Welcome to ‘Special Care Homes’

This webpage provides information collected through inspections conducted by the Ministry of Health on Special Care Homes currently owned and operated by the Saskatchewan Health Authority (the “SHA”) or through an SHA contracted party. All inspections of Special Care Homes and reporting of results of inspections are conducted in accordance with section 17.01 of The Facility Designation Regulations.

TERMS OF USE

The information provided on this webpage is limited to that which is available on the date it is collected and is not intended as a description of a Special Care Home on any other date or on an ongoing basis. Inspection results are for informational purposes only and do not guarantee the current conditions of a Special Care Home. Any individual with questions about the inspection results for a particular Special Care Home may contact the SHA.

Although efforts are made to ensure the accuracy of the information provided on this webpage, the Government of Saskatchewan (the “GoS”) makes no representations or warranties, express or implied, regarding the accuracy, validity, reliability, availability, suitability, or completeness of the information on this webpage. The information is provided on an “as is” and “as available” basis and is subject to change without notice.

In accessing this webpage, you agree that under no circumstances will the GoS or any of its officers, directors, employees, agents, representatives, ministers, appointees, assigns, contractors and subcontractors have any liability to you or any other person or entity for any errors, inconsistencies or omissions in the information, or for any losses or damages, costs or expenses of any kind whatsoever, including without limitation; direct, indirect, consequential, punitive or other damages arising from the use of or reliance upon any information provided by this webpage. You will be fully responsible for any consequences resulting from your use of the information on this webpage. You expressly agree that your use of this webpage and any information on it is solely at your own risk, and that your only remedy for any concerns with this webpage is to cease use.

You agree to indemnify and hold harmless the GoS from any demands, claims, causes of action, liabilities, losses, judgments, settlements, damages, expenses, costs, including legal fees and disbursements, or any other proceedings of any nature made against the GoS by any third party arising out of, or in connection with the use of this webpage or this information on it.

These Terms of Use and your use of the webpage and the information on it are governed by and construed in accordance with the laws of the Province of Saskatchewan and the laws of Canada applicable therein, without regard to your use of the information and the webpage. You agree to submit to the exclusive jurisdiction of the courts of the Province of Saskatchewan in any action.

Compliance Review		
Name of home		Santa Maria Senior Citizens Home Inc.
Location		Regina,Saskatchewan
Date of review		Thursday, April 16, 2026
Date of initial report due (60 business days post review)		Monday, July 13, 2026
Date of final report (full compliance)		Monday, June 8, 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)**
1.1.15 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
	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
1.2.2 Short Stay Care (Includes 1.2.2.1- 1.2.2.4). All individuals requiring short stay care must sign a move-in/financial agreement that, at minimum, includes: a) Type of care(respite, convalescence, rehabilitative, or palliative); b) Proposed length of stay; c) Discharge plan; d) Charge for stay and any other fees and charges; e) Rights and responsibilities of the home and the resident; and, f) Any other information the home deems relevant.	There is a procedure in place when a resident refuses to leave the bed when they are no longer authorized to occupy that bed.	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	There is documentation that all long-stay residents have an assessment: On the 4th day after move-in	YES
	There is documentation that all long-stay residents have an assessment: When there is a significant change	YES
	There is documentation that all long-stay residents have an assessment: Quarterly	YES
	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)
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.	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
	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 received a minimum of 1 bath/shower in the last 7 days, or documentation is provided as to why this did not occur.	YES
	Residents receive oral care minimum of once daily.	YES
	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
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
	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

Standard	Criteria Observed	SHA Reported Compliance with Standards (Yes/No)
	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
1.3.8 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.	If a resident is experiencing responsive behaviors, the care plan has been reviewed within the last 90 days, or more frequently if behaviors change.	YES
	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
	Documentation on the resident's chart demonstrates that residents/responsible persons participate in the care planning and are advised of the rationale for the safety precautions implemented.	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
	Procedure exists for managing medications that are no longer required for a specific resident.	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.	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
	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
	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'	Documentation exists to demonstrate that the purposeful rounding process was monitored and evaluated annually.	YES
	Are call bells answered in a timely manner/ Purposeful Rounding Observed?	YES
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	Are urinals, bed pans, basins etc. cleaned and stored as per Infection Control Standards?	YES
	Wound supply products are stored in a clean space; products opened are labeled with patient's name.	YES
	Is the tub clean?	YES

Standard	Criteria Observed	SHA Reported Compliance with Standards (Yes/No)
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
1.6.3 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
1.3.16 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 with date opened	YES
1.3.16 1.3.16 Special-care homes shall ensure residents received 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.	Does the home practice safe and effective distribution and administration of residents medications following industry and professional practices including documentation?	YES