
Chapter 3

Pandemic Preparedness and Response in Nursing Homes

Department of Social Development

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Pandemic Preparedness and Response in Nursing Homes – Department of Social Development

Report of the Auditor General – Volume I, Chapter 3 – September 2023

Why Is This Important?

- Nursing homes provide care for one of New Brunswick’s most vulnerable populations
- 1,955 nursing home residents and 2,036 staff in New Brunswick had been infected with COVID-19 as of March 31, 2022
- Of the 358 New Brunswickers who lost their lives to COVID-19 as of April 2022, 90 were residents of nursing homes

Overall Conclusions

- The Department of Social Development (Department) did not ensure that nursing homes were prepared for a potential pandemic
- The Department provided support, guidance, and personal protective equipment (PPE) to nursing homes in response to the pandemic. However, we noted areas for improvement for responding to future pandemics

What We Found

Pre-Existing Systemic Challenges Contributed to the Impact of the Pandemic

- Clinical staff shortages existed prior to the pandemic
- There was a lack of access to infection prevention and control expertise
- The Department did not have a capital or risk management plan to address deficiencies in nursing home design
- The Department was aware of several areas of non-compliance as noted during inspections; however, enforcement options are limited

The Department and Nursing Homes were Unprepared for the Pandemic

- The Department did not have an updated pandemic plan
- The Department did not provide nursing homes with financial resources for pre-pandemic planning

Improvements Required for Future Pandemic Responses

- The Department should work with nursing homes to address key inspection non-compliance areas, notably in the area of adequate numbers of care staff
- The Department should ensure timely access to infection prevention and control specialists

**Audit
Introduction**

3.1 The Department of Social Development is responsible for funding, inspecting and licensing nursing homes. The Department sets the requirements for program delivery and ensures that all nursing homes comply with the *Nursing Homes Act*, regulations and departmental standards.

3.2 On March 19, 2020, the Province of New Brunswick (Province) declared a provincial state of emergency under the *Emergency Measures Act*. The declaration was renewed for additional 14-day periods, until July 30, 2021, when all restrictions were lifted. The declaration was subsequently reinstated on September 24, 2021, and continued to be renewed for additional 14-day periods until March 14, 2022.

Why we chose this topic

3.3 We chose to audit the Department’s pandemic preparedness and response to COVID-19 in nursing homes for the following reasons:

- the Legislative Assembly passed a motion on March 25, 2022, proposing the Auditor General undertake a review of the response by the provincial government to the COVID-19 pandemic
- nursing homes residents are a vulnerable population greatly impacted by the pandemic

Audit Objective

3.4 The objective of this audit was to determine if the Department of Social Development:

- ensured nursing homes were prepared for a potential pandemic
- responded effectively to the COVID-19 pandemic

Audit Scope

3.5 The majority of our audit conclusions are related to the period April 1, 2019 - March 31, 2022. However, for the emergency management elements of prevention and mitigation, the audit period includes calendar years 2018-2022.

3.6 Key elements of emergency management used for this audit were:

- prevention and mitigation
- preparedness
- response

- 3.7** Our audit recommendations and departmental responses are in Appendix I.
- 3.8** Appendix II contains a glossary of terms used in this chapter.
- 3.9** Details pertaining to audit objectives, criteria, scope and approach can be found in Appendix III and IV.
- 3.10** The COVID-19 pandemic created unprecedented challenges to the Department, boards of directors of nursing homes, staff, residents, and families. We recognize and commend substantial efforts made by many to assist, care for, and help protect the nursing home population during this very challenging time. The findings and recommendations presented here are intended to assist government in future pandemic preparation and response as well as to promote improvement of services to nursing home residents in the Province.
- 3.11** We would like to express our thanks and appreciation to all those who openly shared information with us in an honest and transparent manner.
- 3.12** Our audit has concluded that the Department did not ensure nursing homes were prepared for a potential pandemic. While there were significant efforts made to provide an effective response to the pandemic, we have noted several areas for future improvements.

Conclusion

Background Information

Capacity of nursing homes ranges from 13-218 beds

- 3.13 Nursing home services are intended for individuals who are medically stable but require 24-hour nursing care and supervision. Services in nursing homes focus on the resident's physical, social and psychological independence.
- 3.14 Clinical care staff in nursing homes include:
 - registered nurses (RN)
 - licensed practical nurses (LPN)
 - resident attendants (RA)
- 3.15 Other support staff include dieticians, and those responsible for laundry, kitchen, activation, rehabilitation, maintenance, and administration services.
- 3.16 Nursing home services are provided throughout New Brunswick’s 71 licensed nursing homes, ranging in capacity from 13-218 beds. Sixty-one homes are not for profit and governed by an independent board of directors. The remaining 10 are for profit and operated privately.
- 3.17 Exhibit 3.1 details that as of March 31, 2022, there were a total of 4,953 licensed nursing home beds in the Province.

Exhibit 3.1 - Nursing homes network (March 31, 2022)

Nursing Home Type	Number of Homes	Number of Beds
Not for profit	61	4,177
Private for profit	10	776
Total	71	4,953

Source: Prepared by AGNB based on information provided by the Department (unaudited)

- 3.18 Appendix V contains a listing of nursing homes and number of beds by zone throughout the province.
- 3.19 Departmental inspectors annually evaluate nursing home compliance with legislation, regulation and

departmental standards and inspections include the following key steps:

- identification of non-compliance areas and setting target dates for corrective action
- determining if corrective action was taken
- assigning level of licence renewal

3.20 Additionally, the *Nursing Homes Act* provides the Lieutenant Governor in Council authority to appoint a trustee over a nursing home.

3.21 Appendix VI contains a detailed description of the Department's oversight framework for nursing home services.

3.22 Exhibit 3.2 details the responsibilities of the Department and nursing home boards (or operators).

Exhibit 3.2 - Department and Nursing Home Boards/Operators Responsibilities

Department	Nursing Home Board of Directors/Operators
<ul style="list-style-type: none"> • administration of the <i>Nursing Homes Act</i> • development of nursing home standards • inspection, enforcement, licensing • funding nursing homes 	<ul style="list-style-type: none"> • management and operations • ensuring compliance with legislation, regulation and departmental standards including staffing levels, training, fire safety and disaster plans, and building maintenance

Source: Prepared by AGNB based on information provided by the Department

3.23 Exhibit 3.3 provides an analysis of the Department’s annual expenditures in Nursing Homes Services for fiscal years ending March 31, 2019-2022.

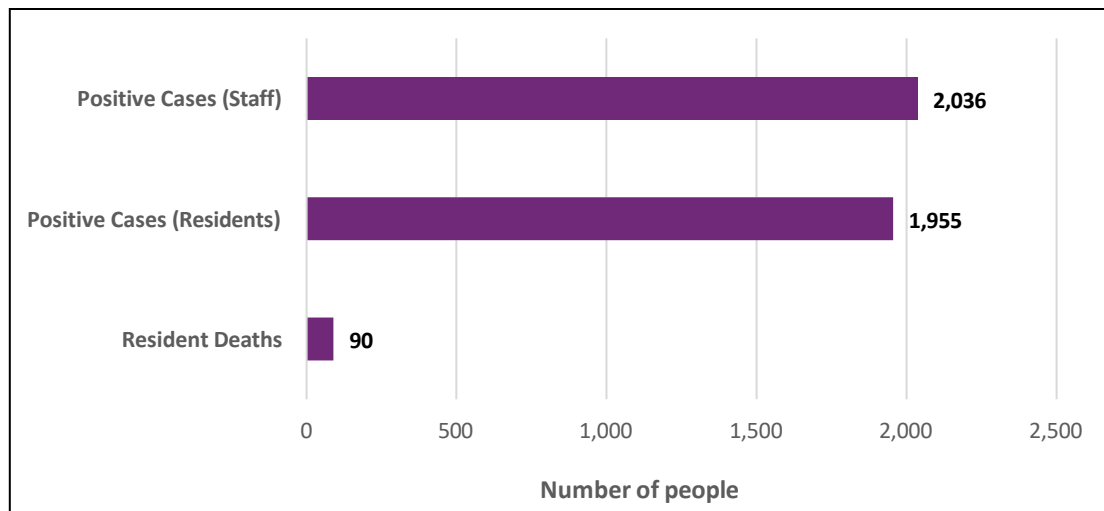
Exhibit 3.3 - The Department’s Annual Expenditures in Nursing Home Services and Total Number of Licensed Beds (fiscal years ending 2019-2022)

Program Areas	Fiscal Year (\$ Millions)			
	2018-19	2019-20	2020-21	2021-22
Nursing Home Services	\$ 354.1	\$ 374.9	\$ 389.6	\$ 398.3
Nursing Home – Capital Program	\$ 10.3	\$ 11.7	\$ 9.9	\$ 8.9
Total Expenditures	\$ 364.4	\$ 386.6	\$ 399.5	\$ 407.2
Total Number of Nursing Home Beds	4,766	4,778	4,925	4,953

Source: Prepared by AGNB based on information provided by the Department (unaudited)

3.24 The first COVID-19 outbreak in nursing homes was in November 2020. Exhibit 3.4 illustrates the number of positive cases and resident deaths as of March 31, 2022.

Exhibit 3.4 - Number of COVID-19 Positive Cases and Deaths in Nursing Home Residents and Staff to March 31, 2022



Source: Prepared by AGNB based on information and data provided by the Department (unaudited)

1,955 nursing home residents and 2,036 staff tested positive

3.25

As of March 31, 2022:

- 1,955 nursing home residents tested positive for COVID-19
- 2,036 nursing home staff tested positive for COVID-19
- there were 90 resident deaths
- there was one staff death
- all regions within the province were impacted

Systemic Challenges in the Nursing Home System

Pre-existing issues impacted readiness of nursing homes for the COVID-19 pandemic

3.26 The Department was aware of systemic issues facing nursing homes well before the pandemic. The following issues compromised the ability of the Department and nursing homes to prepare and respond to the COVID-19 pandemic:

- clinical staffing challenges
- lack of access to infection prevention and control experts
- nursing home infrastructure issues
- inspection and enforcement weaknesses

Clinical staffing challenges

The Department was aware staff shortages existed prior to the pandemic

3.27 The annual inspection process had identified ongoing clinical staffing shortages in nursing homes, however the Department did not take action to address the issue.

Staffing levels were in non-compliance with regulation

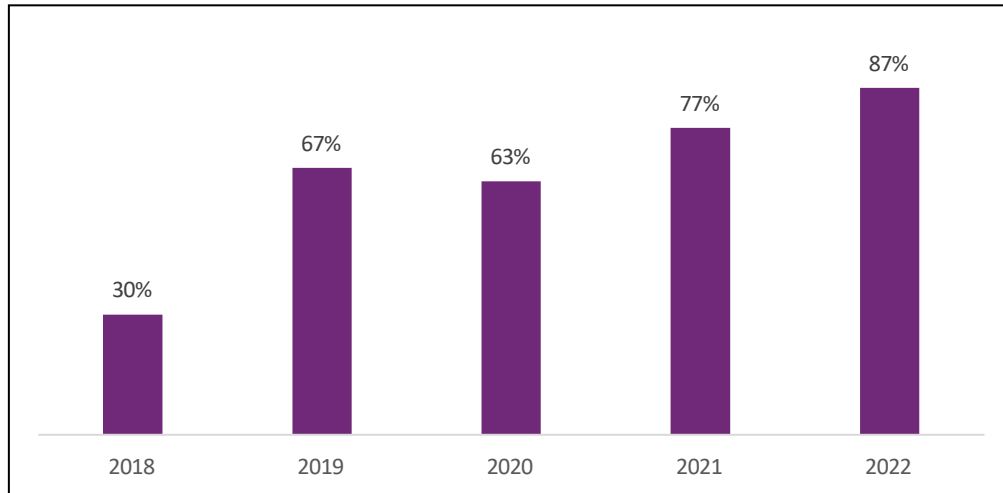
3.28 Two key requirements for staffing as per the *Nursing Homes Act, Regulation 85-187* are:

- maintain appropriate staffing ratios (defined in departmental standards) as follows:
 - RN 15%
 - LPN 20%
 - RA 65%
- ensure a registered nurse is on duty at all times

3.29 We reviewed inspection results for a sample of 30 nursing homes and noted:

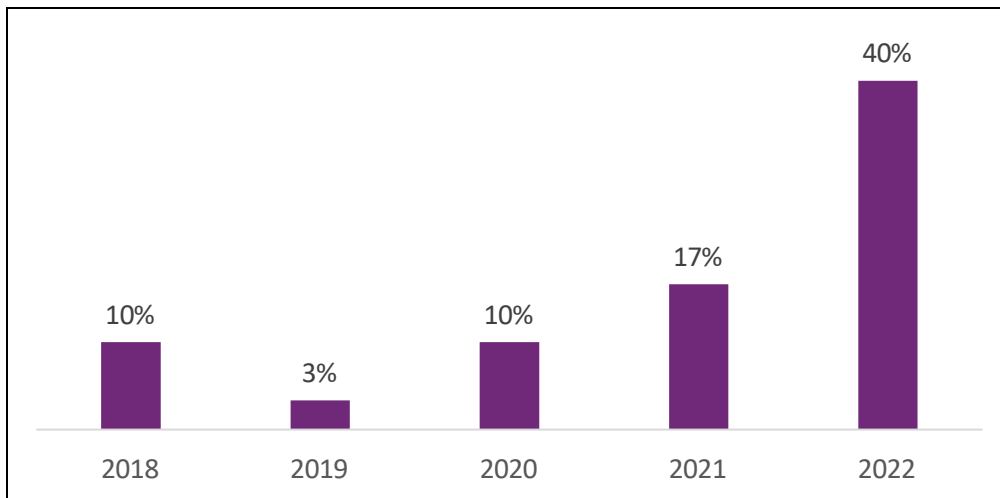
- non-compliance with appropriate care staff ratios rose from 30% to 87% between the years 2018 and 2022 (Exhibit 3.5)
- non-compliance with the requirement for a full-time registered nurse at all times rose from 10% to 40% between the years 2018 and 2022 (Exhibit 3.6)

Exhibit 3.5 - Percentage of Homes Non-Compliant with Staff Ratio Requirements



Source: Prepared by AGNB based on information provided by the Department (unaudited)

Exhibit 3.6 - Percentage of Homes Non-Compliant with Registered Nurse On Duty



Source: Prepared by AGNB based on information provided by the Department (unaudited)

3.30 Departmental staff and other stakeholders reported the following as contributing factors to staff shortages:

- competition with other nursing homes for RNs and LPNs
- financial incentives offered by Regional Health Authorities
- inability of small homes to guarantee scheduled work hours

<i>Lack of formalized recruitment strategy</i>	<ul style="list-style-type: none"> • national / international labour market challenges 	
	<p>3.31 Nursing homes compete with the private sector, Regional Health Authorities (RHAs), and other jurisdictions for the same limited pool of staff.</p>	
	<p>3.32 Despite the fact the Department informed us they were aware of the shortage of clinical staff in Canada and internationally, they have not developed an active recruitment strategy for nursing homes.</p>	
<i>Recommendation</i>	<p>3.33 We recommend the Department of Social Development work with nursing homes to develop and implement a recruitment strategy for nursing home clinical care staff.</p>	
<i>Lack of access to infection prevention and control experts</i>	<i>Inadequate Infection Prevention and Control Measures</i>	<p>3.34 Infection Prevention and Control (IPAC) Canada advocates for the best practices in infection prevention and control in all settings. IPAC Canada recommends an infection prevention and control program include as a minimum one full time infection prevention and control (IPC) professional per 150-200 beds depending on acuity levels.</p>
		<p>3.35 We found that the Department hired two IPC specialists to guide nursing homes on minimizing spread of COVID-19. According to the Department, the specialists made efforts to work with each home in outbreak, but with the number of nursing homes experiencing outbreaks they were unable to visit every home in person.</p>
		<p>3.36 The Department has two standards and one guideline on infection prevention and control (see Exhibit 3.7).</p>

Exhibit 3.7 - Nursing Home Services Standards Pertaining to Infection Prevention Pre- and Post-Pandemic

Section	Standard / Guideline	Pre-pandemic version	Post-pandemic version (January 2023) Last Modification
C-II-1	There is in-service training	2016	October 2022
D-I-2	There is an organized infection prevention and control program	2016	September 2022
D-I-2 G	Infection Control Resources Guideline <i>Note: Guidelines are reference materials that provide information relevant to nursing homes.</i>	2019	September 2022

Source: Prepared by AGNB based on Nursing Home Services Standards

Departmental standards for infection prevention and control were below best practices

3.37 By not requiring an IPC specialist per 150 to 200 beds (depending on acuity), departmental standards for infection prevention and control were lower than what is recommended by IPAC Canada. This left nursing homes with a lack of access to infection prevention and control specialists during the pandemic.

3.38 We commend the Department for revising and expanding IPC-related standards after the pandemic. However, the revisions failed to address the requirement for availability of full-time dedicated infection prevention and control experts.

Recommendation

3.39 **We recommend that the Department of Social Development update the infection prevention and control requirements in Nursing Home Standards to align with IPAC Canada best practice by providing access to a dedicated infection prevention and control professional per 150-200 beds depending on acuity levels.**

**Nursing Home
Infrastructure Issues**

The Department had documented design standards

3.40 The 2010 Nursing Home Design Standards developed by the former Department of Supply and Services had specific requirements to meet residents’ need for private space and to enhance infection control. The Department of Transportation and Infrastructure updated design standards in 2015 to support single resident room accommodations complete with ensuite washroom facilities for infection prevention and control measures. Additionally, the Department dictates nursing homes ensure that at least 80% of their resident rooms be private.

3.41 In 2017, The Department of Transportation and Infrastructure completed a nursing home facilities assessment that referred to lack of space as the top area of concern, stating, *“The foremost challenge being faced by the homes is the lack of space... Homes that do not have sufficient space for operational requirements are more likely to have cleaning and maintenance challenges and are more likely to be storing materials in services spaces against code regulations.”* The assessment also recommended converting some double rooms into single occupancy rooms.

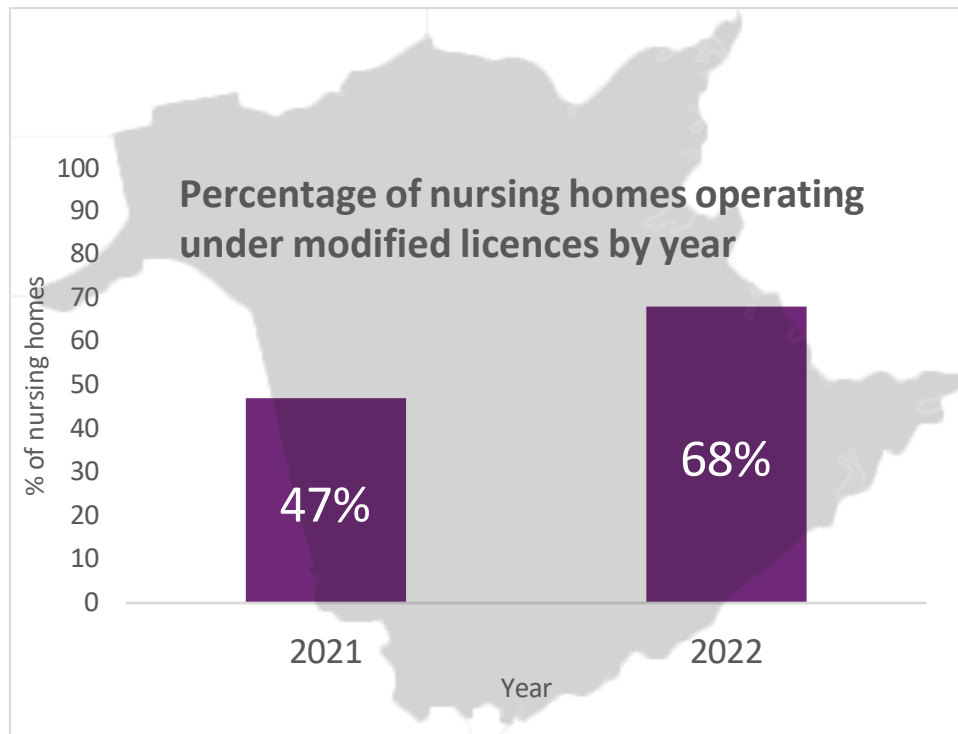
73% of nursing homes do not meet design standards

3.42 Departmental staff informed us that 73% of nursing homes were built prior to 2011 and would not meet 2010 or 2015 design standards. Additionally, we determined that only 58% of non-profit homes meet the departmental requirement for numbers of private rooms.

3.43 Departmental staff informed us they believe a contributing factor to COVID-19 outbreaks was that older home layouts were not adequate to deal with airborne and communicable disease.

<i>Lack of a formalized plan to address design standard gaps</i>	3.44	<p>The Department indicated that there is no formalized plan to bring nursing homes up to the design standards or convert double occupancy rooms into single rooms. The Department indicated the conversion would:</p> <ul style="list-style-type: none"> • have a significant financial impact • cause patient backlog in hospitals
<i>Recommendation</i>	3.45	<p>While we acknowledge the noted challenges, the Department should plan, over time, for nursing homes to either meet design standards or have a risk management strategy for effective protection from communicable diseases.</p>
Inspection and enforcement weaknesses	3.46	<p>We recommend the Department of Social Development implement a formalized risk management strategy detailing sufficient procedures that reflect infection prevention and control best practices until a capital improvement plan can be developed.</p>
<i>Departmental inspection process lacks enforcement mechanism</i>	3.47	<p>While the Department has processes in place for annual inspection, they lack adequate enforcement mechanisms. The current repercussions for non-compliance are limited to issuing a modified licence, revoke licence or trusteeship.</p>
<i>Status of licensing is not publicly available online</i>	3.48	<p>Recognizing the hardship for nursing home residents, the Department has been hesitant to revoke licences or invoke trusteeship. Modified licences have been the primary enforcement mechanism and it has not proven to be an effective one.</p>
	3.49	<p>Several nursing homes operate under a modified licence. Exhibit 3.8 details percentages of homes on modified licences for years 2021 and 2022.</p>
	3.50	<p>While nursing home inspection reports are available on the departmental website, the status of the home's licence is not. This is important information for residents and their families to assist in their decision-making processes.</p>

Exhibit 3.8 - Percentage of Nursing Homes with Modified Licence by Year



Source: Prepared by AGNB based on information provided by the Department (unaudited)

Non-compliance issues existed well before the pandemic

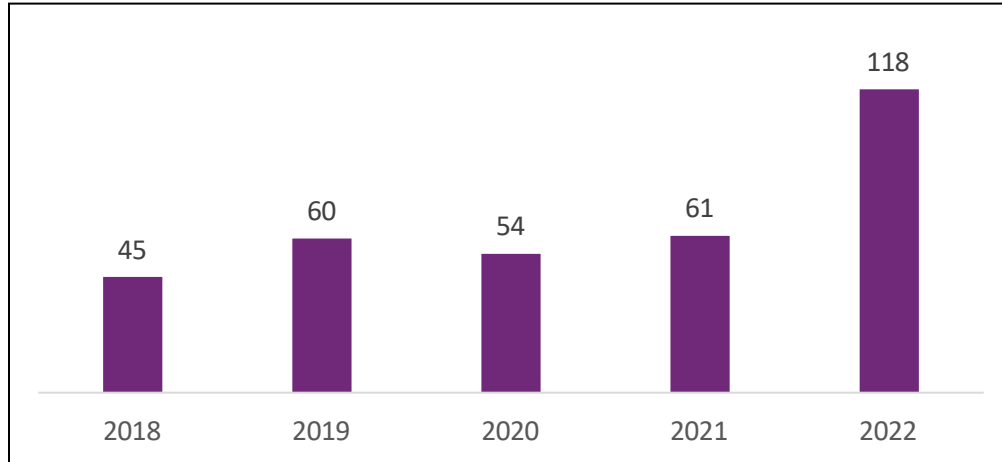
3.51 We reviewed 13 inspection criteria pertaining to 30 nursing homes between 2018 and 2022. The selected criteria assessed compliance in the following areas:

- quality of resident care
- adequacy of staffing levels
- infection prevention and control

3.52 As demonstrated in Exhibit 3.9, total infractions increased from 45 in 2018 to 118 in 2022.

3.53 Additional information on the tested inspection criteria can be found in Appendix VII.

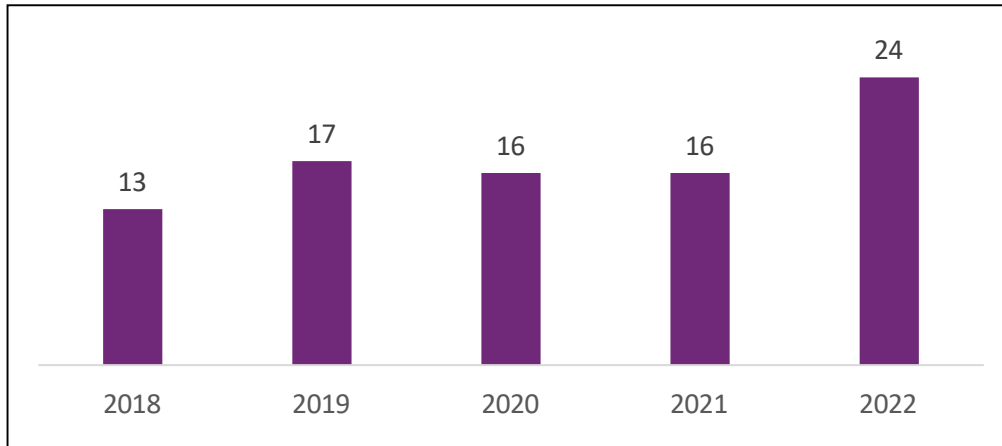
Exhibit 3.9 - Total Infractions By Year – Sample of 30 Nursing Homes



Source: Prepared by AGNB based on information provided by the Department (unaudited)

3.54 Exhibit 3.10 details the number of homes with two or more infractions (out of a possible 13) for the period 2018 to 2022.

Exhibit 3.10 - Nursing Homes With Two or More Infractions By Year - Sample of 30 Nursing Homes



Source: Prepared by AGNB based on information provided by the Department (unaudited)

Recommendation 3.55 We recommend the Department develop adequate enforcement mechanisms to support compliance with legislation, regulations and standards.

Recommendation 3.56 We recommend the Department of Social Development publicly report the licence status of nursing homes online.

Pandemic Preparedness

- | | | |
|---|-------------|---|
| | 3.57 | Pandemic preparedness is an important aspect of risk management both at the departmental and nursing home level. |
| <i>Department did not have an updated pandemic plan before the COVID-19 pandemic</i> | 3.58 | However, we found that prior to the pandemic, the Department did not have an updated pandemic plan and had not provided nursing homes with additional funding to undertake pandemic planning. |
| | 3.59 | In May 2020, the Department of Social Development and the Department of Health developed a New Brunswick COVID-19 Management Plan for long-term care facilities. The purpose of the plan was to keep residents of New Brunswick’s nursing homes as safe as possible during the pandemic. |
| | 3.60 | The Department participated in the establishment of the Provincial Rapid Outbreak Management Team (PROMT). PROMT was created in August 2020 to coordinate efforts of multiple departments in management of COVID-19. Departmental staff and volunteers joined regional PROMT teams ready to be deployed to nursing homes during outbreaks. |
| <i>Department actively worked with nursing homes to assess pandemic readiness</i> | 3.61 | In October 2020, the Pandemic Task Force created the Provincial COVID-19 Long-term Care Facility Management Steering Committee. The Committee members included representatives from the Department and nursing homes. The objective of this committee was to define, measure, monitor, and support readiness amongst nursing homes, adult residential facilities, and other vulnerable sectors. The Committee’s mandate was to provide recommendations to, and receive direction from, the Pandemic Task Force to ensure facilities would be ready for a second wave of COVID-19. |
| | 3.62 | We noted the Department actively worked with nursing homes to assess risk areas and identify resources needed. However, Department’s actions were delayed due to poor pre-pandemic planning and |

dependence on other departments for pandemic-specific expertise and enforcement power.

- 3.63** For the first 12 months after the Province declared the state of emergency, the Department worked in conjunction with nursing homes and other government entities to assess pandemic preparedness. Exhibit 3.11 provides an overview of the assessments conducted in nursing homes between March 2020 and August 2021.

Exhibit 3.11 - Nursing Home Readiness Assessments 2020-2021

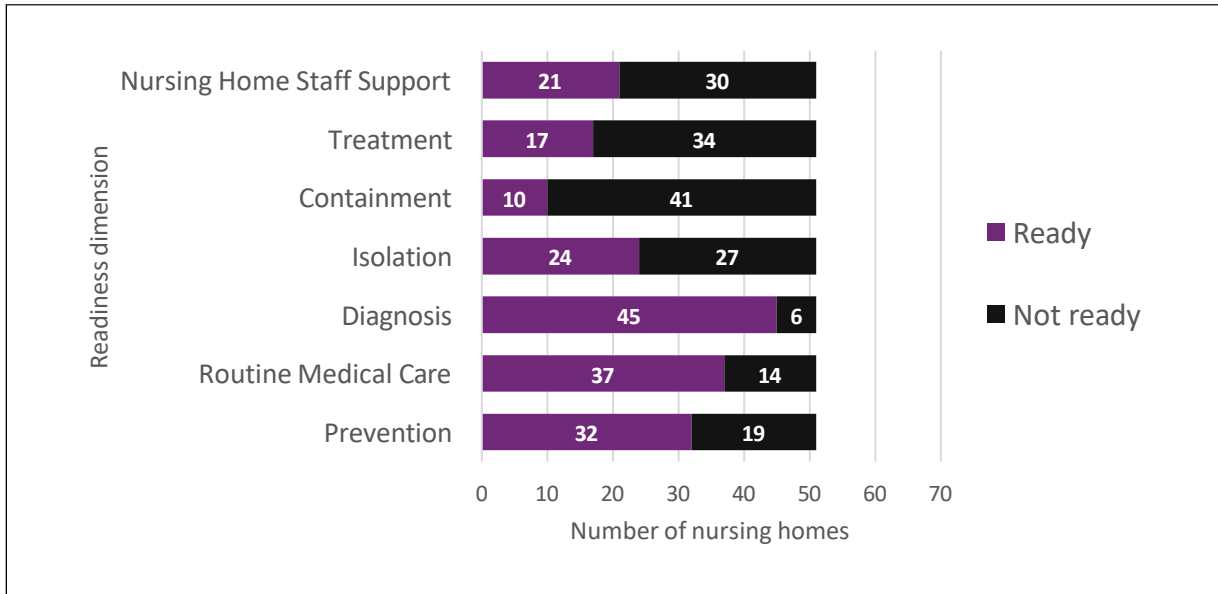
Period	Assessor	Coverage
Spring – Summer 2020	Nursing home self-assessments	51 homes
Summer – Fall 2020	IPC audits (Regional Health Authorities)	55 homes
Fall 2020	WorkSafeNB inspections	10 homes
Fall 2020 – Spring 2021	Justice and Public Safety inspections	39 homes
Spring – Summer 2021	Department readiness teams	70 homes

Source: AGNB using Department information and data (unaudited data)

Only 10 nursing homes reported readiness to contain potential COVID-19 outbreak

- 3.64** As shown in Exhibit 3.12, only 10/51 homes reviewed in the nursing homes self assessment exercise reported acceptable levels of readiness to contain an outbreak.

Exhibit 3.12 - Pandemic Readiness in Nursing Homes by Dimension (Self-Assessment)

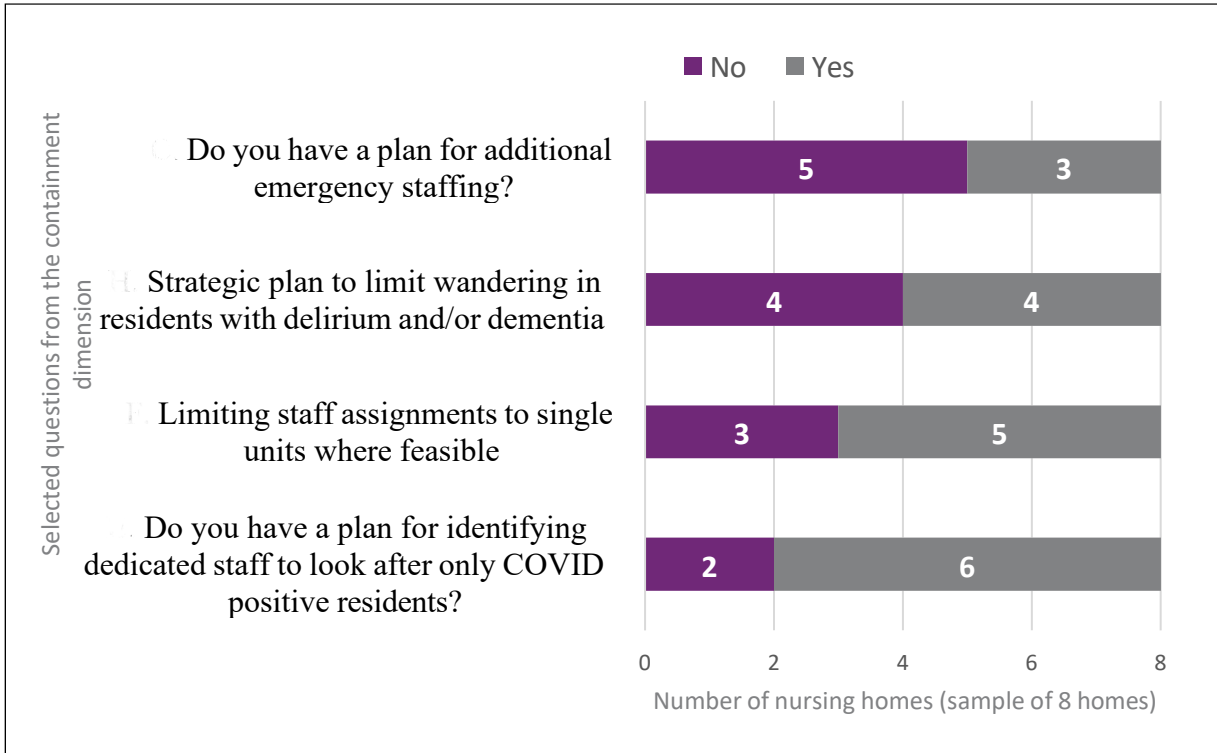


Source: Created by AGNB with Department data and information (unaudited)

Nursing homes reported lack of staff contingency plans

3.65 We selected a sample of self-assessment reports from eight nursing homes and conducted a detailed review of their responses in the containment dimension. Significant gaps were noted in staff contingency planning and the risk pertaining to residents with dementia (Exhibit 3.13).

Exhibit 3.13 - Most Common Risks Reported in the Containment Dimension



Source: AGNB created with Department information and data

3.66 While staffing is the responsibility of each nursing home board or operator, departmental staff informed us they assisted by leveraging staff between the nursing homes and using students from nursing schools to assist homes in critical shortages.

Staff reported vacant rooms were not used to separate residents

3.67 Staff informed us that while there were vacant rooms in nursing homes that could have been used to separate double rooms, Regional Health Authorities (RHAs) were requesting no reduction to the number of nursing home beds to support moving alternative care residents from hospitals to nursing homes.

- The Department engaged Regional Health Authorities to conduct IPC audits in nursing homes*** **3.68** The Department engaged RHA’s to conduct infection prevention and control (IPC) audits in 55 nursing homes, prioritizing high risk homes first.
- 3.69** We reviewed 44 IPC audit reports and noted a total of 705 (80%) deficiencies were categorized as high risk or critical (Exhibit 3.14).

Exhibit 3.14 - Results from the IPC Audits in Sampled Nursing Homes (44 homes)

Risk category	Recommended corrective action timeline	Total number of deficiencies
Critical risk	Immediate	9 (1%)
High risk	48 hours	696 (79%)
Moderate risk	4 weeks	135 (16%)
Low risk	8 weeks	37 (4%)
Total number of identified risks		877 (100%)

Source: Created by AGNB with Department information and data (unaudited)

- 3.70** Departmental staff informed us that the high volume of deficiencies and short time frames to correct them were overwhelming for some nursing homes. Many of them were already short staffed and / or there was a lack of timely access to IPC expertise.
- Recommendation*** **3.71** **We recommend the Department of Social Development ensure corrective actions as noted in IPC audits have been implemented to support ongoing/future infection prevention and control risks.**
- The Department did not have enforcement powers to ensure compliance with IPC measures and Public Health guidelines*** **3.72** The Department informed us it was not granted extra powers to ensure compliance with Public Health orders and that compliance actions would have been regulated under the *Occupational Health and Safety Act* and *Public Health Act*.
- 3.73** Subsequently, the Department requested WorkSafeNB and the Department of Justice and Public Safety (JPS) conduct COVID-19 operational readiness audits in nursing homes. These two departments had the authority to enforce compliance

with the Public Health orders under the Emergency Mandatory Order.

3.74 WorkSafeNB reviewed 10 nursing homes as prioritized by the Department, noting deficiencies in five homes that were subsequently addressed.

3.75 JPS inspected 39 homes, and no non-compliance orders were issued.

The Department's readiness teams were deployed 11 months into the pandemic

3.76 In parallel with the above assessment processes, the Department created its own readiness team. Beginning the summer of 2020, the team worked closely with the Department of Health. Subsequently, four regional readiness teams were created, fully staffed and trained by the end of January 2021.

3.77 The readiness teams worked with nursing homes to identify readiness gaps and support nursing home operators in creating a plan to address them.

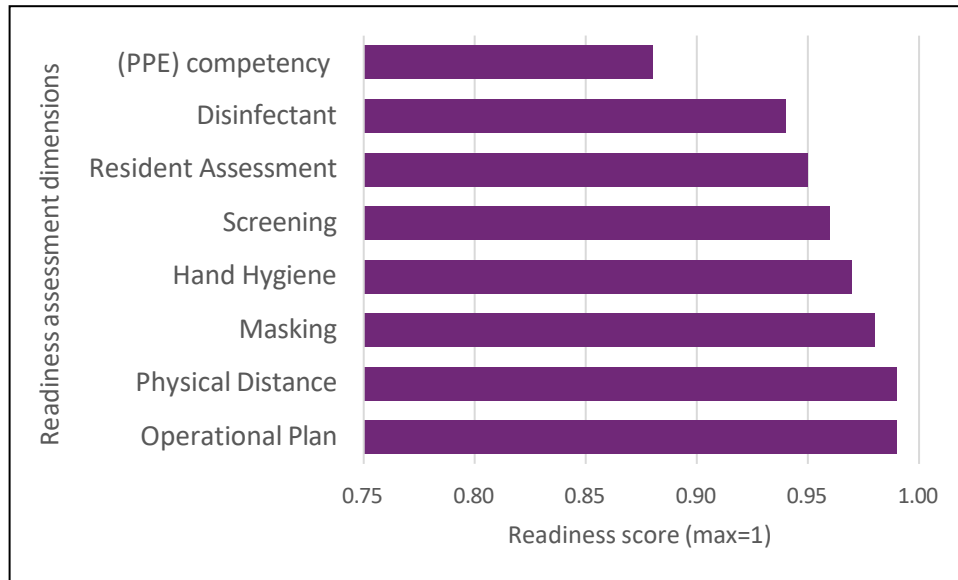
3.78 The readiness teams assessed all but one nursing home between February 2021 and August 2021. These assessments were completed in-person, starting with nursing homes that were at a higher risk for a COVID-19 outbreak. The readiness teams remained operational until August 2021, at which point they were dismantled when the province removed all COVID-19 restrictions (green phase).

The Department's readiness teams could not realistically mitigate risks related to containment of COVID-19 outbreaks in nursing homes

3.79 The readiness teams did not use the same readiness dimensions as nursing home self-assessments. Public Health and the Department collectively determined the assessment questions. Questions pertaining to containment (the area with the lowest readiness score from the nursing home self-assessments) were removed. The Department acknowledged that containment is important, but the focus remained on what could be realistically accomplished.

3.80 Exhibit 3.15 provides detail of the readiness scores by dimension.

Exhibit 3.15 - Average Readiness Score in Nursing Homes by Dimension



Source: Prepared by AGNB based on the information provided by the Department (unaudited)

PPE competency readiness score was low 3.81

Nursing home readiness scores were the lowest in personal protective equipment (PPE) competency. The Department contracted a third-party service provider in December 2020 to provide nursing homes with virtual and, where possible, in person training on IPC and the use of PPE.

3.82 According to the third-party service provider report, online training started in February 2021 and ended in September 2022.

Reported challenges with virtual training 3.83

One Director of Nursing in a nursing home indicated that education on PPE and IPC was not sufficient; and reading a memo or watching a video does not help with practical questions staff had. An IPC specialist we interviewed indicated “It is critical to provide IPC training in-person. It gives [nursing home] staff opportunity to ask questions and feel safe when they go into an outbreak...”

- Staff had concerns about PPE competency*** **3.84** Departmental staff informed us the risk of contamination was high in nursing homes due to a lack of conformity with IPC measures and poor PPE competency among nursing home staff. While these issues may not have existed in all nursing homes, specific examples included:
- some COVID units not utilizing PPE or full PPE not being worn within COVID units
 - no change of PPE coming in or out of units
 - PPE donning and doffing procedures not mastered by staff
 - insufficient cleaning practices
- 3.85** We understand that the Department was dealing with very difficult situations and acknowledge their efforts in contracting training services during a pandemic. By building in-house IPC capacity and expertise in nursing homes, the overall nursing home network will be better equipped to ensure safety of the residents.
- Recommendation*** **3.86** **We recommend the Department of Social Development regularly assess training needs of nursing homes and provide funding accordingly. Ongoing training should include infection prevention and control measures based on best practices.**

Response to Pandemic

Support provided to nursing homes

3.87 The Department received an additional \$22.1 million starting in fiscal 2021-2022 from the Federal Safe Long-Term Care Fund which was distributed and continues to be across the nursing home and adult residential facility networks in the Province. Additionally, the Department distributed almost 54 million personal protective equipment items (gloves, hand sanitizer, masks, etc.) to nursing homes for COVID-19. They also contracted travelling nurses and cleaning services for various homes, and increased funding for several nursing home positions. Efforts made throughout the pandemic should be acknowledged and lessons learned from these challenges should be included in forward planning processes and the Department's oversight function.

Many nursing homes were unable to control the spread of COVID-19

3.88 Due to various challenges, including pre-existing systemic issues, many nursing homes were unable to control the spread of COVID-19. The Department actively supported nursing homes facing unprecedented staffing shortages during the outbreaks to maintain provision of nursing home services.

Department assisted with outbreak response as part of the Provincial Response Outbreak Management Team (PROMT).

3.89 As part of the Provincial Response Outbreak Management Team (PROMT), the Department helped coordinate outbreak response in nursing homes and adult residential facilities. Departmental staff provided non-clinical support including communication with the resident's families, emotional support to residents, palliative care, garbage removal, provision of PPE and other supplies. We found evidence of departmental staff working extra hours to support nursing homes during outbreaks.

The Department established COVID response teams to provide outbreak management support

3.90 The Province reinstated the emergency order on September 24, 2021 in response to an increase in COVID-19 cases.

3.91 In October 2021, the Department began establishing its COVID response teams. The teams were in place and trained by November 2021. The outbreak response process included:

24 hours	<ul style="list-style-type: none"> • Determine home’s immediate need (PPE, non-clinical and clinical needs, other) • Assist in securing of immediate needs
48 hours	<ul style="list-style-type: none"> • Conduct IPC walk through and identify changes necessary to support containment of virus
On going	<ul style="list-style-type: none"> • Communication with Public Health on testing • Follow-up on the IPC recommendations • Regular updates with home and Public Health • Regular updates on home’s needs for supplies

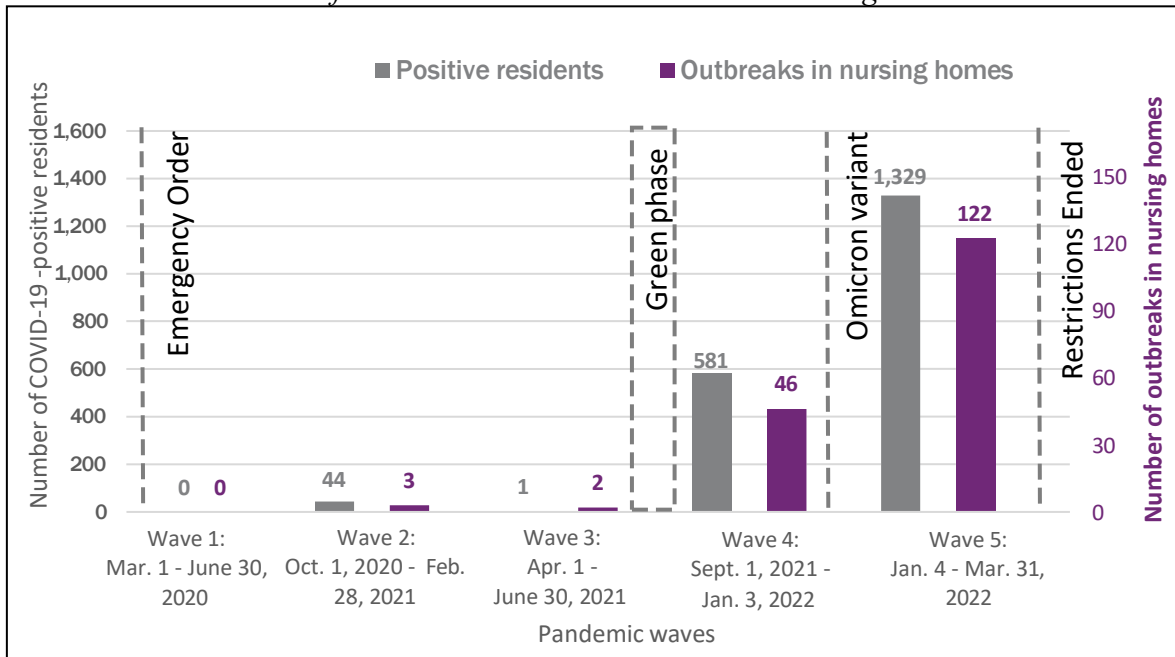
COVID-19 outbreaks in January-March 2022 created unprecedented staff challenges

3.92 With the arrival of the Omicron variant, the number of outbreaks, positive cases among residents and staff were higher than in previous waves (Exhibit 3.16). In December 2021, PROMT no longer had the capacity to respond to all outbreaks in a reasonable timeframe. PROMT’s focus shifted to adult residential facilities who lacked clinical capacity. In January 2022, the COVID Response Team assumed all support for nursing homes.

Five homes reported critical staffing levels

3.93 As the number of outbreaks peaked between December 2021 and March 2022 (Exhibit 3.16), the Department started to collect information on staffing levels in nursing homes to assess the impact on the resident care.

Exhibit 3.16 - Timeline of Positive Cases and Outbreaks in Nursing Homes

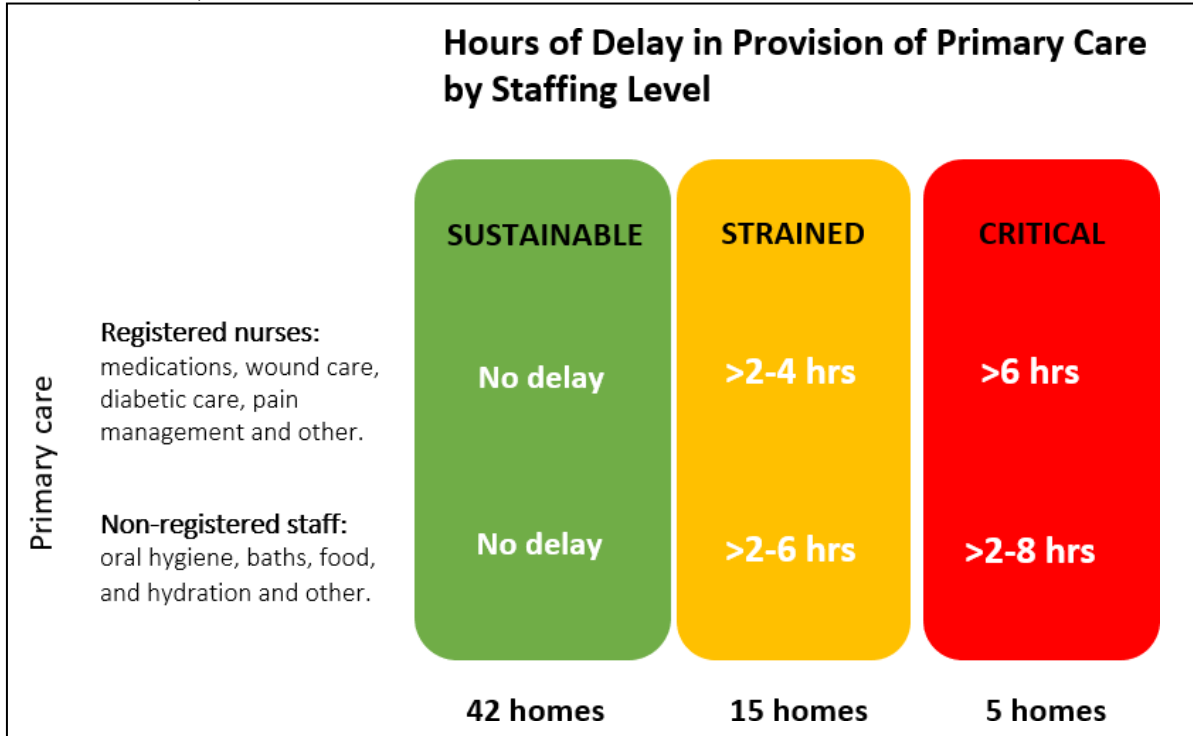


Source: Prepared by AGNB based on information and data provided by the Department (unaudited). Department noted the dates provided for the different waves are not official.

3.94 Exhibit 3.17 provides a high-level description of the staffing level by hours of delay in addressing residents’ primary care needs. According to the data provided by the Department for 62 nursing homes:

- 68% reported sustainable staffing levels (42)
- 24% reported strained staffing levels (15)
- 8% reported critical staffing levels (5)

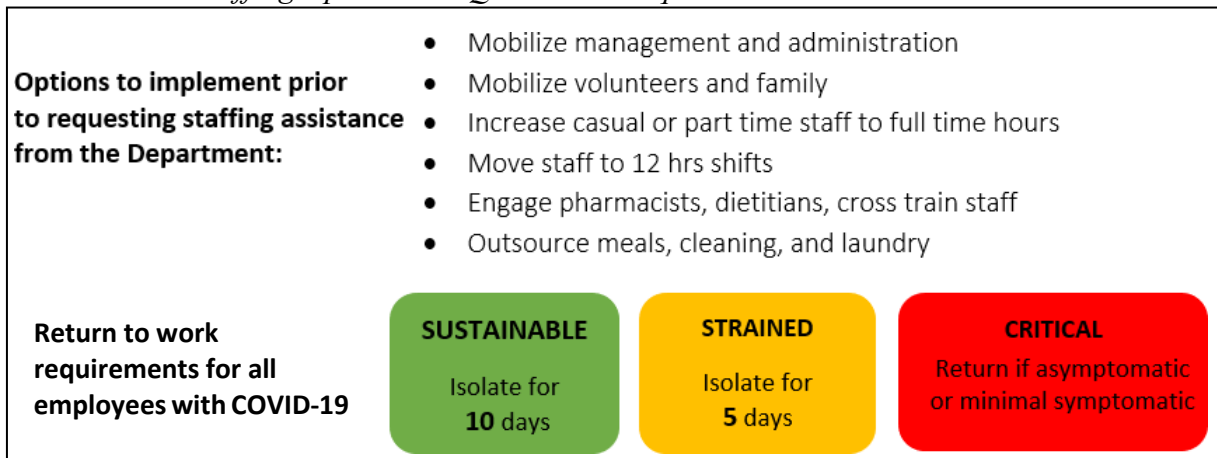
Exhibit 3.17 - Impact of the Staffing Level on Resident’s Primary Care (December 2021 – March 2022)



Source: Prepared by AGNB based on information and data provided by the Department (unaudited).

3.95 In collaboration with the Department of Health, the Department provided nursing homes with actions to consider before requesting departmental assistance. Additionally, Public Health modified staff quarantine requirements depending on the staffing levels. Exhibit 3.18 provides a summary of the staffing options and quarantine requirements.

Exhibit 3.18 - Staffing Options and Quarantine Requirements



Source: Prepared by AGNB based on information and data provided by the Department (unaudited).

- The Department assisted with the provision of non-clinical services*** **3.96** The Department contracted non-clinical support services, including cleaning, garbage removal, and provision of meals for nursing homes in need between January and March 2022. These services totalled \$736,844.
- Recommendation*** **3.97** **We recommend the Department of Social Development work with nursing homes and the Department of Health to develop outbreak management plans and procedures.**
- 3.98** Significant challenges were faced by government, the Department, and the nursing home sector during the pandemic. However, many issues existed well before 2020 and were exacerbated during the COVID-19 pandemic. These issues will continue to weaken the system of care for residents in nursing homes across the province until adequately addressed.

Appendix I – Recommendations and Responses

Recommendation	Department's response	Target date for implementation
Systemic Challenges in the Nursing Home System		
We recommend the Department of Social Development:		
3.33 work with nursing homes to develop and implement a recruitment strategy for nursing home clinical care staff.	<i>We agree with this recommendation. The department is currently involved in the People Pillar work under the Provincial Health Plan but believe that a focus on long term care is necessary, especially for the nursing home sector. To this end, the department has already spearheaded a Recruitment and Retention Task Force to establish a recruitment and retention strategy.</i>	<i>Underway. First Meeting August 23, 2023</i>
3.39 update the infection prevention and control requirements in Nursing Home Standards to align with IPAC Canada best practice by providing access to a dedicated prevention and control professional per 150-200 beds depending on acuity levels.	<i>Updated Standards and Guidelines have been developed. We agree with a further evolution of the program based on IPAC best practices. This will require significant investment and therefore will require government approval. Additionally, a support structure with appropriate expertise is required either within the department or with partners to ensure accountability and oversight.</i>	<i>Proposal to be developed and presented to government early 2024</i>
3.46 implement a formalized risk management strategy detailing sufficient procedures that reflect infection prevention and control best practices until a capital improvement plan can be developed.	<i>We agree with this recommendation. The department will be completing an updated Facility Condition Assessment to inform the development of future capital improvement plans including</i>	<i>Facility condition assessment to begin Fall of 2023 with a goal</i>

Recommendation	Department’s response	Target date for implementation
	<i>proposed replacement and spatial renovation projects to address aging infrastructure. Any new construction will adhere to applicable nursing home design standards. These infrastructure plans will require significant investment and government approval.</i>	<i>to develop plan for presentation to government in 2024.</i>
3.55 develop adequate enforcement mechanisms to support compliance with legislation, regulations and standards.	<i>We agree with this recommendation. The department is beginning its work on the development of comprehensive Long Term Care and Adult Protection Acts and in addition to developing a robust compliance framework. It is noted that the updated legislation and compliance mechanisms will require significant investment and government approval.</i>	<i>Work is currently underway with a goal to introduce the Bills in Fall of 2024.</i>
3.56 publicly report the licence status of nursing homes online.	<i>We agree with this recommendation. While the licence status is posted on the doors of the nursing homes, it should be reported in an aggregate format that is readily accessible to the public and stakeholders.</i>	<i>Winter 2024</i>
Pandemic Preparedness		
We recommend the Department of Social Development:		
3.71 ensure corrective actions as noted in IPC audits have been implemented to support ongoing/future infection prevention and control risks.	<i>We agree with this recommendation, however, it is dependent on the approval of an enhanced IPC program and appropriate resourcing (as noted above).</i>	<i>Depends on approval of resourcing for IPC program.</i>

Recommendation	Department's response	Target date for implementation
3.86 regularly assess training needs of nursing homes and provide funding accordingly. Ongoing training should include infection prevention and control measures based on best practices.	<i>We agree with this recommendation. Subject to federal funding approvals, the department will be developing a training plan which will consider an IPC component. On-going training needs would be part of the IPC program and is dependent on the approval of the program and resourcing.</i>	<i>Depends on approval of federal funding and approval of resourcing for IPC program.</i>
Response to Pandemic		
We recommend the Department of Social Development:		
3.97 work with nursing homes and the Department of Health to develop outbreak management plans and procedures.	<i>We agree with this recommendation. We have current plans for COVID as well as Influenza, but we recognize the need to look at all infectious disease to create a comprehensive guidance for outbreak management</i>	<i>Spring 2024</i>

Appendix II – Glossary of Terms

Glossary of Terms	
Term	Definition
Adult Residential Facilities (ARF)	Adult Residential Facilities (ARFs) include special care, community residences, memory care and generalist care.
AGNB	The office of the Auditor General of New Brunswick.
Annual Inspection of Nursing Homes	Inspections are conducted to ensure the nursing homes comply with regulatory requirements. Nursing homes are inspected every year by the Regional Liaison Officers who are employees of the Department of Social Development. These inspections are unannounced and usually take two days to complete.
Communicable Diseases	An infectious disease (such as cholera, hepatitis, influenza, malaria, measles, or tuberculosis) that is transmissible by contact with infected individuals or their bodily discharges or fluids (such as respiratory droplets, blood, or semen), by contact with contaminated surfaces or objects, by ingestion of contaminated food or water, or by direct or indirect contact with disease vectors (such as mosquitoes, fleas, or mice).
Director of Nursing (DON)	“Director” means the director responsible for nursing home services appointed under section 2 of the New Brunswick <i>Nursing Homes Act</i> .
Infection Control Professional (ICP)	An Infection Prevention and Control Professional (ICP) is an individual who is employed with the primary responsibility for development, implementation, evaluation, and education related to policies, procedures, and practices that impact the prevention of infections.
Infection Prevention and Control (IPC)	IPC refers to evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to health care providers, clients, patients, residents and visitors.
IPAC Canada	Infection Prevention and Control Canada (IPAC Canada) is a multidisciplinary member-based association committed to public wellness and safety by advocating for best practices in infection prevention and control in all settings.
Licence	“Licence” means a licence issued under section 4 and includes a renewal of a licence. [As per the <i>Nursing Homes Act</i>]
Nursing Home (NH)	“Nursing home” means a residential facility operated, whether for profit or not, for the purpose of supervisory, personal or nursing care for seven or more persons who are

Glossary of Terms	
Term	Definition
	not related by blood or marriage to the operator of the home and who by reason of age, infirmity or mental or physical disability are not fully able to care for themselves but does not include an institution operated under the <i>Mental Health Act</i> , the <i>Hospital Services Act</i> , the <i>Hospital Act</i> or the <i>Family Services Act</i> .
Operator	“Operator” means a person who, by themselves or through their agent, operates a nursing home and includes a partnership registered under the <i>Partnerships and Business Names Registration Act</i> , a limited partnership, a corporation or an association.
Outbreak (April 14, 2020)	Definition of a COVID-19 outbreak in a LTCF: In the context of the COVID-19 pandemic, a single laboratory-confirmed case of COVID-19 in a resident or staff member.
Outbreak (March 14, 2022)	COVID-19 outbreaks are defined as 2 laboratory confirmed cases in either staff or resident where transmission on site has not been ruled out. Outbreaks are declared by Medical Officers of Health.
Personal Protective Equipment (PPE)	Personal protective equipment, commonly referred to as "PPE", is equipment worn to minimize exposure to hazards that can lead to illnesses caused by transmittable diseases, such as COVID-19. It includes items such as gloves, gowns, goggles and face masks.
Primary Care - Registered Staff (regulated)	Medications, wound care, tracheostomy care/suctioning, catheter care, diabetic care, tube feed, pain management, palliative care, dialysis, incontinence management
Primary Care - Unregistered Staff (unregulated)	Nail care, oral hygiene, baths, food and hydration, repositioning, incontinence support
Resident	“Resident” means a person admitted to and residing in a nursing home.

Appendix III – Audit Objectives and Criteria

The objective and criteria for our audit of the Department of Social Development are presented below. The Department of Social Development reviewed the objective and acknowledged the suitability of the associated criteria.

Objective 1	To determine if the Department of Social Development: <ul style="list-style-type: none">• ensured nursing homes were prepared for a potential pandemic; and• responded effectively to the COVID-19 pandemic.
Criterion 1	The Department of Social Development should have exercised effective oversight to identify and mitigate pandemic related risks for the continuation of nursing home services.
Criterion 2	The Department of Social Development should have taken actions to ensure that nursing homes were ready to respond to the COVID-19 pandemic.
Criterion 3	The Department of Social Development should have taken actions to ensure the safety of nursing home residents and continuation of nursing home services during COVID-19 outbreaks.

Source of Criteria: Developed by AGNB based on reviews of legislation, best practices and reports by other jurisdictions' Auditors General.

Appendix IV – About the Audit

This independent assurance report was prepared by the Office of the Auditor General of New Brunswick. Our responsibility was to provide objective information, advice, and assurance to assist the Legislative Assembly in its scrutiny of the Department of Social Development regarding its Pandemic Preparedness and Response in Nursing Homes.

All work in this audit was performed to a reasonable level of assurance in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3001 – Direct Engagements set out by the Chartered Professional Accountants of Canada (CPA Canada) in the CPA Canada Handbook – Assurance.

AGNB applies the Canadian Standard on Quality Management 1- Quality Management for Firms That Perform Audits or Review of Financial Statements, or Other Assurance or Related Services Engagements. This standard requires our office to design, implement, and operate a system of quality management, including policies or procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

In conducting the audit work, we have complied with the independence and other ethical requirements of the Rules of Professional Conduct of Chartered Professional Accountants of New Brunswick and the Code of Professional Conduct of the Office of the Auditor General of New Brunswick. Both the Rules of Professional Conduct and the Code are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality, and professional behaviour.

In accordance with our regular audit process, we obtained the following from management:

- confirmation of management’s responsibility for the subject under audit;
- acknowledgement of the suitability of the criteria used in the audit;
- confirmation that all known information that has been requested, or that could affect the findings or audit conclusion, has been provided; and
- confirmation that the findings in this report are factually based.

Period covered by the audit:

The audit covered the period between April 1, 2019, and March 31, 2022. This is the period to which the audit conclusion applies. However, to gain a more complete understanding of the subject matter of the audit, we also examined certain matters that preceded the starting date of the audit.

Date of the report:

We obtained sufficient and appropriate audit evidence on which to base our conclusion on September 1, 2023, in Fredericton, New Brunswick.

Appendix V – Nursing Homes by Zone

Nursing Homes and Number of Beds by Zone	
Zone	Nursing Home and Number of Beds
<p>Central (includes former Regions 3 & 7)</p> <p>Communities in the Zone:</p> <ul style="list-style-type: none"> • Douglas; • Florenceville/Bristol; • Fredericton; • Minto; • Miramichi; • Nackawic; • Neguac; • New Maryland; and • Perth-Andover. <p>Total Beds = 1,353</p>	<ol style="list-style-type: none"> 1. Carleton Manor Inc. (110) 2. Central Carleton Nursing Home Inc. (30) 3. Central New Brunswick Nursing Home Inc. (30) 4. Complexe Rendez-Vous Inc. (30) 5. Foyer Assomption (50) 6. Mill Cove Nursing Home Inc. (65) 7. Nashwaak Villa Inc. (30) 8. Orchard View (40) 9. Pine Grove (70) 10. River View Manor Inc. (40) 11. Shannex - Bridgeview Hall (81) 12. Shannex - Frederick Hall (36) 13. Shannex - Losier Hall (161) 14. Shannex - Thomas Hall (72) 15. Shannex - Neil Hall (64) 16. Tabusintac Nursing Home (30) 17. Tobique Valley Manor Inc. (30) 18. Victoria Glen Manor Inc. (60) 19. W.G. Bishop Nursing Home (30) 20. Wauklehegan Manor Inc. (36) 21. White Rapids Manor Inc. (40) 22. York Care Centre (218)
<p>Northern (includes former Regions 4, 5, 6, & 8)</p> <p>Communities in the Zone:</p> <ul style="list-style-type: none"> • Bathurst; • Campbellton; • Caraquet; • Dalhousie; • Edmundston; • Grand-Falls; • Kedgwick; • Shippagan; and • Tracadie-Sheila. <p>Total Beds = 1,118</p>	<ol style="list-style-type: none"> 23. Campbellton Nursing Home Inc. (85) 24. Dalhousie Nursing Home Inc. (Villa Renaissance) (90) 25. Foyer Notre-Dame de Lourdes Inc. (130) 26. Foyer Notre-Dame de Saint Léonard Inc. (45) 27. Foyer Ste. Elizabeth Inc. (50) 28. Les Résidences Jodin Inc. (180) 29. Grand Falls Manor Inc. – Villa des Chutes (69) 30. Manoir Edith B. Pinet Inc. (30) 31. Résidences Inkerman Inc. (30) 32. Résidences Lucien Saindon Inc. (54) 33. Résidences Mgr. Melanson Inc. (42) 34. Résidences Mgr. Chiasson Inc. (85) 35. Robert I. Knowles Veterans Unit (Villa Chaleur Inc.) (13) 36. Villa Beauséjour Inc. (80) 37. Villa Saint-Joseph Inc. (74) 38. Villa Sormany Inc. (61)

Nursing Homes and Number of Beds by Zone	
Zone	Nursing Home and Number of Beds
<p>Southeast (includes former Region 1)</p> <p>Communities in the Zone:</p> <ul style="list-style-type: none"> • Bouctouche; • Dieppe; • Hillsborough; • Moncton; • Riverview; • Sackville; • Salisbury; and • Shediac. <p>Total Beds = 1,278</p>	<p>39. Forest Dale Home Inc. (50)</p> <p>40. Foyer Notre Dame du Sacré-Cœur (20)</p> <p>41. Foyer St. Thomas de la Vallée de Memramcook Inc. (30)</p> <p>42. Foyer St-Antoine (30)</p> <p>43. Jordan Lifecare Center Inc. (50)</p> <p>44. Manoir Saint Jean Baptiste Inc. (50)</p> <p>45. Rexton Lions Nursing Home Inc. (30)</p> <p>46. Shannex - Monarch Hall (72)</p> <p>47. Shannex - Pavillon Landry (64)</p> <p>48. Shannex - Pavillon Richard (64)</p> <p>49. The Kenneth E. Spencer Nursing Home Inc. (200)</p> <p>50. The Salvation Army Lakeview Manor (50)</p> <p>51. The United Church Home for Senior Citizens - Drew Nursing Home (118)</p> <p>52. Villa du Repos Inc. (186)</p> <p>53. Villa Maria Inc. (60)</p> <p>54. Villa Providence Shediac Inc. (174)</p> <p>55. Westford Nursing Home (30)</p>
<p>Southwest (includes former Region 2)</p> <p>Communities in the Zone:</p> <ul style="list-style-type: none"> • Grand Bay – Westfield; • Quispamsis; • Saint John; • St. George; • St. Stephen; and • Sussex. <p>Total Beds =1,204</p>	<p>56. Campobello Lodge (30)</p> <p>57. Carleton Kirk Lodge (70)</p> <p>58. Church of St. John and St. Stephen Home Inc. (80)</p> <p>59. Dr. V.A. Snow Centre Inc. (50)</p> <p>60. Fundy Nursing Home (27)</p> <p>61. Grand Manan Nursing Home Inc. (30)</p> <p>62. Kennebec Manor (70)</p> <p>63. Kings Way Care Centre Inc. (75)</p> <p>64. Kiwanis Nursing Home Inc. (100)</p> <p>65. Lincourt Manor Inc. (60)</p> <p>66. Loch Lomond Villa Inc. (190)</p> <p>67. Passamaquoddy Lodge Inc. (60)</p> <p>68. Rocmaura Inc. (150)</p> <p>69. Shannex - Embassy Hall (72)</p> <p>70. Shannex - Tucker Hall (90)</p> <p>71. Turnbull Nursing Home Inc. (50)</p>

Source: Prepared by AGNB based on information provided by the Department (unaudited)

Appendix VI – The Department of Social Development’s Oversight Framework for Nursing Home Services

The Department of Social Development’s oversight of nursing home services is enforced through the annual nursing home licensing process. According to the section 3(2) of the *Nursing Homes Act*: “No person shall establish, operate or maintain a nursing home unless the person holds a licence.”

All nursing homes must have a current licence in order to operate. Nursing homes have to re-apply for their licence annually and renewal of the licence is subject to addressing identified areas of non-compliance. The purpose of the inspection is to ensure that nursing homes are operating in accordance with Nursing Home Standards (available online) developed by the Department in accordance with the *Nursing Homes Act* and its regulations. Inspections of the nursing homes are completed by the Department’s Regional Liaison Officers and are unannounced.

After each inspection is completed, the Regional Liaison Officer provides the nursing home with an Inspection Report. The Inspection Report identifies areas of non-compliance with the Nursing Home Standards. Nursing homes are then required to respond to the identified areas of non-compliance by the date specified.

Nursing homes must submit corrective actions to the Regional Liaison Officer within a specified timeframe. The *Nursing Home Standards Manual* sets requirements for the corrective actions. Additionally, it requires the nursing home indicate what measures are put into place to ensure that non-compliance will not reoccur. The Regional Liaison Officer verifies these measures are in place.

Based on the extent a nursing home has corrected the identified area of non-compliance, the Department can renew, modify, revoke, or refuse to renew a licence.

Renewal of Licence - The Department may renew a nursing home licence if the nursing home does not have any outstanding areas of non-compliance.

Modified Licence - The Department may issue a modified licence to a nursing home if:

- an infraction from the previous year is found by the current inspection
- the nursing home has not implemented corrective actions in all areas of non-compliance by the target date indicated in the initial inspection report

A modified licence can be issued for a minimum period of three months. The Nursing Home Standards Manual has no maximum cap for how long a nursing home can operate under a modified licence.

Revoke Licence - The Minister may revoke a nursing home licence, or impose trusteeship, if a non-compliance finding is not resolved by the specified date, and the nursing home:

- has caused harm to the residents and/or staff
- has the potential to cause harm to the residents and/or staff
- has the potential to cause the organization to become insolvent

Appendix VII – Annual Inspection Criteria Used for Analysis

Part A: Administration	
6. Resident Record	
6.1	There is a complete and up-to-date record for each resident from the time of admission to the time of discharge. This record includes the following: <input type="checkbox"/> a comprehensive care plan [NHA s. 14(1)(c)] <input type="checkbox"/> physician’s, pharmacist’s, nurse practitioner’s and dentist’s notes and orders [NHA s. 14(1)(d)] <input type="checkbox"/> medication and treatment sheets <input type="checkbox"/> activation and rehabilitation program progress reports and attendance records [NHA s. 14(1)(g)] <input type="checkbox"/> special dietary requirements or problems
6.2	The medical record of each resident contains the following: <input type="checkbox"/> the date, time and findings of an examination and treatment [Reg.85-187 s. 22(a)] <input type="checkbox"/> confirmation in writing of all verbal orders for treatment, medications or other medical procedures.
Part B: Resident Services	
1. Care Staff	
1.2	At least one registered nurse is on duty on the premises at all times.
1.3	In addition to the registered nurse referred to in Reg.85-187 s. 18(a), care staff is in attendance at all time in appropriate ratios.
2. Comprehensive Care Plan	
2.1	A comprehensive care plan is <input type="checkbox"/> developed for each resident upon admission, <input type="checkbox"/> reviewed at least annually, <input type="checkbox"/> evaluated every three months
2.4	Individual comprehensive care plan include an integrated program of actions to meet: <input type="checkbox"/> the medical needs of the resident <input type="checkbox"/> the dietary needs of the resident <input type="checkbox"/> the rehabilitation needs of the resident <input type="checkbox"/> the spiritual needs of the resident, and <input type="checkbox"/> the nursing needs of the resident <input type="checkbox"/> the activation needs of the resident <input type="checkbox"/> the psycho-social needs of the resident <input type="checkbox"/> the accommodation needs of the resident
3. Resident Care	
3.1	Care audit demonstrates that the resident(s) receive adequate care to meet their needs in regards to their over-all health and well-being.
3.2	The nursing home ensures that residents are receiving adequate care. Therefore: <input type="checkbox"/> enough trained and experienced staff is maintained to meet the needs of residents. All employees meet basic health and competency standards and are able to carry out their duties effectively. <input type="checkbox"/> the rights of the residents are met. Those rights include their entitlement to feel safe, and to live in an environment where they are protected from assault, neglect, exploitation or any other form of abuse.
Part C: Human Resources	
1. Nursing Home Employees	
1.4	Staff qualifications are consistent with the Department directives. [Reg.85-187 s. 18, Management Directives
1.5	There is a sufficient number of qualified and appropriately prepared staff to provide the services and programs offered by the nursing home.
2. Employee Orientation and In-Service Training	
2.3	There is in-service training for staff which includes but not limited to: <input type="checkbox"/> infection control
Part D: Environment	
1. Buildings, Equipment and Surroundings	
1.6	Infection control procedures are established in accordance with NHA s. 7(1)(e), Reg.85-187 s. 11, Standard D-I-2, and Guideline D-I-2 G.
1.7	There is an organized infection control program, which includes at least the following elements: <input type="checkbox"/> includes all departments <input type="checkbox"/> specific departmental policies, procedures, and practices relating to the prevention and control of nosocomial infections <input type="checkbox"/> a process which uses research, evidence, and best practice information to improve infection prevention and control. <input type="checkbox"/> a process that verifies ongoing education and training to all staff, service providers and volunteers, as it relates to the prevention and control of infection <input type="checkbox"/> a process that ensures the education of the residents and families about their role in preventing and controlling infection <input type="checkbox"/> an ongoing program of surveillance for infections <input type="checkbox"/> a contingency plan, as well as policies and procedures that can be implemented in the event of a health hazard or suspected outbreak <input type="checkbox"/> a process in place to facilitate early communication of an outbreak within the facility and to external agencies <input type="checkbox"/> a hand hygiene policy and procedure that enforces strict hand washing or hand sanitization between resident care and within all departments <input type="checkbox"/> defined roles and responsibilities for cleaning and disinfecting the physical environment <input type="checkbox"/> specific procedures for handling contaminated materials, equipment and devices <input type="checkbox"/> manufacturer’s recommendations and accepted standards of practice to clean and reprocess reusable medical devices.

Source: Prepared by AGNB based on information provided by the Department