

Resident-related – Triggered

Home Name: _____ Inspection Number: _____ (*hard copy use only*)
Date: _____
Inspector ID: _____

Definition / Description

- Choice:** Choices can be related to a person's daily routines regarding when, how, and with whom to perform them and also related to activities in keeping with a person's intrinsic interests and values. (*Andresen, Hoff, & Puggaard, 2009*)
- Dignity:** This is characterized by individualized care, restoring control, showing respect, advocacy and sensitive listening, such as having one's physical needs met, being seen as a person, respecting the person's identity and having a private space. (*Anderberg et al., 2007*)
- Privacy:** Privacy is defined as "having designated space and time which does not have to be shared by others except by choice" (Bauer, 1999) and is connected with feelings of freedom and empowerment.

Use

This is a resident-related triggered IP, used to review dignity, choice and privacy during the annual inspection of the LTC home for a sampled resident.

The inspector may also select and complete this IP when a concern(s) related to dignity, choice or privacy is raised, while conducting any type of inspection.

The inspection focuses on the licensee's obligations to meet requirements related to the:

- Assessment of individualized care
- Provision of care that promotes dignity, choice and privacy
- Strategies to maximize residents' independence, comfort, and dignity
- Annual evaluation of residents' satisfaction with care, services, and programs provided.

Procedure

Each section within this IP contains statements that provide guidance to the inspector in the collection of information and may not be applicable in every situation. The information collected will be used to determine whether a home is in compliance with the LTCHA.

This IP contains two (2) parts:

- Part A: Resident Risk and Care Outcomes
- Part B: Contributing Factors

During the Annual Inspection:

1. The inspector(s) will complete one (1) IP for each selected resident.
2. All applicable questions in Part A must be completed unless not applicable to the specific resident's condition.
3. If non-compliance is identified in Part A, the inspector(s) will proceed to Part B and complete the applicable questions.
4. If there is no non-compliance identified in Part A, Part B is not required to be completed unless other concerns related to dignity, choice and privacy have been identified.
5. The inspector must document evidence to support non-compliance in the 'Notes' section when answering 'No'.

PART A: Resident Risk and Care Outcomes**Initial Record Review****Relevant documents for review include:**

MDS assessment:

- Section B (cognitive patterns)
- Section C (communication/hearing patterns)
- Section D (vision patterns)
- Section E (mood and behaviour patterns) – e.g. E4e (resists care), E5 (change in behavioural symptoms)
- Section F (psychosocial well-being)** – e.g. F1 sense of initiative/involvement, F1d establishes own goals
- Section G (physical functioning and structural problems) – e.g. G1aA (mobility in bed), G1bA (transfers), G1eA (locomotion), G1gA (dressing), G1hA (eating), G1iA (toilet use), G1jA (personal hygiene), G1aA (bed mobility self performance), G1cA (walk in room self performance), G2 bathing, G4 (functional limitation in range of motion), G5 modes of locomotion, G6 (modes of transfer), G8 (ADL functional rehabilitation potential), G9 (decline in ADL), G6a=1 (bedfast all or most of the time)
- Section I (disease diagnoses)
- Section J (health condition) – e.g. J2a (frequency of pain), J2b (intensity of pain), J5c (end stage disease)
- Section L (oral/dental status)
- Section M (skin condition)
- Section N (activity pursuit patterns)** – e.g. N3 preferred activity settings, N4 general activity preferences, N5 prefers change in daily routine
- Section P (special treatments and procedures) – e.g. P1b (therapies), P3g (dressing or grooming program), P3h (eating or swallowing program), P3e (transfer) etc.
- Section R (assessment information)** – e.g. R1 (participation in assessment)

The history, physical assessment, physician orders, plan of care, progress notes, pharmacist reports, lab reports and any flow sheets, intake and output records.

			Information Gathering	
			Initial Record Review	
Notes				

Resident / Substitute Decision-Maker Interview				
Interview the resident, family or SDM to determine: <ul style="list-style-type: none"> • Whether staff provide individual care that promotes dignity, choice and privacy • Concerns related to dignity, choice and privacy • Whether timely and appropriate assistance is provided for personal care requests. 				
			Information Gathering	
			Resident / SDM Interview	
Notes				

Staff Interviews				
Interview staff on various shifts when concerns about dignity, choices or privacy have been identified: <ul style="list-style-type: none"> • To determine their knowledge of the resident's preferences and needs • When plan of care concerns are identified, obtain information as to the rationale for the current care interventions • Whether staff identified and implemented appropriate measures related to specific conditions, needs and/or preferences • If interventions were refused, whether alternatives and/or other alternative approaches were offered. 				
			Information Gathering	
			Staff Interviews	
Notes				

Assessment				
Determine whether the latest assessment includes, as applicable: <ul style="list-style-type: none"> • Customary routines • Activity patterns and pursuits • Sleep patterns and preferences • Cultural, spiritual and religious preferences • Age-related needs and preferences • Dietary needs and preferences. 				
			Information Gathering	
			Assessment	

Notes	
--------------	--

No.	Yes	No	N/A	Question	Act/Reg.
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other?	s. 6 (4) (a)

Notes	
--------------	--

Plan of Care

Review the plan of care to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment. Determine whether the plan of care:

- Addresses the promotion of dignity and respect
- Is based upon resident choices and preferences and interdisciplinary expertise
- Includes interventions with clear instructions to guide the provision of care, services and treatment.

				Information Gathering	
				Plan of Care	

Notes	
--------------	--

No.	Yes	No	N/A	Question	Act/Reg.
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan of care set out clear directions to staff and others who provide direct care to the resident?	s. 6 (1) (c)

Notes	
--------------	--

No.	Yes	No	N/A	Question	Act/Reg.
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident, SDM, if any, and any other persons designated by the resident/SDM been given an opportunity to participate fully in the development and implementation of the plan of care?	s. 6 (5)

Notes	
--------------	--

No.	Yes	No	N/A	Question	Act/Reg.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are staff and others who provide direct care to a resident, kept aware of the contents of the plan of care and have convenient and immediate access to it?	s. 6 (8)

Notes	
--------------	--

No.	Yes	No	N/A	Question	Act/Reg.
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment of the resident's customary routines?	r. 26 (3) 1
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment of the resident's sleep patterns and preferences for the resident?	r. 26 (3) 21
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment of the resident's: <ul style="list-style-type: none"> • cultural, spiritual and religious preferences, and • age-related needs and preferences? 	r. 26 (3) 22
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an assessment of the resident and the resident's needs and preferences?	s. 6 (2)
Notes					

Observations / Provision of Care					
Observe the resident to determine whether staff: <ul style="list-style-type: none"> • Provide care with respect, dignity and privacy • Encourage and assist the resident in making individual choices • Implement interventions consistent with resident needs and condition. 					
				Information Gathering	
				Observations / Provision of Care	
Notes					

Bathing

No.	Yes	No	N/A	Question	Act/Reg.
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene	r. 33 (1)

				requirements, unless contraindicated by a medical condition?	
Notes					

Bedtime and Rest Routines

No.	Yes	No	N/A	Question	Act/Reg.
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident's desired bedtime and rest routine supported and individualized to promote comfort, rest and sleep?	r. 41
Notes					

Communication

No.	Yes	No	N/A	Question	Act/Reg.
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are strategies developed and implemented to meet the needs of those residents with compromised communication and verbalization skills, residents with cognitive impairment and residents who cannot communicate in the language(s) spoken in the home?	r. 43
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the resident have a resident-staff communication and response system that can be easily seen, accessed and used by residents, staff and visitors at all times?	r. 17 (1) (a)
Notes					

Dining

No.	Yes	No	N/A	Question	Act/Reg.
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the planned menu items available and offered to the resident at each meal and snack?	r. 71 (4)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident given sufficient time to eat at their own pace?	r. 73 (1) 7
Notes					

Dressing

No.	Yes	No	N/A	Question	Act/Reg.
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the resident receive the assistance required to dress? Is the resident dressed appropriately, suitable to the time of day and in	r. 40

				accordance with his/her preferences, in his/her own clean clothing and appropriate clean footwear?	
Notes					

End-of-Life Care

No.	Yes	No	N/A	Question	Act/Reg.
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the resident requiring end-of-life care receive care in a manner that meets his/her needs?	r. 42
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the right of the dying or very ill resident to have family and friends present 24 hours per day?	s. 3 (1) 15
Notes					

Hygiene & Grooming

No.	Yes	No	N/A	Question	Act/Reg.
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the resident receive individualized personal care, including hygiene care and grooming, on a daily basis?	r. 32
Notes					

Resident's Rights

No.	Yes	No	N/A	Question	Act/Reg.
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to be treated with courtesy and respect and in a way that fully recognizes their individuality and respects their dignity?	s. 3 (1) 1
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs?	s. 3 (1) 4
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to	s. 3 (1) 5

				live in a safe and clean environment?	
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to exercise his or her rights as a citizen?	s. 3 (1) 6
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to be told who is responsible for and who is providing his or her direct care?	s. 3 (1) 7
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to be afforded privacy in treatment and in caring for his or her personal needs?	s. 3 (1) 8
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does each resident bedroom occupied by more than one resident, have sufficient privacy curtains to provide privacy?	r. 13
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to participate in decision-making?	s. 3 (1) 9
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to participate fully in the development, implementation, review and revision of his or her plan of care?	s. 3 (1) 11. i
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to keep and display personal possessions, pictures and furnishings in his or her room, subject to safety requirements and other residents' rights?	s. 3 (1) 10
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to give or refuse consent to any treatment, care or services for which consent is required by law? Was the resident informed of the consequences of giving or refusing consent?	s. 3 (1) 11. ii
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to have: <ul style="list-style-type: none"> • his or her personal health information (within the meaning of the <i>Personal Health Information Protection Act, 2004</i>) kept confidential, and • access to his or her records of personal health information, including his or her plan of care, in accordance with that Act? 	s. 3 (1) 11. iv
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to communicate in confidence, receive visitors of his or her own choice and consult in private without interference?	s. 3 (1) 14
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to form friendships and relationships and to participate in the life of the long-term care home?	s. 3 (1) 18
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
33.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to have his or her lifestyle and choices respected?	s. 3 (1) 19
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
34.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to meet privately with his or her spouse or another person in a room that assures privacy?	s. 3 (1) 21
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
35.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available?	s. 3 (1) 22
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
36.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee fully respected and promoted the resident's right to invite any friend, family member, or other person of importance to the resident to attend any meeting with the licensee or the staff of the home?	s. 3 (1) 27
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
37.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the care set out in the plan of care provided to the resident as specified in the plan?	s. 6 (7)
Notes					

Monitoring/ Evaluation/ Revision					
Determine whether the staff have been monitoring the resident's response to interventions and have evaluated and revised the plan of care based on the resident's response, outcomes, and needs.					
Both the RAI outcome scale and the quality indicators are evidence of the care intervention effectiveness.					
Information Gathering					
Monitoring / Evaluation/ Revision					
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
38.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary?	s. 6 (10) b
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
39.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident reassessed and the plan of care reviewed and revised at least every six months and at any other time when care set out in the plan has not been effective?	s. 6 (10) (c)
Notes					

PART B: Contributing Factors

(Complete applicable questions if non-compliance is identified in Part A.)

No.	Yes	No	N/A	Question	Act/Reg.
40.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a survey taken at least once a year of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided?	s. 85(1)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
41.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee make every reasonable effort to act on the results of the survey and to improve the care, services, programs and goods accordingly in the home?	s. 85(2)
Notes					

Based on information collected during the inspection process, the inspector may determine the need to select and further inspect other related care/services areas. When this occurs, the inspector will document reason(s) for further inspection in Ad Hoc Notes, select and complete other relevant IPs related to Dignity, Choice and Privacy, for example:

- Admission Process
- Continence Care and Bowel Management
- Family Council Interview
- Medication
- Minimizing of Restraining
- Nutrition and Hydration

Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

- Pain
- Personal Support Services
- Prevention of Abuse, Neglect and Retaliation
- Reporting and Complaints
- Residents' Council Interview
- Responsive Behaviours
- Skin and Wound Care
- Training and Orientation