## 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** | | Southwest Integrated Healthcare Facility |
| **Location** | | Maple Creek |
| **Date of review** | | Thursday, July 9, 2026 |
| **Date of initial report due (60 business days post review)** | | Friday, October 2, 2026 |
| **Date of final report (full compliance)** | | Thursday, August 20, 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)** |
| 1.1.11 Resident and Family Councils. Special-care homes shall have resident and family councils to ensure residents and families have a voice in the operation and activities of the home. | Resident and family council minutes indicate meetings have occurred at a minimum within the last year. | 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 |
| 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: Quarterly | 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 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 |
| | A care conference occurred with the resident/most responsible person/care team during the last year. | YES |
| | The care plan is developed within four days of arrival and reviewed quarterly or when there is a change in health status. | YES |

| Standard | Criteria Observed | SHA Reported Compliance with Standards (Yes/No) |
|---|---|---|
| 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. | 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. | 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. | 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 |
| | 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 |

| 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. | 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. | The resident's weight has been recorded in the last 30 days. | 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. | 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. | 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. | 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 |
| 1.4.4 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 |
| 1.4.5 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 |

| Standard | Criteria Observed | SHA Reported Compliance with Standards (Yes/No) |
|---|---|---|
| 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 | Are personal care products labeled appropriately and labelled for individual use? | YES |
| | Is respiratory equipment cleaned and stored as per Infection Control Standards? | 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. | Are eye drops dated when opened? | YES |
| 1.3.11 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. | Is food used within expiry dates? Is food labeled when decanted into containers? | YES |