



**Long-Term Care Program Requirements:
Nursing Homes & Residential Care Facilities**

June 2022

**Policy: Long-Term Care Program Requirements:
Nursing Homes & Residential Care Facilities**

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**Program Requirements:
Nursing Homes and Residential Care Facilities
Maintenance & Feedback**

The Nova Scotia Department of Seniors and Long-Term Care (the Department) is responsible for maintaining the Long-Term Care Program Requirements: Nursing Homes and Residential Care Facilities document and for keeping it current and relevant. The Continuing Care Branch undertakes this maintenance role in consultation with long-term care licensees and Nova Scotia Health (NSH).

If you identify any errors in this document, or if you have suggestions for revisions to this or future versions, please complete the form on the following page, providing as much detail as possible, and forward it by mail or fax to the Continuing Care Branch.

**LONG-TERM CARE PROGRAM REQUIREMENTS:
NURSING HOMES & RESIDENTIAL CARE FACILITIES
FEEDBACK FORM**

Submitted by:

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Section: _____	Page: _____

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1.0 INTRODUCTION

The Long-Term Care Program Requirements: Nursing Homes and Residential Care Facilities document, also referred to as program requirements, outlines the Department of Seniors and Long-Term Care's expectations for licensed nursing homes and residential care facilities across Nova Scotia.

The Department is committed to the delivery of safe, high quality, holistic, resident-centred care for Nova Scotians residing in long-term care facilities. Choice, empowerment, autonomy, flexibility, privacy, community linkages and the trend of moving away from the institutional model of care are inherent concepts in these program requirements. This document sets out the fundamental requirements and the requirements for resident care, administration, information management, human resource management, service quality, service continuity, human resource management and physical space.

These program requirements provide a mechanism for internal and external reviews and must be implemented in a manner that reflects the requirements of the Department. Compliance is monitored as part of the licensing process and ensures that homes operate within the established criteria and are committed to continuous quality improvement. The Department has authority under the *Homes for Special Care Act* to enter and inspect nursing homes and residential care facilities in Nova Scotia.

Aligned with the *Homes for Special Care Act (HSCA) and Regulations*, these program requirements ensure that program content is consistent with other relevant legislation including, but not limited to, the *Protection for Persons in Care Act (PPCA)*, the *Personal Health Information Act (PHIA)* and the *Personal Directives Act (PDA)*.

This document replaces all previous Long-Term Care Program Requirements, including the 2007 Long-Term Care Program Requirements developed in association with the 2007 Request for Proposal (RFP), and reflects the minimum acceptable standards for nursing homes and residential care facilities licensed by the Department in Nova Scotia. Unless otherwise noted, all nursing homes and residential care facilities that are licensed by the Department of must meet the stated program requirements. In the event of a current or future discrepancy between these program requirements and legislation, the more stringent requirements shall apply.

2.0 VISION FOR CONTINUING CARE IN NOVA SCOTIA

Living well in a place you can call home

3.0 LONG-TERM CARE PRINCIPLES

The Long-Term Care Program Requirements: Nursing Homes and Residential Care Facilities document is guided by the principles listed below:

Resident and Family Focused:

1. Residents' privacy is respected and their health information is protected.
2. Residents maintain choice and self-determination even as their need for support increases.
3. Activities and services are designed to maximize residents' abilities.
4. Flexible scheduling of activities of daily living is supported.
5. Residents and families are encouraged to be partners in care.
6. A holistic approach to resident-centred care that addresses physical, social, cultural, mental and spiritual well-being is supported.
7. Opportunities for meaningful relationships, interactions and companionship with residents, family, staff members and the community are provided.
8. A clean, accessible, comfortable and secure homelike environment is provided for residents and their families.

Staff focused:

9. A supportive, safe and efficient workplace is provided for staff.
10. Occupational and organizational health, well-being and safety of staff members are supported.
11. Innovative models of care are encouraged through a resident-centred approach to care.

4.0 GLOSSARY

The following definitions apply to the *Long-Term Care Program Requirements: Nursing Homes and Residential Care Facilities*:

Abuse: Any of the following (as defined by the *Protection for Persons in Care Regulations, Section 3(1)*):

- a) the use of physical force resulting in pain, discomfort or injury, including slapping, hitting, beating, burning, rough handling, tying up or binding;
- b) mistreatment causing emotional harm, including threatening, intimidating, humiliating, harassing, coercing or restricting from appropriate social contact;
- c) the administration, withholding or prescribing of medication for inappropriate purposes;
- d) sexual contact, activity or behaviour between a service provider and a patient or resident;
- e) non-consensual sexual contact, activity or behaviour between patients or residents;
- f) the misappropriation or improper or illegal conversion of money or other valuable possessions; and
- g) failure to provide adequate nutrition, care, medical attention or necessities of life without valid consent.

Acute Home Care: Home care services provided to a resident with a need for time limited intervention with a goal of improving a medical or post-surgical condition.

Adverse Event: An unexpected and undesired incident directly associated with the care or services provided to the resident or the environment in which the care is provided.

Aesthetic Integrity: No visible soiling, staining, discolouration or physical damage.

Assessment: A process for collecting and interpreting information obtained through various reliable sources for the purposes of determining residents' abilities, needs and potential for maintaining or improving their health.

Authorized Designates: Persons to whom the licensee shall communicate, as the case may be, on behalf of residents who do not have capacity, such as:

- a) a person to whom the resident has given authorization, under the *Medical Consent Act*, to give consent or directions respecting medical treatment;
- b) a guardian, under the *Incompetent Persons Act*, authorized to manage financial matters;
- c) a delegate or statutory decision-maker, under the *Personal Directives Act*, with authority to make personal care decisions; and/or

- d) an attorney, under the *Powers of Attorney Act*, authorized to manage financial matters; and/or
- e) a representative, under the *Adult Capacity and Decision-Making Act*, with authority to make decisions on behalf of a resident.

Business Continuity Plan: Arrangements and procedures that enable an organization to respond to a significant event that affects normal operations and to return to normal operational functions after the interruption.

Complaint: Expression of concern or dissatisfaction to or about the home, either verbally or in writing.

Compromised Functionality: Reduced working order or not fully functional.

Confidential: Information that shall be safeguarded from disclosure and that has defined parameters for distribution.

Consent: Voluntary and informed agreement by a resident, who is competent and understands the information and appreciates its implications, or the resident's authorized designate.

Corrective Action: The plan that is developed, implemented and evaluated in response to an identified issue of concern in order to mitigate risk.

Credential: The issuance by an authority of documentation to attest to the individual's possession of the requisites for a specific designation.

Critical Incident: A serious event, affecting either the resident, staff or the public.

Department: The Department of Seniors and Long-Term Care

Disclosure of Adverse Event: The imparting of information from the licensee to residents, or their authorized designates, regarding any adverse event affecting the resident.

Emergency Power System: An electrical generator, its switchgear, fuel system and, in some cases, its own storage building.

Environmental Services: Housekeeping and laundry functions.

Ethics: Moral principles and values.

Evaluation: The measurement of the degree of achievement toward the desired outcome.

Evidence-based Decision-making: The process of making decisions based on a theoretical body of knowledge and using the best available scientific evidence.

Family Council: A forum for families to have a voice in decisions that affect them and their loved ones and to improve the quality of residents' lives.

Functional Integrity: Able to perform and performing as originally intended.

Holistic: Emphasizing the importance of the whole person and the interdependence of body systems.

Home: A Nursing Home, Home for the Aged or Residential Care Facility that is licensed by the Department of Seniors and Long-Term Care under the *Homes for Special Care Act*.

Homelike: A warm and inviting space which residents and/or family members are encouraged to personalize.

Incident: Any occurrence, including a near-miss situation, which has the potential to cause personal injury, disease or death, or property damage.

Incident Report: A document which records an incident, its investigation, a root cause analysis and the corrective action taken by the licensee.

Indicator: A performance measurement tool used to identify specific data that has significance.

Information Management: The means by which an organization efficiently plans, collects, organizes, uses, disseminates, and disposes of its information and through which it ensures that the value of that information is identified and exploited to its fullest extent.

Interdisciplinary Assessment: Team members from a variety of disciplines work together with the resident and/or authorized designates and family members to complete a comprehensive resident assessment.

Interdisciplinary Care Conference: A team meeting that includes the care staff, resident and/or authorized designate and family, and focuses on the resident for the purpose of communication, planning, coordination and evaluation of the resident's care.

Interdisciplinary Team: Team members from a variety of disciplines, the resident and/or authorized designate and family members who participate in the assessment, planning, implementation and evaluation of a resident's care.

Intergenerational Programs: Recreational programs that focus on the sharing of experiences between different age groups.

Leading Practice: Processes, systems or methods that have been shown to produce superior results.

Licensee: The owner/operator, administrator, board of directors or service provider to whom a license has been issued by the Department of Seniors and Long-Term Care to operate a nursing home or residential care facility in Nova Scotia.

Mission: A clearly written statement of the home's purpose that focuses the direction and character of its programs and services encompassing a statement of philosophy.

Nursing Home: A building or place or part of a building or place, including Homes for the Aged, in which accommodation and skilled nursing care are provided to residents in

accordance with the *Homes for Special Care Act, Section 2(1) (j)*. **Nursing Care:** The use of methods, procedures and techniques employed in providing nursing care by persons with technical nursing training beyond the care that an untrained person can adequately administer.

Outbreak: An increase in the number of cases of disease or infection above the number normally occurring in the home over a defined period of time. Outbreak definitions may be more specific based on the microorganism/illness.

Outcome: The desired end result of the purpose or objective that shall be achieved.

Palliative Care: Care that improves the quality of life of patients/families facing life threatening illness, through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other problems (physical, psychological and spiritual). It includes end-of-life care for those who are dying and a palliative approach to care for those with advanced illness or at increased risk of dying.

Partners in Care: Mutually beneficial partnership among the resident, their authorized designate, family and care providers supporting respectful relationships and active engagement of all in planning, developing and accessing care.

Personal Care: The provision of supervision and assistance with activities of daily living for a person who is ambulatory or semi-ambulatory in accordance with the *Homes for Special Care Act, Section 2(1)(k)*, including, but not limited to, health care, nutrition, hydration, shelter, residence, clothing, hygiene, safety, comfort, recreation, social activities, and support services.

Personal Directive: The document that:

- a) sets out instructions or an expression of the maker's values, beliefs and wishes about future personal-care decisions to be made on his or her behalf; and
- b) authorizes one or more persons who, except in the case of a minor spouse, is or are of the age of majority to act as delegate to make, on the maker's behalf, decisions concerning the maker's personal care, as defined in the *Personal Directive Act, Section 3(1)*.

Plan of Care: The documented actions that the interdisciplinary team shall undertake to meet the identified needs, goals and preferences of the resident. The plan's rationale, goals, benefits, and expected outcomes are based on the assessment, planning, implementation and evaluation process.

Point of care: The place where the resident, care staff and care procedure come together.

Point of Care Risk Assessment (for infection, prevention and control): An activity whereby:

- a) the likelihood of exposure to an infectious agent is evaluated for a specific interaction, with a specific resident, in a specific environment (e.g., single room, hallway), under available conditions (e.g., no designated handwashing sink); and
- b) the appropriate actions/personal protective equipment needed to minimize the risk of exposure, for the specific resident, other residents in the environment, staff, visitors, contractors, etc, are utilized.

Policy: A written statement that reflects leading practices and identifies and interprets a position on a given issue, providing direction, limits, responsibility, accountability and expectations.

Preventive Maintenance Program: Maintaining equipment and facilities in satisfactory operating condition by providing for systematic inspection, detection and correction of incipient failures either before they occur or before they become major defects.

Privacy: Free from undue intrusion; the right of individuals to control or influence what information related to them may be collected and stored and by whom and to whom that information may be disclosed.

Procedure: A written set of instructions conveying the approved and recommended steps for an action or sequence of actions.

Program Requirement: The established standard with which a licensee must be in compliance in order to be licensed by the Department of Seniors and Long-Term Care as a nursing home or a residential care facility.

Qualified: Possesses the capabilities, competencies, skills and experience necessary to successfully operate within the scope of his/her position.

Quality Improvement: The efforts taken to improve the level of performance of a process through measurement of the current level of performance, identifying ways to improve that performance, and the implementation of new and promising practices.

Resident: A person who lives in a home licensed by the Department of Seniors and Long-Term Care.

Resident-Centred: An approach in which residents are viewed as whole persons; it is not merely about delivering services where the resident is located. Resident-centred care involves advocacy, empowerment, and respecting the resident's autonomy, voice, self-determination and participation in decision-making.

Resident Council: A forum for residents and/or authorized designates to have a voice in decisions that affect the residents and to improve the residents' quality of life in the home.

Residential Care Facility: A building or place, or part of a building or place, where supervisory or personal care is provided to three or more persons.

Resident Values: A written set of value statements that govern and guide resident and staff relationships.

Responsive Behaviours: Actions, words or gestures of people with dementia utilized as a means of communicating unmet need(s) and/or something important in their personal, social or physical environment (e.g. wandering, restlessness, agitation, physical resistance) which may cause distress and/or risk for the person, other residents, family members, visitors and/or staff.

Restraint: Anything that is intentionally used to limit the movement or behaviour of a resident and over which the resident has no control. Restraints may be physical, environmental or chemical. A resident is restrained if he or she cannot remove a physical device, leave a specific area, or refuse a chemical restraint.

Risk: Potential for harm.

Risk Management: A system for the detection, evaluation, prevention and mitigation of risks.

Safety Alerts: Hazards, alerts, recall notifications or warning notices that document faults or defects of products and may include recommendations on what corrective action(s) should be taken to reduce the possibility of injury.

Substitute Decision Maker (SDM): The delegate or statutory decision-maker with the legal authority to make personal care decisions on behalf of an individual who lacks capacity to make health care decisions pursuant to the *Personal Directives Act*.

Supervisory Care: The provision of room, board and (i) guidance or supervision in the activities of daily living, or (ii) observation or surveillance of the physical well-being of a person who is ambulatory or semi-ambulatory.

Surface Integrity: The surface material is continuous and sound.

Values: A fundamental set of beliefs that clearly communicate the vision and how the licensee will operate on a day-to-day basis.

Vision: A clear visualization of a future for which the licensee strives and which guides all of the home's activities.

Wound: An injury to the body that typically involves laceration or breaking of a membrane, (such as the skin), and usually damage to underlying tissues (Merriam-Webster Dictionary). Includes pressure injuries.

5.0 FUNDAMENTAL REQUIREMENTS

5.1 Resident Respect, Dignity and Right to Privacy

Outcome:

Residents are respected and their dignity and right to privacy are preserved.

The licensee shall ensure:

1. A privacy and confidentiality policy and procedures, that reflect the Long-Term Care Principles and align with legislation, are developed and implemented.
2. Residents are treated with respect and dignity at all times, including during:
 - a) personal care activities;
 - b) consultation with and examination by professional staff;
 - c) intimacy; and
 - d) social contacts with families and friends.
3. Residents' privacy is protected to the extent possible.
4. There is a statement of values posted in common areas and residents are provided with a copy upon admission to the home.
5. Residents receive services that support inclusiveness and respect both diversity and cultural differences.
6. Staff members receive information regarding the home's values, respect, dignity and protection of privacy upon hire and as part of their ongoing professional development.
7. Residents have their own clothing, which are appropriate, correct in size, clean and neat, in good repair and suitable for the climate.
8. Staff members address residents using residents' preferred names.
9. Residents, or their authorized designates, receive mail unopened.

5.2 Resident Choice

Outcome:

Residents exercise choice and have control over their lives.

The licensee shall ensure:

1. The culture of the home, through its mission, statement of values, philosophy and provision of care, maximizes the ability of residents to exercise personal autonomy and choice.

2. Staff members support residents and/or authorized designates in making informed decisions.
3. Residents' informed decisions are respected including their decisions regarding personal directives and sharing of their information.
4. Residents' right to choose is reflected in the development and implementation of their individualized plan of care.
5. Residents or their authorized designates decide the extent to which family members, friends and others are involved in their care, including end of life care.
6. Residents are able to express religious, spiritual, sexual and cultural beliefs and practices.
7. Residents are encouraged to personalize their bedrooms with their personal possessions in a manner that is safe and practical.
8. Residents and/or their authorized designates manage their financial affairs.

5.3 Family and Community Relationships

Outcome:

Residents maintain relationships with family, friends and the local community as they choose.

The licensee shall ensure:

1. Upon admission, residents and/or their authorized designates receive written information about the home's philosophy on supporting and encouraging resident involvement with family, friends and the community.
2. All residents or authorized designates provide an emergency contact.
3. There is no restriction on visitors except:
 - a) when requested by the residents or their authorized designates;
 - b) when a visitor is deemed by the licensee to pose a security risk or to negatively impact other residents or the operations of the home;
 - c) where there is a Protective Intervention Order pursuant to the *Adult Protection Act* in place; or
 - d) as necessary during an outbreak of infection.

6.0 RESIDENT CARE

6.1 Assessments

Outcome:

Residents' individual needs are identified through appropriate, relevant assessments.

The licensee shall ensure:

1. Policies and procedures that reflect leading practices regarding assessments are developed and followed.
2. Ongoing assessments are completed in order to identify the unmet changing needs of the residents.
3. Results of assessments are documented on the resident record, are communicated appropriately to staff and become the basis for the resident plan of care.
4. Residents and/or authorized designates are advised of alternative care options when residents' needs can no longer be met by the home.

Additional Requirements for Nursing Homes

The licensee shall ensure:

5. InterRAI Long-term Care Facilities (LTCF) Assessment is used, at a minimum, to describe the performance and capacity of the resident in a variety of domains of function, cognition, spiritual and physical health, social support, and service use.
 - a) The interRAI Long-term Care Facilities (LTCF) assessment tool will form the basis for care planning.
 - b) Routine InterRAI LTCF Assessments are completed quarterly.
 - c) Data collection for the initial InterRAI LTCF Assessment will be initiated upon admission to the home and completed within two weeks.
6. Residents have a skin integrity assessment completed within 24 hours of admission to the home, and on an ongoing basis in accordance with the residents' individual needs.
7. Residents have a lift and transfer assessment completed within 24 hours of admission to the home, and on an ongoing basis in accordance with the residents' individual needs.
8. Residents have a falls risk assessment completed within 2 weeks of admission to the home, and on an ongoing basis in accordance with the residents' individual needs.

9. Additional interdisciplinary assessments (including but not limited to Physiotherapy, Dietitian and Recreation) should be completed within two weeks following admission to the home, and on an ongoing basis in accordance with the residents' individual needs.
10. When residents are exhibiting responsive behaviours, the interdisciplinary team assesses the residents to determine the underlying causes of the behaviour, identifies the type and level of risk, and develops, communicates and evaluates the plan of care and outcomes in accordance with section 6.3, Individual Plan of Care.

Additional Requirements for Residential Care Facilities

The licensee shall ensure:

11. Collection of residents' current information, regarding functional abilities, risks, cognition, diet, oral health, pain and discomfort, falls, and recreation, is initiated upon admission to the home and completed within two weeks.
12. Collection of residents' current information regarding skin integrity is completed within 24 hours of admission to the home, and on an ongoing basis in accordance with the residents' individual needs.

6.2 Health Services

Outcome:

The best possible resident health outcomes are achieved by meeting residents' assessed health care needs.

The licensee shall ensure:

1. Ethical, informed decision-making, staff-resident collaboration and staff teamwork are supported to enhance residents' long-term care experiences.
2. Relationship building between and among residents, authorized designates, families and staff is encouraged.
3. Residents, authorized designates and families are supported in their care partner roles.
4. Staff members get to know the residents so they can better understand their unique needs, preferences and personal histories.
5. Staff members make decisions based on knowledge of the residents' needs and they work cooperatively to meet their needs.
6. Residents receive advocacy and support according to their needs, as appropriate.
7. Residents receive assistance and support with activities of daily living, as required,

having regard for their plan of care.

8. Residents' health status is monitored daily and there is a system in place to recognize indicators of residents' changing needs and to respond accordingly.
9. Interventions are in accordance with resident goals of care, clinical guidelines, leading practices and the professional regulatory/licensing bodies.
10. Residents' access to specialized health care services is facilitated, according to their individualized care needs, e.g., acute home care, palliative care, wound care and mental health.
11. Resident care protocols, based on current leading practices, are developed, implemented, monitored and regularly evaluated with particular emphasis on responsive behaviours, skin integrity, poly-pharmacy, pain, wound management, infection control, nutrition and daily mouth care.
12. Residents are under the care of qualified medical practitioners of their choice who agree to provide services in the home.
13. The home has a physician medical advisor.
14. Pharmaceutical services are provided to ensure the medication needs of residents are met.

Additional Requirements for Nursing Homes

The licensee shall ensure:

15. An interdisciplinary pharmacy committee, consisting of at least the Administrator of the Home, Medical Advisor, Pharmacist, Director of Resident Care and Clinical Dietitian, meets a minimum of every six months.
16. A stand-alone Wound Care Committee is implemented, or wound care issues/practices are included as a standing agenda item on another appropriate committee (i.e. Quality Committee). The committee shall be interdisciplinary ensuring that wound prevention and management is regularly reviewed and revised to reflect leading practices and provincial direction and identify trends for quality improvement.

6.3 Individual Plan of Care

Outcome:

Each resident's abilities and preferences are maximized through the individualized plan of care.

The licensee shall ensure:

1. Policies and procedures related to resident care planning are developed and followed.

2. An interdisciplinary care conference, that includes the resident and/or authorized designate and the family members approved by the resident, is conducted within six weeks of admission to the home and annually thereafter, or more frequently as the resident's individual needs require.
3. The care conference results in a mutually agreeable, documented plan of care.
4. Each resident has a plan of care which:
 - a) includes the plan's rationale, measurable and achievable goals, benefits, expected outcomes, detailed actions that the interdisciplinary team shall undertake to meet the resident's identified needs and time frames for evaluation;
 - b) is reviewed by staff on a quarterly basis, or more frequently as required, and is updated to reflect the resident's changing needs and interventions; and
 - c) is communicated to the resident and/or authorized designate and all those involved in the resident's care.
5. Interventions, outcomes and resident progress are regularly evaluated and the plan of care is modified as needed and documented on the resident record.
6. Staff members document timely, clear, objective and complete information on the resident record.
7. Each resident has an opportunity to complete or provide a personal directive which includes identifying a substitute decision maker. If completed, the personal directive will be placed on the resident record. Otherwise, it is documented on the record that a personal directive was discussed with the resident.
8. For residents who do not have capacity, their authorized designates are advised as soon as possible of changes in the residents' health status.
9. Residents and/or authorized designates are encouraged to have funeral arrangements completed and communicated to the licensee.

Additional Requirements for Nursing Homes

The licensee shall ensure

10. Each resident's plan of care is based on the risks and needs identified in the interdisciplinary assessments referenced in section 6.1, Additional Requirements for Nursing Homes, and the resident's choice.

Additional Requirements for Residential Care Facilities

11. Each resident's plan of care is based on the needs identified through the collection of resident information, referenced in section 6.1, Additional Requirements for Residential Care Facilities.

6.4 Resident-Centred Care

Outcome:

Residents' quality of life and well-being are enhanced through the provision of resident-centred care.

The licensee shall ensure:

1. Resident-centred care, which recognizes the value of providing a safe, homelike environment with an emphasis on meeting the physical, health, cultural, spiritual, social, mental and emotional needs of residents, is provided for all residents.
2. Every effort is made to support residents in maximizing their independence, capabilities and freedom of choice to the extent of their abilities.
3. Staff members work with the residents and/or authorized designates as a team to determine what works best for the residents.
4. Team members learn collaborative problem solving and share responsibility, as well as accountability, for resident outcomes.
5. Resident-centred care:
 - a) supports residents, their authorized designates and families to be partners in care by promoting choice, empowerment, autonomy and independence in everyday life;
 - b) provides a clear statement of role expectations where team work is emphasized;
 - c) encourages decision-making by residents and/or their authorized designates and staff members who work closely with the residents;
 - d) enables flexible scheduling of activities of daily living to meet residents' preferences whenever possible;
 - e) supports innovative approaches to care delivery; and
 - f) enables staff to consistently work with the same residents, when in the residents' best interests.

6.5 Nutrition

Outcome:

Residents' nutritional requirements are met through a balanced diet. Their individual needs are accommodated and their preferences are obliged, whenever possible.

The licensee shall ensure:

1. Policies and procedures regarding food services, that reflect leading practices in public health, safe food production and professional standards, are developed and followed. This includes receiving, storage, production and delivery of meals, snacks and supplements and appropriate safety measures to guide visitors who bring in food for residents.
2. The following processes are developed and followed:
 - a) identification and communication of residents' food allergies, preferences, therapeutic diets, food textures, supplements and food contraindications;
 - b) provision of food and beverages for mealtimes and snacks at safe, comfortable and palatable temperatures according to residents' individual needs;
 - c) labeling of food in refrigerators and discarding of expired food;
 - d) tracking and monitoring intake of meals, supplements and fluids as required;
 - e) documenting and monitoring residents' weights; and
 - f) receiving input from residents and/or authorized designates and families regarding the menu.
3. Menus are balanced according to Canada's Food Guide and provide flexibility to meet nutrition guidelines and interventions as identified for residents' specific needs and preferences.
4. Menus follow a rotation that is not less than 4 weeks. Menus are posted and any changes are documented and align with the dietician's recommendations.
5. Planned menus offer choices/alternatives based on residents' needs, including entrees, vegetables, desserts and beverages, for regular and therapeutic meals and texture modified diets. Seasonal items are incorporated into the menu.
6. A minimum of three meals and two snacks, one of which is an evening snack, are provided at appropriate intervals throughout the day. Snacks include both food and fluids with options for residents with therapeutic and texture modified diets.
7. The meal system provides some flexibility to offer meals/snacks/fluids throughout the day.
8. Meals are served in accordance with leading practices and residents' preferences with no more than 15 hours between suppers and breakfasts unless otherwise documented. Meals are served based on the wishes and needs of the majority of residents.
9. Supervision and assistance are provided during meals, snacks and other food related activities as necessary.

10. There is a staff member on duty in the dining area, during meals, snacks and other food related activities (including on-site and off-site activities), who has current training on the maneuver for clearing the airway of a person who is choking.
11. Relevant staff members are educated on safe food practices in accordance with current legislation.
12. Assistive devices and eating aids are provided for residents who require them to eat/drink safely.
13. Residents are encouraged to eat in the dining room. Alternate arrangements based on residents' needs may be made, provided there is adequate supervision.
14. Mealtimes provide a positive, relaxed and quality dining experience that stimulates the senses, appetite and conversation. Every effort is made to limit noise and interruptions.
15. The dining environment promotes residents' enjoyment, safety, comfort, independence and dignity, allowing them to socialize and to eat at a pace that suits them. There are ongoing opportunities to evaluate and improve the dining experience for the residents.
16. A written hydration therapy program is implemented and maintained.
17. A Vitamin D supplementation program is in place in accordance with the Department's guidelines.

Additional Requirements for Nursing Homes

The licensee shall ensure:

18. Diets are provided according to residents' needs, following assessments by the dietitian, with consideration for residents' likes and dislikes, religious beliefs, culture and abilities.
19. Menus are reviewed, approved and dated by a registered dietitian at least twice per year.

Additional Requirements for Residential Care Facilities

The licensee shall ensure:

20. Diets are provided according to the residents' needs, with consideration for residents' likes and dislikes, religious beliefs, culture and abilities.
21. Menus are reviewed, approved and dated by a registered dietitian at least once per year.

6.6 Oral Health

Outcome:

Residents' oral health is optimized through an effective mouth care regime.

The licensee shall ensure:

1. An oral health assessment is initiated on admission and completed by staff within two weeks.
2. Any risks relating to oral status (such as pain, swelling, bleeding, broken or decayed teeth, debris and food particles) are documented on admission and monitored regularly by staff in order to initiate appropriate referrals to dental professionals, when required and desired by the resident or authorized designate, and to inform daily mouth care planning.
3. Each resident has a daily mouth care plan that includes appropriate hygiene techniques and products to maintain oral cleanliness of natural teeth and/or dentures.

6.7 Recreation

Outcome:

Residents' range of leisure programming reflects their expectations and preferences and satisfies their physical, social, cultural, spiritual, emotional, mental and recreational interests and needs.

The licensee shall ensure:

1. Policies and procedures for recreational programming are developed and followed.
2. A recreational program is developed and implemented that:
 - a) allows members of the care team to assist and support the continuous development of programs for the changing needs of the residents;
 - b) is in keeping with the residents' needs, preferences, abilities and strengths;
 - c) is flexible, innovative and varied to respond to the residents' leisure needs and interests; and
 - d) is planned, with input from residents and/or authorized designates and family councils, a minimum of one month in advance.
3. A monthly schedule is posted in common and resident areas. Any changes are documented and posted for residents and authorized designates to view.
4. Residents are supported in participating in meaningful activities.
5. Residents' participation records of individual and group programs are maintained for planned activities.
6. Community affiliations and intergenerational programs are encouraged, nurtured and facilitated.

6.8 Palliative and End of Life Care

Outcome:

Residents' dignity is preserved and their physical, emotional, cultural and spiritual needs are met.

The licensee shall ensure:

1. A policy and procedures regarding end of life care are documented and followed.
2. Residents and/or authorized designates are engaged in planning for residents' end of life care.
3. Upon admission, and as needed, there is evidence of discussion with residents and/or authorized designates about options for end of life care including options for the degree of medical intervention.
4. Residents'/authorized designates' goals of care and choices are documented accordingly on the plan of care and/or personal directive, if completed, and are placed on the resident record and followed.
5. Residents' personal directives, if completed, are reviewed annually with the residents and/or authorized designates or more frequently if required to ensure their care preferences and wishes are clearly understood.
6. Residents' religious and cultural practices concerning end of life care are recorded in the resident records and are followed.
7. There are procedures in place to direct staff in the event of an expected death or an unexpected death.

7.0 ADMINISTRATION

7.1 Management of the Home

Outcome:

Residents live in a home that promotes their quality of life through the effective and efficient management of the home.

The licensee shall ensure:

1. There is a designated administrator responsible for the overall management of the home.
2. On-site administrative authority is delegated to an appropriate individual when the administrator is absent.
3. The operation of the home is in compliance with the following:
 - a) all applicable legislation, including but not limited to:
 - the *Homes for Special Care Act (HSCA)* and *Regulations*;
 - the *Protection for Persons in Care Act (PPCA)*;
 - the *Personal Directives Act (PDA)*;
 - the *Personal Health Information Act (PHIA)*;
 - the *Occupational Health and Safety Act*; and
 - the *Smoke-free Places Act*
 - b) Department of Seniors and Long-Term Care, Long-Term Care Program Requirements: Nursing Homes and Residential Care Facilities and any other relevant provincial policies, standards and requirements.
4. A statement of the home's mission, vision, values and philosophy of care is developed; staff are knowledgeable about them and demonstrate them through their actions.
5. The policies listed in Appendix A and accompanying procedures, and any other policies and procedures deemed necessary by the licensee, are developed, documented and implemented.
6. The policies and procedures are maintained and easily accessed by staff. They are reviewed regularly with staff to ensure they are knowledgeable about them and demonstrate them through their actions.
7. The home's policies are reviewed a minimum of every three years, or more frequently as required to ensure they are current, and they are revised as needed.
8. A policy for the collection and management of resident funds is developed and implemented.

9. A policy for receiving, investigating and resolving complaints is developed and implemented.
10. On admission, residents and/or authorized designates are provided with the following:
 - a) written information regarding the complaint process;
 - b) written information about the services provided by the home; and
 - c) a list of the home's policies, relevant to residents and families, and copies are provided upon request.
11. Residents and/or authorized designates are kept informed of operational issues that may impact residents' care or well-being.
12. Required inspections of the home and equipment are completed and documentation is maintained to demonstrate compliance with requirements. These include, but are not limited to, manufacturer requirements, safety requirements, sprinkler systems, water testing, fire alarms and fuel systems.

7.2 Resident Councils

Outcome:

Residents and/or authorized designates are provided with regular opportunities to meet with management to discuss issues relating to residents' care and well-being and the safety and security of the home.

The licensee shall ensure:

1. The home has a resident council that has a documented Purpose and Terms of Reference.
2. Policies and procedures regarding the establishment of a functioning resident council are developed and followed. This includes a process for managing the funds raised through council activities.
3. Resident council meetings are held monthly. Residents and/or authorized designates are notified of meetings in advance and are encouraged to participate.
4. The administrator attends resident council meetings a minimum of quarterly.
5. Residents chair the resident council meetings whenever possible.
6. Minutes of resident council meetings are maintained and include resolution or action on identified concerns or issues. Minutes are available and easily accessible for viewing by residents.

7.3 Family Councils

Outcome:

Family members are provided with regular opportunities to meet with management to discuss issues relating to the care and well-being of residents and the safety and security of the home.

Requirements for Nursing Homes

The licensee shall ensure:

1. The nursing home has a family council that works together in partnership with the resident council. The family council has a documented Purpose and Terms of Reference.
2. Policies and procedures regarding the establishment of a functioning family council are developed and followed. This includes a process for managing the funds raised through family council activities.
3. Family council meetings are held a minimum of twice annually. Family members are notified of meetings in advance and are encouraged to participate.
4. The administrator attends a minimum of two family council meetings per year.
5. Family members chair the family council meetings whenever possible.
6. Minutes of family council meetings are maintained and include resolution or action on identified concerns or issues. Minutes are available and easily accessible for viewing.

7.4 Management and Staff Meetings

Outcome:

Management and staff are kept informed of operational issues that may impact the care of residents, the well-being of residents and staff and the safety and security of the home.

The licensee shall ensure:

1. Policies and procedures describing the roles and responsibilities of formalized management and staff meetings are documented and followed.
2. Minutes of management and staff meetings are maintained and include resolution or action on identified concerns or issues. Staff meeting minutes are available and easily accessed by staff.
3. Management and staff meetings are held a minimum of quarterly.

7.5 Inspections

Outcome:

Risk is mitigated through regular inspections by all applicable authorities having jurisdiction and through the licensee's compliance with the minimum requirements of those authorities.

The licensee shall ensure:

1. Compliance with all applicable government inspection processes, policies, standards, requirements and service agreements, including but not limited to, the following authorities:
 - a) Department of Health and Wellness;
 - b) Department of Seniors and Long-Term Care;
 - c) Department of Labour and Advanced Education, including Occupational Health and Safety (OHS);
 - d) Nova Scotia Environment;
 - e) Office of the Fire Marshal (OFM); and
 - f) Workers' Compensation Board of Nova Scotia.
2. A valid and current Homes for Special Care license to operate is posted in a conspicuous location in the home.
3. A current Food Establishment permit is posted, if required by legislation.
4. Homes with 12 beds or more are inspected by a Nova Scotia Government Food Safety Specialist a minimum of annually.
5. The home is inspected by the Fire Marshal on a regular basis, in accordance with the requirements of the Office of the Fire Marshal.
6. Inspection reports, recommendations and requirements from legislated authorities having jurisdiction are retained. Compliance with recommendations and requirements is achieved and evidenced by appropriate documentation.

8.0 SERVICE QUALITY

8.1 Quality Management

Outcome:

The home's commitment to continuous quality improvement is evidenced by the provision of integrated, comprehensive quality resident care and services that demonstrate leading practices.

The licensee shall ensure:

1. Quality improvement policies and procedures for continuous quality improvement of resident care are developed and followed.
2. Management and staff use research-based, evidence-informed approaches to care and service delivery, which are based on leading practices.
3. Policies are consistent with professionally recognized standards of practice for health care professionals employed in the home.
4. Resident and family satisfaction surveys are conducted a minimum of annually.
5. A process is in place to review the results of the satisfaction surveys and to develop and implement appropriate changes.
6. The results of the satisfaction survey are summarized, with resident/authorized designate/family identifiers removed, and are available and easily accessible for viewing.
7. Key performance indicators are identified based on strategic health system objectives and health priorities and include, but are not limited to:
 - a) service utilization and access;
 - b) quality, safe care;
 - c) appropriateness of care, clinical characteristics, resident outcomes;
 - d) resident satisfaction;
 - e) financial;
 - f) efficiency, productivity; and
 - g) sustainability.

8.2 Risk Management

Outcome:

Systems and processes are in place to minimize risk to residents, staff, volunteers, visitors and the home.

The licensee shall ensure:

1. Policies and procedures that minimize risk to residents, staff, volunteers, visitors and the home are developed and followed. These include but are not limited to:
 - a) A risk management policy which includes the assessment, identification and management of risk, is developed, implemented and evaluated;
 - b) A critical incident reporting policy and procedures that direct staff in the event of a critical incident;
 - c) A disclosure of adverse events policy and procedures that direct staff in the event of an adverse event;
 - d) A smoking policy and procedures that address smoking by residents, staff, volunteers and visitors;
 - e) A safer needles in the workplace policy and procedures for the safe management, handling, administration and disposal of needles in the home. The policy and procedures shall be in compliance with the Safer Needles in the Healthcare Workplaces Act;
 - f) A safety alerts policy and procedures that includes information management, follow up actions and risk mitigation;
 - g) A water temperature monitoring policy and procedures to ensure temperatures are in accordance with the appropriate Canadian Standards Association (CSA) standards;
 - h) An extremes of internal temperature policy and procedures to ensure internal temperatures are at acceptable levels; and
 - i) A disclosure of wrongdoing policy and procedures regarding disclosing, reviewing, investigating and tracking concerns about wrongdoing.
 - j) A wound management policy that aligns with these program requirements and the Department's Wound Management Policy for Nursing Homes and Residential Care Facilities.
2. Risk management programs that minimize risk to residents are developed, implemented and evaluated. These include but are not limited to:

- a) An immunization program that provides safe administration of vaccines, such as influenza, to interested residents and staff; and
 - b) A falls prevention program is developed and implemented.
3. Risk management processes that minimize risk to residents and staff are implemented. These include but are not limited to:
- a) A resident identification process, at the time of admission, which includes a photo of the resident and is updated regularly to ensure it clearly identifies the resident;
 - b) A process to direct staff in the event of a missing resident;
 - c) A process for documenting and appropriately communicating resident allergies;
 - d) A process for analyzing critical incidents and adverse events, a minimum of quarterly or more often as required, to identify trends and ensure appropriate action is taken to remedy the identified risks; and
 - e) A process for ensuring staff members are trained in the safe operation of equipment.

8.3 Protection of Residents from Abuse

Outcome:

Residents are protected from all forms of abuse and neglect pursuant to the *Protection of Persons in Care Act*.

The licensee shall ensure:

1. Compliance with the *Protection of Persons in Care Act* (PPCA).
2. Policies and procedures that protect residents from abuse and maintain a reasonable level of safety are developed and followed
3. Investigators appointed pursuant to the PPCA are permitted entry to the home at all reasonable times.
4. Management and staff cooperate with and provide assistance to investigators as required.
5. Compliance with any and all directives received from the Minister of Seniors and Long-Term Care, or designates, following investigation under PPCA, with respect to protecting residents from abuse.
6. All persons who are employed by the licensee, or who are providing services on behalf of the licensee, are provided with education regarding the licensee's policies and procedures related to abuse and the PPCA.

7. Where any employee is suspected of abusing a resident, the employee is suspended; the suspicion is reported to the Department's PPCA toll free line at 1-800-225-7225; and an investigation and action are taken in accordance with the licensee's policy.
8. An allegation of abuse or suspected abuse, which falls under the jurisdiction of the *Criminal Code of Canada*, is reported to the police, the Department of Seniors and Long-Term Care PPCA toll free line and Nova Scotia Health.
9. No adverse action is taken against employees, residents, authorized designates or family members who make a report of abuse in good faith.

Additional Requirement for Nursing Homes

The licensee shall ensure:

10. A least restraint policy and procedures are developed and followed.

8.4 Infection Prevention and Control

Outcome:

Residents and staff are protected from exposures and transmissions of microorganisms and infection by knowledgeable staff and evidence-informed infection prevention and control strategies.

The licensee shall ensure:

1. Infection prevention and control policies and procedures, with particular emphasis on proper hand hygiene and routine practices including a point of care risk assessment, are developed and followed. The policies and procedures are reviewed and updated regularly and practice audits are conducted to ensure they are being followed.
2. A formal structure is in place to oversee the activities of the infection prevention and control program. A designated person is assigned to oversee infection prevention and control throughout the home.
3. A stand-alone Infection Prevention and Control Committee is implemented or infection prevention and control issues/practices are included as a standing agenda item on another appropriate committee. The committee shall be multidisciplinary ensuring that the infection prevention and control program is regularly reviewed and revised to reflect leading practices and provincial direction.
4. There is an active program for the prevention, control and investigation of infectious, communicable diseases. This includes the monitoring of infection rates (surveillance) and the sharing of this information, internally and with the Department upon request.

5. Systems are in place for detecting and responding to outbreaks of infections, with clear mechanisms for consulting with and reporting to Public Health, the Department and Nova Scotia Health.
6. The closing of facilities in a pandemic situation is directed by Public Health and supported by the Department.
7. Staff education on infection prevention and control practices and outbreak management are provided at orientation for new staff and as part of continuing education.
8. Personal protective equipment is available to protect staff, volunteers and visitors as per routine practices and additional precautions.
9. The home implements a hand hygiene program which includes the following:
 - a) ensuring staff and residents have access to alcohol-based hand rubs and/or hand washing sinks at the point of care. Alcohol-based hand rubs with an alcohol (i.e., ethanol, isopropanol or *n*-propanol) concentration above 60% and up to 90% should be used;
 - b) ensuring paper towels and liquid hand soap are used in all public and staff hand washing sinks;
 - c) providing education/training based on current guidelines to staff and residents on hand hygiene practices; and
 - d) evaluating staff adherence with hand hygiene practices through auditing and observation.
10. If bars of soap and other personal care items are used in resident rooms, they are designated for the use of one resident and are not shared.
11. Immunizations or vaccinations for residents and staff are facilitated, recorded and provided to Department as directed.
12. Staff influenza immunization rates, in homes with greater than 5 employees, are posted in a public place and updated a minimum of twice per year on December 15th and on March 1st.
13. There is an organized laundry system with adequate covered laundry receptacles to maintain a clean and safe service. Clean laundry is separated from soiled laundry.
14. Documented processes and practices are followed to ensure staff members adhere to the separation of clean and soiled linen.
15. There are designated areas for the collection, processing and disposal of human and bio-medical waste to minimize the transmission of infectious diseases.
16. Documented processes and practices for cleaning and disinfecting resident care equipment are followed. E.g. foot care equipment.

17. Contracted services shall follow established standards for cleaning and disinfecting environmental surfaces and equipment.
18. Spray wands are disconnected from hoppers. Rinsing hoses may remain connected as they do not aerosolize materials.

8.5 Medication Management

Outcome:

Resident health is preserved and risk of harm is mitigated through the safe storage, management and administration of medication.

The licensee shall ensure:

1. Policies and procedures for the management and administration of medications and treatments, including over the counter medications, are developed and followed.
2. Prescription and non-prescription medications and treatments are administered only when ordered by authorized prescribers.
3. Medications are stored in a secure and appropriate manner, accessible only to persons authorized to administer medications.
4. Medications are accounted for, administered and documented in accordance with federal and provincial legislation and professional practice standards.
5. There is a process in place for
 - a) reconciling medications upon admission, transfer and discharge;
 - b) tracking narcotics;
 - c) ensuring verbal orders are signed by authorized prescribers no later than 72 hours after the verbal order was issued , in accordance with legislation; and
 - d) documenting medications administered on a PRN basis.
6. Preparation of doses for more than one administration time is not permitted.
7. Staff members are educated on the safe administration of medication and medication practices at the home.
8. Signatures of staff who administer medications are verified annually, or as needed, when a paper based system is utilized.
9. Upon admission, residents and/or authorized designates receive a list of over the counter medications that are provided by the home at no charge to the residents.
10. All residents have an individual Medication Administration Record (MAR) accompanied by a current resident photograph.

11. Resident allergies are documented on the MAR.
12. MARs are reviewed and double-checked for accuracy by two authorized staff members before being utilized.
13. Pharmaceutical services are provided by qualified pharmacists to ensure the medication needs of residents are met.
14. There is a current pharmaceutical reference resource available.
15. Discontinued and expired medications are disposed in a safe and appropriate manner.

8.6 Ethics

Outcome:

Resident values are promoted and protected by the consistent application of ethical principles in decision-making.

The licensee shall ensure:

1. A written code of ethics for the home is developed and followed.
2. Policies and procedures that address ethical issues are developed and followed.
3. There is a documented decision-making process for dealing with ethical issues.
4. Processes are in place to address non-compliance with the home's code of ethics.

9.0 SERVICE CONTINUITY

9.1 Labour Disruption Contingency Plan

Outcome:

Residents continue to receive quality care and services in the event of a labour-management dispute.

The licensee shall ensure:

1. Essential services continue to be provided to residents when there is a reduction in the number of available staff members due to a labour-management dispute.
2. A labour disruption contingency plan, which may be included in the business continuity plan, is developed in consultation with service partners as appropriate.

9.2 Emergency Planning and Preparedness

Outcome:

The safety and well-being of residents and staff are maintained during an emergency situation.

The licensee shall ensure:

1. All Hazards Plan
 - a) There is a documented All Hazards Plan which is reviewed a minimum of every three years and revised as necessary to ensure the plan is current. The All Hazards Plan shall address:
 - emergency evacuation;
 - emergency relocation;
 - emergency expansion;
 - emergency isolation;
 - bomb threat / suspicious package;
 - external air exclusion;
 - chemical spill;
 - violent person; and
 - facility access control.
 - b) The All Hazards Plan is exercised a minimum of once every three years. More frequent exercises shall be completed as required to ensure all staff members are knowledgeable. The Business Continuity Plan identified below may be incorporated as part of this exercise.

- c) The participation of staff members is incorporated into the exercise. Participation of residents is included when appropriate and safe. Table top exercises are not accepted as meeting the exercise requirement.
- d) External observers, such as individuals experienced in dealing with emergency situations, are invited to the exercise and asked in advance to provide feedback regarding exercises, testing and debriefing.

2. Business Continuity Plan

- a) There is a documented Business Continuity Plan that addresses the operational recovery and continuity of services in the face of a disaster, labour disruption or other major outage. The Business Continuity Plan includes the following:
 - hazard, vulnerability and risk assessment;
 - mission critical activities;
 - recovery strategies;
 - loss of electrical power, water, heat, ventilation and waste water services;
 - loss of information technology (computer / telephone / fax) priorities;
 - geographic footprint; and
 - pandemic situation (pandemic planning is undertaken and completed in accordance with direction received from the Department.)
- b) When applicable, business continuity information may be incorporated into the All Hazards Plan.
- c) The Business Continuity Plan is reviewed a minimum of annually and revised as necessary to ensure it is current.

3. Staff Call Back Plan

- a) There is a documented Staff Call Back Plan that includes:
 - current staff phone numbers;
 - procedure for staff call back;
 - priority for contacting staff; and
 - how long it will take staff to arrive on site
- b) The Staff Call Back Plan is reviewed a minimum of annually and revised as necessary to ensure it is current.
- c) The Staff Call Back Plan is activated a minimum of once per year to determine the ability of staff members to respond in emergency situations.

4. Fire Safety
 - a) There is a documented Fire Safety Plan, in accordance with the National Fire Code, that is reviewed a minimum of annually and revised as necessary to ensure the plan is current.
 - b) Fire Drills are conducted a minimum of monthly in accordance with direction from the Office of the Fire Marshal.
 - c) Fire protection systems are tested and inspected annually, or more frequently as required by the Office of the Fire Marshal.
 - d) Fire protection equipment is maintained in good working order. Fire alarms and fire doors are tested monthly; fire extinguishers are inspected monthly and tested annually in accordance with the Office of the Fire Marshal.
 - e) Records of testing and inspections of fire protection equipment and systems are maintained.
 - f) The Office of the Fire Marshal is requested to inspect the home on a regular basis in accordance with the requirements of the Office of the Fire Marshal.
 - g) No resident is maintained in a home or any part thereof that is not approved by the Fire Marshal.
5. Contact information in all plans is updated a minimum of quarterly.
6. All plans are established in consultation with the following organizations, as appropriate:
 - a) Nova Scotia Health;
 - b) Local Emergency Measures Organization;
 - c) Office of the Fire Marshal, local fire departments, police departments; and
 - d) Emergency Health Services and other persons providing essential services.
7. The plans provide for situations where assistance from local fire departments, police departments, Emergency Health Services and other persons providing essential services may not be available.
8. Upon initial employment in a home and a minimum of annually thereafter, every staff member is instructed in and understands the contents of the All Hazards Plan, the Fire Safety Plan, the Business Continuity Plan and the Staff Call Back System Plan as applicable to their individual roles.
9. Residents are included in the education and training on the All Hazards Plan procedures and fire drills, as appropriate.

10. A written record for fire drills and exercises outlined above, that includes the date, time, location, staff attendance, response times, outcomes, areas for improvement, remedial actions and debriefing, is maintained by the licensee.
11. A list of emergency and non-emergency names, phone numbers and addresses is posted in an accessible place near a telephone in each home. The list should state, "In the event of an emergency, dial 911" and shall include the local fire department, police department, Emergency Management Office, ambulance services and physicians.

10.0 INFORMATION MANAGEMENT

10.1 Information System

Outcome:

Effective information management systems support the provision of quality care through information production, performance measurement and evidence based decision-making.

The licensee shall ensure:

1. The home has an information management system that:
 - a) supports the principles of resident-centred design;
 - b) makes useful, relevant, quality information available to inform decision-making;
 - c) focuses on outcomes related to care provision and service delivery; and
 - d) ensures compliance with the *Personal Health Information Act (PHIA)* and the *Personal Information Protection Electronic Documents Act (PIPEDA)* as well as any other applicable legislation.

Additional Requirements for Nursing Homes

The licensee shall ensure:

2. The home has an information management system that:
 - a) will allow for the electronic completion of interRAI-LTCF resident assessments and care planning, and is capable of supporting resident charting;
 - b) will share interRAI-LTCF assessment data with Canadian Institute for Health Information (CIHI) InterRAI Reporting System (IRRS).

10.2 Resident Records

Outcome:

Resident records are accurate, complete, up to date, and maintained in a manner that maintains the confidentiality of the information and protects the privacy of the resident.

The licensee shall ensure:

1. Compliance with all applicable legislation, including but not limited to HSCA, PHIA, and PIPEDA.
2. Policies and procedures regarding resident records are developed and followed with respect to:
 - a) a multidisciplinary approach to documentation standards and first hand charting;
 - b) access, privacy, confidentiality; and

- c) privacy breach and security.
- 3. Resident records are protected from unauthorized collection, use, disclosure, copying and modification.
- 4. Upon admission, residents and/or authorized designates are provided with information regarding how residents' health information will be collected and shared within the circle of care.
- 5. Resident records are only disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* (Nova Scotia), the *Personal Health Information Act* (Nova Scotia), the *Personal Information Protection and Electronic Documents Act* (Canada), the *Homes for Special Care Act* (Nova Scotia), the *Protection for Persons in Care Act* (Nova Scotia) or any other applicable legislation.
- 6. For adult residents, there is a records retention schedule of 5 years minimum post discharge. Destruction of records must be done in a secure manner.
- 7. For residents under 18 years of age, there is a records retention schedule of 5 years minimum after the age of majority is reached. Destruction of records must be done in a secure manner.
- 8. Residents' financial records are maintained in a safe and secure manner, are separate from resident care records and are maintained in accordance with Canada Revenue Agency requirements.

11.0 HUMAN RESOURCES MANAGEMENT

11.1 Human Resources Practices

Outcome:

The staff complement supports the achievement of the outcomes in all program areas.

The licensee shall ensure:

1. The following policies and procedures are developed and followed:
 - a) recruitment, hiring and orientation of staff members;
 - b) employee and volunteer involvement in residents' personal affairs including:
 - acceptance of gifts from residents;
 - involvement in residents' financial affairs, including Enduring Power of Attorney, wills and estates; and
 - involvement in residents' non-financial affairs including personal directives and guardianship.
2. Pre-employment Vulnerable Sector Checks are completed for staff members, students and volunteers at the time of hire and are maintained on file.
3. A written human resources plan is developed and includes the anticipated human resources required to deliver consistent, quality services.
4. The allocation of staff members is appropriate in number and qualifications reflecting the needs of residents and the layout of the home; and government funded direct care hours are utilized as intended.
5. There is a current job description for each position which is reviewed a minimum of every four years and clearly defines the role, responsibilities and scope of the position. A copy of the current job description is provided to staff members.
6. The home provides a documented, timely orientation for all staff members, volunteers and contracted personnel. The orientation provides the necessary information to support residents in a safe manner and improve their quality of life.
7. An orientation checklist, indicating which orientation components have been completed by staff, is signed, dated and maintained in each staff member's personnel file.
8. Formalized performance management processes that evaluate staff members' performance annually, and more frequently as necessary, are in place.
9. Volunteers are supervised and supported in their roles and do not replace paid staff members.

10. Contracted personnel work under the policies and procedures of the licensee.

Additional Requirements for Nursing Homes

The licensee shall ensure:

11. The home is staffed in accordance with the staffing model as funded by the Department.

Additional Requirements for Residential Care Facilities

The licensee shall ensure:

12. The home is staffed in accordance with the allocated funding approved by the Department.

11.2 Staff Qualifications

Outcome:

Staff members have an appropriate educational level and related experience to support program outcomes.

The licensee shall ensure:

1. Staff hired after March 31, 2016 in the following key positions meet the following minimum education and experience requirements: NOTE: Some positions may not apply to all homes.

Administrator	A minimum of a Baccalaureate degree in a field of study relevant to the operation of a nursing home and five years of relevant managerial experience. In nursing homes with less than 30 beds, where there is no Director of Resident Care, the Administrator will be an RN.
Director of Resident Care	Baccalaureate degree/diploma in nursing and current registration with the College of Registered Nurses of Nova Scotia and three years of relevant health care management experience.
Assistant Director of Care	Baccalaureate degree/diploma in nursing and current registration with the College of Registered Nurses of Nova Scotia and three years of relevant experience.
Business Manager	Bachelor of Business Administration or Commerce with concentration in accounting and three years of relevant experience. Equivalent combination of formal education and work experience may be considered.
Recreation Director	Degree in Recreation Therapy with certification in the field of Therapeutic Recreation from the National Council for Recreation Therapeutic Certification and current membership with either Nova Scotia Recreation Professionals in Health or Therapeutic Recreation Association Atlantic Canada. Equivalent combination of formal education and work experience may be considered.
Hospitality Manager	Diploma in an applicable field and two years of relevant experience.
Food Service Manager	Diploma in a food service related field and two years of relevant experience.
Registered Nurses (RN)	Current registration with the individual provincial licensing body.
Licensed Practical Nurse (LPN)	Current registration with the individual provincial licensing body.
Dietitian (PDt)	Current registration with the individual provincial licensing body.
Physiotherapist (PT)	Current registration with the individual provincial licensing body.
Occupational Therapist (OT)	Current registration with the individual provincial licensing body.
Social Worker (SW)	Current registration with the individual provincial licensing body.
Direct Care	As per DHW's Entry to Practice Policy

2. Minimum Education Requirements and Experience – Residential Care Facility

Administrator	A combination of education and experience necessary to achieve the required outcomes.
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3. Staff members individually and collectively have the skills and experience to deliver the services and care which the setting offers to provide.
4. Verification of current licensure, certification, registration or other relevant credentials of staff members (as applicable). Proof of verification is maintained.

11.3 Mandatory Continuing Education

Outcome:

Staff and volunteers have the necessary knowledge, skills, and abilities and provide quality care and service.

The licensee shall ensure:

1. Policies and procedures regarding the ongoing education of staff members are developed and followed. This includes mandatory education and training, which meets the specific needs of staff members, and training on the safe use of equipment.
2. Ongoing education to meet the needs of the resident population is provided to staff members by qualified individuals.
3. Staff members, and volunteers when appropriate, receive initial and on-going training as needed and are knowledgeable about the following:
 - the philosophy of care;
 - the model of care;
 - relevant legislation, requirements, standards, policies; and
 - leading practices.
4. Maintenance of annual attendance records for individual staff participation in education sessions, including the date of the sessions.

12.0 PHYSICAL SPACE

12.1 Environmental Services

Outcome:

The well-being of residents, staff, volunteers and visitors is enhanced by the home's homelike physical environment, which is effectively and efficiently cleaned.

The licensee shall ensure:

1. Policies and procedures, including cleaning schedules and routines, are developed and followed to ensure a clean living environment.
2. Housekeeping schedules are flexible and are planned to accommodate the residents' routines, while maintaining a clean and safe environment.
3. Regularly scheduled environmental services audits are completed to ensure compliance with leading practices for environmental cleaning.
4. The following processes are developed and followed:
 - a) accommodating necessary housekeeping duties outside of regular environmental services hours, e.g. spills;
 - b) augmenting environmental cleaning & disinfection schedules during increased activity or outbreaks of infectious diseases; and
 - c) ensuring compliance with Workplace Hazardous Materials Information System (WHMIS) regulations. Current Material Safety Data Sheets for all applicable products used/stored in the home are maintained and are easily accessible to staff members.
5. Appropriate mechanisms are in place to effectively minimize unpleasant odours.
6. Hazardous products that may be harmful to residents are secured at all times and are not accessible to residents. They are stored and disposed of in accordance with established safety practices/manufacturers' recommendations.
7. Cleaning and disinfecting agents are mixed and used according to manufacturers' recommendations.
8. Cleaning and disinfectant products and other chemicals used in environmental cleaning are not used after their expiration date.

12.2 Condition of Home and Site

Outcome:

The home and site are maintained through good stewardship and provide a comfortable, secure environment that optimizes resident quality of life and supports the delivery of safe, quality resident accommodation and care.

12.2.1 General Requirements:

The licensee shall ensure:

1. There is a preventive maintenance program for the home.
2. Site development and building alterations or change in use of space from that originally intended have the approval of the Department and other required authorities.
3. Repairs and alterations to the home are carried out in accordance with applicable CSA standards.
4. Decommissioned, redundant equipment and materials are properly removed and disposed.
5. Systems, furnishings and equipment are maintained in accordance with the requirements of the manufacturer and/or accepted industry standards, whichever is more stringent.
6. Furnishings selected for the home are made of materials that can be easily cleaned and disinfected.
7. Furniture for open concept living areas, which may include chairs, tables, other related furnishings and upholstered furniture meets all of the requirements of the Office of the Fire Marshal.
8. Root causes analyses of building and maintenance issues related to compromised functionality, including but not limited to, surface integrity and aesthetic integrity are identified, analyzed and corrected.

Additional Requirements for Nursing Homes

The licensee shall ensure:

9. Compliance with the Department's Nursing Home Maintenance Standard.

Additional Requirements for Homes Constructed in 2005 or Later

General Requirements:

The licensee shall ensure:

10. Building systems and components perform to originally intended standards for control of water (including vapour and condensation) and air movement.

12.2.2 Site Requirements:

The licensee shall ensure:

1. Developed areas of the site are finished with a mix of soft landscaping (lawns, ground cover, shrubs, trees or planting beds) and hard landscaping (pavement or pavers) and are maintained to a high standard.
2. Aesthetic, functional and surface integrity of the following are maintained:
 - a) hard surfaced areas such as, but not limited to, smooth, level walkways;
 - b) building envelope such as, but not limited to, roofs, windows, doors, gutters, coatings and sealants;
 - c) interior building components such as, but not limited to, partitions, ceilings, doors, casework, coatings and sealants;
 - d) exterior equipment, furniture and structures such as, but not limited to, tanks, fences, signage and transformers;
 - e) building systems, furnishings and equipment such as, but not limited to, plumbing, heating, ventilation, power, lighting, emergency power, fire alarm, voice and data in accordance with manufacturers' guidelines and/or requirements; and
 - f) all furnishings, equipment, exposed mechanical and electrical systems and components such as, but not limited to, fixtures, trim, devices, enclosures and fabrics.
3. Aesthetic integrity and health of lawn areas and plant materials are maintained.
4. Windows are restricted from opening more than 8 inches.
5. Exterior doors are free of obstacles such as snow and ice.
6. Service and access operational clearances required for maintenance are not compromised.

APPENDIX A

Required Policies

In accordance with section 7.1 of the Long-Term Care Program Requirements: Nursing Homes and Long-Term Care Facilities, licensees shall ensure that, at a minimum, the following policies and procedures are developed and followed. For ease of reference, the applicable section is provided.

Assessments (s. 6.1)
Contracted Personnel (s.11.1)
Critical Incident Reporting (s.8.2)
Disclosure of Adverse Events (s. 8.2)
Disclosure of Wrongdoing (8.2)
Involvement in Residents' Personal Affairs (s.11.1)
End of Life Care (s. 6.7)
Environmental Services (s. 12.1)
Ethics (s. 8.6)
Extremes of Internal Temperature (s.8.2)
Family Council (Nursing Homes only) (s. 7.3)
Food Services (s. 6.5)
Infection, Prevention and Control (s. 8.4)
Least Restraint (Nursing Homes only) (s.8.3)
Management and Administration of Medications and Treatments (s. 8.5)
Management of Resident Funds (s. 7.1)
Management and Staff Committee (s. 7.4)
Ongoing Education of Staff (s. 11.3)
Privacy and Confidentiality (s. 5.1)
Protection of Residents from Abuse (s. 8.3)
Quality Improvement (s. 8.1)
Receiving, Investigating and Resolving Complaints (s. 7.1)
Recreational Programming (s. 6.7)
Recruitment, Hiring and Orientation (s. 11.1)
Resident Care (s. 6.3)
Resident Council (s. 7.2)
Resident Records (s. 10.2)
Risk Management (s.8.2)
Safety Alerts (s.8.2)
Safer Needles in the Workplace (8.2)
Smoking (8.2)
Water Temperature Monitoring (s. 8.2)
Wound Management Policy (s. 8.2)