

# Accreditation

## Assessment Instrument



**Safety**



**Infection Control**



**Staff Training**



**Resident Services**



**Care Services**



*“Accreditation Matters”*

Copyright 2009, Ontario Retirement Communities Association, all rights reserved. Please note the contents of this document are for the purpose of Accreditation through the Ontario Retirement Communities Association (ORCA).

All digital and analogue content available from ORCA, including but not limited to, published and unpublished text, graphics, user and visual interfaces, videos, logos, images, audio clips, computer code, data compilations and software, and the compilation and design thereof in any media format including ORCA's website is the property of ORCA and is protected by Canadian and applicable foreign copyright and international conventions.



## **About the Ontario Retirement Communities Association (ORCA)**

ORCA is a voluntary, non-profit organization established in 1977 that sets professional operating standards, inspects and accredits retirement residences in Ontario. Not all retirement residences are ORCA approved, only those that pass and continue to meet ORCA's standards for accreditation. ORCA approved retirement residences provide care and services to 23,000 seniors in Ontario. ORCA membership is an assurance of a safe, well-maintained, professional and pleasant living environment.

### **ORCA Accreditation – Why it Matters:**

The operation of retirement residences in Ontario is not regulated by provincial legislation. In the absence of province-wide standards, ORCA sets standards, inspects and accredits these residences. By participating in ORCA's accreditation, a retirement residence demonstrates a commitment to quality and accountability to its residents, staff and the public.

### **About the ORCA Accreditation Program**

To protect residents, ORCA members must adhere to a comprehensive set of professional operating standards pertinent to ensuring a safe quality living environment. ORCA's standards are created by experts in the sector and focus on basic safety and legislative standards that are measurable. There are 78 standards that have been identified as essential to the safe operation of the retirement residence and the safety of the residents that reside there.

In order to be an accredited member of Ontario Retirement Communities Association, a retirement residence must comply with 100% of the standards at their first survey and at subsequent surveys to maintain membership. Residences must be accredited every two years.

Trained surveyors conduct the on-site inspections and the results are graded by an independent third-party. A retirement residence that fails a survey by not meeting accreditation is refused membership. ORCA monitors compliance during the 2 year accreditation period and conduct random unannounced visit(s) regularly to ensure that standards are being maintained.

The following areas are reviewed under the Accreditation Program:

- Quality of resident care
- Safety and security
- Emergency Planning
- Building and property maintenance
- Food and meal services
- Recreation opportunities
- Housekeeping and Laundry
- Compliance with Legislation

## About CRIS

With funding from the Province, ORCA operates the Retirement Home Complaints Response & Information Service (CRIS).

This toll-free service is available to seniors and their families to:

- Get help resolving a complaint about any retirement residence in Ontario, not just ORCA accredited
- Find out what care options are available and how to decide what best meets one's needs
- Request a free directory with information on the full range of care options available

**One Number. One Call. 1-800-361-7254**



Look for the  
ORCA Logo

Proof of  
Membership

## Ontario Retirement Communities Association

2390 Bristol Circle  
Unit 6  
Oakville, Ontario, L6H 6M5  
Tel: (905) 403-0500  
Fax: (905) 829-1594  
Toll-free: 1-800-361-7254  
Email: [info@orca-homes.com](mailto:info@orca-homes.com)

[www.orca-homes.com](http://www.orca-homes.com)

# TABLE OF CONTENTS

	pages
<b>SAFETY SECTION</b>	
Standards 1.01 – 1.27	4-9
<i>Safety section includes standards on fire safety, resident safety (policy on missing residents, unexpected death), building safety, food safety, occupational health and safety, WHMIS, First Aid Requirements</i>	
<b>INFECTION CONTROL</b>	
Standards 2.01 – 2.09	10
<i>Infection control section includes standards on immunization, outbreak contingency plans, protective equipment, isolation (AROs), infection control, handwashing, Public Health Inspection reports.</i>	
<b>RESIDENT SERVICES</b>	
Standards 3.01 – 3.21	11-14
<i>Resident Services section includes standards from all departments ~ admissions, resident finances, Residential Tenancies Act (formerly TPA), Personal Health and Information Protection Act (PHIPA), ORCA Certificates, position descriptions and job routines for staff, reference checks, menus and meal services, laundry, housekeeping, maintenance services, recreation programs.</i>	
<b>STAFF TRAINING</b>	
Standards 4.01 – 4.05	15
<i>Staff Training section includes standards on orientation program and annual inservice programs for staff, Prevention of Elder Abuse; food handling inservice, mechanical lifts</i>	
<b>CARE SERVICES</b>	
Standards 5.01 – 5.16	16-19
<i>This section is only completed if care is provided. Care definition ~ A resident is classified as receiving care for the purposes of the standards in this section, if the resident is provided with nursing care (personal care, assistance with daily living or given medication) by the staff of the residence.</i>	
<i>Health records, Direction of Care Service, Staff Training – UCPs, cognitively impaired, body mechanics, care plans, physicians orders, MAS, medical directives, restraints, registered staff licence, external care provider care services, nutritional needs / special diets, snacks and fluids, tray service.</i>	

# Accreditation Standards

## SAFETY SECTION

- 1.01 There is a Fire Safety Plan that is approved by the Local Fire Official, implemented and kept in the building in an approved location, that includes the following:
- (a) the emergency procedures to be used in case of fire including sounding the fire alarm, notifying the fire department, provisions for access for fire fighting, instructing occupants on procedures to be followed when the fire alarm sounds, evacuating endangered occupants and confining, controlling and extinguishing the fire;
  - (b) the appointment and organization of designated supervisory staff to carry out fire safety duties;
  - (c) the instruction of supervisory staff and other occupants so that they are aware of their responsibilities for fire safety
  - (d) the holding of fire drills including the emergency procedures appropriate to the building;
  - (e) the control of fire hazards in the building;
  - (f) the maintenance of building facilities provided for the safety of occupants;
  - (g) the provision of alternative measures for the safety of occupants during any shutdown of fire protection equipment and systems or part thereof; and
  - (h) instructions, including schematic diagrams, describing the type, location and operation of building fire emergency systems;
  - (i) Fire Plan is communicated to residents, staff and volunteers; and
  - (j) Fire Plan is to be reviewed as often as necessary but not exceeding 12 month intervals to ensure that it takes account of changes in the use and other characteristics of the building.
- 1.02 There is written evidence that at least one fire drill is held monthly.
- (a) Reports on the results of the fire drills include:
    - date, time and shift
    - signatures of staff in attendance
    - problems identified; and
    - recommendations and follow-up actions to correct deficiencies;

## **SAFETY SECTION**

- (b) The fire drills are planned to include practice of the procedure on all shifts on a regular basis throughout the year;
- (c) Staff attendance at fire drills is recorded on a master attendance sheet so that, at least annually, all staff have the opportunity to test their knowledge of the fire drill procedures.

1.03 Directions for action in the event of a fire are posted by each fire pull station.

1.04 There is written evidence that a designated staff member:

- (a) **monthly** inspects fire extinguishers and hoses and signage;
- (b) **monthly** (i) tests emergency generator and maintains records of the inspection, performance, exercise period and repairs;  
**OR**  
(ii) tests the Emergency lighting and maintains records of the inspection performance and repairs
- (c) **daily** inspects the exit lights, fire alarm system panel (light on) and exits clear (including weekends).
- (d) **immediately** follows up on any deficiencies identified in fire and internal department inspections

1.05 Horizontal or zone evacuation drills are practiced annually.

1.06 The corridors have clearly marked exits with lighted signs.

1.07 Access to stairwells and exits is free of obstruction and flammable materials.

## **SAFETY SECTION**

- 1.08 There is recorded evidence that a certified third party inspector has inspected and issued a certificate for:
- (a) The fire detection system and safety equipment within the past year and all deficiencies are followed-up.
  - (b) Where there is a fixed extinguishing system for a kitchen hood it has been inspected semi-annually and all deficiencies are followed-up.
  - (c) Where there is a generator to provide power in the event of a power outage it has been inspected semi annually and all deficiencies are followed-up.
- 1.09 There is a written procedure that ensures staff know how to respond to emergency situations.
- 1.10 There are written procedures that clearly outline:
- (a) How the Residence monitors resident presence and well-being; and
  - (b) Procedures indicate search procedure if resident deemed missing.
- OR**
- (C) A policy stating that your residence does not monitor the presence of residents.
- 1.11 There is a policy and procedure in place to direct staff in all departments that outlines the procedure to be followed for expected / unexpected death taking into account advanced directives, if any.

## **SAFETY SECTION**

1.12 There is policy and procedure in place for responding to both extreme hot and / or cold weather conditions.

Policy and procedure should detail practices for:

- (a) Failure of heating system
- (b) Failure of cooling systems and should outline precautions for:
- (c) Extreme hot weather; and
- (d) Extreme cold weather, including appropriate dress and hydration.

1.13 The building and grounds are maintained and kept free of potential hazards.

1.14 The temperature of the water serving all bathtubs, showers and hand basins used by the residents shall be maintained not below 40 degrees Celsius (104 F) and not exceed 49 degrees Celsius (120 F), and shall be controlled by a device, inaccessible to residents, that regulates the temperature. Temperature will be monitored and recorded daily at source or output on a rotational basis according to residence policy.

1.15 There is a system in place for identifying needed repairs and maintenance.

1.16 Elevators shall be maintained under a maintenance contract, inspected at least annually and licences displayed.

1.17 Dishwasher wash and rinse temperatures are posted and staff are aware of temperatures and chemical requirements.

1.18 There is written verification that food temperatures are monitored daily for all meals.

- (a) Hot food is served at a minimum of 140 F or 60 C
- (b) Cold food is served at 40 F or 4 C.

## **SAFETY SECTION**

1.19 The following food storage principles are adhered to:

- (a) Raw food and cooked food are kept separately.
- (b) Raw food is stored below cooked food.
- (c) Food is stored at correct temperature and monitored routinely as per the residence policy.
- (d) Refrigeration units have thermometer available for visual temperature checks.
- (e) Food is stored 6" off the floor.
- (f) Cooked food is labelled and dated.
- (g) Frozen food is labelled and dated.
- (h) Stock is rotated.
- (i) All foods are covered.

1.20 The following food preparation principles are adhered to:

- (a) Cooked food is not held longer than an hour.
- (b) Frozen products are defrosted correctly.
- (c) All fruits and vegetables are washed.
- (d) Preparation areas are designated and sanitized appropriately.
- (e) Cutting boards are designated and sanitized appropriately.

1.21 There is a written policy on smoking within the residence.

1.22 In accordance with the Occupational Health and Safety Act ( Bill 208 )

- (a) If more than 20 employees, there is an Occupational Health and Safety Committee and:
  - (i) There are at least two members of the Health and Safety Committee that have received CORE Certification Training
  - (ii) The Health and Safety Committee meets at least quarterly
  - (iii) The deliberations of the Health and Safety Committee are documented in minutes, posted for review by staff
  - (iv) There is a visual inspection of the physical condition of the Workplace at least once a month

in a (v) Post the names of the Health and Safety Committee  
visible location.

## **SAFETY SECTION**

**OR**

- (b) If less than 20 employees, there is a designated Health and Safety Representative and:

There is a visual inspection of one area of the workplace monthly so that the entire residence is completed on an annual basis.

1.23 The following Workplace Hazardous Materials Information System (WHMIS) requirements are adhered to:

- (a) There is a staff member designated to oversee WHMIS requirements
- (b) Staff receives WHMIS training during orientation and annually thereafter
- (c) Decanting and labeling requirements are adhered to
- (d) MSDS sheets are available for all hazardous products
- (e) Staff are provided with required protective equipment as needed
- (f) Eye wash stations provide free flowing water for flushing for 15 minutes.

1.24 There is an RN or RPN or staff member trained that is a valid holder of St. John Ambulance First Aid Certificates or its equivalent on each shift as per the Act and there is a First Aid station sufficient to meet WSIB Regulations 1101.

1.25 All chemicals are stored in locked or supervised areas (including housekeeping carts) when not in use to ensure that it is safe from residents.

1.26 There are appropriate devices to promote the safety of residents.

1.27 There are policies and procedures in place to ensure routine removal of lint from dryers.

## **INFECTION CONTROL SECTION**

- 2.01 There is a program in place to encourage immunization of all staff and residents against Influenza.
- 2.02 An outbreak contingency plan is in place to define, identify and manage an infectious outbreak that includes the following:
  - (a) Definition of an outbreak
  - (b) Notification of Public Health Department
  - (c) Reporting and documentation.
- 2.03 There is a policy and procedure that provides staff in all departments with guidelines for dealing with communicable illnesses requiring additional precautions, including ARO's (Antibiotic Resistant Organisms).
- 2.04 Protective equipment is available or readily accessible if staff precautions are required in the process of additional precautions.
- 2.05 There are written policies and procedures in place to direct staff in all departments on preventing cross contamination that includes:
  - (a) Handling soiled linens and protection of uniform;
  - (b) Separation of dirty and clean items in all departments
- 2.06 There is a policy stating that needles should not be re-capped and a procedure for needles to be disposed of appropriately.
- 2.07 There is policy and procedure regarding proper hand hygiene to guide staff and products are available for use in each work area.
- 2.08 There are infection control policies and procedures in place that are evident during food preparation and service, that include:
  - (a) Hand washing / Hand Hygiene;
  - (b) Separation of clean / dirty dishes during service
  - (c) Disposal of left-over food
  - (d) Adherence to cleaning schedules / sanitation practices.

2.09 All Public Health inspection report recommendations are acted on and communicated to staff.

## **RESIDENT SERVICES SECTION**

- 3.01 There is indoor and outdoor space that meets the needs of the residents for:
- (a) Privacy
  - (b) Socializing
- 3.02 The residence shall maintain the following for all residents:
- (a) Name of next of kin and/or responsible party
  - (b) Power of attorney for finance and/or care, if applicable
  - (c) Consent for Personal Health Information Protection Act (PHIPA), in accordance with the Privacy Act
  - (d) Consent for ORCA Survey
- 3.03 On admission, the resident and/or family will receive a tour of the residence and a full orientation to the residence staff and services. The orientation package will include the following:
- (a) resident rights and responsibilities;
  - (b) introduction to key personnel, explanation of the amenities and services offered;
  - (c) meal choices and times;
  - (d) use of the call bell system / other emergency response system
  - (e) fire and safety procedures;
  - (f) Residents' Council or similar forum; and
  - (g) Residents' complaints procedure
- 3.04 An invoice / statement of all debits and credits regarding accommodation and services is communicated to the residents and/or a responsible party at least every three months
- 3.05 Where the residence handles the residents' money, there shall be a policy and procedure and a written agreement between the resident and the residence giving consent and;

- (a) for trust accounts, an accounting of all transactions and statements issued at least every three months;

**OR**

- (b) for Pin Money, a running ledger

## **RESIDENT SERVICES SECTION**

- 3.06 Where the residence is contracting outside services for their residents, there must be a written contract with the service provider including annual proof of current licensure and detailed statements of charges.
- 3.07 There shall be a written agreement between the residence and resident that reflects the requirements of the Residential Tenancies Act 2006 (formerly Tenant Protection Act 1998) including the initial and additional charges. This agreement sets out at least the following:
- (a) The rates for accommodation and care services as defined by RTA
  - (b) The rates for optional or contracted services provided by operator
  - (c) The 90-day notice period for the rate increases done on the proper forms (N3) and given in writing for an increase in accommodation, care services and / or meal charges
  - (d) The notice period and grounds for termination of the agreement by the Operator as defined by RTA
  - (e) The 30-day notice period for termination of the agreement by the resident (accommodation portion)
  - (f) The 10-day notice period for the termination of care services and meals before the date the agreement terminates by the resident
  - (g) Where a vacating resident's unit is occupied within the notice period, the proportional amount of the monthly rate is rebated to the vacating resident, or Estate.
- 3.08 There is a Care Home Information Packages (CHIP) in accordance with the requirements of the Residential Tenancies Act that is distributed to all new residents. The information package must contain the following information:
- (a) List of the different types of accommodation provided and the alternative packages of care services and meals available as part of the total charge

- (b) Charges for the different types of accommodation and for the alternative packages of care services and meals
- (c) Minimum staffing levels and qualifications of staff
- (d) Details of the emergency response system, if any, or a statement that there is no emergency response system
- (e) List and fee schedule of the additional services and meals available from the landlord on a user pay basis

## **Resident Services Section**

### **3.08 Cont.**

- (f) Internal procedures, if any, for dealing with complaints, including a statement as to whether tenants have any right of appeal from an initial decision, or a statement that there is no internal procedures for dealing with complaints
- (g) Provide information for contacting the Landlord and Tenant Board (formerly Ontario Rental Housing Tribunal) for the Rights and Responsibilities of the owner and resident.

3.09 There is a written policy that the residence adheres to the privacy principles of the Personal Health and Information Protection Act (PHIPA).

3.10 Where the residence is a member of the Ontario Retirement Communities Association the following Documents / Certificates denoting current membership are posted in a clearly visible area:

- (a) Code of Ethics and ORCA Complaints Plaque
- (b) Membership Certificate.

3.11 There are position descriptions and job routines for each staff category.

3.12 There is a confidential personnel record for each staff member and pre-employment references are obtained and documented prior to commencement of employment (including vulnerable sector screening / criminal background checks).

3.13 There are rotational menus based on Canada's Food Guide that provide balanced nutrition, visual appeal and variety to residents.

3.14 The menus are:  
ORCA Accreditation Standards  
Published: January 2009  
© ORCA All Rights Reserved

- (a) available for resident information;
- (b) prepared to provide alternate entree choices at each meal
- (c) posted for current day

3.15 Time frames for meal service should conform to accepted community standards.

3.16 There is a policy in place that addresses the acceptable standard of attire for food service department staff, including a clean uniform and hair is safely contained during food preparation.

### **Resident Services Section**

3.17 There are recreation programs that meet residents' needs, which includes the following types of activities.

- (a) days, evenings and/or weekend programs;
- (b) celebration of special events and programs that respond to cultural background and preferences;
- (c) exercise programs
- (d) education programs;
- (e) special interest activities or hobbies;

3.18 There is a regular forum, which facilitates open communication between residents and management.

3.19 There is an organized housekeeping service with written job assignments/routines that maintains a clean and safe environment and staff is provided with equipment and supplies appropriate for the delivery of services.

3.20 There is an organized laundry service with written job assignments/routines that maintains a clean and safe delivery of service and staff is provided with equipment and supplies appropriate for the delivery of services

3.21 There is an organized maintenance service to ensure the maintenance of a safe and secure environment.

## **STAFF TRAINING SECTION**

4.01 There is a written orientation program in place to initiate new staff to the residence, all aspects of their job, and emergency procedures.

4.02 There is a staff development program and continuing education program for staff that is responsive to the changing needs of the resident population, and includes a written program detailing annual in-services.

*(The orientation program and staff development program of annual in-services should at a minimum include: 1) Fire Safety, 2) WHMIS, 3) Prevention of Elder Abuse, 4) Cognitive Impairment, 5) Infection Control, 6) Violence in the Workplace / Resident Aggression, 7) Body mechanics when lifting or transferring, if applicable).*

4.03 There is a written policy and procedure in place for staff to deal with suspected or witnessed resident abuse and aggressive behaviour that includes:

- (a) definitions and indicators of psychological abuse, financial abuse, physical abuse and neglect
- (b) procedures for staff and management to report, document and investigate

4.04 Where a mechanical lift is used, there is a policy and procedure in place that ensures:

- (a) staff training on the appropriate use of equipment
- (b) routine preventative maintenance of equipment
- (c) safe storage of equipment

- 4.05 All staff involved in food preparation or service shall receive a minimum of one hour in-service on food handling practices and infection control as part of their orientation and training annually.

## **CARE SECTION**

### **(COMPLETE ONLY IF CARE IS PROVIDED)**

If a resident is provided with care (personal care, assistance with daily living or given medication) by the residence staff, the resident is classified as receiving CARE for the purposes of the following standards. If residence is providing CARE (even to one resident), residence must complete the following CARE SECTION:

5.01 Health records are maintained that contain the following:

- (a) Resident's weight taken on admission
- (b) Health Number
- (c) Name of current physician
- (d) Pre-admission medical assessment/history completed by a qualified physician and / or RN / RPN
- (e) Signed physician's orders for all medications and treatments
- (f) Transfer information
- (g) Resident progress notes for individual residents that record significant changes in resident's condition and follow up by care staff
- (h) Medication Administration Record;

5.02 The direction of the care service is provided by a person with a minimum requirement of an RPN qualification currently licensed to practice in Ontario.

- 5.03 There is written policy and procedure that clearly outlines that staff training is provided if Unregulated Care Providers (UCPs) are used for delegated services including administration of medications, if applicable, and that there is documented annual evaluation of UCPs as necessary.

## **CARE SECTION**

### **(COMPLETE ONLY IF CARE PROVIDED)**

- 5.04 There is a policy and procedure which ensures the Resident's individual needs for personal care are assessed and there is a plan of care which includes:
- (a) The resident and/or family is involved in planning of care
  - (b) There is a process for evaluation of care on a regular and ongoing basis as per the policy of the residence
  - (c) There is a system in place to recognize indicators of changing resident needs and to respond accordingly
- 5.05 There is a policy and procedure that ensures all physicians' orders are signed within a reasonable time frame.
- 5.06 There is policy and procedure that ensures attending physician evaluates resident's needs and corresponding orders are reviewed and revised regularly to ensure that they remain current.
- 5.07 There are policies and procedures for the medication system, which are in accordance with the professional practices and provincial regulation for medication administration which includes:
- (a) there is a current reference text of pharmaceuticals available as a Resource to staff and physicians (CPS)

- (b) Prescription and over the counter medications are administered only on the order of the resident's physician
- (c) There are clear guidelines regarding dosettes, if applicable

The Pharmacy provides or approves guidelines for the following:

- (d) Provision, use and control of pharmaceuticals (both prescription and non-prescription)
- (e) administration of medications
- (f) safe storage
- (g) information and education of staff and residents where applicable

## **CARE SECTION**

### **(COMPLETE ONLY IF CARE PROVIDED)**

5.08 Where the residence uses written medical directives (standing orders), the written policy and procedures shall include the following directives and the physician's order must specify:

- (a) The specific medication, dosage and frequency
- (b) The specific condition
- (c) The name and signature of physician authorizing the directives

5.09 There is a policy and procedure that ensures the proper administration and charting of all medications.

5.10 There are systems to assess the residents' needs and the residence's ability to meet these needs prior to admission and on an ongoing basis.

5.11 The residence has a "no restraint" policy;

## **AND / OR**

If physical restraints are used there must be clear evidence that the residence is taking action to limit the use of restraints and has a “least restraint” policy. Procedures for the use of restraints must include:

- (a) written evidence of individual assessment and evaluation of alternate interventions
- (b) written policies and procedures that outline the type of restraint, monitoring and repositioning practises, safety requirements and shift reporting requirements and re-assessment
- (c) written verification that repositioning and safety requirements have been adhered to on each occasion must exist
- (d) verification that the family/responsible party are provided with education about the risks of using or withholding restraints, the hazards, anticipated adverse affects, the expected benefits and possible alternatives that have been tried
- (e) informed consent by the resident or consent of a proxy (substitute decision-maker) as per the Health Care Consent Act and The Substitute Decisions Act

## **CARE SECTION**

### **(COMPLETE ONLY IF CARE PROVIDED)**

- (f) a physician’s order which states the type of restraint, reason for use and duration
  - (g) ongoing documentation by the physician and health care team justifying the continued use of any device
  - (h) staff education related to the use of restraining devices
- 5.12 Registered Staff submit copies of their license annually to verify they are members in good standing with the College of Nurses of Ontario and licensed to practise in Ontario.
- 5.13 Policy and Procedures should indicate when care services are provided by an external provider, these services are documented and changes in the resident’s condition are communicated to residence staff.
- 5.14 Resident’s nutritional needs including special diets, textured foods and allergies are noted on admission and updated as changes occur and a system exists to ensure that all dietary and serving staff are aware of special diets as applicable.

- 5.15 There is provision of snacks and fluids between meals for residents who are unable to access these independently.
- 5.16 Tray Service is monitored if residents are at risk of choking.