

PROVINCIAL PERSONAL CARE HOME PROGRAM OPERATIONAL STANDARDS

(Effective as of October 1, 2026)

Document Control Record

Version	Date	Update(s)
1.0	April 1, 2026	Initial release of full manual.
1.1	October 1, 2026	Revised program description – changed home size upper limit to 115; added Short Stay Option Revised definitions – added spouse and third-party provider; revised abuse and fire alarm Updated links – Newfoundland and Labrador College of Nurses; Pharmacy Board Standards; Fire Code and Building Code; APA Manual Revised: • PCH-A-2: Procedure 2. (r), (s) and (t) • PCH-C-6: Standard 11. • PCH-D-2: Standard 2. (non-refillable dispensers) • PCH-D-3: Standard 5. • PCH-E-2: Procedure 7. • PCH-E-6: Procedure 2. (h) and 6. • PCH-E-7: Procedure 1. • PCH-E-15: Procedure 8. • PCH-F-1: Legislative Reference, Standard 4. (j) and Procedure 7. • PCH-F-2: Standard 3. and Procedure 1. And 3. (a) • PCH-F-3: Legislative Reference and Procedure 1. (d) • PCH-F-4: Standard 5. • PCH-G-1: Standard 15. and Procedure 18., 19., 20. • PCH-G-4: Standard 12. • Appendix 1: Forms PCH-1, PCH-2, PCH-3, PCH-4, PCH-5, PCH-6, PCH-11, PCH-15, PCH-24, PCH-28, PCH-29 • Appendix 6: Statement of consent added • Appendix 14: link to updated rates Minor copy edits.

Table of Contents

INTRODUCTION.....	6
A. Home First Philosophy.....	6
B. Personal Care Home Program Description.....	6
C. Principles.....	7
D. Governance.....	7
E. Exception to Standards.....	8
F. Manual Format and Updates.....	8
G. Quality Assurance Framework.....	9
DEFINITIONS	9
SECTION A: LICENSING	18
APPLICATION PROCESS	19
RE-LICENSING PROCESS.....	27
LICENSE SUSPENSION OR CANCELLATION	33
SECTION B: MONITORING AND EVALUATION	36
COMPLAINT AND INCIDENT INVESTIGATION AND REPORTING	37
COMPLIANCE, INSPECTION AND MONITORING	45
SECTION C: ORGANIZATIONAL REQUIREMENTS	53
MANAGEMENT OF THE HOME	54
INSURANCE REQUIREMENTS.....	57
CLOSURE OR SALE OF THE HOME OR CHANGE OF SERVICE PROVIDER	60
CONFIDENTIALITY.....	63
CONFLICT OF INTEREST	69
RECORD KEEPING	73
QUALITY ASSURANCE	78
RISK MANAGEMENT.....	81
SECTION D: ENVIRONMENT AND SECURITY	84
PHYSICAL BUILDING DESIGN	85
INFECTION PREVENTION AND CONTROL	90
ENVIRONMENTAL HEALTH.....	95
PET VISITATION/RESIDING	105
MANAGEMENT OF BED BUGS.....	107
FIRE AND LIFE SAFETY	109

SECTION E: RESIDENT SERVICES.....	115
ELIGIBILITY	116
SERVICE REQUEST.....	121
FIRST AVAILABLE BED.....	125
RESIDENT RIGHTS AND RESPONSIBILITIES.....	127
DECISION MAKING AND CONSENT	129
MOVING IN	131
CLINICAL ASSESSMENT	134
SUPPORT PLANNING	139
AUTHORIZATION OF NURSING TASK.....	146
PERSONAL CARE SERVICES	149
ADVANCED FOOT CARE.....	153
BEHAVIOUR MANAGEMENT SERVICES.....	156
MEDICATION ADMINISTRATION.....	159
MEDICAL CANNABIS	169
NUTRITION AND FOOD SERVICE.....	172
SOCIAL ACTIVITIES AND RECREATION	177
SITUATIONAL MANAGEMENT.....	179
APPOINTMENTS AND TRANSPORTATION.....	181
END OF LIFE CARE.....	185
MEDICAL ASSISTANCE IN DYING	187
ABSENCE, TRANSFER OR DISCHARGE OF A RESIDENT	188
EVICITION OF A RESIDENT	192
DEATH OF A RESIDENT	197
TRANSITION PLANNING.....	199
PRIVATE THIRD PARTY PROVIDERS	203
ACCESS TO ALCOHOL AND RECREATIONAL CANNABIS	206
 SECTION F: HUMAN RESOURCES	 208
HIRING REQUIREMENTS	209
STAFFING LEVELS	214
RECRUITMENT, TRAINING AND SUPERVISION.....	217
VOLUNTEERS	220
 SECTION G: FINANCIAL REQUIREMENTS	 222
FINANCIAL SUBSIDY	223
TRUST ACCOUNTS.....	229
ELIGIBILITY FOR ADDITIONAL BENEFITS	232

RESIDENT ADMISSION AGREEMENT	234
MEDICAL TRANSPORTATION REIMBURSEMENT	238
FINANCIAL RECORDS MANAGEMENT AND REVIEW	240
APPENDICES	243
APPENDIX 1: FORMS	244
APPENDIX 2: GUIDELINES FOR AUTHORIZATION OF NURSING TASK REIMBURSEMENT	247
APPENDIX 3: QUALITY ASSURANCE FRAMEWORK	250
APPENDIX 4: CARE MANAGEMENT PLAN	259
APPENDIX 5: DESCRIPTION OF LEVELS OF CARE	261
APPENDIX 6: ADMISSION AGREEMENT TEMPLATE	269
APPENDIX 7: GUIDE FOR THE DEVELOPMENT OF A SITE SPECIFIC PERSONAL CARE HOME EMERGENCY PREPAREDNESS PLAN	280
APPENDIX 8: PROCESS FOR USING BLEACH SOLUTIONS	281
APPENDIX 9: SAFETY PRECAUTIONS IN THE HANDLING OF LIQUID OXYGEN FOR PORTABLE AND BASE UNITS	285
APPENDIX 10: PROCEDURES AND GUIDELINES TO FOLLOW FOR THE OUTFITTING OF VEHICLES USED IN THE TRANSPORTATION AND TRANSFILLING OF LIQUID OXYGEN TO BE USED FOR RESTORATION	288
APPENDIX 11: RESIDENT RIGHTS AND RESPONSIBILITIES	291
APPENDIX 12: CORE AND OPTIONAL AMENITIES	293
APPENDIX 13: MEDICATION ADMINISTRATION TRAINING	295
APPENDIX 14: RATES AND ALLOWANCES	296
APPENDIX 15: APPLICATION OF OXYGEN USE IN RESIDENT ROOMS	297

INTRODUCTION

Home First Philosophy

The Department of Health and Community Services, in collaboration with the Provincial Health Authority (PHA), employs a Home First approach to service delivery. Home First is a health care management philosophy. It represents a shift from acute and institutional care to the enhancement of home and community based integrated care. Home First is a person-centered, evidence informed initiative to support individuals with complex care needs in their own homes and communities. Home First facilitates a quick response to the provision of personal support, rehabilitation, nursing, counselling and/or spiritual support, medical equipment and supplies, and other services depending on the individualized needs of the person either in their own home or a personal care home. It ensures that clients can access the right care at the right time from the right provider and at the right cost. Engagement and collaboration across the continuum, including primary care, home and continuing care, acute care, mental health and addictions services, rehabilitation services, and acute care is critical to the successful adoption of Home First.

Personal Care Home Program Description

Personal care homes are an integral component of the Newfoundland and Labrador health and community services residential care system. Personal care homes are private, (for-profit and not-for-profit) residential settings primarily for seniors and other adults requiring assistance with activities of daily living and instrumental activities of daily living.

Personal care homes provide accommodation, personal care, behavioural support, palliative end of life care, and social and recreation services, in a safe, home-like environment that respects the individuality, independence and choice of residents.

Personal care homes may be licensed to provide Level I, Level II and Enhanced Care. Homes may also provide respite care to individuals who meet eligibility for Level I, II or Enhanced Care. Personal care homes range in size from five to 115 beds.

The **Short Stay Option** in a personal care home is intended to provide urgent and short term placement for individuals presenting to acute care, where challenges and barriers present with a return to previous living arrangement, and where the persons needs can be safely met in a personal care home with or without enhanced supports. This option may also be considered for individuals in community at significant risk of acute care admission. This option will allow time for intensive case management and longer term planning for individuals which may include return to previous living arrangement with or

without formal supports, longer term placement in the same or a different personal care home or other community based residential option, or transfer to long term care. Supports and services outside of regular programming available in a personal care home may be offered depending on the assessed need of the individual.

Principles

- 1) **Resident and Family Centred Care** - residents and their families are at the centre of care.
- 2) **Accessible Care** - equitable and consistent access to appropriate care.
- 3) **Accountable Care** - a shared vision and clear strategy for managing, delivering and reporting on resident, provider and system outcomes.
- 4) **Evidence-Informed Care** - care is informed by clinical expertise, resident values and best available research evidence.
- 5) **Integrated Care** - coordinated planning, delivery and alignment across multiple health and social care providers.
- 6) **Sustainable Care** - provision of care that improves the resident's experience and achieves health and system outcomes in a cost-effective manner.

Governance

The Provincial Personal Care Home Operational Standards, 2026 (herein referred to as Standards), and the delivery of the Personal Care Home Program, are under the authority of the [Personal Care Home Regulations](#) made under the [Health and Community Services Act](#). The Minister of Health and Community Services is responsible for establishing programs, standards and policies, and evaluation and monitoring activities designed to support and enhance the delivery of services in the PHA. The PHA is responsible for administering and delivering health and community services in the province, including continuing and long-term care, community supports, and home care under the [Provincial Health Authority Act](#) and the [Provincial Health Authority Regulations](#). The PHA delivers the Personal Care Home Program and is required to license and monitor personal care homes for compliance with the [Personal Care Home Regulations](#), the Standards, and other relevant policies and guidelines established or adopted by the Minister of Health and Community Services. For the purpose of this manual, the PHA is referred to as Newfoundland and Labrador Health Services (NLHS). The Department of Government Services inspects personal care homes in accordance with the Memorandum of Understanding (MOU) between the Department of Health and Community Services and Government Services for compliance with Standards concerning fire and life safety, environmental health, food safety and physical building

design and makes a recommendation on licensing. The PHA is responsible for reporting the results of monitoring to the Department of Health and Community Services.

The Standards govern all facilities licensed as a personal care home in accordance with the [Personal Care Home Regulations](#).

While Service Providers must comply with the Standards, the Standards do not create any agency or employment relationship between the Department of Health and Community Services, NLHS, and/or the service provider, or as between service provider personnel and the Department of Health and Community Services and/or NLHS. The service provider is solely responsible for all service provider personnel.

Exception to Standards

The goal of the Personal Care Home Program is to support the care needs of seniors and other adults requiring assistance with the activities of daily living. Policy and Standards cannot always ‘fit’ for all the possible, often complex, support needs of every individual in need of service. The Standards should always be applied in a manner that facilitates meeting the support needs of an individual receiving service from the program where possible, and sustainable, and allows for an exception to a Standard if required to achieve that outcome. Exceptions to a Standard must be approved by the Director responsible for the Personal Care Home Program in NLHS. Additionally, in the event of any conflict among the Provincial Personal Care Home Program Operational Standards, 2026 and any statutory requirements, the latter shall prevail.

Manual Format and Updates

All policies in the Standards will replace all existing program Standards. All policies and forms are numbered in a consistent manner. Each policy includes an effective and revision date for tracking and updating purposes and includes a reference to relevant legislation or other policies. Each Standard includes a policy statement that describes the intent of the Standard. The Standards outline the policy requirements and include a procedures section that provides general or specific direction, where possible, on the policy requirements. All forms noted throughout the manual are appended to this manual, (Appendix 1) are available online, and hard copies are available through NLHS. Throughout the manual, the term resident may also include a resident’s substitute decision maker (SDM), where a resident lacks capacity.

Policy review processes will continue as required and will be informed by consultation with NLHS, Government Services, service providers, residents and other stakeholders. Policy updates will also be informed by monitoring the efficiency and effectiveness of

policies and best practices in continuing care. Review and revisions to the Standards will be completed by staff of the Department of Health and Community Services. Any updates to policy will be communicated to relevant stakeholders and will be updated on the Department of Health and Community Services' website through the completion of a Document Control Record. The web-based version will be considered the most relevant and up to date edition of the Standards.

Quality Assurance Framework

A Quality Assurance Framework (Appendix 3) outlines the monitoring requirements for all bodies having authority to inspect or monitor personal care homes (herein referred to as homes) for compliance with [Personal Care Home Regulations](#) and Standards. NLHS and Government Services will monitor homes for compliance with the Standards in accordance with the Quality Assurance Framework. NLHS shall report to the Department of Health and Community Services on the outcome of monitoring.

DEFINITIONS

In these Standards, the following terms have the following definitions. Any statutes referenced include amendments, replacements or successor versions.

Abuse – the mistreatment of an individual through a single or repeated act or omission that causes or is reasonably likely to cause physical, psychological, or financial harm. Abuse includes neglect, intimidation, harassment, verbal and sexual abuse, and the misuse use of an individual's property or finances.

Activities of daily living – basic self-care tasks that include routine activities people need to do every day including but not limited to eating, bathing, dressing, toileting, transferring and continence care.

Additional precautions – extra measures, taken to reduce the spread of an infectious agent, these are used in addition to routine practices (not in place of).

Admission Agreement – an agreement between the service provider and the resident which outlines the services provided and the associated costs of services available to residents in a home, and the terms and conditions under which those services are to be provided.

Advance Health Care Directive – a document recognized under the [Advance Health Care Directives Act](#) in which a person sets out instructions or the general principles

regarding their health care treatment or in which a person appoints a substitute decision maker or both.

Advanced foot care – an in-depth assessment and interventions to address complex conditions of the foot due to various factors including deformities, neurological and circulatory problems, infections and the use of certain medications, often requiring the use of foot care instruments and often involving corrective foot health education.

Alternate level of care – term used to describe patients who occupy a bed but do not require the intensity of services provided in that care setting.

Applicant – company or corporation who applies for licensure to operate a home.

ATIPPA, 2015 – means the [Access to Information and Protection of Privacy Act, 2015](#), SNL 2015, c A-1.2.

Authorization of nursing task – a formal agreement whereby an unregulated health care professional is permitted to perform a select nursing task that is outside the support worker's scope of employment, either through performance by assistance, direction, or delegation (CRNNL, 2019).

Business Plan – a written document, required as part of the licensing process, which describes the nature of the business, the future objectives and the strategies for achieving the objectives.

Care Management Plan – a written document required as part of the licensing process that outlines an applicant's plan for providing service to residents and must include discussion of resident care and programming, infrastructure, communication and managing relationships with NLHS. This plan must adequately demonstrate to the licensing body the ability and readiness of the applicant to meet the needs of residents in a residential care setting.

Capacity – the ability of an adult to understand information relevant to a decision where that decision concerns one's health care, physical, emotional, psychological, financial, legal, residential or social needs; and the ability to appreciate the reasonable foreseeable consequences of a decision or the lack of a decision.

Case conference – A meeting involving the resident, family, caregivers, healthcare professionals, and relevant stakeholders to discuss and review the plan, progress, and specific needs of a resident.

Case management – a collaborative, person-centered strategy for the provision of quality health and supportive services through the effective and efficient use of available resources in order to support the person’s achievement of goals (Canadian Standards of Practice for Case Management, 2009).

Case manager – the NLHS staff identified to coordinate and oversee support planning with a client/resident.

Cleaning – the physical removal, using water and detergents, of foreign material such as dust, soil, blood and bodily secretions.

Client – person currently receiving services from the Community Support Services Program.

Client contribution – the amount of money a resident in receipt of a financial subsidy must pay towards the cost of their care in a home, as determined through a financial assessment process administered by NLHS.

Clinical assessment – a dynamic and ongoing collaborative process that actively involves the client and others to secure information to identify the client’s values, goals, functional and cognitive capacity, strengths, abilities, preferences, resources, supports and needs.

Clinical assessor – a health care professional employed by NLHS.

Confidential information – any personal information about a person including but not limited to a person’s health care and financial information.

Complaint – a written or verbal statement, expressed by a resident or resident representative, of dissatisfaction with any aspect of care or service provision by the service provider.

Core amenities – services provided in the home included in the monthly subsidy rate.

Corrective Action Plan – a plan, including a list of activities and timelines, implemented by the service provider to achieve compliance with the Standards.

Criminal Record Check - a screening process used to identify whether an individual has a criminal record.

Deficiency – failure by the service provider to act in accordance with the Standards, regulations or applicable legislation. Also referred to as “non-compliance”.

Disinfection – cleaning process that kills microorganisms on household surfaces.

Emergency Preparedness Plan – a written plan that outlines the activities that the service provider and staff shall follow in the event of an emergency to protect residents, staff and infrastructure.

Enduring power of attorney – a legal authorization to act on someone else's behalf in legal and financial matters which (unlike other kinds of power of attorney) can continue in force after the person granting it loses mental capacity.

Enhanced care – care provided to residents who have care needs beyond Level II, are medically stable and do not require continuous supervision or frequent intervention by professional nursing staff.

Family – a person or persons who are related to the resident in any way (biologically, legally, or emotionally), including immediate relatives, and other individuals in the client's support network. Residents have the right to identify who they consider family and has the right to include or not include family members in their care.

Fire drill – a planned exercise to rehearse the safety plan or procedure to be used in the event of a fire or other emergency situation. A fire drill does not include tabletop exercise.

First available bed option – option for a patient/client/resident to accept a bed in a home that is not their first choice to facilitate timely transfer to a more appropriate care setting.

Hand hygiene – handwashing and maintenance of healthy hands and nails.

High touch surfaces – surfaces that have frequent contact with hands, for example, doorknobs, elevator buttons, telephones, call bells, bedrails, light switches, and toilet flushes.

Home – a licensed premises, place or private residence in which personal care is provided for remuneration, to 5 or more adults ([Personal Care Home Regulations](#)).

Incident – an event or circumstance which could have resulted, or did result, in unnecessary harm to a resident, staff, or home property.

Incident Report – documentation of an incident that includes all details of the circumstances surrounding the incident, including time, description, and action taken.

Informal supports – services provided to a person typically by family and friends without remuneration.

In-service education session – an education event prepared and hosted by NLHS for the service provider and staff to provide information about best practices in seniors care and or to address areas for quality improvement identified through monitoring activities.

Instrumental activities of daily living – activities that enable a person to live independently including meal preparation, household maintenance, financial management and shopping.

Investigator – the person designated by NLHS to complete an investigation of a complaint or incident.

Guardian – a guardian to whom, the custody and management of the estate of a mentally disabled person are committed.

Levels of Care (I-IV) – A framework for determining the level of care required for individuals requesting support with activities of daily living. Levels range from I-IV (Appendix 5).

Medication Administration Record – a document that tracks the type, dosage, time and frequency of all medications administered to a resident.

Neglect – the failure to provide care, assistance, guidance, supervision or attention to an individual that causes, or is reasonably likely, within a short period of time, to cause to the adult serious physical, psychological or emotional harm or substantial damage to or substantial loss of real or personal property, including financial assets.

Non-compliance protocols – a series of progressive sanctions taken by NLHS to address non-compliance with the Standards.

Nurse – a licensed practical nurse, registered nurse or nurse practitioner who meets all the necessary requirements to practice in Newfoundland and Labrador.

Optional amenities – optional services available for purchase in the home.

Outbreak – the occurrence of more cases of a disease or event than expected during a specified period of time in a given area or among a specific group of people.

Personal allowance – the amount of money, as determined through a financial assessment that a resident, in receipt of a financial subsidy, may retain monthly for their personal expenditures.

Personal protective equipment – equipment used to minimize exposure to hazards, such as gowns, masks, gloves and eye protection to control the spread of infection.

Placement – refers to admission of a client in a home.

PHIA – the [Personal Health Information Act](#), SNL 2008, c P-7.01.

Power of attorney – a written document that gives someone else authority to act for another person in relation to their financial affairs.

Primary care provider – a health care practitioner that manages an individual's medical care needs, usually a doctor or a nurse practitioner.

Program coordinator – the NLHS staff identified to coordinate and oversee the Personal Care Home Program.

Provincial Health Authority – a body corporate continued pursuant to the [Provincial Health Authority Act](#), SNL 2022, c P-30.1, responsible for the delivery and administration of health and community services in the province in accordance with the Act and associated regulations.

Quality assurance – the process and activities that are completed to ensure a high-quality service is being delivered.

Reassessment – a clinical review of a client's needs and level of support or care requirements.

Remedy period – the amount of time provided to correct deficiencies identified through an audit, inspection or monitoring process.

Reportable incident – an event or circumstance involving significant harm or risk to a resident which must be reported to the Department of Health and Community Services.

Resident – individual accepted for placement in a home.

Resident Admission Plan – plan submitted by the service provider to NLHS outlining the processes the service provider will follow upon opening a new home or an expansion to an existing home.

Resident orientation session – information session offered by a service provider to share details with a new resident, upon admission, about living in the home.

Resident record – any document that contains confidential information pertaining to a resident including health and financial information.

Routine practices – a comprehensive set of infection prevention and control measures required in the routine care of residents at all times. Routine practices aim to minimize or prevent health acquired infections in all individuals in healthcare or group residential settings.

Self-Neglect – the failure of an individual to take adequate care of themselves where that failure causes, or is reasonably likely, within a short period of time, to cause serious physical or psychological harm or substantial damage to or substantial loss of assets, as outlined in the [Adult Protection Act, 2021](#).

Services – all tasks and activities that the service provider must deliver to residents.

Service provider – the person or organization licensed with responsibility and full decision-making authority for the operations of the home.

Service provider orientation session – an education session hosted by NLHS to new service providers.

Service Provider Progress Report – a brief written summary of services provided to the resident indicating if the resident’s needs are being met.

Service Request – a formal request from NLHS to the service provider for service provision, including the information required to inform a decision about accepting the Service Request.

Significant change – a change in a resident’s functioning or circumstance that would require a modification to their Support Plan.

Single entry system – process where all referrals for continuing care placement are reviewed and considered for approval for placement.

Spouse – refers to legally married partners or individuals who have cohabited in a conjugal relationship for at least one year, except where the individuals have been separated due to circumstances beyond their control (e.g., hospitalization).

Staff – any person employed by the service provider to work in the home.

Substitute Decision Maker (SDM) – the person appointed/determined under the [Advance Health Care Directives Act](#), SNL 1995, c A-4.1 to make health care decisions on behalf of a resident.

Support Plan – a written plan prepared by NLHS in collaboration with a resident and the resident’s support network that outlines the resident’s goals and objectives of care, and the supports and services required by a resident to address their needs.

Support team – a group of people who work together to create, implement and monitor a Support Plan.

Third-Party Provider – an individual or organization that provides services within the home and is not operated directly by the service provider. Examples include agency staff, contracted service providers, hairdressers, massage therapists, foot care providers, and rehabilitation professionals.

Transfer of Information Log – a document used to convey general and significant information to all employees relevant to the resident’s care that must be shared upon shift

change.

Transition Plan – a written plan outlining the process, tasks and activities required to minimize disruption and risk to clients who are transferring from one service provider to another service provider.

Unmet need – a need for personal care and enhancing independence that is not being met through natural supports and can be supported by services offered through formal supports.

Vulnerable Sector Check – an enhanced form of criminal record screening required for individuals who will be working with or have authority over vulnerable persons, including children, seniors, or individuals with disabilities. This check includes criminal convictions, active (non-expired) absolute or conditional discharges, and suspended (pardoned) sexual offences, as permitted under the Criminal Records Act.

Section A: Licensing

LICENSING: APPLICATION PROCESS

Standard No.:	PCH-A-1
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Hiring Requirements
Legislative References:	Personal Care Home Regulations ; Limited Partnership Act ; Corporations Act ; National Building Code of Canada ; National Fire Code of Canada ; Fire Protection Services Act and Regulations ; Buildings Accessibility Act and Regulations ; Public Safety Act and Regulations ; Food Premises Act and Regulations ; Smoke-free Environment Act, 2005 and Regulations ; Environmental Protection Act and Regulations ; Occupational Health and Safety Act and Regulations ; Personal Property Security Act ; Workplace Health, Safety and Compensation Act, 2022

Policy Statement

NLHS has the legislative authority, under the [Personal Care Home Regulations](#), to license homes. Licensing requires the service provider to demonstrate their understanding of providing care and accommodation to a population with care needs, have a facility meeting all regulatory requirements and have the capacity to meet the financial and administrative requirements to operate a home. Licensing also requires the service provider to comply with all legislation, regulations and Standards prior to opening and during operation of a home. Licensing shall ensure that quality services are provided in the home to meet the needs of residents.

Standards

1. NLHS shall provide information to applicants wishing to operate a home and shall refer the applicants to Government Services for information on areas for which Government Services has authority to inspect.

2. NLHS staff accept applications for personal care home licenses within their respective regional zone boundaries. Licenses for new personal care homes, or existing personal care homes seeking to increase the number of beds licensed, are only approved if there is a demonstrated demand for the service in the area in which the applicant is applying. NLHS shall determine whether there is demonstrated demand in the area based on the following:
 - a. the number of people on a waitlist who have been clinically assessed and approved for placement in a personal care home within the zone and/or within close proximity of the applicant's desired location, consideration may also be given to the turnover rate of the waitlist;
 - b. the vacancy rates of homes within the applicable zone (vacancy rates are based on available beds as determined by operator), in particular the homes within close proximity and/or within the same community of the applicant's building location. Vacancy rates should be no greater than 20 per cent of homes within 50km of the requested building location;
 - c. the current and future demographics within the applicable area and zone to assist in determining future demand for personal care homes in the area and surrounding communities. Resources for this information may include community accounts provided by the Newfoundland and Labrador Statistics Agency; and,
 - d. the condition of similar infrastructure within the zone to determine whether new infrastructure is required.
3. NLHS shall document the evidence used to inform a decision regarding the application and clearly communicate with the applicant.
4. The applicant shall meet all licensing requirements and demonstrate, to the satisfaction of NLHS, an understanding of operating a home including the social, physical, medical, psychological, cultural and spiritual needs of the population to be served.
5. Government Services shall inspect the home for compliance with all applicable legislation, regulations and relevant Standards. Government Services shall complete inspections and review building design plans in accordance with the Memorandum of Understanding (MOU) between the Department of Health and Community Services and Government Services and all applicable legislation, regulations and Standards including the [National Building Code of Canada](#) and the [National Fire Code of Canada](#); [Fire Protection Services Act](#) and regulations; [Buildings Accessibility Act](#) and regulations; [Public Safety Act](#) and regulations; [Food Premises Act](#) and regulations; [Smoke-free Environment Act, 2005](#) and regulations; [Environmental Protection Act](#) and regulations; [Occupational Health and Safety Act](#) and regulations. Government Services shall

notify NLHS of the outcome of the inspection and make a recommendation for licensing related to the areas for which Government Services is legislated to inspect.

6. The applicant shall complete the application form and submit the following to NLHS as part of the application process, as applicable:
 - a. Application for Licensing Form;
 - b. proof of ownership/lease of home;
 - c. building floor plans for new construction including a list of rooms and room sizes;
 - d. inspection reports;
 - e. proof that building plans have been reviewed and registered by Government Services;
 - f. clearance letter from Workplace Health, Safety and Compensation Commission of Newfoundland and Labrador;
 - g. Canada Revenue Agency clearance;
 - h. clearance letter from Department of Finance;
 - i. Judgement Enforcement Registry search;
 - j. [Personal Property Security Act](#) search;
 - k. certified letter from banking institution to confirm access to assets;
 - l. letter of municipal approval;
 - m. confirmation of insurance and certificate of indemnity;
 - n. mission statement;
 - o. Care Management Plan (see Appendix 4 for guidelines);
 - p. organizational chart;
 - q. staff position descriptions;
 - r. verification of professional designation or licensure, if required;
 - s. Certificate of Incorporation and copy of all documents filed for incorporation in the province of Newfoundland and Labrador;
 - t. names of director and executives;
 - u. Articles of Incorporation;
 - v. certificate filed and recorded with the Limited Partnership Registry, where a Limited Partnership has been formed;
 - w. name of person with authority to sign legal documents on behalf of the home;
 - x. most recent Notice of Directors filed with Registry of Companies;
 - y. Certificate of Good Standing;
 - z. confirmation there are no bankruptcy proceedings underway;

- aa. home policy and procedures manual;
 - bb. business plan;
 - cc. two professional references; and,
 - dd. any other requested document.
7. The person identified by the corporation to be the designated service provider shall provide the following additional documents to NLHS as part of the application process:
- a. resume;
 - b. criminal record check dated no more than six (6) months prior to the date of application;
 - c. vulnerable sector check dated no more than six (6) months prior to the date of the application;
 - d. a signed declaration confirming their ability to perform the duties of the position, and identifying any accommodation requirements, if applicable (required only if the applicant will be involved in service provision);
 - e. Pre-employment Tuberculin Screening Tool (only if the applicant will be involved in service provision);
 - f. immunization record (only if the applicant will be involved in service provision); and,
 - g. current first aid certification (only if the applicant will be involved in service provision).
8. NLHS shall assess all documentation related to the licensing process and be satisfied all documents are in good standing prior to issuing a license to operate a home.
9. NLHS shall conduct a thorough interview with the applicant to determine the capacity and ability of the service provider to operate a home where care and services are provided to seniors and other adults requiring support with the activities of daily living.
10. The applicant shall obtain a license from NLHS to operate a home prior to the delivery of services to residents.

Procedures

1. The applicant shall obtain a license from the NLHS zone in which they wish to operate a home.

2. The applicant shall submit to NLHS the Personal Care Home –Application for Licensing Form.
3. NLHS shall review the Personal Care Home – Application for Licensing Form and all supporting documentation.
4. NLHS shall conduct an interview with the applicant to determine suitability of the applicant to operate a home.
5. NLHS shall use all available information to inform the licensing decision.
6. In the case where the applicant has an approval or license to operate a personal care home within Newfoundland and Labrador or in another jurisdiction, or did so in the ten (10) years preceding the date of the application, NLHS will contact any relevant NLHS staff personnel and review internal records relating to the applicant's operation of the previous personal care home, and/or contact the other jurisdiction, to obtain information related to the applicant's previous operation to inform decision making on the applicant's current application. Submitting the licensing application implies consent for NLHS to share information.
7. The applicant shall ensure all federal, provincial and municipal requirements related to tax assessment, zoning regulations and occupancy or construction permits are met prior to commencing construction of a new home or renovation of an existing home.
8. The applicant shall ensure that approval of construction plans is obtained from Government Services prior to construction of a new home or renovations to an existing home. Approval is required from the following areas within Government Services:
 - a. Fire and Life Safety;
 - b. Building Design; and,
 - c. Environmental Health.
9. The applicant shall ensure all required home inspection reports are completed by Government Services and are provided to NLHS.

10. For new homes or an existing home with an expansion greater than 10 beds, the service provider shall provide a Resident Admission Plan to NLHS for approval prior to accepting any residents, which shall include but is not limited to:
 - a. staffing plan including the number of staff available to greet residents and support moving in;
 - b. identification of main contact person managing moving in;
 - c. number of residents planned to move-in per day;
 - d. orientation plan and timeline;
 - e. communication provided to residents and families; and,
 - f. verification of medication information.
11. Prior to granting a license for a new home or additional beds in an existing home NLHS shall:
 - a. ensure all final inspection reports are received, reviewed and are satisfactory;
 - b. review and approve the Resident Admission Plan; and,
 - c. complete a monitoring visit and verify:
 - i. a 21-day staffing schedule is in place;
 - ii. compliance with hiring requirements;
 - iii. staff training in confidentiality, fire and life safety procedures, medication management and administration, and infection prevention and control have been completed;
 - iv. an approved 14-day menu is in place; and,
 - v. food service certification has been granted.
12. Government Services completes inspections as required and makes recommendations for licensing related to the areas for which Government Services have authority to inspect during the construction of a new home or renovation of an existing home. Inspection reports are provided to the service provider and NLHS.
13. For new construction, the applicant shall be granted an interim license to begin construction upon verification by NLHS that the service provider completes all application activities.
14. The applicant shall be granted a license certificate following:
 - a. a satisfactory home inspection by Government Services; and,

- b. verification by NLHS that the service provider meets all licensing requirements to the satisfaction of NLHS.
15. NLHS notifies the applicant in writing of the result of the application. If an applicant is successful, NLHS shall issue a license which shall include:
- a. a description of the Level of Care (Appendix 5) for which the home will be licensed to provide (Level I, Level II or Enhanced Care);
 - b. time period of licensure;
 - c. number of licensed beds; and,
 - d. name of the service provider and corporation.
16. Where a home meets licensing requirements to the satisfaction of NLHS, NLHS shall issue a license to operate a home for a period of one year and the license is subject to review on an annual basis for renewal. The license shall indicate the effective date and the expiry date. The license is issued by a director or designate responsible for the program.
17. In circumstances where the home substantially meets licensing requirements to the satisfaction of NLHS but with minor deficiencies, NLHS, in its sole discretion may issue a license with conditions. In such circumstances, NLHS must give careful consideration to all factors, including considering any risk to the life and safety of residents. NLHS shall provide a complete description of conditions, and any corrective actions required including the remedy period. In such cases, the license certificate shall clearly indicate the conditional licensure status.
18. Following the awarding of a license, the service provider shall notify NLHS, in writing, where there is any change to the corporation's name or directors or service provider, within 14 days of any change.
19. The service provider shall post the license and any certificates in a location in the home visible to residents, staff and visitors.
20. NLHS shall discontinue processing an application for licensing and shall not maintain an application as approved, where there has been no activity towards constructing or operating a home for 12 consecutive months. In such cases, where the applicant wishes to seek a license, the applicant must complete a new application and seek all required approvals prior to NLHS continuing the licensing review process and issuing a license.

21. NLHS shall, in writing, advise applicants, who do not successfully meet licensing requirements, of the reasons for not issuing a license and of the decision review process.

References/Forms

- [Form PCH-1 Personal Care Home - Application for Licensing](#)
- Care Management Plan ([Appendix 4](#))
- Description of Levels of Care ([Appendix 5](#))

LICENSING: RE-LICENSING PROCESS

Standard No.:	PCH-A-2
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Application Process; License Suspension or Cancellation; Complaint and Incident Investigation and Reporting; Compliance, Inspection and Monitoring; Quality Assurance
Legislative References:	Personal Care Home Regulations

Policy Statement

NLHS has the legislative authority under the [Personal Care Home Regulations](#) to license and re-license homes. Re-licensing requires the service provider to comply with all legislation, regulations and Standards, and to participate in a review process that verifies to the satisfaction of NLHS that all services offered by the home are of good quality and meet the needs of residents.

Standards

1. NLHS and Government Services shall complete monitoring and inspection visits as outlined in the Compliance, Inspection and Monitoring Standard to determine a home's compliance with all applicable legislation, regulations and Standards.
2. NLHS shall complete a thorough review of all activity in the home over the previous year and complete the Annual Monitoring Report (Form 2) to inform the re-licensing process.
3. The service provider shall fully participate in the annual review process and provide all documents requested by monitoring and inspection bodies.
4. Considering all available information, NLHS shall re-license a home that meets all licensing requirements, including a satisfactory record of compliance with all monitoring and inspection reports. NLHS may, at its discretion:

- a. issue a conditional license to a home that substantially meets most, but not all, licensing requirements. In such cases, the service provider must demonstrate active efforts to correct deficiencies identified through the annual review process or any other monitoring and inspection process, as outlined in corrective action plans.
 - b. issue an interim license when the current license term has expired but sufficient information is not yet available to inform the licensing renewal process. This may occur, for example, in situations involving new construction or the sale and transfer of ownership of a home.
5. NLHS shall notify the service provider in writing of the decision regarding re-licensing of the home.
6. NLHS shall not renew a license of a home where it has not operated as a home during the previous 12-month period.
7. In the event of a license suspension or non-renewal, the service provider shall participate in transition planning and assist in the transition of residents to other support options.
8. In the event of a license suspension or non-renewal, NLHS shall assist residents to find an alternative residential option.
9. A service provider may request a formal review of a licensing decision, including denial, suspension, revocation, or conditional license, if they disagree with the outcome or rationale provided.
10. If a request for review of a licensing decision is submitted, the service provider shall continue to operate in accordance with the Standards and any applicable licensing conditions throughout the duration of the review or dispute resolution process.

Procedures

1. Government Services shall complete inspections between 60-90 days prior to the license expiry date and provide inspection reports to the service provider and NLHS. The inspection report shall clearly indicate if there are any impediments to licensing with respect to the Standards which Government Services has the authority to inspect. Government Services shall consult with NLHS and provide an

assessment of any risks associated with any deficiencies identified during the inspection to help inform the NLHS decision on re-licensing.

2. NLHS shall complete a review of all activity over the past year at least 30 days prior to the license expiry date to determine eligibility for re-licensing. During the annual review NLHS shall:
 - a. review inspection reports from Government Services and consult with Government Services where required;
 - b. review the outcome of monitoring visits during the past year;
 - c. review the outcome of the financial review;
 - d. review complaints and incidents for the past year documented on the Complaint Report and Incident Report Form and the service provider's response;
 - e. review status of any outstanding deficiencies, Notice of Non-Compliance and Corrective Action Plan;
 - f. review outcome of any investigations;
 - g. review Quality of Care Indicator reports;
 - h. review if resident care issues were appropriately reported to the primary care provider, NLHS staff or a resident's SDM;
 - i. review authorization of nursing task competencies are documented using the Authorization of Nursing Task Competency Certificate;
 - j. consult other NLHS staff providing service to residents of the home;
 - k. consult with PCH staff regarding service delivery in the home;
 - l. consult residents on the provision of services in the home including food service and recreational activities;
 - m. review the number of Service Request refusals;
 - n. review the number of instances where a resident was evicted and the circumstances surrounding;
 - o. review the number of potentially inappropriate transfers to acute care;
 - p. review interactions between the service provider and NLHS staff;
 - q. assess refusals of the service provider to support a resident waiting availability of other supportive options;
 - r. confirm active business registration through the NL Registry of Companies;
 - s. confirm Workplace NL clearance;
 - t. review proof of insurance and,
 - u. any other information relevant to the health and well-being of residents.
3. NLHS shall complete a financial review which shall include but is not limited to:

- a. review the distribution of resident personal allowance form;
 - b. review of trust account transactions;
 - c. appropriate documentation regarding payment for optional amenities;
 - d. adherence to timelines of rate increases;
 - e. verification that the Admission Agreement (Appendix 6) outlines the cost of services is entered into with residents; and,
 - f. consult with residents on financial practices in the home.
4. NLHS shall interview a minimum of three (3) residents or 10 per cent of residents, whichever is greater, to obtain feedback on service delivery, financial practices and experiences in the home at least annually.
5. NLHS shall interview staff as part of the annual review and re-licensing process.
6. NLHS shall review the greater of 10 per cent or three (3) resident files as outlined in the Quality Assurance Framework (Appendix 3). The files shall be randomly selected by NLHS at the time of review.
7. The service provider shall ensure staff files, resident records and financial records are up to date and available to NLHS during the annual review process.
8. The service provider shall ensure staff are available to participate in the annual review process, if requested by NLHS.
9. The service provider and NLHS shall advise residents of their ability to participate in the annual review and re-licensing process.
10. NLHS shall review Government Services inspection reports and shall consult Government Services on suitability of the home and service provider for re-licensing.
11. The service provider shall provide all requested documentation to NLHS in a timely manner, failure to do so will result in delays in the re-licensing process.
12. NLHS financial staff shall ensure that any concerns about financial practices uncovered during the annual financial review process are considered to determine whether a third-party financial review or audit is required.

13. In the event that deficiencies are identified during the inspection and/or monitoring process, Government Services and/or NLHS shall provide a Notice of Non-Compliance and a Corrective Action Plan including the remedy period.
14. Where deficiencies are identified and not corrected to the satisfaction of NLHS, NLHS may issue a conditional license for a limited time period deemed sufficient to correct the deficiencies. In the event of identification of serious non-compliance or where conditional licenses are repeatedly issued for the same non-compliance, NLHS shall invoke non-compliance protocols as per the Compliance, Inspection and Monitoring Standard.
15. NLHS may issue a conditional license or revoke a license at any point during the licensure period depending on the outcome of routine monitoring and inspections or through the complaint and incident investigative process.
16. Service providers with a history of substantiated complaints or incidents and/or non-compliance with Standards and regulations that have not been rectified to the satisfaction of NLHS, may not be considered for re-licensing.
17. Where a service provider or staff are involved in an active investigation for abuse or neglect of residents the re-licensing review will be put on hold pending the outcome of the investigation. NLHS shall issue a conditional license and shall only continue with the re-licensing review process when the investigation report identifies no wrongdoing on the part of the service provider or that the service provider has taken action, to the satisfaction of NLHS, to remedy any deficiencies identified through the investigation.
18. Where allegations of abuse or neglect have been substantiated, and corrective action has not been taken or is not sufficient to correct the issue, as determined by NLHS, the home will not be considered for re-licensing.
19. Assessing all information, NLHS shall confirm that the service provider continues to have the ability to provide quality services to residents in compliance with all relevant legislation and the Standards. NLHS completes the Annual Monitoring Report and decides on the re-licensing of the home.
20. The Annual Monitoring Report shall be reviewed by an NLHS manager for consideration of re-licensing. NLHS shall identify a director responsible for final

decision making where it is identified that a home does not meet the re-licensing requirements

21. NLHS shall send written notification to the service provider on the status of the annual review and re-licensing process.
22. In the event that a home does not meet the re-licensing requirements to the satisfaction of NLHS, the service provider shall work with NLHS to develop a Transition Plan for residents.
23. A complete licensing application as outlined in the Licensing Standard is required by service providers wishing to apply to re-instate a revoked or expired license.
24. NLHS shall, in writing, advise applicants, who do not successfully meet re-licensing requirements, of the reasons for not renewing a license and of the decision review process.
25. If a service provider disagrees with a licensing decision, they must submit a written request for review to the NLHS Chief Operating Officer responsible for the Personal Care Home Program within **30 calendar days** of receiving the decision.
26. NLHS shall complete the licensing decision review within **30 calendar days** and issue a written decision, including the rationale, to the service provider within **five business days** of the decision being made.
27. If the service provider is not satisfied with the outcome of the Director's licensing decision review, they may pursue judicial review through the Trial Division of the Supreme Court of Newfoundland and Labrador. Alternatively, both parties may agree to engage in mediation prior to judicial review. The cost of mediation shall be shared equally with each party responsible for their own legal counsel and witnesses.

References/Forms

- [Form PCH-2 Annual Monitoring Report](#)
- [Form PCH-3 Template Complaint Report](#)
- [Form PCH-4 Template Incident Report](#)
- [Form PCH-5 Notice of Non-Compliance and Corrective Action Plan](#)
- [Form PCH-8 Authorization of Nursing Task Certificate of Competency](#)
- [Form PCH-9 Resident Transition Plan](#)
- Admission Agreement Template ([Appendix 6](#))

LICENSING: LICENSE SUSPENSION OR CANCELLATION

Standard No.:	PCH-A-3
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Licensing; Re-licensing; Compliance, Inspection and Monitoring; Complaint and Incident Reporting and Investigation; Closure or Sale of a Home
Legislative References:	Personal Care Home Regulations ; Bankruptcy and Insolvency Act ; Companies' Creditors Arrangement Act ; Health and Community Services Act

Policy Statement

Compliance with all regulations, legislation and Standards is required to maintain licensure. NLHS has the legislated authority to suspend or cancel a license.

Standards

1. NLHS may suspend or cancel a license for failure to operate a personal care home in accordance with the [Health and Community Services Act](#), the [Personal Care Home Regulations](#), these Standards, and any other applicable legislation, including situations where:
 - a. a significant risk to residents is identified;
 - b. continued non-compliance that is not rectified to the satisfaction of NLHS;
 - c. an investigation has determined that a resident has been the victim of abuse or neglect;
 - d. a resolution is passed, or a petition is filed for the service provider's liquidation or winding up;
 - e. the service provider files for bankruptcy, makes an assignment for the benefit of its creditors or otherwise acknowledges its solvency;
 - f. a compromise or arrangement is proposed under the [Companies' Creditors Arrangement Act](#);
 - g. a receiver or receiver manager of the service provider's property is appointed;

- h. the service provider ceases to carry on business;
 - i. the service provider fails to meet their obligations to provide service and care to residents; and,
 - j. failure to comply with all applicable federal, provincial and municipal legislation, regulations and by-laws, and Standards having application.
- 2. NLHS shall consider a license expired where a home has 12 months of inactivity functioning as a home.

Procedures

- 1. The service provider and NLHS shall advise residents of their right to express their concerns regarding the services or quality of care in the home.
- 2. Where deficiencies are identified, NLHS shall complete the Notice of Non-Compliance and Corrective Action Plan form and send to the service provider outlining the actions required to correct the deficiency and the remedy period.
- 3. The Service Provider must advise NLHS of any risk to operations including financial risks.
- 4. NLHS shall retain all documentation pertaining to the implementation of Corrective Action Plans or non-compliance protocols.
- 5. In the event of a license suspension or cancellation, NLHS shall inform the service provider in writing of unresolved issues or deficiencies and the progressive steps or actions that have led to the decision to suspend or cancel the license.
- 6. Where homes are under investigation for serious allegations or the suspension or cancellation of the home's license is anticipated, NLHS shall inform residents and families that an investigation is ongoing.
- 7. Where a home is closed due to the suspension or cancellation of a license the service provider shall cooperate with NLHS to facilitate smooth transition of residents to another service option.
- 8. NLHS Personal Care Home Program staff shall notify the NLHS Financial Services division of a home closure to adjust any financial payments accordingly.

9. NLHS shall support residents to transition to another service option.
10. A complete licensing application as per the Licensing Standard is required from service providers wishing to re-instate a canceled license.
11. When a decision has been made to suspend or cancel a license, the service provider may request a licensing decision review as outlined in the Re-Licensing Process standard.
12. Where a licensing decision is under review, any decision made by Government Services or NLHS remains in effect pending the outcome of the decision review process.
13. In extenuating circumstances, NLHS, in its sole discretion, may permit the service provider to continue to provide services pending the outcome of the licensing decision review. NLHS may require the development and implementation of a safety plan and may increase monitoring of the home, including unannounced visits where there are concerns related to the health or safety of residents.
14. Where NLHS has determined services can continue to be provided during the licensing decision review process, the service provider shall implement measures to ensure the safety and security of residents, at the request of NLHS.
15. Where a home has 12 months of inactivity, NLHS shall cancel the license on the last day of the 12th month of no activity as operating as a home.

References/Forms

- [Form PCH-5 Notice of Non-Compliance and Corrective Action Plan](#)

Section B: Monitoring and Evaluation

MONITORING AND EVALUATION: COMPLAINT AND INCIDENT INVESTIGATION AND REPORTING

Standard No.:	PCH-B-1
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Licensing; Re-licensing; License Suspension or Cancellation; Compliance, Inspection and Monitoring; Quality Assurance
Legislative References:	Personal Care Home Regulations ; Adult Protection Act, 2021

Policy Statement

Establishing an effective and efficient investigative process for complaints and incidents promotes quality assurance and reduces risk to residents and staff. Residents have a right to live in a safe environment where their well-being is protected. Residents have the right to voice their concerns and have their concerns addressed by the service provider in a timely and respectful manner.

Standards

1. NLHS and the service provider shall advise residents of the complaints and incidents reporting and investigation process and encourage residents to raise concerns for the purposes of protecting the safety and well-being of residents and for quality improvement.
2. NLHS shall provide education to the service provider as required on the [Adult Protection Act, 2021](#), staff's duty to report abuse, and the service provider's and NLHS's responsibility to respond to complaints and incidents.
3. The service provider shall provide information to staff, upon hire and at least annually, on the [Adult Protection Act, 2021](#), staff's duty to report abuse and neglect and provide training on their requirement to report and document all complaints and incidents.
4. The service provider shall document and report all complaints and incidents.

- a. complaints include any written or verbal statement of dissatisfaction with any aspect of care or service provision by the service provider expressed by a resident or resident representative.
 - b. incidents include an event or circumstance which resulted or had the potential to result in unnecessary harm to a resident.
 - c. reportable incidents include an event or circumstance involving significant harm or risk to a resident which must be reported to the Department of Health and Community Services. Reportable incidents include, but are not limited to:
 - i. missing resident;
 - ii. suspected or confirmed abuse or neglect of a resident;
 - iii. a suspicious or unexplained death including homicide or suicide;
 - iv. injury or harm to a client/resident resulting in life-threatening conditions or major trauma requiring emergency care;
 - v. medication errors resulting in significant harm to a resident;
 - vi. fire, flood or disaster events; and
 - vii. breaches of resident privacy.
5. Upon becoming aware of a complaint or incident, the service provider shall:
 - a. assist the resident to determine if medical care is required;
 - b. assist the resident in obtaining medical care, if required;
 - c. mitigate any immediate risk to residents;
 - d. notify the resident or SDM, if required; and,
 - e. report to NLHS where necessary.
6. The service provider shall report complaints and incidents to NLHS, adhering to the following timelines:
 - a. reportable incidents are reported immediately, either in writing or verbally;
 - b. where a reportable incident has been reported verbally, a written Incident Report is submitted to NLHS as soon as possible on the same day; and,
 - c. all other complaints and incidents are documented in writing using the Complaint Report or Incident Report Form on the same day the complaint was received, or incident occurred and stored in a secure location at the home for review by NLHS staff.
7. NLHS shall notify the Department of Health and Community Services of a reportable incident as soon as possible and no later than 24 hours, either verbally

or in writing. A Reportable Incident report must be submitted as soon as possible, and no later than 48 hours.

8. The service provider shall immediately notify NLHS of any suspected or confirmed abuse, neglect or self-neglect of an adult in need of protection in accordance with the requirements under the [Adult Protection Act, 2021](#).
9. NLHS and the service provider shall discuss with the resident their right to make a report to the police if a complaint or incident involves a potential criminal matter, for example, physical or sexual assault.
10. Where the resident decides to report to the police, the service provider and/or NLHS shall assist the resident in making a report, if the resident requires or requests assistance.
11. Where a resident chooses not to make a report to the police:
 - a. NLHS and the service provider shall advise the resident that NLHS or the service provider may have an obligation to report a matter to the police or other authority; and,
 - b. NLHS and the service provider may report matters to the police or other authority for investigation.
12. When an alleged criminal offence is referred to the police, NLHS shall consult with the local police authority to discuss the investigation plan.
13. NLHS shall complete an evaluation or an investigation of any suspected or confirmed abuse of an adult in need of protection in accordance with the requirements of the [Adult Protection Act, 2021](#), as outlined in the [Adult Protection Act, 2021](#) Policy Manual.
14. NLHS shall complete an investigation of reportable incidents. NLHS shall determine if an investigation of other complaints or incidents is warranted and if the investigation can be completed by the service provider or NLHS.
15. Where an investigation of a complaint or incident is determined to be warranted, the identified investigator shall commence the investigation within 24 hours of receipt of the complaint or incident and complete the investigation within 30 days of NLHS beginning the investigation.

16. The service provider shall remove a staff person from the home during an investigation if it is determined by NLHS that the action is necessary during the investigation.
17. The investigator shall use the Canadian Incident Analysis Framework to guide the investigation process.
18. The service provider shall cooperate with NLHS in the completion of the investigation including:
 - a. providing all requested information through secure means;
 - b. providing access to staff;
 - c. not interfering with resident or staff involvement in the investigation; and,
 - d. respectfully engage with NLHS.

Procedures

1. The service provider shall provide a mechanism for residents and families to report concerns anonymously; this may include but is not limited to:
 - a. suggestion box located in an area of the home where privacy can be maintained; and,
 - b. resident experience surveys.
2. NLHS shall encourage residents and families to discuss complaints regarding the delivery of services with the service provider, and the resident should be advised that if a resolution is not satisfactory or they are not comfortable discussing the complaint with the service provider, they may discuss the issue with NLHS.
3. NLHS shall maintain the anonymity of any person wishing to remain anonymous. NLHS shall advise the person making an anonymous complaint that follow up will be completed, however the requirement of anonymity may limit the ability of NLHS or the service provider to fully address the complaint. NLHS shall advise that where a complaint involves a serious allegation, anonymity may not be guaranteed due to the need for thorough investigation and/or compliance with legal requirements.
4. The service provider shall maintain accurate and complete documentation of complaints and incidents and shall document information upon receipt to ensure accuracy of reporting.

5. The service provider or staff shall complete a Complaint Report upon receiving a complaint from any source. The report shall include:
 - a. name of person reporting;
 - b. contact information;
 - c. date and time of the complaint;
 - d. description of the complaint;
 - e. action required;
 - f. person receiving the complaint;
 - g. action taken; and,
 - h. signature of person who addressed the complaint and completed the report.
6. The person (service provider or staff) who witnessed or becomes aware of an incident shall complete an Incident Report which shall include:
 - a. resident(s) identifiers;
 - b. date and time of incident;
 - c. description of the events;
 - d. name of staff involved;
 - e. description of the service provider's response to the incident;
 - f. outcome of the resident(s);
 - g. signature of the person completing the form; and,
 - h. signature of the service provider
7. Where an incident involves one or more residents, the incident, actions and outcome shall be documented in the progress notes of the residents' record. Any reference to other residents in the progress note shall be de-identified.
8. Complaint Report and Incident Report forms are securely stored in a single location at the home and are available for NLHS staff review.
9. During monitoring visits, NLHS staff shall review the Complaint Report and Incident Report Form(s) and may:
 - a. discuss with the resident(s) involved in the complaint or incident the action(s) taken by the service provider and determine whether the resident is satisfied with the outcome;
 - b. determine if medical care was provided following an incident, if applicable;
 - c. discuss outcomes with the service provider;
 - d. assess frequency of complaints and incidents and identify themes for quality improvement;

- e. determine if there is non-compliance with the Standards;
 - f. determine if corrective action plans are required. If a Corrective Action Plan was required, determine if the plan was implemented;
 - g. use information obtained during the investigation of the complaint or incident, where warranted, to discuss opportunities for quality improvement with the service provider and staff; and,
 - h. share de-identified learnings from incident investigations with other zones within NLHS and the Department of Health and Community Services for the purposes of quality improvement and policy development.
13. Depending on the nature of the complaint or incident, NLHS or Government Services shall follow up on unresolved complaints and/or incidents that may be in non-compliance of the Standards.
14. Where an investigation has been initiated by NLHS, the investigator shall:
- a. advise resident(s) at the centre of an investigation that an investigation is underway;
 - b. advise other residents and families that an incident has occurred, an investigation is ongoing and advise of any risk to residents;
 - c. complete the investigation within the time frames indicated by NLHS;
 - d. report the findings of the investigation to NLHS;
 - e. advise resident(s) at the centre of investigation of the outcome and of any actions to be taken; and,
 - f. implement any actions identified to mitigate risks.
15. The NLHS investigator shall complete the following activities when completing an investigation:
- a. review all documentation related to the complaint or incident;
 - b. review resident file (NLHS and service provider) information;
 - c. interview anyone who may have information relevant to the investigation;
 - d. conduct an interview with the resident(s) involved in the complaint or incident;
 - e. conduct an interview with staff involved in the complaint or incident;
 - f. ensure any medical or other follow up is arranged if determined necessary during the course of the investigation;
 - g. mitigate immediate risks for resident if determined necessary during the course of the investigation;
 - h. complete a joint investigation with the police if required; and,

- i. identify non-compliance.
16. The investigator shall prepare a written report within thirty (30) days following the incident. The report shall include:
- a. resident identifiers;
 - b. date and time of the incident;
 - c. description of the event (s) or complaint;
 - d. name of service provider staff involved;
 - e. description of the service provider's response to the incident or complaint;
 - f. outcome for the resident;
 - g. whether any disciplinary action was taken against service provider staff;
 - h. identify non-compliance and corrective action required; and,
 - i. make recommendations for actions to prevent recurrence of similar incidents.
17. NLHS may approve an extension of the investigation period if the matter is complex and requires extensive interviewing, consultation and document review.
18. Once the investigation report is completed, NLHS shall:
- a. review the investigative report and determine whether the service provider remains in good standing to continue to provide services;
 - b. if non-compliance is identified, advise the service provider of the requirement to fulfill a Corrective Action Plan;
 - c. provide written notice to the service provider;
 - d. securely submit the investigation report to the Department of Health and Community Services; and,
 - e. share de-identified learnings of investigations with other zones within NLHS and Department of Health and Community Services for the purpose of quality improvement and policy development.
19. Once the investigation is completed by NLHS, NLHS shall notify the service provider of the outcome of the investigation as soon as possible, and no later than five (5) days after the completion of the investigation.
20. NLHS shall advise the service provider if it is necessary to remove staff from duties related to the direct provision of care while an investigation into staff misconduct is on-going.

21. Where it is necessary to remove staff from their work assignment during an investigation, NLHS shall complete the investigation as soon as possible and within 30 days.
22. Upon completion of an investigation by NLHS and/or a determination that a resident may have been maltreated or placed at risk of harm, and upon the request of NLHS, the service provider shall remove staff from duties related to the direct provision of care.
23. Any disciplinary action is to be determined solely by the service provider at the conclusion of the investigation.
24. Where the outcome of an investigation finds wrongdoing by any professional staff of the service provider investigation findings shall be shared with the provider's regulatory body or professional college, in accordance with applicable legislation.
25. NLHS shall notify a resident involved in a complaint or incident when an investigation has been initiated and shall notify the resident of the outcome of the investigation. NLHS shall assess the potential impact of the complaint or incident on the safety and well-being of other residents and make a determination of the requirement to notify other residents and families.
26. NLHS shall immediately notify the Department of Health and Community Services of reportable incidents. NLHS shall submit the Reportable Incident Form to the Department of Health and Community Services. Learnings from investigations are shared with the Department of Health and Community Services and the other zones within NLHS for the purpose of quality improvement and policy development.

References/Forms

- [Form PCH-3 Template Complaint Report](#)
- [Form PCH-4 Template Incident Report](#)
- Reportable Incident Form
- [Adult Protection Act Provincial Policy Manual, 2026](#)
- [Incident Analysis Collaborating Parties. Canadian Incident Analysis Framework. Edmonton, AB: Canadian Patient Safety Institute; 2012.](#)

MONITORING AND EVALUATION: COMPLIANCE, INSPECTION AND MONITORING

Standard No.:	PCH-B-2
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Re-licensing; License Suspension or Cancellation; Complaint and Incident Investigation and Reporting; Fire and Life Safety; Environmental Health; Quality Assurance
Legislative References:	<u>Personal Care Home Regulations</u> ; <u>National Building Code</u> ; <u>National Fire Code of Canada</u> ; <u>Fire Protection Services Act and Regulations</u> ; <u>Buildings Accessibility Act and Regulations</u> ; <u>Public Safety Act and Regulations</u> ; <u>Food Premises Act and Regulations</u> ; <u>Smoke-free Environment Act, 2005 and Regulations</u> ; <u>Environmental Protection Act and Regulations</u> ; <u>Occupational Health and Safety Act and Regulations</u> ; <u>Workplace Health, Safety and Compensation Act, 2022 and Regulations</u> ; <u>Adult Protection Act, 2021 and Regulations</u> ; <u>Personal Health Information Act and Regulations</u> ; <u>Health and Community Services Act</u> ; <u>Provincial Health Authority Act</u> ; <u>National Fire Protection Association 101 Life Safety Code</u> ; <u>Cannabis Control Act and Regulations</u> ; <u>Food Premises Act</u> ; and <u>Public Health Protection and Promotion Act</u> .

Policy Statement

Compliance with all applicable legislation, regulations and operational standards ensures consistent quality assurance, promotes resident quality of care and maintains a safe and secure environment for residents, staff and visitors.

Standards

1. The service provider shall ensure that the home is fully compliant with the [Personal Care Home Regulations](#) under the [Health and Community Services](#)

[Act](#) and the **Newfoundland and Labrador Personal Care Home Operational Standards, 2026** and all applicable federal or provincial legislation including but not limited to:

- a. [National Building Code](#);
 - b. [National Fire Code of Canada](#);
 - c. [National Fire Protection Association 101 Life Safety Code](#);
 - d. [Fire Protection Services Act and Regulations](#);
 - e. [Buildings Accessibility Act and Regulations](#);
 - f. [Public Safety Act and Regulations](#);
 - g. [Food Premises Act and Regulations](#);
 - h. [Smoke-free Environment Act, 2005 and Regulations](#);
 - i. [Cannabis Control Act and Regulations](#);
 - j. [Environmental Protection Act and Regulations](#);
 - k. [Public Health Protection and Promotion Act](#);
 - l. [Occupational Health and Safety Act and Regulations](#);
 - m. [Workplace Health, Safety and Compensation Act, 2022 and Regulations](#);
 - n. [Adult Protection Act, 2021 and Regulations](#); and,
 - o. [Personal Health Information Act and Regulations](#).
2. NLHS shall conduct a minimum of one unannounced monitoring visit per quarter to monitor the home for compliance with applicable legislation and the Standards. Additional monitoring visits may be conducted in response to incidents, complaints, findings of non-compliance or to verify corrective action has been completed.
 3. NLHS shall use the [Quality Assurance Framework \(Appendix 3\)](#) as a tool to guide monitoring activities.
 4. Government Services shall complete Fire and Life Safety, Environmental Health and Food Premises inspections in accordance with applicable legislation and report the outcome of the inspection to NLHS and the service provider.
 5. Government Services shall investigate all complaints and incidents referred that fall under their mandate, and report to NLHS any areas of concern.
 6. NLHS shall investigate all complaints and incidents in accordance with the Complaint and Incident Investigation and Reporting Standard.

7. The service provider shall permit NLHS, Government Services and any other body with authority, including their authorized representatives, to inspect or monitor the home to enter the home at any time, and provide documents as requested by NLHS.
8. The service provider and service provider staff shall ensure interactions with NLHS staff and Government Services staff are respectful in nature. Verbally abusive and aggressive behavior toward NLHS or Government Services staff will not be tolerated. These types of behaviours will be assessed as part of the re-licensing process.
9. NLHS and Government Services staff shall maintain effective and professional relationships with service providers and service provider staff. Where a service provider identifies a concern related to the behaviour of NLHS or Government Services, this should be referred to the staff person's manager immediately.
10. NLHS shall assess information from monitoring and inspection visits, complaint and incidents, and feedback from residents and families to determine if the home is in compliance with the Standards.
11. NLHS shall complete a Visit Summary Report following each monitoring visit, including a summary of actions, findings, any identified non-compliance, required actions and timelines for follow-up. A copy shall be provided to the service provider and retained in the home's file.
12. The service provider shall provide consent to share information pertaining to operations of the same service provider in other zones within NLHS . Where NLHS becomes aware of alleged abuse or maltreatment of residents that potentially poses a risk to residents in the same or another zone, NLHS may disclose information without consent of the service provider. In such cases NLHS shall disclose the minimum amount of information necessary to ensure safety and well-being of residents.
13. NLHS shall enact non-compliance protocols based on the nature, severity and persistence of the non-compliance:
 - a. When non-compliance that does not directly impact resident safety is repeatedly identified during monitoring visits, and the service provider does not demonstrate progress toward corrective action;

- b. When non-compliance is identified that does not pose an immediate threat but has the potential to lead to resident harm if left unaddressed, and it is not corrected to the satisfaction of the monitoring or inspection body within the corrective action timeframes;
 - c. When non-compliance results in actual harm to residents or presents a significant and immediate risk to resident safety.
- 14. NLHS shall report the results of monitoring to the Department of Health and Community Services, including licensure status and any issuance of Notice of Non-Compliance for each home on a quarterly basis, which will be reported to the public by posting to the Department of Health and Community Services website for a minimum of two years.
- 15. NLHS shall provide monitoring reports and corrective action plans to the Department of Health and Community Services upon request, for example, in response to a reportable incident where a home holds a conditional license.

Procedures

1. The service provider shall ensure:
 - a. staff have access to, and comply with, applicable requirements, reports and legislative updates;
 - b. updates to the Standards are communicated to staff;
 - c. proof of certification is posted if required by federal or provincial legislation (e.g., [Food Premises Act](#)); and,
 - d. inspection and monitoring reports demonstrating compliance are retained for seven (7) years and available to licensing, monitoring or inspection bodies, upon request.
2. The service provider shall ensure that staff of the home are available for consultation with NLHS or Government Services, as requested during monitoring visits. The service provider and staff shall display professional and respectful conduct during monitoring visits.
3. Government Services shall, following an inspection of a home, provide NLHS with a written inspection report indicating if the home is in compliance with applicable Standards and if there are any impediments to licensing with respect to the areas inspected by Government Services.

4. Following inspection of a home by Government Services and where Government Services identifies significant concerns, and/or identifies an impediment to licensing, the Government Services inspector shall consult NLHS immediately to collaboratively discuss level of risk, mitigation strategy, safety planning and licensure status.
5. Government Services shall discuss the results of inspection reports with the service provider and indicate corrective action required and the remedy period for completion of corrective action in the event of non-compliance with legislation or the Standards.
6. Government Services shall confirm that serious deficiencies under their legislative authority to inspect have been corrected within the remedy period and shall advise NLHS of same.
7. All visits and any information obtained during all visits must be documented in the home file maintained by NLHS.
8. NLHS shall use the Quality Assurance Framework (Appendix 3) to guide monitoring visits and shall document evidence to support the monitoring. While the framework outlines potential evidence, NLHS monitoring staff can indicate additional evidence as required.
9. All NLHS staff visiting the home for purposes other than a formal monitoring visit shall report any concerns they identify to the NLHS Personal Care Home Program monitoring team for follow up. Any information obtained in this manner shall be included in the re-licensing process.
10. Non-compliance may be identified through the monitoring and inspection process or through the complaint and incident reporting and investigation process, or discussion with residents and families.
11. All instances of non-compliance with any Standard obtained from any source shall be documented and addressed with the service provider. NLHS or Government Services staff responsible for monitoring are not limited to the measures contained within the Quality Assurance Framework.

12. NLHS shall discuss the results of monitoring and inspection reports with the service provider, provide timelines for corrective action and discuss any implications with respect to licensure status where non-compliance with legislation or the Standards has been identified.
13. Depending on the nature of the deficiency, the monitoring or inspection body may request immediate corrective action.
14. Where deficiencies have been identified:
 - a. NLHS or Government Services may require a service provider to implement measures to mitigate risk to health and safety of residents; and,
 - b. NLHS or Government Services may increase the frequency of monitoring or inspection visits, particularly if there are concerns related to the health and safety of residents.
15. NLHS and/or Government Services shall issue a written notice to the service provider when a deficiency is identified.
 - a. NLHS shall document non-compliance in the Visit Summary Report, along with expectations for corrective actions.
 - b. Where non-compliance protocols are enacted, NLHS shall complete a Notice of Non-Compliance and Corrective Action Plan.
16. Where the Notice of Non-Compliance and Corrective Action Plan are provided to a delegate of the service provider, NLHS shall also forward a copy to the service provider and ask the service provider to sign and return the form.
17. The service provider shall acknowledge receipt of the Non-Compliance and Corrective Action form by signing and returning a copy to NLHS. If the service provider disagrees with the Corrective Action Plan, the service provider may contact NLHS or Government Services, as appropriate, to discuss alterations with the plan. NLHS or Government Services have authority to approve elements of the Corrective Action Plan that fall within their authority.
18. The service provider shall notify NLHS and/or Government Services when corrective action has been completed and the deficiency corrected. NLHS and/or Government Services shall confirm that serious deficiencies have been corrected, within the remedy period established in the Corrective Action Plan. Where

corrective action is not satisfactory to NLHS or Government Services, a new Corrective Action Plan may be required.

19. Non-compliance protocols are enacted by NLHS in accordance with the Standards. These protocols may include:

- a. issuance of a Notice of Non-Compliance and Corrective Action Plan which shall include a description of the deficiency, citation of the violated Standard or Regulation, the timeline for corrective action, description of future action if the violation is not corrected and the signature of the NLHS staff or Government Services staff completing the monitoring or inspection; the notice is delivered by registered mail, email or in-person. The Service Provider shall acknowledge receipt of the notification;
- b. issuing a conditional license;
- c. withholding of resident admissions;
- d. revocation of a license - NLHS, in consultation with Government Services where appropriate, may revoke the license of a home where a serious violation has not been corrected or minor deficiencies are on-going; NLHS must provide written justification to the service provider; and,
- e. legal action.

20. In the event of an urgent circumstance where the service provider has failed to provide services, and where the health and safety of residents is at risk, and where NLHS is unable to transition residents to an alternative setting, NLHS may take the following actions:

- a. appoint an interim administrator to administer the delivery of services on an interim basis until such time that risk is mitigated to the satisfaction of NLHS, or the license is revoked. In such circumstances the service provider shall cooperate with and take direction from the appointed administrator;
- b. make subsidy payments available to the interim administrator for the purpose of delivery of services to subsidized residents; and,
- c. deploy NLHS staff to the home to ensure delivery of services to residents.

21. In the event of a license suspension or cancelation and displacement of residents:

- a. NLHS shall:
 - i. advise residents of the reason for licensure suspension;
 - ii. complete a clinical assessment of residents, if required;
 - iii. develop a Transition Plan;

- iv. provide information to residents on alternative residential options; and,
- v. assist residents in transferring to another residential option.
- b. the service provider shall:
 - i. cooperate with NLHS and residents in developing a Transition Plan for residents;
 - ii. complete a Transfer Summary; and,
 - iii. provide support to residents during the transfer process.

22. Where the Department of Health and Community Services requests a monitoring report and/or corrective action plan, department staff shall review submissions to verify that appropriate oversight actions have been implemented. In cases where oversight is deemed insufficient, the Department of Health and Community Services shall engage in consultation with NLHS to identify and ensure implementation of the necessary corrective measures.

References/Forms

- [Form PCH-5 Notice of Non-Compliance and Corrective Action Plan](#)
- [Form PCH-6 Visit Summary Report](#)
- [Form PCH-9 Resident Transition Plan](#)
- [Form PCH-10 Template Transfer Summary](#)
- Quality Assurance Framework ([Appendix 3](#))

Section C: Organizational Requirements

ORGANIZATIONAL REQUIREMENTS: MANAGEMENT OF THE HOME

Standard No.:	PCH-C-1
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Application Process; Re-Licensing Process; Compliance, Inspection and Monitoring; Resident Rights; Hiring Requirements; Recruitment, Training and Supervision; Quality Assurance
Legislative References:	Occupational Health and Safety Act ; Workplace, Health, Safety and Compensation Act, 2022

Policy Statement

The administrative processes and procedures of the home support effective and efficient management of the home essential for the safety, security and well-being of residents, visitors and staff.

Standards

1. The service provider shall ensure there is a designated manager responsible and accountable for the management of the home.
2. The service provider shall complete the Delegation of Authority form to indicate which activities and processes have been delegated to staff.
3. The service provider shall have administrative policies outlining operational requirements for the home.
4. The service provider shall ensure that staff of the home receive training on administrative policies.

Procedures

1. Where the service provider is not the manager of the home, the service provider shall delegate on site administrative authority to an appropriate staff person (the manager).

2. The service provider shall ensure the name and contact information of the manager is provided to NLHS and is posted in a location in the home visible to residents, staff, and visitors.
3. The service provider shall ensure that in the absence of the designated manager, on-site administrative authority is delegated to an appropriate individual, and the name and contact information of the delegated manager is posted in a location in the home visible to residents, staff, visitors and NLHS. Where it is necessary to have multiple staff complete administrative functions, the service provider shall identify a single point person to liaise with NLHS.
4. The service provider shall ensure that NLHS is notified, in writing, five days in advance of a planned absence of the manager and is provided the name and contact information of the delegated manager.
5. The Delegation of Authority Form is completed for every staff person who is assigned delegated activities.
6. The service provider shall have a written policy and procedure manual including but not limited to the following:
 - a. resident rights;
 - b. resident responsibilities;
 - c. confidentiality;
 - d. universal precautions;
 - e. transportation of residents;
 - f. human resource policies including position descriptions, recruitment, hiring, probation period, performance reviews, dismissal;
 - g. staff rights;
 - h. work assignment;
 - i. staff replacement;
 - j. financial transactions;
 - k. harassment;
 - l. quality assurance;
 - m. continuing education;
 - n. reporting abuse and neglect;
 - o. provision/access to professional services;
 - p. authorization of nursing tasks;
 - q. compliments and complaints;

- r. incident response and reporting;
 - s. change or cancellation of services;
 - t. gifts;
 - u. security; and,
 - v. occupational health and safety requirements for staff including, but not limited to, working alone, safe resident handling, workplace violence and harassment, fatigue management, hazardous drugs, disinfectant chemicals, smoking, safe use of oxygen, emergency response, reporting and investigation of workplace injuries, and service animals.
7. The service provider shall review and revise the policy and procedure manual at least annually or when an update in the Standards requires a policy update.
8. The service provider shall provide policy training to staff upon hire.
9. The service provider shall have an information system with the capability to:
- a. track resident information;
 - b. track quality indicators; and,
 - c. report information to NLHS.

References/Forms

- [Form PCH-11 Template Delegation of Authority](#)

ORGANIZATIONAL REQUIREMENTS: INSURANCE REQUIREMENTS

Standard No.:	PCH-C-2
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Application Process; Re-Licensing Process; License Suspension or Cancellation; Appointment and Transportation; and Transition Planning
Legislative References:	Personal Care Home Regulations

Policy Statement

Appropriate insurance coverage provides protection for the resident and the service provider in the event of an incident impacting the well-being of residents, staff and visitors.

Standards

1. The service provider shall ensure their operations, including each home, have current and adequate insurance coverage.
2. The service provider shall notify NLHS immediately in the event there is any suspension or cessation of the insurance coverage. In such a case, NLHS will revoke licensure, and the service provider shall work with NLHS to transition residents to another service option.
3. The service provider shall advise residents that in the event of a loss at the home, the resident's personal belongings are not covered under the service provider's insurance.

Procedures

1. The service provider shall at the service provider's own expense and without limiting its liability herein, insure the service provider's premises, operations and personnel under appropriate contracts of insurance with insurers licensed in Newfoundland and Labrador.
2. Insurance coverage shall include:

- a. commercial general liability insurance in an amount not less than five million dollars (\$5,000,000) per occurrence, for each of its locations, insuring against any and all bodily injury, personal injury and property damage including loss of use thereof. Such insurance shall also include the following:
 - i. voluntary medical payments (minimum \$10,000 limit per incident);
 - ii. tenant's legal liability (minimum \$1,000,000 limit per incident);
 - iii. non-owned automobile coverage (minimum \$5,000,000 limit per incident);
 - iv. blanket contractual liability; and,
 - v. waiver of subrogation, cross liability and severability of interest;
 - b. abuse coverage with a minimum limit of \$1,000,000 per incident;
 - c. professional liability coverage with a minimum limit of \$5,000,000 per occurrence;
 - d. director's and officer's liability coverage with a minimum of \$2,000,000 per occurrence;
 - e. cyber liability coverage with a minimum limit of \$1,000,000 per occurrence;
 - f. automobile liability coverage with a minimum limit of two million dollars (\$2,000,000) and business use coverage providing for the transportation of clients for all automobiles used in connection with the service. Where staff use a personal vehicle in connection with the services, the service provider shall ensure that the staff maintain business use coverage providing for the transportation of clients;
 - g. property insurance coverage which provides for the replacement cost of the home;
 - h. insurance deductibles shall not exceed fifteen thousand dollars (\$15,000) per occurrence;
 - i. thirty (30) days written notice of cancellation, failure to renew or material change in coverage (material defined as any change restricting or reducing required coverage); and,
 - j. if any insurance policy is written on a claims-made basis, such insurance should be maintained for not less than (24) months after completion of the services.
3. The service provider shall provide NLHS with a certificate of insurance as evidence of the required insurance and shall list NLHS as an additional insured, where applicable. Proof of insurance is to be provided to NLHS at the annual review period or at any time at the request of NLHS.

4. NLHS and the service provider shall advise residents that they can purchase tenants' insurance to cover their personal belongings in the event of a loss at the home.
5. NLHS in no way warrants that the minimum limits listed above are sufficient to protect the service provider from liabilities that could arise out of the performance of services by the service provider and the service provider's staff.

References/Forms

ORGANIZATIONAL REQUIREMENTS: CLOSURE OR SALE OF THE HOME OR CHANGE OF SERVICE PROVIDER

Standard No.:	PCH-C-3
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Licensing; Compliance, Inspection and Reporting; Risk Management; Transition Planning; Hiring Requirements; Financial Subsidy; Financial Records Management and Review
Legislative References:	Personal Care Home Regulations

Policy Statement

Providing timely notice to residents, families and NLHS in the event of a sale or closure of a home assists in planning the resident's transition to an alternative living arrangement.

Standards

Sale of a Home

1. The service provider shall notify NLHS in writing of a potential sale of the home at least 90 days prior to the expected closing date and shall notify residents and families at least 30 days prior to the confirmed closing date.
2. The service provider shall develop a transition plan during transfer of ownership or sale of a home.
3. NLHS shall review and approve the service provider's transition plan.
4. A prospective new service provider shall obtain a license to operate a home from NLHS.
5. NLHS shall issue an interim license for a period of up to 90 days to prospective new service providers who meet all licensing criteria as per the Licensing Standard.

Closure of a Home

6. The service provider shall notify NLHS, residents and families at least 90 days in advance of a planned closure of the home.
7. The service provider shall develop a Transition Plan at least 30 days prior to closure, to the satisfaction of NLHS, to support residents during the transition.
8. NLHS shall assist displaced residents in securing alternative residential options.
9. NLHS, upon closure of a home, shall transfer fixed subsidies to portable subsidies and notify the Department of Health and Community Services of the subsidy type transfer.
10. In the event of an unexpected and prolonged absence of a service provider, NLHS shall issue a license to a new service provider, identified by the original service provider, who meets all licensing requirements.

Procedures

1. In the event of a sale of a home, the license is not transferrable to the new service provider. Prospective service providers shall complete the licensing application as outlined in Licensing Standard and meet all requirements to operate the home.
2. Food premises licenses are not transferrable; the prospective service provider shall submit an application to Government Services to apply for a license.
3. NLHS shall discuss with the service provider the requirement for outstanding Notices of Non-Compliance and Corrective Action to be addressed before the sale of a home.
4. NLHS shall discuss outstanding non-compliance with prospective new applicant(s) and advise that should any outstanding Corrective Action Plans not be completed by the previous service provider, then the non-compliance and Corrective Action Plans become the responsibility of the applicant once approved as a service provider.
5. Prior to transfer of ownership or sale an interim license is issued to the new applicant meeting the requirements for licensing as determined by NLHS. The new service provider assumes responsibility for any outstanding corrective action.

6. NLHS Personal Care Home Program staff shall notify NLHS Financial Services division of a home closure or transfer of ownership to adjust any financial payments accordingly.
7. When the service provider is notifying NLHS of a sale or closure of a home, a written letter must be sent to NLHS by registered mail, email or in-person. NLHS shall acknowledge receipt of the notification.
8. When the service provider is notifying residents of a closure or transfer of ownership, the service provider should meet with residents in person to discuss development of a Transition Plan. Where residents lack capacity to understand the process, the service provider shall discuss with the resident's SDM.
9. Where NLHS has concluded, following an investigation, that a service provider has failed to meet the minimum standard to operate a home resulting in closure of the home either by revocation of the license to operate or through an independent decision of the service provider to close the home, NLHS shall notify residents of the reason for closure.
10. To assist displaced residents, NLHS shall:
 - a. develop a Transition Plan;
 - b. meet with affected residents and families;
 - c. explain alternative options available to residents; and,
 - d. facilitate access to an alternative residential option.
11. The service provider shall complete a Transfer Summary and ensure all resident belongings are transferred with the resident.
12. In the event of an unplanned closure, the service provider granted an interim license to operate the home shall meet all hiring requirements as outlined in the Hiring Requirements Standard prior to the delivery of services.

References/Forms

- [Form PCH-9 Resident Transition Plan](#)
- [Form PCH-10 Template Transfer Summary](#)

ORGANIZATIONAL REQUIREMENTS: CONFIDENTIALITY

Standard No.:	PCH-C-4
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Record Keeping; Complaint and Incident Investigation and Reporting; Hiring Requirements
Legislative References:	Personal Care Home Regulations ; ATIPPA, 2015 ; PHIA ; Management of Information Act ; Privacy Act

Policy Statement

A service provider is required to establish practices to ensure confidentiality of resident information to protect their personal health records. Resident information should only be shared with consent and for the purpose of facilitating the delivery of quality service matched to resident needs.

Standards

Use of Client Information

1. NLHS shall treat as confidential all information provided by a service provider subject to the following:
 - a. [Access to Information and Protection of Privacy Act, 2015](#) (ATIPPA);
 - b. [Management of Information Act](#);
 - c. [Privacy Act](#);
 - d. [Personal Health Information Act \(PHIA\)](#); and,
 - e. any other provincial and federal legislation having application.
2. The service provider, as a custodian under [PHIA](#), shall consider the following resident information as confidential:
 - a. all communication from NLHS to the service provider respecting services;
 - b. all information acquired by the service provider respecting policy consideration and development, business decisions, internal deliberations, discussions, and any other aspect of decision-making of NLHS or the Department of Health and Community Services;

- c. oral and written information and supporting documentation; and,
 - d. resident personal health information as defined under [PHIA](#).
- 3. The service provider shall maintain in confidence all resident personal health information as defined under [PHIA](#) which includes but is not limited to:
 - a. name, address or telephone number;
 - b. race, national or ethnic origin, colour, or religious or political beliefs or associations;
 - c. age, sex, sexual orientation, marital status or family status;
 - d. an identifying number, symbol or other particular assigned to the resident;
 - e. fingerprints, blood type or inheritable characteristics;
 - f. information about health status or history, including any physical or mental disability;
 - g. information about educational, financial, criminal or employment status or history;
 - h. opinions about the resident;
 - i. personal views or opinions of the resident; and,
 - j. photographs, video recordings, or other visual representations of the resident, whether taken for clinical, promotional, educational, or social purposes.
- 4. The service provider shall ensure all resident information is treated as confidential and not made public or disclosed during or after the period service is being provided to a resident, without resident or NLHS consent, where applicable. Other than as required by law or by the Standards, the service provider shall obtain written consent from the resident prior to sharing any personal information.
- 5. The service provider shall only use information acquired in the performance of the services for purposes related to the performance of the services and shall not permit the use of resident information for any other purposes.
- 6. The service provider shall provide residents with information in accordance with [PHIA](#), including access to any resident records relating to the services provided by the service provider.

Protection of Resident Information

- 7. The service provider shall protect all resident information received from NLHS and others that is stored in their information technology system.

8. The service provider shall ensure that confidential resident information being transported on portable storage devices, portable hard drives, compact or digital video discs, is encrypted.
9. The service provider shall implement and maintain up to date versions of all ordinary business software for the reasonable protection of information on computers, including security firewall and anti-virus software.
10. If the service provider is using email to transmit confidential information, the service provider shall ensure the email, and any attachments are encrypted as per NLHS requirements.

Disclosure

11. The service provider shall only provide information to staff as is required to complete delivery of the services to a resident.
12. In the case where disclosure of confidential information is required by law, the service provider shall provide written notice to the resident and NLHS immediately upon becoming aware that such disclosure is required. Where circumstances do not permit the service provider to provide such notice prior to disclosure, the service provider shall provide such notice immediately after the required disclosure.
13. The service provider shall provide NLHS with access to all information including file information, data, documents, records, or materials acquired or by which access has been given in the course of, or incidental to, the provision of the services.

Privacy Breach

14. The service provider shall establish a privacy breach protocol, and privacy breaches shall be reported in accordance with [PHIA](#). Guidance is available on the [Office of Information and Protection of Privacy Commissioner](#) website.
15. The service provider shall immediately notify NLHS of any confirmed or suspected privacy breach and shall investigate or cooperate with any investigation led by NLHS or other third party, to identify the reason for a breach of confidentiality with a goal to prevent the recurrence of any unauthorized possession, use or knowledge, or attempt thereof, of the confidential information.

16. The service provider shall immediately notify NLHS and the resident of any unauthorized possession or use of confidential information in the possession of the service provider.
17. The service provider shall immediately provide NLHS with full details of the unauthorized possession, use or knowledge of all confidential information regarding the resident.
18. The service provider shall promptly use all reasonable efforts to prevent a recurrence of any unauthorized possession, use or knowledge of confidential information belonging to a resident.
19. The service provider shall implement any recommendations to mitigate risk of further privacy breaches.

Disposition of Records

20. NLHS shall retain all rights (including, without limitation, all intellectual property rights), title, and interest in any and all confidential information provided to NLHS regarding residents.
21. All documentation and materials received and reports, opinions, and supporting documentation produced by the service provider or NLHS shall remain confidential. Upon the termination of the delivery of services to a resident, the service provider shall take direction from NLHS regarding the final disposition of all information recorded in the course of providing services.
22. The service provider shall return all information gathered in the performance of the services to NLHS upon completion of services. An alternative plan may be developed as directed by NLHS.

Litigation

23. The service provider shall use reasonable efforts to cooperate with NLHS in any litigation and investigation against third parties deemed necessary by NLHS to protect its proprietary rights.

Procedures

1. NLHS and the service provider shall advise residents of the requirement to provide consent to any release of their personal health information and ensure they are advised who the information will be shared with and its intended purpose.
2. NLHS shall obtain written consent from the resident to obtain or release their personal health information when arranging and monitoring services.
3. NLHS and the service provider shall advise residents of their rights with respect to confidential information including their right to notify NLHS , the service provider, and/or the Office of Information and Protection of Privacy Commissioner of instances where staff may have either intentionally or unintentionally, disclosed their personal information, and their ability to request a review of the suspected or confirmed breach.
4. The service provider shall obtain written consent, unless authorized under legislation, from the resident prior to sharing any personal information.
5. NLHS shall develop a process for the secure transfer of resident information with service providers. If the transfer is through electronic means, encryption and zipped files must be used.
6. The service provider shall have a designated person assigned to investigate potential privacy breaches and will complete the investigation and provide a written report of the findings, including remedy and prevention strategies.
7. Upon notification of a potential privacy breach, the service provider shall complete the following tasks:
 - a. notify the resident of the potential privacy breach, both by phone and follow up in writing;
 - b. take steps to contain the breach;
 - c. investigate the breach; and,
 - d. develop measures to prevent the recurrence of future privacy breaches.
8. The service provider shall establish secure storage procedures, as per [PHIA](#), for resident information at the first point of intake, including both residents accepted and refused for services.

9. The service provider is responsible for establishing a process if a resident requests access to information collected by the service provider and staff, as per [PHIA](#).
10. The service provider shall ensure that all staff have access to relevant information to perform their duties through secure means.
11. NLHS shall provide information to the service provider about the importance of maintaining confidential information and the circumstances under which confidential information can be shared, during service provider orientation and in-service information sessions, as required.
12. The service provider is responsible for informing all staff of legal requirements to protect information in compliance with legislative requirements, Standards and NLHS policies.
13. The service provider shall complete education on [PHIA](#) and confidentiality with staff every three (3) years and ensure staff update their Oath of Confidentiality every three years following delivery of refresher education.

References/Forms

- [Form PCH-12 Template Oath of Confidentiality](#)
- [PHIA Guidance, Office of the Information and Privacy Commissioner](#)

ORGANIZATIONAL REQUIREMENTS: CONFLICT OF INTEREST

Standard No.:	PCH-C-5
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Admission Agreement; Support Planning; Transition Planning
Legislative References:	Conflict of Interest Act, 1995

Policy Statement

Ensuring that a service provider or staff are not in any conflict of interest position in the delivery of services protects residents, the service provider and staff from any potential improprieties.

Standards

1. The service provider and service provider staff shall follow the requirements of public officer holders under the [Conflict of Interest Act, 1995](#)
2. The service provider and service provider staff shall not act or participate in a conflict of interest in provision of services to a resident or in performance of duties under these Standards, with conflicts of interest including, among other things, contravention of obligations referenced in ss. 3-5 of this Standard.
3. The service provider or service provider staff shall not, directly or indirectly:
 - a. make or participate in making a decision where the service provider or service provider staff knows or ought reasonably to know that in the making of the decision there is the opportunity to benefit the provider or staff or themselves or a member of the family improperly;
 - b. use their position as a service provider or service provider staff for personal financial gain or for the financial gain of a spouse, relative, or persons whose economic well-being is of interest to them; or,
 - c. accept a fee, gift or personal benefit, except compensation authorized by law, that is connected, directly or indirectly, with the performance of the duties of the service provider or service provider personnel. This does not include gifts or personal benefits received as part of customary protocol

or social obligations that normally accompany the duties of the service provider or service provider personnel.

4. The service provider or service provider staff shall not engage in activity:
 - d. that interferes with or adversely influences the performance of the provider or staff's duties or is likely to do so;
 - e. that places them in a position of conflict of interest, or is likely to do so; and,
 - f. in which they may acquire an advantage derived from performance of duties under these Standards.
5. The service provider or service provider staff shall not use or take advantage of its access to any resident, or the resident's family or SDM, including but not limited to, the purpose of:
 - a. selling or promoting any other services or goods offered by the service provider or any related person, unless services are also provided to the general public; and,
 - b. soliciting funds or gifts from residents or resident's families.
6. NLHS shall investigate a reported conflict of interest by the service provider or staff and make the determination of whether a conflict of interest exists.
7. NLHS shall notify the service provider of actions that shall be taken to resolve any actual, potential or perceived conflict.

Procedures

1. The service provider shall meet its requirements of the [Conflict of Interest Act, 1995](#) and this Standard and offer training to service provider staff on responsibilities under the Act and Standard.
2. The service provider shall interact with each resident solely for the purpose of fulfilling obligations outlined in the Admission Agreement and Support Plan.
3. The service provider shall investigate any potential conflict of interest relating to the service provider staff and determine whether there is a conflict of interest.

4. The service provider shall immediately disclose to NLHS, and follow up in writing, if the service provider becomes aware of any potential conflict of interest relating to the service provider and its proposed resolution.
5. Where NLHS becomes aware of a potential conflict of interest relating to the service provider or service provider staff, NLHS shall notify the service provider. NLHS may refer such matters to the service provider for review or may investigate and decide the matter, within its sole and exclusive discretion.
6. The service provider shall address any conflicts of interest relating to the service provider or the service provider staff where directed by NLHS.
7. NLHS may direct the service provider on actions that shall be taken to address any potential or actual conflict of interest.
8. NLHS may, further to becoming aware of a potential conflict of interest relating to a service provider or service provider staff, direct the service provider with respect to any interim steps that need to be taken until the matter is fully investigated. This may include the following actions:
 - a. removal of certain service provider staff from delivering services to a resident(s);
 - b. removal of the service provider from providing services to resident(s); and,
 - c. transitioning a resident(s) to other services on a temporary basis.
9. The service provider shall demonstrate due diligence in addressing any potential conflict of interest.
10. The service provider, in consultation with NLHS, shall notify a resident immediately of a potential conflict of interest.
11. If NLHS determines it is necessary to remove the service provider from delivering services until an investigation is completed, the service provider shall engage in developing a Transition Plan for alternative services to be arranged.
12. The service provider shall advise the resident whether a conflict of interest has been confirmed and the impact on the provision of services to the resident.

13. In the event of any conflict among this Standard and any statutory requirements, the latter shall prevail.

References/Forms

- [Form PCH-9 Resident Transition Plan](#)

ORGANIZATIONAL REQUIREMENTS: RECORD KEEPING

Standard No.:	PCH-C-6
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Confidentiality; Hiring Requirements; Resident Services; Admission Agreement; Support Plan; Medication Administration
Legislative References:	Personal Care Home Regulations

Policy Statement

The maintenance of accurate records promotes the efficient and effective management of the home which supports resident safety and quality of care.

Standards

1. The service provider shall comply with any confidentiality obligations applicable to record keeping arising out of its obligations under legislation, regulations, and these Standards.
2. The service provider shall create, maintain, and retain an accurate and current resident record for each resident and all documentation pertaining to that resident is retained in that record.
3. The service provider shall retain custody of resident records on behalf of NLHS.
4. The service provider shall ensure that resident records are properly secured and are accessed only by those staff who require access to deliver services to residents.
5. NLHS shall ensure a process is in place to facilitate the secure transfer of resident information to the service provider.
6. The service provider shall develop a protocol to facilitate transfer of information among staff of the home. Transfer of information communications are transitory records and shall not replace progress notes on the resident's record.

7. The service provider shall ensure that records are maintained in accordance with standard documentation practices (outlined in Procedures below).
8. The service provider shall adhere to the following retention schedules:
 - a. all resident records of active residents are retained for the period where services are provided by the service provider, and are available at the home;
 - b. resident records for discharged residents are retained for fifteen (15) years;
 - c. transfer of information documentation is retained for a minimum of three (3) months; and,
 - d. administrative records required to fulfill all reporting requirements to NLHS shall be retained for seven (7) years.
9. The service provider shall not dispose of resident records prior to the retention schedule without prior written consent of NLHS.
10. The service provider shall record and report to NLHS details of service activity, including:
 - a. number of licensed beds;
 - b. number of beds available to occupy;
 - c. number of occupied beds and vacant beds;
 - d. number of clients receiving a financial subsidy;
 - e. number of clients privately paying;
 - f. number of clients over 65 and under 65; and,
 - g. number of clients in each level of care category.
11. On an annual basis, the service provider shall provide NLHS with workforce information for the preceding 12-month period, including:
 - a. the total number of full-time equivalent personal support staff;
 - b. the number of personal support staff hired;
 - c. the number of personal support staff who ceased employment; and,
 - d. any additional workforce information requested by NLHS
12. NLHS shall submit the service activity information for each home to the Department of Health and Community Services on a quarterly basis.

Procedures

1. The service provider shall ensure that resident records of current residents are securely stored at the home (e.g., in a locked cabinet or password protected computer) with access only to parties who require access to deliver services.
2. The service provider shall review all security measures to secure resident records regularly to ensure maximum protection of information.
3. The service provider shall maintain a separate file for care related and financial related information pertaining to the resident.
4. The service provider shall ensure that resident records are accessible to residents upon request.
5. In the event that NLHS requires copies of resident records, NLHS shall make photocopies of documents at the home, if possible. If it is necessary to remove records, NLHS shall provide a document receipt to the service provider, which identifies in writing, which records are to be removed and shall return all records within 24 hours.
6. Documentation must be accurate, current, legible and signed by the person who recorded and made the observation. Resident records include but are not limited to the following:
 - a. Admission Agreement;
 - b. Support Plan;
 - c. information obtained on admission;
 - d. progress notes;
 - e. Service Provider Progress Reports;
 - f. prescriber's orders - orders for medications and treatments;
 - g. Medication Administration Records (provided by Pharmacy);
 - h. authorization of nursing tasks;
 - i. diabetic record;
 - j. Transition Plan;
 - k. financial records;
 - l. consent forms;
 - m. complaint reports;
 - n. incident reports;
 - o. transfer of information log; and,
 - p. completed Orientation Checklist Form (signed by resident and service

provider).

7. Resident records of current residents must be stored at the home. Resident records of discharged residents may be stored at the home or at another secure location but must be available to NLHS within 24 hour notice, upon request.
8. The service provider shall ensure that resident records that have aged according to the retention schedule above are destroyed in a secure manner that maintains confidentiality.
9. In the event of a sale of the home, the service provider shall ensure that resident records of current residents are securely transferred to the new service provider.
10. In the event of closure of the home, resident records are retained by the service provider, until the process for disposition is confirmed by NLHS, in writing.
11. The service provider shall establish a communication mechanism to ensure the accurate transfer of information pertinent to individual resident care and operations of the home is completed by staff during each shift change. This mechanism shall include, at minimum, the contents outlined in the Transfer of Information Log template (Form 43).
12. Staff must sign their full name or initial the transfer of information log entries to confirm they have read and are aware of the information shared.
13. The service provider shall complete the following forms and report to NLHS as indicated below:
 - a. Service Activity Report Form and submit monthly;
 - b. Notification of Resident Movement Form and submit when it occurs; and,
 - c. Notification of Vacancy Form and submit when new vacancies or beds available.
14. The service provider shall ensure that staff complete timely recordings of services provided to residents to ensure accuracy of the recording.
15. In the absence of electronic documentation, any written entries are to include the date and time, written in black or blue ink and signed. In the case of an error staff shall draw a line through the entry and initial it.

16. Staff must use a Medication Administration Record (MAR) provided by the pharmacy servicing the home to monitor the administration of prescription and non-prescription medications to residents. The procedure for use is included in the Medication Administration Standard.

17. All resident records are provided to NLHS, upon request.

References/Forms

- [Form PCH-3 Template Complaint Report](#)
- [Form PCH-4 Template Incident Report](#)
- [Form PCH-8 Authorization of Nursing Task Certificate of Competency](#)
- [Form PCH-9 Resident Transition Plan](#)
- [Form PCH-10 Template Transfer Summary](#)
- [Form PCH-13 Support Plan](#)
- [Form PCH-14 Service Provider Progress Report](#)
- [Form PCH-15 Service Activity Report](#)
- [Form PCH-16 Notification of Resident Movement](#)
- [Form PCH-17 Notification of Vacancy](#)
- [Form PCH-18 Template Resident Orientation Checklist](#)
- [Form PCH-29 Diabetic Record](#)
- Admission Agreement Template ([Appendix 6](#))
- [Form PCH-43 Template Transfer of Information Log](#)

ORGANIZATIONAL REQUIREMENTS: QUALITY ASSURANCE

Standard No.:	PCH-C-7
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Re-licensing Process; Complaint and Incident Investigation and Reporting; Compliance, Inspection and Monitoring; Risk Management
Legislative References:	Personal Care Home Regulations

Policy Statement

The detection and correction of service delivery issues is an effective means to maintain and improve quality of care and reduce risk for residents and staff.

Standards

1. NLHS, the service provider and service provider staff shall develop and maintain collaborative and respectful professional relationships in working towards their shared goal of ensuring the delivery of quality services to residents.
2. The service provider shall implement a process to monitor, record and evaluate the quality of services delivered in the home.
3. The service provider shall ensure a quality assurance program that includes but is not limited to the following:
 - a. processes to communicate to residents and families how complaints can be voiced and followed up on;
 - b. processes for residents to comment confidentially on the services and delivery of services in the home;
 - c. monitoring and tracking of complaints and incidents and the outcome of same;
 - d. measuring and analyzing and reporting performance indicators;
 - e. using data, such as resident satisfaction surveys, to inform quality improvement opportunities;
 - f. identifying areas for improvement; and,
 - g. implementing Corrective Action Plans when deficiencies are identified.

4. The service provider shall ensure residents have an opportunity to provide meaningful feedback on all aspects of living in the home.
5. NLHS shall use the Quality Assurance Framework (Appendix 3) to guide monitoring activities.
6. NLHS shall review the outcome of monitoring and inspection results, complaints and incident reports and discuss the quality indicators with the service provider to identify quality improvement opportunities.
7. The service provider shall use quality assurance monitoring data to review operations of the home and to implement actions to support quality improvement where deficiencies have been identified.
8. NLHS shall use information collected during monitoring activities to inform the annual re-licensing process and to inform applications for new homes by service providers in accordance with these Standards.
9. NLHS shall report the results of quality assurance monitoring to the Department of Health and Community Services quarterly.

Procedures

1. NLHS and the service provider shall advise residents and families of their ability to raise concerns with the service provider and NLHS.
2. NLHS and the service provider shall encourage residents to participate in surveys and interviews regarding the delivery of services.
3. The service provider shall ensure residents and staff have opportunities to provide feedback which may include:
 - a. discussions with the service provider;
 - b. resident councils;
 - c. surveys; and,
 - d. suggestion box.
4. Where a service provider administers a resident satisfaction survey, the service provider must ensure the anonymity of the respondent is protected.

5. The service provider shall establish procedures to accurately collect, and report all required monitoring indicators and report to NLHS as required.
6. The service provider shall document and report monthly on quality of care indicators including:
 - a. number of falls;
 - b. number of falls requiring medical attention;
 - c. number of residents who require weekly weight measurement;
 - d. number of medication errors;
 - e. number of requests for health care providers;
 - f. number of emergency department visits;
 - g. number of residents who visited the emergency department who were not accepted back to the home by the service provider;
 - h. number of residents with pressure ulcers;
 - i. number of incidents; and,
 - j. number of complaints.
7. NLHS shall use quality assurance data to identify potential risks to residents and shall support the home, through education, to mitigate risks and improve quality of services provided.
8. NLHS shall advise the service provider of any changes in the reporting requirements for quality indicators.
9. The service provider shall implement Corrective Action Plans when performance quality standards are not met within established timelines.

References/Forms

- [Form PCH-5 Notice of Non-Compliance and Corrective Action Plan](#)
- [Form PCH-7 Quality of Care Indicator Report](#)
- Quality Assurance Framework ([Appendix 3](#))

ORGANIZATIONAL REQUIREMENTS: RISK MANAGEMENT

Standard No.:	PCH-C-8
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Licensing; Re-licensing; Quality Assurance; Fire Life Safety
Legislative References:	Workplace, Health, Safety and Compensation Act, 2022 ; Occupational Health and Safety Act ; Public Health Protection and Promotion Act

Policy Statement

Threats or risks that jeopardize the safety of residents are identified and an emergency preparedness plan is developed to ensure an organized and effective response to emergency situations.

Standards

1. The service provider shall implement a process to identify, assess, report and manage risks related to services including:
 - a. potential safety risks for residents, staff and other visitors;
 - b. organizational risks that may affect service delivery;
 - c. infection prevention and control issues; and,
 - d. risks related to loss of information.
2. The service provider shall have and maintain an [Emergency Preparedness Plan \(Appendix 7\)](#) and review and test the plans annually.
3. The service provider shall submit the Emergency Preparedness Plan to NLHS for review.
4. NLHS shall review the Emergency Preparedness Plan, and provide feedback on the feasibility, reliability, ease of implementation and potential effectiveness of the plan. NLHS shall make recommendations to improve the Emergency Preparedness Plan, if appropriate and necessary.

5. The service provider shall notify NLHS of any significant changes to the Emergency Preparedness Plan.
6. The service provider shall ensure that staff receive training on the location of the plan and their role in implementing the plan in the event of an emergency. The service provider is responsible for all aspects of development and enactment of the Emergency Preparedness Plan.
7. The service provider shall comply with the [Workplace, Health, Safety and Compensation Act and Regulations, 2022](#).
8. The service provider shall comply with the [Occupational Health and Safety Act and Regulations](#).
9. NLHS shall provide the service provider with process to contact NLHS after hours in the event of emergency situations that require immediate notification of NLHS.
10. The service provider shall utilize after hours on call process for emergency situations requiring immediate notification of NLHS.

Procedures

1. The service provider shall develop an Emergency Preparedness Plan in accordance with Appendix 7. Service providers are encouraged, but not required, to use the [Emergency Preparedness Plan template \(Appendix 7\)](#). Service providers may develop a customized plan; however, it shall contain the elements of Appendix 7.
2. Service providers should consult with Fire and Emergency Services NL (Department of Justice and Public Safety), Government Services, local community partners and municipalities in development of their Emergency Preparedness Plan.
3. The service provider shall submit the plan to NLHS for review and approval upon initial development, and every five years thereafter or upon significant changes to the plan.
4. NLHS staff from the Personal Care Home Program and Health Emergency Planning shall collaborate to review and provide feedback on the plan.

5. The service provider shall ensure:
 - a. a copy of the Emergency Preparedness Plan is stored in a location within the home that is easily accessible by staff and that all staff are aware of the location;
 - b. a copy of the Emergency Preparedness Plan is stored in a secure location outside the home; and,
 - c. a copy of the plan is provided to NLHS, Government Services and any community partner identified or involved in the plan.
6. The service provider shall ensure that Emergency Preparedness Plans are tested at least once annually. This may include staff education and simulation exercises.
7. The service provider shall ensure:
 - a. written confirmation exists of exercising/practicing activities pertaining to the execution of emergency plans, including the date, scope, participants and outcomes;
 - b. documentation of any changes to the plan must be maintained; and,
 - c. significant changes to the plan are approved by NLHS.
8. The service provider shall ensure that staff maintain a daily record of residents entering and leaving the home.
9. The service provider stocks a minimum of three day's supply of food, water and disposable dishware for use in case of an emergency.
10. The service provider shall cooperate with NLHS and public health officials in the event of any emergency or urgent situations that requires a coordinated response within the community health services sector.
11. The service provider shall ensure the home has an emergency preparedness kit including a first aid kit, which is accessible to staff and residents.

References/Forms

- [Form PCH-19 SHARE](#)
- Emergency Preparedness Plan Template ([Appendix 7](#))
- WorkplaceNL (n.d.). [Working Alone Guidelines](#).

Section D: Environment and Security

ENVIRONMENT AND SECURITY: PHYSICAL BUILDING DESIGN

Standard No.:	PCH-D-1
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Licensing; Re-licensing; Complaint and Incident Investigation and Reporting; Compliance, Inspection and Monitoring
Legislative References:	Personal Care Home Regulations ; Fire Protection Services Act ; Buildings Accessibility Act ; National Building Code of Canada ; National Fire Protection Association ; National Fire Code of Canada ; Food Premises Act and Regulations

Policy Statement

Adherence to legislation, regulations and Standards related to the design and construction of a home supports the provision of a safe, secure, and comfortable environment for residents.

Standards

1. The service provider shall ensure that the home is constructed in compliance with all applicable legislation including the [Buildings Accessibility Act](#), [Fire Protection Services Act](#) and the edition of codes/standards currently adopted under the legislation, for example [National Building Code \(NBC\) of Canada](#), the [National Fire Protection Association \(NFPA\) Life Safety Code 101 \(LSC\)](#) and the [National Fire Code \(NFC\) of Canada](#).
2. The service provider shall obtain written approval from all relevant divisions of Government Services prior to commencing any construction, expansion, or renovation of a home.

Procedures

1. The service provider shall submit design drawings and Building Accessibility, and NFC/NBC long forms to Government Services for review and registration prior to undertaking any construction, renovation, or expansion. Plans must also be

reviewed and approved by Environmental Health where the reviewer identifies that a spa, hot tub, pool, food premises or any other element requiring review by Environmental Health is included in the building design. Design drawings and forms shall be dated and shall bear the authorized professional seal and signature of the designer.

2. The service provider shall ensure that renovations to existing homes meet the current edition of the NBC, NFC and LSC, regardless of which edition the structure was originally constructed to meet.
3. The service provider shall ensure Government Services is consulted when replacing and/or upgrading kitchen equipment and appliances.
4. The service provider shall provide a home-like environment with outside space available for resident use.
5. The service provider shall ensure:
 - a. the home has a licensed kitchen, as per the [Food Premises Act and Regulations](#), including a designated handwash sink in the food preparation area;
 - b. the home has dining and living areas that are warm and inviting for resident meals and activities;
 - c. the dining area has sufficient space for easy movement between tables and other people with 1.5 square metres of common dining area provided per resident meal sitting;
 - d. 2.0 square metres of living area, exclusive of bedroom, is provided per resident. A minimum of 50 per cent of the living area requirement shall be located in a common lounge;
 - e. natural lighting is utilized where possible and lighting systems are maintained to ensure maximum visibility for residents and staff;
 - f. resident room layout is easy to navigate and uncluttered;
 - g. furniture, flooring, ceiling, and wall finishes are easy to clean and properly maintained;
 - h. the home has a well-maintained heating and ventilation system to provide adequate odour and temperature control at a recommended temperature of 22°C;
 - i. the home has indoor cooling spaces available to residents and staff when indoor or outdoor temperatures exceed 26°C for two or more days;

- j. the home is dry and free of dampness or mold especially on or near the outer walls and in high moisture areas such as the laundry, kitchen and bath/shower rooms;
 - k. areas around the windows do not have leaks and drafts;
 - l. where mold is identified, it is treated immediately;
 - m. the areas outside the home are free from debris or anything that would provide harbourage or a food source for rodents;
 - n. waste storage areas must be rodent proof;
 - o. the home has a public or semi-public potable water supply that meets daily flow rates for laundry, bath and kitchen needs, and has a functional disinfection system in place if it is not a municipal system, or where the municipal system has had long term boil water advisories in place. Where a semi-public water system is used, the service provider shall ensure that water quality is tested for bacteriological and chemical quality in accordance with the Government of Newfoundland and Labrador's [Semi-Public Water Supply Guidelines](#);
 - p. the home has hot and cold running water; and,
 - q. the required safety devices are installed, including handrails along corridors and ramps, and other equipment identified through consultation with NLHS and the outcome of a resident specific clinical or falls risk assessment. Equipment may include but is not limited to:
 - i. grab bars in bathrooms;
 - ii. call bells or an emergency alert system;
 - iii. raised toilet seats; or,
 - iv. shower chairs.
6. The service provider shall ensure resident bathroom and washroom facilities meet the following design criteria for bathroom and washroom facilities:
- a. sufficient washroom facilities are provided on all floors used by residents;
 - b. bathtub and shower facilities shall be located within the resident room fire compartments;
 - c. bathtubs and showers shall be equipped with non-slip surfacing;
 - d. bathtub and shower water temperature shall be thermostatically controlled and tempered to a minimum of 41°C (105°F) maximum temperature of 49°C (120°F);
 - e. washroom facilities shall be well ventilated to ensure effective moisture and odour control; and,
 - f. a washroom may be shared by a maximum of two adjoining resident rooms.

7. The service provider shall ensure adequate number of bathtubs and showers as follows:
- a. for up to 10 residents in a sleeping area there must be at least one bathtub and one shower. Each must be located in separate rooms;
 - b. for every additional group of up to 10 residents, provide at least one more bathing fixture (either a bathtub or shower) in a separate room.
 - c. when the total number of residents exceeds 10 the number of bathtubs and showers should be as equal as possible.
 - a. all common bathtubs and showers shall be accessible, and the design shall be in accordance with the [Buildings Accessibility Act and Regulations](#); and,
 - b. homes licensed to provide Enhanced Care have bathrooms and bathing stations with assistive devices including but not limited to:
 - i. raised toilet safety frames;
 - ii. commodes;
 - iii. toilet paper holder for commodes;
 - iv. shower chairs;
 - v. handheld shower heads; and,
 - vi. bath transfer chairs.

Exception: Where a resident room ensuite bathing facilities have a sink, toilet, shower and bathtub that are all fully accessible, separate common bathing or shower rooms are not required.

8. The service provider shall ensure that resident rooms meet the following design criteria:
- a. a minimum of 11.5 net square metres of clear, usable floor space will be provided per private resident room. Closets, resident room access corridors and bathroom space will not be included as part of the required 11.5 square metres;
 - b. a minimum of 16.25 net square metres of clear, usable floor space will be provided per semi-private resident room. Closets, resident room access corridors and bathroom spaces are not included as part of the required 16.25 square metres;
 - c. a minimum of 23 net square metres of clear, usable floor space will be provided per semi-private resident room for residents with Enhanced Care

- needs. Closets, resident room access corridors and bathroom space will not be included as part of the required 23 square metres;
- d. a minimum of one in ten resident rooms or part thereof must be fully accessible;
 - e. at least one in ten resident rooms or part thereof shall be equipped with a strobe light. Resident rooms occupied by a resident with a hearing impairment shall be equipped with strobe lighting;
 - f. all barrier free resident rooms shall be located on the first story; placement of barrier free rooms on a story other than the first story must be approved by the Fire Commissioner;
 - g. doors serving resident rooms shall be a minimum of 900mm in width; and,
 - h. every resident bedroom shall be equipped with a window that provides 0.28 square metres of natural ventilation.
9. The service provider shall ensure that corridors and doorways meet the following design criteria:
- a. where it is necessary to move residents in beds, doorways serving resident rooms shall have a minimum clear width of 1050mm;
 - b. corridors serving resident rooms shall be not less than 1650mm in width, where the corridor will not be used to move residents in beds;
 - c. where corridors may be used to move residents in beds, corridors serving resident rooms shall not be less than 2400mm in width; and,
 - d. in an existing licensed home that has corridors less than 2400mm in width, when it becomes necessary to move residents in beds:
 - i. the resident(s) shall be moved to a licensed home with corridors not less than 2400mm in width; or,
 - ii. an alternative solution developed by a Fire Protection Engineer which will achieve at least the minimum level of performance required by Division B of the NBC shall be submitted to Fire Services Division for their approval.

References/Forms

- Government of Newfoundland and Labrador's [Semi-Public Water Supply Guidelines](#)

ENVIRONMENT AND SECURITY: INFECTION PREVENTION AND CONTROL

Standard No.:	PCH-D-2
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Compliance, Inspection and Monitoring; Environmental Health; Quality Assurance; Risk Management
Legislative References:	<u>Communicable Diseases Act</u>

Policy Statement

Adherence to legislation, regulations and Standards related to infection prevention and control reduces risk for residents, staff, and visitors.

Standards

1. The service provider is responsible for implementation of infection prevention and control practices, in accordance with best practice.
2. The service provider shall post signage at the entrance of the home promoting hand hygiene prior to entering the home and shall provide alcohol based hand rub (at least 70-90 per cent concentration) in non-refillable dispensers and a container for waste disposal at the entrance of the home and near areas of the home where care is provided to residents.
3. NLHS shall provide education on infection prevention and control topics to the service provider, as required. Government Services may inform development of training materials and provide direction to staff during inspections.
4. The service provider shall ensure there is no sharing of medical supplies among residents.
5. The service provider shall participate in vaccination campaigns led by NLHS and support residents to obtain vaccinations.
6. The service provider shall notify NLHS with concerns related to infection prevention and control.

7. The service provider shall monitor residents for signs and symptoms of infectious disease, including but not limited to influenza, respiratory illness, scabies, vomiting and diarrhea, or a suspected outbreak, and shall contact a resident's primary care provider and NLHS in the event of potential signs or symptoms of a communicable disease.
8. The service provider shall comply with recommendations issued by NLHS and/or Government Services to prevent transmission of infection during outbreaks.
9. The service provider shall participate in an outbreak management team, led by NLHS, at the discretion of NLHS.
10. In the event of an outbreak, the service provider shall post signage at the entrance of the home advising of the outbreak in the home and advising visitors that if they are experiencing infectious disease symptoms to avoid visiting the home, or only visit under extenuating circumstances, for example when a resident is at end of life, at which time appropriate personal protective equipment must be worn.
11. The service provider shall have a mechanism to communicate to residents and families regarding the status of outbreaks in the home.
12. The service provider shall ensure that decisions to limit visitation in the home shall be made in consultation with NLHS and in the case of an outbreak with the Regional Medical Officer of Health or designate.
13. The service provider shall facilitate the collection of specimens to confirm disease, if requested, by NLHS or primary care provider.
14. NLHS or Government Services shall provide advice to service providers where a home has an outbreak, including recommendations related to environmental cleaning.
15. The service provider shall ensure essential services are provided during the outbreak.

16. The service provider shall participate in any review requested or initiated by NLHS for the purpose of quality improvement in the prevention and management of future outbreaks.
17. The service provider shall have a pandemic preparedness plan which should be updated, at a minimum annually, or more frequently depending on the epidemiology of specific pathogens.

Procedures

1. The service provider shall ensure that staff complete **hand hygiene** education upon hire and annually thereafter. Education materials are available at <https://www.gov.nl.ca/hcs/publichealth/cdc/infectionpreventionandcontrol/>
2. Verification of completion of annual hand hygiene education must be documented in the staff file.
3. The service provider shall ensure that all toilet facilities are equipped with liquid soap in a non-refillable dispenser, paper towels and toilet tissue.
4. The service provider shall ensure that resident specific medical supplies and equipment, such as inhalers and glucometers, are not shared among residents. Such equipment must be kept in separate containers or plastic bags and labelled with the resident's name.
5. The service provider shall ensure that general equipment, such as blood pressure cuffs, are disinfected after each resident use.
6. In the event of an outbreak, the service provider shall ensure that staff are aware of the outbreak including precautions that should be taken. The service provider shall not identify a resident who may be ill to a person outside the circle of care.
7. The home must maintain a list of contacts at NLHS who should be notified in the event of an outbreak.
8. The service provider shall maintain a list of people entering and exiting the home, if required by NLHS for contact tracing.

9. The service provider shall ensure staff receive orientation and at least annual training on topics related to IPAC including, but not limited to:
 - a. techniques to minimize the risk of the spread of infections, including routine practices and additional precautions;
 - b. symptom monitoring and timely reporting of potential outbreaks; and,
 - c. process for notification of staff within the home, the primary care provider and NLHS.
10. NLHS shall provide contact information including the process for after-hours contact for outbreak reporting.
11. In the event of an outbreak, the service provider shall not unilaterally decide to close a home to visitors as this can cause emotional hardship for residents and families. Decisions related to visitor restrictions shall be made in consultation with NLHS and the Regional Medical Officer of Health or designate.
12. NLHS shall supply the home with the necessary personal protective equipment for the management of an outbreak.
13. Where a home has an outbreak, the Regional Medical Officer of Health or designate is responsible for declaring the outbreak over.
14. The service provider shall provide a copy of the pandemic preparedness plan to the appropriate NLHS staff and any updates as they occur.
15. Where staff are asked to collect specimens to confirm disease, NLHS shall provide education to staff on the safe and proper collection and storage of specimens.
16. The service provider shall implement corrective action for any non-compliance with this standard as identified by NLHS or Government Services.

References/Forms

- Government of Newfoundland & Labrador, Department of Health and Community Services. [Infection Prevention & Control](#)
- Government of Newfoundland & Labrador, Department of Health and Community Services. [Outbreak Management Protocol](#)

- Public Health Agency of Canada. [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#).
- Public Health Ontario. [Best Practice for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition](#).

ENVIRONMENT AND SECURITY: ENVIRONMENTAL HEALTH

Standard No.:	PCH-D-3
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Compliance, Inspection and Monitoring; Infection Prevention and Control; Quality Assurance; Risk Management
Legislative References:	Personal Care Home Regulations ; Public Health Protection and Promotion Act ; Food Premises Act and Regulations ; Occupational Health and Safety Act and Regulations ; Wild Life Act and Regulations ; Smoke Free Environment Act, 2005 ; Fisheries Act ;

Policy Statement

Adherence to legislation, regulations and Standards related to environmental health (food safety, water quality and sanitation) supports infection prevention and control and reduces risk for residents, staff, and visitors.

Standards

1. The service provider shall comply with all applicable legislation relating to environmental health including the [Food Premises Act](#) and Regulations, the [Wild Life Act](#) and Regulations, and the [Smoke-free Environment Act, 2005](#).
2. Government Services shall provide information and education on environmental health topics to the service provider, as required. Government Services may also provide information on the [Food Premises Act](#) and Regulations.
3. The service provider shall ensure staff are trained on techniques related to environmental health.
4. The service provider shall notify NLHS or Government Services with concerns related to environmental health.

5. The service provider shall contact a resident's primary care provider, and NLHS in the event of signs or symptoms of an illness due to an environmental health issue such as food borne illness, water contamination, or mold. The service provider and/or NLHS shall also notify Government Services.
6. The service provider shall comply with recommendations issued by NLHS or Government Services to control infections during outbreaks and to address pest infestations.
7. The service provider shall ensure that staff working in the food service area have the necessary training and skills required to ensure the provision of a safe meal service to residents.
8. The service provider shall ensure potable water is provided to residents.
9. The service provider shall ensure that laundry services are properly managed to minimize the risk of transmission of infection.
10. The service provider shall ensure the home is properly maintained and hazard free.
11. The service provider shall ensure that equipment including heating, ventilating and air conditioning systems are cleaned regularly according to manufacturer's instructions, and cleaning and service documentation is maintained.
12. Government Services shall inspect homes in accordance with the MOU between HCS and Government Services, and applicable legislation.
13. Government Services shall notify the service provider and NLHS of the outcome of inspections.

Procedures

1. The service provider shall maintain a log/checklist of all housekeeping activities using the Cleaning Checklist Form, which shall be made available to NLHS or Government Services upon request.
2. The service provider shall ensure that staff have access to supplies and equipment necessary to complete housekeeping and infection prevention and control

activities including but not limited to gloves, bags, cleaning supplies and disinfectants.

3. The service provider shall ensure staff complete routine housekeeping of all areas of the home, including furniture and equipment:
 - a. for private bathroom facilities, bathtubs and showers are cleaned weekly or more frequently if visibly soiled;
 - b. for shared bathroom facilities, bathtubs and shower chairs are disinfected after each resident use;
 - c. bathroom cleaning is done last in the cleaning cycle;
 - d. a separate cleaning towel is used for cleaning the toilet and sink, and a separate cleaning towel is used for each resident room or common space;
 - e. there is one toilet brush for each toilet and staff are recommended to wear a mask while cleaning bathrooms;
 - f. cleaning of walls, blinds and curtains should be carried out on a seasonal basis and if they are visibly soiled;
 - g. high touch areas such as handrails, doorknobs and other fixtures used frequently are cleaned daily;
 - h. uncarpeted floors and other horizontal surfaces are cleaned weekly or more frequently if visibly soiled and whenever spills occur;
 - i. carpeting is discouraged in all areas and is not to be used in food preparation areas or bathrooms;
 - j. approved disinfection chemicals should be used including:
 - i. validated disinfection chemicals are approved by Health Canada and have a drug identification number (DIN), household bleach (sodium hypochlorite) is an exception, and may be used at appropriate concentrations (Appendix 8);
 - ii. unless a dual action cleaning/disinfection agent is used, cleaning must be completed in two steps, organic matter (feces, blood) should be removed prior to disinfection as organic material can inactivate some disinfecting agents; and,
 - iii. always follow manufacturers instruction for cleaning time;
 - k. The service provider shall ensure a chemical safety program is in place to ensure the health and safety of staff. This shall include but is not limited to:
 - i. a complete and up-to-date chemical inventory, including quantities, locations, and expiry dates where applicable;

- ii. a dedicated storage area for chemical products, that is secure, clearly labeled, well-ventilated, and free from other hazards such as heat sources or incompatible materials;
- iii. Safety Data Sheets (SDS) for all chemical products, readily accessible to staff at all times;
- iv. safe work procedures for the handling, mixing, and dispensing of products, including the use of appropriate personal protective equipment (PPE), that is based on the SDS;
- v. all chemical dispensing systems must be deemed safe and appropriate for use by the chemical manufacturer; and,
- vi. installation and maintenance of emergency eye wash and/or shower stations, as per SDS, in areas where hazardous chemicals are used or stored. The home shall ensure that:
 - i. stations meet ANSI Z358.1;
 - ii. the use of emergency thermostatic mixing valves for all plumbed emergency eyewash and/or shower facilities;
 - iii. stations are located in close proximity to where the chemicals are used/handled (for example within a 10 second walk);
 - iv. stations are capable of delivering flushing fluid for a minimum period of 15 minutes (and additional if SDS requires it) and the flushing fluid must be maintained at a tepid temperature, which is between 16°-38°C (60°-100°F);
 - v. all emergency shower and eyewash equipment must be inspected annually to assure adherence to the installation requirements of ANSI Z358.1. In addition, plumbed emergency showers and eyewashes must be activated weekly, and self-contained showers and eyewashes must be visually checked weekly;
 - vi. the volume and pressure of fluid flow shall be sufficient to wash away any chemical yet not so great to cause discomfort or injury. The required flow rate shall be approximately 1.514 lpm (0.4 gpm) at 206.8 KPa (30 psi).
- vii. chemical safety training for staff who handle chemicals must be completed during orientation and refreshed at least annually, or more often if required. Training must include Workplace Hazardous Materials Information System (WHMIS) and site-specific training based on the chemicals present.

- viii. emergency procedures for chemical spills, exposures, or other incidents, including access to spill kits and first aid;
 - ix. labeling requirements to ensure all containers are properly labeled with product name, hazard symbols, and handling instructions;
 - x. regular inspections and audits of chemical storage and usage practices to ensure compliance and identify areas for improvement;
 - xi. reporting and documentation protocols for any chemical-related incidents or near misses; and,
 - xii. review and update of the chemical safety program at least annually or whenever new chemicals are introduced.
- l. tools used for cleaning and disinfecting should be cleaned and dried after use, mop heads should be laundered regularly and when visibly soiled; and,
- m. where hydrotherapy tubs are used such as whirlpools, Hubbard tanks and bathtubs, that proper maintenance, cleaning and disinfecting practices are used following the manufacturer's guidelines. If manufacturer's guidelines are not available, the following steps for cleaning and disinfecting are recommended:
- i. clean and disinfect after each resident use and thoroughly clean at the end of the day or in the morning before first use;
 - ii. following use by resident drain tub and if a hose is available, rinse and flush jets;
 - iii. clean the tub and chair with a disinfectant-detergent and a soft brush followed by rinsing and draining;
 - iv. fill the tub to a level above the intake jet(s) with clean water and disinfectant;
 - v. turn on the jets to rinse lines thoroughly allowing the disinfectant to sit for at least two minutes prior to draining tub; and,
 - vi. a more thorough disinfection of the jets and lines is recommended on a routine basis dependent upon use (e.g. let disinfectant sit in lines overnight).
4. Resident's rooms are cleaned weekly and as soon as possible if visibly soiled and a thorough cleaning is completed seasonally and following the discharge of a resident prior to admission of a new resident to the room.
5. The service provider shall ensure that staff employ proper techniques for the handling and disposal of garbage, contaminated waste and medical supplies:
- a. wear gloves while handling articles soiled with blood and body fluids;

- b. use disposable resident care supplies whenever possible;
 - c. dispose of dressings in double plastic bags, seal and dispose with household garbage;
 - d. dispose of needles and syringes in a rigid, puncture resistant container (do not recap, bend or break needles by hand) and dispose with the household garbage;
 - e. garbage is removed daily, and garbage containers are disinfected weekly; and,
 - f. launder all linen or clothing belonging to residents with draining wounds separately.
- 6. For food service, the service provider shall ensure:
 - a. there is at least one staff who has completed an approved food safety training course present in the home while the kitchen is in operation;
 - b. all other staff providing food service have completed basic food safety training (for example, available through SkillsPass NL); and,
 - c. documentation exists to demonstrate that staff training is current.
- 7. The service provider shall ensure staff follow proper procedures for safe food handling:
 - a. wash hands, utensils and surfaces before, during and after preparing foods;
 - b. sanitize counter tops, cutting boards and utensils with an approved sanitizer of satisfactory concentration (e.g., 200ppm quaternary ammonia);
 - c. keep raw meats and poultry away from other foods during storage and preparation;
 - d. keep cutting boards for raw meats and vegetables separate;
 - e. always keep foods covered;
 - f. cook food thoroughly according to the cooking times and temperatures for the particular meat or poultry;
 - g. prepare foods quickly to minimize time at room temperature, and serve as soon as possible with hot foods held at 60°C or 140°F or higher until served;
 - h. refrigerate or freeze perishables, prepared food and leftovers within two hours; and,
 - i. maintain and document refrigerator temperature between 1-4°C (34-40°F), and freezer at -18°C (0°F).

8. The service provider shall ensure that all foods served are purchased from approved sources and stored under appropriate conditions in compliance with the [Food Premises Act](#) and Regulations.
9. The service provider shall ensure that residents are notified when meals contain wild game including but not limited to moose, caribou, black bear, partridge, and rabbit. To serve wild game the service provider must have a wild meat service permit under the [Wild Life Act](#) and Regulations. Fish and seal must be obtained from an approved source such as licensed fish harvester, processor or vendor.
10. The service provider can purchase fish from either fish retailers, fish processors, or fish harvesters who are licensed under the [Fisheries Act](#). To purchase directly from commercial fish harvesters, the service provider must have a fish buyer's license from the Department of Fisheries Forestry and Agriculture.
11. The service provider shall ensure a process is in place for residents and families to safely reheat meals brought into the home located in a general area for use by residents and their families.
12. The service provider shall make residents and staff aware of municipal water quality issues, including boil water advisories and non-consumption advisories. The service provider shall implement measures to comply with the advisory and provide an alternate safe source of water to residents.
13. The service provider shall ensure:
 - a. all furnishings and equipment are kept in good repair;
 - b. where furnishings are being replaced, replacements should be cleanable;
 - c. the interior and exterior of the home is well maintained and hazard free;
 - d. flooring and carpets are in good repair and free of breaks, tears or buckles;
 - e. grab bars and handrails are securely fastened;
 - f. leaks or water penetrations are repaired as soon as possible to avoid potential mold and condensation problems;
 - g. the heating system is capable of heating all spaces occupied by residents at 22°C, and indoor cooling spaces are available to residents and staff when indoor or outdoor temperatures exceed 26°C, with the exception of during power outages. In the event of a power outage, the service provider shall ensure the needs of residents are met as per the Emergency Preparedness Plan;

- h. the water supply has adequate pressure to supply the entire home; and,
 - i. hot water at hand sinks, tubs and showers for residents should be thermostatically controlled at a temperature of at least 41°C (105°F) and never exceed 49°C (120°F).
- 14. Where a home uses a domestic dishwasher, the following criteria must be met:
 - a. the dishwasher should provide functioning temperature and activated sanitizing cycles that sense a temperature of 65.6°C (150°F) or higher before the machine advances to the next step; or,
 - b. dishwashers with either no sanitizing cycle or a time-controlled sanitizing cycle and forced airflow drying should only be operated with the inlet water temperature above 68°C (154°F).
- 15. Where domestic dishwashers do not meet the above criteria the service provider may be requested to provide evidence of their efficacy by:
 - a. providing information from the manufacturer; or,
 - b. verifying the maximum/minimum temperature using a dishwasher thermometer.
- 16. If the sanitization requirements cannot be verified or confirmed, Government Services may request:
 - a. installation and verification of a point of use on demand water heater for the dishwasher;
 - b. increase the hot water boiler temperature, with this option, all hand wash sinks for resident use will require mixing valve faucets to ensure a temperature of no greater than 49°C;
 - c. the home switch to manual dishwashing method; and,
 - d. the home switch to the use of single-service utensils.
- 17. The service provider shall ensure that residents do not have access to chemicals, dangerous equipment, or areas of the home (kitchen, laundry) where water temperature is maintained at a temperature greater than 49°C. Where a resident wishes to participate in housekeeping or laundry unsupervised, the service provider shall ensure that the resident has the ability to perform these tasks safely.
- 18. Where a home has a pest infestation, the service provider shall report to NLHS and Government Services and where the infestation may impact resident quality of life, notify residents.

19. The service provider shall abide by any recommendation from Government Services to eradicate pests. Government Services shall ask for confirmation of eradication from a licensed pest control company, NLHS shall also be notified of eradication.
20. NLHS shall ensure prospective new residents are advised of a pest infestation, or a communicable disease outbreak. The individual may choose to delay admission to their home of choice while the pest infestation or communicable disease outbreak is present.
21. The service provider shall comply with the [Smoke Free Environment Act, 2005](#) and Regulations.
- a. the service provider has the right to declare a new home as smoke-free;
 - b. the service provider will ensure that smoking is permitted only in an adequately constructed designated smoking room which is ventilated as per the [Smoke Free Environment Regulations](#);
 - c. where existing homes have a smoking room, and the service provider wishes to designate the home as smoke free, the service provider shall consult existing residents to discuss the impact of the change on residents, and provide time for residents to transition to another setting, if that is the choice of the resident;
 - d. the smoking rooms will be fully enclosed and have a minimum 20-minute fire rating;
 - e. doors to smoking rooms shall be a minimum solid core door with heavy duty self-closures and latching devices, doors shall be equipped with a viewing window a minimum of 200mm x 600mm in size and the glass shall be fire rated or wired;
 - f. smoking rooms shall not be located in resident room/sleeping areas or in any other room normally used or occupied by non-smokers;
 - g. a portable 5lb ABC type fire extinguisher shall be installed directly outside every smoking room; and,
 - h. a carbon monoxide sensor with alarm shall be installed in a designated smoking room.
22. The service provider shall ensure staff follow appropriate procedures for handling laundry:
- a. the laundry area is a separate space;

- b. hand hygiene facilities are located in laundry areas, including alcohol based hand rub (at least 70 per cent up to 90 per cent concentration);
- c. food is not consumed in the laundry space;
- d. staff wear appropriate clothing such as aprons and gloves when handling soiled linen;
- e. soiled laundry is removed from resident areas in a sanitary manner;
- f. soiled and clean linen are kept separate at all times;
- g. separate laundry carts are used for clean and dirty laundry. If the same carts are used for soiled and clean laundry, the cart must be properly cleaned and disinfected prior to being used for clean laundry;
- h. if laundry bags are used, the bags must be washed after every use (they can be washed with the linen that was contained in them);
- i. soiled linen is stored and transported in laundry bags or baskets;
- j. when hot water washing is used in the laundry, linen is to be washed with a detergent in water at least 71°C for 25 minutes, if low temperature laundry cycles are used, chemicals must be suitable for low temperature washing at proper use concentration;
- k. when bleach is used the total available chlorine should be 100 ppm; and,
- l. cleaning supplies and chemicals are stored safely and not accessible to residents.

References/Forms

- [Form PCH-20 Template Cleaning Checklist](#)
- Process for Using Bleach Solutions ([Appendix 8](#))
- [SkillsPass NL](#).
- Government of Newfoundland and Labrador, Department of Health and Community Services. [Food Safety Training](#).
- Government of Newfoundland and Labrador, Department of Fisheries, Forestry and Agriculture. [Application for a Fish Buyer's Licence](#).

ENVIRONMENT AND SECURITY: PET VISITATION/RESIDING

Standard No.:	PCH-D-4
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Environmental Health
Legislative References:	Service Animal Act

Policy Statement

Homes support animal companionship recognizing the therapeutic benefits as well as potential health and safety risks. Adherence to policies, regulations and legislation ensure the safety of residents, staff, and visitors when pets visit or reside in the home.

Standards

1. Pets are limited to domestic animals that are household pets. Reptiles, rodents, and primates are not permitted in the home.
2. Where a service provider supports pet visitation and/or residing in the home, the service provider shall have policies and processes in place to ensure the safety and comfort of all residents.
3. Where a pet resides in the home, the service provider shall notify NLHS.
4. All pets visiting or residing in the home are approved for visiting or residing in the home prior to entering the home.
5. All pets entering the home must:
 - a. be healthy, clean and well groomed;
 - b. be screened for behavioural issues and pose no risk (bites, attacks, allergic reactions) to residents;
 - c. be free of fleas, parasites, open wounds, urinary or fecal incontinence and discharge of any kind;
 - d. be under the care of a licensed veterinarian and have mandatory vaccinations and annual health status reports with supporting documentation; and,

- e. visiting pets must be tethered unless part of an organized pet therapy program.
- 6. All residents must be consulted and screened to determine health and/or safety risk prior to being in contact with the animal.
- 7. The service provider shall ensure sanitary collection and disposal of pet excretions. Litter boxes should be cleaned daily and located in suitable areas.
- 8. The service provider shall ensure staff know how to respond to, and treat, pet scratches and bites.
- 9. All animals will be prohibited from the following areas:
 - a. food storage/preparation areas and dining rooms;
 - b. medication areas;
 - c. clean utility/supply rooms;
 - d. soiled/contaminated areas; and,
 - e. areas designated by infection control.
- 10. All animals shall have their own sleeping and eating areas where they will not be disturbed.

Procedures

- 1. The service provider may establish a policy on whether pets are allowed in the home.
- 2. Policies on pet visitation and/or residing are discussed with staff and with residents and families prior to admission and as required.
- 3. A designated individual must assume the overall responsibility for the needs of the pet visiting or living in the home including the provision of food and water, grooming schedule, outdoor breaks and cleaning up after the animal.

References/Forms

ENVIRONMENT AND SECURITY: MANAGEMENT OF BED BUGS

Standard No.:	PCH-D-5
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	
Legislative References:	

Policy Statement

A consistent approach to the effective control and management of bed bugs to treat and/or prevent infestations, will increase resident comfort and reduce the potential negative health outcomes that can result when residents have to deal with an infestation.

Standards

1. The service provider shall take the necessary precautions to prevent or eliminate bed bug infestations.
2. The service provider shall ensure that:
 - a. the home has an effective bed bug control and management strategy; and,
 - b. staff are educated and diligent in early identification of bed bug infestations and know the reporting process when an infestation is suspected.
3. The service provider shall enlist the services of licensed pest control company when a bed bug infestation is suspected.
4. The service provider shall document instances of bed bug infestation and the implemented treatment interventions.
5. The service provider shall report cases of bed bug infestation to NLHS and Government Services and notify residents of the bed bug infestation.
6. Where a home has a bed bug infestation, NLHS shall advise clients considering entering the home, prior to admission.

Procedures

1. Staff should perform regular checks for bed bug infestation.
2. When a bed bug infestation is suspected, the service provider shall contact a licensed/verified pest control company for positive identification.
3. When positive identification of a bed bug infestation is determined, the service provider shall notify NLHS and Government Services of the infestation and secure the services of a licensed pest control company to manage and treat the infestation.
4. Pesticides should only be used by professionals from a licensed pest control company that has proper training and experience in the use of pesticides.
5. The service provider shall comply with the treatment and prevention directions outlined by the pest control company.
6. In the event of persistent and/or prolonged infestation, and at the advice of the pest control company or Government Services, the service provider may be required to close rooms or discard furniture to eradicate the infestation.
7. The service provider shall retain copies and provide to NLHS or Government Services if requested, the contract and inspection reports of the pest control company and have verification that the home has implemented the recommended procedures to eradicate the infestation.

References/Forms

ENVIRONMENT AND SECURITY: FIRE AND LIFE SAFETY

Standard No.:	PCH-D-6
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Risk Management
Legislative References:	Personal Care Home Regulations ; Boiler, Pressure Vessel and Compressed Gas Regulations, 1996 ; Fire Protection Services Act ; National Building Code of Canada

Policy Statement

Adherence to legislation, regulations and Standards applicable to fire and life safety promotes the safety and security of residents, staff and visitors.

Standards

1. The service provider shall ensure that a fire safety plan, developed in accordance with the [National Fire Code of Canada \(NFCC\)](#), is on file with Government Services and the local Fire Department.
2. The service provider shall ensure that staff and residents receive training on the fire safety plan at least yearly.
3. The service provider shall ensure that procedures related to oxygen use are followed, in accordance with the NFCC.
4. The service provider shall ensure that ventilation control and fire suppression systems comply with [National Fire Protection Association 96](#), Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations (NFPA96), where conditions of commercial cooking are met.
5. The service provider shall report any fire or life safety incident to NLHS and Government Services as soon as reasonably possible, including situations where evacuation was required or where the incident posed a risk to resident safety or

service delivery. Reporting is not required for nuisance or false alarms that did not significantly impact residents or operations.

6. The service provider shall notify Government Services and NLHS immediately when any fire detection or suppression system is impaired or out of service. This includes fire alarm detection systems, sprinkler suppression systems, or other active protective equipment. Any alternative measures or solutions must be approved by the Fire Service Division (FSD).
7. Government Services shall inspect homes in accordance with the MOU between HCS and Government Services, and the [Fire Protection Services Act](#).
8. Government Services shall notify the service provider and NLHS of the outcome of inspections.

Procedures

1. The service provider shall ensure a fire evacuation floor plan, indicating all routes to the nearest fire exit, is posted in conspicuous places throughout the home.
2. The service provider shall ensure that:
 - a. fire drills are conducted monthly and documented on the Fire Event Report Form (Note: activation of the fire alarm system, for any reason, other than a planned drill, shall not be considered a drill);
 - b. emergency numbers are posted near telephones of the home;
 - c. daily inspections are completed and documented to verify that all fire and life safety features are functioning properly, and any hazardous situations corrected;
 - d. fire extinguishers are checked daily, serviced annually and recharged as needed;
 - e. all electrical appliances are certified by an agency recognized by the Standards Council of Canada;
 - f. all heating, ventilation, and cooking appliances are installed and maintained in accordance with the manufacturer's instructions and/or applicable codes;
 - g. copies of annual inspection certificates and inspection reports (e.g. fire alarm system, sprinkler system, generator (if applicable)) are available for review by Government Services; and,
 - h. staff complete a Security Checklist.

3. When a fire detection or suppression system has malfunctioned or is out of service, interim measures, such as a fire watch, shall be implemented in accordance with the [National Fire Code of Canada](#). The interim measures listed below are intended to highlight some of the important tasks to consider:
 - a. **Contact licensed fire protection service company** when there are indications the fire detection or suppression system has malfunctioned or is out of order. The contact information for a fire detection system may be different from the suppression system. The contact information should be identified in the Fire Safety Plan and accessible to all staff.
 - b. **Contact local fire department** and advise a fire detection or suppression system has malfunctioned and a fire watch is in place where required. The local fire department shall be notified when the fire detection or suppression system is verified as operational.
 - c. **Assign designated staff** to patrol affected areas to monitor for signs of fire, ensure exits remain unobstructed, and confirm emergency procedures can be enacted **where** required.
 - d. **Maintain the interim measures** (including a fire watch, **where** required) until the fire detection or suppression system is verified as operational, by a Licensed service technician.
 - e. **Document** the interim measures taken, including start and end times, staff assigned, and any observations. Documentation shall be retained and made available to Government Services upon request.
4. The service provider shall ensure fuel fired appliances including oil, wood, propane, etc. are not used in the home unless enclosed in a one-hour fire rated service room. Appliances shall be installed and maintained in accordance with the [National Building Code of Canada](#) and applicable Canadian Standards Association (CSA) and the Underwriters Laboratories of Canada (ULC) Standards.

Exception: Propane and oil-fired fireplaces and stoves certified by a conformity assessment body accredited by the Standards Council of Canada (SCC) that are used for the purposes of providing decoration and/or secondary heating in the event of a power outage may be installed. Prior to installation of the device, the service provider shall submit a written request and a floor plan showing the proposed location to Government Services for approval.

5. The service provider shall ensure propane systems are installed, registered, and/or approved in accordance with the [National Building Code of Canada](#) and [Boiler](#).

Pressure Vessel and Compressed Gas Regulations, 1996:

- a. the standards governing the installation of propane gas systems, appliances and fittings are those in the CSA B149.1 Natural Gas and Propane Installation Code;
 - b. all propane gas appliances and equipment must be tested and listed by a conformity assessment body accredited by the SCC and must be installed in accordance with the CSA B149.1 Propane Installation Code and the manufacturer's installation instructions;
 - c. persons employed to install gas systems must be licensed by Government Services and hold appropriate certification in accordance with the regulations;
 - d. for gas systems and appliances greater than 211,000 kilojoules, the installer is required to apply to Government Services for an installation permit prior to the installation; and,
 - e. any person, firm or corporation employed to supply propane gas or service gas systems or equipment will be licensed by Government Services in accordance with the regulations.
6. The service provider shall ensure that:
 - a. open element, heat producing appliances such as hot plates, cooktops, open grill heaters, toasters, toaster ovens are not permitted in resident's rooms;
 - b. small electrical appliances including kettles and microwaves are not permitted in resident rooms; and,
 - c. open flame candles are not permitted in resident's rooms.
7. If a home has a generator, the service provider shall:
 - a. ensure that fixed or portable generators and all associated circuitry must be installed by a registered electrical contractor, the electrical contractor is required to purchase an Installation and Repair Permit before any electrical work begins;
 - b. ensure generators shall not be operated within the home;
 - c. retain a maintenance log demonstrating that the generator is operated monthly, and that service/maintenance is logged; and,
 - d. staff shall be trained in the safe operation of the generator.
8. Government Services shall review maintenance logs to confirm servicing of generators.

9. Homes that have commercial cooking equipment that produce grease laden vapors, or more than one residential range meet the conditions as a commercial kitchen and must adhere to the ventilation control and fire suppression requirements of NFPA 96.
10. Where homes have one residential range, Government Services shall determine the appropriate action based on the level of grease buildup as determined by a depth gauge comb as follows:
 - a. acceptable – daily cleaning is required and must be documented daily on the Security Checklist;
 - b. cleaning required – Government Services will order cooking operations to cease and will allow cooking operations to resume following a thorough cleaning and inspection by Government Services; and,
 - c. in the event that the level of grease buildup reached cleaning required on three occasions or critical depth on one occasion, Government Services shall order cooking operations to be discontinued until compliance with NFPA 96 with regards to ventilation control and fire suppression is achieved.
11. Distribution of oxygen by means of piping systems is not permitted in the home.
12. Prior to the use of a personal oxygen system, the service provider shall submit to Government Services a written request including the details on the type of system and a floor plan indicating the location of the system and storage area for cylinders.
13. After a home has been approved for oxygen use, the service provider shall complete the Application for Oxygen Use in Resident Rooms and obtain approval from the Government Services Inspector prior to the use of oxygen in a resident room. The Government Services Inspector will ensure aggregate storage requirements for oxygen cylinder storage complies with the NFCC.
14. If an oxygen generation system is used, the service provider shall ensure:
 - a. the home is authorized for oxygen use;
 - b. the oxygen setup is maintained in accordance with the manufacturer's recommendations;
 - c. staff adhere to the guidelines in Appendices 8 and 9 and are trained in regular maintenance and inspection procedures; and,

- d. a maximum of two oxygen cylinders are permitted in a resident's room.
14. The service provider shall grant access to adjacent unlicensed space where the fire and life safety inspector identifies a potential impact to the life safety of residents in the licensed space. In such circumstances, Government Services must indicate in writing the reason for inspection of the unlicensed space. Where on-going inspection is required to inform licensure, NLHS shall note this as a condition of licensing.
15. Government Services shall notify the service provider of the outcome of inspections including deficiencies identified and corrective action required with timelines.
16. Government Services shall verify that corrective action has been implemented.

References/Forms

- [Form PCH-21 Template Fire Event Report](#)
- [Form PCH-22 Security Checklist](#)
- Safety Precautions in the handling of liquid oxygen for portable and base units ([Appendix 9](#))
- Procedures and guidelines to follow for outfitting of vehicles used in the transportation and transfilling of liquid oxygen to be used for restoration ([Appendix 10](#))
- Application for Oxygen Use in Resident Rooms ([Appendix 15](#))

Section E: Resident Services

RESIDENT SERVICES: ELIGIBILITY

Standard No.:	PCH-E-1
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Clinical Assessment; Financial Subsidy; Infection Prevention and Control; Service Request
Legislative References:	Personal Care Home Regulations ; Adult Protection Act, 2021

Policy Statement

A standardized process to determine an individual's eligibility to receive services from the Personal Care Home Program will ensure the consistent application of the initial and ongoing program eligibility assessment for all individuals applying for services.

Standards

1. NLHS shall utilize a provincially consistent assessment process for determining eligibility of an individual for services from the Personal Care Home Program.
2. NLHS shall ensure there is an intake process established for an individual to apply for services with the Community Support Services Program. All applications to a home are processed through Single Entry System.
3. A clinical assessor in the NLHS zone where the individual resides shall contact the individual applying for services within two (2) business days of receipt of the Referral for Service - Community Support Services Program to commence the eligibility assessment.
4. An individual or their SDM shall agree to complete the application and clinical assessment process and receive services on a voluntary basis, unless services are provided in accordance with the [Adult Protection Act, 2021](#).
5. An eligibility assessment includes a clinical assessment and may include a financial assessment. Clients must be clinically eligible to apply for financial assistance.

6. NLHS shall complete a standardized clinical assessment process, including review of supplemental information to determine eligibility for services. NLHS shall discuss the outcome of the assessment with the client and any recommended service options.
7. A decision on a client's eligibility for service shall be made within 10 business days after receiving all of the required information to make the decision on eligibility.
8. The following criteria must exist to be eligible for services in the Personal Care Home Program:
 - a. have a demonstrated care need (Level I, II or Enhanced Care) (Appendix 5) as identified by a clinical assessment;
 - b. not reside out of province beyond thirty consecutive days in a year; and,
 - c. aged 55 years or older.

Exception #1: Where one spouse meets the clinical eligibility criteria for placement and the other spouse does not, the couple can be supported to remain together and both may be placed in a home, if that is their choice. Where at least one spouse is eligible, both spouses may apply for a financial subsidy and receive funding, based on the outcome of the financial assessment.

Exception #2: Where an individual does not meet the clinical eligibility criteria, the person will not be eligible for a financial subsidy but may decide to enter a home and enter into a private financial arrangement with the service provider.

Exception #3: Placement of clinically eligible individuals younger than age 55 is considered only when all other community based service options have been exhausted and must be approved at the Director level.

9. The clinical assessor shall obtain consent from the individual or their SDM to obtain and/or release information relevant to the assessment of eligibility for service, in accordance with NLHS policy.
10. The clinical assessor shall make a recommendation on level of care required and residential placement option based on the outcome of the clinical assessment.

11. All applications to a home are managed through the Single Entry System and are reviewed by placement coordinators for a final decision on level of care and eligibility for placement.
12. NLHS shall develop a review process for individuals who are dissatisfied with the decision on eligibility for placement in a home.

Procedures

1. When NLHS receives an inquiry about services offered through the Single Entry System, the individual should be provided with an opportunity to discuss all services available with a clinical assessor.
2. Where an individual requests services through intake (via telephone), the request must be documented and contact made with the applicant within two business days of receipt of the application.
3. Where a Referral for Service - Community Support Services Program form is received, it must be date stamped, and contact made with the applicant within two business days of receipt of the application.
4. The clinical assessment must be completed, and the client must be assessed as having a demonstrated unmet need and require formal supports to address the identified unmet needs to be clinically eligible for services.
5. Clients must meet clinical eligibility to be eligible for a financial subsidy. A financial assessment can be initiated but not completed until it is determined that the applicant has an unmet need.
6. Where it is determined the client has an unmet need and the client is requesting placement in a home as a service option, the assessment shall be forwarded to a placement coordinator for review and determination of the most appropriate placement option.
7. An application to placement services includes an NLHS professional completing:
 - a. clinical assessment; and,
 - b. TB risk assessment

8. NLHS must notify the applicant, or their SDM, verbally and in writing, of the outcome of the clinical and or financial assessment and the decision regarding eligibility for services.
9. Where a client is eligible for placement, NLHS will begin the referral process by issuing a service request.
10. In the case when an applicant is not clinically eligible for service, the clinical assessor shall contact the applicant and explain why they are not eligible for services. The clinical assessor shall provide information regarding government and non-government agencies that may be able to provide services.
11. If the applicant is determined to be ineligible for services, they may request a review of the decision.
12. Proof of age must be provided by the applicant. In extenuating circumstances, individuals younger than age 55 years may be considered for placement in a home where it has been demonstrated that all other community based options have been explored and exhausted. In such circumstances, consideration must be given to suitability of placement in a group living arrangement with an aging population. Approval at the director level is required.
13. Residents who are availing of clinical support from other clinical programs shall continue to receive support during the transition period to a home and beyond.
14. Where an individual living out of the province of Newfoundland and Labrador, or the country of Canada is requesting placement in a home:
 - a. NLHS will, with the written consent of the individual, collaborate with the referring jurisdiction to obtain the necessary clinical information to inform a decision on placement;
 - b. NLHS may complete an assessment virtually; and,
 - c. where such information is not available to the satisfaction of NLHS, NLHS may refuse to accept the application or the client seeking placement may be required to come to Newfoundland and Labrador so that the clinical assessment can be completed by NLHS staff.
15. Individuals who meet the clinical criteria for placement but do not have a valid Medical Care Plan (MCP) card may be offered placement and receive a financial

subsidy based on the outcome of a financial assessment as per provincial policy. In such circumstances, residents are advised in writing that services covered under MCP must be paid privately by the resident and will only be provided when a valid MCP card is provided.

16. Individuals who have been previously determined eligible for services and who do not meet current eligibility criteria may continue to receive services if approved as an exception.

17. The options for placement in a home are determined in accordance with the level(s) of care the home is licensed to provide.

References/Forms

- Community Support Program Referral Form
- Long Term Care, Personal Care Home, and Community Care Home Admission TB Risk Assessment

RESIDENT SERVICES: SERVICE REQUEST

Standard No.:	PCH-E-2
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Eligibility for Placement; First Available Bed; Support Planning; Financial Subsidy
Legislative References:	

Policy Statement

A Service Request will help facilitate the sharing of information with a home about the client's needs. This will assist NLHS in determining whether a service provider is able to meet the identified needs and to provide the required services to the client.

Standards

1. NLHS shall complete the Service Request form and securely send to the service provider for every request for placement and service delivery.
2. NLHS shall ensure the Service Request includes the following:
 - a. summary of the clinical assessment;
 - b. any requirement for authorization of nursing tasks;
 - c. a description of the service required;
 - d. a range of starting dates when placement is required;
 - e. any potential safety risks to staff that have been identified by NLHS that can be managed or mitigated by the service provider; and,
 - f. a description of any special requirements, including any ethnic, spiritual, linguistic, familial and cultural requirements.
3. The service provider shall have a mechanism established to receive Service Requests Monday to Friday 8am to 4pm, and on evenings and weekends where the service provider has agreed to receive urgent referrals.
4. In the case where services need to be implemented on an urgent basis, NLHS shall provide the service provider with the following information to enable the service provider to provide services until the Support Plan is completed:

- a. client demographic information;
- b. verbal summary of clinical assessment;
- c. service(s) required;
- d. medical information, e.g. allergies, medication;
- e. nutritional requirements;
- f. SDM (if applicable);
- g. advance health care directive; and,
- h. any safety concerns.

Procedures

1. NLHS shall ensure client consent is obtained for sharing of information with a potential service provider and complete the consent form currently used by NLHS.
2. The service provider can arrange to receive a Service Request through the following methods:
 - a. personal contact by telephone;
 - b. secure email; or
 - c. other electronic means.
3. When a client is approved for placement:
 - a. the client shall identify their top three choices of home, in descending order;
 - b. in consultation with the client, NLHS shall consider the homes chosen by the resident and determine if the homes chosen can meet the clinically assessed needs of the client;
 - c. where a bed is not available in the resident's home of choice NLHS shall determine if a client wishes to remain on a waitlist for home of choice or select other homes; and,
 - d. NLHS shall send a Service Request to a potential service provider, chosen by the client, to request placement on behalf of the client. NLHS shall continue this process, with client consent, until a service provider accepts the client for placement, unless the client wishes to remain on a waitlist for a specific home.
4. When NLHS determines that the client's home of choice cannot adequately meet the clinically assessed needs of a client NLHS shall:
 - a. provide an explanation to the client; and,
 - b. discuss alternative options including:
 - i. referral to another home; and,

- ii. access to other community based supports.
5. NLHS shall issue a Service Request for clients wishing to avail of respite services in a home.
 6. The service provider shall notify NLHS and the client whether they accept or refuse the Service Request within 24 hours of receipt of the Service Request. In the case of an urgent request, the service provider shall notify NLHS as soon as possible and within six (6) hours of receipt of the Service Request, before NLHS issues a Service Request to the client's alternative option.
 7. If a service provider refuses the Service Request the service provider shall indicate to NLHS in writing the reason for refusing the Service Request and shall ensure any records relating to the Service Request are destroyed in a secure manner that maintains confidentiality.
 8. If a service provider does not accept a client for placement, or the client is waitlisted for placement, NLHS shall discuss an alternative plan with the client and their primary support person to ensure the client's needs are met, until placement is possible.
 9. The service provider shall notify NLHS when a vacant bed is ready for occupancy using the Notification of Vacancy Form.
 10. When the service provider accepts a client for placement, NLHS shall advise its financial division, if applicable.
 11. NLHS shall advise clients eligible for a financial subsidy of the amount of any financial contribution that is due to the service provider.
 12. In the case of clients not eligible for a subsidy, the service provider shall advise clients of the amount of the monthly rate.
 13. The service provider shall have a policy outlining the financial arrangement for the provision of services and discuss with the resident, particularly regarding the collection of client contribution.

14. NLHS shall track and document the number of Service Request refusals and the reason for refusal of each service provider.

References/Forms

- [Form PCH-17 Notification of Vacancy](#)
- [Form PCH-24 Service Request](#)
- Newfoundland and Labrador College of Nurses (2026). [Unregulated Care Providers in Community Settings.](#)

RESIDENT SERVICES: FIRST AVAILABLE BED

Standard No.:	PCH-E-3
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Service Request; Eligibility for Placement
Legislative References:	Advance Health Care Directives Act

Policy Statement

A clearly defined process for assigning most appropriate residential care option supports access to the best care in the most appropriate setting. Quality care provided within the appropriate care setting promotes personal health, safety, social and spiritual well-being and improved resource utilization.

Standards

1. NLHS shall provide information to patients/clients regarding the first available bed option for any person who may require an alternate care setting.
2. NLHS may offer first available bed option in the following circumstances:
 - a. where a patient is waiting in acute care for placement in a home as alternate level of care; or,
 - b. where a resident's level of care does not match the level of care the home can safely provide, at the discretion of NLHS.
3. When the first available bed option is applied, the individual may:
 - a. accept placement in the home offered and go on the internal transfer list to wait for home of choice; or,
 - b. refuse placement in the home offered and discharge from their current care setting and return to community to wait for home of choice. In such cases, NLHS shall support the client's transition to the community and provide case management, and supports, if eligible, until the client can be placed in their home of choice.
4. When the first available bed option is applied, NLHS shall prioritize the individual for transfer to their home of choice.

Procedures

1. Residents are advised prior to admission to a home and during reassessment that if their care needs change such that an alternate care setting is required, the resident may no longer be able to remain in the home.
2. The service provider shall work with the resident and NLHS to support transfer of the resident to a more appropriate care setting.
3. Individuals who refuse the first available bed and choose to discharge from the home are allowed up to 48 hours to arrange for transfer out of the home when arranging for informal or formal supportive services in an alternate setting.

References/Forms

RESIDENT SERVICES: RESIDENT RIGHTS AND RESPONSIBILITIES

Standard No.:	PCH-E-4
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Complaint and Incident Investigation and Reporting; Decision Making and Consent; Eviction of a Resident
Legislative References:	<u>Adult Protection Act, 2021</u>

Policy Statement

Providing a statement of Resident Rights and Responsibilities to residents, families and staff promotes awareness of how residents should be treated while living in the home, and ensures residents are aware of their expectations of living in the home.

Standards

1. The service provider must ensure that residents, families and staff receive a copy of the home's Resident Rights and Responsibilities document upon admission.
2. The statement of Resident's Rights and Responsibilities is posted in the home in a prominent area that is visible and accessible to all residents and families.
3. The service provider shall ensure that staff of the home deliver care and provide services in a manner that maintains a resident's rights.
4. The service provider shall ensure that residents are treated with dignity and respect and are free from psychological, physical, sexual, verbal, financial abuse or neglect.
5. The service provider shall ensure that all staff receive training regarding the meaning and intent of the Resident's Rights and Responsibilities, and the process for receiving and acting on complaints, including the requirement for respectful interactions with residents and families.
6. Residents and families are advised of their ability to submit a complaint, and have the complaint reviewed and receive a response.

7. All alleged or confirmed violations of resident rights are reviewed, investigated if necessary, and the outcome of the investigation and any follow up action is shared with the resident.
8. Residents who have been determined to be competent to make decisions around their own health care have the right to accept or refuse care when it does not negatively impact other residents or staff.
9. Residents are informed of the possible consequences when exercising their rights, should that decision affect the service provider's ability to meet the care needs of the resident or other residents.
10. Residents have the right to be informed of decisions that impact them in the home.
11. Any consideration to limit a resident's rights are discussed with the resident and NLHS.

Procedures

1. The service provider is encouraged but not required to use the Resident Rights and Responsibilities document (Appendix 11). The service provider may choose to customize a document for their home; however, it must contain the key elements outlined in Appendix 11 and be approved by NLHS.
2. The service provider shall ensure that staff receive training on the provision of care in a manner that maintains the dignity and privacy of residents.
3. The service provider shall report, and educate staff on their responsibility to report, any suspected abuse or neglect of residents. The service provider shall also educate staff on the [Adult Protection Act, 2021](#).
4. No action will be taken to evict, discharge, or intimidate a resident, family member, or SDM who make a complaint regarding care or the application of resident rights.
5. Where there is concern about a resident's ability to make decisions, a capacity assessment may be completed in accordance with applicable legislation.

References/Forms

- Resident Rights and Responsibilities ([Appendix 11](#))

RESIDENT SERVICES: DECISION MAKING AND CONSENT

Standard No.:	PCH-E-5
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Residents Rights and Responsibilities; Support Planning
Legislative References:	Advance Health Care Directives Act ; Adult Protection Act, 2021

Policy Statement

Residents and families play an active role in decision making and are consulted on issues that affect them. In the event that a resident lacks capacity to make decisions, a person is appointed to make decisions on the resident's behalf. The resident provides consent prior to the sharing of any resident information or the provision of services.

Standards

1. NLHS shall obtain consent to share information with the service provider.
2. The service provider shall obtain consent prior to the delivery of services.
3. The service provider shall ensure that a resident's right to consent to medical treatment or personal care services is protected.
4. The service provider and NLHS shall ensure that residents, families and/or SDMs are involved in support planning and decision making regarding the resident's care.
5. The service provider and NLHS shall ensure that all documented consent relating to the provision of care and sharing of health information are completed and retained in the resident's file.
6. NLHS shall support residents in advance care planning and ensure that residents and/or families receive information about completing an Advance Health Care Directive.

Procedures

1. The service provider shall ensure that residents have input into the times that services are delivered to the greatest extent possible within the home's capacity to deliver services to all residents.
2. For residents who have completed an Advance Health Care Directive, the service provider shall ensure that a signed copy is provided to health care providers, emergency services personnel, and that a copy accompanies a resident in the event of a hospital transfer.
3. The service provider shall not complete an Advance Health Care Directive or provide medical consent on behalf of a resident.
4. Where a resident does not have an Advance Health Care Directive, NLHS shall engage in advance care planning, during the annual clinical assessment or when there is a significant change in support needs.

References/Forms

- [Form PCH-13 Support Plan](#)
- Advance Health Care Directive

RESIDENT SERVICES: MOVING IN

Standard No.:	PCH-E-6
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Licensing; Resident Admission Agreement; Support Planning; Authorization of Nursing Tasks; Application Process
Legislative References:	

Policy Statement

Supporting residents during the moving in process helps ensure residents feel welcome, comfortable and secure in their new environment.

Standards

1. The service provider shall provide an opportunity for prospective residents to visit the home, meet the service provider and receive relevant information about living in the home, including the requirement to enter into an Admission Agreement.
2. Upon admission of a resident, the service provider completes the resident's orientation to the home ensuring appropriate documentation of all individual personal, medical, care, financial and advance health care directive information on the resident's file within the first week of a new resident moving in.
3. The service provider shall use the Resident Orientation Checklist to guide the orientation process and document the information that was provided to residents.
4. NLHS provides all information necessary for the service provider to begin delivery of services to a resident upon admission, prior to the development of a comprehensive Support Plan.
5. NLHS shall advise the resident and the service provider the name of the resident's case manager.

6. For admissions to a newly constructed home or existing homes with an expansion of 10 or more beds, the service provider shall provide a Resident Admission Plan to be approved by NLHS prior to residents moving in.
7. NLHS shall not issue Service Requests to a service provider until a license has been granted.

Procedures

1. The service provider shall review details of the Admission Agreement with the resident and family and retain a signed copy of the Agreement in the resident's file. The service provider shall also explain core amenities and optional amenities available at the home.
2. Upon admission of a new resident, the service provider shall:
 - a. submit a Notice of Resident Movement Form to NLHS within one business day to notify of the date a resident moved into the home;
 - b. review the resident's assessment and medical information, including the residents' primary care providers name and contact information;
 - c. determine if the resident will be self-administering medication;
 - d. complete the Release of Resident Information to Pharmacist;
 - e. verify that residents with certain medical conditions (e.g., diabetes, epilepsy, severe allergies) have a medic alert bracelet or necklet;
 - f. interview the resident to determine preferences and special needs;
 - g. ensure change of address forms are completed;
 - h. document the resident's admission in the resident record within 24 hours of admission and ensure staff have the information necessary to provide care, until a Support Plan is developed; and,
 - i. add the resident's name, picture and family contact information to the Emergency Preparedness Plan.
3. The service provider shall document on the resident record:
 - a. the existence of an Advance Health Care Directive designating a substitute decision-maker for the resident and ensure staff are aware of its location;
 - b. a list of the next-of-kin and contact information;
 - c. name of primary care provider;
 - d. medication profile;
 - e. name of executor; and,
 - f. wishes regarding burial arrangements where the resident has no next of kin.

4. The service provider shall ensure that resident orientation includes, but is not limited, to the following:
 - a. tour of the home, introduction to staff and other residents;
 - b. an explanation of the services provided and a review of the Admission Agreement;
 - c. resident rights and responsibilities;
 - d. policies of the home;
 - e. information about recreation and social activities;
 - f. information about medication management;
 - g. fire and life safety information;
 - h. name of the manager of the home, if different than the service provider; and,
 - i. how to make complaints and the responsibility of the service provider to address complaints.
5. The service provider shall participate in the development of a Support Plan as per the Support Planning Standard and shall communicate the plan to staff.
6. The service provider monitors and documents whether residents are adjusting well to their new home and community within two weeks of admission and reports any areas of concern to the resident's case manager.
7. NLHS shall ensure new residents are provided with the name and contact information of their case manager.
8. NLHS staff shall contact new residents within four weeks of placement, or earlier if a concern is identified, to determine if the resident has any concerns or questions.

References/Forms

- [Form PCH-13 Support Plan](#)
- [Form PCH-16 Notice of Resident Movement](#)
- [Form PCH-18 Template Resident Orientation Checklist](#)
- [Form PCH-25 Template Optional Amenities Request/Change Form](#)
- [Form PCH-26 Template Optional Amenities Discontinuation Form](#)
- [Form PCH-27 Release of Resident Information to Pharmacist](#)
- Emergency Preparedness Plan Template ([Appendix 7](#))
- Admission Agreement Template ([Appendix 6](#))
- Core and Optional Amenities ([Appendix 12](#))

RESIDENT SERVICES: CLINICAL ASSESSMENT

Standard No.:	PCH-E-7
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Support Planning
Legislative References:	Advance Health Care Directives Act ; Adult Protection Act, 2021 ; Mentally Disabled Persons Estate Act ; Human Rights Act, 2010

Policy Statement

Clinical assessment is a process to help evaluate a person's overall well-being including physical, psychological, social and spiritual aspects of functioning. Conducting a comprehensive clinical assessment will help identify what is working and what is not working in a resident's life. The clinical assessment will help inform the development of a plan to address areas of need.

Standards

1. A resident is entitled to ongoing clinical assessment to evaluate their well-being and to determine if revisions are required to their Support Plan.
2. The clinical assessment shall be completed by the approved NLHS health care professional, including either a registered nurse, licensed practical nurse or a registered social worker. Assignment to licensed practical nurses should consider the scope of the individual nurse (i.e., post-basic training and self-competency).
3. The clinical assessor shall use a person-centered model of care in completing the clinical assessment considering the unique circumstances of every individual.
4. The clinical assessment, which includes the use of a standardized assessment tool, shall be completed every 12 months. An assessment may be initiated sooner if the needs of the resident have changed based on NLHS staff observation, or may be requested by the resident, SDM or service provider when there is concern that the resident's needs have changed.

5. A clinical assessment shall include the following areas:
 - a. physical, psychosocial and cognitive functioning;
 - b. individual strengths;
 - c. individual needs;
 - d. risk factors and the significance of the risk factors;
 - e. service provider consultation;
 - f. level of involvement and availability of informal supports;
 - g. review of other assessments or intervention reports; and,
 - h. professional judgment.
6. The clinical assessor shall obtain consent from the resident or their SDM to gather or share information during the clinical assessment process in accordance with NLHS policy.
7. An individual requiring a clinical assessment shall be the primary source of information and be present during the assessment process.
8. If there is an indication that an individual's capacity may be in question, a capacity assessment may be completed to ensure the individual has capacity to participate, understand and appreciate the assessment process.
9. The clinical assessor shall complete the following activities as part of a clinical assessment:
 - a. review any previous clinical assessments;
 - b. review clinical notes;
 - c. conduct a face to face interview;
 - d. complete a home visit;
 - e. complete a staff safety assessment;
 - f. observe individual functioning in the home environment, ability to complete tasks and navigate in the home;
 - g. gather information from a variety of sources including the resident, family and professionals or other staff involved with the resident;
 - h. assess any cultural considerations;
 - i. complete approved assessment tool(s) if required;
 - j. review any relevant professional reports;
 - k. seek clinical consultation as required; and,
 - l. analyze all information to determine if the presentation fits with the subjective and objective data.

10. The clinical assessor shall document all relevant information related to the clinical assessment in accordance with NLHS documentation policy and any relevant professional documentation standards according to the health professional licensing body.
11. NLHS shall ensure the clinical assessor has access to clinical consultation to support the completion of the clinical assessment.
12. The clinical assessor shall prepare a written summary of the clinical assessment outcomes and update the Support Plan, if required.
13. The clinical summary shall include the following information:
 - a. resident's needs (including any pertinent diagnosis related to provision of service);
 - b. resident strengths;
 - c. existence and availability of an informal support network including community resources; and,
 - d. formal supports required and how the supports will improve health and well-being for the resident.
14. Where the outcome of the assessment indicates a change in level of care, the clinical assessment shall be reviewed and approved by the Program Coordinator or designate within the 10 day timeline for completion of the clinical assessment.
15. The outcome of the clinical assessment shall be used to develop a Support Plan with a resident.
16. NLHS shall complete a decision review if an individual who disagrees with the outcome of their clinical assessment/reassessment makes such a request and meets the criteria for a decision review.

Procedures

Assessment/ Reassessment

1. If a formal capacity assessment is required before completing the clinical assessment/reassessment, the clinical assessor shall ensure the assessment is completed in accordance with applicable legislation.

2. The clinical assessor shall consider the social determinants of health when completing a clinical assessment/reassessment.
3. The clinical assessor shall explain the use of electronic assessment tools to the resident and its purpose in the clinical assessment process.
4. The clinical assessor shall consider the Quality of Life Framework when completing a clinical assessment/reassessment.
5. The clinical assessor shall use their professional judgment to analyze the information gathered in the clinical assessment/reassessment to inform recommendations for intervention.
6. The clinical assessor shall discuss the outcome of the clinical assessment/reassessment and any recommendation for supports with the resident and document that they did so.

Documentation

7. The clinical assessor shall ensure sufficient detail is provided in the clinical notes to provide evidence for any recommendations for services.
8. The clinical assessor shall document all relevant resident information regarding the activities completed to inform the clinical assessment in the approved clinical documentation system.
9. When a standardized clinical assessment is completed, the clinical assessor is required to document all clinical information in the assessment tool and supplemental information in Continuation Notes.
10. The clinical assessment must be maintained in the resident's file.

Approval Process

11. The case manager shall ensure consent to release or obtain information is obtained once per year during the clinical reassessment and is in compliance with NLHS policy.
12. Where the outcome of the assessment indicates a change in the resident's level of care, the assessment must be reviewed or approved by a Program Coordinator

or designate. The Program Coordinator or designate shall review the clinical assessment and recommendations and notify the clinical assessor of the outcome. If the recommendation is not approved, there must be written explanation in the clinical file.

13. Where a change in placement option is contemplated, following approval by the Program Coordinator or designate the assessment and all other required clinical information is submitted to the placement coordinator for review and a decision on level of care to initiate a change in placement option.

Decision Review

14. If the individual disagrees with the outcome of the clinical assessment, the clinical assessor shall advise the resident of their right to request a review of the decision and provide them information about the review process.
15. A clinical assessment decision review may be requested on the following grounds:
 - a. the decision was based in whole or in part on erroneous facts;
 - b. the original decision did not comply with relevant policy standards; and/or
 - c. the original decision did not comply with applicable legislation.
16. The clinical assessment decision review shall be completed in compliance with NLHS review processes.
17. The clinical assessment decision review shall be completed by an NLHS employee who was not involved in the initial decision.
18. The individual shall be notified of the outcome of the clinical assessment decision review.

References/Forms

- [Form PCH-13 Support Plan](#)
- [Adult Protection Act Provincial Policy Manual, 2026](#)
- Quality of Life Framework, Schalock, 2011
- [National Case Management Network of Canada \(2009\). Canadian Standards of Practice for Case Management](#)
- interRAI-HC Assessment Tool
- Newfoundland and Labrador College of Nurses (2026). [Scope of Practice Framework for Licensed Practical Nurses in Newfoundland and Labrador.](#)

RESIDENT SERVICES: SUPPORT PLANNING

Standard No.:	PCH-E-8
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Clinical Assessment; Eligibility for Placement; Transition Planning; Personal Care Services; Authorization of Nursing Task
Legislative References:	

Policy Statement

Effective implementation of a Support Plan, developed based on the outcome of a clinical assessment and in accordance with the resident's wishes, supports the provision of safe, quality care. The Support Plan documents a resident's desired personal goals and identifies activities required to achieve those goals. Regular monitoring of the Support Plan helps determine if the Support Plan is meeting the needs of the resident and whether changes to the Support Plan are required.

Standards

1. All residents shall have a Support Plan developed in consultation with the resident, family, SDM and any relevant service providers.
2. The Support Plan shall be completed by the approved NLHS health care professional, including either a registered nurse, licensed practical nurse or a registered social worker. Assignment to licensed practical nurses should consider the scope of the individual nurse (i.e., post-basic training and self-competency). Initial support plans completed by licensed practical nurses should occur in collaboration with a registered nurse or appropriate health care provider.
3. The Support Plan shall be developed based on the outcome of a comprehensive clinical assessment and shall incorporate resident preferences to the greatest extent possible.
4. A Support Plan shall be developed within seven (7) days of admission or completion of a clinical assessment.

5. NLHS shall ensure that Support Plans requiring exceptional care needs are approved by a manager or designate.
6. NLHS shall use the Support Plan Form to document the Support Plan.
7. NLHS shall ensure a resident is assigned a case manager who is responsible for support planning and the resident is notified of the case manager including name and contact information.
8. NLHS shall provide the service provider information on the service provider's roles and responsibilities.
9. The service provider shall ensure that NLHS, residents, and families (with resident consent) can access the Support Plan upon request.
10. The service provider shall require staff participate in case conferences and on-going support planning and collaborate with other professionals to carry out the Support Plan as appropriate or requested by NLHS.
9. NLHS shall ensure that all residents receive timely and appropriate follow-up to monitor the implementation of the Support Plan and effectiveness of the services in place to meet the resident's goals.
11. The service provider shall notify NLHS when there is a change in a resident's health condition requiring an update to the Support Plan.
12. The service provider shall notify NLHS if the service provider cannot deliver services as agreed upon in the Support Plan.
13. The service provider shall maintain regular communication with NLHS to ensure timely updates on resident progress and care outcomes.
14. NLHS shall ensure that all critical information is provided to the service provider upon admission to facilitate immediate and safe delivery of services to residents.

15. The service provider shall ensure that a short summary of critical information about a resident, necessary to deliver services is documented for all residents upon admission and for clients availing of short stay respite services.
16. The service provider shall ensure that staff are provided information necessary to deliver safe quality services to residents immediately upon admission and whenever there is a change. This information should include, at minimum, the elements outlined in the Template Resident Care Summary ([Form 44](#)).
17. The service provider shall ensure the Support Plan is a part of the resident record and staff are aware of the plan and their responsibility to provide care in accordance with the documented Support Plan.
18. The service provider shall ensure that residents who experience an acute illness or injury are supported until the resident returns to their previous level of functioning.
19. NLHS shall ensure that the support needs of residents whose care needs have increased to Level III can continue to be safely met in the home until an alternative care option becomes available.
20. The service provider shall ensure that residents whose care needs have increased are supported until an alternative care option becomes available.
21. The service provider shall ensure that when a resident transfers to another home, the original Support Plan is transferred with the resident. The service provider can retain a copy for their records.

Procedures

1. In the case where a resident has been assessed as independent, i.e. does not meet Level I care need requirements, a Support Plan is not required.
2. Support Plans are not required for short stay including respite. However, all information required to ensure the delivery of safe quality services must be documented and shared with staff. Where a resident is in receipt of other supportive services and already has a Support Plan, this may be used to inform service delivery in the home during respite.

3. The service provider shall ensure that staff are provided basic information about a resident upon admission. This information shall be documented in written format using the Template Resident Care Summary ([Form 44](#)) and shall include but is not limited to:
 - a. resident demographic information;
 - b. primary contact and/or SDM;
 - c. medications;
 - d. assistance required with activities of daily living;
 - e. nutritional requirements (food allergies and modified diet);
 - f. safety and security concerns (any potential risk to self or others); and,
 - g. any other information necessary to deliver safe, quality services.
4. The service provider shall review and update the Resident Care Summary at least annually and whenever there is a change in the resident's care needs.
5. The case manager shall collaborate with the resident and family in the development of their Support Plan within the first seven (7) days of admission. The resident must be in agreement with all components of the Support Plan.
6. For residents who have had a standardized assessment completed, the case manager shall complete the associated electronic Support Plan.
7. The case manager reviews and updates the Support Plan with the resident, as required, following the completion of any clinical re-assessments.
8. The Support Plan should document the goals and wishes of the resident and should be explained to the resident. The resident is actively involved in setting goals and objectives for their Support Plan, and this is documented in the Support Plan.
9. The case manager shall complete the following tasks to develop the Support Plan:
 - a. provide a summary of the clinical assessment;
 - b. incorporate the outcomes of the clinical assessment into the planning process;
 - c. identify whether there is an Advance Health Care Directive in place and provide details;
 - d. identify whether there is an SDM;
 - e. identify the primary support contact;

- f. identify emergency contact;
 - g. identify the resident's primary care provider;
 - h. develop interventions to address any risk identified in the falls prevention screening;
 - i. identify any supports required for medication administration;
 - j. develop resident-centered goals and objectives;
 - k. engage service providers as required;
 - l. outline the services to be implemented;
 - m. identify the tasks/activities to be completed in service provision;
 - n. identify a contingency plan, if applicable;
 - o. identify any resident safety concerns;
 - p. identify any worker safety concerns;
 - q. identify any equipment/assistive technologies that are required or in place;
 - r. identify any allergies;
 - s. identify any specific nutritional requirement or dietary restrictions;
 - t. identify any authorization of nursing tasks requirements; and,
 - u. other general comments that are relevant to client care.
10. The Support Plan shall include a brief summary of the clinical assessment including the following information:
- a. resident's needs (including any pertinent diagnosis related to provision of service);
 - b. resident strengths;
 - c. existence and availability of an informal support network including community resources; and,
 - d. formal supports required and how the supports will improve health and well-being for the resident.
11. The case manager shall, in consultation with the resident and the service provider(s), develop SMART objectives for the achievement of goals. The objectives should be **Specific, Measurable, Achievable, Relevant, and Time bound**.
12. In circumstances where a client is waiting for placement in a home and is receiving community support services, NLHS shall update the Support Plan within seven (7) days of admission to a home.

13. When the Support Plan identifies services/benefits from other NLHS program areas, e.g. Special Assistance Program, the case manager will liaise with the appropriate NLHS staff to ensure the services/benefits are made available to the resident.
14. NLHS monitors implementation of the Support Plan and the services in place to meet the resident's goals. NLHS shall contact residents at the following frequency, at minimum:
 - a. annually for residents with Level I care needs;
 - b. biannually for residents with Level II care needs;
 - c. quarterly for residents with Enhanced Care needs; and,
 - d. monthly for residents with Level III care needs.
15. Every visit/contact with a resident shall be purposeful and the case manager shall determine whether the Support Plan is meeting the needs of the client.
16. The service provider shall submit Service Provider Progress Reports to NLHS at the following frequency:
 - a. residents with Level I or II care needs at least annually;
 - b. residents with Enhanced or Level III care needs at least quarterly; and,
 - c. upon request of NLHS based on complexity of need of the resident or risk.
17. The service provider shall notify NLHS of changes to a resident's care needs outside the timelines for updates to the Service Provider Progress Reports.
18. The case manager shall review the Service Provider Progress Report(s) on receipt and assess whether the service is meeting the needs of the resident. If there are any concerns identified, the case manager shall contact the resident to arrange follow up and assess the need for any adjustments to the Support Plan and service provision.
19. During visits to the home, the case manager shall directly observe the provision of services. This will provide direct observation of whether the service is being provided as intended and assist in determining if the service is meeting the needs of the resident.
20. The case manager shall consult with other health care providers working with the resident as required and arrange a case conference as part of the formal review

of the Support Plan to provide updates on the services being offered and to ensure an integrated approach to support planning.

21. The case manager may need to change the Support Plan in response to changes in the resident's needs or an emergency situation. The Support Plan must be updated within seven (7) days of a change in service provision and provided to the resident and the service provider.
22. Based on the outcome of a clinical assessment, NLHS shall determine if a resident can remain in the home. If a resident's care needs have increased such that transfer from the home is required, NLHS will determine an appropriate care option and communicate findings to the service provider, resident and family. Changes may be required to the Support Plan.

References/Forms

- [Form PCH-13 Support Plan](#)
- [Form PCH-14 Service Provider Progress Report](#)
- [Form PCH-44 Template Resident Care Summary](#)
- Newfoundland and Labrador College of Nurses (2026). [Scope of Practice Framework for Licensed Practical Nurses in Newfoundland and Labrador](#).

RESIDENT SERVICES: AUTHORIZATION OF NURSING TASK

Standard No.:	PCH-E-9
Effective Date:	November 25, 2024
Date Revised:	October 1, 2026
Policy Cross References:	Clinical Assessment; Support Planning
Legislative References:	

Policy Statement

Specific and routine nursing care outside of the scope of employment of a service provider is provided by staff who have been authorized by a nurse to deliver a specific nursing task associated with routine activities of daily living.

Standard

1. NLHS shall identify the requirement for an authorization of nursing task and outline the details in the client's/resident's support plan.
2. The service provider shall ensure that nursing tasks that are outside the staff's scope of employment are authorized by a nurse.
3. The service provider shall ensure authorized nursing tasks are only delivered by staff who have received the appropriate training for the specific task and client/resident. Authorization of a nursing task is not transferrable to other clients/residents.
4. The nurse shall only authorize tasks that are in their scope of practice, in accordance with their professional organization (CLPNNL, 2022; CRNNL, 2022).
5. For authorization of nursing tasks, the nurse shall authorize staff to perform the identified task(s) that is/are outside of the staff scope of employment by taking the following steps:
 - a. assess the staff's knowledge to perform the task for a specific client/resident;
 - b. teach the specific nursing task(s) to the staff;
 - c. assess the staff's competency in the completion of the nursing task(s);
 - d. document verification of the staff's competence to perform the task(s) on the [Authorization of Nursing Task Certificate of Competency \(Form 8\)](#) and forward

- a copy to the service provider and the NLHS case manager to place on the client/resident record; and,
- e. recertify the staff authorized by delegation on an annual basis.
6. The nurse authorizing a nursing task will only do so when staff have been adequately trained and demonstrate competency.

Procedure

1. Where a health care professional other than a nurse is completing the clinical assessment, the provider shall consult with a nurse when an authorization of nursing task may be required.
2. The nurse completing the authorization does so in accordance with guidance available from the appropriate regulatory body and determines the type of authorization to be completed:
 - a. **Assistance:** when the client/resident/family directs their own care or that of a family member. The client/resident/family retains responsibility for the monitoring of the ongoing performance of the service provider staff. The service provider staff is directly accountable to the client/resident/family for the nursing task provided.
 - b. **Direction:** when a person other than the client/resident/family is designated responsibility for providing ongoing monitoring of the client's/resident's health status and/or care situation. The designated care individual retains the responsibility for ongoing monitoring of the client's/resident's general health status, the care situation, and the overall monitoring of the performance of the service provider staff.
 - c. **Delegation:** when the client/resident is unable to manage their care and there is no family member available or designated individual assigned for the ongoing monitoring of the service provider staff. The nurse is responsible for the ongoing monitoring. The service provider staff is accountable to the nurse.
3. Where authorization by direction is used:
 - a. the service provider must identify a designated individual to monitor the client's/resident's health care status and the staff's performance in completing the authorized task;
 - b. the nurse completing the authorization must ensure the designated individual understands their role in monitoring the client's/resident's health care status and the staff's performance in completing the authorized task;

- c. the nurse shall provide education and training to the designated individual, if deemed necessary by the nurse, including when to contact the nurse or NLHS case manager if concerns are identified; and,
 - d. the service provider must notify the nurse or NLHS case manager if the designated individual is no longer able to monitor the client's/resident's status and staff's performance.
4. The nurse completing an authorization of task and/or monitoring tasks authorized by delegation shall maintain a record by completing the [Authorization of Nursing Task Certificate of Competency \(Form 8\)](#).
5. The service provider shall coordinate training for authorization of nursing tasks, if required, and ensure the service provider staff are available for the required training.
6. If a nurse employed by the service provider provides authorization of a nursing task certification for a resident in receipt of subsidy, the service provider shall invoice NLHS for reimbursement for costs in accordance with provincially established rates (see [Appendix 2](#)).

References/Forms

- [Form PCH-8 Authorization of Nursing Task Certificate of Competency](#)
- Newfoundland and Labrador College of Nurses (2026). [Scope of Practice Framework for Licensed Practical Nurses in Newfoundland and Labrador](#).
- Newfoundland and Labrador College of Nurses (2026). [Scope of Practice Framework for Registered Nurses and Nurse Practitioners in Newfoundland and Labrador](#).
- Newfoundland and Labrador College of Nurses (2026). [Unregulated Care Providers in Community Settings](#).
- Guidelines for Authorization of Nursing Task Reimbursement ([Appendix 2](#))

RESIDENT SERVICES: PERSONAL CARE SERVICES

Standard No.:	PCH-E-10
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Clinical Assessment; Support Planning; Decision Making and Consent; Authorization of Nursing Task; Advanced Foot Care Services; Staffing Levels
Legislative References:	

Policy Statement

Residents receive assistance with their personal care in a timely and respectful manner by staff competent to provide personal care services.

Standards

1. NLHS shall complete a clinical assessment to inform development of a Resident's Support Plan.
2. NLHS shall identify a requirement for an authorization of nursing task and outline details in the resident's Support Plan as per Authorization of Nursing Task Standard.
3. The service provider shall provide personal care services to residents in accordance with a resident's Support Plan.
4. The service provider shall ensure the home is staffed to provide personal care to residents at a time that is convenient to residents within the parameters of the home's ability to provide the services to all residents in a safe manner.
5. The service provider shall ensure that residents are dressed appropriately for time of day and season.
6. The service provider shall ensure that residents are bathed at a frequency outlined in the resident's Support Plan, at a minimum of once per week.

7. The service provider shall ensure that residents receive basic (trimming and/or filing) foot care and fingernail care and that residents are not charged for basic nail care.
8. Where a resident requires advanced foot care the service provider shall assist the resident to access advanced foot care services.
9. The service provider shall ensure that a resident's personal belongings and care aids are labelled in a manner that maintains the resident's dignity.
10. The service provider shall ensure appropriate supervision is provided according to the needs of residents, including hourly checks overnight to monitor resident comfort and safety. Residents who do not wish to be disturbed may consent to waive nighttime checks; this consent must be documented in the resident's file.
11. NLHS shall monitor to ensure residents are receiving personal care services in accordance with their documented Support Plan.
12. Where NLHS staff that are not directly responsible for monitoring a home identify concerns related to the provision of quality personal care services, they shall document the concerns and notify NLHS monitoring team immediately.
13. The service provider shall ensure residents are supported to receive medical care when required.
14. The service provider shall ensure the resident's SDM and/or family are notified when there is a change in the resident's condition, or they become unwell.

Procedures

1. The service provider shall ensure that residents receive the following personal care services in accordance with a resident's Support Plan.
 - a. Bathing:
 - i. helping a resident prepare for a bath or shower;
 - ii. assisting a resident with a bath or shower; and,
 - iii. performing a bed bath.
 - b. Oral Hygiene

- i. assisting with and carrying out the cleaning of the resident's mouth area and dentures, if applicable; and,
 - ii. assisting with and carrying out the moisturizing of the resident's lips.
- c. Hair and Scalp Care:
 - i. assisting with and carrying out the washing of the resident's hair;
 - ii. brushing or combing the resident's hair; and,
 - iii. drying and brushing resident 's hair after washing.
- d. Skin and Nail Care:
 - i. assisting with and carrying out the application of skin lotion and powder to the resident;
 - ii. assisting with and carrying out the shaving of resident's facial hair; and,
 - iii. fingernail and toenail care, excluding advanced foot care.
- e. Dressing:
 - i. assisting a resident to put on and remove clothes.
- f. Communication Devices:
 - i. assisting a resident with communication devices (e.g. hearing aids).
- g. Perineal Hygiene:
 - i. assisting with and carrying out the washing, rinsing and drying of the resident's perineal area;
 - ii. cleaning the skin around an indwelling catheter; and,
 - iii. preparing and assisting with sitz bath.
- h. Toileting and Elimination:
 - i. assisting a resident to use a toilet, commode, urinal or bedpan;
 - ii. assisting with and carrying out changing of resident's personal hygiene products;
 - iii. attaching, securing and detaching urinary drainage bag;
 - iv. emptying of urinary drainage bag and stoma bag;
 - v. colostomy care;
 - vi. measuring and recording amount of urinary output;
 - vii. obtaining a specimen from the resident; and,
 - viii. applying a condom catheter to a resident.

- i. Positioning and Transferring:
 - i. assisting residents to turn and reposition;
 - ii. turning and positioning resident;
 - iii. assisting with and carrying out the transfer of a resident from one location to another;
 - iv. assisting resident with ambulation; and,
 - v. assisting with and carrying out the application and removal of prostheses and orthotic devices.
15. The service provider shall ensure that residents who cannot independently complete personal care, nail care and dressing are supported by staff of the home through cueing or physical assistance.
16. The service provider shall notify NLHS or the family when residents are refusing personal care that impacts residents' quality of care, quality of life, or other residents and staff of the home.
17. The service provider shall ensure that a resident's personal care supplies, such as combs, hair care tools, and toothpaste are used for that resident only.
18. The service provider shall ensure that the resident or family is notified when a resident's personal belongings need to be replenished.

References/Forms

- [Form PCH-8 Authorization of Nursing Task Certificate of Competency](#)
- [Form PCH-13 Support Plan](#)
- [Form PCH-23 Template Night Safety Check Log](#)

RESIDENT SERVICES: ADVANCED FOOT CARE

Standard No.:	PCH-E-11
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Clinical Assessment; Support Planning; Personal Care Services; Private Third Party Providers
Legislative References:	

Policy Statement

Advanced foot care is an essential service supporting residents to address complex foot conditions and increase foot health.

Standards

1. NLHS shall ensure residents meet eligibility requirements for advanced foot care services based on the following criteria:
 - a. be in receipt of a financial subsidy for services at the home; and
 - b. have one of the following conditions:
 - i. diagnosis of diabetes;
 - ii. diagnosis of peripheral vascular disease;
 - iii. taking anticoagulant medications;
 - iv. history of recurring problem nails (e.g. ingrown and/or involuted nails);
 - v. corns or calluses which interfere with ambulation; and,
 - vi. care that requires the use of foot care instruments that are not a part of basic foot care.
2. Advanced foot care services shall only be provided by providers with the appropriate knowledge and scope of practice, in accordance with their professional organization.
3. The service provider shall advise NLHS of potential foot care concerns of a resident.

4. An NLHS nurse shall assess the resident's need for advanced foot care and make a recommendation for service.
5. NLHS shall complete documentation of eligibility for advanced foot care in accordance with the NLHS documentation policy and any relevant professional documentation standards according to the health professional licensing body.
6. A resident who is determined to be clinically and financially eligible for advanced foot care may receive up to eight foot care sessions per year at the rate established in [Appendix 14](#). Any additional cost must be covered by the resident.
7. Residents who are not financially eligible for advanced foot care services are advised of the process to access advanced foot care services and may choose to enter into a private financial arrangement with the advanced foot care provider.
8. NLHS shall maintain a list of foot care providers and ensure they meet the following requirements:
 - a. current registration with the Newfoundland and Labrador College of Nurses;
 - b. successful completion of an advanced foot care course;
 - c. have received the appropriate training as recommended by the Canadian Association of Foot Care Nurses; and,
 - d. have a satisfactory Criminal Record Check and Vulnerable Sector Check (required if the advanced care provider is not a current employee of NLHS).
9. The service provider shall assist residents to access advanced foot care services.
10. The foot care provider shall provide advanced foot care in accordance with the best practice guidelines according to the provider's regulatory body and any national standards related to infection prevention and control.

Procedures

1. The NLHS clinical assessor shall confirm that all eligibility criteria are met before approving advanced foot care for a resident.
2. NLHS shall establish a process to confirm advanced foot care providers meet all requirements to practice.

3. Referrals for advanced foot care assessments may be received from any source including the resident, family, staff of the home, physician, or nurse practitioner.
4. The NLHS clinical assessor shall document in the approved documentation system the verification of the resident's eligibility for advanced foot care.
5. NLHS shall assess a resident's clinical need and financial eligibility for advanced foot care service. If the resident is approved for subsidized advanced foot care, NLHS shall advise the resident they will be responsible to select the foot care provider from the approved list of providers.
6. The service provider shall assist residents in accessing advanced foot care services and making appointments where residents require assistance.
7. NLHS shall issue a service authorization to the approved advanced foot care provider prior to commencement of service and pay invoices in accordance with maximum allowable sessions per annum.
8. NLHS shall reassess continued need for advanced foot care service on an annual basis or as circumstances change for the resident.

References/Forms:

- [Form PCH-13 Support Plan](#)
- Rates and Allowances ([Appendix 14](#))
- Newfoundland and Labrador College of Nurses (n.d.). [Advanced footcare.](#)
- IPAC Canada. (2019). [Practice recommendations for infection prevention and control related to foot care in healthcare settings.](#)
- IPAC Canada. (2023). [Position statement: Reprocessing of critical foot care devices in healthcare settings.](#)
- [Income Based Financial Assessment Policy for Long Term Care & Community Support Services](#)

RESIDENT SERVICES: BEHAVIOUR MANAGEMENT SERVICES

Standard No.:	PCH-E-12
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Support Planning; Clinical Assessment; Situational Management
Legislative References:	

Policy Statement

Ensuring residents of homes who display behaviours of risk can access support from the Community Behaviour Services Program provides the opportunity to improve quality of life and safety, reduces risk of placement disruption for the resident, and supports the health and safety of staff.

Standards

1. NLHS shall provide information to service providers, residents and families regarding behaviour management services.
2. The service provider shall ensure that home staff receive information on behaviour management services including eligibility and the process for making a referral.
3. Where a resident is displaying behaviours of risk, the service provider shall complete a risk assessment and implement safe work practices and controls to ensure workplace health and safety for all staff.
4. The service provider shall ensure the NLHS case manager is aware of any significant behaviour symptoms a resident is exhibiting.
5. NLHS staff shall make the referral to the behaviour management specialist (BMS) with the documented consent of the resident.
6. The BMS will work with the resident, the service provider, and other members of the support team, to develop and implement a plan to support behaviour needs.

7. NLHS shall ensure that a resident's Support Plan is updated to reflect the referral to BMS and the outcomes of service provision from BMS.
8. The service provider will ensure staff work with the resident, BMS, and case manager to implement recommendations provided by the BMS.

Procedures

1. NLHS shall provide information explaining behaviour management services to case managers and service providers.
2. The case manager will discuss behavioural support services with the resident and/or SDM, obtain consent, and make the referral for the service.
3. The BMS will complete an eligibility/priority assessment within five business days following receipt of a referral.
4. NLHS will ensure:
 - a. priority is given to residents displaying the most significant behaviours where there is risk of placement disruption, and to residents who have cognitive and/or mental health issues that impact their ability to manage their own behaviour;
 - b. the BMS will visit the home on an agreed upon schedule; and,
 - c. the BMS will complete a functional behaviour assessment through the following:
 - i. review of documentation;
 - ii. interviews with the resident, family, and staff members;
 - iii. observations of the resident/staff/family members as appropriate; and,
 - iv. performing standardized assessments, as required.
5. The BMS shall make recommendations based on the functional behaviour assessment that may include, but not limited to:
 - a. adjusting environments (including the interpersonal environment);
 - b. communication strategies;
 - c. providing residents with as many choices as appropriate;
 - d. providing residents with opportunities to engage in as many positive activities as possible;
 - e. teaching replacement behaviours; and,

- f. educating staff of the home and assisting with development of safe work practices to prevent harm or injury to staff while respecting the needs of the resident.
- 6. The service provider shall:
 - a. support the BMS to visit the home at agreed upon times;
 - b. ensure data is collected and information is communicated to the BMS as required for the functional analysis;
 - c. ensure BMS recommendations in the Support Plan are communicated to staff;
 - d. ensure staff implement the recommendations consistently;
 - e. communicate to the BMS and case manager any difficulty with understanding/implementing the recommendations; and,
 - f. provide information to the BMS about the outcome of recommendations and resident status (usually a combination of verbal and written communication).
- 7. NLHS shall communicate to the service provider that behavioural support services are temporary in nature and the service will be considered complete:
 - a. when recommendations have been made and communicated to the support team and there has been time for follow-up, usually 30 days (under special circumstances this period may be extended);
 - b. when the resident and/or staff demonstrate the ability to manage the behaviour and/or the behaviour no longer poses risk to the resident or others in the environment; or,
 - c. upon the recommendation of the BMS with approval of their program manager due to non-participation of the resident's support team.
- 8. The BMS will document reasons for closure and communicate these to the resident, the service provider and the case manager.

References/Forms

RESIDENT SERVICES: MEDICATION ADMINISTRATION

Standard No.:	PCH-E-13
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Record Keeping; Risk Management; Support Planning; Authorization of Nursing Task
Legislative References:	Occupational Health and Safety Act and Regulations ; Pharmacy Act, 2024

Policy Statement

Residents receive prescribed treatments and medications in accordance with their primary care provider's orders, and their treatments and medications are correctly administered and documented.

Standards

1. The service provider shall ensure that staff administering medications receive orientation and education on medication administration as outlined in the Procedures below and the Medication Administration Training Manual ([Appendix 13](#)), immediately upon hire and every three months thereafter.
2. The service provider shall ensure that medications are administered, stored and disposed of appropriately.
3. The service provider shall ensure that residents who have capacity to self-administer their medications are permitted to do so.
4. The service provider shall ensure that all residents have an up-to-date list of all medications on file at the home.
5. The service provider shall report all issues or concerns related to medication security, records, storage and/or administration to NLHS and the pharmacist.
6. The service provider shall ensure there is a plan in place that complies with this Standard to meet resident's pharmaceutical needs in the event the primary

pharmacy is unable to provide service, as per the Emergency Preparedness Plan ([Appendix 7](#)).

7. The service provider shall cooperate with any monitoring body with authority to complete audits related to medication administration or storage.
8. The service provider shall make staff available for medication administration audits, as requested by NLHS.
9. NLHS shall complete quarterly medication audits using the Medication Audit (Form PCH-28) and provide a copy to the service provider. NLHS shall complete announced and unannounced visits and directly monitor staff completing medication administration.

Procedures

Medication Security

1. All resident medications and Medication Administration Records (MARs) shall be stored in a locked area and only accessible by authorized staff.
2. Medication carts shall be locked when unattended by authorized staff.
3. Medications requiring refrigeration shall be locked or stored in a locked refrigerated area.
4. The service provider shall ensure that residents who have the ability to self-administer their medications are permitted to do so and the following shall apply:
 - a. residents shall be provided with a locked area to store medication(s), including those medications requiring refrigeration;
 - b. where a resident does not have access to a refrigerated space in their own room, medications that require refrigeration can be securely stored in a designated refrigerated storage area and the resident can ask staff to obtain;
 - c. residents may store medications on their person (i.e. pocket, handbag, etc.) upon the resident's request providing the medications remain in the resident's possession at all times;
 - d. the service provider shall assign a staff person to conduct and document routine checks monthly to ensure medications for self-administration are stored appropriately. If at any time, the service provider or staff identify

concerns with a resident's ability to securely store their medication, the service provider shall ensure staff complete daily checks and document on the resident's file. If the resident does not adhere to the guidelines for self-administration, then the resident shall not be permitted to continue with self-administration; and,

- e. when the service provider is in doubt of a resident's ability to self-administer their medications, the service provider shall administer all medications until written verification by the prescriber of the resident's ability to self-administer is on the resident's file.
5. The service provider shall ensure the confidential holding and secure disposal of resident medication labels and containers.
6. Any loss or discrepancy in the count of narcotics, controlled drugs and benzodiazepines shall be documented on an Incident Report and immediately reported to the service provider, NLHS and pharmacist for appropriate investigation and action.

Medication Storage

7. Medications are to remain in their original container as supplied by the pharmacy with the labels unaltered.
8. Medication expiry dates are checked minimally every three months by staff, or more frequently if medication has a shorter expiration period.
9. When medications are discontinued, the resident dies or the expiry date of the medication is exceeded, medications are to be securely stored in a location other than the medication cart until returned to the pharmacy in the original container at the next available opportunity or no longer than 14 days.
10. The service provider shall ensure that medications are stored properly:
- a. medications requiring refrigeration that are administered by staff at the home are stored in a refrigerator equipped with a thermometer that is designated solely for the storage of resident medications, fridge temperatures are recorded and documented daily;
 - b. if in doubt, staff shall contact pharmacy regarding appropriate temperature monitoring and follow recommendations as directed by the pharmacist;
 - c. oral medications are stored separately from non-ingestible medications;

- d. 'as needed' medications are stored separate from medications administered at set times; and,
 - e. medications are stored in a sanitary manner (i.e. in original container and/or individual sanitary bag, etc.).
11. Multi-dose vials (i.e. insulin, ophthalmic drops, ear drops, topical preparations, etc.) shall be dated when first opened and discarded as per manufacturer guidelines or as directed by the pharmacist.
12. The service provider shall ensure medication storage and medication safety audits are completed by a pharmacist providing service to the home a minimum of every six months and maintain a record of audit results.

Medication Records

13. Upon admission, the resident is interviewed regarding all medications that the resident is taking, and a drug profile is developed in consultation with a pharmacist:
- a. wherever possible, the resident shall provide the service provider with a medication profile or MAR from the current pharmacy prior to admission to the home;
 - b. where applicable, the resident's new pharmacy shall contact the current pharmacy to request the resident's drug profile be sent to the new pharmacy prior to admission to the home; and,
 - c. when a resident moves to another home or care setting, the service provider shall ensure that all unused medications are sent with the resident. The service provider shall obtain written confirmation that the medications have been taken by the resident or have been received by the service provider of the new care option. A copy of the resident's MAR or medication profile shall accompany the resident to the new service option.
14. All residents must have an up-to-date drug profile on file at the home regardless of if staff are administering the medications or if the resident is self-administering their medications. This shall be achieved by either:
- a. obtaining a monthly MAR; or,
 - b. obtaining a medication profile from the pharmacy minimally every three months or when changes occur for residents who self-administer their medications; and

- c. the service provider shall discuss with the resident the importance of having a record of all medications, including those that are being self-administered.
15. Medication administration is recorded on the MAR as provided by the pharmacy and allergies/medical conditions shall be recorded on the MAR by the pharmacy. The service provider shall notify the pharmacy of any new allergies/medical conditions for a resident that they are aware of by completing an updated Release of Information to Pharmacist Form. The MAR becomes a permanent part of the resident record.
16. Pharmaceutical information regarding resident medications is obtained through the dispensing pharmacist, stored at the home, and made available to staff.
17. Narcotics, controlled drugs and benzodiazepines shall be identified on the resident's MAR sheet by the pharmacy.
18. Each time a narcotic, controlled drug, or benzodiazepine is dispensed to a resident, the pharmacy shall provide a Narcotic, Controlled Drug and Benzodiazepine Record for the homes inventory control purposes.
19. The service provider shall obtain a receipt/record for all medications delivered to the home by the pharmacy and for medications picked up at the pharmacy by the service provider.
20. The service provider shall seek a receipt/record for all medications returned to the pharmacy.
21. The service provider shall receive resident MAR sheets from the pharmacy a minimum of four (4) days prior to their suggested use date for review. Any requested changes shall be submitted by the service provider to the pharmacy within 24 hours prior to the suggested use date of the MAR to allow the pharmacy time to make any necessary corrections.
22. The service provider shall assign a staff person to compare new MARs against current MARs to ensure they reflect recent additions and discontinuations.

23. If staff notice an error on the MAR, the service provider must notify the pharmacy and request an updated MAR immediately. The service provider or staff shall not correct the error by handwriting changes.
24. Changes to medication orders (i.e. dose change, discontinuation, etc.) are communicated to the pharmacy by an authorized prescriber. The pharmacist shall re-label an existing supply or fill a new prescription with the updated directions. A MAR label or new MAR sheet containing the medication change is provided to the home by the pharmacy:
- a. in extenuating circumstances, such as a resident discharge from emergency room after hours, the primary pharmacy is unable to provide service, or if delayed action may result in resident harm or death, the service provider shall:
 - i. receive written notification from a prescriber for an addition, change or discontinuation in a resident's medication regime;
 - ii. transcribe the medication order, in full, on the resident's MAR;
 - iii. ensure a copy of the notification/prescription is placed on the resident's file at the home and provided to the pharmacy upon reopening; and,
 - iv. ensure that an updated MAR indicating the change in medication regime is received from the pharmacy as soon as possible.
 - b. the service provider or service provider staff shall not accept verbal medication orders unless it is an urgent or emergent situation and it is in the service provider's or service provider staff's scope of practice, in accordance with their professional organization.
25. Discontinued and/or short term medications shall be removed from the resident's MAR at next available opportunity or no longer than 31 days.

Medication Administration

26. The service provider shall ensure that staff administering medications have the ability to read and understand resident MAR sheets and medication administration policies and procedures.
27. The service provider shall ensure that staff administering medications receive orientation and education on medication administration utilizing procedures listed in this document and the Medication Administration Training Manual upon hire and every three months thereafter and shall be recorded on the staff file.

28. The service provider shall contact the pharmacy when there is a need for education in-services in relation to medication security, storage, records and/or administration.
29. All medications (prescription and non-prescription) managed by the service provider shall be prescribed by a health professional with prescribing authority and dispensed by a pharmacist or other authorized health professional. **Exception:** Naloxone hydrochloride injection or naloxone hydrochloride nasal spray may be administered without a prescription when indicated for emergency use for opioid overdose. Medications not dispensed by a pharmacist or other authorized health professional shall not be administered by staff.
30. Medications are administered by staff instructed in the proper procedure to administer. Staff shall complete the following procedures each time a medication is administered to a resident:
- perform hand hygiene before and after administering medications to each resident to reduce the risk of transmission of infections. An alcohol-based hand rub (70-90 per cent) or handwashing with soap and water is acceptable. Handwashing with soap and water is required when the hands are visibly soiled or there is suspected or confirmed *Clostridium Difficile* among a resident(s);
 - prepare, administer and document one residents' medications at a time;
 - medications are only to be administered and documented by the staff person who prepared them;
 - compare the medication label to the resident's MAR sheet before and after medication administration;
 - ensure the right resident receives the right medication, in the right amount, by the right route and that it is administered at the right time as prescribed. Staff shall not administer medications unless the route and site of administration is clearly documented on the resident's MAR, where applicable;
 - check the directions on the medication label carefully, paying particular attention to special instructions; if in doubt, contact the pharmacist for additional information;
 - check the expiration date of each medication to be administered, where provided and notify the pharmacist and the resident's prescriber if the medication has expired;

- h. verify the resident's identity prior to administration of a medication. The service provider shall ensure there is a process in place to verify a resident's identity (i.e. photo identification etc.);
- i. ensure that residents receive medications at the same time each day. Appropriate times for medication administration shall be discussed with the dispensing Pharmacist. All pharmacy generated MAR sheets shall have dosing times inserted for medications administered at set times;
- j. ensure the dosage, date and time of administration is recorded on the MAR sheet, Narcotic, Controlled Drug and Benzodiazepine Record and Diabetic Record, where applicable;
- k. ensure the dosage, date and time of administration is recorded on the MAR sheet as provided by the pharmacy for 'as needed' medications. Pharmacy-generated MAR sheets shall not have dosing times inserted for 'as needed' medications;
- l. not administer 'as needed' medications unless the reason for the medication is documented on the resident's MAR sheet;
- m. ensure the minimum time between doses of 'as needed' medications are followed, as written on the resident's MAR sheet by the pharmacy, where applicable;
- n. observe the resident to ensure the medication is ingested and swallowed;
- o. document the date, time and initials on transdermal patches prior to application on a resident;
- p. observe the resident for allergic reactions and side effects as instructed by the pharmacist and report all allergic reactions and side effects immediately to the pharmacist during working hours. Staff shall also report allergic reactions and side effects to the service provider and document on the resident's file. Where applicable, staff shall contact medical personnel immediately which may include the NL HealthLine (811), or local emergency department;
- q. document if the resident refuses to take a regularly scheduled medication on the MAR sheet and on an Incident Report. Staff shall notify the service provider immediately. The resident's prescriber shall be notified of any refusal to take medications in a timely manner;
- r. document using the appropriate code from the legend on the resident's MAR sheet where applicable, for example, if medication(s) is missed, taken in error, refused, or if the resident is absent from the home;

- s. document the receipt or return of narcotics, controlled drugs and benzodiazepines on the Narcotic, Controlled Drug and Benzodiazepine Record;
 - t. complete counts of narcotics, controlled drugs and benzodiazepines at every shift change (two staff must be present; one staff going off shift and one staff coming on shift) and document on the Narcotic, Controlled Drug and Benzodiazepine Record. Both staff must sign the form;
 - u. sign the MAR for medications administered. Do not sign the MAR on behalf of other staff;
 - v. where a medication administration error occurs, staff must:
 - i. seek medical attention, as needed (for example, primary care provider, 811, 911, emergency department, pharmacist, etc.);
 - ii. notify the service provider immediately;
 - iii. complete an Incident Report and document in the resident's file as soon as possible; and,
 - iv. the service provider shall notify the resident, prescriber/primary care provider, and where applicable the pharmacist and NLHS as soon as possible;
 - w. report all issues of concern to the service provider, the pharmacist, the prescriber and NLHS.
31. If a resident is prescribed Opioid Agonist Treatment (e.g., methadone, sublingual buprenorphine-naloxone, extended-release buprenorphine injection or slow-release oral morphine), the service provider shall engage with the pharmacist, the prescriber and NLHS to coordinate administration in accordance with the Newfoundland and Labrador Pharmacy Board Standards of Practice: Provision of Treatment for Opioid Use Disorder (2024).
32. The service provider shall ensure that all hazardous medications are administered under the Occupational Health and Safety guidelines for safe handling.
- a. it is the responsibility of the service provider to ensure staff are provided with necessary personal protective equipment; and,
 - b. hazardous medications shall be identified on the resident's MAR sheet by the pharmacy.
29. Staff shall ensure the integrity of a resident's medication is not compromised, for example medication being displaced onto an unsanitary surface, dropped on the floor or in the event of cross contamination with another substance, for example

dropped in water or tea, staff shall discard the medication and shall notify the pharmacist immediately. Staff shall document on an Incident Report and notify the service provider immediately.

References/Forms

- [Form PCH-28 Medication Audit](#)
- [Form PCH-29 Diabetic Record](#)
- [Appendix 13- Medication Administration Training](#)
- Newfoundland and Labrador Pharmacy Board. Standards of Practice: [The Provision of Pharmaceutical Care to Personal Care Homes, 2025](#).
- Newfoundland and Labrador Pharmacy Board. Standards of Practice: [Provision of Treatment for Opioid Use Disorder, 2024](#).

RESIDENT SERVICES: MEDICAL CANNABIS

Standard No.:	PCH-E-14
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Support Planning; Medication Administration
Legislative References:	Smoke Free Environment Act, 2005 ; Cannabis Act (Canada) ; Controlled Drugs and Substances Act (Canada)

Policy Statement

Residents receive medical cannabis if it is prescribed by an authorized licensed practitioner, in accordance with their individualized care plan, and provided by a Health Canada-approved licensed producer.

Standard

1. The resident must provide proof of authorization for cannabis use for medical purposes under Health Canada's [Cannabis Act](#) and Regulations.
2. The service provider shall ensure residents in receipt of medical cannabis comply with procedures for the handling, storage and administration of medical cannabis.
3. The service provider shall ensure that the resident's record documents the use of medical cannabis.
4. The service provider staff shall not handle, store, assist with, or document the administration of medical cannabis.
5. Any suspected illegal activity related to medical cannabis will be reported to the prescriber, and the local police within 24 hours of becoming aware.
6. A Loss or Theft Report Form must be completed and submitted to Health Canada within 72 hours of discovering any loss or theft of cannabis. Losses resulting from incidents that make the product unusable (e.g., spillage, breakage in transit,

breakage on site) do not require reporting to Health Canada but must be documented in an Incident Report.

Procedures

1. The service provider shall ensure the resident provides a copy of the medical document authorizing the use of cannabis for medical purposes, or a registration certificate/document issued by a Health Canada approved licensed producer. The service provider shall ensure a copy of the authorization is stored in the resident's file. The submitted document must include the following details:
 - a. resident's full name
 - b. prescriber's name
 - c. name of the licensed producer
 - d. daily authorized quantity (in grams)
 - e. period of use and/ or expiry date of registration
2. The resident is responsible for managing their own medical supply of cannabis by obtaining it from a Health Canada approved licensed producer when needed.
3. The resident shall possess the ability to self-administer medical cannabis in accordance with the Medication Administration Standard at prescribed doses and times:
 - a. when the service provider is in doubt of a resident's ability to self-administer medical cannabis, the resident provides written verification from their prescriber of their ability to self-administer medical cannabis; and,
 - b. if the resident is unable to continue with self-administration of medical cannabis, a family member and/or alternate may assist with handling and administering the medical cannabis while in the presence of the resident. If this is not possible, the resident shall speak with their prescriber regarding alternative therapies. The prescriber can decide whether to hold self-administration of medical cannabis.
4. The resident shall ensure medical cannabis is kept in their possession and stored in a secured storage container in their room provided by the service provider.
5. All medical cannabis must remain in its original container and include the original label from the licensed producer.

6. The service provider shall advise the resident that lack of adherence to the guidelines for storage of medical cannabis, may impact a resident's ability to continue to possess medicinal cannabis at the home.
7. Medical cannabis cannot be smoked or vaporized inside or outside the home in areas that are not designated for smoking.
8. Consumable forms of medical cannabis must be prepared and consumed inside the resident's room and not in a shared area of the home.
9. Staff at the home shall not provide information on how to prepare or consume medical cannabis and shall direct the resident to follow-up with the licensed prescriber.
10. Information regarding the use of medical cannabis is included in the Home's Admission Agreement and reviewed during the admission process.

References/Forms

- [Form PCH-13 Support Plan](#)
- [Medical Document Supporting the Use of Cannabis for Medical Purposes Under the Cannabis Regulations, Health Canada](#)
- [Reporting loss or theft of controlled substance or precursors, Government of Canada](#)

RESIDENT SERVICES: NUTRITION AND FOOD SERVICE

Standard No.:	PCH-E-15
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Risk Management; Environmental Health; Clinical Assessment; Support Planning
Legislative References:	Personal Care Home Regulations ; Food Premises Act and Regulations

Policy Statement

A quality food service program helps ensure residents are provided nutritious food that accommodates special diets, food texture modifications and preferences, and is prepared and served in a safe, clean and social environment.

Standards

1. The service provider shall ensure meals are served in a dining area that contains furnishings and equipment suitable for the population being served, providing adequate space for residents, and ensure a safe, supervised meal service, allowing ample time for residents to socialize and consume meals in a comfortable environment.
2. The service provider shall ensure that the home serves meals and snacks in compliance with accepted national and provincial standards and Canada's Food Guide ensuring availability, quality and quantity.
3. The service provider shall submit at a minimum a 21 day cycle menu to the NLHS dietitian, at least annually or as requested for approval prior to posting and implementation. The NLHS dietitian may make recommendations to the service provider for menu changes. The service provider shall incorporate recommendations from the NLHS dietitian into the menu.
4. The service provider shall consult residents and families to identify food allergies and ensure this is incorporated into the resident's Support Plan.

5. The service provider shall ensure the food prepared and served is appropriate to individual and collective residents' needs and shall accommodate special diets as outlined in a resident's Support Plan.
6. The service provider shall notify the NLHS dietitian of any concerns related to a resident's diet, nutritional status or ability to eat or swallow.
7. NLHS shall monitor nutrition and food services in personal care homes at least annually, or more frequently if concerns are identified. Monitoring activities shall include review of menu planning and resident nutritional care.

Procedures

1. The service provider shall ensure residents are supervised during meal service, specifically ensuring that:
 - a. residents receive assistance, if required, to eat and drink as safely, comfortably and independently as possible, including assistance with any eating aids or devices and any necessary encouragement;
 - b. residents who require support during serving of meals and snacks are supervised as per the resident's Support Plan;
 - c. residents who are unable to eat in the dining room are served in their room or another area as deemed appropriate and are checked on by staff during the meal; and,
 - d. the NLHS dietitian and Government Services are consulted if a home with greater than 20 residents wish to offer two meal sittings. Where two meals sittings are offered, residents have choice of meal sitting within available space.
2. The service provider shall ensure that:
 - a. three meals and not less than two snacks are served daily, and meals are served at least four hours and no more than six hours apart;
 - b. menus include fresh seasonal foods along with a variety of fresh fruits and vegetables;
 - c. menus must vary daily and provide a variety of foods in accordance with Canada's Food Guide;
 - d. snacks are readily available to residents; and,
 - e. staff assist residents unable to independently access snacks and beverages between meals.

3. The service provider shall ensure that an approved menu is posted and followed at all times and that:
 - a. recommended changes made by the dietitian are incorporated in the menu prior to posting and implementation;
 - b. appropriate alternative entrée choices are available at each meal;
 - c. a record is created of all meal substitutions made to the menu and that the record is maintained for at least three (3) months;
 - d. the full day's menu must be posted for residents (and families) to view;
 - e. a minimum of a three-day food supply is on hand in accordance with the cycle menu;
 - f. residents and families are provided the opportunity to have input into the menu planning through food satisfaction surveys, suggestion boxes and/or resident/family council; and,
 - g. information shared by NLHS through in-service events is communicated to staff involved in food services.
4. The service provider shall ensure that particular care is taken when residents have food allergies including:
 - a. food allergies are identified upon admission and documented in resident's Support Plan;
 - b. food allergies must be clearly documented and posted in the food service area identifying the resident and the food allergy; and,
 - c. a general notification (without identifying the resident with the allergy) to alert visitors and families of a food allergy must be posted at all entrances and in highly visible areas throughout the home.
5. The service provider shall ensure that any special dietary requirements (special diets, food preferences) are communicated, documented in a resident's Support Plan and updated as required.
 - a. specific nutritional needs are documented in a resident's Support Plan and communicated to all staff, including food service staff;
 - b. food service staff assisting with resident meals must be aware of the resident's special dietary needs and food preferences;
 - c. modified texture and consistency of meals (e.g. puree, minced, thickened fluids) is provided as required for the resident;
 - d. foods required for specific diets/disease (e.g. gluten free, diabetic) are provided by the service provider; and,

- e. nutritional supplements (e.g. Boost or Ensure) as identified by the NLHS dietitian in a resident's Support Plan, are provided by the service provider.
6. The service provider shall measure a resident's weight:
- a. upon admission and at least quarterly or more frequently as determined by the primary care provider or NLHS dietitian based on the resident's assessed clinical needs; and,
 - b. the service provider shall document resident's weights in the Resident Weight Documentation Form and include in the resident's record, which is available to NLHS upon request.
7. The service provider and/or case manager shall refer residents with any nutritional issues/concerns to the NLHS dietitian, using the Dietitian Referral Form (Form 32). Reasons for referral may include, but are not limited to, the following:
- a. enteral feeding (tube feeding);
 - b. swallowing, chewing and/or feeding problems;
 - c. impaired skin integrity/ulcers;
 - d. uncontrolled diabetes/hypoglycemic episodes;
 - e. weight loss; and,
 - f. difficulty managing special diets.
8. Where the service provider sends the Dietitian Referral Form, a copy of the form shall be retained on the residents record.
9. The NLHS dietitian is responsible for monitoring the weight of residents who have been referred to them because of weight loss or for other clinical reasons where weight is an important clinical indicator of possible nutrition status.
10. All residents who are receiving nutritional supplements prescribed by the primary care provider or the NLHS dietitian shall be regularly monitored by an NLHS dietitian to ensure that the resident continues to require the nutritional supplement.
11. NLHS shall monitor nutrition and food services in personal care homes through the following activities:
- a. complete food inventory audits to assess food availability, quality, and quantity, using the Food Inventory Form.
 - b. review the menu for adequacy and alignment with nutritional standards using the Menu Assessment Form.

- c. assess compliance with nutrition and food service standards using the Registered Dietitian Visit Report Form.

References/Forms

- [Form PCH-13 Support Plan](#)
- [Form PCH-30 Food Inventory Form](#)
- [Form PCH-31 Menu Assessment Form](#)
- [Form PCH-32 Registered Dietitian Referral Form](#)
- [Form PCH-33 Resident Weight Record](#)
- [Form PCH-34 Registered Dietitian Visit Report Form](#)
- [Canada's Food Guide](#)
- Dietitians of Canada. (2019). [Best practices for nutrition, food service and dining in long-term care homes: A working paper of the Ontario LTC Action Group.](#)

RESIDENT SERVICES: SOCIAL ACTIVITIES AND RECREATION

Standard No.:	PCH-E-16
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Support Planning
Legislative References:	

Policy Statement

Residents participate in social activities and recreation that enhance their quality of life.

Standards

1. The service provider shall ensure there are daily scheduled opportunities for recreation and social activities suitable for all residents.
2. The service provider shall ensure that residents and families have an opportunity to provide input on the development and scheduling of recreational and social activities.
3. The service provider shall ensure that activities match the resident's expectations, preferences, social and cultural needs.
4. The service provider shall ensure residents are assisted and supported to participate in activities that may be of interest if the resident is not able to do so independently.

Procedures

1. The service provider shall develop a recreation plan or calendar of activities that is posted in a location visible for residents, families and staff.
2. The service provider shall ensure that there is a variety of activities which provide social, mental and physical stimulation.

3. The service provider shall ensure that planned meaningful activities meet the needs of residents and include activities that individuals with limited mobility and cognitive impairment can participate in.
4. The service provider shall encourage and facilitate community linkages in development of social activities and recreation.
5. The service provider shall encourage and facilitate intergenerational programming in the development of social activities and recreation.
6. Where group activities are not accessible for some residents, efforts are made to deliver programming on an individual basis.
7. Where possible and appropriate, family and friends of residents are encouraged to participate in social and recreational events.
8. The service provider shall provide supplies required for general recreation activities, e.g. crafts, gardening, bingo, games, music and movies.

References/Forms

RESIDENT SERVICES: SITUATIONAL MANAGEMENT

Standard No.:	PCH-E-17
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Complaint and Incident Reporting and Investigation; Support Planning; Risk Management; Behaviour Management Services
Legislative References:	

Policy Statement

To ensure the safety of staff and residents in the event that a resident displays responsive behaviors that are aggressive in nature.

Standards

1. NLHS shall ensure that any risk associated with residents who display aggressive behavior is documented and mitigated.
2. The service provider shall ensure that staff providing care are aware of any potential risks and mitigation strategies outlined in the resident's Support Plan.
3. The service provider shall ensure that staff are aware of procedures outlined in the Emergency Preparedness Plan.
4. In the event that a resident displays aggressive behavior that places the resident, staff or other residents at risk, staff shall call the police.
5. The service provider shall ensure that restraining devices are not used.

Procedures

1. The service provider shall ensure that staff respond appropriately in volatile or aggressive situations that they feel they cannot safely manage, including:
 - a. staff shall not engage the resident unless there has been an individualized program developed and staff are trained in de-escalation procedures linked

to the resident's behavior support needs as outlined in the resident's Support Plan;

- b. staff should call 911 or the local police department;
- c. staff should not attempt to stop a resident who is displaying very aggressive behaviour from leaving the home, but should note the direction the resident is travelling so police can be advised;
- d. if the safety of staff or other residents are not at risk, staff may follow the resident at a safe distance until police or other first responders are in attendance;
- e. staff shall notify NLHS; and,
- f. staff shall complete an Incident Report.

References/Forms

- [Form PCH-4 Template Incident Report](#)
- [Form PCH-13 Support Plan](#)
- Emergency Preparedness Plan Template ([Appendix 7](#))

RESIDENT SERVICES: APPOINTMENTS AND TRANSPORTATION

Standard No.:	PCH-E-18
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Medical Transportation Reimbursement; Insurance Requirements; Support Planning
Legislative References:	

Policy Statement

Residents are supported to make and attend appointments.

Standards

1. The service provider shall ensure that residents who require assistance are supported in making and attending appointments.
2. The service provider shall discuss with residents and families the importance of family involvement in health matters and the ability of families to escort residents to medical appointments.
3. The service provider shall assist in securing transportation for residents to attend medical appointments, where no other option is available.
4. The service provider shall ensure that vehicles used for transportation of residents are well maintained, including vehicles registered in the name of the home or staff.
5. The service provider shall have a policy on the use of vehicles for transportation of residents. The service provider shall ensure that appropriate insurance is in place for any vehicle used to transport residents.
6. NLHS shall verify that appropriate vehicle insurance is in place during annual monitoring reviews.
7. NLHS shall provide financial assistance for medical transportation to residents in receipt of a financial subsidy to enable residents to visit a doctor, medical clinic,

health professional or hospital nearer to their current community. In the event travel outside of a resident's home community is required due to lack of access to an appropriate health service, pre-approval must be obtained from NLHS. All out of region travel shall be pre-approved by NLHS.

8. NLHS shall approve an escort function for residents based on their assessed clinical need. Escorts may be approved as a one-time event or on a continuous basis.
9. For residents who require an escort, the service provider shall notify family members of appointment times to determine their ability to participate as an escort.
10. The service provider shall ensure that prior approval for a resident escort is obtained from NLHS prior to the service provider making a request for reimbursement for an escort function, as per the Medical Transportation Reimbursement Standard and Appendix 14.
11. The service provider shall ensure appropriate use of ambulance services when determining mode of medical transfer for residents.
12. NLHS shall ensure that reimbursement for medical transportation of subsidized residents is provided as per the Financial Requirements Standard.
13. NLHS shall assist residents who require extended medical treatment to find accommodations while receiving treatment.

Procedures

1. The service provider shall ensure that family members are aware of appointment times and are asked if they can assist residents who require help in attending medical appointments.
2. The service provider shall ensure that residents who require assistance receive assistance in attending medical appointments in accordance with this Standard and the Financial Requirements Standard.
3. If family members are not available, the service provider shall provide medical transportation or shall assist residents in securing transportation, for example by taxi, where appropriate.

4. Residents are suitable for ambulance transfer only when residents cannot sit or walk or during emergency situations requiring active treatment by emergency services personnel.
5. Where the service provider provided an escort for an emergency transfer, the service provider shall provide justification as most emergencies would require ambulance transfer, therefore would not be eligible for reimbursement of an escort function provided by the service provider. Emergency approval for an escort function is based on resident need and presenting medical condition/situation.
6. NLHS shall reimburse the resident's family or the service provider for medical transportation of subsidized residents according to the provincially approved rates ([Appendix 14](#)).
7. The service provider shall ensure:
 - a. that arrangements for medical appointments or procedures are made in advance where possible;
 - a. appointments should be coordinated to allow residents to share transportation where possible; and,
 - b. an escort accompanies the resident only if approved by NLHS.
8. The NLHS case manager shall forward the approval for an escort to financial services.
9. In circumstances where a resident requires extended medical treatment (several days or weeks) outside of their home region, NLHS shall explore, in consultation with the resident, the potential for subsidized residents to be placed in a home in another region. In such circumstances, the following shall apply:
 - a. the resident must agree to stay in another home;
 - b. consultation must occur between regions to facilitate a temporary transfer;
 - c. information about the resident, including the resident's Support Plan must be shared with the temporary home; and,
 - d. NLHS staff shall continue to consult to ensure resident transition plan includes a return to the permanent home or a discharge from the permanent home.

References/Forms

- Rates and Allowances ([Appendix 14](#))

RESIDENT SERVICES: END OF LIFE CARE

Standard No.:	PCH-E-19
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Infection Prevention and Control; Death of a Resident; Clinical Assessment; Support Planning
Legislative References:	Advance Health Care Directives Act

Policy Statement

Supporting residents during the end-of-life experience promotes resident quality of life and allows a resident to die in their home with dignity.

Standards

1. The service provider shall consult with NLHS and the resident's primary care provider regarding residents that may require end of life care.
2. NLHS and the service provider shall ensure residents are supported at end of life.
3. NLHS shall ensure that residents requiring end-of-life care access support and services in accordance with existing policies on provision of end-of-life supports and services.
4. NLHS and the service provider shall ensure that the resident's advance care plans are documented and supported.
5. The service provider shall support family visiting residents at end of life.

Procedures

1. NLHS shall assess residents referred for end of life support as per current policies and procedures outlined in the Community Support Program.
2. NLHS shall assess if staff of the home can safely provide support and services to residents at end of life.

3. NLHS shall provide equipment, medications and nursing support to residents at end-of-life as appropriate and in accordance with existing policies on provision of end-of-life support and services.
4. NLHS shall ensure that the resident's advance health care directive is reviewed and understood by the resident, service provider and staff.
5. NLHS shall ensure that the resident's religious and cultural wishes and practices related to end of life and dying are documented in the resident's Support Plan.
6. NLHS and/or the service provider shall assist residents in arranging spiritual and/or religious support.
7. Residents and families are informed about available counselling and bereavement support and NLHS and/or the service provider shall assist residents and families in accessing counselling or bereavement support if required.
8. The service provider shall ensure that staff are aware of the resident's wishes at end of life.
9. The service provider shall provide private space to support family visiting, to the greatest extent possible.
10. When a resident is in final stages of life, the service provider shall permit family visitation at any time, provided visitation does not significantly impact other residents of the home.
11. Where a home has visitor restrictions due to a communicable disease outbreak, visitation to residents at end of life shall occur. Families of residents at end of life may be asked to wear personal protective equipment. The service provider shall consult with NLHS in such circumstances.

References/Forms

RESIDENT SERVICES: MEDICAL ASSISTANCE IN DYING

Standard No.:	PCH-E-20
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Financial Administration
Legislative References:	<u>Bill C-7, An Act to amend the Criminal Code (medical assistance in dying)</u>

Policy Statement

Residents who wish to avail of medical assistance in dying are supported.

Standards

1. The service provider shall advise the most responsible primary care provider or NLHS staff if a resident has an inquiry or questions about options available related to Medical Assistance in Dying (MAiD).
2. NLHS staff who receive inquiries on MAiD will direct the resident to the most responsible practitioner or Regional MAiD Coordinator.
3. NLHS and the service provider shall collaborate to ensure that residents who wish to avail of MAiD are offered a private and comfortable space within the home at end of life, to the greatest extent possible within the operations of the home.
4. The privacy of residents who wish to avail of, or have availed of, MAiD is maintained during and after passing.
5. The service provider shall support staff of the home who may have an ethical dilemma with MAiD.
6. NLHS shall offer bereavement support to a resident's family, if requested.

Procedures - N/A

References/Forms

RESIDENT SERVICES: ABSENCE, TRANSFER OR DISCHARGE OF A RESIDENT

Standard No.:	PCH-E-21
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Risk Management; Closure or Sale of Home; Clinical Assessment; Eligibility; Transition Planning; Eviction of a Resident
Legislative References:	

Policy Statement

Processes to communicate the absence of residents from the home provide a mechanism to account for the whereabouts of residents. Residents have the choice to leave a home and move to another home or alternative residential option. Residents are supported to find alternative living arrangements and are assisted with their move.

Standards

Absence

1. The service provider shall have a process in place for communication among staff when residents are temporarily absent from the home.
2. The service provider shall ensure staff are aware of the policies and procedures related to absence of residents.
3. The service provider shall enact the Missing Resident protocol of the Emergency Preparedness Plan ([Appendix 7](#)) in the event of a suspicious absence or an unplanned absence.
4. The service provider shall notify NLHS immediately when a resident is hospitalized or in the event of a suspicious or unplanned absence.
5. The service provider shall notify NLHS when a resident, in receipt of a financial subsidy, will be absent from the home 30 days or longer.

6. The service provider shall hold a resident's room during periods of resident absence from the home for 30 days, unless there are extenuating circumstances, which must be discussed with NLHS.

Transfer/Discharge

7. The resident and/or the service provider shall advise NLHS of a request for transfer or discharge from the home to another service option.
8. NLHS shall complete a clinical assessment, where required, to determine eligibility for the alternative service option.
9. NLHS Financial Services shall be advised of changes in services to ensure subsidy payment information is updated.
10. The service provider and NLHS shall assist a resident in the transfer or discharge process.

Procedures

Absence

1. The service provider shall ensure that staff maintain a daily record of residents entering and leaving the home, as required under the Risk Management Standard.
2. The service provider shall have a process in place to ensure the safety of residents with cognitive impairment when leaving the home. This may include:
 - a. asking a resident to sign a temporary leave of absence form;
 - b. preparing a list of individuals approved by a SDM for escorting residents out of the home;
 - c. notifying and seeking approval from a SDM if someone other than approved individuals attempt to take residents with cognitive impairment out of the home; and,
 - d. notifying staff and residents of the process for providing medications for residents who are planning to be absent from the home.
3. In the event of a prolonged absence (greater than 30 days) of a resident in receipt of a financial subsidy, NLHS shall:
 - a. discuss with the resident the reason for the prolonged absence;
 - b. determine whether the resident meets eligibility requirements;
 - c. discuss the possibility of discharge from the Personal Care Home Program and referral to other supportive services, if appropriate; and,

- d. make a determination regarding the continuation of subsidy payments.
- 4. For short-term absence (30 days or less) from the home, NLHS shall continue subsidy payments until a resident is discharged from the home.
- 5. The resident and the service provider shall advise NLHS of longer-term absences from the home. In extenuating circumstances, NLHS may allow an exception to continue subsidy payments.
- 6. NLHS shall advise service providers of the process for after-hours notification.

Transfer/Discharge

- 7. The service provider shall notify NLHS if a resident requests a transfer or discharge.
- 8. NLHS shall carry out procedures as outlined in Closure or Sale of a Home Standard to assist a resident to secure an alternative residential option.
- 9. The service provider shall complete a Transfer Summary to accompany a resident transferring from a home to another residential service option. The service provider shall document all personal items for transfer and ask resident or family to review and acknowledge (by signing) that all personal items are accounted for.
- 10. The service provider shall transfer all resident records, personal belongings, money, MCP card, drug card and all remaining drugs and resident specific equipment to the new residential service option. The service provider should retain documentation that resident belongings have been received.
- 11. The service provider shall advise NLHS of resident transfer date and document movement to and from the home monthly.
- 12. When the care needs of a resident increase such that the home can no longer meet the care requirements of the resident:
 - a. the service provider shall notify NLHS;
 - b. NLHS shall complete a clinical assessment to determine service requirements. Residents assessed as requiring a level of care exceeding the capacity of the home will be placed on a waitlist for an alternative residential option;

- c. the service provider shall continue to provide care and accommodation until an alternative residential placement is secured; and,
- d. NLHS shall collaborate with the service provider to ensure appropriate services are delivered until alternative placement is available.

References/Forms

- [Form PCH-9 Resident Transition Plan](#)
- [Form PCH-10 Template Transfer Summary](#)
- [Form PCH-15 Service Activity Report](#)

RESIDENT SERVICES: EVICTION OF A RESIDENT

Standard No.:	PCH-E-22
Effective Date:	February 1, 2020
Date Revised:	October 1, 2026
Policy Cross References:	Closure or Sale of Home; Resident Rights and Responsibilities; Support Planning; Behaviour Management Services; Situational Management; Risk Management

Legislative References:

Policy Statement

Residents at risk of eviction from the home are provided sufficient notice. Residents are supported to find alternative living arrangements and are assisted with their move.

Standards

1. The service provider may evict a resident when:
 - a. it has been demonstrated that the resident is not abiding by policies and procedures of the home that threaten the safety or significantly impact the quality of life of residents or staff;
 - b. the provision of services to the resident would cause the service provider to breach legal responsibilities relating to the health and safety of staff; or,
 - c. the resident has failed to pay their financial contribution for 30 days or more.
2. The service provider shall collaborate with a resident and NLHS to attempt to resolve any concerns prior to issuance of an eviction notice.
3. The service provider shall provide 30 days' written notice of eviction to a resident and shall advise NLHS of issuance of the eviction notice. If the resident fails to remedy the cause for eviction within a reasonable time after the notice has been given, the service provider may evict the resident.
4. Upon the issuance of an eviction notice, the service provider shall:

- a. cooperate with NLHS in alternative service delivery planning for the resident;
 - b. cooperate in development of a Resident Transition Plan;
 - c. complete a Transfer Summary; and,
 - d. assist the resident during the moving process, including but not limited to:
 - i. helping the resident to pack;
 - ii. assisting with transportation and providing an escort, if required (where a cost is incurred for transportation, the service provider shall consult NLHS); and,
 - iii. ensuring all resident belongings are transferred with the resident.
5. NLHS shall assist displaced residents find an alternative residential option, and shall:
 - a. meet with the affected resident and family, if appropriate;
 - b. explain alternative options available to the resident;
 - c. update the resident's clinical assessment, if required
 - d. develop the Resident Transition Plan;
 - e. facilitate access to an alternative residential option; and,
 - f. update the resident's Support Plan, as required.
6. Where NLHS determines it is safe to do so, the service provider shall continue to provide care and accommodations to residents assessed as requiring a level of care exceeding the capacity of the home while the resident waits for an alternative residential option.
7. In circumstances where a resident's care needs escalate beyond the home's capacity and pose an immediate risk to the resident or others, the situation shall be considered a placement breakdown. In such cases:
 - a. the service provider shall immediately notify NLHS;
 - b. NLHS shall complete a clinical assessment to determine the resident's current care needs and identify appropriate alternative placement options; and,
 - c. the service provider and NLHS shall collaborate with the resident and family to facilitate the residents transfer to an appropriate care setting.
8. NLHS shall report resident evictions and placement breakdowns to the Department of Health and Community Services monthly.

Procedures

1. The service provider shall provide information to residents and families upon admission and as required, about the resident's responsibilities and the potential consequences if the resident does not follow the policies and procedures of the home.
2. Prior to the issuance of an eviction notice the service provider shall:
 - a. take all reasonable steps to avoid an eviction including but not limited to:
 - i. meet with the resident to discuss concerns and any necessary corrective action to be taken;
 - ii. explore the possibility of room changes or staff assignment changes; and,
 - iii. consult the NLHS case manager to identify possible solutions for resolution;
 - b. provide written notification to residents that an eviction may occur if corrective action is not taken; and,
 - c. provide documented evidence to NLHS of the service provider's steps to avoid an eviction.
3. The service provider shall provide 30 days written notice of eviction and shall provide justification for the eviction in writing.
4. Where the eviction notice has been issued due to non-payment of the financial contribution, NLHS shall advise the resident that subsidy payments will not continue to another service provider until outstanding debt has been reconciled.
5. Under extreme circumstances, and after consultation with NLHS, the service provider may evict a resident without prior advance warning, if the behaviour of the resident poses a serious and immediate threat to other residents or staff of the home.
6. When an eviction notice is issued without warning the service provider shall:
 - a. notify NLHS as soon as possible after issuing the eviction notice;
 - b. file an Incident Report;
 - c. prepare a Transfer Summary; and,
 - d. assist the resident in the transfer process (as above).

7. The service provider shall collaborate with NLHS in transition planning to support smooth transition of the resident to an alternative residential arrangement.
8. The service provider shall complete a Transfer Summary, to accompany a resident transferring from a home. The service provider shall ensure that residents who are evicted are provided with all personal belongings, money, all remaining medications and resident equipment. The service provider shall document all personal items for transfer and ask the resident or family to review and acknowledge (by signing) that all personal items are accounted for.
9. When the care needs of a resident increase such that the home care no longer meet the care requirements of the resident, the service provider shall notify NLHS and NLHS shall collaborate with the service provider, resident and their family to:
 - a. complete a clinical assessment to determine service requirements;
 - b. identify alternative service options which may include placement on a waitlist; and,
 - c. ensure appropriate services are delivered until alternative placement is available.
10. The service provider shall continue to provide care and accommodation until an alternative residential placement is secured.
11. The service provider shall advise NLHS of resident eviction date and document on the Service Activity Report.
12. The NLHS case manager shall notify the financial division of the effective date of eviction and withdrawal of services.
13. NLHS shall send a monthly summary of evictions and placement breakdowns via secure email to the Department of Health and Community Services, including:
 - a. where the resident was residing;
 - b. where the resident transitioned;
 - c. the resident's level of care;
 - d. the reason for eviction/placement breakdown; and,
 - e. whether the home provided appropriate notice and participated in transition planning.

References/Forms

- [Form PCH-4 Template Incident Report](#)
- [Form PCH-9 Resident Transition Plan](#)
- [Form PCH-10 Template Transfer Summary](#)
- [Form PCH-15 Service Activity Report](#)
- Admission Agreement Template ([Appendix 6](#))
- Rates and Allowance ([Appendix 14](#))

RESIDENT SERVICES: DEATH OF A RESIDENT

Standard No.:	PCH-E-23
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Risk Management; Financial Administration
Legislative References:	Fatalities Investigation Act

Policy Statement

Appropriate procedures are followed in the event a resident is found unresponsive and upon the death of a resident.

Standards

1. Staff are advised of their roles and responsibilities and processes to follow when a resident is found unresponsive.
2. Staff are educated on their roles and responsibilities and the appropriate processes and procedures to be followed upon the death of a resident.
3. The service provider shall immediately notify a resident's SDM, family and NLHS following the death of a resident.
4. In the event of an unexpected or suspicious death, the service provider shall notify the police, NLHS and the resident's family and primary care provider.
5. Families are advised as soon as possible after the death of a resident and are offered the opportunity to visit the deceased. Families are referred to NLHS for bereavement support.
6. In the event that death occurs unexpectedly or is due to an accident, suicide, homicide, or any other cause specified under the [Fatalities Investigation Act](#), the death shall be reported in accordance with the Act.
7. Families are notified of their right to request an autopsy.

8. The service provider shall reconcile the finances of a deceased resident in accordance with applicable financial policies.

Procedures

1. The service provider shall ensure that staff are aware of the appropriate processes to follow in the event that a resident is found unresponsive including:
 - a. call 911 immediately;
 - b. ensure area is evacuated of all residents;
 - c. provide supportive care and reassure resident in need that help is on the way; and,
 - d. provide resident information, including advance care plan information, to emergency responders.
2. The service provider shall ensure that staff are aware of the appropriate processes and procedures to follow in the event of an unexpected death including but not limited to the following:
 - a. immediate notification of police;
 - b. immediate notification of family;
 - c. notification of physician or emergency personnel for pronouncement, which must be completed at the home;
 - d. documentation required;
 - e. authorizations required for moving the body;
 - f. procedure for care of the body after death;
 - g. notification of funeral director;
 - h. process to follow when there is no family or the family is not available; and,
 - i. policies related to moving a resident's belongings and family involvement in same.
3. Processes related to a potential suspicious death are outlined in the home's Emergency Preparedness Plan. Staff shall be careful not to touch anything near the deceased resident and shall keep all other residents away from the area until emergency response arrives. Staff shall also attempt to make note of unusual events or activities and report these to emergency responders.
4. The NLHS case manager shall notify the financial division of the date of death of residents in receipt of a financial subsidy.

References/Forms

- Emergency Preparedness Plan Template ([Appendix 7](#))

RESIDENT SERVICES: TRANSITION PLANNING

Standard No.:	PCH-E-24
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	License Suspension or Cancellation; Clinical Assessment; Support Planning; Closure or Sale of a Home; Absence, Transfer or Discharge of a Resident; Eviction of a Resident; Moving In; Authorization of Nursing Task

Legislative References:

Policy Statement

Supporting residents during the transition of one service option to another minimizes disruption for residents and ensures a smooth and coordinated transition from one service option to another.

Standards

1. The service provider shall provide NLHS with advance notice of at least 90 days or as soon as possible, of any potential interruption in service.
2. The service provider shall develop a Transition Plan when a home is closing or for sale, or the home is at risk of closing due to bankruptcy proceedings.
3. NLHS shall review and approve the Transition Plan prepared by the service provider.
4. NLHS shall develop a Resident Transition Plan for specific residents.
5. The service provider shall participate in development of a Resident Transition Plan and support residents during the transfer process.
6. The service provider shall ensure that residents who are transferred to the Emergency Department or acute care have all relevant personal information with them.

7. Where the resident has been admitted to the Emergency Department or acute care, the service provider shall collaborate with NLHS and the resident in discharge planning to support the residents return home, where possible, or to another living arrangement if it is determined necessary.

Procedures

1. In developing a Resident Transition Plan, NLHS shall:
 - a. consult with the resident and family;
 - b. consult with the service provider;
 - c. complete a clinical assessment, if required;
 - d. discuss the potential for short term or trial period in the new service option; and,
 - e. make updates to the Support Plan, if required.
2. The service provider shall ensure that all resident belongings are transferred and shall complete a Transfer Summary for all residents transferring from the home.
3. The service provider shall ensure required information is communicated when a resident is transferred to the Emergency Department or acute care, including:
 - a. a completed Resident SHARE for Transfer to Emergency Form;
 - b. a copy of the resident's Medication Administration Record; and,
 - c. a copy of the resident's Advance Health Care Directive, if one is in place.
4. The service provider and the acute care clinician shall notify the NLHS case manager when a resident is transferred to acute care, including the resident's health status and location.
5. To support discharge planning, NLHS shall ensure collaboration between the resident, family, service provider, Emergency Department or acute care, and case manager as soon as possible after admission.
6. In the case where a resident's care needs change NLHS staff must:
 - a. assess the circumstances to determine if a change is required to the resident's support plan and whether the resident can safely return to their previous living arrangement;
 - b. review the resident's current standardized assessment and any other relevant clinical information; and,

- c. identify whether there is a significant change which will require a short- or long-term enhancement to the resident's support plan:
 - i. if a short-term enhancement of services is required, outline the plan in a Continuation Note. A new standardized assessment and updated support plan are not required;
 - ii. if a long-term enhancement of services is anticipated and the resident can be safely supported in the home, outline a short-term plan in the Continuation Note. A new standardized assessment and updated support plan are not required to discharge the resident from acute care but must be completed within 14 days of the discharge date;
 - iii. if the resident cannot return to the home due to a change in their care needs, complete the appropriate standardized clinical assessment to determine new clinical needs and what service will be required to meet those needs.
- 7. Where it has been determined that the needs of the resident can be met by the home, with or without additional supports, NLHS and the service provider shall work together with the resident and family to facilitate transfer of a resident back to the home from acute care. This shall include providing the service provider with documentation regarding any changes to the resident's support plan to allow for the preparation for any new or changing needs, such as medications, supplies, authorization of nursing task, or equipment.
- 8. Where the needs of a resident increase such that they cannot remain in their prior living arrangement or have their care needs met by their current service provider, NLHS and the service provider shall collaborate to support transition planning to an alternative living arrangement.
- 9. NLHS shall provide the service provider with a verbal and written report containing all pertinent information when a resident returns from the Emergency Department or acute care.
- 10. The service provider shall notify the NLHS case manager, Emergency Department or acute care if discharge documentation is not provided when a resident returns to the home.

11. Following a resident discharge from an acute care admission, the NLHS case manager shall make contact the resident, and service provider where necessary, within 14 days of discharge to discuss the transition and ensure the residents needs are being met.
12. The service provider shall complete and submit to NLHS the Notification of Resident Movement Form within one business day when an admission, discharge or hospital transfer occurs.

References/Forms

- Advance Health Care Directive
- [Form PCH-9 Resident Transition Plan](#)
- [Form PCH-10 Template Transfer Summary](#)
- [Form PCH-13 Support Plan](#)
- [Form PCH-16 Notification of Resident Movement](#)
- [Form PCH-19 Resident SHARE for Transfer to Emergency](#)
- [Form PCH-35 Template Emergency Department Discharge](#)
- Provincial Home First Initiative: Policy Framework and Guidelines for Implementation

RESIDENT SERVICES: PRIVATE THIRD PARTY PROVIDERS

Standard No.:	PCH-E-25
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Record Keeping; Support Planning; Clinical Assessment
Legislative References:	PHIA

Policy Statement

Service providers may engage third party private providers for the provision of care to residents. Residents may also choose to hire private third party care providers. Ensuring third party providers have appropriate qualifications and training promotes resident safety and quality of care and choice.

Standards

1. The service provider may engage a third party private provider to deliver services to residents.
2. The service provider and NLHS shall not promote, advocate or initiate the use of third party provider services for residents.
3. The service provider shall support residents who wish to engage a third party private provider.
4. NLHS ensures that all interdisciplinary support team members are aware of the inclusion of a third party private provider and collaborate with the private provider to support a resident in meeting their care goals.
5. The service provider has the right to refuse or discontinue access of the third party private provider where the service provider has determined that the third party private provider poses a risk to resident or staff safety, disrupts staff in performing their duties, or displays any behavior that the home deems as inappropriate.

6. The third party provider shall provide care in accordance with the scope of practice and standards of care of the provider's discipline and in accordance with the resident's Support Plan.
7. Third party providers engaged by the service provider shall be made aware of, and agree to comply with, these Standards.

Procedures

1. Where a **service provider engages a third party private provider** for the delivery of services, the service provider shall:
 - a. ensure that third party providers have the necessary training and skills to deliver the service they are providing;
 - b. ensure that third party providers have liability insurance;
 - c. ensure the terms of any contracts entered into with third party private providers are met;
 - d. ensure that any third party private provider providing service to residents of the home has provided a Criminal Record Check, a Vulnerable Sector Check and a signed Oath of Confidentiality, and a copy is on file at the home;
 - e. retain relevant documentation including proof of credentials, Criminal Record Check, Vulnerable Sector Check and contracts;
 - f. ensure the third party provider is made aware of and, to the extent applicable to the services, agrees to comply with these Standards; and,
 - g. provide a copy of documentation regarding third party private providers to NLHS, upon request.
2. Where a **resident chooses to engage a third party private provider**, the service provider and/or NLHS shall advise residents that they are responsible for all aspects of engaging a third party private provider including but not limited to:
 - a. considerations when hiring private care including:
 - i. how to find a care provider;
 - ii. verifying credentials;
 - iii. verifying the provider is in good standing with licensing body, if application; and,
 - iv. proof of liability insurance, if applicable;
 - b. arranging service, including accepting responsibility for scheduling and advising staff of the home when the third party private provider will visit;
 - c. maintaining confidentiality;

- d. understanding that the resident is the employer and responsible for payment of service; and,
 - e. suggesting that the resident enter into an agreement with the third party private provider.
3. Third party private providers are provided with all relevant information to support their practice, and are advised of processes for documentation, where required.
4. Private providers must wear proper identification badges at all times when in the home.
5. Staff of the home shall work with the resident and third party private providers to ensure that roles, expectations and accountability are understood by all parties.
6. Third party private providers are provided with relevant home policy, and the resident's Support Plan, with the consent of the resident, to ensure that care provided is resident directed with quality outcomes.
7. Where care is provided by NLHS staff or home staff and private care provider (same discipline), providers shall discuss the goals of intervention, method and frequency of communication and review of resident's care goals.
8. The service provider shall provide information to the private care provider regarding documentation requirements including:
 - a. a form to facilitate documentation, and this shall be maintained in the resident's record;
 - b. providers shall document in accordance with documentation standards of applicable college or regulatory body;
 - c. where regulatory standards do not exist, the provider must document all care including assessments, interventions, resident's response to interventions, and any other relevant information; and,
 - d. providers shall adhere to home documentation policies.

References/Forms

- [Form PCH-12 Template Oath of Confidentiality](#)
- [Form PCH-13 Support Plan](#)

RESIDENT SERVICES: ACCESS TO ALCOHOL AND RECREATIONAL CANNABIS

Standard No.:	PCH-E-26
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Support Planning; Medical Cannabis
Legislative References:	Smoke Free Environment Act, 2005 ; Cannabis Control Act and Regulations ; Cannabis Act (Canada)

Policy Statement

Residents wishing to consume alcoholic beverages or recreational cannabis may do so as long as their use remains responsible and respectful of others. Misuse of alcohol or cannabis is strictly prohibited. Safety is a concern and the potential for interaction with medications must be considered.

Standard

1. The service provider shall advise residents in advance of moving into the home of policies related to the responsible use of alcohol and recreational cannabis in the home, including any locations where consumption of alcohol or cannabis may or may not be permitted.
2. The service provider shall ensure that where the service provider permits the use of recreational cannabis that all regulations applicable to smoking tobacco are applied to smoking cannabis.
3. The service provider shall ensure that where staff are administering alcohol to a resident, that the resident has a medical order for alcohol on file in the resident record.
4. The service provide shall ensure that staff do not handle, store or assist with administration of recreational cannabis.
5. The service provider shall ensure that residents have a secure location for storage of alcohol or cannabis.

6. The service provider shall advise residents that misuse of alcohol or cannabis which negatively impacts the quality of life or safety of residents or staff may result in a resident no longer having access to alcohol or cannabis in the home.
7. Where a service provider has significant concern about misuse of alcohol or cannabis by a resident, the service provider shall advise NLHS.

Procedure

1. The service provider is not permitted to sell alcohol or cannabis to residents, staff or visitors.
2. The use of alcohol or recreational cannabis by residents may be assessed on an individual basis with direct consultation with the resident and any contraindications to the use of alcohol or cannabis based on prescribed medications or medical conditions will be indicated in the resident's Support Plan.
3. The resident shall ensure cannabis is kept in their possession and stored in a secured storage container in their room provided by the service provider.
4. If the home stores alcohol on behalf of a resident:
 - a. the service provider should consider a process to account for the dispensing of alcohol; and,
 - b. alcohol must be stored in a locked area.
5. The service provider shall advise the resident that lack of adherence to guidelines for storage of cannabis and/or alcohol may impact a resident's ability to continue to possess cannabis and/or alcohol in the home.
6. The service provider or service provider staff shall not provide information on how to prepare or use cannabis and shall not administer cannabis.
7. Cannabis cannot be smoked or vaporized inside the home or areas not designated for smoking outside the home.

References/Forms

- [Form PCH-13 Support Plan](#)

Section F: Human Resources

HUMAN RESOURCES: HIRING REQUIREMENTS

Standard No.:	PCH-F-1
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Canadian Tuberculosis Standards; Communicable Disease Control Standards
Legislative References:	Personal Care Home Regulations ; Adult Protection Act, 2021 ; Human Rights Act, 2010 ; Personal Health Information Act

Policy Statement

Ensuring staff of the home meet hiring requirements promotes resident safety and quality of care.

Standards

1. The service provider shall manage the recruitment of, and is the sole employer of, all staff. Nothing in the Standards or the Funding Agreement creates an employment relationship between the service provider (or their staff) and NL Health Services or the Department.
2. The service provider shall have hiring policies which are in accordance with applicable Newfoundland and Labrador and Canadian legislation.
3. The service provider shall recruit and retain the appropriate number of staff to deliver services to residents.
4. The service provider shall ensure that employees meet the following hiring requirements:
 - a. a signed declaration by the employee confirming their ability to perform the duties of the position, and identifying any accommodation requirements, if applicable;
 - b. a current immunization record must be provided within 30 days of hire (if the person was immunized), where an employee cannot access a record of immunization, this must be documented on the staff record;

- c. pre-employment Tuberculin Skin Test for initial hire and at the discretion of a primary care provider for subsequent employment;
 - d. chest x-ray if indicated by the primary care provider;
 - e. a satisfactory Criminal Record Check completed within six (6) months prior to hire;
 - f. a satisfactory Vulnerable Sector Check completed within six (6) months prior to hire;
 - g. at minimum, Basic First Aid certification, including cardiopulmonary resuscitation from a certified provider, which must be maintained throughout the employment term;
 - h. a signed Oath of Confidentiality;
 - i. written acknowledgment that employee records will be provided to NLHS, upon request of NLHS; and,
 - j. two references (including previous employer, where possible), to the satisfaction of the service provider.
5. All staff shall meet all hiring requirements prior to delivering services in the home or within permitted timeframes noted.
6. The service provider shall advise all staff, and obtain their consent, that access to employee records will be provided to NLHS upon request in order to meet monitoring requirements.
7. The service provider shall request all staff to provide the following updated documents every three years:
 - a. Oath of Confidentiality, including a review of the home's policy on confidentiality;
 - b. Criminal Record Check; and,
 - c. Vulnerable Sector Check.
8. The service provider shall request all staff to provide confirmation of updated training certificates upon obtaining certification/recertification.
9. Where a service provider identifies a concern with any hiring requirement, the service provider shall complete the following actions:
 - a. discuss with the staff the nature of the concern;
 - b. assess whether the concern would place residents at potential risk;
 - c. obtain any additional information, with consent, to further understand the concern; and,

- d. make a hiring decision.
10. The service provider shall retain an employee record for each staff including all hiring requirement documents for review by NLHS, upon request. The employee record may include both paper and electronic documents.
11. NLHS may introduce new hiring requirements for staff as required.

Procedures

1. The service provider shall collect supportive documentation demonstrating hiring requirements have been met, maintain this documentation in the staff file and make these files available to NLHS, upon request.
2. The service provider shall ensure that any staff delegated to manage the hiring process is informed of their requirement to notify the service provider when hiring requirements are not met or are not satisfactory.
3. The service provider shall provide all new staff with information about immunization including:
 - a. a list of immunizations recommended for staff working with a vulnerable population;
 - b. that staff are not required to be immunized as a condition of employment, unless specifically required as a result of a public health emergency, or at the direction of the Chief Medical Officer of Health;
 - c. if a prospective staff has not been immunized, information on the benefits of immunization and how to contact Public Health if they wish to be vaccinated;
 - d. that documentation of the immunization status of staff is required to support communicable disease surveillance; and,
 - e. where a staff does not have an up-to-date immunization, is unable to locate their immunization record, or is not immunized, they must provide a written statement indicating as such and their understanding that in the event of an outbreak of certain diseases, they may be prohibited from working in the home as directed by the Regional Medical Officer of Health or designate.
4. The service provider shall comply with the Canadian Tuberculosis Standards for Tuberculin Skin Testing (TST). The following criteria shall be met for staff prior to providing services to residents:

- a. the first stage of the TST must be completed; if the first step of the test is negative and there are no identified risk factors, the staff person can be cleared for work while awaiting the second step of the TST to be completed 1-4 weeks after the first test; and,
 - b. a chest x-ray if recommended by a primary care practitioner.
5. If NLHS determines new hiring requirements are required, NLHS shall provide a reasonable notice period to the service provider and staff to allow the new hiring requirements to be met.
6. The service provider shall review the Criminal Record Check and Vulnerable Sector Check for staff to ensure that it is completed within six months prior to hire and obtained from the police service in the jurisdiction where the individual resides. In Newfoundland and Labrador, this may be through the Royal Newfoundland Constabulary (RNC), which issues a Criminal Records Screening Certificate, or through the Royal Canadian Mounted Police (RCMP), which provides a Police Records Check.

Exception: for individuals who have recently entered Canada and are working under a valid work permit, operators must review the conditions of the permit to ensure there are no restrictions preventing employment in health care settings. In such cases, a Criminal Record Check may be obtained six months after the individual's entry into Canada.

7. Where an employee under the age of eighteen (18) is not eligible to obtain a Vulnerable Sector Check, the employee shall obtain any criminal record screening available to them through the appropriate law enforcement agency in their jurisdiction. The employee shall obtain a Criminal Record Check and Vulnerable Sector Check within six (6) months of becoming eligible to do so.
8. In the case where the Criminal Record Check and/or Vulnerable Sector Check is not satisfactory, the service provider shall take the following steps:
 - a. consult with their insurance agent and/or lawyer to discuss potential liabilities;
 - b. assess the nature of the criminal offense or charge; and,
 - c. make a determination whether the findings would impact the ability of the staff person in delivering services and pose a risk to residents.

9. The service provider shall consider the following guidelines when making a hiring decision of a potential staff who has a criminal record:
- nature of offense(s) (summary conviction or indictable);
 - number of offense(s)/conviction(s);
 - pattern of offense/conviction;
 - date of offense/conviction;
 - how much time has passed since the offence/conviction;
 - whether there was a victim associated with the offense or charge;
 - whether the offense or charge was against a vulnerable population;
 - any efforts of rehabilitation;
 - role/duties/responsibilities of position applied for;
 - whether the staff will be working alone with residents; and,
 - employment history of the individual.
10. The staff record shall include the following:
- hiring requirements;
 - Oath of Confidentiality; and,
 - training certificates.
11. NLHS shall review employee records during monitoring visits and the re-licensing process to ensure all staff are in compliance with hiring requirements.
12. If NLHS determines staff do not meet all of the hiring requirements, the service provider shall be notified immediately of the deficiency, and a Corrective Action Plan will be developed with timelines for completion.

References/Forms

- [Form PCH-5 Notice of Non-Compliance and Corrective Action Plan](#)
- [Form PCH-12 Template Oath of Confidentiality](#)
- [Form PCH-36 Template Employee Health and Accommodation Declaration](#)
- [Form PCH-37 Pre-Employment Tuberculin Screening Tool](#)
- [Disease Control Manual](#)
- [Newfoundland and Labrador Immunization Manual](#)
- [Canadian Tuberculosis Standards, 8th Edition, 2025](#)

HUMAN RESOURCES: STAFFING LEVELS

Standard No.:	PCH-F-2
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Support Planning; Hiring Requirements
Legislative References:	Personal Care Home Regulations

Policy Statement

Providing adequate staffing promotes the provision of quality care and a safe, clean and comfortable environment for residents.

Standards

1. The service provider ensures that staffing levels meet the needs of residents and are sufficient to ensure safe evacuation of residents during emergency situations.
2. The service provider shall ensure that staff competent to provide personal care services are on site at all times. At night staff must remain awake and able to respond to resident needs during the night.
3. Employees under the age of eighteen (18) shall not be scheduled to work alone and shall be supervised by an employee who is eighteen (18) years of age or older.
4. Residents and families have an opportunity to have input on service delivery in the home that may impact staffing schedules, for example time when services are delivered to the resident.
5. The service provider shall not request families to pay for additional hours of service for residents.
6. The service provider shall ensure that residents or families of residents who are in receipt of a financial subsidy, and who request to pay for additional hours for services in the home are referred to NLHS.

7. NLHS shall interview residents at least annually to determine if residents' needs are being met with the staffing ratios in the home.
8. NLHS may request additional staffing if it is determined that the needs of residents are not being met.
9. The service provider shall submit staffing schedules to NLHS monthly.
10. NLHS shall approve staffing schedules to ensure that staffing levels meet the residents' care needs based on the required hours of care.

Procedures

For homes with 30 residents or less (with up to Level II care needs)

1. The service provider shall adhere to the following staffing schedule daily, including weekends. This staffing schedule includes staff providing personal care, domestic services, administration, supervision and security.

Daily Hours	# of Residents				
	1 – 10	11 – 15	16 – 20	21 – 25	26 – 30
8 – 4	1.0 Staff	1.5 Staff	2.0 Staff	2.0 Staff	3.0 Staff
4 – 12	1.0 Staff	1.5 Staff	1.5 Staff	2.0 Staff	2.0 Staff
12 – 8	1.0 Staff	1.0 Staff	1.0 Staff	2.0 Staff	2.0 Staff

For homes with 31-60 residents (with up to Level II care needs)

2. The service provider shall adhere to the following staffing schedule daily, including weekends:
 - a. a minimum of two staff on duty at all times;
 - b. sufficient staff to provide 1.5 hours of care and supervision per day depending on resident needs; and,
 - c. adequate domestic, security and administrative staff as evidenced by outcomes.

For homes with 61-115 residents (with up to Level II care needs)

3. The service provider shall adhere to the following staffing schedule daily, including weekends:
 - a. a minimum of
 - i. three staff on duty at all times in homes with 61 to 100 residents;
 - ii. four staff on duty at all times in homes with 101-115 residents;
 - b. sufficient staff to provide 1.5 hours of care and supervision per day; and,
 - c. adequate domestic, security and administrative staff as evidenced by outcomes.
4. Any staff providing assistance to, or supervision of, residents for example, recreation therapy, may be considered in the 1.5 hours of care. Any staff accompanying groups of residents outside the home may also be considered in care hours.
5. Staff accompanying a single resident outside the home, for example to a medical appointment, shall not be considered in the staffing model.
6. Where a service provider uses a staffing model of 1.5 hours of care per day per resident, this shall not include staff that solely provide support services, such as housekeeping, food service, maintenance. Where part of the duties of support staff includes providing assistance to residents for part of their hours, this may be included in the total 1.5 hours of care per day per resident.
7. NLHS shall discuss roles of support staff used in the 1.5 hours of care per day staffing model to ensure these staff are assisting in resident care and/or supervision. Approval of such staffing model is at the discretion of NLHS.
8. The service provider may develop a schedule that uses two (2) hours per day per resident for all staff in the home.
9. The service provider shall ensure the following staffing requirements (including direct care and support staff) are met:
 - a. 3.5 hours of care per day per resident for residents with Enhanced Care needs; and,
 - b. 3.9 hours of care per day per resident for residents with Level III care needs while waiting placement in a long-term care home.

References/Forms

HUMAN RESOURCES: RECRUITMENT, TRAINING AND SUPERVISION

Standard No.:	PCH-F-3
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Hiring Requirements; Staffing Levels
Legislative References:	Personal Care Home Regulations ; Adult Protection Act, 2021 ; Human Rights Act, 2010 ; PHIA

Policy Statement

Ensuring staff of the home have the necessary skills and training to meet the needs of residents promotes resident safety and quality of care.

Standards

1. The service provider shall be solely responsible for all aspects of employee relations including recruitment, orientation, training, supervision and discipline.
2. The service provider shall ensure there is a written job description for each position.
3. The service provider shall ensure that staff receive orientation to the home and residents upon hire.
4. NLHS shall provide in-service education to homes based on identified need for education as determined by NLHS or Government Services, or as requested by the service provider. Government Services may help inform development of training materials and may provide direction to staff during inspections.
5. The service provider or a designate shall attend NLHS sponsored education events and shall ensure information is shared with other staff of the home.
6. The service provider shall support staff in attending educational opportunities.
7. The service provider shall ensure that all staff are supervised or have access to a supervisor for consultation purposes.

Procedures

1. The service provider shall ensure that staff receive orientation and training within 14 days of hire and prior to working independently that includes but is not limited to the following:
 - a. staff roles and responsibilities;
 - b. review of organizational policies and procedures;
 - c. [Adult Protection Act, 2021](#) and duty to report;
 - d. medication administration (if included in position description);
 - e. resident's routines;
 - f. fire life safety;
 - g. emergency preparedness;
 - h. Residents Rights;
 - i. record keeping;
 - j. confidentiality including [PHIA](#); and,
 - k. complaints and incidents reporting and follow up.
2. The service provider shall use the Staff Orientation Checklist to document staff orientation. The Staff Orientation Checklist is retained on the staff file.
3. The service provider shall ensure the skills and abilities for each position in the home have been identified, documented and training is available to staff to enable them to perform their roles effectively.
4. The service provider shall complete a Staff Orientation Checklist for each new employee which the employee must sign upon completion. The Staff Orientation Checklist training is retained in the staff file and is made available to NLHS, upon request.
5. The service provider shall ensure that staff receive refresher training or policy reviews including, but not limited to:
 - a. medication policy review (required quarterly for staff who administer medication);
 - b. fire safety plan (at least yearly);
 - c. emergency preparedness plan (annually, unless there is a change in the plan, in which case all staff receive training on the changes in the plan);
 - d. infection prevention and control (annually, or as directed by NLHS or Government Services;
 - e. confidentiality including [PHIA](#) (every three years) and,

- f. [Adult Protection Act, 2021](#) (at least annually).
6. The service provider shall document re-fresher training on the Staff Training Record ([Form 39](#)) and retain a copy in the staff file.
7. The service provider shall monitor the performance of new employees to ensure they are completing tasks appropriately.
8. The service provider shall ensure that information provided by NLHS is communicated to staff of the home.
9. The service provider shall ensure that the staff have access to a supervisor at all times. The role of the supervisor is to:
- a. monitor the delivery of services to the resident based on the competencies of the staff and the support needs of the resident;
 - b. review staff documentation;
 - c. assess residents' condition and any changes;
 - d. provide opportunities for residents to discuss any concerns;
 - e. provide advice and direction to staff;
 - f. liaise with NLHS when required; and,
 - g. respond to complaints.

References/Forms

- [Form PCH-38 Template Staff Orientation Checklist](#)
- [Form PCH-39 Template Staff Training Record](#)

HUMAN RESOURCES: VOLUNTEERS

Standard No.:	PCH-F-4
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Hiring Requirements
Legislative References:	Personal Care Home Regulations ; PHIA

Policy Statement

Ensuring volunteers understand their role and are supported helps ensure a positive experience for volunteers and promotes resident safety.

Standards

1. The service provider shall ensure volunteers do not provide direct resident care (bathing, medication administration, resident symptom monitoring). Volunteers may provide support services, participate in recreational activities etc.
2. The service provider shall ensure volunteers are provided information about the tasks or activities they are permitted to complete.
3. The service provider shall ensure volunteers are not included in the required staffing hours of care.
4. The service provider shall ensure that volunteers are supervised and are not working alone in the home.
5. The service provider shall ensure volunteers who provide services or activities in the home on a regular or ongoing basis, or who may be left unattended with residents, provide a Criminal Record Check and Vulnerable Sector Check before commencing volunteer activities.
6. The service provider shall ensure volunteers are covered under the service provider's insurance policy.

Procedures

1. The service provider shall determine the information and training required for volunteers, and shall deliver appropriate training to ensure safe delivery of services including but not limited to:
 - a. orientation to the home and residents;
 - b. clear description of roles and responsibilities;
 - c. role of provincial health authority;
 - d. daily supervisor;
 - e. safety rules and requirements;
 - f. emergency preparedness plan and location of first aid kit;
 - g. emergency contacts;
 - h. infection prevention and control requirements; and,
 - i. confidentiality, including the [PHIA](#).
2. Volunteers must sign an oath of confidentiality.
3. Where required, the service provider shall review the volunteer's Criminal Record Check and Vulnerable Sector Check as per the process outlined in the Hiring Requirements Standard.

References/Forms

Section G: Financial Requirements

FINANCIAL REQUIREMENTS: FINANCIAL SUBSIDY

Standard No.:	PCH-G-1
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Eligibility; Admission Agreement
Legislative References:	Personal Care Home Regulations

Policy Statement

A provincially consistent financial assessment process is applied to all clients requesting financial assistance for placement in a home.

Standards

1. NLHS shall complete a financial assessment when it has been determined that the client meets clinical eligibility for the Personal Care Home Program.
2. NLHS shall complete a financial assessment, according to provincial policy, to determine a client's eligibility for a financial subsidy and the amount of client contribution, if any, the resident will pay towards the provincially set monthly subsidy rate.
3. NLHS shall assign financially eligible resident a subsidy based on availability of subsidy funding within NLHS budget allocations.

Residents eligible for a financial subsidy

4. NLHS shall advise the client of the assignment of a financial subsidy and initiate the placement process with the home of choice.
5. Residents approved for a financial subsidy shall be financially reassessed annually at a minimum or at the request of the resident if there is a significant change in their financial circumstances.
6. The service provider is responsible for all operating costs incurred in providing the core amenities ([Appendix 12](#)) to residents eligible for a financial subsidy at the provincially set monthly subsidy rate.

7. The service provider shall enter into an Admission Agreement ([Appendix 6](#)) with a resident.
8. The service provider shall receive monthly subsidy payments from NLHS in accordance with the outcome of the NLHS financial assessment completed for each resident in receipt of a subsidy.
9. The service provider shall review, sign, and comply with the Personal Care Home Funding Agreement as a condition of receiving the approved monthly subsidy.
10. The resident shall pay their client contribution, as determined through the NLHS financial assessment, to the service provider by either making a direct monthly payment, or redirecting their monthly income, to the service provider.
11. In cases where the NLHS subsidy payment to the service provider also includes the monthly personal allowance for the resident, the service provider shall provide the provincially set personal allowance amount ([Appendix 14](#)) to the resident and document in the Resident Trust Account Reconciliation ([Form 41](#)).
12. The service provider may offer optional amenities to residents not included in the provincially set monthly subsidy rate. The service provider shall not pressure residents to avail of optional amenities.
13. Payments for optional amenities shall be made by the resident or resident's family directly to the service provider. NLHS is not responsible for payments to service providers for optional amenities contracted by subsidized residents.
14. Where a resident wishes to transfer to another home (intra and inter zonal transfer) NLHS staff shall collaborate to facilitate transfer.
15. NLHS shall ensure that payment discrepancies relating to financial subsidies and client contributions are reviewed, resolved, and documented.

Residents not eligible for a financial subsidy

16. The service provider shall set the monthly rate paid by residents who are not in receipt of a subsidy and notify the resident of the monthly rate. This rate will be identified in the Admission Agreement, which is to be signed by the resident.

17. The service provider may not increase the monthly rate paid by residents more than once in a 12-month period or during the 12 months immediately following the date of the Admission Agreement.
18. The service provider must provide the resident written notice of a rate increase no less than 90 days before the effective date of the increase. Rate increases shall not be issued retroactively.
19. The service provider shall be responsible for all operational costs, including at a minimum the core amenities outlined in [Appendix 12](#), in accordance with the monthly private pay rate as per the Admission Agreement signed by the resident and service provider.
20. The service provider shall issue receipts for all funds received from residents, for both core and optional amenities purchased.

Procedures

Residents eligible for a financial subsidy

1. NLHS shall not assign a financial subsidy to individuals who do not meet clinical eligibility for placement in a home. **Exception:** A financial subsidy can be assigned to a client not meeting clinical eligibility where one spouse in the spousal relationship meets clinical eligibility and both spouses want to enter the same home.
2. NLHS shall advise the client of the outcome of the financial assessment process and discuss service options where a client does not qualify for a financial subsidy.
3. In the event that a client qualifies for a subsidy, but subsidy funding is not readily available, the client will be placed on a subsidy waitlist and prioritized for assignment of a subsidy based on the clinical assessment of supportive need and the level of urgency for placement as established by the case manager within NLHS.
4. In the event a client who is financially eligible for a subsidy chooses to enter a home prior to the assignment of a subsidy, the client is considered private paying and is responsible for the full cost of core and optional amenities, medical supplies and transportation due to the service provider up to the date the subsidy is assigned by NLHS.

5. NLHS is not responsible for outstanding payments to service providers on behalf of residents for services received prior to the assignment of a financial subsidy.
6. When a client is assigned a financial subsidy and there is no vacancy in their home of choice, they may:
 - a. enter another home and accept a transfer when a vacancy becomes available in their home of choice; or,
 - b. decline the subsidy and remain in the community until a bed in their home of choice becomes available.
7. In the event the client declines the subsidy, the subsidy will not be held, and the client will be placed back on the waitlist.
8. The case manager will work with clients who remain in the community awaiting a bed in their home of choice, to ensure that supports and services are put in place to remain safely in the community until placement in a home can occur.
9. NLHS shall pay up to the provincial monthly subsidy amount for residents approved for a subsidy. Residents who are partially subsidized by NLHS are responsible to pay their client contribution, the balance of the provincial monthly subsidy amount, directly to the service provider.
10. NLHS financial staff shall advise the client and their case manager of the **assignment** of a financial subsidy, and the amount of their monthly client contribution calculated in the financial assessment process.
11. At the time of assigning a subsidy to the resident, NLHS will advise the service provider the amount of the NLHS subsidy and the amount of the resident's client contribution.
12. NLHS Financial Services shall set up payment of the subsidy for each resident in receipt of a subsidy in the appropriate documentation system.
13. Payments to service providers for the subsidized monthly rate shall be made at the end of the month for that month's service and are based on the previous month's occupancy. The full NLHS subsidy payment will be paid directly to the service

provider. The resident is responsible for ensuring the client contribution is paid to the service provider in advance of the month of service.

14. When the income of a resident in receipt of a subsidy goes directly to the service provider, the service provider shall provide the resident with the excess income above the monthly client contribution amount determined in the financial assessment.
15. When a resident in receipt of a subsidy wishes to transfer to another home, or to an alternative residential setting, NLHS will coordinate the process and advise financial staff when the transfer has occurred to ensure payments are made to the correct service provider.
16. When a resident in receipt of a subsidy wishes to transfer across zones, the receiving zone will approve a subsidy and coordinate the timing of the transfer to the new home based on availability of subsidies.
17. When a resident in receipt of a subsidy wishes to transfer to a home in another zone which does not have a financial subsidy available, the resident is added to the receiving zones waitlist and prioritized for a financial subsidy according to need and urgency for placement.
18. When a resident moves out of a home partway through a month, all subsidy and client contribution adjustments shall be calculated on a per diem basis:
 - a. NLHS shall adjust the subsidy payable to the service provider to reflect the period of residence in the home.
 - b. the service provider shall refund to the resident the prorated portion of the client contribution attributable to the remainder of the month.
 - c. where a resident transfers to another home during the month, the resident shall pay the new service provider the prorated client contribution attributable to the period of residence in that home.
19. Where a payment discrepancy is identified by either NLHS or the service provider, NLHS shall review the discrepancy and, where confirmed, ensure that any required adjustment is made. NLHS shall document the rationale for the adjustment and retain records of the review, decision, and any resulting action.

20. Where a confirmed payment discrepancy results in an overpayment that requires repayment by the service provider, NLSH shall work with the service provider to develop a repayment plan that minimizes the impact on the service provider's operations.

References/Forms

- [Form PCH-41 Resident Trust Account Reconciliation](#)
- Admission Agreement Template ([Appendix 6](#))
- Core and Optional Amenities ([Appendix 12](#))
- [Income Based Financial Assessment Policy Manual for Long Term Care & Community Support Services](#)
- Personal Care Home Funding Agreement

FINANCIAL REQUIREMENTS: TRUST ACCOUNTS

Standard No.:	PCH-G-2
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Admission Agreement
Legislative References:	Enduring Powers of Attorney Act ; Mentally Disabled Persons Estate Act

Policy Statement

The financial administration policies and practices of the home ensure financial accountability and protection of resident's rights.

Standards

1. The service provider may choose to provide a trust account service to residents, both subsidized and non-subsidized, who request assistance with managing their finances.
2. Service providers who provide trust accounting services must establish a written trust account agreement with the resident, or the resident's guardian, power of attorney and/or enduring power of attorney.
3. Service providers shall administer trust accounts in accordance with normal trust account procedures.
4. The service provider shall maintain a record of all deposits and withdrawals from the trust account and ensure that funds are provided to the resident at their request, or at the request of the resident's guardian, power of attorney and/or enduring power of attorney.
5. NLHS shall conduct an audit of resident trust accounts as part of the annual financial review of the service provider.

Procedures

1. Residents with capacity are encouraged to manage their own finances.

2. Where a resident lacks capacity, NLHS and service provider shall encourage a spouse, the guardian, power of attorney and/or enduring power of attorney to manage the resident's finances.
3. Where a resident lacks capacity and there is no spouse, guardian, power of attorney and/or enduring power of attorney the resident file shall be referred to the Office of the Public Trustee.
4. Residents who wish to discuss guardianship or power of attorney shall be referred to a lawyer. The legal guardian, power of attorney, and/or enduring power of attorney for a resident cannot be the service provider, a relative of the service provider or staff of the home.
5. Residents have the right to choose any individual as their trustee. When the resident chooses the service provider or staff of the home, the service provider shall initiate and administer a Resident Trust Account Agreement and retain a copy in the resident's file.
6. The service provider shall set up a bank account, separate from the business account, to manage trust accounts for the home.
7. The service provider shall reconcile trust account bank statements with individual trust accounts quarterly.
8. The service provider ensures accurate calculation of accrued interest and credits interest to individual trust accounts semi-annually. The accrued interest may be retained by the service provider as a trustee administration fee, if agreed to by the resident in the Trust Account Agreement.
9. The service provider is to maintain the following records which are to be made available for review/audit by the resident, spouse, legal guardian, power of attorney and/or enduring power of attorney or NLHS:
 - a. individual record for each resident with a trust account;
 - b. duplicate receipts of funds/assets received;
 - c. records of deposits in the interest bearing account;
 - d. records of accrued interests and its disbursement to resident accounts;
 - e. record of signed cash disbursements; and,

- f. cheque disbursement records, including supporting documentation (two signatories are recommended).
10. Where a resident has a trust account with the service provider, the service provider will release funds to persons other than the resident, spouse, legal guardian, power of attorney and/or enduring power of attorney at the direction of the resident, legal guardian, power of attorney and/or enduring power of attorney.

References/Forms

- [Form PCH-40 Template Resident Trust Account Agreement](#)
- [Form PCH-41 Resident Trust Account Reconciliation](#)
- [Income Based Financial Assessment Policy for Long Term Care & Community Support Services](#)

FINANCIAL REQUIREMENTS: ELIGIBILITY FOR ADDITIONAL BENEFITS

Standard No.:	PCH-G-3
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Support Planning; Admission Agreement
Legislative References:	

Policy Statement

Residents are supported to access additional benefits when clinically and financially eligible for benefits.

Standards

1. As part of the clinical assessment process, NLHS shall consider a resident's eligibility for benefits from other NLHS delivered programs.
2. The case manager shall liaise with appropriate NLHS program staff, on behalf of residents in receipt of a subsidy, who are clinically and financially eligible for benefits under ancillary health programs such as:
 - a. Special Assistance Program (SAP);
 - b. Newfoundland and Labrador Prescription Drug Program (NLPDP);
 - c. Provincial Ambulance Program; and/or,
 - d. Medical Transportation Assistance Program (MTAP).
3. The case manager must indicate all approved benefits in the resident's Support Plan and review with the resident.
4. The case manager shall notify the service provider of all approved benefits for which the resident is eligible.
5. The service provider and/or NLHS shall assist residents in accessing benefits for which they are eligible.

References/Forms

- [Income Based Financial Assessment Policy for Long Term Care & Community Support Services](#)

FINANCIAL REQUIREMENTS: RESIDENT ADMISSION AGREEMENT

Standard No.:	PCH-G-4
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Moving In
Legislative References:	

Policy Statement

An Admission Agreement between the service provider and the resident helps ensure that residents, families and the service provider have an understanding of the services to be provided and the terms and conditions under which those services are to be provided.

Standards

1. The service provider shall enter into an Admission Agreement with all residents and retain a signed copy of the Admission Agreement in the resident's file.
2. The service provider shall discuss the purpose of the Admission Agreement with the resident.
3. The Admission Agreement must be in compliance with the requirements outlined in the Standards and must specifically include:
 - a. the monthly rate;
 - b. the core amenities to be provided;
 - c. optional amenities available;
 - d. payment terms;
 - e. notice periods for discharge, eviction and rate increases; and,
 - f. refund policies
4. NLHS shall confirm an Admission Agreement is in place for each resident.
5. Where a service provider offers optional amenities available for purchase, the service provider must ensure that residents who wish to avail of optional amenities sign an Optional Amenities Request Form indicating which amenities they wish to purchase and the associated cost.

6. When a resident wishes to discontinue purchase of optional amenities, the service provider shall ensure the Optional Amenities Discontinuation Form is signed and retained in the resident record.
7. When a resident in receipt of a financial subsidy wishes to cease purchasing optional amenities, the resident must give 30 days' notice (or less if mutually agreed upon by both the resident and service provider) in writing, of their intent to discontinue the purchase.
8. If a resident in receipt of a subsidy moves from the home unexpectedly, for example, death or unplanned admission to long term care, the payment for amenities ceases on the date of discharge.
9. If a service provider wishes to implement a rate increase for optional amenities, the service provider shall provide affected residents ninety (90) days written notice and update all Admission Agreements to reflect the new rates.
10. The service provider may not increase the rate for optional amenities paid by residents more than once in a 12-month period or during the 12 months immediately following the date of the Admission Agreement.
11. The service provider shall not implement a rate increase for core amenities provided to residents in receipt of a subsidy. The subsidized rate is set by the Department of Health and Community Services and cannot be increased by the service provider.
12. Where a service provider collects a deposit prior to admission, the terms and conditions of the deposit, including any circumstances under which all or part of the deposit may be retained, shall be provided to the prospective resident in writing.
 - a. Where a service provider does not accept the prospective resident into the home, any deposit paid shall be refunded within 30 days.
 - b. Where a prospective resident chooses not to move into the home, any deposit paid shall be refunded within 30 days, unless the resident has agreed in writing to a non-refundable portion of the deposit.

Procedures

1. Service providers are encouraged to use the Admission Agreement template provided ([Appendix 6](#)). Service providers who opt to develop their own Admission Agreement must include the key elements identified in the sample template and adhere to minimum time frames outlined in the template provided.
2. The service provider shall notify prospective new residents of the requirement to enter into an Admission Agreement and shall provide a template agreement to residents who wish to review in advance of moving in.
3. The service provider shall arrange sufficient time to review and explain the Admission Agreement before a resident is requested to sign the agreement. The Admission Agreement should be signed prior to admission and no later than two weeks after admission.
4. Both the resident and the service provider shall sign the Admission Agreement, the service provider retains the original in the resident's file, and a signed copy is provided to the resident.
5. The service provider must provide residents with a list of the core amenities ([Appendix 12](#)) which are provided in their home and included in the monthly rate and the Optional Amenities Request Form and Optional Amenities Discontinuation Form. Any changes to purchasing or discontinuation of optional amenities must be signed by residents and appended to the original Admission Agreement.
6. The service provider must provide 90 days' written notice to a resident before they can charge for optional amenities which had previously been included in the monthly rate paid by the resident. Should the client be required to change rooms if they do not wish to avail of the optional amenity, the service provider must allow the resident to remain in the room, at no extra cost, until a suitable room becomes available.
7. The service provider shall provide a receipt to residents for the monthly optional amenities purchased.
8. When a resident in receipt of a subsidy, lacks capacity to understand the financial transaction and implications associated with purchasing optional amenities, the service provider must ensure that the resident's SDM, legal guardian, power of

attorney and/or enduring power of attorney receives the optional amenity information and signs all required documentation.

9. The service provider must provide a written refund policy to residents who purchase optional amenities, and a copy of the signed refund policy must be retained in the resident's file.
10. NLHS shall notify residents that while the Admission Agreement is between the service provider and the resident, NLHS will be notified of potential breaches of the agreement to investigate if the service provider is not in compliance with the Standards.

References/Forms

- [Form PCH-25 Template Optional Amenities Request/Change Form](#)
- [Form PCH-26 Template Optional Amenities Discontinuation Form](#)
- Admission Agreement Template ([Appendix 6](#))
- Core and Optional Amenities ([Appendix 12](#))

FINANCIAL REQUIREMENTS: MEDICAL TRANSPORTATION REIMBURSEMENT

Standard No.:	PCH-G-5
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Support Planning
Legislative References:	

Policy Statement

The financial administration policies and practices related to transportation of residents ensure financial accountability.

Standards

1. NLHS shall reimburse the service provider or resident's family for medical transportation of residents in receipt of a subsidy in accordance with the provincially approved rates for transportation and escort/wait times, as detailed in [Appendix 14](#).
2. Transportation expenses will only be reimbursed for travel which had prior approval by NLHS.
3. NLHS will provide compensation over and above the provincially approved rates when extenuating circumstances apply, and the case manager has provided prior approval.

Procedures

1. Transportation is reimbursed to the service provider on a monthly basis upon invoice using the Medical Transportation Compensation Request Form and any required supporting verification, as requested by NLHS.
2. In the event that more than one resident is transported at the same time, compensation rates apply per trip, not per resident.

3. Waiting time is calculated as the time between the arrival at, and the departure from, the destination, rounded to the nearest 15 minutes, to a maximum of 12 hours in a 24-hour period.
4. In city/town transportation for out-of-town residents is restricted to transportation from the accommodations to the treatment facility and return. Approvals/arrangements should be made in advance by NLHS and payments to be made in accordance with the provincially approved rates identified in [Appendix 14](#).
5. Overnight travel shall be pre-approved by NLHS. Consideration should be given to the needs of the resident, costs to be incurred by the service provider, and feasibility of return transportation in making a decision to approve overnight travel. The service provider is encouraged to seek hostel accommodations for resident and drivers/escorts. Reimbursement of meals is in accordance with current government approved rates for employees.

References/Forms

- [Form PCH-42 Medical Transportation Compensation Request Form](#)
- Rates and Allowances ([Appendix 14](#))
- [Income Based Financial Assessment Policy - Long Term Care & Community Support Services](#)

FINANCIAL REQUIREMENTS: FINANCIAL RECORDS MANAGEMENT AND REVIEW

Standard No.:	PCH-G-6
Effective Date:	October 1, 2026
Date Revised:	
Policy Cross References:	Support Planning
Legislative References:	Personal Care Home Regulations ; Adult Protection Act, 2021

Policy Statement

The financial administration policies and practices of the home ensure financial accountability and protection of resident's rights.

Standards

1. The service provider must provide a receipt to all residents for all services provided by the service provider and must retain a copy of the receipt in the resident's file.
2. The service provider shall retain financial records for at least seven (7) years.
3. The service provider must retain a record of the documents and must provide NLHS with any requested receipt or document required to support financial monitoring or audit processes.
4. NLHS shall review the service provider's financial records as they relate to residents in receipt of a financial subsidy at least annually.
5. NLHS shall review the service provider's financial records, at least annually, as they relate to staff compensation to ensure staff are compensated in accordance with the funding agreement.
6. NLHS may engage a third party financial review or audit of a service provider, where there are concerns about the financial or accounting practices of the home.
7. NLHS shall ensure that the services offered as optional amenities are available and received by residents who have a signed agreement for purchase on file.

Procedures

1. On an annual basis, NLHS shall generate a random selection of files of residents in receipt of a subsidy and review the financial documentation maintained by the service provider for accuracy, completeness and compliance with all applicable standards, including but not limited to a review of the following:
 - a. receipts for client contributions received;
 - b. receipts for optional amenities purchased;
 - c. confirmation of an up-to-date Resident Admission Agreement on file;
 - d. when a trust account is in place for a resident:
 - i. individual record for each resident with a trust account;
 - ii. duplicate receipts of funds/assets received;
 - iii. records of deposits in the interest bearing account;
 - iv. records of accrued interests and its disbursements;
 - v. signed verification of disbursements; and,
 - vi. cheque disbursement records, including supporting documentation (two signatories are recommended).
 - e. verification that monthly personal allowances included in the NLHS subsidy are provided to the resident, or added to the trust account established for the resident;
 - f. verification that appropriate notice periods have been adhered to in the event of rate increases for amenities; and,
 - g. verification that refunds are provided to residents when necessary.
2. NLHS shall review a minimum of three (3) or 10 per cent, whichever is greater, of randomly selected files of residents in receipt of a financial subsidy, annually.
3. NLHS shall conduct a sample review of files of residents not in receipt of a financial subsidy to verify that Admission Agreements are on file, current, and signed by the resident or legal guardian, power of attorney and/or enduring power of attorney.
4. In the event NLHS has concerns over the financial practices of the service provider, NLHS may increase the number of resident files reviewed, as well as the frequency of the reviews.
5. Where deficiencies are identified, NLHS shall provide corrective action plans with timelines. NLHS shall verify that issues have been resolved to the satisfaction of NLHS.

6. NLHS may engage a third party to complete an audit.
7. Where deficiencies are identified with respect to a resident who lacks capacity, NLHS shall determine if a referral under the [Adult Protection Act, 2021](#) is required.
8. Where NLHS suspects potential criminal activity, the case shall be referred to the police.
9. Where NLHS or other investigator determines inconsistency in payments to residents, the service provider shall reimburse residents for all owed funds.
10. NLHS will provide the service provider with a summary of findings for all financial record reviews, within 30 days of the completion of the review.

References/Forms

- [Form PCH-25 Template Optional Amenities Request/Change Form](#)
- [Form PCH-26 Template Optional Amenities Discontinuation Form](#)
- [Form PCH-40 Template Resident Trust Account Agreement](#)
- [Form PCH-42 Medical Transportation Compensation Request](#)
- Admission Agreement Template ([Appendix 6](#))
- Core and Optional Amenities List ([Appendix 12](#))
- Rates and Allowances ([Appendix 14](#))
- [Income Based Financial Assessment Policy - Long Term Care & Community Support Services](#)

APPENDICES

APPENDIX 1:

Forms

Forms

[PCH-1 Application for Licensing](#)
[PCH-2 Annual Monitoring Report](#)
[PCH-3 Template Complaint Report](#)
[PCH-4 Template Incident Report](#)
[PCH-5 Notice of Non-Compliance and Corrective Action Plan](#)
[PCH-6 Visit Summary Report](#)
[PCH-7 Quality of Care Indicator Report](#)
[PCH-8 Authorization of Nursing Task Certificate of Competency](#)
[PCH-9 Resident Transition Plan](#)
[PCH-10 Template Transfer Summary](#)
[PCH-11 Template Delegation of Authority](#)
[PCH-12 Template Oath of Confidentiality](#)
[PCH-13 Support Plan](#)
[PCH-14 Service Provider Progress Report](#)
[PCH-15 Service Activity Report](#)
[PCH-16 Notification of Resident Movement](#)
[PCH-17 Notification of Vacancy](#)
[PCH-18 Template Resident Orientation Checklist](#)
[PCH-19 SHARE Form](#)
[PCH-20 Template Cleaning Checklist](#)
[PCH-21 Template Fire Event Report](#)
[PCH-22 Security Checklist](#)
[PCH-23 Template Night Safety Check Log](#)
[PCH-24 Service Request Form](#)
[PCH-25 Template Optional Amenities Request/Change Form](#)
[PCH-26 Template Optional Amenities Discontinuation Form](#)
[PCH-27 Release of Resident Information to Pharmacist](#)
[PCH-28 Medication Audit](#)
[PCH-29 Diabetic Record](#)
[PCH-30 Food Inventory Form](#)
[PCH-31 Menu Assessment Form](#)
[PCH-32 Registered Dietitian Referral Form](#)
[PCH-33 Resident Weight Record](#)
[PCH-34 Registered Dietitian Visit Report Form](#)
[PCH-35 Template Emergency Department/Acute Care Discharge](#)
[PCH-36 Template Employee Health and Accommodation Declaration](#)
[PCH-37 Pre-employment Tuberculin Screening Tool](#)

[PCH-38 Template Staff Orientation Checklist](#)

[PCH-39 Template Staff Training Record](#)

[PCH-40 Template Resident Trust Account Agreement](#)

[PCH-41 Resident Trust Account Reconciliation](#)

[PCH-42 Medical Transportation Compensation Request](#)

[PCH-43 Template Transfer of Information Log](#)

[PCH-44 Template Resident Care Summary](#)

APPENDIX 2:

Guidelines for Authorization of Nursing Task Reimbursement

Guidelines for Authorization of Nursing Task Reimbursement

Where a nurse employed by the service provider performs authorization of nursing task the service provider may invoice NLHS for reimbursement of associated costs. Only those tasks that are identified as core competencies of a nurse and are therefore within their domain to delegate will be paid for by NLHS. The service provider nurse's teaching and instruction of staff on general procedures that fall within their job responsibilities and do not require an authorization of nursing task will not be eligible for payment.

1. Service providers may invoice NLHS for the cost of authorization of nursing task by a nurse when:
 - a. the client/resident is subsidized by NLHS;
 - b. the authorization of nursing task has been approved by NLHS and included in the client's/resident's support plan;
 - c. the client/resident is receiving care by service provider staff; and,
 - d. authorization of nursing task is done by a nurse employed or contracted by the service provider.
2. When a service provider provides authorization of nursing task as per NLHS recommendation, the service provider will:
 - a. invoice NLHS monthly for approved authorizations separate from the regular client/resident subsidies;
 - b. include the client/resident's name, task authorized, name of employee and the time to perform the required authorization on the invoice;
 - c. provide NLHS with any other information necessary to carry out the authorization for payment process;
 - d. invoice based on a rate of \$40 per hour;
 - e. maintain a \$360 annual cap on authorization of nursing task services for each approved client/resident; and,
 - f. agree that documentation related to this funding is part of the annual audit process.
3. Renewal or recertification of authorization of nursing task in subsequent years is permitted; however the \$360 annual cap will continue to apply.
4. NLHS will:
 - a. have a timely process in place to notify the service provider when a need for authorization of nursing task is identified;
 - b. have an approval process for any authorization by a service provider;
 - c. process invoices based on submission and review as required;
 - d. maintain monitoring process;

- e. implement payment tracking to ensure cap of \$360 is not exceeded in the fiscal year; and,
- f. establish guidelines for review and payment of exceptions.

APPENDIX 3:

Quality Assurance Framework

Quality Assurance Framework

Standard(s) #	Standard Description	Evidence
PCH-B-1	Complaints and incidents are investigated and reported	Complaints and incidents are documented
		Complaints and incidents are reported within required timelines
		Follow up of complaints and/or incidents was completed appropriately, recommendations were implemented
		Staff reported knowledge of complaint and incident investigation and reporting process
		Staff orientation includes education on Adult Protection Act, 2021 and requirements to document and report incidents and complaints
		Staff reported awareness of Adult Protection Act, 2021 and duty to report
		Resident reported comfort level with discussing complaints, incidents, and their experiences
		The service provider has a mechanism in place to receive anonymous complaints from residents
		Resident reported follow up and outcome of complaint and incident reports
		Service provider and staff worked collaboratively and respectfully with NLHS during investigation and implementation of any corrective actions, if applicable
PCH-C-1	Processes are in place to support effective management of the home	Name and contact information of manager is posted
		Name of manager is provided to residents upon admission to the home (included in orientation package)

		Resident reported knowledge of manager name and or the ability to contact staff with their concerns
		Delegation of Authority form is complete and on file, if applicable
		NLHS is notified of changes in management at the home
		The home's policy manual is available to staff and is up to date
PCH-C-2	Proper insurance is in place	Documentation exists to demonstrate appropriate insurance coverage
PCH-C-4	Confidentiality of staff and resident information is maintained	Records are stored securely
		Staff signed oath of confidentiality is on file and refreshed as required
		Privacy breaches, potential privacy breaches or complaints related to potential privacy breach were reported and addressed appropriately.
		Staff orientation package includes training on confidentiality
		Staff reported receipt of training on confidentiality
		Email communication with NLHS is secure
PCH-C-6	The home stores, maintains and retains record in accordance with required practices and timelines	Records have been maintained appropriately (e.g. legible, in ink, signature, etc.)
		All required reports to the NLHS are submitted within required timelines
		Separate files exist for resident care and financial information
		Records have been retained in accordance with the record retention schedule
		Processes are in place to share information among staff, where appropriate

PCH-C-7	The home has processes in place to ensure delivery of a safe, quality service	Reports are provided to NLHS (complaint, incident, quality of care)
		Deficiencies are addressed in accordance with the timelines outlined in the Corrective Action Plan, and to the satisfaction of NLHS and Government Services
		Residents have an opportunity to provide feedback on service delivery
		The service provider has demonstrated actions to address quality concerns or deficiencies, if applicable
PCH-C-8	The service provider has processes and plans in place to support risk management	An emergency preparedness plan is in place and provided to NLHS
		A first aid kit is complete and available to staff and staff know location of first aid kit
		Staff reported awareness of emergency preparedness plan and completion of training
		Documentation of staff training exists in staff file
		Documentation exists regarding testing the Emergency Preparedness plan
		The service provider and or staff utilized appropriate reporting processes when communicating with NLHS for urgent issues (including afterhours response)
		Resident specific equipment is labelled and stored properly
PCH-D-2, PCH-D-3, PCH-D-4, PCH-D-5, PCH-D-6	The home provides a clean, safe and secure physical environment	Government Services Environmental Health report and Fire Life Safety report
		Food establishment license is posted
		Environmental health and infection prevention and control training provided to staff upon orientation and annually

		Hand hygiene supplies are adequate
		Outbreak reports have been submitted, as required
		Visitor restrictions have been implemented, if required
		Staff preparing food have completed food safety training
		Cleaning checklists are completed
		Security checklists are completed
		Fire drills are completed as appropriate
		Emergency numbers are posted
		Pets in home have required documentation
		Resident reported experience with home environment
PCH-E-4, PCH-E-5	Residents' rights are protected and maintained	Residents are provided with a copy of the Residents Rights and Responsibilities document
		Staff receive education on resident rights
		Residents are consulted about care and service delivery decisions in home that affect them
		Resident wishes with respect to advance health care planning are respected
PCH-E-6	Residents are supported during the admission process	Resident Orientation Checklist has been completed
		Residents have signed Admission Agreement and report having a copy and a copy is retained in the resident record
		Resident reported experiences during moving into the home
		Resident provided the name of manager or other person they can contact with concerns

PCH-E-10, PCH-E-11, PCH-E-12, PCH-E-25	Resident care needs are met	Resident reported provision of service provision including quality, manner of care delivery (respectful, privacy maintained)
		Residents personal care needs are met (clean clothes, receive baths, appropriate basic nail care)
		Residents are free of any sign of abuse or maltreatment
		Residents are supported to access advanced foot care
		Documentation exists for third party providers certification, licensure, criminal record check and vulnerable sector check, where applicable
		Potential abuse of residents is reported to NLHS and or police
		Services are provided in accordance with a resident's Support Plan
		Staff reported awareness of resident's Support Plan and implementation of same
		Service Provider Progress Reports are completed and submitted to NLHS within required timelines
		Behaviour management plan is implemented, if applicable
		NLHS is advised of changing needs of residents
		Residents are supported to receive medical care, when required
		Resident SDM and/or family, as appropriate, are notified when resident is unwell
		Residents and families are supported at end of life (referral to NLHS, primary care provider, family visitation supported)
PCH-E-13	Medications are administered safely	Medications are stored properly
		Pharmacy Medication Storage and Medication Safety Audits are completed and on file

PCH-E-15	Residents receive quality and safe nutritional care	Staff administering medication have received training within required timelines
		Medication errors have been reported and corrective action taken
		Resident reported experience with medication administration
		Visual observation of staff administering medication demonstrates appropriate procedures are followed
		Menu is posted in location visible to residents
		Menus were submitted to NLHS dietitian
		Meals served adheres to approved menu
		Menu changes have been documented
		A three days supply of food according to the menu cycle is available
		Food inventory is in alignment with approved menu
		Special dietary needs are documented and provided in accordance with a resident's Support Plan
		Government Services food safety inspection results (EHO)
		Food allergies are posted
		Food related complaints are addressed by the service provider
		Resident reported satisfaction with meal service and nutritional care
		Resident weights are documented and submitted to NLHS, where applicable.
		Resident reported consultation on food preferences and food service

PCH-E-16	Residents have access to appropriate social and recreational activities	Review schedule of activities
		Residents reported consultation on their ability to participate and their interest in the scheduled activities
		Residents are not charged for home-based group activities e.g. bingo, movies
		Residents who require support are assisted to participate in social and recreational activities
PCH-F1, PCH-F-2, PCH-F-3	Human resource requirements are met	Documentation of hiring requirements are contained within the staff file
		Minimum staffing hours are met
		Job descriptions are documented for each position
		Staff orientation and training are completed within the timeframes required and it is documented in staff file
		Staff reported completion of orientation and training
		Staff have access to a supervisor at all times
		Service provider and or staff, as recommended by NLHS, attended NLHS sponsored education events
		NLHS provided information from in-service events is shared with employees
PCH-G-2, PCH-G-4, PCH-G-5	Financial practices in the home are in compliance with standard business practices	Admission agreements are in place
		Appropriate notice periods are respected for rate increases
		Documentation exists to demonstrate residents have been provided their personal allowance
		Residents are not charged for core amenities
		Receipts are in place for purchase of optional amenities

		Residents who have paid for optional amenities receive the service
		Residents who have availed of optional amenities are doing so of their own volition
		Where trust account agreements are in place, separate bank accounts have been established
		Where trust account agreements are in place, records of deposits and withdrawals exist
		Use of escort for medical transportation has been approved by NLHS
		Resident reported no concerns with financial management

APPENDIX 4:

Care Management Plan

Care Management Plan

The applicant must demonstrate their understanding and level of readiness to meet the care requirements of residents in a written submission to the NLHS, as part of the licensing process. The written submission should consider and incorporate the areas below. The applicant is encouraged to provide specific examples of how the areas below have or will be addressed.

Managing Relationships

- Demonstrate a resident centered approach to the provision of care. This could include the home's policies with respect to decision making and management of resident issues and complaints.
- Demonstrate an understanding of the responsibility to work collaboratively with NLHS and other partners to support residents.

Resident Care

- Demonstrate an understanding of effective care planning, in conjunction with NLHS and participation in case conferences.
- Demonstrate an understanding of the various health care providers necessary to ensure quality care for residents and the operational plan to access services, including primary care.
- Demonstrate an understanding of the health care needs of residents including the potential for increased assistance with mobility and management of potentially complex behaviours. This may include a description of the home's policy for staff on managing residents with enhanced mobility and behavior management needs.
- Demonstrate how residents will be supported to participate in social and recreational activities recognizing the additional support and types of activities required by residents with limited mobility or cognitive impairment.
- Demonstrate how the home will support resident therapy, i.e. physiotherapy, behavior management.
- Demonstrate an understanding of effective transition planning (moving to new residential placement) for residents who require other forms of care.
- Demonstrate awareness of the potential for increased supervision of enhanced care residents and include a plan to meet the need for increased surveillance and emergency response. Consideration may be given to the physical location of residents in the home for example, close to staff or on the ground floor to assist in evacuation, if necessary.

APPENDIX 5:

Description of Levels of Care

Description of Levels of Care

An individual may be a high level in one category and a low level in another; however, it is the professional judgment that determines the overall level of care requirement. The level of care recommendation is made by the professional judgement of the clinical assessor and confirmed by the Assessment and Placement Committee or Community Care.

PERSONAL FUNCTIONS: The Applicant/Resident

Level I

- Is independently mobile, with or without mechanical aids, inclusive of a wheelchair.
- May need specialized aids for independently transferring.
- May require limited assistance with bathing, dressing, and/or grooming.
- May require reminder for routine toileting.
- May require minimal assistance with toileting.
- May need nutritional monitoring.
- May have sensory deficit which interferes with activities of daily living and may or may not require minimal assistance.

Level II

- May be independently mobile with or without mechanical aids, inclusive of a wheelchair
- May need specialized aids for one person assist for transferring.
- May need a moderate amount of assistance with bathing, dressing and grooming.
- May require a reminder of and/or assistance with routine toileting to avoid frequent incontinence of bowel and/or bladder.
- May require nutritional monitoring of and/or assistance with eating.
- May have sensory deficit which interferes with activities of daily living and requires moderate assistance.

Level III

- Is dependent for transfer or mobility.
- Requires assistance to turn and move about in bed.
- Is dependent for assistance with dressing, washing, grooming and bathing.

- Has incontinence of bladder and/or bowel.
- Requires supervision and assistance with eating or requires feeding.
- Requires daily professional care.
- May have sensory deficit which interferes with activities of daily living and requires ongoing assistance.

Level IV

- See Medical Status/Level 4

MENTAL/SENSORY/PERCEPTUAL: The Applicant/Resident

Level I

- May have full use of mental functions.
- May have a sensory/perceptual deficit but with adaptation will have the ability to be responsive, understand simple instructions, and express needs.
- May demonstrate mild difficulties in orientation to day, time and place.
- May demonstrate mild difficulty with memory and recall.
- May have inappropriate behaviour, which does not interfere with other people.

Level II

- May have mental functioning with moderate cognitive impairment.
- Is responsive to verbal stimuli; may have some difficulty with simple instructions, number and time concepts.
- May have sensory/perceptual deficit but even with adaptation needs assistance for understanding and expressing needs.
- May tend to pace or wander in own environment but is not at risk for elopement.
- May demonstrate inappropriate behaviour which may interfere with others which can be stabilized.

Level III

- May have severe cognitive impairment.
- May have a sensory/perceptual deficit and even with adaptation needs ongoing assistance for understanding and expressing needs.
- May present with management problems due to behaviour, e.g., wandering, aggressiveness, hostility.

- May demonstrate varying degrees of difficulty with orientation to place or person.

Level IV

- Only responsive to tactile or painful stimuli or is non-responsive.
- See Medical Status/Level 4.

MEDICAL STATUS: The Applicant/Resident

Level I

- May have medical problems that are stabilized and do not require daily professional supervision.
- May require accompaniment for (doctors, dentists, specialists, etc.) visits.
- May require therapies (e.g. oxygen concentrator, nebulized masks) or procedures (e.g. colostomies) and is able to independently complete care required.

Level II

- May require therapies (oxygen concentrator, nebulizer masks) or procedures (e.g. colostomies).
- Requires assistance to complete task.
- May require assistance with set up and/or cleaning of equipment.
- Will require professional monitoring.

Level III

- Has medical problem(s) which require continuous supervision and may require frequent professional intervention.

Level IV

- May be technology dependent or need both a medical device to compensate for the loss of a vital body function and ongoing professional health care to maximize functioning or prevent further disability e.g. tracheotomy, enteral feed, vascular access device, mechanical ventilation.

Enhanced Care in Personal Care Homes Placement Screening Tool

Following an individual clinical assessment for access to long term care, placement coordinators will use the Enhanced Care in Personal Care Homes Placement Screening Tool (Placement Screening Tool) to guide the appropriate placement of individuals.

Clients meeting the following criteria are not appropriate for enhanced care placement; therefore, application of the Placement Screening Tool is not required.

Clients should **not** be considered appropriate for enhanced care placement if they:

- require continuous supervision and complex treatments that cannot be delegated
- are unable to comprehend direction or instruction
- display behavioural problems, aggression or wandering that cannot be managed
- pose a risk of elopement
- routinely require 2 person assist or mechanical lift

The Placement Screening Tool scores an individual on three main categories:

- **Health Status**
- **Mental/Behavioural Status**
- **Functional Status**

An individual may be a high level in one category and a low level in another. Consideration for enhanced care placement in the personal care home will be guided by the **individual category scores** as well as **scoring elements within the categories** of the Placement Screening Tool. Elements are to be scored on a scale of 0 to 3.

To be eligible individuals must meet the following scoring criteria in all three categories:

- | | |
|------------------------------------|----------------------------------|
| • Health Status | Combined Score 2 or less |
| • Mental/Behavioural Status | Combined Score 7 or less |
| • Functional Status | Combined Score 11 or less |

Clients who are technology dependent requiring ongoing professional health care are appropriate for placement in long term care.

While the total of the scores in all three categories **will not be used** for placement decisions, please indicate the total score upon completion.

CATEGORY	RANKING ELEMENT					COMMENTS
Health Status	Professional Nursing Supervision and Treatment	Does not require any regular nursing monitoring or acute treatment.	Requires periodic professional monitoring/oversight. Requires routine non-acute treatments/therapies.	Requires visiting nursing/health services to assess and provide non-acute treatments/therapies.	Requires continuous supervision and complex treatments that cannot be delegated.	A score of 3 in this element: ineligible for Enhanced Care.
		0	1	2	3	
Health Status Subtotal		Subtotal 2 or less Eligible for Enhanced Care				
CATEGORY	RANKING ELEMENT					COMMENTS
Mental/Behavioural Status	Comprehension	Able to understand and follow instruction.	Requires some assistance to understand instructions.	Requires ongoing assistance/cueing for understanding instruction.	Completely unable to comprehend direction or instruction.	A score of 3 in this element: ineligible for Enhanced Care.
		0	1	2	3	

	Memory	Does not demonstrate any issues with memory.	Has memory loss or poor recall.	Displays varying degrees of orientation to time and place.	Consistently displays no orientation to time place or person.	
		0	1	2	3	
	Behaviour	No behavioral issues.	Displays wandering behavior but presents no risk of elopement. Displays occasional inappropriate behaviour which does not interfere with others	Requires supervision due to wandering behaviour. Displays inappropriate behaviour can be stabilized or managed.	Displays behavioural problems, wandering, or aggression that cannot be managed. Poses a risk of elopement	A score of 3 in this element: ineligible for Enhanced Care.
		0	1	2	3	
Mental/Behavioural Status Subtotal		Subtotal 7 or less Eligible for Enhanced Care				
CATEGORY	RANKING ELEMENT					COMMENTS
Functional Sensory Status	Mobility (Including Consideration of History of Falls)	Independently ambulatory.	Independently mobile with aids. e.g. walker, cane.	Mobile with one person assist. One person assistance for transfer. Periodically requires 2-person assistance (acute episode).	Two person or mechanical transfer. Needs significant assistance to turn and move in bed.	A score of 3 in this element: ineligible for Enhanced Care.
		0	1	2	3	

	Continence/ Bowel and Urinary Management	Continent or can manage own care.	Requires reminder/assistance to avoid incontinence.	Requires incontinence care or one person assist with toileting. May require a toileting regime. May require assistance with colostomy care.	Requires intermittent catheterization and/or significant/complicated Bowel Regime.	
		0	1	2	3	
	Personal Care	Independent for own care.	Can perform own care with set up.	Can partially perform or direct own personal care with minimal assistance.	Unable to perform any aspect of personal care.	
		0	1	2	3	
	Nutrition	Independent for own feeding.	Can feed self. Requires set up e.g. cut meat, mix tea	Can partially feed self. Require prompting.	Dependent for feeding or tube feed.	
		0	1	2	3	
Functional/Sensory Status Subtotal		Subtotal 11 or less Eligible for Enhanced Care				
Total all three categories						
Placement Recommendation:						

APPENDIX 6:

Admission Agreement Template

ADMISSION AGREEMENT

This agreement between the service provider and resident outlines the services provided and the associated cost of the services that are available to residents and the terms and conditions under which these services are provided.

PERSONAL CARE HOME NAME: _____

Definitions

Admission Agreement – an agreement between the service provider and the resident which outlines the services provided and the associated costs of services available to residents in personal care homes, and the terms and conditions under which those Services are to be provided.

Core amenities – services provided in the home inclusive of the monthly subsidy rate. The list of services that must be provided to residents.

Optional amenities – optional services available for purchase in the home. The list of additional services that may be available

Resident – individual living in a personal care home.

Service provider – the person or organization licensed with responsibility for the operations of the home with full decision-making authority.

Case manager – health professional staff identified to coordinate and oversee support planning with a resident

Provincial Health Authority (PHA) – a body corporate continued pursuant to the [Provincial Health Authority Act](#), SNL2022c.P-30.1, responsible for the delivery and administration of health and community services in the province in accordance with the Act and associated regulations. For the purpose of this agreement, the Provincial Health Authority is referred to as Newfoundland and Labrador Health Services (NLHS).

Substitute Decision Maker – (SDM) individual identified to make health care decisions on behalf of a resident who lacks the capacity to make their own decisions.

Core Amenities provided by Personal Care Home

_____ is required to provide the following core amenities

Name of Home

(services) at no additional charge to residents:

- Private room of minimum size 11.5 sq. m or shared room
- Washroom access
- Three (3) nutritious meals per day
- Two (2) nutritious snacks per day
- Assistance with activities of daily living (as required)
- Assistance with personal care as outlined in support plan
- Appropriate supervision consistent with needs of the resident
- Assistance with medication administration (as required)
- Bedding and linen, including mattresses, pillows, washcloths and towels
- Bedroom furniture including bed, dresser, closet/wardrobe
- Housekeeping
- Laundry including washing and drying of personal clothing, linens, towels
- General supplies for hygiene used by all residents (soap, alcohol-based hand rub, tissues, toilet paper, paper towel)
- Access to cable or satellite TV in common areas
- Access to internet in a setting where the privacy of resident is maintained
- Access to telephone in a setting where the privacy of resident is maintained
- Resident trust account services, for residents who request or require
- Group entertainment and recreation therapy organized for all residents, e.g. card games, bingos, movie nights.

Additional/ Optional Amenities

_____ **does not** provide the resident the option to

Name of Home

purchase additional/optional amenities.

OR

_____ is pleased to offer the following optional amenities

Name of Home

to residents. It is the resident's choice to purchase these services. Residents who do not wish to avail of these services do not have to pay.

- Private rooms (larger than 11.5sq m)
- Cable TV in room (single)
- Internet in room
- Telephone in room
- Hair dressing/ barber
- Massage

Agreement to pay for OPTIONAL AMENITIES

I, _____ wish to purchase the
Name of Resident or SDM (please print)

following optional amenities (initialed), as of _____.
Date (yyyy/mm/dd)

Initial	Optional Amenities	Total cost/month	
		Single	Shared
	Private room (larger than 11.5 sq. m)		n/a
	Cable TV in room (single)		
	Internet in room		
	Telephone in room		
	Hair dressing/ barber		
	Massage		
	Total cost of amenities per month		

I, _____
Name of Resident or SDM (please print)

- o **Agree** to use my personal allowance to purchase optional amenities.
- o **Do not agree** to use my personal allowance to purchase optional amenities.

I, _____ **agree** to give 30 days notice in writing to the
Name of Resident or SDM (please print)

service provider when I wish to no longer purchase optional amenities receive (using the Optional Amenities Discontinuation Form), unless I am unexpectedly discharged from the home, then my payment ceases on the date of discharge.

I, _____ **acknowledge** that I must provide a minimum
Name of Service Provider (please print)

of 90 days prior notice in writing, of any increase in the cost of optional amenities.

Resident or SDM Name

Resident or SDM Signature

Date (yyyy/mm/dd)

Service Provider Name

Service Provider Signature

Date (yyyy/mm/dd)

Witness Name

Witness Signature

Date (yyyy/mm/dd)

* A new form is required when changes are made to the optional amenities purchased or when there is a change to the cost of the service.

Payment of Fees and Reimbursements Refund Policy

Residents not in receipt of a financial Subsidy from NLHS (Private Paying)

I _____ agree to pay _____ per month, due on
Name of Resident
_____ of the month.
date

I _____ acknowledge that I will provide at least six
Name of Service Provider

month notice prior to a rate increase and I will not increase the rate more than once in a 12-month period.

Residents in receipt of a financial subsidy from NLHS (Subsidized Residents)

I _____ agree to pay my financial contribution of \$ _____
Name of Resident

due on _____ per month. I understand that this amount may change based
date

future financial reviews completed by NLHS.

I _____ acknowledge that if I am entrusted to manage
Name of Service Provider

the Resident's funds from income sources I will make available funds to the Resident within the account limits.

Short term planned absence from the home

I _____ agree that when I am away from the home for short
Name of Resident
term planned absences such as vacation that I will pay my client financial contribution and any additional costs for optional amenities that I have chosen, as indicated above.

Planned discharge from the home

I _____ agree to provide 30 days written notice to the home prior to
Name of Resident

leaving (discharge or transfer) the home. All payments for optional amenities will cease on the 30th day.

In the event of an unplanned discharge, whereby I cannot provide 30 notice days notice, I agree to pay the cost of personal TV, internet or phone until the end of the month of discharge.

_____ will charge _____
Name of Home enter time period for fees (month or pro-rated)

Unplanned discharge from the home

In the event that a Resident cannot provide the required notice period for discharge, the

_____ will provide a pro-rated refund of any client financial
Name of Home

contribution, including any additional charges for a private room that has been paid up

to the official discharge date.

Special Occasions

_____ does not offer space for private functions.
Name of Home

OR

_____ is pleased to offer space for private functions. Residents
Name of Home

must provide ____ days notice, including other information, food, responsibility to clean etc.

Medical Transportation

Medical transportation **is not** provided by the home (specify in town or out of town).

OR

_____ is pleased to offer transportation to medical appointments for
Name of Home

residents in receipt of a financial subsidy (subsidized residents). The following process shall apply:

_____ is pleased to offer transportation to medical appointments for
Name of Home

residents not in receipt of a financial subsidy (private pay residents). The following fees shall apply:

Residents who are not financially eligible for medical transportation are required to pay for the medical transportation cost and can choose their desired means of transportation.

Recreational Transportation/ Activities

Recreational transportation **is not** provided by the home

OR

_____ is pleased to offer transportation to recreational activities. The fees
Name of Home

vary depending on the activity and will be posted in advance of the planned activity.

Residents wishing to participate can sign up for the activity or advise staff.

Laundry services

Laundry will be completed _____ (i.e., daily, weekly), or more frequently where residents have bowel or bladder issues resulting in frequently soiled clothing. Residents must label all belongings; the home is not responsible for lost or damaged clothing.

I _____
Name of Resident

- ☐ Wish to have the home complete my personal laundry
- ☐ Do not wish to have the home complete my personal laundry

Smoking Policy

Smoking **is not** permitted in the building or in resident's room. This applies to residents, visitors, and staff.

I _____ agree that I will not smoke in the building or in my room.
Name of Resident or SDM

OR

Smoking **is** permitted in the designated spaces only.

I _____ agree that I will smoke in the designated smoking
Name of Resident or SDM

spaces only including the smoking room and outside spaces. I also agree to store tobacco products in a locked container or on my person. I understand that failure to

comply with rules related to smoking may result in a written warning or discharge from the home.

Alcohol Policy (optional)

Alcoholic beverages are **NOT** permitted on the property with the exception of residents who have a medical order.

OR

I, _____ agree to the responsible use of alcohol for personal use
Name of Resident or SDM

and I agree to store my alcohol in a locked cabinet. I understand that failure to comply with the responsible use of alcohol may result in the home limiting or prohibiting my use of alcohol in the home and may result in discharge from the home.

Fire/Building Safety

I, _____ agree to participate in fire drills and to obtain
Name of Resident or SDM

approval from the service provider before using any electrical appliance or devices in my room.

Consent for Services and Information Sharing

I, _____, have been informed of the personal care and
Name of Resident or SDM

support services available at _____ and consent

Name of Home

to the provision of services appropriate to my assessed needs.

I, _____, consent to _____
Name of Resident or SDM Name of Home

collecting, using, and disclosing my personal and health information to Newfoundland and Labrador Health Services (NLHS), and to receiving information from NLHS, as necessary for the coordination, planning, delivery, monitoring, and evaluation of my care and services, in accordance with applicable legislation and privacy requirements.

I, _____, understand that I have the right to participate in

Name of Resident or SDM

decisions regarding my care, to provide or refuse consent for personal care services and medical treatment, and to have my family involved in support planning and decision-making, as appropriate.

I, _____, understand that my care will be provided in

Name of Resident or SDM

accordance with an individualized support plan developed and reviewed in consultation with me and/or my Substitute Decision-Maker.

Admission Agreement effective date (yyyy/mm/dd) _____

_____	_____	_____
Resident or SDM Name	Resident or SDM Signature	Date (yyyy/mm/dd)

_____	_____	_____
Service Provider Name	Service Provider Signature	Date (yyyy/mm/dd)

_____	_____	_____
Witness Name	Witness Signature	Date (yyyy/mm/dd)

APPENDIX 7:

Guide for the Development of a Site Specific Personal Care Home Emergency Preparedness Plan

<https://www.gov.nl.ca/hcs/files/PCH-Operational-Standards-Appendix-7-Emergency-Planning-Template.pdf>

APPENDIX 8:

Process for Using Bleach Solutions

Process for Using Bleach Solutions

Bleach is a generic term often used to refer to a solution of sodium hypochlorite (e.g., household chlorine bleach). This solution can be an effective disinfectant when used properly. Improper use of bleach, including deviation from recommended dilutions (either stronger or weaker), may reduce its effectiveness for disinfection and can injure staff. Bleach should be stored in a cool area, ideally between 2°C and 8°C (50-70°F). Undiluted household bleach has a shelf life of six months to one year from the date of manufacture. Opened bottles of household bleach will lose effectiveness after 30 days and should be discarded.

While bleach can be an effective disinfectant, it is a poor cleaner, and it rapidly loses activity in the presence of organic matter such as vomit or feces. Since a mixture of bleach and water will provide only disinfectant capability, a two-step process is needed, where cleaning is performed prior to disinfection. Bleach solutions used for disinfecting must remain wet on the surface for an adequate amount of time to be effective. This is referred to as contact time and can vary depending on the dilution and type of microorganism you are trying to kill.

Understanding the concentration of your bleach solution is important for achieving effective disinfection. Bleach (usually 5.25% or 6.15% to 8.25% sodium hypochlorite depending upon the manufacturer and product type) is usually diluted in water at 1:10, 1:50 or 1:100.

[Public Health Ontario](#) offers an easy-to-use, online bleach calculator that tells how much bleach product to dilute with water to get the desired concentration (ppm) of chlorine solution.

Additional tips for using bleach:

- Mixing bleach with cold water instead of hot may minimize inhalation of airborne material while helping to maintain efficacy.
- If using diluted bleach, **prepare the diluted solution fresh daily**. Label and date it and discard unused mixtures 24 hours after preparation.
- Organic materials inactivate bleach; clean surfaces so that they are clear of organic materials before disinfection with bleach.
- Keep diluted bleach covered and protected from sunlight, and if possible, in a dark container, and out of the reach of children.
- Do not mix bleach with other cleaning agents (e.g., acids such as vinegar, or ammonia products such as Windex®). Potential irritants released from such mixtures are chlorine gas, chloramines, and ammonia gas.

- If re-usable bottles are filled with cleaners or disinfectants, ensure the bottles are pre-cleaned and dried thoroughly; labelled with the product name, the expiry date from the original bottle, and the date the bottle was filled; and never 'topped-up'.
- A table for mixing regular household bleach (5.25%) is below with suggested uses. If you have any questions, please contact your local Environmental Health Officer with Government Services.

Bleach Mixtures: For use on non-porous surfaces

Agent	Concentration	Contact Time	Uses	Active Against	Cautions
Chlorine: Regular Household Bleach (5.25%)	1:10 (5000 ppm) Mix 100 ml bleach in 900 ml water (or about ½ cup of bleach in 4 cups of water)	10 minutes Allow surface to air dry. (Remember surface must stay wet for 10 minutes)	High level strength solution often used for disinfecting surfaces contaminated with body fluids (blood, vomit, feces)	Vegetative bacteria, Enveloped viruses, Non-enveloped viruses (e.g. Hepatitis A, norovirus), Bacterial spores (e.g. <i>C. difficile</i>)	- Store away from light and heat. -Store in closed containers that do not allow light to pass through - Make fresh daily in a ventilated area - Wear appropriate PPE
	1:50 (1000 ppm) Mix 20 ml bleach with 980 ml water (or about 4 tsp of bleach in 4 cups of water)	20 minutes Allow surface to air dry. (Remember surface must stay wet for 20 minutes)	Intermediate level strength solution for disinfecting areas that may receive body fluid splatters	Vegetative bacteria, Enveloped viruses, Non-enveloped viruses (e.g. Hepatitis A, norovirus)	

	1:100 (500 ppm) Mix 10 ml bleach in 990 ml water (or about 2 tsp bleach in 4 cups of water)	1 minute Allow surface to air dry. (Remember surface must stay wet for 1 minute)	Low level strength solution used for disinfecting general household surfaces	Vegetative bacteria (<i>Salmonella</i>, <i>E. coli</i>), Enveloped viruses (Hepatitis B and C)	- Never, mix with other cleaning solutions. -Clean organic matter from surface first -Thoroughly rinse surface with clean water
--	---	--	---	---	---

[Chlorine Dilution Calculator](#)

APPENDIX 9:

Safety Precautions in the Handling of Liquid Oxygen for Portable and Base Units

Safety Precautions in the Handling of Liquid Oxygen for Portable and Base Units

Oxygen is colorless, odorless and tasteless. It is non-flammable but vigorously accelerates combustion. Some materials that will burn in air, burn vigorously in oxygen.

- DO** Read and understand all instructions and safety information before filling or using any oxygen container or system. Only trained and qualified personnel should perform transfilling operations.
- DO** Fill, store and use liquid oxygen containers only in a well-ventilated area.
- DO** Clean connections with a clean white lint-free cloth to remove any foreign material such as dust, oil, dirt and moisture.
- DO** Keep all electrical equipment a minimum of 20 feet from any portion of the oxygen system when transfilling into a container.
- DO** Always operate oxygen valves slowly.
- DO** Always close the Flow Selector Valve or Flowmeter when not in use.
- DO** Store medical oxygen equipment, including tanks and concentrators, at least 5 feet (1.5 meters) away from any heat source, including heaters, stoves, and fireplaces.
- DO NOT** Store liquid oxygen containers in a small enclosure such as a closet or a parked vehicle with windows closed unless adequate permanent vents are provided.
- DO NOT** Permit oil, grease or other hydrocarbon base material or any readily flammable materials to come in contact with any portion of an oxygen system.
- DO NOT** Lubricate any connections with oil or grease. Most oils and greases react violently with oxygen and explosions can result.
- DO NOT** Handle oxygen connections with oily or greasy hands or gloves.
- DO NOT** Tamper with a pressure relief valve.
- DO NOT** Transfill liquid oxygen over asphalt or any surface which is hydrocarbon base.

- DO NOT** Drop liquid oxygen containers or place them in a location where they can fall over.
- DO NOT** Store liquid oxygen containers near sources of heat (radiators, portable heaters, etc.)
- DO NOT** Touch any frosted fittings or place any part of the body in the cold vapour cryogenic burns similar to thermal burns or frost bite can result.
- NOTE:** It is the responsibility of the dealer to comply with all Federal, Provincial Laws and Regulations in addition to recognized Industry Standards.

APPENDIX 10:

Procedures and Guidelines to Follow for the Outfitting of Vehicles used in the Transportation and Transfilling of Liquid Oxygen to be used for Restoration

**PROCEDURES AND GUIDELINES TO FOLLOW FOR THE OUTFITTING OF
VEHICLES USED IN THE TRANSPORTATION AND TRANSFILLING OF LIQUID
OXYGEN TO BE USED FOR RESTORATION**

1. Transportation and transfilling compartments must be separated from the driving compartment by a bulkhead to prevent buildup of an oxygen-enriched atmosphere in the driver's compartment. Fixed windows are permitted.
2. Multiple vents shall be provided in the cargo compartment. At a minimum there shall be one vent in the forward portion of each side of the cargo compartment and one in the rear. Vents should be of the fixed open type. All side and rear vents shall be at or near the floor line. At a minimum the total natural ventilation shall provide 1 sq. ft. per 300 sq. ft. of compartment ceiling area.
3. No combustible materials shall be used in the finishing of the cargo compartment, e.g. paneling, plywood, carpeting, etc.
4. Any vessels permanently installed in the vehicle will have all safety and vessel vent discharge lines piped outside the vehicle. These vents must be designed so that they are not likely to discharge onto oil or asphalt surfaces or other combustible materials, or onto the vehicle's exhaust system. If they discharge upward, they should have weather protection. Vessels not permanently installed in the vehicle shall be suitably restrained during transit to prevent them from moving or tipping over.
5. All fittings and piping shall be installed with materials compatible for the service pressures and temperatures involved and acceptable for oxygen service.
6. No vessel shall be filled without an adequately trained person in attendance.
7. No vessel may be filled while the vehicle is in motion or while the vehicle's engine is running.
8. Where any vessel is filled inside the cargo compartment, all cargo compartment doors shall be open and vent gas shall be directed outside. Where a vessel is filled outside the vehicle, it shall be positioned to avoid vented liquid or gas coming into contact with asphalt or other combustible materials.

9. Notices prohibiting smoking and open flames must be clearly posted at appropriate locations in the compartment and on the outside of the vehicle.
10. After filling, all transfer lines shall be properly drained. The oxygen vapours shall be allowed to disperse before the vehicle's engine is started.
11. Vehicles and containers must be marked, placarded and labelled in accordance with the regulations of Transport Canada and all other Federal, Provincial and Municipal regulations.
12. An approved ULC type portable dry chemical fire extinguisher is installed on each vehicle and in an accessible location for the driver operator.

APPENDIX 11:

Resident Rights and Responsibilities

Resident Rights and Responsibilities

Residents have the **right** to:

1. Receive quality services in a safe, clean environment.
2. Be protected from abuse.
3. Be treated with respect, dignity and courtesy.
4. Know who is responsible for providing care and consent to the provision of care.
5. Receive support in a manner that ensures privacy and maintains confidentiality.
6. Participate fully in decision making, manage their financial affairs and be involved in developing their support plan.
7. Pursue social, cultural, religious, spiritual and other interests, and to have preferences respected.
8. Personalize their space, keep and display personal possessions, pictures and furnishings in their room, subject to safety requirements and the rights of other residents.
9. Have family and friends visit.
10. Access outside spaces.
11. Communicate in confidence with visitors and access a telephone in a private area.
12. Designate a person to receive personal and health information and to attend meetings at the home regarding the resident's care.
13. Participate in a Residents' Council.
14. Meet privately with their spouse or partner in a room that assures privacy, within the home's ability to provide this option. If both spouses/partners are residents of the home, residents have the right to share a room with their spouse/partner, if they choose.
15. Raise concerns and have concerns addressed respectfully.

Residents have a **responsibility** to:

1. Use equipment which is essential for staff safety.
2. Actively participate in development of their Support Plan and in transition planning.
3. Provide accurate information.
4. Respect the rights and privacy of others.
5. Treat others with respect, dignity and courtesy.
6. Respectfully raise concerns to the staff or service provider.
7. Honor financial obligations.
8. Adhere to policies of the home.

APPENDIX 12:

Core and Optional Amenities

Core Amenities

- Private room of minimum size 11.5 sq. m or Shared room
- Washroom access
- Three (3) nutritious meals per day
- Two (2) nutritious snacks per day
- Assistance with activities of daily living (as required)
- Assistance with personal care as outlined in care plan
- Appropriate supervision consistent with needs of the resident
- Assistance with medication administration (as required)
- Bedding and linen, including mattresses, pillows, washcloths and towels
- Bedroom furniture including bed, dresser, closet/wardrobe
- Housekeeping
- Laundry including washing and drying of personal clothing, linens, towels
- General supplies for hygiene used by all residents
- Access to cable or satellite TV in common areas
- Access to internet in a setting where the privacy of resident is maintained
- Access to telephone in a setting where the privacy of resident is maintained
- Resident trust account services
- Group entertainment and recreation therapy organized for all residents, e.g. card games, bingos, movie nights.

Optional Amenities

- Private rooms (larger than 11.5sq m)
- Cable TV in room (single)
- Internet in room
- Telephone in room
- Hair dressing/ barber
- Massage

APPENDIX 13:

Medication Administration Training

Manual:

<https://www.gov.nl.ca/hcs/files/PCH-Operational-Standards-Appendix-13-Medication-Administration-Training-Manual.pdf>

Online Learning Module:

<https://share.articulate.com/DII8ntDaqH0IIkY9vFCrH>

APPENDIX 14:

Rates and Allowances

<https://www.gov.nl.ca/seniors/files/Personal-Care-Home-Program-Rates-and-Allowances.pdf>

APPENDIX 15:

Application of Oxygen Use in Resident Rooms

APPLICATION FOR OXYGEN USE IN RESIDENT ROOMS
Government Modernization and Service Delivery

Personal Care Home: _____

Address: _____

Phone Number: _____ E-mail: _____

Requested By: _____

Resident room(s): _____

Source of Heating: _____

Fire Alarm System Inspection Date: _____

Fire Extinguisher Service Date: _____

Sprinkler System Inspection Date: _____

Sign "Oxygen in Use" on door: Yes _____ No _____

Sign on Storage Room "Oxygen Storage": Yes _____ No _____

Resident room(s) and Storage room identified Yes _____ No _____

On ALL evacuation plans:

Total # of rooms in home using Oxygen: _____

Home Approved for Use of Medical Oxygen: Yes _____ No _____

Please Note: There are NO special requirements when an approved oxygen concentrator is used. These units do NOT use oxygen tanks. If conventional oxygen tanks are in use as a backup the relevant resident room(s) shall be approved for oxygen use prior to the tanks being introduced in the room.

Owner/Operator: _____ Date: _____

As a PCH Operator, I assume full responsibility for ensuring all staff are trained and have reviewed the manufacturers recommendations with respect to the oxygen setup.

Office Use Only:

Bedroom(s) Approved for Medical Oxygen Use: Yes _____ No _____

Inspector: _____ Date: _____