Welcome to ‘Special Care Homes’

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Compliance Review		
Name of home		Golden Prairie Home
Location		Indian Head
Date of review		Thursday, April 23, 2026
Date of initial report due (60 business days post review)		Monday, July 20, 2026
Date of final report (full compliance)		Tuesday, July 14, 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)**
1.1.3 Appeal Process. The SHA shall establish an appeals process that allows residents the right to appeal eligibility for placement in long-term care, and designation of end-stage palliative care status upon move-in. Appeals must be responded to in writing within 60 days of receipt.	Manager Interview: The home is aware of appeal process for designation of end-stage palliative care upon move in.	YES
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	Residents' chart had care delivery matching the resident's care plan based on the LTCF assessment.	YES
	Resident/family and care team are involved in developing the care plan.	YES

Standard	Criteria Observed	SHA Reported Compliance with Standards (Yes/No)
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.	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
	The care plan is developed within four days of arrival and reviewed quarterly or when there is a change in health status.	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.	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	There is documentation in regards to residents' ability to mobilize.	YES
	Bowel/bladder care is monitored and documented.	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 staff.	There is documentation on the care plan when resident is assessed as "at risk for falls".	YES
	An individual falls prevention and management plan is on the chart and updated after each fall or significant change in health status.	YES
	If an individual is assessed as "at risk for falls", there are interventions in place to reduce the frequency of falls.	YES
	Post-fall resident assessment and huddle must occur and be documented.	YES
	There is a written physician's or nurse practitioner's order for the restraint on the chart.	YES
	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

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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.	A review was completed, at minimum, within the last 3 months when restraints are in use.	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
	Are any residents in a mechanical restraint (i.e. seatbelt, lap tray etc.) Ask for resident's name to do chart review. Is there a written physician's or nurse practitioner's order for the restraint on the chart?	YES
1.3.7 Skin Integrity and Wound Care. Special-care homes shall provide skin and wound care to preserve residents' skin integrity, prevent pressure injuries, promote comfort and mobility, and prevent infection.	Resident's chart notes observations on skin condition.	YES
	There is documentation in the resident care plan regarding wound management and treatments.	YES
	There is a documentation in the resident chart regarding the status of the wound.	YES
	Residents who are at risk of skin injury must have interventions identified to prevent wound development in the care plan.	YES
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.	The home has a pain management procedure in place that focuses on team training, communication, and effective care planning.	YES
	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
1.3.9 Managing Responsive behaviors. Special-care homes shall appropriately document and manage responsive behaviors in accordance with the care plan.	There is evidence the home has a policy or procedure to ensure employees are trained to manage responsive behaviors.	YES
1.3.11 Nutrition and Hydration. Special-care homes shall ensure that all residents have their nutritional and hydration needs assessed upon move in and when indicated; and they are offered appropriate nutrients and fluid intake based on their assessed needs and preferences.	Allowances for individual food preferences as well as cultural, religious or ethnic preferences of residents within available resources.	YES

Standard	Criteria Observed	SHA Reported Compliance with Standards (Yes/No)
1.3.15 Food Safety. Special-care homes shall ensure safe food handling in compliance with The Food Safety Regulations and accompanying Public Eating Establishment Standards.	Temperature logs indicate food temp within appropriate range	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.	All medications are kept in locked cabinets.	YES
	Residents are observed taking the medication; No medication is pre-poured or left unattended.	YES
	Controlled drugs and substances (e.g. narcotics) must be stored in a double locked system.	YES
	Are all medications signed for?	YES
	Is PRN effectiveness documented?	YES
	Is MAR signed when medications and treatments are administered?	YES
	Items are labelled and not used communally (creams, lotions etc.).	YES
	Supplies are within their expiry date?	YES
	Do staff observe the resident taking the medication?	YES
	Did the staff follow all the rights of drug admin?	YES
1.3.18 Purposeful Rounding. Special-care homes shall implement purposeful rounding - the timed, planned intervention of healthcare staff in order to address common elements of care, typically by means of a regular bedside round that proactively seeks to identify and meet residents' fundamental care needs and psychological safety.	Are call bells answered in a timely manner/ Purposeful Rounding Observed?	YES
1.3.19 Resident Care Records. Special-care homes shall ensure every resident has a standardized resident care	Are charts stored in a secured area? (public can't access)	YES
	No client identifying info left out	YES
1.3.20 Death of a Resident . Special-care homes shall have a policy regarding pronouncing resident death, certifying death, notifying the most responsible person, and legal documentation.	A process is in place to follow when a resident's most responsible persons are not available to be notified.	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
1.4.6 Laundry Services. Special-care homes shall provide laundry services for residents.	The laundry procedure manual is available to all laundry staff.	YES
1.5.1 Infection Prevention and Control. Special-care homes shall monitor, reduce and/or control the spread of	Equipment appears clean and cleaning wipes are available.	YES

Standard	Criteria Observed	SHA Reported Compliance with Standards (Yes/No)
infectious organisms to residents, staff and visitors through the surveillance, identification, prevention, control, and reporting of infections and shall establish an infection prevention and control policy.	Are urinals, bed pans, basins etc. cleaned and stored as per Infection Control Standards?	YES
	Are personal care products labeled appropriately and labelled for individual use?	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
	There is documentation that a fire drill, with attendance, is completed as per the home's fire safety plan monthly	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 bath water temperature is checked and documented prior to each bath.	YES
	The water temperature is controlled at the point of use.	YES
1.6.1 Staffing Requirements. Special-care homes shall meet the staffing requirements set out in The Housing and Special-care Homes Regulations. Homes shall provide nursing and personal care using a staff mix of care providers including registered nurses, registered psychiatric nurses, licensed practical nurses, continuing care aides (CCA) and other suitably trained staff to provide quality resident care that meets the assessed care needs of the residents.	Manager Interview: Newly hired CCAs, who have not yet completed a recognized training program, must do so within 2 years of employment. In the interim, the home must ensure the CCAs have the skills to perform the job requirements.	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
1.3.15 Special-care homes shall ensure safe food handling in compliance with The Food Safety Regulations and accompanying Public Eating Establishment Standards.	Food items that have been decanted and stored were found to be unlabeled. Expired food items found in the resident snack cupboard. Some fridge/freezer items found unlabeled and undated.	YES