Welcome to ‘Special Care Homes’

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Compliance Review		
Name of home		Montmartre Integrated Health care Centre
Location		Montmartre, Saskatchewan
Date of review		Thursday, May 28, 2026
Date of initial report due (60 business days post review)		Monday, August 24, 2026
Date of final report (full compliance)		Friday, July 10, 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
1.1.15 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.	A copy of the health care directive shall be in the resident chart and accompany the resident being admitted to an acute care hospital/treatment centre.	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: When there is a significant change	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	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
	A care conference occurred with the resident/most responsible person/care team during the last year.	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)
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
	There is documentation in regards to residents' ability to mobilize.	YES
	Mobile residents have a walking plan and are provided with assistance if required as documented in the care plan.	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 evidence that the falls prevention and management program is reviewed annually or when there is a significant change.	YES
	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
	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.	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
	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
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	Pain is assessed daily and is documented on the resident's chart.	YES
	Interventions to manage pain are documented.	YES

Standard	Criteria Observed	SHA Reported Compliance with Standards (Yes/No)
a regular (at least daily) basis to facilitate residents' optimal comfort, dignity and quality of life.	The effectiveness of the pain management strategy is evaluated and documented in the resident's chart.	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
1.3.13 Residents with Dysphagia. Resident-specific safe diet and dining assistance instructions shall be provided for residents with dysphagia.	The specific diet is identified on the care plan.	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 practicing within their scope of practice.	There is documentation that a multidisciplinary medication review has been completed at regular quarterly intervals, when an adverse effect occurs, or when a significant change in health status takes place.	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
	Items are labelled and not used communally (creams, lotions etc.).	YES
	Supplies are within their expiry date?	YES
	Did the staff follow all the rights of drug admin?	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
1.3.19 Resident Care Records. Special-care homes shall	Are charts stored in a secured area? (public can't access)	YES

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ensure every resident has a standardized resident care record starting upon move in and maintained up-to-date for the duration of the stay in compliance with The Housing and Special-care Homes Regulations.	Documentation occurs immediately after a particular event(s). The care provider who observed an event or attended to the resident should complete the recording in an accurate and legible manner.	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 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
	Wound supply products are stored in a clean space; products opened are labeled with patient's name.	YES
	Is respiratory equipment cleaned and stored as per Infection Control Standards?	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