ACCREDITATION
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CANADA

Accreditation Report

Qmentum Global™ for Canadian Accreditation Program

Continuing Care Program
Assisted Living Alberta
Alberta Health Services

Report Issued: November 19, 2025

Confidentiality

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About Accreditation Canada

Accreditation Canada is a global, not-for-profit organization with a vision for safer care and a healthier world. Our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years. We continue to grow in our reach and impact. Accreditation Canada empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Accreditation Canada's assessment programs and services support the delivery of safe, high-quality care in health systems, hospitals, laboratories and diagnostic centres, long-term care, rehabilitation centres, primary care, home, and community settings. Our specialized accreditation and certification programs support safe, high-quality care for specific populations, health conditions, and health professions.

About the Accreditation Report

The Organization identified in this Accreditation Report (the "**Organization**") has participated in Accreditation Canada's Qmentum Global™ for Canadian Accreditation program.

As part of this program, the Organization has partaken in continuous quality improvement activities and assessments, including an on-site survey from October 6, 2025, to October 10, 2025. This Accreditation Report reflects the Organization's information and data, and Accreditation Canada's assessments, as of those dates.

Information from the assessments, as well as other information and data obtained from the Organization, was used to produce this Report. Accreditation Canada relied on the accuracy and completeness of the information provided by the Organization to plan and conduct its on-site assessments and to produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

Program Overview

The Qmentum Global Program enables your organization to continuously improve quality of care through the sustainable delivery of high-quality care experiences and health outcomes. The program provides your organization with standards, survey instruments, assessment methods and an action planning feature that were designed to promote continuous learning and improvement, and a client support model for on-going support and advice from dedicated advisors.

Your organization participates in a four-year accreditation cycle that spreads accreditation activities over four years while helping your organization maintain its focus on planning, implementing, and assessing quality and improvements. It encourages your organization to adopt accreditation activities in everyday practices.

Each year of the accreditation cycle includes activities that your organization will complete. Accreditation Canada provides ongoing support to your organization throughout the accreditation cycle. When your organization completes year 4 of the accreditation cycle, Accreditation Canada's Accreditation Decision Committee determines your organization's accreditation status based on the program's accreditation decision guidelines. The assessment results and accreditation decision are documented in a final report stating the accreditation status of your organization. After an accreditation decision is made, your organization enters year 1 of a new cycle, building on the actions and learnings of past accreditation cycles, in keeping with quality improvement principles.

The assessment manual (Accreditation Canada Manual) which supports all assessment methods (self-assessment, attestation, and on-site assessment), is organized into applicable Standards and ROPs. To promote alignment with the assessment manual, assessment results and surveyor findings are organized by Standard, within this report. Additional report contents include a comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required

organizational practices results, and conclusively, People-Centered Care and Quality Improvement Overviews.

Executive Summary

About the Organization

Since 2010, Alberta Health Services (AHS) has embraced a sequential model of accreditation. This model supports a continuous approach to quality by providing additional opportunities to assess and improve year-over-year, relative to a traditional accreditation approach that adopts one assessment per accreditation cycle.

As part of government restructuring, AHS has been divided into four distinct provincial health agencies. Once the transition is complete, AHS will serve as a Service Delivery Organization, with a focused mandate on delivering acute care services within hospitals operated by AHS. Current agencies include: Acute Care Alberta, Assisted Living Alberta, Recovery Alberta, and Primary Care Alberta. Acute Care Alberta, established in 2025, oversees the governance and coordination of acute care services (including AHS), and the new provincial health corporations of Emergency Health Services and Cancer Care Alberta. Assisted Living Alberta, established in 2025, will provide Albertans with a comprehensive, holistic system of continuing care with a full range of wrap-around services including medical and non-medical supports, home care, community care and social services. Recovery Alberta, established in 2024 provides comprehensive and accessible recovery-oriented mental health and addiction services and correctional health services across the province. Primary Care Alberta, established in 2025, is responsible for primary care, including public health, across the province to support day-to-day health needs through every stage of life.

Accreditation Canada conducts two accreditation visits per year for the duration of the cycle (2023-2027). Accreditation visits help organizations achieve the goal of being Accreditation Ready every day by enabling and empowering teams to work with standards as part of their day-to-day quality improvement activities to support safe care.

Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control (IPC), Medication Management and Reprocessing of Reusable Medical Devices (where applicable) occur at tertiary, regional and urban acute, rehabilitation and psychiatric hospitals, as well as cancer centers in the first survey of the cycle (Fall 2023).

During the cycle, location-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Emergency and Disaster Management, Infection Prevention and Control, Leadership, Medication Management, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals, provincial, and community-based programs where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach provides a comprehensive assessment and aligns with different levels of accountability.

To further promote continuous improvement, organizations have adopted the assessment method referred to as attestation. Attestation requires teams to conduct a self-assessment against specified criteria and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization’s knowledge. These ratings are used to inform an accreditation decision at the end of the four-year accreditation cycle.

Following each accreditation survey, reports are issued to support the organizations’ quality improvement journey. At the end of the accreditation cycle, in Spring 2027, an overall decision will be issued that includes the organization’s accreditation award.

Surveyor Overview of Team Observations

Surveyors visited both rural and urban continuing care facilities across the province. Staff were welcoming and engaged positively with the surveyors. Despite the unannounced nature of the visits, there was a clear commitment to being accreditation ready. Clinicians and support staff demonstrated pride in their work, and an interdisciplinary approach to care was evident.

While challenges related to staff turnover and filling vacancies – particularly in rural areas – were noted, there was a strong sense of teamwork among staff. Site leaders were actively involved in day-to-day operations and collaborated with external partners. Zone resources were available to support sites in key areas such as quality improvement, pharmacy, wound care, infection prevention and control, and emergency preparedness. Several sites also benefited from the involvement of active volunteers and auxiliaries.

Residents and family members spoke highly of the welcoming and friendly nature of staff. Opportunities for both formal and informal feedback were provided and addressed at the sites.

Key Opportunities and Areas of Excellence

Areas of Excellence

- Staff orientation and education, as well as access to expertise and support.
- Connect Care implementation supports efficiencies.
- Caring, compassionate and empathetic staff.
- Active resident councils.
- Engaged site leaders.

Opportunities

- Integrate quality improvement plans and practices into everyday work so that they become a shared responsibility across the organization.
- Trauma-informed care education.
- Enhance people-centred care in site operations.
- Regular development conversations.
- High rate of staff turnover.

People-Centred Care

Resident and family-centred care is clearly evident across the sites. Staff demonstrate a caring, holistic, and resident-focused approach, fostering a nurturing partnership with residents and their families. Collaboration is respectful, compassionate, and culturally safe, with staff remaining responsive to resident needs and incorporating feedback to continuously improve care.

Resident care conferences are held regularly and include residents and their identified family members. Care plans are personalized, reflecting resident goals, and are developed with input from the interprofessional team. Regional team resources are also available to support care planning and delivery as needed.

The organization is in the early stages of formalizing its approach to resident and family-centred care. Defining a structured method for planning, delivering, and evaluating care presents an exciting opportunity for growth and improvement.

Foundational elements are already in place, including resident council meetings, surveys, feedback forms, and other mechanisms that support resident and family involvement in organizational design. Formalizing these perspectives and experiences will enhance quality improvement efforts, including the development of Client Safety Plans that incorporate key performance indicators.

Residents and families emphasized the importance of continuity of care. Due to current health human resource challenges, they have observed an increase in agency staffing and inconsistency in care providers. This has led to concerns about having to repeatedly share their personal stories and direct their own care.

Despite these challenges, staff dedication and support for residents remain evident. Staff consistently express the philosophy: “I work in the residents’ home, not a workplace.” which reflects a commendable commitment to person-centred care.

Accreditation Decision

Alberta Health Services' accreditation decision continues to be:

Accredited

The organization has succeeded in meeting the fundamental requirements of the accreditation program. The current accreditation decision covers all locations that were previously part of Alberta Health Services, and that continue to operate within the same Accreditation Program-related governance and accountability framework. A new accreditation decision will be awarded at the end of the cycle to include locations owned by:

- *Alberta Health Services*
- *Assisted Living Alberta (Home and Community Care, Continuing Care)*
- *Recovery Alberta*
- *Primary Care Alberta (Public Health Services)*
- *Cancer Care Provincial Health Corporation*
- *Emergency Health Services Provincial Health Corporation*
- *Organ and Tissue Donation and Transplantation Provincial Health Corporation*

Locations Assessed during On-Site Assessment

The following locations were assessed during the organization's on-site assessment:

- Bentley Care Centre
- Breton Health Centre
- Coaldale Health Centre
- Consort Hospital and Care Centre
- Dr. W.R. Keir - Barrhead Continuing Care Centre
- Galahad Care Centre
- Hinton Continuing Care Centre
- Radway Continuing Care Centre
- Wetaskiwin Hospital and Care Centre

[1]Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

Required Organizational Practices

Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk. ROPs contain multiple criteria, which are called Tests for Compliance (TFC).

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Adhering to a Do-Not-Use List of Abbreviations, Symbols, and Dose Designations	Medication Management	5 / 5	100.0%
Cleaning and Low-Level Disinfecting Medical Equipment	Infection Prevention and Control	5 / 5	100.0%
Client Identification	Long-Term Care Services	1 / 1	100.0%
Improving Hand Hygiene Practices	Infection Prevention and Control	5 / 5	100.0%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Information Transfer at Care Transitions	Long-Term Care Services	3 / 5	60.0%
Infusion Pump Safety	Service Excellence	1 / 5	20.0%
Limiting High-Concentration and High-Total-Dose Opioid Formulations	Medication Management	5 / 5	100.0%
Maintaining an Accurate List of Medications during Care Transitions	Long-Term Care Services	2 / 5	40.0%
Managing High-Alert Medications	Medication Management	3 / 5	60.0%
Optimizing Skin Integrity	Long-Term Care Services	5 / 6	83.3%
Preventing Falls and Reducing Injuries from Falls	Long-Term Care Services	6 / 7	85.7%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Suicide Prevention Program	Service Excellence	4 / 5	80.0%

Assessment Results by Standard

The following section includes the outcomes from the attestation (if applicable) and on-site assessments, at the conclusion of the on-site assessment.

Core Standards

Qmentum Global™ for Canadian Accreditation has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational areas of high quality and safe care they cover.

The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Infection Prevention and Control

Standard Rating: 92.0% Met Criteria

8.0% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

Overall, the sites visited demonstrated a proactive approach to infection prevention and control (IPC). Staff consistently monitor and report symptoms that may require isolation precautions and work diligently to minimize the risk of outbreaks. However, there is some variability in the availability and type of IPC resources across sites. The organization may benefit from increased IPC staffing to enhance onsite presence and support. Teams at the site could meet with IPC practitioners during site visits to review practices and identify areas for improvement. Additionally, developing and monitoring key performance indicators and conducting regular audits would support continuous quality improvement.

Engagement of clients, families, and volunteers in IPC practices is currently informal and varies between sites. To promote consistency, consider integrating IPC discussions into leader rounding, resident and family councils, and feedback surveys. It is also recommended that the organization reinforce IPC education and practices for students working on the units.

Hand hygiene audits are conducted and shared across sites, though consistency in frequency and reporting varies. Staff demonstrated strong awareness of the importance of hand hygiene. There is an opportunity to further engage residents and families in this area. For example, providing hand sanitizers in dining areas and ensuring audit results are regularly updated and visibly posted on quality boards can enhance transparency. The organization is encouraged to establish accountability mechanisms to ensure results are shared with staff and families and to seek their input on strategies to improve compliance. A next step could include developing comprehensive quality improvement plans to address hand hygiene deficiencies, understand contributing factors, and implement targeted countermeasures.

Healthcare-associated infections (HAIs) are monitored and remain relatively rare across sites. Currently, there is no integrated quality improvement plan addressing HAIs. Engaging site-based teams to analyze strengths, identify improvement opportunities, assess risks, and address challenges could enhance efforts to minimize HAIs. Improved use of data at the site level would support root cause analysis, goal setting, and the implementation of effective interventions to prevent recurrence.

Housekeeping staff were observed to be vigilant in performing low-level cleaning and disinfecting tasks.

Despite high turnover among housekeeping supervisors, most sites were clean and well-organized, with appropriate separation of clean and soiled linens. However, some sites face storage challenges, including boxes placed directly on the floor. It is recommended that these items be elevated on low shelves or platforms to prevent moisture damage and reduce the risk of pest infestation. While rodents are not uncommon in healthcare environments, traps should be enclosed and placed away from food preparation areas. Engaging a professional pest control service is advised to support ongoing prevention efforts.

At Consort Hospital and Care Centre, the presence of extensive wood surfaces was noted. Staff are aware of the IPC challenges this presents. Facilities Management has been responsive, regularly sanding and applying protective lacquer to maintain hygiene standards.

During the survey, Breton Health Centre was experiencing a COVID-19 outbreak. The site was observed to be appropriately following outbreak protocols and procedures.

Sharp containers were found to be used and stored correctly across sites.

Lastly, seasonal maple bug infestations were noted at Radway Continuing Care Centre and Galahad Care Centre. This was a concern for some staff and residents and may warrant further attention.

Table 2: Unmet Criteria for Infection Prevention and Control

Criteria Number	Criteria Text	Criteria Type
1.2.7	Input is gathered from the infection prevention and control, and the occupational health services teams to maintain optimal environmental conditions within the organization.	NORMAL
1.2.10	Applicable standards for food safety are followed to prevent food-borne illnesses.	HIGH
2.4.5	Policies, procedures, and legal requirements are followed when handling bio-hazardous materials.	HIGH
2.6.6	Compliance with policies and procedures for cleaning and disinfecting the physical environment is regularly evaluated, with input from clients and families, and improvements are made as needed.	NORMAL

Leadership

Standard Rating: 92.9% Met Criteria

7.1% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

Site leaders demonstrate a strong commitment to community collaboration and emergency preparedness. Regular drills – including fire and evacuation exercises – are conducted, followed by debriefing sessions to capture lessons learned and improve future responses. However, there is variability in the frequency and types of drills conducted across sites, indicating a need for greater consistency and accountability. Updating on-site emergency preparedness binders to reflect current policies and procedures is also recommended.

Radway Continuing Care Centre exemplified effective emergency response during recent wildfires, successfully coordinating safe resident relocations and celebrating their return with a thoughtful “welcome home” event.

Managers are actively involved in investigating complaints and participating in emergency preparedness and quality improvement committees. Despite this engagement, the organization faces significant human resource challenges, including high turnover among nursing and healthcare staff and a reliance on travel nurses. These issues can impact continuity of care and residents’ familiarity with caregivers. To address this, the organization is encouraged to develop a formal staff retention strategy.

Developmental conversations vary across sites. While self-evaluations are commonly completed, follow-up discussions and the development of personal growth plans are inconsistent and often only occur in response to performance concerns. Implementing a comprehensive performance review system that includes feedback from clients and peers would support staff development and foster a culture of continuous improvement.

Table 3: Unmet Criteria for Leadership

Criteria Number	Criteria Text	Criteria Type
2.6.7	The organization conducts regular exercises to validate the effectiveness of its emergency and disaster plan and processes and, ensure they meet expectations and objectives.	HIGH

Medication Management

Standard Rating: 94.2% Met Criteria

5.8% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

High-alert medications are identified either through Connect Care or via labeling on medication packages. While audits of high-alert medications are conducted at least annually at most sites, the organization is encouraged to formalize audit results and use them to inform improvements. Medication incident reports are completed, but there is an opportunity to more broadly share learnings from these incidents with managers and staff. Including high-alert medications – particularly opioid formulations – in the medication management quality improvement plan is recommended.

Medication rooms were generally tidy, with medications stored in carts and designated rooms. Narcotics are typically kept in locked containers within medication carts. However, some equipment issues were noted. At Coaldale Health Centre, the narcotic container was broken, resulting in only one locked access point. At Dr. W.R. Keir – Barrhead Continuing Care Centre, two medication carts had broken keypad locking systems and computers. Staff were able to work around these issues by using a second computer and manually locking the carts with keys. Staff reported that these issues are recurring, and it is unclear whether maintenance requisitions have been submitted. Timely repair and maintenance of medication storage equipment is recommended to ensure safety and compliance.

Upon admission, the Best Possible Medication History (BPMH) is often transferred from the previous care setting via Connect Care (e.g., acute care or home care). However, audits and incident reviews have identified a trend of incomplete BPMH documentation during medication reconciliation. Relying solely on previous BPMH records is not recommended. A thorough review of the medication reconciliation process, including the BPMH component, is advised. Greater involvement of physicians and pharmacists in this process may enhance accuracy and safety during admissions and care transitions.

Table 4: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
1.2.4	Managing High-Alert Medications 1.2.4.2 The organizational leaders ensure clinical teams follow the organization's procedure to safely manage high-alert medications. 1.2.4.4 The organizational leaders provide clinical teams with continuous learning activities about the organization's risk mitigation strategy to safely manage high-alert medications.	ROP
5.1.6	Medication storage areas meet legislated requirements and regulations for controlled substances.	HIGH
6.1.5	There is a policy for acceptable medication orders, with criteria being developed or revised, implemented, and regularly evaluated, and the policy is revised as necessary.	HIGH

Service Excellence

Standard Rating: 78.6% Met Criteria

21.4% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

Sites surveyed demonstrated a strong understanding of the communities and populations they serve. Resident Councils are in place; however, participation from residents and family members varies. Partnerships with referring sites and services are evident, and an interdisciplinary approach to care is consistently applied. Providers and support staff deliver resident-focused care, with individual goals established in collaboration with residents and their families.

The value of recreation programs is well recognized. However, recent vacancies in recreation therapist or recreation aide positions have had a noticeable impact on resident morale and activity levels. Residents expressed that they miss these programs when unavailable, highlighting the importance of maintaining consistent recreational support.

Further development of Resident Councils or targeted engagement strategies is recommended to better understand and incorporate client perspectives into staff development planning. It remains unclear how clients and families are involved in identifying staff knowledge gaps or contributing to decisions about training that could enhance care and safety.

Efforts to provide culturally sensitive care are evident. Sites are commended for facilitating culturally meaningful activities such as smudging ceremonies. Access to spiritual, palliative, and end-of-life care is also available and appropriately supported.

Staff spoke positively about their orientation experiences and appreciated ongoing learning opportunities provided through MyLearningLink and annual “skills training” days. Training completion is tracked by site leadership, with follow-up occurring when required modules are outstanding. However, maintaining competency in infrequently used skills, such as infusion pump operation at smaller sites, remains a challenge and should be addressed through targeted refresher training.

Development conversations are not consistently conducted across most sites. While management turnover may contribute to this inconsistency, staff benefit from regular feedback and opportunities to formally identify areas for professional growth. Establishing a structured performance review process would support staff development and retention.

The workplace violence policy suite was found to be outdated. The organization is encouraged to update this policy and implement a system to track completion of training and follow up on incomplete training or documentation.

Healthcare-associated infections are monitored and remain rare. Incident reporting systems are in place and actively used, with site managers following up on reported events. However, sites are encouraged to adopt a more formalized approach to trending incidents and key performance indicators as part of their quality improvement efforts. Regular evaluation of program effectiveness in meeting organizational safety standards is also recommended.

While suicide risk assessments are conducted, a gap in care planning following these assessments was noted

at Coaldale Health Centre. Additional staff education is recommended to ensure appropriate follow-up and support for residents identified as at risk.

Table 5: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
2.1.7	Infusion Pump Safety 2.1.7.2 Initial and re-training on the safe use of infusion pumps is provided to team members: • Who are new to the organization or temporary staff new to the service area • Who are returning after an extended leave • When a new type of infusion pump is introduced or when existing infusion pumps are upgraded • When evaluation of competence indicates that re-training is needed • When infusion pumps are used very infrequently, just-in-time training is provided 2.1.7.4 The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed. 2.1.7.5 The effectiveness of the approach is evaluated. Evaluation mechanisms may include: • Investigating patient safety incidents related to infusion pump use • Reviewing data from smart pumps • Monitoring evaluations of competence • Seeking feedback from clients, families, and team members 2.1.7.6 When evaluations of infusion pump safety indicate improvements are needed, training is improved or adjustments are made to infusion pumps.	ROP
2.1.10	The team leadership regularly evaluates and documents each staff member's performance in an objective, interactive, and constructive way.	HIGH

Criteria Number	Criteria Text	Criteria Type
2.1.12	The team leadership supports staff to follow up on issues and opportunities for growth identified through performance evaluations.	HIGH
2.3.8	The team leadership ensures that staff follow organizational policy and procedures on reporting workplace violence.	HIGH
3.2.2	The team follows organizational policies on the use of electronic communications and technologies.	NORMAL
4.2.2	Suicide Prevention Program 4.2.2.4 The team leadership ensures the team refers clients who screen positive for suicide risk to a person with the competencies to do a suicide risk assessment and put the necessary safety plan in place.	ROP
4.3.3	The team identifies measurable objectives for its quality improvement initiatives including specific timeframes for their completion.	HIGH
4.3.4	The team identifies indicators to monitor progress for each quality improvement objective.	NORMAL
4.3.5	The team leadership works with staff to design and test quality improvement activities to meet objectives.	HIGH
4.3.6	The team leadership works with staff to use new or existing indicator data to establish a baseline for each indicator.	NORMAL
4.3.7	The team leadership works with staff to regularly collect indicator data and track progress towards quality improvement objectives.	NORMAL

Criteria Number	Criteria Text	Criteria Type
4.3.8	The team leadership works with staff to regularly analyze indicator data to evaluate the effectiveness of its quality improvement activities.	HIGH
4.3.9	The team leadership works with staff to implement throughout their services the quality improvement activities that were shown to be effective in the testing phase.	HIGH
4.3.10	The team leadership ensures that information about quality improvement activities, results and learnings are shared with staff, clients and families, organizational leaders, and partners, as appropriate.	NORMAL
4.3.11	The team regularly evaluates quality improvement initiatives for feasibility, relevance, and usefulness.	NORMAL

Service Specific Assessment Standards

The Qmentum Global™ for Canadian Accreditation program has a set of service specific assessment standards that are included in the accreditation program based on the services delivered by different organizations. Service standards are critical to the management and delivery of high-quality and safe care in specific service areas.

Long-Term Care Services

Standard Rating: 76.8% Met Criteria

23.2% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

Residents consistently report feeling safe and speak highly of the staff, while family members express appreciation for the friendly and caring environment. Opportunities for residents and families to provide compliments and complaints are available. While a resident handbook outlining rights and responsibilities exists, it was noted at Radway Continuing Care Centre that copies were not readily accessible to clients. Although clerks review this information with new admissions, this process is not documented. Ensuring consistent handbook availability and documentation of this review is recommended.

Resident Councils meet regularly, providing a platform for engagement. However, participation levels vary. Strengthening the role of Resident Councils and developing targeted strategies to engage residents and families particularly in identifying staff training needs would enhance person-centred care. Currently, there is no clear process for involving residents and families in defining staff education priorities or identifying knowledge gaps that may impact care quality and safety.

An interdisciplinary approach to care is evident and supported by site management and regional resources. Residents are encouraged to participate in their care and make informed choices. Teams apply a managed risk approach to balance individual autonomy with safety considerations.

Sites were generally clean and well-maintained. Housekeeping staff demonstrated pride in their work and an understanding of their role in supporting safe care. Outdoor spaces are available for residents, though staffing limitations can make it challenging to support outdoor access for all residents.

The Connect Care clinical information system has been positively received by most staff. Its comprehensive assessment and care planning features, including cascading documentation based on standardized assessment scores (e.g., skin integrity, suicide risk), are valued. However, the volume of information generated can be overwhelming. The organization is encouraged to evaluate the optimal amount and type of information required to support effective resident care without contributing to information overload.

The use of translation services varies across sites. Although Interpretation and Translation services are consistently available across the organization, sites may need additional education on how to access them to ensure equitable access to care.

Standardized communication tools for care transitions are available and frequently used. However, the effectiveness of these communications is not routinely audited or evaluated. Currently, feedback from residents and families is relied upon to identify communication issues. A formal evaluation process is

recommended to assess and improve communication during transitions.

Emergency and disaster preparedness is in place, with fire drills and other emergency codes practiced regularly. Debriefs are conducted and lessons learned are documented. Sites are encouraged to ensure that emergency preparedness binders are updated to reflect current policies and procedures.

There is an opportunity to foster a stronger culture of continuous quality improvement. This will support consistent progress toward meeting organizational safety and care standards. The organization is in the early stages of quality improvement work related to skin integrity. Most teams are engaged in skin optimization efforts, and formalizing these initiatives at the site level is recommended to support broader staff engagement. Falls prevention efforts are at varying stages across sites. While data collection occurs, formal quality improvement processes are lacking. Sites are encouraged to establish SMART goals that can be monitored and reported regularly to drive improvement.

The organizational policy on restraints, Restraint as Last Resort, is outdated (last updated in 2020). A review of this policy is recommended to ensure alignment with current best practices. Engaging residents and families in this review and providing staff education on balancing risk and autonomy will support safe and respectful care.

Integrated quality improvement plans for medication reconciliation are not yet in place. Education on roles and responsibilities within the reconciliation process is needed, particularly in light of role confusion following the implementation of Connect Care. The organization is encouraged to clarify expectations and streamline processes to prevent delays and ensure accurate documentation.

A formal review process for antipsychotic use is not consistently implemented across sites. Currently, reviews are initiated by staff or family requests. Establishing a structured approach to monitoring and reviewing antipsychotic use is recommended to ensure appropriate prescribing and resident safety.

While tools and protocols for information transfer exist, instances of non-compliance were observed. Site leadership is aware of these gaps. Conducting audits of all transfers and sharing findings with staff is recommended. This could also serve as a valuable opportunity for a site-based quality improvement initiative involving staff, residents, and family members.

Table 6: Unmet Criteria for Long-Term Care Services

Criteria Number	Criteria Text	Criteria Type
1.1.1	Teams follow the LTC home's procedure to inform residents about their rights and responsibilities.	HIGH
1.2.1	The LTC home leaders implement a trauma-informed approach to care in the delivery of services.	NORMAL

Criteria Number	Criteria Text	Criteria Type
1.2.2	Teams enable residents' autonomy in their daily life and care activities.	NORMAL
1.4.2	The LTC home leaders ensure timely translation and interpretation services are available to meet residents' needs.	NORMAL
2.1.3	The LTC home leaders enable meaningful daily activities that foster residents' sense of purpose.	NORMAL
2.1.9	Teams use information and communication technology to promote social interactions that enhance residents' quality of life.	NORMAL
3.2.4	Optimizing Skin Integrity 3.2.4.4 The team follows the organization's procedure to report health care associated impaired skin integrity as a safety incident.	ROP
3.2.5	The team follows the LTC home's procedure for pain management.	HIGH
3.2.6	Preventing Falls and Reducing Injuries from Falls 3.2.6.7 The team participates in activities to improve the program to prevent falls and reduce injuries from falls as part of the organization's integrated quality improvement plan.	ROP
3.2.8	The team follows the LTC home's procedure on the use of least restraint.	HIGH

Criteria Number	Criteria Text	Criteria Type
3.2.10	Maintaining an Accurate List of Medications during Care Transitions 3.2.10.1 The team follows the organization's procedure to obtain a best possible medication history during care transitions. 3.2.10.4 The team participates in continuous learning activities about the medication reconciliation procedure to maintain an accurate list of medications during care transitions. 3.2.10.5 The team participates in activities to improve the medication reconciliation procedure to maintain an accurate list of medications during care transitions as part of the organization's integrated quality improvement plan.	ROP
3.2.11	The LTC home leaders implement a program to ensure the appropriate use of antipsychotic medication.	HIGH
3.2.14	The team conducts regular simulations of the LTC home's emergency procedures.	HIGH
3.3.3	Information Transfer at Care Transitions 3.3.3.2 Documentation tools and communication strategies are used to standardize information transfer at care transitions. 3.3.3.5 The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	ROP

Criteria Number	Criteria Text	Criteria Type
4.1.1	Teams have a quality improvement plan for improving residents' quality of life.	HIGH
4.1.2	Teams have a quality improvement plan for improving residents' quality of care.	HIGH

Criteria for Follow-up

Criteria identified by the Accreditation Decision Committee for follow-up reporting to Accreditation Canada

Follow- up Requirements		
Standard	**Criterion**	**Due date for sites**
Infection Prevention and Control	1.2.10 - Applicable standards for food safety are followed to prevent food-borne illnesses.	December 14, 2026 • Radway Continuing Care Centre
	2.4.5 - Policies, procedures, and legal requirements are followed when handling bio-hazardous materials.	December 14, 2026 • Hinton Continuing Care Centre
Leadership	2.6.7 - The organization conducts regular exercises to validate the effectiveness of its emergency and disaster plan and processes and, ensure they meet expectations and objectives.	December 14, 2026 • Bentley Care Centre • Coaldale Health Centre • Hinton Continuing Care Centre
Long-Term Care Services	1.1.1 - Teams follow the LTC home's procedure to inform residents about their rights and responsibilities.	December 14, 2026 • Radway Continuing Care Centre
	3.2.4.4 - The team follows the organization's procedure to report health care associated impaired skin integrity as a safety incident.	December 14, 2026 • Breton Health Centre
	3.2.5 - The team follows the LTC home's procedure for pain management.	December 14, 2026 • Consort Hospital and Care Centre
	3.2.6.7 - The team participates in activities to improve the program to prevent falls and reduce injuries from falls as part of the organization's integrated quality improvement plan.	December 14, 2026 • Coaldale Health Centre • Galahad Care Centre
	3.2.8 - The team follows the LTC home's procedure on the use of least restraint.	December 14, 2026 • Bentley Care Centre • Breton Health Centre • Coaldale Health Centre • Consort Hospital and Care Centre • Dr. W.R. Keir - Barrhead Continuing Care Centre • Galahad Care Centre • Hinton Continuing Care Centre • Radway Continuing Care Centre • Wetaskiwin Hospital and Care Centre

Follow- up Requirements		
Standard	Criterion	Due date for sites
Long-Term Care Services	3.2.10.1 - The team follows the organization's procedure to obtain a best possible medication history during care transitions.	December 14, 2026 • Radway Continuing Care Centre
	3.2.10.4 - The team participates in continuous learning activities about the medication reconciliation procedure to maintain an accurate list of medications during care transitions.	December 14, 2026 • Coaldale Health Centre
	3.2.10.5 - The team participates in activities to improve the medication reconciliation procedure to maintain an accurate list of medications during care transitions as part of the organization's integrated quality improvement plan.	December 14, 2026 • Coaldale Health Centre • Dr. W.R. Keir - Barrhead Continuing Care Centre • Hinton Continuing Care Centre • Radway Continuing Care Centre
	3.2.11 - The LTC home leaders implement a program to ensure the appropriate use of antipsychotic medication.	December 14, 2026 • Radway Continuing Care Centre
	3.2.14 - The team conducts regular simulations of the LTC home's emergency procedures.	December 14, 2026 • Breton Health Centre • Coaldale Health Centre
	3.3.3.2 - Documentation tools and communication strategies are used to standardize information transfer at care transitions.	December 14, 2026 • Galahad Care Centre
	3.3.3.5 - The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	December 14, 2026 • Coaldale Health Centre • Dr. W.R. Keir - Barrhead Continuing Care Centre • Galahad Care Centre • Hinton Continuing Care Centre • Radway Continuing Care Centre

Follow- up Requirements		
Standard	Criterion	Due date for sites
Medication Management	1.2.4.2 - The organizational leaders ensure clinical teams follow the organization's procedure to safely manage high-alert medications.	December 14, 2026 • Dr. W.R. Keir - Barrhead Continuing Care Centre
	1.2.4.4 - The organizational leaders provide clinical teams with continuous learning activities about the organization's risk mitigation strategy to safely manage high-alert medications.	December 14, 2026 • Coaldale Health Centre
	5.1.6 - Medication storage areas meet legislated requirements and regulations for controlled substances.	December 14, 2026 • Coaldale Health Centre
	6.1.5 - There is a policy for acceptable medication orders, with criteria being developed or revised, implemented, and regularly evaluated, and the policy is revised as necessary.	December 14, 2026 • Bentley Care Centre • Coaldale Health Centre • Consort Hospital and Care Centre • Dr. W.R. Keir - Barrhead Continuing Care Centre • Wetaskiwin Hospital and Care Centre
Service Excellence	2.1.7.2 - Initial and re-training on the safe use of infusion pumps is provided to team members: • Who are new to the organization or temporary staff new to the service area • Who are returning after an extended leave • When a new type of infusion pump is introduced or when existing infusion pumps are upgraded • When evaluation of competence indicates that re-training is needed • When infusion pumps are used very infrequently, just-in-time training is provided	December 14, 2026 • Galahad Care Centre
	2.1.7.4 - The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.	December 14, 2026 • Coaldale Health Centre • Galahad Care Centre

Follow-up Requirements		
Standard	Criterion	Due dates for sites
	2.1.7.5 - The effectiveness of the approach is evaluated. Evaluation mechanisms may include: • Investigating patient safety incidents related to infusion pump use • Reviewing data from smart pumps • Monitoring evaluations of competence • Seeking feedback from clients, families, and team members	December 14, 2026 • Coaldale Health Centre • Dr. W.R. Keir - Barrhead Continuing Care Centre • Galahad Care Centre • Hinton Continuing Care Centre • Radway Continuing Care Centre
	2.1.7.6 - When evaluations of infusion pump safety indicate improvements are needed, training is improved or adjustments are made to infusion pumps.	December 14, 2026 • Coaldale Health Centre • Galahad Care Centre
Service Excellence	2.3.8 - The team leadership ensures that staff follow organizational policy and procedures on reporting workplace violence.	December 14, 2026 • Bentley Care Centre • Coaldale Health Centre • Dr. W.R. Keir - Barrhead Continuing Care Centre • Galahad Care Centre • Hinton Continuing Care Centre • Radway Continuing Care Centre
	4.2.2.4 - The team leadership ensures the team refers clients who screen positive for suicide risk to a person with the competencies to do a suicide risk assessment and put the necessary safety plan in place.	December 14, 2026 • Coaldale Health Centre