



Report of an inspection of a Designated Centre for Disabilities (Adults)

Issued by the Chief Inspector

Name of designated centre:	HSE Cork - Youghal Community Hostels
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	26 November 2019
Centre ID:	OSV-0004646
Fieldwork ID:	MON-0025100

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Youghal Community Hostels comprises two, two-storey houses. One house is based on the grounds of a campus and can accommodate three female residents. The second house is located in the community and can accommodate four male residents. The centre is not open to new admissions. Both houses are located on the outskirts of a coastal town in county Cork. Each house has a kitchen, dining room, sitting room and shower rooms. Each resident now has their own bedroom. The centre provides a long-stay, full time, residential service for seven residents with an intellectual disability, with or without autism. The centre is staffed at all times. The staff team is made up of nurses, social care workers and healthcare assistants. The service aims to provide a range of person centred services and supports, to enable each person to live life to the full, influence the decisions that affect them and actively participate in their community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 26 November 2019	09:30hrs to 18:45hrs	Caitriona Twomey	Lead

What residents told us and what inspectors observed

The inspector met with all seven residents living in the centre. During the inspector's time in one of the houses the residents were preparing for their day's activities. One resident had already left the centre with the support of staff and another was preparing to go to the nearby campus. One resident was relaxing in the living room area and spoke with the inspector about the drama class they would be attending later in the morning. The fourth resident was enjoying a 'morning off' and was using this time to attend to their greenhouse which they had recently decorated for Christmas. The inspector later met with the resident who had already left the centre that morning. All four residents appeared at ease in their home and with each other. Staff appeared to know their individual needs and communication styles well ensuring that any requests were met effectively and promptly. Two of the residents spoke with the inspector about, and showed, things that were important to them.

The inspector met with the three residents of the other house in the evening. The inspector arrived as residents were finishing their evening meal and preparing for their weekly house meeting. All three residents were very welcoming to the inspector with one giving a tour of the house and another showing the inspector their bedroom. The residents spoke happily about their photos and other personal belongings on display. There was a friendly atmosphere in the house with residents and staff chatting and joking with each other. The inspector also spent some time with the third resident in the sitting room area of the house. This resident was generally positive about living in the house but did express a reluctance to raise any issues they may have as they did not feel it was worth the hassle. On leaving the centre, this resident was about to rejoin their peers for the planned meeting.

Capacity and capability

It was identified in preparation for, and confirmed during, this inspection that the centre had been operating outside of its registration condition regarding the number of residents who could live in centre. The centre was registered on 21 September 2018 to accommodate a maximum of eight residents. The provider failed to comply with this condition from the date of registration until 04 November 2019. This can be considered an offence as outlined in Section (79) (2) (e) of the Health Act. This finding prompted an escalation in regulatory activity.

The inspector was informed, and reviewed a sample, of the various audits completed in the centre by members of the management team. There were two supernumerary management staff involved in the running of this centre. They also were involved in the management of other designated centres. There

was evidence of regular meetings of the management team for this centre and also of meetings with managers of local centres that operated under the same provider. The inspector reviewed the annual review for the centre and the two most recent six-monthly visit reports completed by a representative of the provider. These documents were comprehensive and clearly outlined improvement plans for the centre.

There had been some changes to the staff team in the centre as some staff had continued to support residents who had moved to other centres. The person in charge outlined that there had been an increase in the use of relief staff during this transition period but that a new staff member had been recruited and was due to begin work the following week. On the day of the inspection the staff supporting the residents appeared to know the residents, their needs and preferences well. All observed interactions were respectful and positive and it was clear that the relationships between the residents and members of the staff and management teams were warm and positive.

It was evident that the recent transition of residents from the centre had had a positive impact, and the current residents of the centre were adapting well to this and other recent changes in the centre. The person in charge outlined that the move had been positive for all involved. The person in charge informed the inspector that the provider's long term plan was to close both houses that comprise this centre. At the time of this inspection there were no definite plans in place for the transition of residents.

The inspector reviewed the training records made available for 15 staff. These records demonstrated that in addition to the mandatory trainings, there were a variety of opportunities for continued professional development for staff. Many of these additional training courses were relevant to residents' assessed and emerging needs. It was identified that most staff who required refresher training in fire safety, managing behaviour that is challenging, and safeguarding were booked to attend the appropriate training in the following month. The person in charge outlined to the inspector that not all care assistants working in the centre administered medication to residents. On review of these records it was identified that while some care assistants had no record of training in this area, six had received recent training and two required a refresher session. Following the inspection, the provider informed the inspector that staff did not administer medication in the centre outside of the timeframe covered by their training.

Regulation 14: Persons in charge

The person appointed to this role fulfilled the qualification and experience requirements outlined in the regulations. The documents specified in Schedule 2 of the regulations were not examined during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence that staff had access to appropriate training. The training records showed that there was good oversight of training, with the majority of staff who required a refresher session already booked to attend the appropriate session. There was one exception to this whereby two staff who required training in infection prevention and control were not booked to attend a training session.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The inspector reviewed the directory of residents for one of the houses. This directory was well maintained and included the information, where available, specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre. There were arrangements in place for members of the management team to monitor that the service provided in the centre was consistent, appropriate to residents' needs and safe. The person in charge outlined the arrangements in place for each staff member to have a dedicated one-to-one meeting with their line manager. The annual review and six-monthly visits by a representative of the provider had been completed. However, as outlined at the outset of this report, it was confirmed during the inspection that the provider had failed to comply with a condition of the centre's registration from 21 September 2018 until 04 November 2019. This could constitute an offence as outlined in Section (79) (2) (e) of the Health Act.

Judgment: Not compliant

Regulation 3: Statement of purpose

The inspector identified that some of the information included in the most recent

revision of the statement of purpose was inaccurate. This included the whole time equivalent of the person in charge, and the centre's registration details. This was amended by the person in charge and an updated version was available by the close of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

It was identified in the course of the inspection that the policy on the provision of behaviour support had not been revised in the previous three years, as is required by the regulations.

Judgment: Substantially compliant

Quality and safety

There was evidence that residents had busy lives and engaged in a variety of activities that were meaningful to them. It was also clear that when they did not wish to participate in a particular event or activity that this was respected. Many of the residents had been living in the centre for a number of years and had developed strong relationships with people in the local community, as well as fellow residents and staff, some of whom now lived or worked in other centres. Residents were supported to maintain these friendships by regularly meeting up with friends, at times visiting them in their new homes. Regular resident meetings were held in each house. The inspector reviewed the minutes in one of the houses. The agenda for these meetings had recently been reviewed to make it more meaningful and engaging for residents.

Since the last inspection, some residents had moved to other centres. As outlined in the section on capacity and capability, this had been of benefit to all involved. The current groups of residents in each house were very compatible with each other. There were no safeguarding concerns in the centre. Possibly due to the previous issues in the house, management had a good awareness and understanding of safeguarding. As outlined previously the majority of staff had received safeguarding training and one staff member who required a refresher session had been booked to attend one the following month.

The inspector reviewed a sample of residents' files. There was strong evidence to support that residents' healthcare needs were well met in the centre. Residents had regular access to a general practitioner. There was evidence that residents were referred to, and supported to attend, allied health professionals and specialists

as required. Residents also had access to National Screening Services and other screening tools and assessments, as appropriate.

The majority of residents' assessments and support plans had been reviewed within the prescribed time frames. One exception to this was a falls risk assessment review that was overdue by three months. There was evidence of multidisciplinary review meetings held for each resident. While it was evident that any multidisciplinary professionals involved in a person's care and support had completed at least one review during the year, in the examples reviewed, the majority of multidisciplinary professionals did not attend the annual review meetings. Management advised that invitations were sent but that people either did not reply or were unable to attend due to capacity or leave. Neither these invitations nor responses were documented. There was also no evidence that residents had been invited to attend their own review meetings.

The inspector reviewed a sample of residents' personal goals for the year. Residents had developed a variety of goals. For some these goals described wishes to try new activities or experiences, for others it involved completing tasks that were important to them. In some instances the goals described activities that residents wished to continue to do. Members of the management team advised that they intend to support staff and residents to incorporate activities they wish to continue into residents' activity schedules and to instead keep the focus of personal plans on exploring new opportunities and priorities for residents each year. Of the sample reviewed, there was evidence of documented progress in achieving these goals for three out of four residents. All goals had been reviewed within the timeframes outlined by the provider.

It was explained to the inspector that a resident in one of the houses paid for a subscription to sports television channels. The cost of this service had recently trebled as up until three weeks prior to the inspection the cost was shared with two other residents. These residents had since moved to another centre. There was no documented evidence in the centre that this resident was aware of, and willing to pay, this increased cost. It was also not included in the resident's contract of care. At the close of the inspection, the inspector was informed that a staff member had discussed this with the resident and was writing a document to reflect this.

The person in charge informed the inspector that one of the houses that comprised the centre was hundreds of years old. The challenges of maintaining this building were evident during the inspection. Although addressed within the previous 12 months, damp areas on walls and discolouration around toilets were evident. The walls of one kitchen area also required painting and a stain was evident on the ceiling. Painting was also required on the walls and ceiling in some of the residents' bedrooms. Due to some residents recently moving out, each resident now had their own bedroom. For some residents this meant moving bedrooms. It was identified that these bedrooms required cleaning and personalisation to reflect the residents now using them. Staff advised that it was planned to make a list of areas requiring a 'deep clean' on the day of the inspection. The communal areas of the house were observed to be clean. The centre had designated housekeeping staff working in the centre which was a noted improvement from

previous inspections. The layout of certain rooms was arranged to meet residents' needs and preferences. For example, the dining area had been set up so as to facilitate residents' independence in making their own tea and breakfast. Staff also spoke with the inspector about a plan to rearrange the furniture in the sitting room. On the morning of the inspection, the porch area in the house was wet with rain water. The inspector was informed that one resident regularly spends time in this area when using an e-cigarette. Staff were in the process of addressing this issue however the floor remained slippery due to the tiled surface. This posed a risk to staff and resident safety as this porch formed part of one of the two fire escape routes in the house. This hazard was not included in the centre's risk register. Other hazards identified in the course of the inspection had also not been included in the centre's risk register.

The other, campus-based, building was in much better condition and was decorated in a more homely manner. Residents' preferences were evident in how each bedroom and the communal areas were decorated. There were upstairs bedrooms in both houses. The provider was aware that this was not an ideal situation given the age profile of the residents. The provider had arranged for recent assessments by appropriate multidisciplinary professionals which demonstrated that those who had upstairs bedrooms were able to access them safely.

There were containment measures and emergency lighting installed throughout the centre. It was identified in the course of the inspection that the closing mechanism on one fire door was not effective. The inspector reviewed a record of drills completed. There was evidence of effective drills in both day and night time conditions. There was evidence that equipment had been subject to the required maintenance checks. Each resident had a personal emergency evacuation plan that had been reviewed recently.

Regulation 11: Visits

Residents were facilitated to have visitors in their home in accordance with their wishes.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to and retained control of their personal property. Some residents chose to keep items important to them in the staff office of one of the centres. Residents were observed to freely access these items during the inspection. It was not documented that one resident had been supported in the management of

his finances regarding the recent threefold increase in the cost of a television subscription.

Judgment: Substantially compliant

Regulation 13: General welfare and development

There was evidence that residents had access to facilities for occupation and recreation and opportunities to participate in activities that were meaningful to them.

Judgment: Compliant

Regulation 17: Premises

Maintenance was required throughout one of the houses that comprise the centre. Although routinely addressed, many of the areas in need of repair were recurrent and persistent. It was also identified that some bedrooms required cleaning. The provider had identified that the kitchen in one of the houses was not accessible to the residents living there. It was the long term plan of the provider to close the centre, however at the time of the inspection there were no immediate plans to facilitate this.

Judgment: Not compliant

Regulation 18: Food and nutrition

There was evidence that residents were offered choice at mealtimes and that food provided was nutritious. There were up to date assessments regarding residents' individual dietary needs and staff spoken with were familiar with these.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the risk register for the centre. It was identified that not all hazards identified in the centre and their associated risks were included on the register. These included the storage of oxygen cylinders, the storage of laundry

equipment in an outside building and the floor of the porch area becoming wet when it rains.

Judgment: Not compliant

Regulation 28: Fire precautions

There were effective fire management systems in the centre. Emergency lighting and equipment to detect, give warning, and fight, fire if necessary, were installed throughout the centre. There were also containment measures. The fire doors in the centre required review by a competent person to provide assurance that the doors would be capable of restricting the spread of fire and smoke.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of their health, personal and social care needs. Person centred plans had been developed with residents. There was evidence of review by multidisciplinary professionals in the past 12 months. In a review of residents' files, it was identified that one assessment was not reviewed within the specified timeframe.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were well met in the centre.

Judgment: Compliant

Regulation 8: Protection

Residents had documented personal and intimate care plans. The person in charge had ensured that all staff had accessed appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for HSE Cork - Youghal Community Hostels OSV-0004646

Inspection ID: MON-0025100

Date of inspection: 26/11/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training schedule developed from a GAP analysis and is reviewed every 3 months, with individual courses added during this period as dates are booked with training facilitators. Training schedule for first quarter of 2020 reflects the needs of the service and addresses staff / service training needs. All staff who require refresher training in infection prevention & control will have completed same before 30/03/2020</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Full compliance with conditions of centre's registration has been in place since 05/11/2019.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
 Positive behaviour support policy is presently in the final stages of the review process and will replace the present policy before 28/02/2020. Restrictive practices policy has been updated most recently in October 2018, due to a quality improvement initiative and to reflect recent publications it is presently in the final stages of the review process and will replace present policy before 28/02/2020.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:
 The engagement which had commenced with the relevant residents prior to the inspection in relation to changes to a television subscription has been completed and documented before the 10/01/2020 and the action is now complete. .

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 The cleaning schedule for the house identified has been reviewed with the input of residents and staff on the 20/01/2020 and the action is now complete. In consultation with the residents occupied rooms in the house will be redecorated before 30/04/2020. Closure Plan for Seaview and Bayview / Youghal Community Hostels (OSV-0004646) will be completed by 30/04/2021. A suitable property has been identified for the 3 ladies in Seaview in their preferred location and the deposit has been paid by the HSE to secure the property and the centre is currently engaging with voluntary housing bodies to complete the purchase. We would expect this house to ready for occupancy for 30/09/2020. In relation to Bayview it is envisaged that the numbers will reduce to 3 residents before quarter 1 2020. Works are on-going with HSE estates and local estate agents to secure a suitable property within the 3 men’s preferred location. A number of properties have been viewed to date but the securing of a property remains on-going

Regulation 26: Risk management procedures	Not Compliant
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<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk register has been reviewed on 02/12/2019 to reflect the issues identified in the outside laundry building, the risk of water entering during very heavy rainfall and the storage of the oxygen.</p>	
<p>Regulation 28: Fire precautions</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire door which did not close fully on each and every occasion was addressed and repaired on 05/12/2019. At this time all fire doors were inspected and checked.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The falls assessment which had last been reviewed 7 months previously was reviewed on the day of the inspection 26/11/2019.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	10/01/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/03/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	30/04/2021

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	20/01/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/04/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	05/11/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of	Not Compliant	Orange	02/12/2019

	risk, including a system for responding to emergencies.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	05/12/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	28/02/2019
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	26/11/2019
Regulation 05(6)(b)	The person in charge shall ensure that the	Substantially Compliant	Yellow	20/12/2019

	<p>personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.</p>			
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