



**ACCREDITATION
AGRÉMENT**
CANADA

Accreditation Report

Qmentum Global™ for Long-Term Care
Program

CHSLD Chateau sur le lac

Report Issued: 17/10/2025

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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 Long-Term Care accreditation program.

As part of this program, the Organization has partaken in continuous quality improvement activities and assessments, including an on-site survey from September 25, 2025 to September 27, 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 new Qmentum Global™ for Long-Term Care enables your LTC home to continuously improve quality of care through the sustainable delivery of excellence in resident care experiences and quality of life. The program provides your LTC home with an assessment manual, survey instruments, assessment methods and an actioning 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 LTC home continues to participate in a four-year accreditation cycle that spreads accreditation activities over four years, supporting the shift from a one-time assessment, while helping your LTC home maintain its focus on planning, implementing, and assessing quality and improvements. It encourages your LTC home to adopt accreditation activities and quality of care in everyday practices.

Each year of the accreditation cycle includes activities that your LTC home must complete. Accreditation Canada provides ongoing support to your LTC home throughout the accreditation cycle. When your LTC home completes year 4 of the accreditation cycle, Accreditation Canada's Accreditation Decision Committee determines your LTC home'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 LTC home. After an accreditation decision is made, your LTC home 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 thematic chapters, as per below. To promote alignment with the assessment manual, assessment results and surveyor findings are organized

by chapter, 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.

Chapter 1: Governance and Leadership

Chapter 2: Delivery of Care Models

Chapter 3: Emergency Disaster Management

Chapter 4: Infection Prevention and Control

Chapter 5: Medication Management

Chapter 6: Residents' Care Experience

Executive Summary

About the Organization

CHSLD Château sur le Lac is a private contracted bilingual long term care facility (CHSLD) situated on a large acreage on the banks of the Rivière-des-Prairies in the borough of l'île-Bizard. It was founded in 1978 by Dr. Beheram Kachra who is the Executive Director of the facility since its opening.

The organization serves clients from the neighboring Montreal West Island territory and works in close partnership with the CIUSSS de l'ouest de l'île de Montreal (Integrated Health and Social Services University Network for the Montreal West Island. The role of the CIUSSS is to provide support to private CHSLD's under contract within their territory and to ensure the application of directives from the Quebec health ministry. In addition, they manage the admissions process to ensure that places are allocated to those residents assessed as eligible.

The facility has a 50-bed permit on three floors but since March 2025 only 30 beds are opened following the directives from the Quebec health ministry that considered the area unsafe due to frequent flooding issues. Twenty beds are private and ten beds are public contracted with the admissions centrally coordinated by the CIUSSS de l'ouest de l'île de Montreal. Due to its location and the inherent flooding risk, the facility may also be forced to relocate into a new building if this is the directive of the ministry of health and the environment minister.

The organization has initiated the process with the Quebec health ministry to be fully subsidized for 36 public beds and consequently private beds will no longer be available and all admissions to the facility will be coordinated by the CIUSSS de l'ouest de l'île de Montreal.

Surveyor Overview of Team Observations

The organization had its 4th. QMentum Long Term Care Accreditation survey visit in June 2025 and as a result of a number of ROP's and compliance tests being unmet, a supplemental survey was recommended by the Accreditation Decision Committee.

The organization hired a consultant to guide, coach, and support them in the follow-up recommendations provided by the surveyors at the June 2025 visit. In addition to following up on the recommendations from the June 2025 visit, the consultant also guided the organization in putting in place fundamental structures such as a committee organigram with defined mandates and specific roles and responsibilities and committee membership to ensure the provision of safe optimal quality care to the residents. The use of dashboards with identified key indicators for performance measurement was also recommended for monitoring and evaluating the attainment of targeted goals and objectives.

The purpose of this supplemental survey is to evaluate the compliance of specific ROP's, compliance tests, and high priority criteria for the following standards: Governance and Leadership, Infection Prevention and Control, Medication Management, and the Resident's Care Experience. The information was gathered from several sources to evaluate the criteria ratings and compliance including documentation consultation, patient charts, discussions with the leadership group and the consultant, meetings with employees, meeting with one family member, telephone meetings with three family members, and a telephone meeting with a community partner from the CIUSSS de l'ouest de l'île de Montreal.

The organization is commended on the significant improvements made with the successful implementation of the recommendations provided in the June 2025 report. The policies, procedures, protocols and audit tools have been developed and updated according to evidence based best practice guidelines and standards. Some of the policies and procedures have been elaborated with the participation of team members. Feedback from the Residents' Committee was also solicited on other drafted policies and procedures. The organization is encouraged to structure all their policies and procedures on a common template for uniformity and to include at the end of each policy and procedure a list of references used based on best practice guidelines. In order to ensure that all team members are informed of the policy and procedure updates and changes, the organization is encouraged to put in place a communication system to guarantee the transmission of this information to its employees with a validation mechanism confirming that the policies and procedures have been read.

Several audits have been conducted to evaluate and monitor compliance with organizational policies and procedures. The results are compiled, analyzed, and shared with all team members and corrective actions are implemented when required in order to obtain the expected outcomes. The organization is encouraged to mobilize and empower team members by participating in the auditing process and communicating the audit results to their peers in order to influence and motivate their peers to comply with best practice standards. An annual audit calendar identifying the audits to be done, the frequency, the targeted dates, and the designated persons responsible for the audits can also serve useful for the leadership group in the planning, delegation, and sharing of tasks to the team members.

Numerous educational training activities on various themes were provided to the staff to update and reinforce skills and knowledge for enhancing quality patient care. A training log register is in place to track and attest to the participation of the employees in the different training activities. As well, an "All Care Prevention Program" for employees, families, and volunteers was organized in August 2025 on fall prevention, skin injury prevention, prevention of pressure injuries, and hand care hygiene. The organization is encouraged to pursue ongoing educational training activities for its employees, families, and volunteers.

The organization is encouraged to pursue its commitment to excellence in person-centered care and to recruit a patient (resident partner) to sit on the quality and risk management committee to strengthen engagement and partnership thus contributing to continuous quality improvement and an optimal resident experience.

The challenge for the organization after this visit will be to pursue what has been achieved and put in place with the support of the consultant to ensure continuity and sustainability in adherence to best practice standards. The organization is encouraged to pursue its efforts and its unwavering commitment to service excellence and continuous quality improvement in providing safe, optimal quality of life and care to its residents in accordance with Accreditation Canada's best practice long term care standards.

Key Opportunities and Areas of Excellence

NOT EVALUATED AS THIS SUPPLEMENTAL SURVEY VISIT FOCUSED ONLY ON THE EVALUATION OF SPECIFIC ROP'S AND TESTS FOR COMPLIANCE AND SPECIFIC HIGH PRIORITY CRITERIA.

People-Centred Care

NOT EVALUATED AS THIS SUPPLEMENTAL SURVEY VISIT FOCUSED ONLY ON THE EVALUATION OF SPECIFIC ROP'S AND TESTS FOR COMPLIANCE AND SPECIFIC HIGH PRIORITY CRITERIA.

Quality Improvement Overview

NOT EVALUATED AS THIS SUPPLEMENTAL SURVEY VISIT FOCUSED ONLY ON THE EVALUATION OF SPECIFIC ROP'S AND TESTS FOR COMPLIANCE AND SPECIFIC HIGH PRIORITY CRITERIA.

Accreditation Decision

CHSLD Chateau sur le lac's accreditation decision is:

Accredited

The organization has met the fundamental requirements of the accreditation program.

Locations Assessed in Accreditation Cycle

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

- CHSLD Château sur le lac

¹Location 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

Chapter	ROP	# TFC Met	% TFC Met
Governance and Leadership	Workplace Violence Prevention	8 / 8	100.0%
Governance and Leadership	Patient (Resident) Safety Incident Disclosure	5 / 6	83.3%
Infection Prevention and Control	Hand Hygiene Compliance	3 / 3	100.0%
Infection Prevention and Control	Infection Rates	3 / 3	100.0%
Medication Management	The 'Do Not Use' List of Abbreviations	6 / 6	100.0%
Medication Management	High-alert Medications	6 / 6	100.0%
Medication Management	Heparin Safety	0 / 0	0.0%
Medication Management	Narcotics Safety	0 / 0	0.0%
Residents' Care Experience	Falls Prevention	6 / 6	100.0%
Residents' Care Experience	Skin and Wound Care	8 / 8	100.0%
Residents' Care Experience	Pressure Ulcer Prevention	5 / 5	100.0%

Assessment Results by Chapter

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

Chapter 1: Governance and Leadership

Chapter 1 assesses governance and leadership across Long-Term Care (LTC) homes. Governance and Leadership criteria apply to governing body (boards and committees) and leadership teams. Themes covered in this chapter include strategy and operational plans, roles and responsibilities of governance and leadership, organizational policies and procedures, decision support systems, integrated quality management, and risk management. HSO's principles of people-centred care are embedded throughout the chapter.

Chapter Rating: 93.3% Met Criteria

6.7% of criteria were unmet. For further details please review Table 2 below.

Assessment Results

For the ROP on the disclosure of resident safety incidents, there is a policy and procedure in place that clearly outlines five of the six required tests for compliance. However, there is no mention in the policy and procedure about feedback being sought from the residents, families, caregivers, and team members about their experience with the disclosure process that can be used to make improvements when needed. The organization is encouraged to add this element to the policy and procedure in order to respect all the ROP tests for compliance of Accreditation Canada.

With regards to the ROP on violence and aggression in the workplace, all the tests for compliance were met. The organization conducted a workplace violence survey with its employees with a 70% response rate with an analysis of the results that indicated under-reporting because of employee fear of retaliation. The organization is encouraged to address this employee perception arising from the survey and explore potential strategies to promote a culture of reporting versus a culture of blame and punishment.

For the high priority criteria on the prevention of resident abuse, a policy and procedure approved by the Health Ministry is in place. The organization is encouraged to remove the previous version posted on the website and to replace it with the updated version.

Table 2. Unmet Criteria for Governance and Leadership

Criteria No.	Criteria Text	Criteria Type
1.2.18	Patient (Resident) Safety Incident Disclosure	ROP
1.2.18.6	Feedback is sought from residents, families and/or caregivers, and team members about their experience with disclosure and this information is used to make improvements, when needed, to the disclosure process.	

Chapter 4: Infection Prevention and Control

Chapter 4 covers organizational safety practices for LTC homes related to infection prevention and control (IPC). The purpose of this chapter is to ensure those both working and receiving services from the organization stay safe and healthy by preventing, mitigating risk, and controlling the transmission of pathogens and/or infections. Themes presented include having a team with relevant IPC subject matter expertise, maintaining updated documentation (policies and procedures), implementing standardized practices (e.g., hand hygiene, PPE, environmental cleaning and disinfection, medical device and equipment cleaning, supply chain management, outbreak management), continuous learning activities, and continuous quality improvement to support organizations in achieving their IPC aims. This section applies to the organization including its leadership, personnel, and support care teams.

Chapter Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review Table 3 below.

Assessment Results

The two ROP's and tests for compliance on hand hygiene and the tracking of health care associated infections were all met. The four high priority criteria regarding an immunization policy for residents and team members, resident screening for additional precautions, outbreak prevention and management policy, and a written agreement for foot care services provided by an external health care provider were all met.

For the foot care services agreement, the organization is encouraged to have an agreement for a two-year period that is renewable. The organization is also encouraged to specify in the agreement where the disinfection, sterilization, and reprocessing of the instruments used by the external health care provider are done to ensure the service meets the appropriate Canadian Standards Association standards. The agreement also specifies that upon arrival the health care provider is required to have a list of all the supplies and instruments to be used for the foot care services of the residents in order that a visual inspection be done by the nursing staff. The organization is encouraged to verify that the chemical indicator on the outside of the package has changed color, indicating it was processed through a sterilization cycle as well as the expiration date label on the outside package.

Table 3. Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

Chapter 5: Medication Management

Chapter 5 covers organizational safety practices for LTC homes related to medication management. Themes covered in this chapter include a collaborative approach to medication management, up-to-date policies and procedures, the assignment of responsibilities in relation to prescribing, storing, preparing, and administering medications. Medication reconciliation is also addressed.

This section applies to the organization, including its leadership, personnel, and support care teams.

No criteria were assessed.

Assessment Results

The two ROP's and the respective compliance tests for the list of abbreviations not to be used and the list of high alert medications in the organization were met.

For the ROP and the compliance tests on the availability of injectable heparin products used, this is non applicable for this organization as there no injectable heparin products are used, stocked, and administered to the residents. Only oral anticoagulants are used and administered to the residents if required and these are packaged by the pharmacy for each individual resident according to the prescription.

For the ROP and the compliance tests for narcotic products, this is non-applicable as injectable narcotic products in high concentration formats are not used, stocked, and administered to the residents. The organization uses injectable narcotics only for palliative and end of life residents and these are administered via a butterfly catheter needle in place. Oral narcotics are primarily used and these are packaged by the pharmacy for each individual resident according to the prescription.

Chapter 6: Residents' Care Experience

Chapter 6 focuses on criteria related to the care experience of a resident in a LTC home. The themes covered in this chapter include building a competent team to provide care and services based on HSO's people-centred care principles and delivering safe and reliable care that meets the needs of residents and how they define their quality of life. The chapter emphasizes the importance of residents and caregivers as active participants in the care and services provided. Individualized care plans are informed by resident needs and goals, shared decision making, and self-management and are based on ethical principles of respect, dignity, confidentiality, trust, and informed consent.

No criteria were assessed.

Assessment Results

The three ROP's and the respective tests for compliance for falls, skin and wound care, and pressure ulcers were all met. The organization is encouraged to pursue its efforts to ensure service excellence.