

Heritage Lifecare (BPA) Limited - Broadview Rest Home & Hospital

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Heritage Lifecare (BPA) Limited
Premises audited:	Broadview Rest Home & Hospital
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 24 February 2026 End date: 26 February 2026
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	73

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service are partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service are unattained and of moderate or high risk

General overview of the audit

Broadview Rest Home and Hospital (Broadview) provides rest home, hospital, secure dementia, and secure psychogeriatric care for up to 87 residents. The service is owned and operated by Heritage Lifecare (BPA) Limited (Heritage Lifecare). Residents and whānau were complementary about the care being provided. On the days of audit, 73 residents were receiving services at Broadview.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement held with Health New Zealand – Te Whatu Ora. The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, governance, managers, staff, an independent advocate, a psychogeriatrician, and a nurse practitioner.

Strengths of the service, resulting in continuous improvement ratings, included the service's management of responsive behaviours and accessibility of medication information in an emergency situation. No areas requiring improvement were identified during this audit.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.
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Broadview provided an environment that supported residents’ rights and culturally safe care. Staff demonstrated an understanding of residents’ rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific peoples, and other ethnicities. The service worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. There were processes in place to ensure residents who identified as Māori could be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Māori staff in the service confirmed that policy, procedures and processes were in place to support culturally appropriate care delivery; there were Māori residents in the service during the audit.

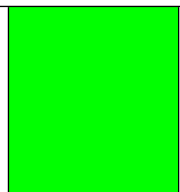
Systems and processes were in place to enable Pacific peoples to be provided with services that recognised their worldviews and were culturally safe, and this was confirmed by staff in the service who align with differing Pacific peoples. There were no residents who identified with a Pacific community in the service during the audit.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code), and these were upheld. Residents were safe from abuse, and they received services in a manner that respected their dignity, privacy, and independence. Broadview provided services and support to people in a way that was inclusive and respected their identity and experiences. Care plans accommodated the choices of residents and whānau. There was evidence that residents and their whānau were kept well informed.

Residents and their whānau received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives participated in decision-making that complies with the law. Advance directives were followed wherever possible.

Procedures were in place to resolve concerns and complaints promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi, and reducing barriers to improve outcomes for Māori, Pacific peoples, and tāngata whaikaha (people with disabilities).

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes the collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staff were appointed, orientated and managed using current good practice. Staffing was sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supported safe and equitable service delivery.

Residents' information was accurately recorded, securely stored, not on public display, and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service are fully attained.

When residents were admitted to Broadview, a person and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

Broadview staff worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their whānau and was evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines were safely managed and administered by staff who had been assessed as competent to perform this function.

The food service was managed safely and met the nutritional needs of the residents. Specific dietary and cultural needs were catered for.

Residents were transitioned or transferred to other health services as required.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service are fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and assessed as required. External areas were accessible, safe, provided shade and seating, and met the needs of people with disabilities and people housed in the secure areas of the facility.

Staff were trained in emergency procedures, the use of emergency equipment and supplies, and attended regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Security was maintained, including in the secure areas of the facility. Residents reported a timely staff response to call bells.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service are fully attained.

Heritage Lifecare and the senior care team at Broadview ensured the safety of residents, visitors and staff through planned infection prevention and antimicrobial stewardship programmes that were appropriate to the size and complexity of the service. It

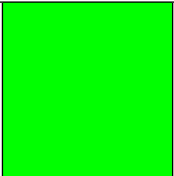
was adequately resourced. An experienced and trained infection control coordinator led the programme and was engaged in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Broadview had approved the infection control, outbreak and pandemic plans that were used by the facility. Staff demonstrated good principles and practice around infection prevention and control. Staff, residents and their whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance was undertaken, with follow-up action taken as required.

The environment supported prevention and mitigation of transmission of infections. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The service was a restraint-free environment. This was supported by the governing body and policies and procedures. There were no residents observed to be using restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, was in place should restraint use be required in the future.

A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	2	166	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Heritage Lifecare had a Māori Health Plan in place that guided care delivery for Māori using Te Whare Tapa Whā model for planning care, and by ensuring mana motuhake (self-determination) was being respected. The plan had been developed with input from cultural advisers and was in use for residents who identify as Māori at Broadview. Te reo Māori language and signage was in widespread use at the facility, as well as important information (eg, Code of Health and Disability Services Consumers' Rights (the Code), complaints and advocacy information).</p> <p>Input from Māori was being supported through the Māori Network Komiti, a group of Māori employees. The Komiti has a mandate to assist the organisation in relation to its Te Tiriti o Waitangi obligations. The Māori Network Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses (RNs), and other care and support workers. The group provides information through the reporting structure to the Heritage Lifecare board. The Komiti meets two-monthly. The service can also access support through Health New Zealand – Te Whatu Ora (Te Whatu Ora), through local Māori health providers, its local marae, and its local iwi.</p>

		<p>Broadview holds specific meetings for Māori in its service, the Hui a Hapu meetings. This initiative started in 2025 as a response to the increase in Māori residents in the service. Minutes from the meetings sighted showed that the specific needs of Māori residents and their whānau were being discussed and addressed.</p> <p>The staff recruitment policy was clear that recruitment would be non-discriminatory, and that cultural fit was one aspect of appointing staff. The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation, and this is outlined in its strategic plan and in policy documentation. Ethnicity data was being gathered when staff were employed, and this data was analysed at a management level. Staff who identified as Māori were employed at Broadview at the time of audit across all levels of the service, including staff who were able to communicate in te reo Māori. One of these staff members functioned as the facility’s cultural advisor for the service.</p> <p>Training on Te Tiriti o Waitangi, cultural safety, health equity and tikanga Māori was part of the Heritage Lifecare training programme; and this had been delivered. The training was designed to assist staff to understand the key elements of service provision for Māori, and tāngata whaikaha (people with disabilities), ensuring culturally appropriate services, respect for mana motuhake, and the provision of equity in care services. Staff at Broadview were knowledgeable about their cultural obligations in the delivery of care.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Heritage Lifecare understands the equity issues faced by Pacific peoples and can access guidance from people within the organisation around appropriate care and service for people from Pacific communities. There were members of the executive team who identified as from a Pacific community. They can assist the board to meet its equity obligations to residents.</p> <p>A Pacific peoples’ health plan and culturally safe care policy and procedure have been developed, with input from cultural advisers. These plans document care requirements for Pacific peoples to ensure culturally appropriate services can be delivered. The Fonofale model of</p>

		<p>care was available for use by the service for residents from Pacific communities who might be admitted. Broadview has access to local Pacific religious communities who could supply support for the facility, as well as from Te Whatu Ora.</p> <p>The staff recruitment policy was clear that recruitment would be non-discriminatory, and that cultural fit was one aspect of appointing staff. The service supports increasing capacity by employing more staff members who align with Pacific communities across differing levels of the organisation. This was outlined in its strategic plan, and in policy documentation. Ethnicity data was gathered when staff were employed, and this data was being analysed at a management level. There were staff (but no residents) who identified with a Pacific community in the service at the time of audit. Staff were employed across all levels of the service, including in leadership and training roles.</p> <p>Training on culturally and spiritually specific care needs for people from Pacific communities was part of the Heritage Lifecare training programme, and this had been delivered. The training was geared to assist staff to understand the key elements of service provision for Pacific peoples, and in providing equity in the provision of care services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed at Broadview understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were seen supporting residents of Broadview in accordance with their wishes. Staff training records evidenced that staff had received training on the Code within the past year.</p> <p>When interviewed, residents and their whānau reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service). They reported that they were provided with opportunities to discuss and clarify their rights. The Code was on display and accessible in English, te reo Māori and New Zealand Sign Language (NZSL). Posters around the facility provided information on the Advocacy Service in English and te reo Māori. Staff knew how to access brochures on the Code and the Advocacy Service in other languages should this be required.</p>

		<p>In addition to supports offered at service and organisational level, Broadview had access to interpreter services and cultural advisors/advocates if required. Relationships had been established with the kaumātua at Putiki Marae Church and Te Oranganui Iwi Health Authority. These services facilitated opportunities to access rongoā Māori if this was requested by residents or their whānau.</p> <p>There were a number of staff employed at Broadview who identified as Māori, including staff who were able to communicate in te reo Māori. One of these staff members functioned as the facility's cultural advisor and assisted through all levels of the facility's operation to enable a more equitable service for Māori. Residents who identify as Māori can attend a Hui a Hapu meeting at Broadview each month, where any issues of concern are discussed. Minutes of these meeting were sighted.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Broadview supported residents in a way that was inclusive and respected their identity and experiences. Residents, including tāngata whaikaha, and their whānau confirmed that they were provided with services in a manner that had regard for their culture, dignity, gender, privacy, sexual orientation, spirituality, choices, and independence. Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted. All staff working at Broadview had been educated in Te Tiriti o Waitangi and cultural safety. Staff were provided with opportunities to speak and learn te reo Māori. Signage around the facility was inclusive of te reo Māori, with Karakia being performed at the beginning and end of meetings, and daily at lunchtimes.</p> <p>Documentation in the care plans of residents who identified as Māori was in English and te reo Māori. Residents were assisted to have shared goals of care and an advance care plan in place. Staff were aware of how to act on residents' wishes and maximise independence. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>All residents had a private room, and staff were observed to maintain privacy throughout the audit. Broadview responded to tāngata</p>

		whaikaha needs and enabled their participation in te ao Māori. Training on the aging process, diversity and inclusion included training on support for people with disabilities.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Employment practices at Broadview included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Staff followed a code of conduct and understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected, and finances protected. Professional boundaries were maintained.</p> <p>A holistic model of health at Broadview was promoted. The model encompassed an individualised approach that ensured best outcomes for all. Files reviewed for residents in the secure dementia and psychogeriatric units evidenced that the required documentation was present to support the need for care in a secure environment to maintain residents' safety. All twenty residents and eight whānau interviewed were complimentary of the services provided by Broadview.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau at Broadview reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated in day-to-day greetings, documentation, and signage throughout the facility.</p> <p>Changes to residents' health status or matters of concern were communicated to residents and their whānau in a timely manner. Incident reports evidenced whānau were informed of any adverse events/incidents. Documentation supported that contact with whānau had occurred.</p>

		<p>Alphabet boards are provided for residents who have difficulties with verbal communication, and microphones were used for communication and visiting entertainers. An independent advocate had regular meetings with residents and supports residents in addressing any concerns. Interview with the advocate identified they had the skills to perform the role; they were aware of the opportunity for residents to access the advocacy service. Any areas of concern were reported to the care home manager (CHM) or clinical services manager (CSM), and these had been promptly attended to. Feedback on any resident concerns was provided to residents by the advocate at the next meeting.</p> <p>A newsletter was sent out to whānau every month and this included a copy of the upcoming activities programme. Residents had a copy of the newsletter and activity programme delivered to their room. Notice boards in each wing had copies of resident meeting minutes, the newsletter, resident survey results, and the activities programme being offered in each wing.</p> <p>Although the staff at Broadview were culturally diverse, and could assist with interpretation if needed, staff knew how to access external interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents at Broadview and/or their enduring power of attorney (EPOA) were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent. Training on best practice tikanga guidelines in relation to consent had been provided.</p> <p>Advance care planning, establishing, and documenting of EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. Files reviewed of residents in either of the three secure (dementia and psychogeriatric) units identified that residents had either an activated EPOA or Protection of Personal Property Rights (PPPR) welfare guardianship documentation in place, and a specialist's authorisation that the resident required to be cared for in a secure unit.</p>

		<p>Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system was in place to receive and resolve complaints that led to improvements. This meets the requirements of the Code. Information on the Code, complaints, the complaints process, and advocacy was readily available in the facility in English and te reo Māori. Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There have been eight complaints received in the last twelve months. All complaints, formal and informal, had been managed as per the Heritage Lifecare complaints process. Documentation sighted in respect of the complaints showed that all complaints (except one which was still open having only been received on 13 February 2026) had been responded to within appropriate timeframes and that the complainants had been informed of findings and any corrective action arising from the complaint following investigation. Information on the advocacy service and the ability to further a complaint to the Office of the Health and Disability Commissioner (HDC) was included in the documentation sighted.</p> <p>There have been no complaints from Māori in the service, but processes were in place to ensure complaints from Māori could be managed in a culturally appropriate way (eg, using culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There have been two complaints received from external sources, both in July 2024. Both complaints were anonymous and were received by the service from HealthCERT at the Ministry of Health/Manatū Hauora (Manatū Hauora) via Te Whatu Ora. One of the complaints, received on 3 July 2024, related to the presence of rodents at the premises; the management were aware of the issue prior to receiving the complaint and measures had already been taken to manage the issue (the facility is in a rural setting). Rodent bait traps were seen throughout the facility</p>

		<p>(inside and outside) during the audit. Te Whatu Ora closed the complaint on 21 July 2024. The second related to the facility's response to an infection outbreak, received on 23 July 2024. Information was provided (as required) to Te Whatu Ora on 5 August 2024 related to its management of the outbreak and this had also been closed by Te Whatu Ora on 21 August 2024.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pacific peoples in governance groups, honouring Te Tiriti, and being focused on improving outcomes for Māori residents, those from a Pacific community, and tāngata whaikaha. The Heritage Lifecare legal team monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Directors of Heritage Lifecare have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by Manatū Hauora. Input from Māori into board activities was through the Māori Network Komiti, which is made up of a group of Māori staff in the service.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pacific peoples, and tāngata whaikaha was addressed through policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (eg, information in other languages for the Code of Rights, complaints, and infection prevention and control). Heritage Lifecare utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery can be surmounted.</p> <p>The strategic plan in place outlines the organisation's philosophy structure, purpose, values, scope, direction, performance, and goals. The organisational philosophy encapsulated within the strategic plan reflects a person-centred and whānau-centred approach to care. Ethnicity data was being collected to support equity; a process was in place to analyse the data and utilise the information from it to support meaningful change.</p> <p>Governance and the senior leadership team commit to quality and risk</p>

	<p>via policy and processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The Heritage Lifecare reporting structure relies on information from its strategic plan to inform facility-based business plans. Broadview had its own business plan for its services, and this had been reviewed quarterly in line with Heritage Lifecare policy requirements.</p> <p>Internal data collection (eg, adverse events, complaints, and internal audits) was aggregated, and corrective action (at facility and organisation level as applicable) actioned. Feedback to the board was through the clinical governance committee. Changes were made to business and/or the strategic plans, and policies and procedures as required; documentation to support this was sighted.</p> <p>Position descriptions were in place for all positions, including specialist positions such as health and safety representatives, infection control, and restraint coordination. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. Recruiting and retaining people is a focus for Heritage Lifecare. The organisation looks for the 'right people in the right place' and aims to keep them in place for a longer period to promote stability. It also uses feedback from cultural advisers, including the Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff.</p> <p>The clinical governance structure in place is appropriate to the size and complexity of the service provision. The service is managed by a CHM with the assistance of a CSM and a unit coordinator (UC), both of whom are registered nurses (RNs); they oversee the clinical services being provided at Broadview. The CHM and the CSM are experienced in the aged care sector and confirmed knowledge of the sector and regulatory and reporting requirements; both maintain currency within the field. This leadership team is being supported by the regional clinical and quality manager (RCQM) and regional business manager (RBM), who are frequently on site. Further specialist support is available through the national office.</p> <p>The service supports people to participate in its service through care planning activities, resident/whānau and independent advocate meetings, satisfaction surveys, and through the compliments/complaints process. There was also a staff satisfaction</p>
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		<p>survey for a wider view of how staff were being supported.</p> <p>The service holds contracts with Te Whatu Ora for age-related residential care (ARRC) for rest home, hospital, secure dementia, secure psychogeriatric, and intermediate care services (six-week contracts following a hospital admission). One bed in the service is utilised as a Te Whatu Ora assessment bed for the psychogeriatric service. Rest home and hospital care includes short-term/respite care, and long-term support – chronic health conditions (LTS-CHC). The service also holds a contract to provide services for the Accident Compensation Corporation (ACC) and has an individual Disability Support Services (DSS) contract with the Ministry of Social Development/Te Manatū Whakahiato Ora for a resident in the service who is under 65 years of age.</p> <p>There were 73 residents in the service on the first day of audit; 20 rest home residents (including one under a LTS-CHC contract and four receiving intermediate care), 18 were assessed as hospital-level care (two under LTS-CHC contracts and one under the DSS contract), 16 dementia care residents, and 19 residents in the specialist hospital psychogeriatric unit (18 under ARRC contracts and one utilising the Te Whatu Ora assessment bed). No residents were receiving services under an ACC contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation had a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, responsive behaviours, and medication errors), complaints, audit activities, and policies and procedures. Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated and documented. Quality data was communicated and discussed, and this was confirmed by staff at interview and in meeting minutes.</p> <p>The CHM and CSM understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. The</p>

	<p>service has been actively working to reduce instances of responsive behaviours in its secure dementia and psychogeriatric service. Instances of such behaviours have decreased significantly over the past 12 months; this is an area of continuous improvement (refer criterion 2.2.4). Policies reviewed covered all necessary aspects of the service and contractual requirements, and were current. Critical analysis of organisational practices to improve health equity had been occurring across the Heritage Lifecare organisation, including at Broadview. A Māori health plan guides care for Māori. Staff had received education in relation to the care of Māori, residents from Pacific communities, and tāngata whaikaha.</p> <p>All residents and staff in the service have the opportunity to contribute to quality improvement through the provision feedback at meetings and in surveys. Residents had meetings facilitated by an independent advocate, who chairs the meeting, reporting any concerns to the CHM. Minor concerns only had been raised in the last three meetings, according to meeting notes sighted. Residents' meeting minutes and the resident satisfaction surveys showed a high level of satisfaction with the services being provided. Residents and whānau interviewed also reported high satisfaction levels. As well as in meetings, residents and their whānau contribute to service delivery through care planning activities, the compliments/complaints process, and through informal discussions with the CHM and CSM. Staff contribute through meetings and the staff satisfaction surveys; the results of the last staff satisfaction survey showed a mixed level of satisfaction from staff working at Broadview and this is currently being investigated.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents reports reviewed showed these were fully completed, incidents were investigated, action plans developed, and any corrective actions followed up in a timely manner.</p> <p>The CHM and CSM understood and have complied with essential notification reporting requirements. There have been 106 Section 31 notifications made to HealthCERT in the last 12 months for 58 incidents. The majority of these (98) related to resident responsive behaviour (48 incidents), which reflects the scope of services being provided (psychogeriatric and dementia care); this has reduced from</p>
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		<p>2024. In most cases, there were two Section 31 notifications related to a single incident (refer to criterion 2.2.4). Other than these, Section 31 notifications have been made related to choking (five), absconding (two), fall with injury (one), fire alarm (one, a false alarm), and an intruder (one). Notifications have been made to the Health Safety & Quality Commission (HSQC) related to resident injury (11 - fracture) or pressure injury (three - two facility-acquired and one public hospital-acquired).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There was a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service is being managed by the CHM and CSM, both of whom are experienced in aged care; both work Monday to Friday. The CSM is supported by a senior RN who works as a UC. On-call duties were being shared with the CHM (for operational matters) and the CSM and UC (for clinical issues). There were RNs on duty 24/7 and there was a first aid certified staff member on duty 24/7; this was confirmed on rosters sighted.</p> <p>The facility adjusted staffing levels to meet the changing needs of residents to align with Heritage Lifecare staffing policy, although it staffs to a slightly higher level than the base staffing requirements due to the acuity of the residents and the geography of the facility. Casual staff were available to address staff absence. Care staff interviewed reported that they worked 'short' on occasions, but rosters showed that when staff were rostered but not available (due to personal issues), they were mostly replaced either by another staff member or hours were extended to provide cover. Actual shortages were noted on only three occasions, although even with the shortage the service still operated within the safe staffing guidelines set by Heritage Lifecare. Residents and whānau interviewed reported prompt attention from staff.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a health and safety, infection prevention and control, or restraint portfolio.</p>

		<p>Continuing education was planned on an annual basis and included mandatory training requirements. Related competencies had been assessed and supported equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessment programmes. Care staff had access to a New Zealand Qualifications Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora.</p> <p>Under the Age-Related Residential Care (ARRC) (E4.5 f) and Aged Residential Hospital Specialised Services (ARHSS) Agreements (D17.11 c), staff working in the dementia and psychogeriatric care areas are required to have specific NZQA-approved education related to the role. At Broadview, staff had either completed or are enrolled in the required education in a timely manner. Note: some staff work in both the dementia and psychogeriatric units. Thirty-two (32) staff work in the dementia care area of the service; of these, 21 have completed the required education, eight are actively engaged in the education programme (some almost completed), and four are awaiting approval to begin the required programme of study. Twenty-seven (27) staff work in the psychogeriatric care areas of the facility; of these, 15 have completed the extended education to work in the psychogeriatric service, nine are actively engaged in the education programme (some almost completed), and three are awaiting approval to begin the required programme of study.</p> <p>The collection and sharing of high-quality health information across the service, including for Māori and Pacific peoples, was through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff competency assessment and education. Training and support for users of the service were primarily through the care planning process and ongoing interaction with RN staff.</p> <p>Staff reported feeling well supported and safe in the workplace. There were policies and procedures in place around wellness, bullying, and harassment. An employee assistance programme (EAP) was available to staff who may require extra support.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes were based on good employment practice and relevant legislation and included recruitment, selection, orientation, and staff training and development. Qualifications were validated prior to employment and then annually; evidence of this was sighted. A register of annual practising certificates (APCs) had been maintained for RNs, and associated health contractors. There were job descriptions in place for all positions, which included outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A sample of nine staff records reviewed evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, visa checking, and completed induction and orientation. Staff interviewed confirmed that orientation does take place; they described it as useful in preparing them for their role. Staff reported that they felt ready to take on their role when orientation was completed. Files sampled evidenced that performance appraisals were being undertaken as required. Staff described the appraisal process as useful for them, they had input into it, and the process allowed them to set their own career and education goals. Ethnicity data was being recorded for staff and used in accordance with Health Information Standards Organisation (HISO) requirements.</p> <p>There were staff wellbeing policies in place and staff were aware of them. Staff interviewed confirmed that debrief and support were available to them following any serious incidents or challenging situations.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and is username- and password-protected. Any electronic or paper-based records are held securely and available only to authorised users.</p> <p>Residents' files are integrated electronic and hard copy files. Files for residents and staff are held securely for the required period before being destroyed. No personal or private resident information was on</p>

		<p>public display during the audit.</p> <p>Medication management at Broadview is undertaken through an electronic system. Broadview has increased its resilience over time to ensure this remains available in the event of an emergency. This has been tested and strengthened in response to emergencies, most recently due to the current outage of the medication management system in use. This is an area of continuous improvement (refer criterion 2.5.2).</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were up to date, integrated, and legible, and met current documentation standards. Consents were sighted for data collection. Data collected includes ethnicity data.</p> <p>Broadview is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents were welcomed into Broadview when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the level of care Broadview provided, and when they had chosen Broadview to provide the services they required. Residents requiring admission into the secure units required either an activated EPOA or PPPR welfare guardianship documentation, in addition to a specialist's authorisation for placement in a secure environment.</p> <p>Residents and whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements. Broadview collects ethnicity data on entry and decline rates; this included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident was declined entry, there were processes for communicating the decision to the person and their whānau.</p> <p>Broadview had developed meaningful partnerships with local Māori to</p>

		<p>benefit Māori individuals and their whānau. Broadview can access support from Māori health practitioners, traditional healers, and other organisations or by contacting Te Whatu Ora. Residents had a choice over who would oversee their medical requirements. Whilst most chose the main provider to Broadview, a number had requested another provider to manage their medical needs, and this had been facilitated.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Broadview worked in partnership with the resident and their whānau to support the resident's wellbeing.</p> <p>Eleven residents' files were reviewed: three of residents requiring hospital-level care, two rest home, three from the secure dementia care unit, and three from the secure psychogeriatric unit. These files included residents who identified as Māori, were receiving care under a DSS contract, self-administered medication, had a recent unwitnessed fall, had a facility-acquired pressure injury, had a recent admission to an acute facility, had a number of co-morbidities, or had episodes of responsive behaviours that were a challenge.</p> <p>Files reviewed verified that a RN had documented a plan of care for the resident following a comprehensive assessment, including consideration of the person's lived experience, cultural and spiritual needs, values, and beliefs, and which considers wider service integration, where required. Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) or NP assessment, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Policies and processes were in place to ensure tāngata whaikaha and their whānau were able to participate in the service's development, deliver services that gave choice and control over care and support activities, and removed barriers that prevented access to information. This was verified by reviewing documentation, sampling residents' records, from interviews (including with the NP and psychogeriatrician), and from observation.</p> <p>Residents who had unwitnessed falls had an RN post-fall assessment, ongoing review by a RN, and a neurological assessment within the</p>

		<p>required timeframes. Whānau were informed. When the resident was assessed as needing a review in an acute facility, this was facilitated in a safe and timely manner. Residents who had fallen, with behaviours that were a challenge and at times noncompliant with required protocols, were seen to be assessed in a manner that maximised resident safety while minimising the residents' distress (refer criterion 2.2.4). Residents who desired to self-administer their medications were assisted to do so in a safe manner. When changes were made to the plan of care, or there were changes to medications, a short-term care plan had been commenced to monitor the impact of these changes. Care plans reviewed documented all areas of the residents' needs, and the required strategies to address these.</p> <p>Management of any specific medical or behavioural conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or their whānau. Residents and whānau confirmed active involvement in the process, including for residents with a disability.</p> <p>All residents and four whānau interviewed were complimentary of the care provided by Broadview staff. Interviews with the staff verified their familiarity with all aspects of the care all the residents required, including the cultural aspects of the Māori resident's care. An interview with the NP evidenced a high degree of satisfaction with the care provided by Broadview. Any residents causing concern were assessed by the RN and the results were communicated to the NP. The results then enabled the NP to implement a plan of action for the RNs to follow. The NP was complimentary of the processes being undertaken at Broadview. All requests were complied with and requests for advice were appropriate. There was a commitment by all parties to reduce polypharmacy and antimicrobial use. A high number of residents at Broadview had an advance care plan or shared goals of care in place that guided care.</p>
Subsection 3.3: Individualised activities	FA	The diversional therapist (DT) and four (3.5 full-time equivalent) activities coordinators (AC) provided Broadview residents with an

<p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>activities programme in each of the four care areas, seven days per week. The programme in place in each unit supported the residents in these units to maintain and develop their interests and was suitable for their ages and stages of life. The programmes in the secure units included access to additional activities support in the afternoons (refer criterion 2.2.4).</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interest, and ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Matariki, Māori Language Week and Waitangi Day were celebrated at Broadview. Community groups included visits from a kapa haka group, church groups, and local entertainers. The facility had a van that enabled weekly outing to places and events of interest. Residents were supported to access local church services, visits to the marae, group meetings, Probus appointments, and regular shopping excursions. Residents were provided with opportunities to be involved in food preparation.</p> <p>Resident and whānau meetings occur monthly and begin and end with karakia. Resident and whānau meetings alternate by being run by the AC and CHM. A resident and whānau meeting with an independent advocate are held quarterly. 'Hui a hapu' meetings for residents who identify as Māori are held monthly. Meetings enable residents to express concerns or offer suggestions to improve the services being provided. Residents and their whānau participated in evaluating and improving the activities programme. Meeting minutes and satisfaction surveys evidenced residents and their whānau were satisfied with the activities provided, confirming that the programme met their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p>	<p>FA</p>	<p>The medication management policy at Broadview was current and in line with the Medicines Care Guide for Residential Aged Care. On the day of audit, the electronic medication system was not accessible. A process to mitigate the potential risk of this occurring had been implemented at Broadview following previous near-misses. Up-to-date hard-copy medication charts were downloaded and were on site and</p>

<p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>able to be used at this time (refer criterion 2.5.2).</p> <p>A safe system for medicine management using hard-copy medication charts was implemented and was observed on the day on the day of audit. All staff who administer medicines had been assessed as competent to perform the functions they managed.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates. There was a process in place to identify, record and communicate residents' medicine-related allergies or sensitivities. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. Prescribing practices met requirements. The required three-monthly GP/NP review was consistently recorded on the medicine chart. Standing orders were not in use at Broadview.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Medimap Outage:</p> <ul style="list-style-type: none"> • Yes, this provider was affected by the outage. • A Section 31 notification was in the process of being submitted by the service on the last day of audit. • As identified above and in criterion 2.5.2, the facility already had processes in place in case this ever occurred, and they had implemented the processes. • No adverse events were identified on the day of audit. • Yes, the facility had guidance on managing this scenario in their response plan, including ordinarily printing medication charts and medication administration sheets. • Yes, the provider implemented appropriate processes to
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		manage the event; the change to manual administration was seamless.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service provided at Broadview was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in November 2024. Recommendations made at that time had been implemented.</p> <p>All aspects of food management complied with current legislation and guidelines. The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 27 February 2024. There were no areas requiring corrective action and the plan was verified for 18 months. It is due for audit on 27 August 2026. All the required safe food practices were observed to be occurring and documentation evidenced this.</p> <p>Each resident had a nutritional assessment on admission to the facility. The personal food preferences, any special diets, cultural preferences, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice, and the kitchen would address this. During Matariki, Māori Language week, Waitangi Day and Pasifika Day, the kitchen prepared culturally specific foods for those residents who requested it. The cook prepared a ‘boil up’ twice a week, although residents could have additional servings if and when they wanted. Residents’ and whānau were able to supply selected foods for residents and the kitchen would prepare the food for them.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents’ satisfaction with meals was verified by residents and whānau interviews, and resident and whānau meeting minutes. This was supported on the days of audit, when residents responded favourably regarding the meals provided on these days. The residents’ meal satisfaction survey in 2025 showed some dissatisfaction with food, and this had been addressed.</p> <p>Residents were provided with opportunities to be involved in food preparation as part of the activities programme. Residents were observed to be given sufficient time to eat their meals in an unhurried</p>

		<p>fashion, and those requiring assistance had this provided with dignity.</p> <p>Residents in the three secure units had access to food and fluids at any time, day or night.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from Broadview was planned and managed safely to include current needs and mitigate risk. A plan was developed with coordination between services and in collaboration with the resident and their whānau. A resident who was recently transferred, and their whānau, reported being kept well informed during the recent transfer. Whānau are advised of their options to access other health and disability services as required including social support or kaupapa Māori services. Residents from the secure psychogeriatric units are accompanied by a staff member in the event they are required to attend appointments or be transferred. Residents from the secure dementia care unit, rest home and hospital were accompanied either by whānau (where possible), or a staff member.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, well maintained, and that they meet legislative requirements.</p> <p>A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and checking and calibration of clinical equipment. Monthly hot water tests were completed for resident areas; these were sighted and were all within normal limits.</p> <p>The building had a building warrant of fitness that expires on 22 June 2026. There were currently no plans for further building projects requiring consultation, but Heritage Lifecare directors were aware of the requirement to consult with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible. Corridors had handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces were culturally inclusive and suited the needs of the resident groups.</p>

		<p>Lounge and dining facilities meet the needs of residents; lounge areas were also used for activities. There were smaller leisure spaces around the facility for residents who require a quiet space or privacy. There were adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and communal areas had appropriately situated call bells. There were external areas within the facility for leisure activities with appropriate seating and shade.</p> <p>Residents' rooms allowed space for the use of mobility aids and moving and handling equipment. Space was available for the storage and charging of electronic mobility aids. Rooms were personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. The facility had electric heating that could be adjusted depending on seasonality and outside temperature.</p> <p>The secure dementia and psychogeriatric units at the facility were secured using 'pin pads' or 'fobs' for entry and exit. The environments were comfortable and accessible inside and out. There were garden areas available for residents to use freely, with seating and shade. Fencing was appropriate for security. Rooms within the units were personalised; doors within the secure dementia care area had distinctive room identifiers (door skins featuring pictures of nature) to aid residents in the recognition of personal spaces (refer criterion 2.2.4). During the audit, the residents were noted to be engaged, enjoying the environment and the gardens, and there was a feeling of calmness from residents and staff.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they had adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on</p>	<p>FA</p>	<p>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 17 March 2011. The requirements of the fire and emergency scheme were reflected in the facility's fire and emergency management plan, which requires a six-monthly fire drill; the last fire</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>drill was held on 19 February 2026. Specific processes were in place to ensure the safety of residents housed in the secure dementia and psychogeriatric units at the facility in an emergency situation. The orientation process required fire and emergency education and competency, and these had been completed in all files sighted. Education and competency assessments had also been delivered in 2025 as part of the ongoing education/competency programme. Staff interviewed were able to describe what they would do in an emergency.</p> <p>Information on emergency and security arrangements had been provided to residents and their whānau on entry to the service; this was confirmed through documentation sighted and by residents and their whānau. Information on fire and emergency protocols was available in flipchart form throughout the facility. Emergency resident information on medication needs and disability assistance was readily available for use in the event of an emergency (refer criterion 2.5.2). Forty-two (42) staff had current first aid certification and there was a first aid certified staff member on duty twenty-four hours per day/seven days per week (24/7) on the rosters sighted.</p> <p>Facility-specific disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Staff had received relevant information and training and reported that they had sufficient and appropriate equipment to respond to emergency and security situations. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region, and alternative essential energy and utility sources were available in the event of the main supplies failing (including for cooking). The facility has a contract for a generator from a local provider but is aware that access to this may be circumvented by civil defence authorities in an emergency situation. The facility holds 30,400 litres of water on site.</p> <p>Appropriate security arrangements were in place, including for residents in the secure units of the facility. Closed-circuit television (CCTV) cameras are operative in the communal areas of the secure units; visitors are notified of their use through signage on entry doors and throughout the facility. The facility had overnight 'lock-up' procedures that allow for emergency egress, and a doorbell was in place for visitors to use. Residents and whānau were familiarised with</p>
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		<p>emergency and security arrangements, as and when required. Staff were noted to be wearing uniforms and name badges throughout the audit.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Heritage Lifecare has infection prevention (IP) and antimicrobial stewardship (AMS) outlined in its policy documents. The IP and AMS programmes were appropriate to the size and complexity of the service. It has been approved by the governing body, is linked to the quality improvement system, and is being reviewed and reported on annually.</p> <p>The IP and AMS programmes are being supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at facility level, and to support facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora and Regional Public Health (RPH). Infection prevention and AMS information is discussed at facility level and at clinical advisory group meetings and is reported to the board. Information presented to the board includes ethnicity data to support equity in the IP and AMS programmes.</p> <p>The management team advised that the portfolio manager and other staff at Te Whatu Ora, including nurse specialists, district nurses, infection prevention and control nurse specialists, and public health staff would be consulted where clinically indicated.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p>	FA	<p>The infection control coordinator (ICC) at Broadview was responsible for overseeing and implementing the IP and AMS programme with reporting lines to the organisation's infection prevention coordinator at the support office. The ICC had appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility</p>

<p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard, were provided by the organisation’s clinical advisory group, and were based on current accepted good practice. Cultural advice at Broadview was accessed through the CHM, staff who identified as Māori, the Māori Komiti, and the facility’s cultural advisor. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following protocols correctly. Broadview policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were not reused. Educational resources were available and accessible in te reo Māori for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been regularly assessed. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified its availability at interview. Staff had been trained in its use. Residents and their whānau were educated about infection prevention in a manner that met their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Broadview has a documented AMS programme in place that is committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using evidence-based expertise of an external advisory company and has been approved by the governing body. Policies and procedures were in place that complied with evidence-informed practice. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of antibiotics and the identification of ongoing areas for improvement. The prescribing of pro re nata (PRN) antimicrobial creams had been discontinued. The pharmacist, GPs and NP supported the antimicrobial stewardship programme at Broadview. Evidence was sighted of a downward trend in the use of antibiotics over the past six months, with no adverse outcomes as a result of this.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Broadview undertook surveillance of infections appropriate to that recommended for long-term care facilities and this is in line with priorities defined in the infection control programme. The service used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data, including ethnicity data, was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to the board and shared with staff. Culturally clear processes are in place to communicate with residents and their whānau, and these were documented.</p> <p>There was an outbreak of a respiratory infection at Broadview in 2025. Residents affected were isolated in their wings, and the infection was contained. The RPH Unit and the local Te Whatu Ora were informed of the outbreak. Debrief on the management of the outbreak was completed following the event.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supported the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms at Broadview. Suitable PPE was provided to those managing contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Handwashing facilities and sterilising hand gel were available throughout the facility. Pest control stations were sighted, and there was a programme in place to monitor their effectiveness.</p> <p>All laundry was laundered on site, including residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was</p>

		<p>sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered.</p> <p>The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment.</p> <p>Laundry and cleaning processes were monitored for effectiveness through the internal audit programme. Staff involved had completed relevant training and were observed to perform duties safely.</p> <p>Residents and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</p> <p>The ICC role includes oversight of the facility testing and monitoring programme for the built environment.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Heritage Lifecare is committed to a restraint-free environment in all its facilities. Broadview is restraint-free and no residents were observed to be using a restraint during the audit. Restraint has not been used in the facility since June 2023. There were strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (eg, use of intentional rounding (scheduled resident checks), use of high/low beds, and sensor equipment). The board's clinical governance committee is responsible for the Heritage Lifecare restraint elimination strategy and for monitoring restraint use in the organisation. Documentation confirmed that restraint had been discussed at the clinical governance committee meetings and then reported to the board.</p> <p>Policies and procedures meet the requirements of the standard. The restraint coordinator (RC) is a defined role undertaken in the facility by a RN; they would provide support and oversight should restraint be required in the future. There was a job description that outlines the role, and the RC has had specific education around restraint and its use.</p>

		<p>Restraint protocols had been covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency). Staff had been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring, and were knowledgeable about the process during interview. Restraint use was identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The RC, in consultation with the multidisciplinary team, would be responsible for the approval of the use of restraints should this be required in the future; there were clear lines of accountability. For any decision to use or not use restraint, there was a process in place to involve the resident, their EPOA and/or whānau, and the multidisciplinary team (including the GP and/or NP) as part of the decision-making processes. Cultural assessment was an important component of the restraint assessment process.</p> <p>A restraint register was maintained on the electronic resident management system; the criteria on the restraint register contains enough information to provide an auditable record of restraint should this be required. The RC undertakes review of all residents who may be at risk in conjunction with the other RNs and the NP, and documentation outlined strategies to be used to prevent restraint being required. Review of restraint had also been completed at clinical governance level, and any changes to policies, guidelines, education, and processes had been implemented if indicated.</p> <p>Given there was no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.</p>
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Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	CI	<p>Broadview provides secure dementia and psychogeriatric care. A structured analysis of behavioural incidents between January and December 2025 identified that the majority of negative responsive behaviours originated within the secure dementia and psychogeriatric units, particularly during evening hours associated with sundowning.</p> <p>In response, a structured quality improvement initiative was undertaken to evaluate and enhance staff competency in managing responsive behaviours and to analyse the impact of environmental service modifications. The CNM was the driver for the project, they worked with other RNs to implement root cause analysis for resident-specific behaviours and with all staff to promote reflection of response variances as these were implemented.</p> <p>A targeted staff education programme resulted in measurable knowledge improvement in 93% of</p>	<p>Broadview has achieved a reduction in adverse events associated with responsive behaviours through the implementation of a targeted improvement plan. This plan focused on comprehensive staff education and environmental modifications designed to enhance awareness of behavioural trigger points and strengthen staff responses. By increasing staff understanding and promoting proactive, person-centred interventions, the service has reduced resident distress, minimised the risk of harm, and improved overall safety within the care environment.</p>

	<p>participants and contributed to a sustained reduction in incidents. A pre- and post-intervention study design was implemented to assess the effectiveness of a targeted educational programme. While training was offered to the broader team, a sample 14 staff members who primarily work in the target areas participated in structured training facilitated by the CSM. The programme utilised real resident case studies to promote clinical reflection and deepen understanding of the underlying causes of responsive behaviours. The educational content focused particularly on staff attitudes and de-escalation techniques. Participants completed a structured questionnaire before and after the intervention to evaluate knowledge acquisition. The results were that 13 of 14 participants (93%) demonstrated measurable improvement in knowledge, with one participant maintaining a consistent score.</p> <p>Environmental modifications, including personalised room identifiers (door skins featuring pictures of nature) and increased staffing during peak risk hours (1500–2000 hours), led to a 59% reduction in monthly incidents in the dementia unit. In the psychogeriatric unit, relocation of a high-risk resident to a lower-traffic area resulted in an 88% reduction in physical aggression. A multi-layered intervention strategy was introduced focusing on environmental modification, enhanced supervision, and structured engagement during high-risk periods.</p> <p>Longitudinal data over the 12 months demonstrated a sustained reduction in responsive behaviours following implementation of staff education and complementary resident-focused strategies. Overall, the project demonstrated that proactive environmental design, structured engagement, resident-specific intervention, and staff education significantly reduced behavioural escalation. Responsive behaviours decreased by 70% over the 2025 calendar year,</p>	
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		falling from 23 incidents in January to seven in December. Of note, six incidents were recorded in January 2026. The shift from reactive incident management to proactive environmental and staffing design has been effective in reducing responsive behaviours in the service.	
<p>Criterion 2.5.2</p> <p>Service providers shall maintain an information management system that:</p> <p>(a) Ensures the captured data is collected and stored through a centralised system to reduce multiple copies or versions, inconsistencies, and duplication;</p> <p>(b) Makes the information manageable;</p> <p>(c) Ensures the information is accessible for all those who need it;</p> <p>(d) Complies with relevant legislation;</p> <p>(e) Integrates an individual's health and support records.</p>	CI	<p>Service providers are required to maintain an information management system to ensure that information contained in information systems is accessible to all those who need it.</p> <p>Following the 2024 cyclone, the service identified a gap in information accessibility in its medication management system. At this time, Broadview implemented a manual backup process for medication management to ensure continuity of care during civil defence emergencies or electronic system outages. The initiative was managed by the CNM and RNs. Initially, this involved printing hard-copy medication charts on a weekly basis. However, during a further electronic system outage in October 2025, it became evident that weekly printing was insufficient. Several residents had experienced medication changes between the print date and the outage, resulting in hard-copy charts that were no longer current. Although the facility managed the situation safely by obtaining physical prescriptions from the pharmacy, the incident highlighted the need for a more frequent synchronisation process.</p> <p>To strengthen data integrity and safeguard resident wellbeing during future system failures, the following protocols were introduced:</p> <ul style="list-style-type: none"> • Increased Frequency: medication charts were printed twice weekly (every Wednesday and Friday). • Strategic Timing: printing following the NP and 	<p>Broadview has implemented a comprehensive contingency plan to ensure the safe administration of medications in the event of a prolonged outage of its electronic medication management system. The established processes ensure that residents continue to receive their prescribed medications without interruption, while also minimising staff stress associated with the temporary removal of electronic protocols. These measures support continuity of care, maintain clinical safety standards, and promote staff confidence during system disruptions.</p>

	<p>psychogeriatrician visits ensured that any new prescriptions or dose adjustments made were captured in the hard-copy backups.</p> <ul style="list-style-type: none"> • Visual Identification: all updated charts are stored in dedicated red folders across all five wings. This standardised colour-coding enables staff to locate backup records immediately, even in low-light or high-stress situations. • Civil defence/emergency preparedness: 100 printed administration records are consistently held for manual administration documentation (in case of electronic failure). <p>Since transitioning to a twice-weekly printing schedule, the facility has achieved a significantly higher level of data currency. The revised system provides a robust fail-safe mechanism that allows staff to have access to medication charts regardless of outages and allows staff administering medication to:</p> <ul style="list-style-type: none"> • Minimise medication errors while administering medication during system outages. • Improve response times by eliminating the need for urgent pharmacy verification of recent medication changes. • Enhance staff readiness by having the red-folder system, which provides clear, physical point-of-care access to up-to-date paper charts across all five wings. • Support continuity of care by minimising the risk to residents and reducing disruption to routine clinical practice. <p>To further strengthen disaster recovery capability, the service has implemented a daily digital archiving protocol. Each day after 1700 hours, all medication charts are electronically backed up to ensure that a</p>	
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		<p>near real-time digital record is available. While physical printing continues on the established Wednesday and Friday schedule, this daily electronic capture ensures that, in the event of a system outage, records are never more than 24 hours old.</p> <p>These processes were tested again during the medication management system outage that occurred during the February 2026 audit. The transition to manual medication administration was seamless and immediate. There was no evidence of staff distress or disruption associated with the removal of the electronic system. Medication administration proceeded as usual, demonstrating that prior improvements to information technology contingency planning had been effective and that the facility was well prepared to maintain safe practice during system failures.</p>	
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End of the report.