

This Inspection Guide provides *guidance* to the inspector during the initial planning of an inspection. Not all sections will be applicable in every situation and the inspector may need to adjust the inspection based on information collected.

Personal Assistance Services Devices = PASD

PROFILE FOR RESIDENT

- Name, room number, home area
- Date of birth, date of admission, date of discharge (if applicable)
- Diagnoses
- Other resident information, as applicable: Physician, SDM, Advanced Directives, Activities of Daily Living, and RAI-MDS Outcome Scores, e.g., CPS

CLINICAL RECORD REVIEW (ELECTRONIC AND HARD COPY)

ASSESSMENTS

- RAI-MDS - Section B (Cognitive Patterns), Section E (Mood and Behaviour Patterns), Section F (Psychosocial Well-being), Section J (Health Conditions), Section O (Medications), Section P (Special Treatments and Procedures), Section P2 (Interventions for Mood, Behaviour and Cognitive Loss), Section P4 (Devices and Restraints).
- Physician’s orders for restraints/PASDs.
- Assessments related to restraints/PASDs.
- Consent/documentation in place from for the restraints/PASDs (from a capable residents/SDM).
- Documentation of care, e.g., flow sheets and tasks

PLAN OF CARE

- Plan of care based on assessments
- Implementation of the plan of care as required
- Goals for care and use of device are identified
- Strategies and interventions are in place to minimize restraints

- Evidence of revision when condition changes
- Involvement of Common Law Duty

PROGRESS NOTES

- Notes specific to restraints/PASDs
- Notes related to assessments/re-assessments for restraints/PASDs
- Strategies and interventions used and the effectiveness of these interventions to prevent, minimize restraints
- Triggers/precipitating factors for the use of a physical device

OBSERVATIONS

RESIDENT

- Resident observation, e.g., room, unit
- Use of devices, e.g., bed rails, tilt wheelchair, and BRODA chair
- Resident’s reaction to the restraint including body alignment and repositioning.

STAFF

- Re-positioning resident, e.g., every two hours/as per care plan.
- Assistive devices used by staff in accordance with manufacturer’s requirement.

INTERVIEWS

RESIDENT/SDM

- Resident/ SDM/POA’s involvement in the in the plan of care for restraints.
- Alternatives provided by the staff if resident does not want PASD.

DIRECT CARE STAFF

PSW and others as applicable

- Discuss the role and responsibilities related to restraints/PASDs.
- Discuss the education/training related to restraints/PASDs, e.g., policy and identifying restraints.

- PSWs familiarity of the resident and their care.
- Discuss type of devices used and application.
- Confirm use of the device, e.g., use for risk or ADL.
- Discuss monitoring, re-positioning, and the required documentation.
- Awareness of staff regarding potential risks of restraints.

REGISTERED STAFF AND MEDICAL PERSONNEL

- Staff involvement in minimizing restraints
- Collaboration of nursing staff with professionals, e.g., physician, PT/OT
- Types of alternatives that have been attempted related to minimizing of restraint
- Discuss potential and contributing factors leading to restraints/PASDs
- Discuss Environmental/risk factors or conditions that may contribute to falls or risks
- Medication use and effects, potential adverse drug reactions, and impact on residents
- Multidisciplinary staff to implement, monitor, and or discontinue the restraint/PASD
- Discuss how alternatives were implemented, single staff or team involved in monitoring

MANAGEMENT

Director of Care, Administrator/Delegate

- Discuss that resident rights are respected when considering restraints/PASDs.
- Discuss if the home is restraining a resident by administration of drug under Common Law Duty.
- Discuss that staff are aware of the prohibited devices in the LTCHs, e.g., Roller bars on w/c and commodes/toilets, or vests or jacket restraints)
- Discuss staff are trained to identify restraints and safe use of PASDs.
- Discuss the policy to minimize restraint use in the home.

- Discuss how the licensee has incorporated the required programs, e.g., falls prevention and management, continence care and management, skin and wound care program, and pain management program.
- Discuss the legislative areas of concern, if identified.

OTHER RECORD REVIEW

- Policies/process for the use of physical devices and restraints and how are staff implementing it.
- Training to the staff for minimizing restraints, application/use of PASDs
- Additional audio/video records.

FOR FURTHER GUIDANCE

Please refer to policies, guidance documents, and job aids available in the eInspectors' Handbook.