Welcome to ‘Special Care Homes’

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Compliance Review		
Name of home		Prairie View Health Centre
Location		Mankota
Date of review		Wednesday, June 3, 2026
Date of initial report due (60 business days post review)		Friday, August 28, 2026
Date of final report (full compliance)		Monday, August 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)**
1.1.10 Resident Trust Account and Safekeeping of Valuables. Special-care homes shall safeguard resident trust accounts and valuables and have a policy and procedure concerning how breeches are investigated and	A written policy and procedure exists	YES
	There is documentation or evidence that residents and responsible persons can access their valuables and record of transactions when requested.	YES
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
1.2.1 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 provides the income information that the resident has submitted to the Ministry of Health within a reasonable time period not exceeding two weeks from move-in date.	YES

Standard	Criteria Observed	SHA Reported Compliance with Standards (Yes/No)
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
	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
	Does the care plan address the resident's physical/psychological/spiritual/cultural/social needs and corresponding goals?	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.	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
	If an individual is assessed as "at risk for falls", there are interventions in place to reduce the frequency of falls.	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	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

Standard	Criteria Observed	SHA Reported Compliance with Standards (Yes/No)
self and/or others and all other alternatives have proven ineffective.	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
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 a documented skin care and wound management policy/procedure that includes education for all staff regarding pressure injury prevention and best practice.	YES
	There is a documentation in the resident chart regarding the status of the wound.	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
	Interventions to manage pain are documented.	YES
	The effectiveness of the pain management strategy is evaluated and documented in the resident's chart.	YES
1.3.11 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
1.3.16 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
	Supplies are within their expiry date?	YES
	Insulin pens labelled – date opened and discarded within 30 days.	YES
1.3.19 Resident Care Records. Special-care homes shall 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.	The resident care record is available based on the requirements of the Heath Information Protection Act to the resident/responsible person/s where requested.	YES

Standard	Criteria Observed	SHA Reported Compliance with Standards (Yes/No)
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.	The home evaluates the program on a routine basis, at least annually, to ensure it is a resident centred program.	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	Wound supply products are stored in a clean space; products opened are labeled with patient's name.	YES
	Is the tub clean?	YES
1.5.5 Emergency Preparedness. Special-care homes shall establish an emergency preparedness plan and ensure that all staff are aware of and prepared for their roles and responsibilities in the event of an emergency.	The emergency preparedness plan is in place, staff have received training, and have access to the plan.	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
1.7.2 Concern Handling. Special-care homes shall have a documented process to ensure that residents/most responsible person/employees, and any other person having a concern related to the care a resident is receiving, have the opportunity to report the concern, and receive a response in a timely manner, without fear of retribution.	There is a documented concern handling policy, a copy of which is included in resident handbook or otherwise shared with residents/families.	YES