterly performance measures at a high rate of 97%. For the remaining 3%, we found that, in most cases, RHA staff identified that PCH staff did not meet minimum hiring requirements. The minimum hiring requirements specify that, prior to hiring, PCH staff must provide a:

- medical assessment if providing resident care and/or supervision;
- tuberculosis skin test and chest x-ray;
- record of immunization;
- certificate of conduct from the Royal Newfoundland Constabulary;
- pledge of confidentiality; and
- first aid certificate.

For the 30 PCHs we reviewed during the two year period ended March 31, 2014, we found that for:

- 17 (57%) of the 30 PCHs, the PCH staff did not meet one or more of the minimum hiring requirements in at least one of the eight quarterly visits;
- six (20%) of the 30 PCHs, the PCH staff did not meet one or more of the minimum hiring requirements in three or more consecutive quarterly visits; and
- five (17%) of the 30 PCHs, the PCH staff did not meet one or more of the minimum hiring requirements in all eight consecutive quarterly visits. All five of these PCHs were under the Eastern RHA.
Furthermore, we found instances where the RHAs identified PCH staff that did not have the required documentation on file (i.e. medical assessment) but still concluded that the PCHs were complying with minimum hiring requirements. This occurred when the PCH subsequently obtained and provided the medical assessment to the RHA staff member. As such, the rate at which this performance measure was met was inflated.

**Findings**

18. PCH staff did not always meet the minimum hiring requirements specified in the PCH Operating Standards. For example, in five (17%) of the 30 PCHs we reviewed, the PCH staff did not meet one or more of the minimum hiring requirements in all eight consecutive quarterly visits.

19. There were instances where RHA staff concluded that PCHs were complying with minimum hiring requirements even though they found that the PCH did not have the required documentation on file. As such, the rate at which this performance measure was met was inflated.

**Annual Monitoring**

Once a year, RHA staff complete a review to determine whether the PCHs are meeting 76 performance measures identified in the PCH Monitoring Framework. RHA staff meet and discuss the results of their visits with PCH management and provide direction as to the corrective action required to address any areas of concern.

Table 7 shows the number of annual monitoring reports required and completed by RHAs, the percentage of performance measures met and the adequacy of supporting evidence, for the 30 PCHs we reviewed during the two year period ended March 31, 2014.

**Table 7**

**Personal Care Homes**

**Annual Monitoring Reports Competed by RHAs, Percentage of Performance Measures Met and Adequacy of Supporting Evidence for PCHs Reviewed**

Two year period ended March 31, 2014

<table>
<thead>
<tr>
<th>RHA</th>
<th>Number of PCHs Reviewed</th>
<th>Annual Monitoring Reports</th>
<th>Percentage of Performance Measures Met</th>
<th>Adequacy of Supporting Evidence (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Required</td>
<td>Completed</td>
<td>Adequate</td>
</tr>
<tr>
<td>ERHA</td>
<td>16</td>
<td>32</td>
<td>32</td>
<td>99%</td>
</tr>
<tr>
<td>CRHA</td>
<td>7</td>
<td>14</td>
<td>14</td>
<td>100%</td>
</tr>
<tr>
<td>WRHA</td>
<td>5</td>
<td>10</td>
<td>10</td>
<td>99%</td>
</tr>
<tr>
<td>LGRHA</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>98%</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>60</td>
<td>60</td>
<td>99%</td>
</tr>
</tbody>
</table>
As Table 7 shows, for the two year period ended March 31, 2014, RHAs completed the annual monitoring reports as required. For the 60 monitoring reports we reviewed, RHA staff indicated that PCHs met the 76 performance measures at an average rate of 99%. However, we found that where RHA staff concluded that the PCH had met each applicable performance measure, there was not always evidence to support the conclusion or the evidence provided was inadequate. Specifically, we found that on average:

- 61% of the time, there was no evidence to support the conclusion.
- 27% of the time, there was sufficient, appropriate and reliable evidence to support the conclusion.
- 12% of the time, the evidence provided in support of the conclusions was inadequate (not sufficient, appropriate, reliable).

**Finding**

20. The RHAs completed all of the required annual monitoring reports for the 30 PCHs that we reviewed. However, in 73% of the instances where RHA staff concluded that PCHs had met each performance measure, there was inadequate or no evidence to support the conclusion drawn. As a result, the RHAs could not demonstrate that the PCHs were complying with the PCH Operating Standards at the high rates which they reported to the Department.

**Medication Storage Audits**

The PCH Operating Standards manual requires that a pharmacist/nurse conduct a medication storage audit on an annual basis. This audit determines whether resident medication kept at the PCH is stored, secured and administered in accordance with the PCH Operating Standards, including whether medication is:

- stored in a secure area at the proper temperature;
- labelled in original containers identifying resident, prescribed dosage and expiry date;
- prescribed by a physician, dentist, nurse; and
- recorded on a Medication Administration Form when administered.

Our review indicated that for the 30 PCHs reviewed, the RHA did not provide evidence that an annual medication storage audit was performed by the pharmacist/nurse in 8 (13%) of the 60 audits required during the two years ended March 31, 2014. Five (62%) of the eight annual medication storage audits were not completed for PCHs under the Western RHA. Three (38%) of the eight annual medication storage audits were not completed for PCHs under the Central RHA.
Finding

21. The RHAs could not provide evidence that annual medication storage audits were performed by a pharmacist/nurse in 8 (13%) of the 60 audits required for the 30 PCHs we reviewed during the two year period ended March 31, 2014.

1B(iii). Complaints

Introduction

The PCH Operating Standards require that RHAs work with PCHs in addressing any complaints that the RHAs receive in a timely manner. In order to effectively manage the PCH complaints that it receives, RHAs should have PCH complaints policies, procedures and administrative records in place.

Complaints Policies, Procedures and Records

We asked each RHA to provide us with their complaints policies and procedures and a listing of the complaints that they received in connection with the 30 PCHs we reviewed during the two year period ended March 31, 2014. We found the following:

- The Eastern RHA had documented PCH complaints policies and procedures in place and maintained a database of complaints received. We reviewed a listing of the complaints provided and found that 30 complaints were received in connection with the 16 PCHs we reviewed. We reviewed the complaint forms and found that the complaints were addressed in a timely manner.

- The Central RHA had documented PCH complaints policies and procedures in place but did not maintain a database of complaints received and were unable to readily provide us with a listing of the complaints that they received. In addition, there was no standard form which the RHA could use to record the details of each complaint. We reviewed the complaint notes, emails and/or letters for 18 complaints received in connection with the seven PCHs we reviewed. We found that one of the 18 complaints was not addressed in a timely manner.

On February 4, 2014, the RHA received a complaint related to numerous fire and life safety issues identified by the Fire Commissioner during the local fire department’s inspection of a PCH on January 31, 2014. In May 2014, the fire chief for the town contacted the RHA and advised that the PCH had still not addressed all of the fire and life safety issues outstanding and were refusing to allow any further inspection by the local fire department. During this time, the RHA requested that the GSC carry out a fire and life safety inspection at the PCH, however, this inspection was never completed by the GSC. In February 2015, the local fire department wrote the RHA and advised that a follow-up inspection was carried out in January 2015 and that there were still outstanding fire and life safety issues at the PCH. The local fire department advised it would not be doing any more inspections and referred the matter to Service NL.
The RHA issued a four month temporary license to this PCH on July 31, 2014, with instructions to correct the issues identified in the fire department’s January 2014 inspection report. These issues were not corrected when the temporary license expired on November 30, 2014. The RHA issued another temporary license after receiving assurance from the PCH that the outstanding fire and life safety issues would be corrected by the temporary license expiry date of March 27, 2015.

- The Western RHA did not have documented PCH complaints policies and procedures in place, but did maintain a database of complaints received. However, no standard form was used to record the details of each complaint. We reviewed the complaint notes, emails and/or letters for 14 complaints received in connection with the five PCHs we reviewed and found that the complaints were addressed in a timely manner.

- The Labrador-Grenfell RHA had documented PCH complaints policies and procedures in place, but did not maintain a database of complaints received and were unable to readily provide us with a listing of the complaints that they received. The Labrador-Grenfell RHA indicated that no complaints were received in connection with the two PCHs we reviewed.

### Findings

22. The Western RHA did not have documented PCH complaints policies and procedures in place.

23. The Central and Labrador-Grenfell RHAs did not maintain a database of complaints received regarding PCHs and were unable to readily provide us with a listing of PCH complaints that they received during our review period.

24. One of 18 complaints received in connection with seven PCHs we reviewed under the Central RHA was related to serious fire and life safety issues at the home. We found that the complaint was not addressed in a timely manner by the Central RHA.

### 1B(iv). Resident Care Reassessments

RHAs assign clinical caseworkers to residents upon admission to the PCH to ensure that residents receive the level of care that they require. Each year, caseworkers must reassess residents to determine whether their level of care needs have changed and whether this change might require that the resident be placed in a long term care facility. Caseworkers must carry out and document their annual reassessment using a Long Term Care Reassessment (LTCR) tool.

Table 8 shows the number of reassessments required, completed, not completed and not completed on time for residents and PCHs reviewed during the two year period ended March 31, 2014.
Table 8

Personal Care Homes
Annual Reassessments Required, Completed, Not Completed and Not Completed on Time for Residents in PCHs Reviewed
Two year period ended March 31, 2014

<table>
<thead>
<tr>
<th>RHA Region</th>
<th>Number Reviewed</th>
<th>Number of Reassessments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PCHs</td>
<td>Residents</td>
</tr>
<tr>
<td>Eastern</td>
<td>16</td>
<td>51</td>
</tr>
<tr>
<td>Central</td>
<td>7</td>
<td>27</td>
</tr>
<tr>
<td>Western</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>Labrador-Grenfell</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

As Table 8 shows, we reviewed the annual long term care reassessments of 100 residents in 30 PCHs during the two year period ended March 31, 2014. We found that the required annual reassessments were not always completed and when they were completed, they were not always completed within a year of the prior reassessment. Specifically:

- 26 (13%) of 200 required annual reassessments were not completed. The Labrador-Grenfell RHA did not complete any of the eight required annual reassessments for the four residents we selected for review in two PCHs. The Central RHA did not complete eight required annual reassessments for four residents we selected for review in one of the seven PCHs.

- 90 (45%) of the required 200 annual reassessments were overdue, as they were not completed within a year of the prior annual reassessment. The number of days that the annual reassessments were overdue averaged 55 days and ranged from a high of 256 days to a low of one day.

**Finding**

25. Annual resident reassessments were not always completed as required. For example, 26 (13%) of 200 resident annual reassessments were not carried out in connection with 100 residents that we selected for review in 30 PCHs. Furthermore, when annual resident reassessments were completed, they were not always completed within a year of the prior reassessment as required. For example, 90 (45%) of 200 annual resident reassessments were not completed by RHAs within a year of the prior annual reassessment. The number of days that the annual reassessments were overdue averaged 55 days and ranged from a high of 256 days to a low of one day.
1C. Government Service Centre Inspections of PCHs

Overview

Service NL, through its GSCs, is responsible for monitoring the physical conditions of PCHs in accordance with the PCH Operating Standards. The PCH Operating Standards require that GSCs carry out an annual inspection of PCHs to determine whether the PCHs are complying with various health and safety legislation and standards, including the:

- National Building Code (adopted under the Fire Protection Services Act);
- National Fire Code (adopted under the Fire Protection Services Act);
- National Fire Life Safety Code (adopted under the Fire Protection Services Act);
- Building Accessibility Act;
- Public Safety Act,
- Health and Community Services Act (Sanitation Regulations);
- Food Premises Act and Regulations;
- Smoke-Free Environment Act and Regulations;
- Environment Protection Act; and
- Communicable Disease Act.

Technical inspectors and environmental health inspectors (inspectors) located at various GSCs throughout the Province carry out these inspections. The results of the inspection activity are documented in inspection reports which are forwarded to the RHAs for PCH licensing purposes.

We reviewed the PCH Operating Standards and GSC inspection reports. We held discussions with RHA and GSC officials. We identified issues in the following areas:

i. Inspection Planning, Scheduling and Reporting
ii. Fire and Life Safety Inspections
iii. Environmental Health Inspections
iv. Food Premises Inspections
1C(i). Inspection Planning, Scheduling and Reporting

Introduction

In order for GSC inspections to be effective, they should follow a risk based approach. There should be an annual plan that identifies: the number of PCHs to be inspected; the life, health and safety risk associated with each PCH; and, the timing/frequency of inspections required to reduce any identified risks. PCHs identified as being a greater risk (ie: many residents, numerous complaints and poor inspection history) should be inspected more frequently to ensure compliance with the PCH Operating Standards. Inspection results should be documented on an inspection report which captures the key inspection information required for PCH monitoring and licensing purposes.

Our review indicated the following:

Inspection Planning and Scheduling

The Regulations state that the RHAs, in consultation with the GSCs, may determine the frequency of inspections that an inspector shall make in order to ensure compliance with the Regulations and required standards. We asked RHA and GSC officials whether the frequency of fire and life safety inspections and environmental health inspections was considered. We were advised by RHA and GSC officials that inspections were carried out based on the PCH Operating Standards requirement of one inspection per year and that a risk based approach to inspection frequency, where PCHs identified as being a higher risk are inspected more frequently, was not considered. As a result, we were unable to determine whether one GSC inspection per year was sufficient for ensuring that PCHs were complying with the legislation, codes and PCH Operating Standards continuously throughout the year.

PCHs in most RHA regions are licensed annually and the GSC must schedule and carry out an annual inspection at least 60 days prior to the date that the existing PCH license expires. Our review of inspection reports during the two year period ended March 31, 2014, indicated that approximately:

- 70% of the annual fire and life safety inspections were scheduled and carried out during the same month each year; and
- 70% of the annual environmental health inspections were scheduled and carried out during the same quarter each year.

Since PCHs knew approximately when GSC inspectors carry out inspections, they did not always contain the element of surprise, and as such areas of non-compliance could have been corrected by the PCH prior to the inspection. As a result, the inspection reports might not be a good indicator as to whether PCHs were complying with the PCH Operating Standards continuously throughout the year.
Finding

26. GSC inspections of PCHs were not being carried out using a risk based approach and did not always contain the element of surprise. As a result, the GSCs could not provide RHAs with sufficient assurance that PCHs were complying with the PCH Operating Standards on a consistent basis throughout the year.

Inspection Reports

An inspection report should be designed to capture key inspection information in a complete and accurate manner as this would serve to focus the inspector on the key inspection areas and ensure sufficient and appropriate compliance information is provided to the RHAs.

We found that the inspection reports did not identify the key inspection areas and did not reference the associated legislation or standards which would represent a threat to the life, health and safety of PCH residents and staff, if not complied with. We reviewed a sample of 168 inspection reports completed by technical and environmental health inspectors and found that numerous reports were difficult to read (some were illegible) and it was not always clear whether deficiencies identified were serious or not. In addition, clear instructions were normally not provided to the PCH as to the corrective action required.

In November 2010, officials from the Eastern RHA and the GSC met to discuss PCH inspection and licensing issues. The Eastern RHA raised concerns that GSC inspection reports were vague and that the Eastern RHA had difficulty determining whether the PCHs were complying with the life, health and safety legislation and standards. It was agreed that the inspection reports should be reviewed and standardized across all regions of the Province. However, we were unable to determine whether this review was ever completed.

Inspection reports used by inspectors to record the results of fire and life safety inspections and environmental health inspections were inadequate because they were not designed to provide RHAs with sufficient and appropriate information to determine whether PCHs were complying with the PCH Operating Standards and should continue to be licensed.

Finding

27. Inspection reports used by inspectors to record the results of fire and life safety inspections and environmental health inspections were inadequate because the reports did not identify key inspection areas and did not reference the associated legislation or standards which would represent a threat to the life, health and safety of PCH residents and staff, if not complied with.

28. We reviewed a sample of 168 inspection reports completed by technical and environmental health inspectors and found that numerous reports were difficult to read (some were illegible) and it was not always clear whether deficiencies identified were serious or not.
1C(ii). Fire and Life Safety Inspections

Introduction

Inspections are carried out at PCHs to ensure that the physical facilities comply with the requirements of the legislation, codes and standards specified in the PCH Operating Standards which relate to fire and life safety. These inspections are carried out under authority of the Provincial Fire Commissioner in accordance with the *Fire Prevention Services Act*. Such inspections protect residents from risk of injury, loss of life, and property damage associated with: the improper operation and use of pressure systems; hazardous gases; fires and explosions in and around buildings; and flammable product storage facilities. The PCH Operating Standards specifically state that PCHs must:

- have a fire safety plan on file with the GSC and local fire department;
- train staff in the fire safety plan;
- have a fire evacuation floor plan posted in conspicuous places throughout the PCH;
- provide staff and residents with regular instruction in the fire safety and evacuation plans;
- maintain heating, ventilation, fire alarm, sprinkler, fire extinguisher and fire suppression systems;
- carry out and record the results of daily fire and life safety security checks; and
- only install and maintain approved fuel fired appliances, propane and oxygen systems.

Table 9 shows the type and number of GSC fire and life safety inspections by RHA for the 30 PCHs that we reviewed during the two year period ended March 31, 2014.

Table 9

**Personal Care Homes**

**Type and Number of GSC Fire and Life Safety Inspections by RHA for PCHs Reviewed Two year period ended March 31, 2014**

<table>
<thead>
<tr>
<th>RHA</th>
<th>Number of PCHs Reviewed</th>
<th>2012-13</th>
<th></th>
<th></th>
<th>2013-14</th>
<th></th>
<th></th>
<th>Overall Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number of Inspections</td>
<td></td>
<td></td>
<td>Number of Inspections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Routine</td>
<td>Follow Up</td>
<td>Other</td>
<td>Total</td>
<td>Routine</td>
<td>Follow Up</td>
<td>Other</td>
</tr>
<tr>
<td>Eastern</td>
<td>16</td>
<td>16</td>
<td>11</td>
<td>5</td>
<td>32</td>
<td>16</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Central</td>
<td>7</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Western</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Labrador</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>29</td>
<td>11</td>
<td>5</td>
<td>45</td>
<td>25</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>
As Table 9 shows, GSC inspectors completed 78 inspections in connection with the 30 PCHs we reviewed during the two year period ended March 31, 2014. Of the 78 inspections completed:

- 54 were routine inspections that were carried out to determine whether the PCH was complying with the PCH Operating Standards;
- 16 were follow-up inspections that were carried out to determine whether deficiencies identified during routine inspections were corrected; and
- 8 were specific inspections mainly related to oxygen use by residents in the PCH.

Our review indicated the following:

**Inspection Frequency**

The PCH Operating Standards require the GSC to carry out an inspection at each PCH annually. We found that 24 (80%) of the 30 PCHs received an annual inspection as required in each of the two years ended March 31, 2013 and March 31, 2014. For the remaining six PCHs, which were under the Central RHA, we found that the PCHs did not receive one of the required annual inspections during the two year period ended March 31, 2014.

**Finding**

29. Six of the 30 PCHs we reviewed did not receive one of the required annual fire and life safety inspections during the two year period ended March 31, 2014. These PCHs were under the Central RHA.

**Inspector Training**

In 2012, the Engineering and Inspection Services Division of Service NL implemented a Province wide training program for technical inspectors that were assigned fire and life safety inspection duties. In order to qualify for fire and life safety inspections of PCHs, the inspector must complete a certified fire inspector training program or an in-house training and mentoring program. Our review of the training records for inspectors that were carrying out fire and life safety inspections of PCHs during the two year period ended March 31, 2014, indicated that two inspectors in the Western GSC did not have the required training to carry out such inspections.

**Finding**

30. Two inspectors in the Western GSC did not have the required training to carry out fire and life safety inspections during the two year period ended March 31, 2014.
Inspection Results - Critical Deficiencies

Critical fire and life safety deficiencies are those which pose a risk to the life, health and safety of residents and must be corrected immediately or within a short timeframe. As the inspection reports used by inspectors to document the results of their inspections do not identify critical areas of the inspection, we asked the St. John’s GSC to provide us with a list of the critical areas. GSC officials advised that critical areas of inspection include the PCHs’ fire protection system and ancillary equipment (fire detection, alarm, suppression, extinguisher and sprinkler systems, fire doors, fire walls, emergency lighting) and resident use of oxygen. These critical systems must be inspected annually by contractors registered with the Provincial Fire Commissioner. PCHs identified with expired fire protection system certificates must immediately book an inspection with a registered contractor.

Our review of 54 routine inspection reports in connection with the 30 PCHs we examined during the two year period ended March 31, 2014 indicated that in 36 (67%) of the 54 inspections, for 21 of the 30 PCHs, an inspection identified 150 critical deficiencies which required immediate correction or correction within a short timeframe. Examples of the critical deficiencies identified included:

- fire alarm system requires repair;
- fire alarm certificate out of date;
- emergency lighting system failure; and
- fire door in need of repair.

In 16 (11%) of the 150 critical deficiencies identified, in connection with seven of the 30 PCHs, we were unable to determine from the inspection reports whether the deficiency had been corrected. Furthermore, in nine (6%) of the 150 critical deficiencies in connection with six of the 30 PCHs, the same deficiency was identified in the following annual inspection.

Finding

31. We were unable to determine whether 16 critical fire and life safety deficiencies identified by GSC inspectors in seven of the 30 PCHs we reviewed, had been corrected immediately or within a very short timeframe. Furthermore, in six PCHs, the same nine critical deficiencies were identified by a GSC inspector in the following annual inspection.
Inspection Results - Non Critical Deficiencies

Non-critical fire and life safety deficiencies are aspects at the PCH that are not considered a significant risk to the life and safety of residents and would not require immediate correction or correction within a short timeframe. However, the nature and number of deficiencies and the length of time that the deficiencies exist, all contribute to resident life and safety risk at the PCH.

Our review of 54 routine inspection reports, in connection with the 30 PCHs we examined during the two year period ended March 31, 2014, indicated that in 32 (59%) of the 54 inspections for 19 of the 30 PCHs, the inspector identified 107 non-critical deficiencies which required correction within a timeframe that should have been specified by the Inspector. Examples of the non-critical deficiencies identified included:

- stairwell to kitchen not cleared;
- fridge not in an appropriate location;
- fire extinguisher sign not installed properly; and
- fire extinguisher incorrectly dated on tag.

We found the following:

- In 61 (57%) of the 107 non-critical deficiencies identified, in connection with 14 of the 30 PCHs, the deficiency was corrected immediately.
- In 31 (29%) of the 107 non-critical deficiencies identified, in connection with 10 of the 30 PCHs, the inspector did not provide a timeframe by which the deficiency should be corrected and we were unable to determine whether 17 (55%) of the 31 deficiencies were ever corrected.
- In 29 (63%) of the 46 non-critical deficiencies identified that were not corrected immediately, in connection with six of the 30 PCHs, the inspector did provide a timeframe by which the deficiency should be corrected; however, we were unable to determine whether the deficiencies were ever corrected.
- Furthermore, in eight (7%) of the 107 non-critical deficiencies identified, the same deficiency was identified in the previous or following annual inspection.
Findings

32. GSC inspectors did not always provide PCHs with a timeframe to correct non-critical fire and life safety deficiencies. Timeframes for correction were not provided for 31 (29%) of the 107 non-critical deficiencies that were identified, in connection with the 30 PCHs we reviewed.

33. We were not always able to determine whether non-critical deficiencies identified during inspections were ever corrected by the PCHs. We could not determine whether 46 (43%) of the 107 non-critical deficiencies that were identified, in connection with the 30 PCHs we reviewed, were ever corrected.

Inspection Results - Operating Standard Requirements

The PCH Operating Standards identify specific fire and life safety requirements which must be complied with. GSC inspection reports should indicate whether PCHs are complying with these specific requirements so that RHAs can determine whether PCHs may continue to be licensed. Our review of 54 routine inspection reports in connection with 30 PCHs during the two year period ended March 31, 2014 indicated that:

- In 20 (37%) of 54 inspection reports reviewed, the inspector did not indicate in the inspection report whether the PCH was properly maintaining one or more of the following required fire protection systems: sprinkler system; fire suppression system; fire detection and alarm system; and fire extinguisher system.

- In 42 (78%) of the 54 inspection reports reviewed, the inspector did not indicate in the inspection report whether the PCH was using and properly maintaining one or more of the following systems: fuel fired systems; propane systems; and oxygen systems.

- In 53 (98%) of the 54 inspection reports reviewed, the inspector indicated that the PCH was carrying out daily security checks to ensure fire and life safety requirements were being maintained in the PCH, including whether: exit doors were operating; exit and emergency lights were working; fire extinguishers were current and operable; corridors were free of obstacles and outside stairs and steps were free of snow and ice. However, we found that in 45 (85%) of the 53 inspection reports where the inspector indicated that daily security checks were being carried out by the PCH, the inspector had identified one or more fire and life safety violations that the PCH had not addressed during their required daily security checks. When PCHs fail to address fire and life safety issues during daily security checks, this information should be conveyed to the RHAs for their consideration when re-licensing PCHs.
Finding

34. Inspection reports for the 30 PCHs that we reviewed did not always indicate whether PCHs were complying with specific fire and life safety requirements in the PCH Operating Standards. For example, in 42 (78%) of 54 fire and life safety inspection reports, the inspector did not indicate whether the PCH was using and properly maintaining fuel fired, propane and oxygen systems.

Inspection Results - Reporting

The PCH Operating Standards require that GSCs provide the RHAs with all fire and life safety inspection reports completed for PCHs. We found that fire and life safety inspection reports were provided to RHAs as required, for the 30 PCHs that we reviewed.

There is no requirement in the PCH Operating Standards that the GSCs provide the results of fire and life safety inspections to the public. However, such information would be beneficial for the public, residents and families when evaluating the services of a PCH.

Finding

35. For the 30 PCHs examined, fire and life safety inspection reports were provided to RHAs by the GSCs as required. However, there is no requirement in the PCH Operating Standards for the results of fire and life safety inspections to be made available to the public. Such information would be beneficial for the public, residents and families when evaluating the services of a PCH.

1C(iii). Environmental Health Inspections

Introduction

Environmental health inspections are carried out at PCHs to ensure that the physical facilities comply with the requirements of the legislation, codes and PCH Operating Standards so that the health and well-being of residents is protected. These inspections are carried out in accordance with the Department of Health and Community Services Closed Residential Facilities Policy which requires that PCHs receive a minimum of one inspection per year in accordance with the Environmental Health Guidelines that were established by the Department. Areas of inspection identified under the guidelines include: the building and surrounding environment; water and sewage; plumbing; ventilation; lighting; pets; toilet and shower facilities; laundry and housekeeping; solid waste removal; chemical storage; and food service.

Table 10 shows the type and number of GSC environmental health inspections by RHA for the PCHs that we reviewed during the two year period ended March 31, 2014.
Table 10

Personal Care Homes
Type and Number of GSC Environmental Health Inspections by RHA for PCHs Reviewed
Two year period ended March 31, 2014

<table>
<thead>
<tr>
<th>RHA Region</th>
<th>Number of PCHs Reviewed</th>
<th>2012-13</th>
<th></th>
<th></th>
<th></th>
<th>2013-14</th>
<th></th>
<th></th>
<th></th>
<th>Overall Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number of Inspections</td>
<td>Routine</td>
<td>Follow Up</td>
<td>Other</td>
<td>Total</td>
<td>Routine</td>
<td>Follow Up</td>
<td>Other</td>
<td>Total</td>
</tr>
<tr>
<td>Eastern</td>
<td>16</td>
<td>24</td>
<td>6</td>
<td>3</td>
<td>33</td>
<td>21</td>
<td>1</td>
<td>4</td>
<td>26</td>
<td>59</td>
</tr>
<tr>
<td>Central</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Western</td>
<td>5</td>
<td>5</td>
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<td>0</td>
<td>5</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Labrador</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>38</td>
<td>6</td>
<td>3</td>
<td>47</td>
<td>37</td>
<td>1</td>
<td>5</td>
<td>43</td>
<td>90</td>
</tr>
</tbody>
</table>

As Table 10 shows, GSC inspectors completed 90 inspections in connection with the 30 PCHs we reviewed during the two year period ended March 31, 2014. Of the 90 inspections completed:

- 75 were routine inspections that were carried out to determine whether the PCH was complying with the PCH Operating Standards;
- 7 were follow-up inspections that were carried out to determine whether deficiencies identified during routine inspections were corrected; and
- 8 were specific inspections mainly related to illness outbreaks.

Our review indicated the following:

**Inspection Frequency**

The PCH Operating Standards require the GSC to carry out an inspection at each PCH annually. We found that all 30 PCHs received an annual routine inspection as required in each of the two years ended March 31, 2013 and March 31, 2014.

**Finding**

36. All 30 PCHs that we reviewed had received an annual environmental health inspection as required by the PCH Operating Standards.
Inspection Results - Critical Deficiencies

Critical environmental health safety deficiencies are aspects at the PCH which pose an immediate risk to the health and safety of residents and must be corrected immediately or controlled. As the inspection reports used by inspectors to document the results of their inspections do not identify critical areas of the inspection, we asked the St. John’s GSC to provide us with a list of critical areas of inspection. GSC officials advised us that there is no listing of critical inspection areas where a violation would pose an immediate danger to the health and safety of PCH residents, and that the identification of such violations would be at the discretion of the inspector.

Our review of 75 routine inspection reports in connection with the 30 PCHs we examined during the two year period ended March 31, 2014 indicated that in 9 (12%) of the 75 inspections, in connection with 7 of the 30 PCHs we reviewed, the inspector identified 11 critical deficiencies which required immediate correction or control. Examples of the critical deficiencies identified included:

- chemical bottles not properly labeled;
- soiled laundry not properly removed;
- washroom soiled; and
- asbestos discovered.

In 2 (18%) of the 11 critical deficiencies identified, in connection with 2 of the 30 PCHs we reviewed, we were unable to determine from the inspection report whether the deficiency had been corrected or controlled.

Finding

37. We were unable to determine whether two critical environmental health deficiencies identified by GSC inspectors in two of the 30 PCHs we reviewed, had been corrected immediately or were controlled.

Inspection Results - Non Critical Deficiencies

Non-critical environmental health deficiencies are aspects at the PCH that are not considered an immediate risk to the health and safety of residents and would not require immediate correction or control. However, the nature and number of deficiencies and the length of time that the deficiencies exist, all contribute to resident health and safety risk in the PCH.
Our review of 75 routine inspection reports in connection with the 30 PCHs we examined during the two year period ended March 31, 2014 indicated that in 41 (55%) of the 75 inspections, in connection with 23 of the 30 PCHs we reviewed, the inspector identified 79 non-critical deficiencies which required correction within a timeframe that should have been specified by the inspector. Examples of the non-critical deficiencies identified included:

- seats or armrest on chairs to be replaced;
- seal on exit door to be replaced;
- no protective seal on fluorescent light; and
- no sanitizer in washrooms.

We found the following:

- In 19 (24%) of the 79 non-critical deficiencies identified, in connection with 11 of the 30 PCHs we reviewed, the inspector did not provide a timeframe by which the deficiency should be corrected and we were unable to determine whether 18 (95%) of the 19 deficiencies were ever corrected.
- In 60 (76%) of the 79 non-critical deficiencies identified, in connection with 17 of the 30 PCHs we reviewed, the inspector did provide a timeframe by which the deficiency should be corrected; however, we were unable to determine whether 41 (68%) of the 60 deficiencies were ever corrected.
- In 4 (5%) of the 79 non-critical deficiencies identified, the same deficiency was identified in the following annual inspection.

**Findings**

38. GSC inspectors did not always provide PCHs with a timeframe to correct non-critical environmental health deficiencies. Timeframes for correction were not provided for 19 (24%) of the 79 non-critical deficiencies that were identified, in connection with the 30 PCHs we reviewed.

39. We were not always able to determine whether non-critical deficiencies identified during inspections were ever corrected by the PCHs. We could not determine whether 59 (75%) of the 79 non-critical deficiencies that were identified, in connection with the 30 PCHs we reviewed, were ever corrected.
Inspection Results - Reporting

The PCH Operating Standards require that GSCs provide the RHAs with all environmental health inspection reports completed for PCHs. We found that environmental health inspection reports were provided to RHAs as required, for the 30 PCHs that we reviewed.

There is no requirement in the PCH Operating Standards that the GSCs provide the results of environmental health inspections to the public. However, such information would be beneficial for the public, residents and families when evaluating the services of a PCH.

Finding

40. For the 30 PCHs we examined, environmental health inspection reports were provided to RHAs by the GSCs as required. However, there is no requirement in the PCH Operating Standards for the results of environmental health inspections to be made available to the public. Such information would be beneficial for the public, residents and families when evaluating the services of a PCH.

1C(iv). Food Premises Inspections

Introduction

Environmental health inspectors carry out inspections of food premises located in PCHs in order to protect the health of PCH residents in the area of food safety. Inspectors plan, schedule and carry out inspections of PCHs in accordance with the Department of Health and Community Services Inspection Frequency Risk Management Initiative. Unlike fire and life safety and environmental health inspections, the planning and scheduling of inspections is based upon the health risk assigned to the food premises by the inspector. Each year, inspectors must complete a risk assessment worksheet and calculate the level or risk (low, moderate or high) for each food premises. Generally, for food premises located in PCHs, the risk is assessed as either moderate or high as the resident population is elderly. As a result, food premises located within PCHs are normally inspected a minimum of two (moderate risk) or four (high risk) times per year. Inspection results are documented in a Food Premises Inspection Report.

Inspection Frequency and Results

During the two year period ended March 31, 2014, we reviewed 167 food premises inspection reports in connection with the 30 PCHs that we examined. We found the following:

- Food premises within PCHs were being inspected in accordance with the frequency required by the Department of Health and Community Services Frequency Risk Management Initiative.

- Food premises inspection reports were appropriately designed and captured results of the critical areas of inspection. In most all cases, inspectors completed the inspection reports we reviewed in a complete and accurate manner.
- The PCH Operating Standards do not require, and the GSCs do not forward the results of food premises inspections to the RHAs for licensing and monitoring purposes.

- The results of food premises inspections (inspection reports) are not provided to the public, even though the results of other food premises inspections, such as restaurants, are provided to the public.

### Findings

41. Food premises located in PCHs were inspected in accordance with the frequency required by the Department. Furthermore, for the 167 food premises inspection reports we examined, in connection with the 30 PCHs that we reviewed, the majority of the inspection reports were completed in a complete and accurate manner.

42. The PCH Operating Standards do not require, and the GSCs do not forward the results of food premises inspections to the RHAs for licensing and monitoring purposes.

43. The results of food premises inspections of PCHs are not required to be provided to the public, even though the results of other food premises inspections, such as restaurants, are made available to the public.
## Recommendations

1. The Department should complete a comprehensive review of the PCH Operating Standards and RHA monitoring methods, every two years as required.

2. The Department should consider reporting the results of RHA monitoring of PCHs to the public.

3. The Eastern, Central and Labrador-Grenfell RHAs should only license PCHs when they comply with the PCH Operating Standards.

4. The four RHAs should consider the merit of carrying out surprise monitoring visits of PCHs when determining whether PCHs are complying with the PCH Operating Standards.

5. The Central and Labrador-Grenfell RHAs should complete quarterly monitoring reports, which include the relevant PCH Operating Standards, as required. The four RHAs should ensure there is sufficient, appropriate and reliable evidence to support conclusions made in the quarterly and annual monitoring reports.

6. The Eastern, Central and Western RHAs should ensure that PCH staff meet the minimum hiring requirements as required.

7. The Western RHA should implement complaints policies and procedures to ensure complaints are resolved in a timely manner. The Central RHA should resolve all complaints in a timely manner.

8. The four RHAs should carry out resident care reassessments annually as required.

9. The GSCs should consider implementing a risk based approach to conducting inspections of PCHs.

10. The GSCs should revise inspection reports to identify key inspection areas including references to appropriate codes, standards and legislation.

11. The GSCs should carry out annual fire and life safety inspections of PCHs at least once per year as required.

12. The GSCs should ensure that technical inspectors are trained to carry out fire and life safety inspections of PCHs as required.

13. The GSCs should ensure that critical deficiencies identified in PCHs are corrected immediately or within the timeframe specified.
14. The GSCs should provide PCHs with timeframes to correct non-critical deficiencies identified during inspections and ensure that the deficiencies are corrected within the timeframes specified.

15. The GSCs should consider reporting the results of inspections of PCHs to the public.

16. The GSCs should conduct fire and life safety inspections and environmental health inspections at least 60 days prior to the license renewal date and recommend whether PCHs should continue to be licensed as required.
Recommendations:

1. The Department should complete a comprehensive review of the PCH Operating Standards and RHA monitoring methods, every two years as required.

   Response:
   While a formal comprehensive review of the PCH Operational Standards was not completed, the Department has been reviewing and making modifications to the Standards as issues arise. In these instances, clarification where required, has been provided in the form of memos to the regional health authorities, Service NL or personal care homes. The Department is currently conducting the required comprehensive review of the PCH Operating Standards and the Monitoring Framework. A working group with representation from the RHAs has been established to facilitate this process. The Department will also consult with Service NL and the PCH sector when drafts of the revised Standards are available.

2. The Department should consider reporting the results of RHA monitoring of PCHs to the public.

   Response:
   The Department welcomes this recommendation and is open to working with the RHAs, Service NL and the PCH industry to develop a mechanism for public reporting.
Eastern Regional Health Authority Response

Recommendations:

3. The Eastern, Central and Labrador-Grenfell RHAs should only license PCHs when they comply with the PCH Operating Standards.

Response:
Eastern Health works with Personal Care Home Operators to address issues of noncompliance. When serious issues of noncompliance are identified, Eastern Health will develop corrective action plans with Personal Care Homes. Eastern Health will issue conditional licenses or extension of licenses when warranted.

Eastern Health acknowledges there are systemic issues with enforcing compliance with minimum hiring standards as noted by the Auditor General in Recommendation # 6.

4. The four RHAs should consider the merit of carrying out surprise monitoring visits of PCHs when determining whether PCHs are complying with the PCH Operating Standards.

Response:
The Eastern Health Personal Care Home Team have clinical staff who visit Personal Care Homes for the purpose of providing resident specific services, in addition to monitoring the compliance of Personal Care Homes with the Provincial Operating Standards.

If a PCH is identified as having difficulties achieving compliance, Eastern Health staff will work with the operators on issue identification and resolution.

As noted by the Auditor General on page 24 of his report, Eastern Health does require at least one unannounced /surprise visit to be completed by either the Community Health Nurse or Social Worker quarterly and at least one unannounced visit annually by the Dietitian. While Eastern Health does not require staff to document these findings on a specific report, staff are required to document their visit and any issues of note in the electronic PCH file within CRMS. Furthermore, Eastern Health has provided guidelines to assist staff in their monitoring visits.

Eastern Health staff will also address issues of non-compliance if noted when completing resident specific visits. Resident specific visits are not always announced to the operator in advance.

EH will continue to complete unannounced visits if necessary to address complaints or allegations of non-compliance.
5. The Central and Labrador-Grenfell RHAs should complete quarterly monitoring reports, which include the relevant PCH Operating Standards, as required. The four RHAs should ensure there is sufficient, appropriate, and reliable evidence to support conclusions made in the quarterly and annual monitoring reports.

Response:
Currently, there is not a requirement to document the evidence found by the RHA staff in support of their conclusion. RHA staff are provided indicators to assist them in their assessment of PCH’s compliance with provincial standards. It is a professional decision as to what evidence is documented. Normally, staff will document areas where compliance may be an issue, or note new initiatives, or improvements within a PCH.

Eastern Health is willing to engage with the other RHAs and Department of Health and Community Services to determine acceptable standards of providing evidence to support RHA staff’s decisions.

6. The Eastern, Central and Western RHAs should ensure that PCH staff meet the minimum hiring requirements as required.

Response:
As noted in our response to Recommendation #3, Eastern Health acknowledges that there is difficulty in Personal Care Homes achieving compliance in this area. Eastern Health counsels PCH operators of the liabilities that operators could be exposed to if they hire staff who do not meet the minimum hiring requirements. However, this issue is widespread and not easily resolved as operators cite difficulties in hiring staff who possess the qualifications. This is especially so when immediate, short term, or temporary relief positions are required. Eastern Health continues to identify these issues to operators and has on occasion noted concerns in licensing letters. Eastern Health would be pleased to work with the other RHAs, Department of Health and Community Services, and the Personal Care Homes Industry to seek solutions to increase compliance with this standard and to determine appropriate actions to take when minimum hiring standards are not met.

8. The four RHAs should carry out resident care reassessments annually as required.

Response:
The Auditor General noted that of 102 required reassessments, Eastern Health did not complete seven required reassessments and that 60 reassessments were not completed on time. The number of days the annual reassessments were overdue averaged 55.2 days and ranged from 1 day to 256 days. 34 of these reassessments were completed less than 30 days after the anniversary date of the last reassessment. Eastern Health would not consider these 34 assessments to be overdue.
Long Term Care Reassessments are completed annually unless there are evident concerns which require the assessments to be completed earlier. As of December 31, 2014 there were 1623 residents in PCHS licensed by Eastern Health. A full time PCH Case Manager in Eastern Health will have an average caseload of 110 residents and will also be required to monitor standards compliance of 7 to 8 PCHs.

Case Managers are expected to complete the reassessment in the 12th month following the last reassessment. It is an acceptable practice for an assessment to be completed any time during the month the assessment is due.

As with any clinical assessment or intervention, Case Managers are expected to prioritize urgent reassessments. If circumstances require Case Managers to delay reassessments due to unforeseen or urgent issues, they are expected to prioritize the remaining or overdue reassessments based on risk.

Eastern Health is currently developing a new electronic data system which will provide a monthly report on upcoming due and overdue reassessments to PCH Case Managers and the Regional Manager to support timeline compliance.
Recommendations:

3. The Eastern, Central and Labrador-Grenfell RHAs should only license PCHs when they comply with the PCH Operating Standards.

Response:
Central Health works with Personal Care Home Operators to address issues of Standards’ violations. The issuing of Interim licenses, when there are deficiencies, is guided by non-compliant protocol outlined in the Provincial PCH Operational Standards. The operational standards clearly suggest that the onus is on the RHA and Service NL Inspectors to work with the PCHs to correct any deficiencies. Corrective action is taken by the RHA when issues remain outstanding or the appropriate action is not taken by the operator to correct the deficiency.

The RHA monitoring staff will work with Service NL to ensure the timely coordination of receiving Fire Life and Safety Certificates such as Fire Alarm Inspection, Fire Extinguisher inspection and Sprinkler inspections as part of the Annual Review Process.

Central Health is working to improve coordination of the licensing process with Service NL. The RHA will forward a schedule of Annual Review dates to Service NL to ensure there is an opportunity to complete required Fire Life and Safety inspections.

4. The four RHAs should consider the merit of carrying out surprise monitoring visits of PCHs when determining whether PCHs are complying with PCH Operating Standards.

Response:
The Central Health Personal Care Home monitoring team members complete frequent visits both announced and unannounced to PCHs in the Central Region. Central Health collects monthly statistics for all nursing, social work and dietician visits. All visits to a personal care home by the monitoring team members include monitoring activities in addition to clinical activities. Issues of concern are reported to the PCH coordinator and are documented in the Client Referral and Management System (CRMS). The regional dietician also completes at minimum one unannounced annual visit.

Central Health will develop and implement a regional policy to provide direction on the requirement for unannounced visits by all members of the monitoring team including guidelines for the documentation of unannounced visits.
5. The Central and Labrador-Grenfell RHAs should complete quarterly monitoring reports, which include the relevant PCH Operating Standards, as required. The four RHAs should ensure there is sufficient, appropriate and reliable evidence to support conclusions made in the quarterly and annual monitoring reports.

Response:
Central Health acknowledges that there is difficulty in achieving compliance with respect to the requirement for quarterly monitoring. Central Health has taken corrective action to improve compliance with this standard including the development of schedules and reminders for monitoring; realignment of social worker caseloads and scope of practice to increase availability of social workers with expertise and experience in the personal care home sector; and the addition of one personal care home coordinator.

Central Health will continue to focus on continuous improvement in this area through the completion and tracking of quarterly monitoring meetings by RHA coordinators and the exploration of additional opportunities for caseload realignment in the personal care home program.

There is currently no requirement to document or attach the evidence utilized by the RHA in forming the conclusions that they make as part of the quarterly and annual reporting process. This evidence comprises a large volume of documentation and most of it is in paper format. While copies of reports are not attached to the monitoring reports, there is written confirmation that the reports have been reviewed. Central Health will enhance this process by having the monitoring team document in the comments section of the quarterly/annual reports the location of any documents utilized to validate decisions.

The selection of "no comments" or “not applicable” as a response in the evidence section may be an appropriate response in some areas where there has been no activity to monitor. Examples of standards that cannot be measured due to lack of activity include the following:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCH must notify RHA 90 days before expected closure.</td>
<td>n/a</td>
</tr>
<tr>
<td>PCH must notify residents 90 days before expected closure.</td>
<td>n/a</td>
</tr>
<tr>
<td>RHA must be provided 60 days’ notice re sale.</td>
<td>n/a</td>
</tr>
<tr>
<td>New operators must be licensed by RHA prior to assuming responsibility of PCH operation.</td>
<td>n/a</td>
</tr>
</tbody>
</table>

The Medication Storage Audits reports were not received by the RHA for (3) three personal care homes in 2012-2013. In the past, the personal care home operator had the flexibility to submit required documentation following an annual licensing review. This practice resulted in the absence of audit forms on (3) three occasions. The RHA coordinators have implemented new protocol to ensure the submission of the medication storage audits. The addition of one personal care home coordinator has improved the monitoring of personal care home submissions to the RHA. No missing documentation from the personal care homes has been noted since the 2012-2013 year. The RHA will continue to ensure the submission of all required documentation including the Medication Storage Audit happens prior to the annual licensing review.
6. The Eastern, Central and Western RHAs should ensure that PCH staff meet the minimum hiring requirements as required.

Response:
Central Health does acknowledge that there are challenges in achieving full compliance in this area and will continue to counsel PCH operators with respect to the requirements for training. Central Health monitoring staff will continue to highlight the requirement for timely training and retraining.

7. The Western RHA should implement complaints policies and procedures to ensure complaints are resolved in a timely manner. The Central RHA should resolve all complaints in a timely manner.

Response:
Central Health acknowledges that one centralized database was not used to capture all complaints related to personal care homes. Central Health will implement a policy and procedure whereby all personal care home complaints will be tracked within the organization’s Compliments and Complaints database. Central Health makes every effort to resolve complaints in a timely manner and will continue to ensure that there is due diligence in this area.

8. The four RHAs should carry out resident care reassessments annually as required.

Response:
The Auditor General has noted that of the 54 annual resident care reassessments required, 44 assessments were completed with 24 of these being outside the annual time frame. There were 10 annual assessments that were not completed. Central Health acknowledges that there are challenges with ensuring that all resident care reassessments are completed in a 12 month period. Central Health will review current case management processes to ensure that Case Managers are setting priorities with respect to annual reassessments.

Central Health will implement an internal tracking system whereby all annual resident reassessment reports will be available for monitoring purposes to assist in ensuring compliance with this standard.
**Western Regional Health Authority Response**

**Recommendations:**

4. **The four RHAs should consider the merit of carrying out surprise monitoring visits of PCHs when determining whether PCHs are complying with PCH Operating Standards.**

   **Response:**
   Western Health conducts unannounced visits to PCHs in the Western region. For example in 2014, our Regional Nutritionist completed nine unannounced visits. Western Health acknowledges there may be further opportunity to document the existing frequency of unannounced visits to PCHs. Western Health is willing to work with the DHCS and other RHAs to establish a policy regarding unannounced visits and how they can be expanded upon to further augment monitoring of PCHs.

5. **The Central and Labrador-Grenfell RHAs should complete quarterly monitoring reports, which include the relevant PCH Operating Standards, as required. The four RHAs should ensure there is sufficient, appropriate and reliable evidence to support conclusions made in the quarterly and annual monitoring reports.**

   **Response:**
   Western Health follows the Monitoring Framework for Provincial Personal Care Home Standards, September 2007. Western Health is committed to ensuring documentation standards support the requirements for evidence to validate the compliance with operational standards and performance measures. Western Health has already consulted with other regions regarding their practices and will move forward to implement consistent practices. Western Health will work with staff to review requirements for documentation in quarterly and annual monitoring reports.

6. **The Eastern, Central and Western RHAs should ensure that PCH staff meet the minimum hiring requirements as required.**

   **Response:**
   Western Health recognizes the importance of monitoring PCH compliance with standards related to hiring of staff. In 3 of 40 quarterly reports and 1 of 10 Annual Reports reviewed, minimum hiring requirements were not met by the PCHs. In these cases, non-compliance with standards was indicated by the nurse in the monitoring report, as required. As well, the nurse followed up with the homes in writing to highlight the need for action to meet the standards. In the future, Western Health will provide clarification to Western Health staff, PCH Owners and Operators that all documentation must be on file as required under Section 4 Standard 7-Staffing-Minimum Requirements for Personal Care Home Staff. Western Health will work with the other RHAs and DHCS to seek a consistent approach to follow when hiring requirements are not met and the level of sanction to be applied when this occurs.
7. The Western RHA should implement complaints policies and procedures to ensure complaints are resolved in a timely manner. The Central RHA should resolve all complaints in a timely manner.

Response:
Western Health has dealt with all complaints related to PCHs in a timely manner and maintains a database of complaints received. We have followed the requirements established in the PCH Standards under Section 1 Standard 3, however, Western Health acknowledges the importance of having a formal policy. Therefore, Western Health will revise our current Client Feedback - Compliments and Complaints policy (6-04-60) to include direction for PCHs. Once this policy is implemented, Western Health will utilize a standard form to record the details of each complaint in a manner consistent with all other complaints received by the organization. All complaints will continue to be maintained in an established database.

8. The four RHAs should carry out resident care reassessments annually as required.

Response:
Western Health had 1 client annual reassessment incomplete in 2013 and 6 that were not completed on time ranging from 4 to 110 days overdue. Our practice has been when an assessment is completed within the month it is due, it is considered to be complete. Therefore, we would have had 4 incomplete (average 45 days overdue) as the other two (completed 4 and 6 days from due date) would have been completed within the month they were due. For example, an assessment completed on January 15, 2014 would be due in January 2015 and completion on any day in January would be considered complete.

Western Health acknowledges that having a reassessment overdue up to 110 days is concerning. Western Health will insure the use of a KIV system within our electronic documentation system to support timely reassessments of residents. Western Health will monitor to ensure all clients receive an annual reassessment within the established timeframe. In conjunction, when reassessments cannot be completed due to resident illness, hospitalization or scheduling conflict Community Health Nurses will be required to document when and why assessments are delayed in the Client Referral Management System (CRMS) file.
Labrador-Grenfell Regional Health Authority Response

Recommendations:

3. The Eastern, Central and Labrador-Grenfell RHAs should only license PCHs when they comply with the PCH Operating Standards.

Response:
Labrador-Grenfell Health agrees with the Auditor General’s recommendation and supports the view that the Regional Health Authority will only license Personal Care Homes when they are in compliance with the Personal Care Home Operating Standards, as established by the Department of Health and Community Services. Labrador-Grenfell Health has developed and implemented an auditing process to ensure licensing requirements are met as outlined in the Personal Care Home Operating Standards. This process will validate that all documentation has been received, verifying that licensing requirements have been met before a license is granted.

Labrador-Grenfell Health commits to formulating a policy that will outline the process for granting and/or renewing licenses, as set out in the Personal Care Home Operating Standards.

4. The four RHAs should consider the merit of carrying out surprise monitoring visits of PCHs when determining whether PCHs are complying with the PCH Operating Standards.

Response:
Labrador-Grenfell Health has conducted unannounced visits during its monitoring activities, but acknowledges that both announced and unannounced visits have not been documented in the Client and Referral Management System (CRMS). Labrador-Grenfell Health commits to documenting monitoring activities in CRMS and formulating a policy that will outline the process for monitoring Personal Care Homes, as set out in the Personal Care Home Operating Standards.

5. The Central and Labrador-Grenfell RHAs should complete quarterly monitoring reports, which include the relevant PCH Operating Standards, as required. The four RHAs should ensure there is sufficient, appropriate and reliable evidence to support conclusions made in the quarterly and annual monitoring reports.

Response:
Labrador-Grenfell Health agrees with the recommendation of the Auditor General that quarterly monitoring reports must include the appropriate evidence to support the conclusions contained in the corresponding report. Labrador-Grenfell Health carries out quarterly and annual monitoring activities at Personal Care Homes in accordance with the Monitoring and Quality Frameworks.
Labrador-Grenfell Health will update the quarterly monitoring report reflecting the 12 performance measures contained in the Personal Care Home Monitoring Framework. The checklist will document evidence of compliance and verify that performance measures have been met. More importantly, the auditing tool will provide the Personal Care Home Coordinator with a guideline to direct the Personal Care Home operator in taking corrective action.

Labrador-Grenfell Health commits to enforcing timeframes for conducting quarterly monitoring, and documenting the results in CRMS.

8. **The four RHAs should carry out resident care reassessments annually as required.**

*Response:*
Labrador-Grenfell Health agrees with the recommendation of the Auditor General that resident reassessments must be completed on an annual basis as required by the Personal Care Home Operating Standards. In response to the Auditor General’s recommendation, all assessments and reassessments have been completed and an auditing tool has been implemented to track and monitor the reassessment process.
Recommendations:

9. **The GSCs should consider implementing a risk based approach to conducting inspections of PCHs.**

   **Response:**
   The standards for frequency and timing of inspections for Personal Care Homes are set in accordance with the PCH Operating Standards established by the Department of Health and Community Services and the Regional Health Authorities. While there is a minimum of one inspection required annually, inspectors can and do inspect facilities more frequently if issues require follow up or if there are concerns with compliance. However, Service NL will work with HCS and the RHAs to review the inspection requirements for these facilities.

   As a point of clarification with respect to your finding (#25) regarding a lack of the element of surprise, while it is acknowledged that many of these inspections are conducted in the same fiscal quarter of the year, our normal protocol is that there is no advance notice or scheduling of these routine inspections by our staff. As such, while an operator may expect an inspection within a given three month period, the exact timing of the inspection would not be known. However, we will also include this issue in our review.

10. **The GSCs should revise inspection reports to identify key inspection areas including references to appropriate codes, standards and legislation.**

   **Response:**
   As part of a review of inspection forms and formats, Service NL has already started a review of the forms for PCH inspections to ensure they are both effective and efficient in conveying the appropriate information required by operators to comply with relevant codes, standards and legislation.

11. **The GSCs should carry out annual fire and life safety inspections of PCHs at least once per year as required.**

   **Response:**
   Service NL agrees with this recommendation and will continue to make every possible effort to ensure that fire and life safety inspections are carried out in all regions of the province at least annually, and more often as required. It should be noted that all regions except the Central region had already been meeting this requirement. The circumstances in the Central region, in particular the staffing issues, have been reviewed and corrective action had already been undertaken in the 2014-15 fiscal year to ensure inspections are up to date.
12. The GSCs should ensure that technical inspectors are trained to carry out fire and life safety inspections of PCHs as required.

Response:
Service NL notes that all technical inspectors who have been tasked with conducting fire and life safety inspections have received some type of training prior to assuming these inspection duties. In most cases, the training was more formalized courses and certification in the National Building Code and National fire and life safety codes, as noted in the report. In two cases, this training consisted of in-house mentoring, code familiarization and on-the-job shadowing of qualified inspectors before the inspector was allowed to conduct independent inspections. SNL acknowledges that more formalized training is a best practice and currently all existing technical inspectors who have been assigned these inspections have received formal training and either have been or are in the process of being certified. With respect to your comments on certification, we note that in the past this has covered a much broader type of inspection regime for a wide variety of facilities (e.g. hotels; office buildings; industrial facilities; and so forth) and is not a legislative requirement. As such, lapse of a certification for otherwise qualified and trained staff does not render them unqualified to perform these duties.

13. The GSCs should ensure that critical deficiencies identified in PCHs are corrected immediately or within the timeframe specified.

Response:
SNL is in the process of reviewing and revising its inspection forms with a view to ensuring greater detail is provided. This will include consideration of a check-list approach as opposed to the current open-ended format, as well as whether terminology such as “critical” or “non-critical” are valid and appropriate definitions for deficiencies. We agree that specific timeframes for correction of deficiencies should be noted by inspectors, as and where necessary, and that best efforts are made to ensure appropriate follow-up is done.

14. The GSCs should provide PCHs with timeframes to correct non-critical deficiencies identified during inspections and ensure that the deficiencies are corrected within the timeframes specified.

Response:
Per our comments with respect to Recommendation #13, we agree with the intent of this recommendation. We agree that specific timeframes for correction of deficiencies should be noted by inspectors, as and where necessary, and that best efforts are made to ensure appropriate follow-up is done.
15. The GSCs should consider reporting the results of inspections of PCHs to the public.

Response:
Inspection reports for individual PCHs are currently available in hard copy to the public upon request to the regional Government Service Centre responsible for each particular facility. The Department is reviewing the feasibility of posting various types of inspection results on-line. Considerations include the technology and costs that would be associated with conversion of inspection forms and/or results to an electronic format suitable for on-line posting.

16. The GSCs should conduct fire and life safety inspections and environmental health inspections at least 60 days prior to the license renewal date and recommend whether PCHs should continue to be licensed as required.

Response:
Service NL will undertake discussions with the Regional Health Authorities and the Department of Health and Community Services to review the rationale and appropriate time frames related to the conduct of the various types of inspections needed for licence renewal. This review will include a process for identification of the types of serious risks to public health or safety or persistent issues with compliance that might warrant non-renewal of a licence. However, as the final decision of whether a facility should continue to be licensed might require a more comprehensive assessment than a single inspection, barring any immediate and serious risks to safety, SNL is of the view that these decisions should be left to the licensing authority, in consultation with SNL as necessary.