

LONG-TERM CARE ACCOMMODATION STANDARDS MONITORING VISIT PREPARATION CHECKLIST

The Monitoring Visit Preparation Checklist is designed to assist operators to prepare for an accommodation standards inspection. The questions are intended to prompt operators to determine what standards are applicable to them and in what areas evidence of compliance will be reviewed. Further information on each standard and the methods and evidence of compliance can be found in Section 9 of the Information Guide.

MINI MONITORING VISITS

For accommodations that have been successful in obtaining a multi-year certificate, mini visits will be completed annually, until the year the certificate expires. The standards that are applicable on a mini visit have been highlighted throughout this checklist. It is at the Licensing Inspectors discretion to review other standards that may be warranted in certain accommodations (ie. new renovations). Any non-compliance found during the completion of a mini visit will result in a full checklist being completed. See Section 8 – Certificates Issued for more details on multi-year certificates.

| STANDARD 1: BUILDING CODE REQUIREMENTS | | |
|--|---|----------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| <i>Has there been a change to the structure or use of (population) the accommodation?</i> | Y | |
| | N | |
| IF YES , proceed to the next question. IF NO , this standard is not applicable. | | |
| Is there evidence of continued compliance with the Alberta Building Code? | Y | |
| | N | |

| STANDARD 2: SAFETY REQUIREMENTS | | |
|--|---|------------------------------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Are the accommodations, buildings and grounds safe and hazard free? | Y | *mini monitoring visit item* |
| | N | |
| Is there evidence of grounds maintenance being completed in all seasons? | Y | *mini monitoring visit item* |
| | N | |

| STANDARD 3: MAINTENANCE REQUIREMENTS | | |
|---|---|------------------------------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Are the accommodations, buildings, grounds, equipment and operator-owned furnishings well maintained? | Y | *mini monitoring visit item* |
| | N | |
| Is there evidence of a preventative maintenance program being followed? | Y | |
| | N | |
| Is there evidence of a corrective maintenance program being followed? | Y | |
| | N | |

| STANDARD 4: ENVIRONMENTAL REQUIREMENTS | | |
|---|---|----------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Is the temperature of the accommodation, where residents are unable to adjust the temperature, maintained at a level that supports the safety of all the residents and the comfort of the majority? | Y | |
| | N | |

| STANDARD 5: PERSONALIZING SPACES | | |
|---|---|----------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Is there evidence of each resident's opportunity to personalize their rooms, and if so, to what extent? | Y | |
| | N | |

| STANDARD 6: WINDOW COVERINGS | | |
|--|---|----------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Are there appropriate window coverings in each area of the accommodation (resident rooms and common areas) provided by the operator? | Y | |
| | N | |

| STANDARD 7: BEDDING | | |
|---|---|----------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Are the bedding, linens and towels maintained in a good condition? | Y | |
| | N | |
| Is there evidence of at least weekly changes of the bedding, linens and towels? | Y | |
| | N | |
| Are there sufficient quantities of bedding, linen and towels for the utilization needs of each resident? | Y | |
| | N | |
| Are as needed changes of the bedding, linens and towels provided or arranged for as per the needs of the residents? | Y | |
| | N | |

| STANDARD 8: PERSONAL LAUNDRY SERVICES | | |
|---|---|----------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Is there a laundry service or facility available for residents to have their personal laundry completed? | Y | |
| | N | |
| Are residents informed of the availability of a service or a space for their personal laundry to be done on site? | Y | |
| | N | |

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| Is a space with laundry equipment provided for residents, their representatives or their service provider's use? | Y | |
| | N | |
| IF YES , proceed to the next question. IF NO , skip the next question. | | |
| Is the space and equipment appropriate, clean and in good repair? | Y | |
| | N | |

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|--|-----|------------------------------|
| STANDARD 9: PERSONAL CHOICE SERVICES | | |
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Is a personal choice service offered on-site to residents? | Y | *mini monitoring visit item* |
| | N | |
| IF YES , proceed to the next 3 questions. IF NO , this standard is not applicable. | | |
| Are the services offered based on the needs and preferences of the residents? | Y | |
| | N | |
| Is the space used for the personal choice service appropriate for its intended use? | Y | |
| | N | |
| Does the personal choice service provider hold the required licence(s) or certificate(s) for the provision of the service? | Y | *mini monitoring visit item* |
| | N | |
| | N/A | |

| STANDARD 10: INSURANCE | | |
|---|---|------------------------------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Does the organization have insurance coverage that includes general liability coverage in respect of bodily harm, personal injury and property damage for an amount not less than \$2 000 000 per occurrence? | Y | |
| | N | |
| <i>Does the organization operate a long-term care accommodation at more than one location?</i> | Y | |
| | N | |
| IF YES , proceed to the next question. IF NO , skip the next question. | | |
| Does the general liability insurance coverage apply in respect of each location separately? | Y | |
| | N | |
| <i>Does the operator hold money or personal property of residents that has a monetary value?</i> | Y | |
| | N | |
| IF YES , proceed to the next question. IF NO , skip the next question. | | |
| Does the organization hold a comprehensive crime insurance policy? | Y | |
| | N | |
| Is a detailed certificate of insurance provided annually to the Director of Accommodation Standards and Licensing? | Y | *mini monitoring visit item* |
| | N | |

| STANDARD 11: CONTRACTED SERVICES | | |
|---|---|----------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| <i>Are there contracts in place for services within the long-term care accommodation?</i> | Y | |
| | N | |
| IF YES , proceed to the next question. IF NO , this standard is not applicable. | | |
| Does the contract include: 1) the nature and scope of the service; 2) who will perform the service; 3) the persons qualifications; 4) requirement for insurance; and 5) a provision for the handling of personal information of the residents? | Y | |
| | N | |

| STANDARD 12: SOCIAL OR LEISURE ACTIVITIES | | |
|---|---|----------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Are social and leisure activities offered to the residents by the operator? | Y | |
| | N | |
| IF YES , proceed to the next 5 questions. IF NO , this standard is not applicable. | | |
| Do the activities provided address the needs and preferences of the residents? | Y | |
| | N | |
| Are the opinions of residents periodically solicited in regards to the social and leisure activities offered? | Y | |
| | N | |
| Are residents' opinions and comments responded to? | Y | |
| | N | |
| Are social and leisure activities communicated to residents in an appropriate manner? | Y | |
| | N | |
| Are employees or service providers sufficiently knowledgeable or educated to deliver social and leisure activities? | Y | |
| | N | |

| STANDARD 13: NUTRITIONAL REQUIREMENTS | | |
|--|---|------------------------------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Are the meals, fluids and snacks palatable, safe and pleasingly presented? | Y | *mini monitoring visit item* |
| | N | |
| Are meals, fluids and snacks served in sufficient quantities for the residents' nutritional and hydration needs to be met? | Y | *mini monitoring visit item* |
| | N | |
| Are the menus and meal times communicated to residents in an appropriate manner? | Y | *mini monitoring visit item* |
| | N | |

| STANDARD 14: MENU REQUIREMENTS | | |
|--|---|------------------------------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Do the menus offer variety and seasonal variation? | Y | |
| | N | |
| Are residents provided with a choice from one food group at every meal? | Y | |
| | N | |
| Do the meals served take into consideration residents' food preferences, religious practices and cultural customs? | Y | |
| | N | |
| Are menu substitutions made from within the same food group and provide similar nutritional value? | Y | *mini monitoring visit item* |
| | N | |
| Are substitutions communicated to residents? | Y | *mini monitoring visit item* |
| | N | |
| Are residents' opinions regarding meals, fluids and snacks collected at least yearly and considered? | Y | |
| | N | |
| Are residents' opinions regarding meal times periodically collected and considered? | Y | |
| | N | |
| Are residents' opinions on meal times responded to? | Y | |
| | N | |

| STANDARD 15: CLEANING REQUIREMENTS | | |
|---|---|------------------------------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Is a clean and comfortable environment provided for residents, employees, volunteers, service providers and visitors? | Y | *mini monitoring visit item* |
| | N | |
| Is the accommodation thoroughly cleaned on a regularly scheduled basis? | Y | |
| | N | |
| Is the level of cleanliness maintained on an as needed basis between regularly scheduled cleanings? | Y | |
| | N | |

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| Are residents' preferences respected in the scheduling of cleaning? | Y | |
| | N | |
| Are written cleaning procedures established and followed? | Y | |
| | N | |
| Are appropriate mechanisms in place to minimize unpleasant odours? | Y | |
| | N | |

| STANDARD 16: CONTINUATION OF SERVICES | | |
|---|---|------------------------------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Are site-specific contingency plans in place to ensure the continuation of necessary accommodation services in the event of loss of utilities, breakdown of equipment, extreme weather and staff disruptions? | Y | |
| | N | |
| Does the emergency plan mitigate the disruption to the residents? | Y | |
| | N | |
| Is the plan communicated and made available to residents, their representatives, employees, visitors, volunteers and service providers? | Y | *mini monitoring visit item* |
| | N | |
| Is the contingency plan practicable? | Y | |
| | N | |
| Is the contingency plan reviewed on an annual basis? | Y | *mini monitoring visit item* |
| | N | |

| STANDARD 17: PREVENTION OF ABUSE | | |
|--|---|----------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Are written processes in place that prevent abuse and identify the process for reporting abuse? | Y | |
| | N | |
| Are employees educated in the identification, reporting and prevention of abuse? | Y | |
| | N | |
| Are residents, their representatives, volunteers and service providers informed regarding the identification, reporting and prevention of abuse? | Y | |
| | N | |

| STANDARD 18: RESIDENT SAFETY AND SECURITY | | |
|--|---|------------------------------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Are residents accounted for on a daily basis? | Y | *mini monitoring visit item* |
| | N | |
| Are monitoring mechanisms and personnel in place on a round-the-clock basis? | Y | *mini monitoring visit item* |
| | N | |
| <i>Does the accommodation have a security system?</i> | Y | *mini monitoring visit item* |
| | N | |
| IF YES , proceed to the next 2 questions. IF NO , skip the next 2 questions. | | |
| Is the security system maintained, inspected and tested as recommended by the manufacturer? | Y | *mini monitoring visit item* |
| | N | |
| Are employees, residents, service providers, and volunteers trained in the use of the system in place? | Y | |
| | N | |

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| <i>Does the accommodation have an emergency call or communication system?</i> | Y | *mini monitoring visit item* |
| | N | |
| IF YES , proceed to the next 3 questions. IF NO , skip the next 3 questions. | | |
| Is the communication or emergency call system suitable for the building and residents it serves? | Y | |
| | N | |
| Is the communication or emergency call system maintained, inspected and tested as recommended by the manufacturer? | Y | *mini monitoring visit item* |
| | N | |
| Are employees, residents, service providers, and volunteers trained in the use of the system in place? | Y | |
| | N | |
| Are critical incidents reported to the Director? (see Information Guide for criteria for reporting) | Y | *mini monitoring visit item* |
| | N | |

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| STANDARD 19: TRUST ACCOUNTS | | |
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| <i>Does the operator hold resident funds for a period longer than 31 days?</i> | Y | |
| | N | |
| IF YES , proceed to the next 4 questions. IF NO , this standard is not applicable. | | |
| Are the funds deposited into a trust account opened and maintained for that purpose? | Y | |
| | N | |
| Are receipts for each transaction provided to the residents or their representatives? | Y | |
| | N | |
| Are easy to understand records with opening and closing balances made available for residents or their representatives free of charge? | Y | |
| | N | |

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| Are the funds returned upon receiving a written request to do so from the resident or the resident's representative? | Y | |
| | N | |

| STANDARD 20: CORPORATE STATUS | | |
|---|---|------------------------------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| <i>Is the organization a company under the Companies Act, a corporation under the Business Corporations Act, a partnership under the Partnerships Act or a Society under the Societies Act?</i> | Y | *mini monitoring visit item* |
| | N | |
| IF YES , proceed to the next question. IF NO , this standard is not applicable. | | |
| Is the organization in good standing under Alberta law? | Y | *mini monitoring visit item* |
| | N | |

| STANDARD 21: WATER TEMPERATURE | | |
|--|---|------------------------------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Is water temperature maintained at a safe level where it flows out of the taps in resident personal use areas? | Y | *mini monitoring visit item* |
| | N | |
| Does training occur with residents and employees on processes related to ensuring safe water temperatures? | Y | |
| | N | |
| Is maintenance and monitoring of hot water heating systems and therapeutic tubs completed? | Y | |
| | N | |
| Are risk mitigation procedures in place to ensure safe water temperatures? | Y | |
| | N | |

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|--|---|------------------------------|
| Are maintenance personnel and employees involved in the water system sufficiently knowledgeable in the operation and function of any gauges, valves or controls? | Y | |
| | N | |
| <i>Does the accommodation have therapeutic tubs?</i> | Y | *mini monitoring visit item* |
| | N | |
| IF YES , proceed to the next question. IF NO , skip the next question. | | |
| Are hot water temperatures flowing into the therapeutic tub prior to the first bath of the day logged on a sheet or book and kept in the tub room? | Y | *mini monitoring visit item* |
| | N | |

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| STANDARD 22: GENERAL INFORMATION | | |
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Is information on relevant community, municipal, provincial and federal programs available for residents and their representatives? | Y | |
| | N | |

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| STANDARD 23: INFORMATION RESPECTING THE LONG-TERM CARE ACCOMMODATION | | |
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Is information (a-j below) available for applicants, residents and their representatives? | Y | |
| | N | |
| a The process of moving in and orientation | Y | |
| | N | |
| b Basic accommodation and service charges on a monthly basis | Y | |
| | N | |
| c Available optional personal choice services and charges | Y | |
| | N | |
| d Cleaning and maintenance schedules | Y | |
| | N | |

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|---|---|-----|--|
| e | Notice period applicable to rate increases | Y | |
| | | N | |
| f | House rules of the accommodation and circumstances that could lead to termination of residency | Y | |
| | | N | |
| g | Information on the measures taken to protect the privacy and personal information of residents | Y | |
| | | N | |
| h | Information respecting trust accounts, if applicable | Y | |
| | | N | |
| | | N/A | |
| i | Information on the results of required inspections to the accommodation | Y | |
| | | N | |
| j | Written process for resolving concerns or complaints | Y | |
| | | N | |
| | Is a residential service agreement signed by each resident or the resident's representative and an authorized representative of the accommodation? | Y | |
| | | N | |
| | Does the agreement include the residential services to be provided, the rates for those services, and notice periods for rate increases and termination of services or tenancy? | Y | |
| | | N | |

| STANDARD 24: CONCERNS AND COMPLAINTS | | |
|--|---|----------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Is a written process for the resolution of concerns and complaints developed and maintained? | Y | |
| | N | |
| Are reported concerns documented as well as the measures taken to resolve them? | Y | |
| | N | |

| STANDARD 25: CERTIFICATE POSTED | | |
|--|---|------------------------------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Is the certificate regarding the long-term care accommodation standards posted in a prominent place in the accommodation to which it pertains? | Y | *mini monitoring visit item* |
| | N | |

| STANDARD 26: CRIMINAL RECORD CHECKS | | |
|---|---|----------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| <i>Has a new employee, volunteer or service provider been retained after March 31, 2007?</i> | Y | |
| | N | |
| IF YES , proceed to the next question. IF NO , this standard is not applicable. | | |
| Is there evidence that a criminal record check was completed and the results were considered for each new employee, volunteer and service provider? | Y | |
| | N | |

| STANDARD 27: PRIVACY AND PERSONAL INFORMATION | | |
|--|---|------------------------------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Is the privacy and personal information of residents protected? | Y | *mini monitoring visit item* |
| | N | |
| Are written policies developed and maintained regarding the protection of residents' privacy and personal information? | Y | |
| | N | |
| Are employees and volunteers trained in implementing these policies? | Y | |
| | N | |
| Are residents and their representatives informed respecting the policies? | Y | |
| | N | |

| STANDARD 28: SAFETY AND SECURITY | | |
|---|---|----------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Are policies and procedures related to the safety and security of residents created, maintained and followed? | Y | |
| | N | |
| Are employees aware and have access to policies and procedures related to the safety and security of residents? | Y | |
| | N | |

| STANDARD 29: JOB DESCRIPTIONS | | |
|---|---|----------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Are written job descriptions prepared and made available for each employee at the accommodation? | Y | |
| | N | |
| Do the job descriptions include the job qualifications, responsibilities of the position and the scope of the position? | Y | |
| | N | |

| STANDARD 30: RESIDENTS' PERSONAL AFFAIRS | | |
|---|---|----------|
| <i>See Information Guide Section 9 for further information.</i> | | |
| | | Comments |
| Are written policies in place regarding the involvement of employees or volunteers in the personal affairs of residents? | Y | |
| | N | |
| Does the policy address the accepting of gifts by employees and volunteers from residents? | Y | |
| | N | |
| Does the policy address the involvement of employees and volunteers in the financial affairs (e.g. wills, estate planning, powers of attorney) of residents? | Y | |
| | N | |

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|--|---|--|
| Does the policy address the involvement of employees and volunteers in the non-financial affairs (e.g. personal directives, guardianship) of residents? | Y | |
| | N | |
| Are these policies provided to residents, their representatives, employees and volunteers? | Y | |
| | N | |