2026

Bulletin #7

ACCREDITATION 2026 – RESIDENT CARE EXPERIENCE con't

Resident Care Experience is one of our Accreditation Themes. It focuses to ensure residents' needs are met by providing safe and reliable individualized care.

ROP 1 – Suicide Risk Prevention and Safe Environment

Surveyor Question: How does Menno Place ensure a safe and secure environment for residents who may be at risk of self-harm or suicide?
Answer: Team leadership ensures organizational procedures are followed to minimize safety risks and maintain a secure environment for all residents. Residents are monitored according to established safety procedures, and additional safety interventions are implemented when concerns are identified.

Evidence: How do we do this?

- Staff follow the Suicide Risk Policy (RCS 2-53) and related organizational procedures.
- Routine safety checks are completed every 2 hours during the day and hourly at night in accordance with RCS 2.01.
- Environmental safety concerns are identified and addressed promptly.
- Team members report changes in resident behaviour, mood, or risk factors to the interdisciplinary team.
- Additional monitoring and safety measures are implemented when required.

ROP 2 – Suicide Risk Assessment and Referral

Surveyor Question: What happens when a resident screens positive for suicide risk?
Answer: Residents who screen positive for suicide risk are referred to a qualified professional with the competencies to conduct a suicide risk assessment and develop an appropriate safety plan.

Evidence: How do we do this?

- The Social Worker (SW) completes a suicide risk assessment as a high priority.
- The SW communicates assessment findings and the resident's risk level to the nursing team.
- Based on assessment results, the SW identifies the need for enhanced safety monitoring, including Q15-minute safety checks when indicated.
- The nursing team implements recommended interventions and ongoing monitoring.
- Family members are notified as appropriate.

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- Referrals are made to the attending physician, Nurse Practitioner, or Geriatric Psychiatrist when needed.
- The interdisciplinary team continually reassesses warning signs, risk factors, and safety needs.

ROP 3 – Individualized Safety Planning

Surveyor Question: How are individualized safety plans developed for residents at risk of suicide or self-harm?

Answer: Individualized safety plans are developed in partnership with the resident and care team, based on the resident's goals, abilities, preferences, and assessed level of risk.

Evidence: How do we do this?

- Individualized care plans are developed and updated to reflect resident needs and preferences.
- Suicide risk screenings are completed by the Social Worker when concerns are identified.
- Safety interventions are tailored to the resident's assessed level of risk.
- Safety plans include monitoring requirements, environmental considerations, communication strategies, and support resources.
- Care plans are reviewed and revised as the resident's condition or risk level changes.
- The interdisciplinary team collaborates to support the resident's safety and well-being.

ROP 4 – Information Sharing During Care Transitions

Surveyor Question: How are residents and families provided with the information they need during care transitions?

Answer: Residents and families receive information and support throughout care transitions to help them make informed decisions and participate in care planning.

Evidence: How do we do this?

- During move-in, residents and families meet with the Leader of Experience and Care (LEC) and nursing staff.
- Information regarding services, care processes, and available supports is reviewed with residents and families.
- Residents and families receive the Resident Handbook.
- Information about spiritual care services, including Chaplaincy support, is provided.
- Questions and concerns are addressed throughout the transition process.
- Ongoing communication occurs between residents, families, and the interdisciplinary care team to support resident-centred care.

ROP 6 Information Transfer at Care Transitions (transfer in and out of care home)

Surveyor Question: How does the team ensure that information is transferred in an accurate and timely manner at transition points?

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Answer: Information relevant to the care of the resident is communicated effectively during resident transfer in and out of care.

Evidence: How do we do this?

- Internal transfer: ensure timely and accurate transfers between units include a combination of verbal and written information. Examples include: the electronic health record, the paper health record, verbal report nurse to nurse.

ROP 7 Infusion Pump Safety - Not applicable to Menno Place

Visit our website f**or more information on each of these ROP's**

MENNO PLACE

ACCREDITATION AGRÉMENT CANADA
Better Quality. Better Health.
Meilleure qualité. Meilleure santé.

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