

Welcome to ‘Special Care Homes’

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Compliance Review		
Name of home		Assiniboia Union Hospital Integrated Facility
Location		Assiniboia
Date of review		Thursday, May 7, 2026
Date of initial report due (60 business days post review)		Tuesday, August 4, 2026
Date of final report (full compliance)		Wednesday, June 17, 2026
Standards found non-compliant at time of review – SHA Compliance Status at 60-days post review		
Standard	Criteria Observed	SHA Reported Compliance with Standards (Yes/No)
1.2.1 Long-term Care (Includes 1.2.1.1- 1.2.1.3) . The Special-care Homes Rates Regulations sets out the process for determining the income-tested resident charge that shall be applied to residents residing in a publicly subsidized designated home (i.e. a long-term care bed in a facility designated as a Special-Care Home, Hospital or Health Centre), and residents that have qualified for long-term care services and are receiving care in an acute care or health centre bed waiting for placement in a home.	The home has a process to ensure that at end of service there is flexibility to charge up to 3 days following the date of discharge.	YES
1.3.1 Clinical Assessments. All residents moving into special-care homes for long-stay care shall have an assessment completed using an assessment instrument approved by the Ministry. The information obtained from the assessment shall inform the resident’s care plan. Assessment information shall be provided to the Ministry in a format approved by the Ministry.	There is documentation that all long-stay residents have an assessment: On the 4th day after move-in	YES
1.3.2 Care Plans. Special-care homes shall ensure that each resident has an appropriate comprehensive and individualized care plan developed upon arrival in collaboration with a multidisciplinary team; the resident and their most responsible person shall be included in the care plan development.	Residents’ chart had care delivery matching the resident’s care plan based on the LTCF assessment.	YES
	A care conference occurred with the resident/most responsible person/care team during the last year.	YES
	Does the care plan address the resident’s physical/psychological/spiritual/cultural/social needs and corresponding goals?	YES

Standard	Criteria Observed	SHA Reported Compliance with Standards (Yes/No)
1.3.3 Personal Care. Special-care homes shall provide residents with personal care that is consistent with the care plan to support quality outcomes through the promotion of health, safety, independence, and comfort considering the individual rights of each resident within the inherent limitations of a group living situation.	Residents receive oral care minimum of once daily.	YES
1.4.4 Recreational Services. Each special-care home shall offer recreational activities designed in consultation with residents/responsible persons to meet the social and recreational needs, and interests and capabilities of each resident, and enhance the quality of each resident's life.	Residents have an individualized recreation plan.	YES
1.3.3 Personal Care. Special-care homes shall provide residents with personal care that is consistent with the care plan to support quality outcomes through the promotion of health, safety, independence, and comfort considering the individual rights of each resident within the inherent limitations of a group living situation.	There is documentation in regards to residents' ability to mobilize.	YES
1.3.5 Falls Prevention and Injury Reduction Program. Special-care homes shall have a Falls Prevention and Management Program that fosters resident independence and quality of life while mitigating risk for the residents and	There is documentation on the care plan when resident is assessed as "at risk for falls".	YES
	Post-fall resident assessment and huddle must occur and be documented.	YES
1.3.6 Restraints. Special-care homes shall only restrain residents (environmental, chemical or physical restraints) as a last resort, when there is an identified risk of injury to self and/or others and all other alternatives have proven ineffective.	Initial (within 24 hours) and on-going regular assessments of the resident, as well as the outcomes of the restraint used, are documented including rational for using the restraint.	YES
	A review was completed, at minimum, within the last 3 months when restraints are in use.	YES
	All less intrusive interventions have been trialed and the outcomes documented.	YES
	The period for regular resident monitoring is documented in the care plan according to the type of restraint used.	YES
	There is a written consent from resident/ most responsible person on the chart in regard to the use of and the rational for the use of the restraint.	YES
	Chemical restraints are reviewed a minimum of once a month.	YES

Standard	Criteria Observed	SHA Reported Compliance with Standards (Yes/No)
1.3.8 Pain Management. Special-care homes shall establish a policy/procedure to assess and manage residents' pain on a regular (at least daily) basis to facilitate residents' optimal comfort, dignity and quality of life.	Pain is assessed daily and is documented on the resident's chart.	YES
	Interventions to manage pain are documented.	YES
	The effectiveness of the pain management strategy is evaluated and documented in the resident's chart.	YES
1.3.16 Medication Management. Special-care homes shall ensure residents receive safe, reliable and cost-efficient drug management services that comply with The Housing and Special-care Homes Regulations and are administered by persons practising within their scope of practice.	Procedure exists for managing medications that are no longer required for a specific resident.	YES
	Are all medications signed for?	YES
	Is PRN effectiveness documented?	YES
	Supplies are within their expiry date?	YES
1.4.3 Diagnostic Services. Special-care homes shall facilitate residents' access to diagnostic services to meet their needs including laboratory, diagnostic imaging, or other services as indicated.	The resident will not be charged for the cost of an attendant to accompany them to an appointment if the physician/nurse practitioner has indicated the need.	YES
1.4.5 Environmental Services. Special-care homes shall provide environmental services to ensure the home is a clean, safe and comfortable environment.	Chemicals are stored correctly and properly labeled?	YES
1.5.1 Infection Prevention and Control. Special-care homes shall monitor, reduce and/or control the spread of infectious organisms to residents, staff and visitors through	Equipment appears clean and cleaning wipes are available.	YES
	Is the tub clean?	YES
1.5.6 Fire Safety. Special-care homes shall have a fire safety plan, including fire inspections, that meets all national, provincial and municipal requirements.	The fire plan is accessible to staff and outlines the frequency of alarm tests and drills.	YES
1.5.8 Water Temperature. The temperature of water in hot water holding tanks and at points of use shall be maintained at an appropriate temperature for the intended use.	The water temperature is controlled at the point of use.	YES
1.6.3 Medical Coverage/Physician Services. Homes shall provide medical coverage in a manner consistent with The Housing and Special-Care Homes Regulations	An examination by the physician or NP must be completed and documented, upon move-in, where a nursing assessment indicates that the resident's condition requires attention by a physician or NP, or not less than once a year.	YES

Standard	Criteria Observed	SHA Reported Compliance with Standards (Yes/No)
1.3.16 Medication Management Special-care homes shall ensure residents receive safe, reliable and cost-efficient drug management services that comply with The Housing and Special-care Homes Regulations and are administered by persons practising within their scope of practice.	Eye drops are dated when opened.	YES