

Seniors' Facilities Standards Self-Assessment Tool

A. Mission Statement

1. The organization has a mission statement that reflects the vision and goals of the organization. The mission statement clearly describes

- the organization's purpose and philosophy
- whom it serves
- its areas or scope of service

The organization has a mission statement.

Yes No

2. The mission statement is reviewed, at minimum, every three years and revised as necessary to reflect the organization's strategic planning and visioning for the future as it continues to strive to meet the needs of the community.

The mission statement is reviewed every three years and revised as necessary, as demonstrated through board minutes or other means.

Yes No

B. Theological Values and Standards

1. The organization has an understanding of The United Church of Canada philosophy and the relationship of the organization with The United Church of Canada.

A narrative/explanation is provided describing the relationship between the organization and The United Church of Canada.

Yes No

2. There is a process to orient the Executive Director, senior staff, and board members to the workings of The United Church of Canada and its court structure.

A narrative/explanation is provided describing the orientation process for the Executive Director, senior staff, and board members.

Yes No

3. Spirituality is recognized as part of an individual's well-being. A process/system is in place to foster relationships in the community that nurture and support individual needs for a spiritual community.

A narrative/explanation is provided describing how the relationship between the community and the organization supports the spiritual needs of the residents.

Yes No

4. A space is available for the purpose of religious or spiritual practices for residents.

A space is available for the purpose of religious or spiritual practices for residents.

Yes No



C. Accountability

1. Where an organization is separately incorporated, the incorporated body is in compliance with the requirements of Appendix IV of *The Manual* of The United Church of Canada.

The organization is in compliance with Appendix IV requirements.

Yes No N/A

2. A relationship exists between the organization and the supervising court of The United Church of Canada that encourages communication and support. This relationship is evidenced by reports submitted to the supervising court and the invitation to the presbytery/Conference representative to the organization's annual meeting.

The organization submits the required reports to its supervising court.

Yes No

D. Governance

1. The scope of authority, roles, and responsibilities of the governing body are clearly defined through the corporation bylaws. These include an assessment of the skill sets required and guidelines for term of office and replacement of members.

The bylaws include the authority and roles of the governing body.

Yes No

2. The governing body operates according to the bylaws and corporate policies it sets by
- conducting regular reviews of the bylaws and corporate policies, as documented in board meeting minutes, to make sure they are current and applicable; at minimum this review should be every three years
 - ensuring the organization complies with relevant laws and regulations
 - receiving, reviewing, and acting on reports and legislative updates

Evidence is provided that the governing body reviews and revises corporate policies regularly in keeping with changes to legislation, both civic and denominational.

Yes No

3. The governing body (or its representative) ensures that the following documentation is prepared and kept:

- annual report of operations
- current listing of the governing body's members, including United Church of Canada affiliation
- audited financial statement or independently verified financial statement
- statement detailing the type and level of insurance coverage

Copies of the annual reporting requirements as listed above are available at the time of the accreditation visit for the previous three years or the last accreditation visit, whichever is greater.

Yes No

4. The governing body evaluates its own performance annually and takes action to address opportunities for improvement. A formal evaluation of the executive director, chief executive officer, and/or administrator is completed, at minimum, every three years.

Evidence that an annual evaluation of the governing body activities has occurred is provided.

Yes No

Evidence of a formal evaluation is provided.

Yes No

5. The governing body establishes policy to ensure generally accepted business practices are followed—i.e., contracts, accounting practices, management of personal trust funds.

A copy of the policy(s) addressing the organization's business practices is provided.

Yes No

E. Leadership and Partnerships

1. Contracts for goods and services are signed, reviewed, and updated according to established policy.

A policy is in place regarding contracts for goods and services.

Yes No

2. Contract services are monitored to ensure delivery complies with the terms of the agreement, and issues of dispute/noncompliance are resolved in a timely manner

There is a process to review delivery of contracted services to ensure compliance with the signed contracts.

Yes No

F. Insurance

1. The organization ensures that it carries adequate levels of insurance for the following:
- property, including fire
 - comprehensive/commercial general liability
 - directors and officers
 - any specialized insurance required to address the business of the organization

Documentation is provided showing the organization's coverage for

• **property, including fire**

Yes No

• **comprehensive/commercial general liability**

Yes No

• **directors and officers**

Yes No

• **specialized insurance (please specify)**

Yes No N/A

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2. Where the organization owns, operates, or leases vehicles or contracts with external providers for the transport of residents, the organization ensures, for the safety of residents, that vehicles are equipped with the appropriate securement system (for mobility aids) and staff is trained in the proper use of these systems.

All vehicles used for the transport of residents are equipped with the appropriate securement system.

Yes No N/A

Evidence is provided that staff have received training in the use of these systems.

Yes No N/A

3. The organization annually, at minimum, verifies that

- all vehicles have necessary insurance coverage
- all vehicles contain first aid kits, fire equipment, insurance documents, and emergency procedure guidelines

A process is in place to ensure the following:

- **review of insurance coverage**
- **vehicles equipped with first aid kits (stocked), fire equipment, insurance documents, and emergency procedure guidelines**

Yes No N/A

Yes No N/A

G. Information Management

1. The organization has a privacy policy that complies with provincial or federal PIPEDA legislation.

A copy is provided of the organization's privacy policy.

Yes No

2. The organization has an identified Privacy Officer.

The organization has an identified Privacy Officer, whose position title is _____

Yes No

3. The organization has a process in place for addressing complaints regarding the use of information.

A copy is provided of the complaint process regarding privacy issues.

Yes No

4. A process is in place for the periodic audit of resident files for completeness, accuracy, and timely completion.

A copy is provided of the process for resident file audits, and evidence that it has been done as identified in the documentation.

Yes No N/A

5. A process is in place for residents to access their own files. Access is restricted to the resident and his or her family members/responsible other/trustee with legal authority, and consent is required from the resident or designated authority for release of information.

A copy is provided of the policy/procedure for accessing resident files.

Yes No N/A

6. A process is in place for staff to access their own personnel record. All other access is restricted to relevant staff. Consent to release information is required from the staff member.

A copy is provided of the policy/procedure for accessing personnel records.

Yes No N/A

7. Prior to disposal, all computer hard drives/electronic devices are reformatted or other means are used to ensure security of confidential information.

A copy is provided of the policy/procedure for disposing of hard drives/electronic devices.

Yes No

H. Resident Quality of Life

1. The programs and services the facility can and cannot provide are clearly identified in writing.

Documentation is provided that identifies the programs and services offered by the facility.

Yes No

2. Seniors' Homes/Long-Term Care Facilities

The admission process for all residents includes an assessment of the needs of the resident in relation to the programs and services offered by the facility in order to determine whether the facility can meet the identified needs.

or

Seniors' Apartments/Independent Living

The admission process for all residents takes the following into consideration:

- mandate of the organization
- local/provincial housing authority regulations
- resident needs in relation to program and services offered by facility.

Documentation is provided of the admission process.

Yes No

3. All referrals and the reasons why residents were refused services are recorded, including when resident needs cannot be met by the facility.

Documentation is provided that identifies why services have been refused.

Yes No

The following (4–7) pertain to SENIORS' HOMES only.

Services are delivered in a safe, efficient, and effective manner in accordance with

- current legislation
- accepted standards of practice and guidelines
- codes of ethical practice
- the organization's policies

4. A forum exists where residents/family can bring issues to be addressed.

A forum or process exists for residents/family to bring issues to be addressed. Please describe.

Yes No

5. A policy is in place to address the prevention and safe management of aggressive or violent behaviour. It addresses the following:

- staff training on how to recognize, diffuse, and control high-risk behaviour using positive methods
- how incidents are investigated and strategies are developed to prevent recurrence

A copy is provided of the organization's policy regarding aggressive or violent behaviour.

Yes No

6. A policy is in place regarding the organization's restraint philosophy.

A copy is provided of the organization's restraint policy.

Yes No

7. There is a set process for discharge that includes transition planning and information regarding access to services that may assist the resident and/or family during the transition. Discharge may be due to change in care requirements that cannot be met by the facility, discontinued need, or death of the resident.

Documentation is provided about the discharge process, including any materials provided to the resident family upon discharge.

Yes No

I. Food Service

The following apply to organizations where food service is provided to residents.

1. Regular public health inspections are conducted, as evidenced by reports and follow-up action reports.

Public health inspection reports from the last three visits are provided, including follow-up reports showing action taken.

Yes No

2. Meals meet the health needs of residents and include a menu rotation to ensure variety.

A copy of the current menu, including diet variations, is provided. The menu provides variety for all diets.

Yes No

3. Meal delivery meets dietary standards and the needs of the residents.

An explanation is provided of the process for identifying residents with specific dietary needs and the means by which menu modifications are made to meet these needs.

Yes No

4. Cooking utensils, dishes, work surfaces, and sinks are cleaned and sanitized according to local health regulations.

Dishes/pots are cleaned using either a commercial dishwasher or a three-sink method using a sanitizer.

Yes No

Please specify method used: _____

Please outline the process and cleaning agents used for cleaning work surfaces.

5. Freezers and refrigerators are equipped with thermometers, and temperatures are recorded daily, at minimum upon opening and closing the kitchen.

Freezers and refrigerators in the food preparation area are equipped with thermometers.

Yes No

Temperatures are recorded daily as per identified minimums.

Yes No

6. Storage areas (fridges, shelves, pantries, storerooms) are clean, with supplies stored off the floor.

All storage areas are kept clean and supplies are off the floor.

Yes No

7. Waste is appropriately disposed of in covered garbage cans.

Waste is disposed of in covered containers.

Yes No

8. Proper handwashing techniques are employed by all staff.

Handwashing sinks are available in the food preparation and service areas. Signage for proper handwashing techniques is posted.

Yes No

9. Staff wear appropriate head coverings and clean uniforms.

Staff are appropriately attired.

Yes No

J. Human Resources

1. Job descriptions exist for all staff, volunteer, and student positions that clearly define their roles and responsibilities. Job descriptions are revised when the job, performance requirements, or qualifications change and are reviewed, at minimum, every three years. All contract positions also require job descriptions as part of the written contract.

Job descriptions are available for all positions:

- **staff** **Yes** **No**
 - **volunteer** **Yes** **No**
 - **student** **Yes** **No**
 - **contract** **Yes** **No**
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2. Staff and volunteers are recruited and selected based on
- qualifications, including licences, registration, or certification
 - a valid driver's licence for the classification of vehicle and a clean driving record (where applicable)
 - knowledge and skills
 - reference checks
 - criminal record checks

The process for recruiting and selecting staff and volunteers is demonstrated.

Yes **No**

3. The organization has a process in place to ensure that all staff, volunteers, and students receive an orientation program that is timely and documented and that provides initial training and information about the organization, including
- the mission, vision, goals, and objectives
 - programs/services and key personnel
 - roles and responsibilities
 - relevant policies and procedures, including confidentiality, privacy, sexual abuse/harassment, and infection control
 - safety and emergency preparedness

Detailed documentation is provided of the information covered at orientation sessions and the orientation attendees.

Yes **No**

4. The organization has a process in place that addresses the following in a formal or informal way:
- employee recognition
 - performance evaluation and feedback
 - skills development

An outline of the process is provided for the following:

- **employee recognition** **Yes** **No**
 - **performance evaluation and feedback** **Yes** **No**
 - **skills development** **Yes** **No**
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5. Communication and reporting relationships are clearly defined and support
- the organization’s structure
 - efficient and effective leadership/teamwork throughout the organization, including students and volunteers
 - the flow of staff across the organization
 - the integration of services across the continuum of care

An organizational chart or narrative demonstrates the communication and reporting relationships. Yes No

6. A process that supports regular, effective two-way communication exists to ensure staff and volunteers are consulted on workplace issues and processes. This may be informal, through a suggestion box or staff forums, or formal, through external surveys.

Information is provided on the process(es) used to involve staff and volunteers in workplace issues, including examples of how this has been used. Yes No

7. A process that ensures response in a timely, objective manner without reprisal exists for staff and volunteers to bring forward concerns, complaints, and grievances.

Evidence is provided of the process used by staff and volunteers to bring forward issues and of the response process. Yes No

8. Satisfaction surveys are conducted on an ongoing basis, with action taken on identified opportunities for improvement.

Evidence is provided of recent satisfaction surveys. Yes No

K. Physical Building, Environment, and Equipment

The organization ensures the safety of the physical building for all residents.

1. Health and safety inspections are completed and documented annually. Documentation exists to show that identified hazards have been addressed through corrective action (repairs, change in process, etc.).

The last three years’ documentation are provided for health and safety inspections, including corrective action taken to address identified hazards. Yes No

2. Workplace Hazardous Materials Information System (WHMIS) training is provided to staff/volunteers. An overview of the training material and attendance is documented. WHMIS Sheets are current.

Documentation is provided of WHMIS training for staff. Yes No

Access is provided to WHMIS Manuals/Sheets in each area. Yes No

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3. The organization has processes in place to address health and safety hazards that are

- biological
- environmental
- physical (e.g., lifting heavy weights)
- chemical
- ergonomic
- psychological (e.g., stress)

The processes used to address health and safety hazards are identified.

Yes No

4. Unusual/adverse incidents are reported and documented.

The process used for reporting unusual or adverse incidents is identified.

Yes No

5. Where an incident identifies that corrective action is required, documentation exists showing that corrective action has occurred.

Documentation is provided of corrective action taken.

Yes No

6. A process exists to identify capital expenditure needs on an annual basis to ensure ongoing property maintenance.

A narrative/explanation and evidence of the process used to identify capital expenditure needs are provided.

Yes No

7. Building repairs are identified and carried out (i.e., maintenance requisitions and logs maintained).

Documentation is provided of maintenance requisitions and maintenance logs for equipment.

Yes No

8. Sidewalks, driveways, parking lots, and entrances are maintained and cleared of snow/ice in a timely manner.

The procedure used to ensure snow/ice is cleared in a timely manner is demonstrated.

Yes No

9. The organization has a process in place to ensure equipment, supplies, and medical devices (where applicable) are managed and maintained in a responsible manner. This process addresses the following:

- performing routine and preventive maintenance checks, including routine testing and inspection
- reporting identified maintenance needs
- following up on maintenance needs
- tracking service checks, including those performed by an external service
- adhering to local codes for buildings

Documentation is provided of maintenance processes for preventive maintenance.

Yes No

Documentation is provided that demonstrates service checks are performed by external services.

Yes No

10. The organization educates and trains staff on
- safely operating and maintaining equipment and medical devices, including new equipment
 - the available backup if equipment fails
 - getting repair services and carrying out emergency procedures
 - reporting problems and incidents involving equipment, supplies, and medical devices
 - the use of personal protective equipment (PPE)
 - keeping records of equipment servicing

Documentation is provided to indicate staff receive training on

- **safely operating and maintaining equipment and medical devices, including new equipment** Yes No
 - **the available backup if equipment fails** Yes No
 - **getting repair services and carrying out emergency procedures** Yes No
 - **reporting problems and incidents involving equipment, supplies, and medical devices** Yes No
 - **the use of personal protective equipment (PPE)** Yes No
 - **keeping records of equipment servicing** Yes No
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11. Where medical gases are used by the facility, these are stored in a safe, secure location with access restricted to authorized personnel only.

Demonstration is provided that medical gases are stored in a safe, secure location. Yes No N/A

12. The organization anticipates and plans for the impact of utility failures.

Contingency plans are provided for utility failures. Yes No

The following (13 and 14) pertain to SENIORS' APARTMENTS/INDEPENDENT LIVING only.

13. The organization has a standard lease agreement between the owner and the resident that addresses the rental conditions for the unit/room and any additional services that may be offered.

A sample is provided of the standard lease agreement. Yes No

14. Annual inspection of private units is conducted by building maintenance, or another person as identified by the management, to identify required repairs.

Evidence is provided of annual inspections of private units. Yes No

L. Emergency Preparedness

The organization has an Emergency Preparedness Plan for emergencies and disasters. Plans address, at minimum, the following: fire, evacuation, missing person, loss of utilities (electric, water, heating).

1. The Emergency Preparedness Plan for each emergency type includes, at minimum, the following components:
 - details regarding who is responsible for managing and coordinating the response to emergency situations during regular and off hours
 - a fan-out list for contacting staff in the event of an emergency and a process for keeping this list current
 - in the event of evacuation, a designated, identified alternative accommodation and agreement of use confirmed annually
 - training schedules and training information for staff/volunteers
 - a process to ensure that plans are reviewed, at minimum, once per year and revised as required
 - discussion with Community Emergency Services to identify how the organization's plan fits with the emergency/disaster plans of the community

Copies of the Emergency Preparedness Plan are provided, including

- **fan-out list** **Yes** **No**
 - **training schedules** **Yes** **No**
 - **documentation showing plans are reviewed annually** **Yes** **No**
 - **indication of community involvement** **Yes** **No**
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2. The organization is in compliance with all relevant fire code regulations. Evidence of annual fire inspections is requested.

**Copies are provided of the last three fire inspections/
fire marshall reports.**

Yes **No**

3. A fire safety plan exists and is visibly posted at each facility. It includes, at minimum,
 - steps to be taken in the event of a fire. Residents in independent living environments receive written instructions on what to do in the event of an emergency.
 - location of exits. These exits are easily identifiable and accessible and meet the local fire code requirements.

**A copy is provided of the fire safety plan, including information
provided to residents in independent living environments.**

Yes **No**

Fire exits are easily identifiable and accessible.

Yes **No**

4. Training is provided to all staff/volunteers at orientation and at least once per year thereafter on all emergency plans.

**Evidence is provided of training on an annual basis
(signed attendance sheets).**

Yes **No**

5. Drills are held annually, at minimum, and documented.

Documented evidence is provided of drills.

Yes No

6. The effectiveness of each drill is analyzed and changes are made to plans, procedures, or training methods to improve their effectiveness.

Evidence is provided (e.g., minutes of health and safety meeting or similar) that results of drills are reviewed and improvements are made where necessary.

Yes No

7. Where more than one physical property comprises an organization, the emergency codes and their meanings are the same throughout the organization. Where possible, emergency codes are universal within the community.

Emergency codes are universal throughout multiple properties.

Yes No N/A

8. Where a fire detection and alarm system is required to meet code, this system is inspected and tested according to code requirements and annually, at minimum. There is documented evidence of such inspection and testing.

Documentation is provided of annual testing of fire detection and alarm system.

Yes No

9. Where smoke/carbon monoxide alarms and/or detectors are required to meet code, a process is in place to test that all are in good working order. This testing is conducted quarterly, at minimum, and documented to show the date and person responsible for conducting the tests.

Documentation is provided of testing of smoke/carbon monoxide alarms and/or detectors.

Yes No

10. Portable fire extinguishers are located in common hallways as directed by local fire code. Extinguishers are in good working order, and evidence exists that they are checked annually and recharged/replaced as required.

Evidence (dated/signed tags) is provided that fire extinguishers are checked and recharged as required.

Yes No

11. Security/emergency lighting systems are present and in good working order in all hallways, stairwells, and common areas. These systems are tested annually, at minimum, and documented.

Security/emergency lighting is installed in hallways, stairwells, and common areas.

Yes No

Documentation (log) is provided showing that emergency lighting is tested annually.

Yes No

12. The organization has an alternative means of communication in the event of a failure of traditional systems.

Please describe the alternative means of communication in the event of system failure (e.g., alternative phone/radio system, hand bells for patients, etc.).

Yes No

M. Infection Control

1. The organization educates staff members on an ongoing basis about the risks of infection and about their role in preventing infections.

Documentation (outlines, attendance logs) is provided about infection control training for new staff and ongoing training.

Yes No N/A

2. To prevent infections, the organization carries out processes that include

- using isolation and precaution techniques, including routine practices
- cleaning, disinfecting, and sterilizing space, equipment, supplies, and medical devices
- properly handling, storing, and disposing of hazardous and infectious material
- promoting personal hygiene and cleanliness of the physical setting
- having proper building maintenance to prevent the spread of contaminants and infection, including ventilation and structure

Copies are provided of the policy and procedures or guidelines regarding

- **isolation and precaution techniques** Yes No N/A
- **cleaning, disinfecting, and sterilizing processes** Yes No N/A
- **handling, storing, and disposing of hazardous and infectious material** Yes No N/A
- **personal hygiene** Yes No N/A

Maintenance logs (or similar documentation) are provided showing routine building maintenance for air exchange systems.

Yes No N/A

3. In handling food, the organization has a process to prevent staff and volunteers who have a communicable infection from having direct contact with residents and/or with food.

The organization's policy regarding communicable infection in the workplace is provided.

Yes No N/A

4. The organization has processes to collect, transport, process, and store laundry/linen to prevent contamination and infection.

The policy/procedure regarding laundry/linen processes is provided.

Yes No N/A

5. If an infection occurs, the organization has processes to
- promptly detect, respond to, and contain the infection
 - investigate and manage the infection, including tracking all contacts
 - consult with infectious disease or public health authorities and experts
 - use the results of investigations to prevent the infection from happening again
 - report to public health authorities communicable diseases that are specified as notifiable in provincial or territorial law

The policy and procedures are provided that direct the organization in the event of an infection outbreak, including when and how public health authorities are contacted.

Yes No N/A