Assessments and Plans of Care

Compliance Assistance Module



RHRA

Retirement Homes Regulatory Authority

RHRA Retirement Homes Regulatory Authority

This Compliance Assistance Module is designed to assist operators in understanding the requirements of select portions of the Act and Regulation. It is not, and does not replace, the home-specific training that is required by the Act and Regulation. *Retirement Homes Act, 2010 and Ontario Regulation 166/11*.

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The RHRA has created Compliance Assistance Modules (CAM) to provide licensees with clarity on our expectations related to compliance with the *Retirement Homes Act, 2010* (the Act) and Ontario *Regulation 166/11*.

Please note: Information, directions, and recommendations included in the CAMs are for general assistance only, and should be read in conjunction with the *Act* and Regulation. The CAM covers only select aspects of the *Act* and Regulation, and in the event of any conflict between the CAM and the *Act* and/or Regulation, the *Act* and/or Regulation prevails.

The CAM may be changed at any time without notice.

Licensees should consult the Act and Regulation for current legislation and compliance requirements.

The CAMs do not constitute legal advice and users should consult their own legal counsel for the purposes of interpreting the Act and Regulation.

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Introduction

Welcome to the RHRA *Compliance Assistance Module on Assessments and Plans of Care*.

This program has three main purposes:

- To provide you with basic information regarding Ontario's legal, regulatory, and inspection framework for the operation of retirement homes
- To provide guidance regarding assessments and plans of care
- To present some familiar, day-to-day scenarios to test your understanding of how and when assessments should be conducted and plans of care prepared

Applying what you learn in this program will help you comply with legislated requirements concerning assessments and plans of care.

Procedure for Assessments

Legislative Requirements

Licensees must ensure that residents' care needs and preferences are assessed (provided the resident consents to an assessment) and that a plan of care is developed based on the assessment.

A home must document a written plan of care for the resident, even if a resident or a resident's substitute decision-maker does not consent to an assessment.

You can find the record-keeping requirements in sections 55 and 56 of the Regulations. Written documents may be digital.

Please note that there are additional requirements relating to resident records that are not part of the assessments and plans of care provisions, such as contents of records and format and retention of records.

Contents of records

55. (1) The licensee of a retirement home shall keep a record for each resident of the home that complies with the requirements of this section. O. Reg. 166/11, s. 55 (1).

(2) The record for each resident shall include,

(a) documentation of all consents related to the collection, use, retention or disclosure of the resident's personal information, including personal health information;

(b) if the resident was assessed for the purposes of developing the resident's plan of care, documentation of when the resident was assessed and by whom;

(c) if the resident did not consent to an assessment, documentation of that fact;

(d) a copy of the resident's most recent plan of care;

Format and retention of records

R. 56. (1) In this section, "record" means any document or record of information, including personal health information, in any form. O. Reg. 166/11, s. 56 (1).

(2) This section applies to all records that the licensee of a retirement home is required to keep under the Act or this Regulation, including records relating to a resident, and documentation that the licensee is required to keep when providing a care service to a resident. O. Reg. 166/11, s. 56 (2).

(3) The licensee shall ensure that each of the records is kept in a readable and useable format that allows a complete copy of the record to be readily produced. O. Reg. 166/11, s. 56 (3).

(4) The licensee shall ensure that each of the records is retained for a reasonable length of time to be determined based on the nature of the record. O. Reg. 166/11, s. 56 (4).

(5) In addition to subsection (4), if a record is a record that subsection 55 (1) requires the licensee to keep in respect of a resident of a retirement home, the licensee shall ensure that the record is retained for no less than seven years from the last day on which the person is a resident of the home and that a copy of the record is available in the home at all times during that period. O. Reg. 166/11, s. 56 (5).

(6) The licensee shall ensure that records relating to a resident or to the police record checks required by section 64 of the Act or the declarations required by subsection 13 (3) of this Regulation with respect to staff who work in the retirement home are kept in a manner that protects the security and confidentiality of the records. O. Reg. 166/11, s. 56 (6); O. Reg. 453/18, s. 5.

(7) The licensee shall develop a written policy detailing how the licensee will comply with the requirements in this section. O. Reg. 166/11, s. 56 (7).

Legislative requirements relating to assessment procedures are found in four main topic areas:

- General requirements
- Initial assessments
- Full assessments
- Information about external care providers

Assessments: General Requirements

It is important for the licensee to assess each new resident's care needs and preferences as soon as possible and develop a plan of care specific to those care needs and preferences.

The *Act* sets out timeframes for when licensees are required to conduct and develop the initial assessment and plan of care. There's also a timeframe setting out when full assessments and plans of care are due.

The resident's consent is required for an assessment, and the resident may choose to have an assessment done by an external care provider. Licensees must have a process in place to ensure that staff and external care providers can collaborate effectively.

The section of the *Act* that sets out this general requirement:

Plans of Care

A 62. (1) When a resident commences his or her residency in a retirement home, the licensee shall, within the prescribed times, ensure that the resident is assessed and that a plan of care is developed based on the assessment and in accordance with this section and the regulations. 2010, c. 11, s. 62 (1).

Assessment only with consent, etc.

A 62. (2) Nothing in this section authorizes a licensee to assess or to reassess a resident without the resident's consent. 2010, c. 11, s. 62 (2).

Assessment by external provider

A 62. (7) If a resident advises the licensee at any time that the resident wishes to have an assessment done by an external care provider, the licensee shall facilitate the resident's access to the provider. 2010, c. 11, s. 62 (7).

Integration of assessments and care

A 62. (8) The licensee shall ensure that there are protocols to promote the collaboration between the staff, external care providers and others involved in the different aspects of care of the resident,

a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2010, c. 11, s. 62 (8).

Initial Assessments

A resident's immediate *initial* assessment must be conducted no later than two days after residency begins. You can find this in section 43 (1) of the Regulation.

The RHRA defines "residency" as the date that the resident actually starts to live in the retirement home.

The nine areas a home must consider when conducting the initial assessment are:

1. Continence.
2. Presence of infectious diseases.
3. Risk of falling.
4. Known allergies.
5. Dietary needs including known food restrictions.
6. Cognitive ability.
7. Risk of harm to self and to others.
8. Risk of wandering.
9. Needs related to drugs and other substances.

Section 45 of the Regulation sets out certain exemptions to the requirement to conduct an initial assessment.

Initial assessment of care needs

R 43. (1) Subject to section 45, no later than two days after a resident commences residency in a retirement home, the licensee of the home shall ensure that an initial assessment of the resident's immediate care needs is conducted. O. Reg. 166/11, s. 43 (1).

R 43. (2) The initial assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:

1. Continence.
2. Presence of infectious diseases.
3. Risk of falling.
4. Known allergies.
5. Dietary needs including known food restrictions.
6. Cognitive ability.
7. Risk of harm to self and to others.
8. Risk of wandering.
9. Needs related to drugs and other substances. O. Reg. 166/11, s. 43 (2).

Exception, initial assessment

R 45. A licensee is exempt from the requirement in section 43 to conduct an initial assessment if,

(a) the licensee, a staff member in a retirement home or a member of a College, as defined in the Regulated Health Professions Act, 1991, conducts an initial assessment of the resident in accordance with that section not more than 30 days before the resident commences residency;
(b) the licensee, a staff member in a retirement home or a member of a College, as defined in the Regulated Health Professions Act, 1991, conducts a full assessment of the resident in accordance with that section not more than 30 days before the resident commences residency; or
(c) the licensee or a staff member in a retirement home conducts a full assessment of the resident in accordance with section 44 not later than two days after the resident commences residency. O. Reg. 166/11, s. 45.

Full Assessments

As explained, an *initial* assessment considers nine key factors that must be known in order for appropriate care to be given to a resident during their early days in the home.

However, within 14 days of a resident moving into a home, the licensee must complete a *full* assessment of the resident's needs and preferences. See section 44 (1) of the Regulation.

There are other items that need to be addressed in the full assessment. You can find these in section 44 (2).

Full assessment of care needs

R 44. (1) Subject to section 46, no later than 14 days after a resident commences residency in a retirement home, the licensee shall ensure that a full assessment of the resident's care needs and preferences is conducted. O. Reg. 166/11, s. 44 (1).

Full assessment of care needs

R 44. (2) The full assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:

1. Physical and mental health.
2. Functional capacity.
3. Cognitive ability.
4. Behavioural issues.
5. Need for care services.
6. Need for assistance with the activities of daily living.
7. The matters listed in subsection 43 (2).
8. Any other matter relevant to developing a plan of care for the resident. O. Reg. 166/11, s. 44 (2).

Special Assessment Requirements

There are specific rules regarding *who* must conduct a full assessment if there's reason to believe that a resident may require dementia care, skin and wound care, or may require the use of a personal assistance services device.

In this case, a member of a College must personally conduct the full assessment, as defined in the *Regulated Health Professions Act, 1991*, such as a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario.

Where the resident's needs may include dementia care, the person conducting the assessment must use a clinically appropriate assessment instrument.

Special assessment requirements in the case of dementia, skin or wound care, or use of personal assistance device

R 44 (3) If a licensee or a staff member of a retirement home has reason to believe that a resident's care needs may include dementia care, skin and wound care, or the use of a personal assistance services device, the licensee shall ensure that the full assessment is,

(a) conducted by a member of a College, as defined in the Regulated Health Professions Act, 1991; and

(b) if the resident's care needs include dementia care, carried out using a clinically appropriate assessment instrument that is specifically designed for the assessment of dementia and related conditions. O. Reg. 166/11, s. 44 (3).

Compliance with Plans, Documentation, Reassessments and Revisions

Licensees must document the care services that are given, the outcomes of the care and an assessment of how effective the care services were.

A resident's needs may change over time. In light of that possibility, the licensee needs to reassess the resident at least every six months and at any other time:

- A goal in the resident's Plan of Care is met;
- A resident's care needs change or the care services set out in the plan of care are no longer necessary;
- The care services set out in the plans of care have not been effective.

In each of these cases, the licensee must conduct a new assessment.

Reassessment and Revision

A 62. (12) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time if, in the opinion of the licensee or the resident,

(a) a goal in the plan is met;
(b) the resident's care needs change or the care services set out in the plan are no longer necessary; or
(c) the care services set out in the plan have not been effective. 2010, c. 11, s. 62 (12).

Compliance with plans

A. 62. (10) The licensee shall ensure that the care services that the licensee provides to the resident are set out in the plan of care and are provided to the resident in accordance with the plan and the prescribed requirements, if any. 2010, c. 11, s. 62 (10).

Documentation

A. 62. (11) The licensee shall ensure that the following are documented in accordance with the regulations, if any:

1. The provision of the care services set out in the plan of care.
2. The outcomes of the care services set out in the plan of care.
3. The effectiveness of the plan of care. 2010, c. 11, s. 62 (11).

Information About External Care Providers After Assessment

Sometimes the assessment or reassessment of a resident's needs will indicate that he or she requires care services that the licensee is not able to provide.

In that case, it is up to the licensee to provide the resident with information that will enable him or her to obtain those services they need from an external care provider.

If the licensee can't meet a resident's needs, the licensee may be required to work with the resident to give them information about living elsewhere.

Information About External Care Providers After Assessment

A 63. (2) If an assessment undertaken under subsection 62 (1) or (12) indicates that a resident needs care services that the licensee is not able to provide, the licensee shall promptly provide the resident with information that is readily available to the licensee and that will enable the resident to obtain those services from an external care provider. 2010, c. 11, s. 63 (2).

Information about alternatives to a retirement home

A 63. (3) If an assessment undertaken under subsection 62 (1) or (12) indicates that a resident meets one or more of the prescribed criteria, the licensee shall,

(a) provide the resident or the resident's substitute decision-maker with information about other alternatives to living in the retirement home and information about admission to a long-term care home as defined in the Long-Term Care Homes Act, 2007;
(b) if the resident or the resident's substitute decision-maker so requests, contact the placement co-ordinator designated in subsection 40 (1) of the Long-Term Care Homes Act, 2007 for the purpose of providing the resident with information about alternatives to living in a retirement home; and
(c) document the actions that the licensee takes under this subsection for the resident and provide the documentation to the Registrar on a periodic basis as is prescribed. 2010, c. 11, s. 125.

Alternatives to a retirement home

R. 49. (1) For the purposes of subsection 63 (3) of the Act, the licensee of a retirement home shall provide a resident with information about alternatives to living in the home if,

(a) an assessment of the resident indicates that the resident may be eligible for admission to a long-term care home as defined in the Long-Term Care Homes Act, 2007; or
(b) the resident's care needs cannot be met at the home. O. Reg. 166/11, s. 49 (1).

(2) A licensee shall provide to the Registrar annually the documentation required under clause 63 (3) (c) of the Act. O. Reg. 166/11, s. 49 (2).

Knowledge Check

See if you can answer the following three questions correctly.

Question 1: Within how many days of an individual beginning residence in a retirement home must a *full* assessment be conducted?

A. 2 days
B. 10 days
C. 14 days
D. 21 days

Feedback

The correct answer is C.

A full assessment must be conducted within 14 days of the commencement of residency.

Question 2: Which of the following must be considered as part of an *initial* assessment? (Choose all that apply)

A. Continence.
B. Mental Health
C. Presence of infectious diseases.
D. Risk of falling.
E. Known allergies.
F. Dietary needs including known food restrictions.
G. Need for assistance with activities of daily living
H. Cognitive ability.
I. Risk of harm to self and to others.
J. Behavioural issues
K. Risk of wandering.
L. Needs related to drugs and other substances

Feedback

The correct answer are All of the selections – *except* for B (mental health), G (need for assistance with activities of daily living), and J (behavioural issues) which are addressed during the *full* assessment.

Question 3: If there is reason to believe that a resident may require care for dementia, who must do a full assessment?

A. A retirement home staff member
B. A retirement home staff member under the supervision of a Doctor or Nurse.
C. A member of a College (e.g. College of Physicians and Surgeons of Ontario, or the College of Nurses of Ontario)
D. A representative of an outside agency, such as the Local Health Integration Network.

Feedback

The correct answer is C.

If a resident may require care for dementia, skin problems and wounds, or may require the use of a personal assistance services device, the full assessment must be conducted personally by a member of a College.

Procedure for Plans of Care

Legislative Requirements

Legislative requirements regarding Plans of Care are found in six main topic areas:

- Plans of Care development timeline
- What the plan of care must be based on
- Involvement of the resident in its development
- Who approves the plans of care
- How compliance with the plan is demonstrated
- Information about external care providers.

Resident assessments and development of plans of care are closely related.

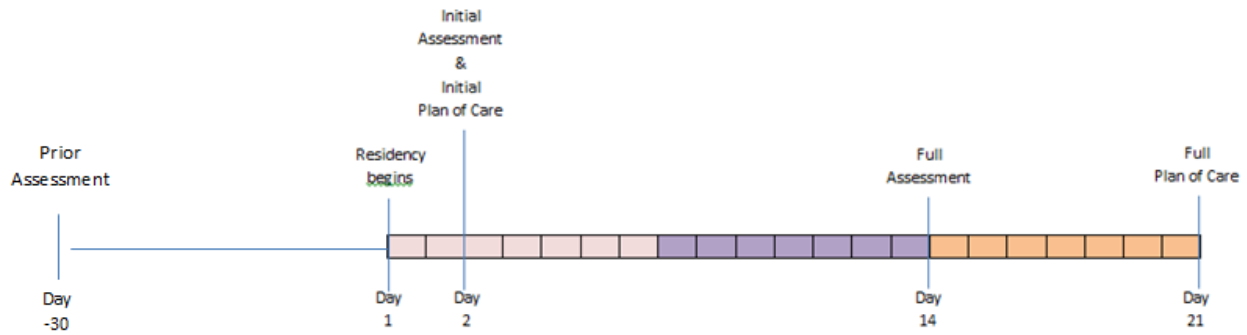
Once a resident begins living in a home, an *initial* assessment must be conducted no later than two days following the start of a new residency. The same timeline applies to the development of an initial plan of care.

A *full* assessment must be conducted within 14 days of residency unless the exemption applied is followed by a complete *plan of care* within 21 days of a resident moving into a home.

If the resident moved into the retirement home within 30 days of a prior assessment – for instance, while the individual was in hospital – there would be no need to conduct a new assessment within two days of the resident's arrival – although a plan of care would still be required. This exemption can be found in sections 45 and 46 of the Regulation.

A licensee must consider the nine areas listed in section 43 (2) of the Regulation when conducting an initial assessment. If the licensee is using a hospital assessment that does not consider all of the nine areas, the licensee must assess the areas that weren't covered.

If the previous assessment was conducted more than 30 days before the resident moved into the home, the licensee must conduct an initial assessment within two days of the resident's arrival.



Plans of Care

A62. (1) When a resident commences his or her residency in a retirement home, the licensee shall, within the prescribed times, ensure that the resident is assessed and that a plan of care is developed based on the assessment and in accordance with this section and the regulations. 2010, c. 11, s. 62 (1).

Assessment of resident

A62. (6) The licensee shall ensure that the plan of care is based on an assessment of the resident and the needs and preferences of the resident. 2010, c. 11, s. 62 (6).

Plans of Care

R 47. (1) Subject to subsection (4), as soon as possible and not later than two days after a resident commences residency in a retirement home, the licensee of a retirement home shall develop an initial plan of care for the resident based on the initial assessment of the resident's immediate care needs conducted under section 43 that includes all of the information listed in subsection 62 (4) of the Act that is relevant to the resident's immediate care needs. O. Reg. 166/11, s. 47 (1)

Assessment of resident

R 47. (2) No later than 21 days after a resident commences residency in a retirement home, the licensee of the home shall develop a complete plan of care for the resident based on the full assessment of the resident's care needs and preferences conducted under section 44 that takes into account all of the matters that must be considered in a full assessment. O. Reg. 166/11, s. 47 (2)

Exception, full assessment

R. 46. A licensee is exempt from the requirement in section 44 to conduct a full assessment if the licensee, a staff member in a retirement home or a member of a College, as defined in the Regulated Health Professions Act, 1991, conducts a full assessment of the resident in accordance with that section not more than 30 days before the resident commences residency. O. Reg. 166/11, s. 46.

Contents of Plans of Care: Interdisciplinary Care Conference

If an assessment determines that a resident may need dementia care, skin and wound care, or the use of a personal assistance services device, an interdisciplinary care conference must be part of the development of the plan of care.

The resident or resident's substitute decision-maker or designate must have a chance to participate in the conference. The resulting plan of care must take into account the results of the conference.

Development of plan of care

R 47. (5) If an assessment of a resident indicates that the resident's care needs may include dementia care, skin and wound care or the use of a personal assistance services device, the licensee shall ensure that an interdisciplinary care conference is held as part of the development of the resident's plan of care and that the resident's plan of care takes into account the results of the care conference. O. Reg. 166/11, s. 47 (5).

Development of Plans of Care

R 47. (6) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other person designated by the resident or the substitute decision-maker are given an opportunity to participate in the interdisciplinary care conference mentioned in subsection (5). O. Reg. 166/11, s. 47 (6).

Contents of Plans of Care: What Needs to be Set Out

The legislation identifies four broad topics that must be included in a plan of care:

- Care services the resident is entitled to receive under the resident's agreement, even if the resident does not receive all of them
- The planned care services for the resident including service details, goals, and directions to staff who provide direct care to the resident
- Care services that external care providers will deliver (resident must consent to include this information in the plan of care)
- A statement that indicates whether the resident has consented to the licensee to collect and use information from external care providers, and disclose the contents of the plan of care to external care providers and others

Contents of plan

A 62. (4) The licensee of a retirement home shall ensure that there is a written plan of care for each resident of the home that sets out,

(a) the care services that are part of a package of care services that the resident is entitled to receive under the resident's agreement with the licensee, whether or not the resident receives the services;

(b) the planned care services for the resident that the licensee will provide, including,

(i) the details of the services,

(ii) the goals that the services are intended to achieve, and

(iii) clear directions to the licensee's staff who provide direct care to the resident;

(c) if the resident has consented to the inclusion of the information in the plan of care, the planned care services for the resident that external care providers will provide with the consent of the resident, to the extent that such information is available to the licensee after the licensee has taken all reasonable steps to obtain such information from the resident and the external care provider, including,

(i) the details of the services, and

(ii) the goals that the services are intended to achieve; and

(d) evidence indicating that the resident has provided consent to the licensee to collect information from external care providers, to use such information and to disclose the contents of the plan of care to external care providers and others. 2010, c. 11, s. 62 (4).

Contents of Plans of Care: Meals to be Provided

If the licensee will be providing the resident with meals, the licensee must document food restrictions, allergies, and sensitivities in the plan of care.

Development of plans of care

R 47. (7) If one of the care services that the licensee provides to a resident is the provision of a meal, the resident's plan of care is only complete if it includes a description of the food restrictions, food allergies and food sensitivities of the resident that are known. O. Reg. 166/11, s. 47 (7)

Criteria for Considering a Complete Plan of Care

A plan of care is considered to be complete if it:

- Addresses the four broad topics identified in Section 62. (4) of the Act
- Sets out any information that staff need to understand the resident's needs and preferences
- Includes the names and contact information of the resident's substitute decision-makers, if any
- Identifies the people who participated in the development of the plan
- States whether the resident and his or her substitute decision-makers, if any, participated in the development of the plan
- Has been approved by all of the parties identified in Section 62. (9) of the Act

Contents of plan

A 62. (4) The licensee of a retirement home shall ensure that there is a written plan of care for each resident of the home that sets out,

(a) the care services that are part of a package of care services that the resident is entitled to receive under the resident's agreement with the licensee, whether or not the resident receives the services;

(b) the planned care services for the resident that the licensee will provide, including,

(i) the details of the services,

(ii) the goals that the services are intended to achieve, and

(iii) clear directions to the licensee's staff who provide direct care to the resident;

(c) if the resident has consented to the inclusion of the information in the plan of care, the planned care services for the resident that external care providers will provide with the consent of the resident, to the extent that such information is available to the licensee after the licensee has taken all reasonable steps to obtain such information from the resident and the external care provider, including,

(i) the details of the services, and

(ii) the goals that the services are intended to achieve; and

(d) a statement indicating whether the resident has provided consent to the licensee to collect information from external care providers, to use such information and to disclose the contents of the plan of care to external care providers and others. 2010, c. 11, s. 62 (4).

Development of Plans of Care

R 47. (4) Subject to subsections (5) and (6), a plan of care for a resident is complete if the plan,

(a) satisfies the requirements in subsections 62 (4) of the Act;

(b) sets out,

(i) any information that is necessary to allow the licensee's staff to understand the resident's needs and preferences, including cultural, spiritual and religious preferences and customary routines,

(ii) the names and contact information of the resident's substitute decision-makers, if any, and

(iii) the names of the persons who participated in the development of the plan and whether the resident and his or her substitute decision-makers, if any, participated in the development of the plan; and

(c) has been approved in accordance with subsection 62 (9) of the Act. O. Reg. 166/11, s. 47 (4).

Persons who approve Plans of Care

A 62. (9) The licensee shall ensure that the following persons have approved the plan of care, including any revisions to it, and that a copy is provided to them:

1. The resident or the resident's substitute decision-maker.
2. The prescribed person if there is a person prescribed for the purpose of this paragraph.
3. A person with the requisite expertise in assessing the suitability of care services for the resident in light of those set out in the plan, if there is no person prescribed for the purpose of paragraph 2. 2010, c. 11, s. 62 (9).

Involvement of the Resident

Residents must be given an opportunity to participate in developing, implementing and reviewing their plans of care.

In addition, a resident's substitute decision-maker – and any other person designated by the resident or substitute decision-maker – must also have the opportunity to participate.

Involvement of resident, etc.

A62. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate in the development, implementation and reviews of the resident's plan of care. 2010, c. 11, s. 62 (5).

Approval of Plans of Care

Before a plan of care or a revised plan of care is considered complete, it must be approved by:

- The resident or the resident's substitute decision-maker
- A physician or nurse, or someone acting under their supervision

A physician or nurse must approve the plan of care, if a resident's care needs include dementia care, skin and wound care, or the use of a personal assistance services device. This approval cannot be delegated to someone acting under their supervision.

Persons who approve Plans of Care

A 62. (9) The licensee shall ensure that the following persons have approved the plan of care, including any revisions to it, and that a copy is provided to them:

1. The resident or the resident's substitute decision-maker.
2. The prescribed person if there is a person prescribed for the purpose of this paragraph.
3. A person with the requisite expertise in assessing the suitability of care services for the resident in light of those set out in the plan, if there is no person prescribed for the purpose of paragraph 2. 2010, c. 11, s. 62 (9).

Approval of Plans of Care

R **48.(1)** For the purposes of paragraph 2 of subsection 62 (9) of the Act and subject to subsection (2), the licensee shall ensure that a resident's plan of care is approved by,

(a) a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario; or

(b) a person acting under the supervision of a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario. O. Reg. 166/11, s. 48 (1).

Approval of Plans of Care

R **48.(2)** **For the purposes of paragraph 2 of subsection 62 (9) of the Act, if an assessment of a resident indicates that the resident's care needs may include dementia care, skin and wound care or the use of a personal assistance services device, the licensee shall ensure that the resident's plan of care is approved by a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario. O. Reg. 166/11, s. 48 (2); O. Reg. 53/12, s. 7.**

Compliance with Plans of Care

Once a plan of care is complete, the licensee has an obligation to ensure that care services are provided to a resident according to the plan and in compliance with the standards relating to the care services.

Further, the licensee must document the care services they've provided, the outcomes of those services, and the effectiveness of the plan of care.

At least every six months, the resident must be re-assessed and the plan of care reviewed to make sure that it continues to meet the resident's needs.

Compliance with plans

A 62. (10) The licensee shall ensure that the care services that the licensee provides to the resident are set out in the plan of care and are provided to the resident in accordance with the plan and the prescribed requirements, if any. 2010, c. 11, s. 62 (10).

Documentation

A 62. (11) The licensee shall ensure that the following are documented in accordance with the regulations, if any:

1. The provision of the care services set out in the plan of care.
2. The outcomes of the care services set out in the plan of care.
3. The effectiveness of the plan of care. 2010, c. 11, s. 62 (11).

Reassessment and revision

A 62. (12) The licensee shall ensure that the resident is re-assessed and the plan of care reviewed and revised at least every six months and at any other time if, in the opinion of the licensee or the resident,

(a) a goal in the plan is met;

(b) the resident's care needs change or the care services set out in the plan are no longer necessary; or

(c) the care services set out in the plan have not been effective. 2010, c. 11, s. 62 (12).

Information About External Care Providers

As mentioned earlier, it's not unusual for residents to receive some of their care services from providers outside the home.

If a resident asks for information about services provided by an external care provider, information on those services that is readily available to the licensee must be provided promptly.

In some cases, an assessment or reassessment may indicate that a resident needs care that the licensee can't provide. In that case, the licensee must promptly provide the resident with readily available information that will help the resident obtain the services they need.

Information about external care providers, etc.

A 63. (1) If a resident requests information relating to the provision of services by an external care provider, the licensee shall promptly provide the resident with such information that is readily available to the licensee. 2010, c. 11, s. 63 (1).

Information about external care providers, etc., after assessment

A 63. (2) If an assessment undertaken under subsection 62 (1) or (12) indicates that a resident needs care services that the licensee is not able to provide, the licensee shall promptly provide the resident with information that is readily available to the licensee and that will enable the resident to obtain those services from an external care provider. 2010, c. 11, s. 63 (2).

Knowledge Check

Here are four questions to test your understanding of the material in this section.

Question 1: When is an interdisciplinary care conference required?

A. Whenever a complete plan of care is being developed.
B. When a complete plan of care is being developed and it is known that some care will be provided by external care givers.
C. In emergency situations when it appears that prescribed interventions are not achieving their intended results.
D. When a complete plan of care is being developed and assessment has determined that a resident may need dementia care, skin and wound care or the use of a personal assistance services device.

Feedback

The correct answer is D.

If an assessment determines that a resident may need dementia care, skin and wound care, or the use of a personal assistance services device, development of the plan of care must include an interdisciplinary care conference.

Note that the licensee is generally required to have in place protocols to promote collaboration between staff, external care providers and others involved in the different aspects of care of the resident.

Question 2: If a meal is to be provided, what information must be included in the Plan of Care?

A. Evidence that a resident's diet has been reviewed and food restrictions, food allergies and food sensitivities noted.
B. The recommended 30-day menu.
C. The resident's preferred foods, serving temperatures, and meal times.
D. Targets for resident weight gain or loss.

Feedback

The correct answer is A.

If a meal is to be provided, documentation must exist that a resident's diet has been reviewed and food restrictions, food allergies and food sensitivities noted in the plan of care.

Question 3: When is a licensee required to review a plan of care? (Choose all that apply)

A. Every six months
B. Whenever an injury-causing accident takes place
C. In advance of announced visits by RHRA inspectors
D. When a goal has been met
E. When there is a change in care needs
F. When a home's assessment and plans of care procedures change
G. When care services have not been effective

Feedback

The correct answers are A, D, E, and G.

Question 4: Which care services must be included in a plan of care? (Choose all that apply.)

A. All services offered by the residence.
B. All care services the resident is entitled to receive under the resident's agreement.
C. The planned care services for the resident.
D. All services that the resident has expressed an interest in receiving.

Feeback

The correct answers are B and C.

Compliance Scenarios

In this program, you've learned how to determine if your home's processes meet the requirements for resident assessments and plans of care as outlined in the Act and Regulation.

This section gives you a chance to test your understanding by answering some questions about scenarios you could encounter.

Scenario 1: Assessments Conducted Inside and Outside the Residence

An RPN from your home conducts an assessment of a potential resident who is currently in the hospital and unable to return to her family home. The resident signs an agreement to reside in your home. She plans to move in two weeks after she signs the agreement. However, due to health complications, she remains in the hospital and doesn't move into the retirement home until three weeks after the intended move-in date.

Question 1: Are you required to conduct another assessment?

A. No. The assessment conducted in the hospital by the RPN can be used as the basis for the Plan of Care.
B. Yes. In this instance, the assessment in hospital was conducted more than 30 days before the residency began.

Feedback

The correct answer is Yes.

The assessment in the hospital was conducted by the home's RPN more than 30 days (five weeks) ahead of the beginning of the residency. If the resident moved into the retirement home within 30 days of the assessment, there would be no need to conduct a new assessment. Beyond this, an initial assessment would have to be conducted within two days of the resident's arrival. Remember, the new assessment needs to be dated to demonstrate compliance.

Question 2: Thinking of the previous scenario, can the Plans of Care be based on the assessment conducted while the resident was in the hospital?

A. Yes. Since the licensee conducted an assessment while the future resident was in the hospital and signed an agreement for residency to begin well within the 30-day limit, it would be OK to base the Plans of Care on the assessment conducted while the resident was in the hospital.
B. No. As the assessment was not conducted within 30 days, the Plan of Care must be based on a new initial assessment that must be completed within two days of the resident arriving in the home. A full assessment must be conducted within 14 days. Remember to date he plan of care to demonstrate compliance.

Feedback

The correct answer is No.

Since the assessment was not conducted within 30 days, the Plan of Care must be based on a new initial assessment that must be completed within two days of the resident arriving in the home. A full assessment must be done within 14 days. Remember to date the plan of care to demonstrate compliance.

Scenario 2: Updating a Plan of Care

Your home makes all 13 care services available. A resident's substitute decision-maker signed an agreement for the resident to receive meals and medication administration. The resident moved into the home on January 1st and the initial assessment was done within two days. An initial plan of care consented to by the substitute decision-maker listed the two care services.

By April, the resident shows signs of dementia. Progress notes indicate increased wandering and exit-seeking behavior and memory loss. It is clear that his care needs have changed and the staff believe the resident needs dementia care.

Question 1: Which of the following is true? (Choose all that apply)

A. The licensee must conduct a reassessment of the resident's care needs.
B. The plan of care must be approved by a physician or a nurse.
C. The licensee must ensure that an interdisciplinary case conference is held.

Feedback

The correct answer are A, B and C.

The licensee is required to conduct a re-assessment when the resident's care needs change. A physician or nurse is required to consent to a plan of care if the assessment indicates the resident requires dementia care, they must perform the assessment when there is a reason to believe the resident requires dementia care, and an interdisciplinary case conference is required.

Question 2: As described in the scenario, does the Plan of Care need to set out clear details of how staff are to provide the care now required?

A. Yes. The Plan of Care needs to give clear directions to staff who provide direct care services to the resident and the goals for the services.
B. No. All the Plan of Care needs to include is a description of what the resident's assessment has revealed.

Feedback

The correct answer is Yes.

The Plan of Care needs to give clear directions to staff who provide direct care to the resident and the goals the care services are intended to achieve.

Still Have Questions?

If you would like additional information regarding the *Retirement Homes Act* and *Regulations*, Inspections, educational resources, how to respond to an unusual complaint – or other related topics, please reach out to the RHRA in one of these ways:

RHRA website: www.RHRA.ca

Email: info@RHRA.ca

Telephone: 1-855-275-RHRA (7472)

You can also use this Compliance Assistance Module as a reference tool.

We hope this helps you understand and improve compliance with the Act. Please let us know if you found this learning program helpful by completing a short survey.

We value your feedback! Please complete the survey.

Resources

Ontario Regulation 166/11	www.ontario.ca/laws/regulation/110166#BK33
Retirement Homes Act, 2010	https://www.rhra.ca/wp-content/uploads/2018/10/RHRA_Plain_Language_Guide_final-2.pdf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