

COMMUNITY LIVING DURHAM NORTH
COMPLIANCE WITH SERVICE STANDARD REGULATIONS

Policy No: B-8 (Service Delivery)

Effective Date: October 17, 2008

Last Revision:

Last Review: May 19, 2021

Rationale:

To facilitate the delivery of quality services and ensure compliance with all government regulations and codes.

Policy Statement:

Community Living Durham North complies with all legislation applicable to Developmental Services in the province of Ontario.

Senior staff will articulate detailed procedures concerning program compliance. The responsibility for compliance will be vested in particular staff. Clear and consistent records management procedures will also be in place, and will be regularly audited.

Approved by: Larry Leonard
for the Board of Directors

Date: October 17, 2008

COMMUNITY LIVING DURHAM NORTH

COMPLIANCE WITH SERVICE STANDARD REGULATIONS

Procedure No: B-8-1
Delegation of Primary Responsibility

Effective Date: October 17, 2008
Last Revision/Review: May 19, 2021
Last Revision/Review:

- A member of the agency’s administrative or managerial team will serve as our “compliance officer” in terms of ensuring that a series of mandatory inspections occur in a timely manner.
- Where an inspection is performed by an external agency (e.g. Fire Prevention Officer or Public Health Department) the Compliance Officer will liaise with that agency, book their visits to each location, ensure that they are met and escorted through the location, ensure that written reports are received, and that any points of non-compliance are addressed in timely fashion.
- Well Water Regulations are especially rigorous; see Policy B-23.
- Our Compliance Officer will also act as liaison with any private firm engaged to perform inspections or to assist in having them performed. One such firm provides an annual check on all of our fire safety equipment; another visits our locations, which use wells, to prepare test samples and deliver them to the Lab.
- Such services should be periodically tendered, and the Manager of Compliance will report regularly to the CEO regarding the effectiveness of these service providers.
- Ensuring compliance is largely a matter of effective file management. That is, of knowing precisely when an inspection occurred last year, so as to schedule it at the same time, or a bit earlier, this year. The AIMS database is used to keep track of all compliance dates; see “Agency Documentation Due.”

Procedure No: B-8-2
Compliance Files

Effective Date: October 17, 2008
Last Revision: May 19, 2021
Last Review:

- Original documents that relate to regulatory compliance are held by the Manager of Compliance and filed by Program. Typically, these documents are also scanned and saved electronically. The electronic route is:

Agency Wide / People Who Live at / Program Site / Compliance

- While the letters or inspection reports referenced below might be generated by municipal authorities or by local service providers, MCCSS looks for them to be on file during its own location specific compliance checks.
- Our program compliance files consist of the following:

<u>Document</u>	<u>Description</u>	<u>Retention Schedule</u>
Zoning Letter	Letter from Municipality that confirms property's compliance with local zoning by-laws.	Kept permanently, or until disposal of property.
Fire Safety Plans	Requires signed approval of local Fire Dept. Pieces of the plan must be updated every time a person moves in or out, or when structural changes occur.	Every location must have a current plan. Outdated versions have no value and are shredded.
Annual Fire Inspection	A signed and dated report generated by the local Fire Department.	Kept in Compliance files, held by the Manager of Compliance, for three (3) years.
Annual Fire Equipment Check	Verification of checks and service performed on fire extinguishers, smoke detectors, sprinklers and	Kept in Compliance files, held by the Manager of Compliance, for three (3) Years.
Monthly Fire Drills	Our internal record of Fire Drills, that must occur monthly. In August, the drill must be conducted by Overnight staff.	Kept in Compliance files, held by the Manager of Compliance, for three (3) years.
Electrical Compliance Certificates	A certificate generated by licensed electrician. It must note presence of GFI receptacles in bathrooms. Performed every five years.	Kept in Compliance files, held by the Manager of Compliance, for five (5) years.
Annual Furnace Inspections	Verification of annual service visit and safety check. May be only a detailed invoice that needs to be "rescued" from Accounts Payable.	Kept in aforementioned Compliance files for three (3) years.

Monthly Interior and Grounds Check	An internal form completed by all locations.	Kept in aforementioned Compliance files for three (3) years.
Monthly Program Task Checklist	Similar to above; a list of recurring tasks to be completed “daily,” or “every Monday,” as the case may be.	Kept in aforementioned Compliance files for three (3) years.
Daily Bath & Shower Temperature Checklist	Staff record a reading and initial, daily, at every bathroom tub and shower faucet (see B-9-11).	Kept in aforementioned Compliance files for three (3) years.
Well Water Compliance	All mandated lab results and Annual Reports. See B-23 <i>Compliance with Well Water Regulations.</i>	Kept in aforementioned Compliance files for five (5) years.

Note: Where the form is such that the responsible employee is expected to sign-off, or insert an initial in a cell, failure to do so will be addressed at month end by the Program Manager. To falsify our records by adding a reading and/or an initial after the fact, to make it appear that a check was performed, is a serious offense and will be addressed accordingly.

Procedure No: <u>B-8-3</u> Compliance Inspections performed by MCCSS	Effective Date: <u>October 17, 2008</u> Last Revision: <u>September 15, 2013</u> Last Review: <u>May 19, 2021</u>
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- Our funding Ministry (Children Community and Social Services) has a regulatory function and monitors the compliance of Transfer Payment agencies with legislation and with the regulations that are attached to legislation.
- MCCSS visits our programs regularly in accordance with a schedule that changes from time to time.
- The MCCSS inspection has five components:
 - a. An HR component in which a small random sampling of Personnel files are reviewed to determine if certain key elements (e.g. Criminal Reference Checks) are present. For reasons of confidentiality, MCCSS reviews files through the aegis of CLDN staff and does not look directly at Personnel files.

- b. Records pertaining to supported persons. In a particular site, the inspector will want to know the date of the last medical appointment, dentist appointment, etc., for each person.
 - c. A review of our Policy & Procedure Manual. Typically, Community Living Durham North determines which policies it wishes to put in place, as well as the content and style of all such policies. That said, MCCSS insists that policies be in place around certain issues like Abuse, or Physical Restraints, and it wants such policies to meet certain standards.
 - d. A review of our practices around Medication Administration.
 - e. Finally, a program compliance component; i.e. a verification that the particular location has been inspected by the Fire Department, that there have been regular furnace inspections, that Fire Drills have occurred monthly, etc.
- The responsibility for liaising with the Ministry around its inspections, and for ensuring that any areas of non-compliance are dealt with expeditiously, rests with the appropriate Program Director, or designate.

Approved by: Glenn Taylor
CEO

Date: May 19, 2021