Welcome to ‘Special Care Homes’

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Compliance Review		
Name of home		Manitou Lodge
Location		Watrous
Date of review		Thursday, May 21, 2026
Date of initial report due (60 business days post review)		Monday, August 17, 2026
Date of final report (full compliance)		Thursday, July 2, 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)**
1.1.12 Resident Rights & Responsibilities. Special-care homes shall respect the legal rights of every resident in so far as they are competent and capable of looking after their own affairs as is embodied in The Saskatchewan Human Rights Code and The Canadian Charter of Rights and Freedoms.	Resident Rights and Responsibility poster & Ombudsman contact information are posted in a common area	YES
1.1.14 Use of Video Technology. Where video technology is used by the home or residents, homes shall have a policy that guides its use and safeguard personal information and personal health information in accordance with The Freedom of Information and Protection of Privacy Act (FOIP), The Local Authority Freedom of Information and Protection of Privacy Act (LA FOIP) and The Health Information Protection Act (HIPA).	Where video is being monitored or recorded by the home/resident/ family, is there evidence that signage to advise that video surveillance is taking place, rationale for surveillance, how video will be used, and who to contact if there are concerns.	YES
1.1.15 Health Care Directives and Substitute Health Care Decision Makers. Special-care homes shall support residents to develop health care directives, and where a health care directive is established and the individual can no longer communicate their medical care wishes, their directive shall be respected.	The Health Care Directives and Substitute Health Care Decision Maker's Act shall be referred to, and followed to determine the appropriate decision maker for health-related decisions when the resident is not able and a health proxy has not been appointed.	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	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
	The most responsible person was notified when a change in the care plan/condition occurred.	YES

Standard	Criteria Observed	SHA Reported Compliance with Standards (Yes/No)
collaboration with a multidisciplinary team; the resident and their most responsible person shall be included in the care plan development.	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 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 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
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	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

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
1.3.9 Managing Responsive behaviors. Special-care homes shall appropriately document and manage responsive behaviors in accordance with the care plan.	Specific safety precautions are implemented and evaluated based on the assessment and professional consultations with specialists in the care and treatment of 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.	Records of menus are kept on file for at least three months.	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.	There is documentation of medication reconciliation upon move-in and transfer.	YES
	All medications are kept in locked cabinets.	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
	Medications are within their expiry dates?	YES
	Is MAR signed when medications and treatments are administered?	YES
	Supplies are within their expiry date?	YES
	Insulin pens labelled – date opened and discarded within 30 days.	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.	Documentation exists to demonstrate that the purposeful rounding process was monitored and evaluated annually.	YES

Standard	Criteria Observed	SHA Reported Compliance with Standards (Yes/No)
1.3.21 Resuscitative Services. Resuscitative services shall be available to all residents of special-care homes at minimum by calling 911 if in accordance with the resident's advance care directive; no home shall have a home-wide no CPR policy.	Each resident has their wishes in regard to resuscitative services documented on their advanced care directive and their care plan.	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 the surveillance, identification, prevention, control, and reporting of infections and shall establish an infection prevention and control policy.	Evidence of regular hand washing audits are completed as per Accreditation Canada standards.	YES
	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
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
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.	Are eye drops dated when opened.	YES
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.	Are items labelled appropriately? Are foods/supplies used within the expiry dates?	YES