



## Prescribed Services Worksheet

### Purpose

The purpose of the prescribed services worksheet is to help you assess whether you offer prescribed services in any one of six service areas:

1. Regular assistance with activities of daily living; including eating, mobility, dressing, grooming, bathing or personal hygiene.
2. Central storage of medication, distribution of medication, administering medication or monitoring the taking of medication.
3. Maintenance or management of cash resources or other property of a resident.
4. Monitoring of food intake or of adherence to therapeutic diets.
5. Structured behavioural management and intervention.
6. Psychosocial supports or intensive physical rehabilitative therapy.

You may perform any of the activities described in the 'not prescribed level' column without registering the area as a prescribed service. Performing any activity at the prescribed level means that you have to register the area as a prescribed service. A residence operator is deemed to be providing prescribed services whether residence staff or an assigned resource, such as a registered nurse, provide any one activity in the 'prescribed level' column.

### Instructions

1. For each prescribed service area, read the list of activities under each of the columns and place a check mark as appropriate.
2. If you do not offer or perform any activity listed in either column, check the box:  
 Not offered or provided.
3. If you offer or provide any one of the activities listed under not prescribed level, check the box:  
 Offered or provided at support service level only.
4. If you offer or provide any one of the activities listed under prescribed level, check the box:  
 Offered or provided at prescribed service level.

When you apply for registration as assisted living, you must attach this completed worksheet to your application form [**Attachment #18**].

## Service area: Activities of Daily Living

Not Prescribed Level	✓	Prescribed Level	✓
Operators may do all activities in this column.		Doing any one activity in this column indicates a prescribed service. <sup>1</sup>	
Operator staff may: <ul style="list-style-type: none"> <li><input type="checkbox"/> Observe changes in personal care or health status and bring concerns to resident's or others attention.</li> <li><input type="checkbox"/> Provide cueing, reminders, prompts and redirection.</li> <li><input type="checkbox"/> Provide reminders for individuals with short-term memory loss.</li> <li><input type="checkbox"/> Offer group programs to encourage and maintain socialization and awareness of current events in residence and community.</li> <li><input type="checkbox"/> Provide ongoing assistance not requiring personal contact, such as positioning a chair or drawing a bath, getting needed items or being available while resident bathes.</li> <li><input type="checkbox"/> Provide occasional or intermittent assistance with tasks such as dressing, bathing, grooming, toileting, eating and mobility.</li> <li><input type="checkbox"/> Provide occasional or intermittent assistance with activities of daily living in accordance with goals.</li> </ul>		Operator staff may: <ul style="list-style-type: none"> <li><input type="checkbox"/> Provide scheduled or unscheduled assistance on an ongoing basis, for:               <ul style="list-style-type: none"> <li><input type="checkbox"/> dressing, grooming or oral hygiene</li> <li><input type="checkbox"/> washing, bathing or perineal care</li> <li><input type="checkbox"/> mobility assistance</li> <li><input type="checkbox"/> incontinence care and programs, such as assistance to use the toilet</li> </ul> </li> <li><input type="checkbox"/> Provide assistance with feeding, including tube feeding/hand feeding.</li> <li><input type="checkbox"/> Perform other tasks delegated from a professional<sup>2</sup>, such as foot care, ostomy care and exercise activation.</li> <li><input type="checkbox"/> Observe and report any changes in resident's condition.</li> </ul>	

### Summary assessment of **activities of daily living**:

- Not offered or provided.
- Offered or provided at support service level only.
- Offered or provided at prescribed service level.

<sup>1</sup> If providing activities of daily living at a prescribed level, attach a copy of the policy and procedures about delegation of task [**Attachment #24**] and a copy of the delegating nurse's credentials [**Attachment #25**].

<sup>2</sup> Tasks delegated from a professional are to be performed in accordance with the Personal Assistance Guidelines, Ministry of Health, 2008. Available on the Assisted Living Registry website or from the registry office.

**Service area: Central Storage of Medication, Distribution of Medication, Administering Medication or Monitoring the Taking of Medication**

Not Prescribed Level	✓	Prescribed Level	✓
Operators may do all activities in this column.		Doing any one activity in this column indicates a prescribed service. <sup>3</sup>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Receive residents' medications from a pharmacy.</li> <li><input type="checkbox"/> Provide reminders &amp; encouragement to take medications (without follow-up).</li> <li><input type="checkbox"/> Check periodically whether a resident is following their medication regime (e.g., checking compliance packages to observe usage).</li> <li><input type="checkbox"/> Safe keep medications (including narcotics) to prevent loss or theft:               <ul style="list-style-type: none"> <li><input type="checkbox"/> resident independently asks for the medication</li> <li><input type="checkbox"/> resident signs as having accessed their medication and records date and time</li> <li><input type="checkbox"/> operator/staff do not follow-up if medications are not taken</li> </ul> </li> <li><input type="checkbox"/> Observe changes in medication practice and bring concerns to resident's or others attention.</li> <li><input type="checkbox"/> Provide transportation to a pharmacy to receive methadone.</li> <li><input type="checkbox"/> Pharmacy, independent of the operator, delivers and dispenses methadone.</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Secure medications in the resident's room or centrally, and provide medications to residents at indicated times.</li> <li><input type="checkbox"/> Observe residents taking their medications and record the date and time taken, or report to their case manager or substance use counsellor, (where appropriate) and follow up when medications are not taken.</li> <li><input type="checkbox"/> Initiate refills.</li> <li><input type="checkbox"/> Provide PRN<sup>4</sup> prescription medication according to the resident's personal service plan or according to a residence protocol.</li> </ul>	

**Summary of medication storage, distribution, administration, monitoring:**

- Not offered or provided.
- Offered or provided at support service level only.
- Offered or provided at prescribed service level.

<sup>3</sup> If offering medication services at a prescribed level, attach a pharmacist's written approval of policies and procedures for central storage of medications [Attachment #26], policies and procedures about delegation of task [Attachment #27] and a copy of the delegating nurse's credentials [Attachment #28].

<sup>4</sup> PRN means a medication that should be taken only as needed. Pain medicines and cough medicines are common examples of PRN medicines.

## Service area: Maintenance or Management of Resident Cash Resources

Not Prescribed Level	✓	Prescribed Level	✓
Operators may do all activities in this column.		Doing any one activity in this column indicates a prescribed service. <sup>5</sup>	
<p>Operator staff may:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Notice a resident's spending and remind them about their spending plan or bring concerns to resident's or other's attention.</li> <li><input type="checkbox"/> Assist a resident to visit their bank.</li> <li><input type="checkbox"/> At the request of a resident, make a purchase (e.g., transportation or recreational pass) for which the resident subsequently reimburses them.</li> <li><input type="checkbox"/> Safe keep funds or property on behalf of a resident to protect them from theft or loss, either on behalf of the resident or as a result of a house rule: <ul style="list-style-type: none"> <li><input type="checkbox"/> safe keep means that the operator holds the funds or property in a central, secure location</li> </ul> </li> <li><input type="checkbox"/> Receive income assistance cheques from the Ministry of Social Development on behalf of a resident.</li> <li><input type="checkbox"/> Support a resident's psychosocial goal(s), as documented in their personal service plan, by safekeeping their funds or property and dispensing it over the course of the month in keeping with an agreed upon spending plan.</li> </ul>		<p>Operator staff may:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Receive and hold funds or property (e.g., jewellery, identification) on behalf of a resident, and: <ul style="list-style-type: none"> <li><input type="checkbox"/> manage the cash according to instructions provided by the resident's legal representative, which may involve restricting a resident's access to their cash</li> <li><input type="checkbox"/> with the resident or the resident's legal representative, determine the resident's needs and purchase goods (e.g., clothing and personal items) and services (e.g., recreational activities) for the resident from the cash that the operator is managing.</li> </ul> </li> </ul>	

### Summary assessment of **maintenance of cash resources or property**:

- Not offered or provided.
- Offered or provided at support service level only.
- Offered or provided at prescribed service level.

<sup>5</sup> If providing maintenance or management of resident cash resources at a prescribed level, attach policy and procedures about maintenance or management of resident cash resources [**Attachment #29**].

## Service area: Monitoring of Food Intake or Therapeutic Diets

Not Prescribed Level	✓	Prescribed Level	✓
Operators may do all activities in this column.		Doing any one activity in this column indicates a prescribed service. <sup>6</sup>	
Operator staff may: <ul style="list-style-type: none"> <li><input type="checkbox"/> Modify meals at the request of residents to accommodate their food allergies or intolerances and special diets for health conditions.</li> <li><input type="checkbox"/> Provide a voluntary program for residents to weigh-in or weigh a resident upon their request.</li> <li><input type="checkbox"/> Monitor food consumption for purposes of satisfaction and quality control.</li> <li><input type="checkbox"/> Observe changes in eating habits and bring changes of concern to resident's, or others, attention.</li> </ul>		Operator staff may: <ul style="list-style-type: none"> <li><input type="checkbox"/> Provide expertise to assess a resident's nutritional status and implement a nutritional care plan/therapeutic diet.</li> <li><input type="checkbox"/> Provide expertise to monitor the appropriateness of a resident's special or therapeutic diet and modify the meal plan where indicated.</li> <li><input type="checkbox"/> Monitor/measure/record food and/or fluid intake.</li> <li><input type="checkbox"/> Determine and chart residents' weights on a regular and/or compulsory basis.</li> </ul>	

Summary assessment of **monitoring food intake or therapeutic diets**:

- Not offered or provided.
- Offered or provided at support service level only.
- Offered or provided at prescribed service level.

<sup>6</sup> If providing monitoring of food intake or therapeutic diets as a prescribed service, attach written approval of menu from a registered dietician [**Attachment #30**].

## Service area: Structured Behavioural Program

Not Prescribed Level	✓	Prescribed Level	✓
Operators may do all activities in this column.		Doing any one activity in this column indicates a prescribed service. <sup>7</sup>	
<input type="checkbox"/> Operator staff may provide cueing, reminders, prompts and redirection for daily activities/tasks. <input type="checkbox"/> Other support level programs may be identified, such as outreach services that reinforce certain behaviours.		<input type="checkbox"/> Operator staff carry out individualized therapeutic programs developed and supervised by a professional for the purpose of changing behaviour. <sup>2</sup>	

Summary assessment of **structured behavioural program**:

- Not offered or provided.
- Offered or provided at support service level only.
- Offered or provided at prescribed service level.

<sup>7</sup> If providing a structured behavioural program at a prescribed level, attach policy and procedure about provision of a structured behaviour program [**Attachment #31**].

## Service area: Psychosocial Supports or Intensive Physical Rehabilitation

Not Prescribed Level	✓	Prescribed Level	✓
Operators may do all activities in this column.		Doing any one activity in this column indicates a prescribed service. <sup>8</sup>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Offer encouragement and reminders about a resident’s recovery goals, without follow-up.</li> <li><input type="checkbox"/> Assist a resident to establish such things as identification, driver’s license or bank account.</li> <li><input type="checkbox"/> Remind the resident of scheduled activities and appointments and assist to attend if required.</li> <li><input type="checkbox"/> Link a resident to community-based programs or services such as educational or employment programs, general medical care, substance use counsellors, mental health and substance use teams or support groups.</li> <li><input type="checkbox"/> Conduct regular group meetings to discuss conforming to house rules or topics of mutual interest.</li> <li><input type="checkbox"/> Generally monitor and provide feedback to residents on their life and interpersonal skills.</li> <li><input type="checkbox"/> Establish a buddy system or peer support for residents who are attending in-house or community based programs or services.</li> <li><input type="checkbox"/> Provide space for third-party providers to offer programs to residents (e.g., Alcoholics Anonymous).</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> A program of services that helps residents to:               <ul style="list-style-type: none"> <li><input type="checkbox"/> learn about and better manage their conditions (e.g., triggers, tools for self-management, strategies for relapse prevention and available community-based supports)</li> <li><input type="checkbox"/> develop or enhance life skills</li> <li><input type="checkbox"/> enhance communication and interpersonal skills (e.g., manage stress, anger and conflicts; set boundaries; make decisions)</li> </ul> </li> <li><input type="checkbox"/> Assistance to implement approved self management tools to better manage their conditions.</li> <li><input type="checkbox"/> Guidance and coaching regarding communication and inter-personal skills.</li> <li><input type="checkbox"/> Wellness skills training and support, usually with support from a qualified clinician (e.g., diet/weight management, exercise, medication management, smoking cessation supports, strategies for relapse prevention).</li> <li><input type="checkbox"/> Identifying interests, creating a plan for fun times, leisure skills training and support (e.g., awareness of community resources, how to get around in the community).</li> <li><input type="checkbox"/> Basic living skills training or support</li> </ul>	

<sup>8</sup> If providing this service at a prescribed level, attach a copy of your policy and procedures about provision of psychosocial supports [Attachment #32].

		(e.g., meal planning, grocery shopping, household management, budget planning and money management).	
<b>Intensive Physical Rehabilitation</b>			
Operator staff may provide: <input type="checkbox"/> Exercise and activation activities.		Operator staff may provide: <input type="checkbox"/> Individualized services that are planned and supervised by a physical rehabilitation therapist as a principal service to a resident.	

Summary assessment of **psychosocial support or intensive physical rehabilitation**:

- Not offered or provided.
- Offered or provided at support service level only.
- Offered or provided at prescribed service level.